

Annual Report and Accounts 2003

Health Research Board | An Bord Taighde Sláinte

Improving health through research and information

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Improving health through research and information

Mission

To improve health through research and information

In 2003 the Health Research Board continued to deliver successful results in line with the objectives set out in the Corporate Strategy 2002–2006:

- To encourage the creation and application of knowledge for health and social gain, the growth of intellectual property and evidence relevant to health and social gain and the emergence of a knowledge-based health system, economy and society
- To be the lead national organisation in relation to support for scientific research for health and social gain, including basic and translational research, health services research, population health and practice-based research
- To promote the growth of a value-added research and development capability in the health system, in partnership with other relevant health organisations
- To impact on health and social policy and services through high-quality research and information
- To be the main advocate for the development of research for health and social gain
- To make the HRB an employer of choice in its field

Contents

Board Members 2003	4
Chairman's Statement	5
Chief Executive's Report	7
Research Funding and Policy	9
Research and Development for Health	13
Child Health Epidemiology Research	16
Disability Databases	19
Drug Misuse Research	21
Mental Health Research	25
Corporate Services	28
Statement of Accounts	
‣ Financial Statements	31
‣ Revenue Income and Expenditure Account	36
‣ Capital Income and Expenditure Account	37
‣ Balance Sheet	38
‣ Cash Flow Statement	39
‣ Notes to the Financial Statements	40
Appendix	
‣ Grants Awarded in 2003	47

Board Members 2003

Prof Desmond Fitzgerald (Chairman)

(from 25 June 2003)
Vice President for Research
University College Dublin

Prof Hugh Brady (Chairman) (to 25 June 2003)

President
University College Dublin

Prof Dermot Barnes-Holmes

Department of Psychology
National University of Ireland, Maynooth

Ms Leonie Clarke

Scientific and Regulatory Affairs Manager
Irish Pharmaceutical Healthcare Association

Prof Tom Cotter

Department of Biochemistry
University College Cork

Mr Niall Daly

McNulty Boylan & Partners, Solicitors, Cork

Mr Michael Griffith

Chief Executive Officer
Fighting Blindness/Research Charities Group

Prof William Hall

Professor of Medical Microbiology
University College Dublin

Mr Charlie Hardy

Principal Officer
Department of Health and Children

Prof Dermot Kelleher

Department of Clinical Medicine
Trinity College Dublin

Dr Kevin Kelleher

Director of Public Health
Mid-Western Health Board

Prof Paul McLoughlin (from 8 September 2003)

Department of Human Anatomy and Physiology
University College Dublin

Prof Tim O'Brien

Department of Medicine
National University of Ireland, Galway

Prof Tony Pembroke

Department of Chemical & Environmental Sciences
University of Limerick

Prof Anne Scott

Head of School of Nursing
Dublin City University

Prof Bob Stout

Research and Development Office
Belfast

Mr John Travers (to 7 November 2003)

Chairman
National Tourism Development Authority

Bankers, Solicitors and Auditors

Bankers Bank of Ireland
Lower Baggot Street
Dublin 2

Solicitors Arthur Cox
Earlsfort Centre
Earlsfort Terrace
Dublin 2

Auditors Comptroller and Auditor General
Dublin Castle
Dublin 2



Chairman's Statement

I was delighted and honoured to be elected Chair of the Health Research Board in the autumn of 2003. The achievements of the Board in 2003 are mainly those of my predecessor, Hugh Brady, then Professor of Medicine and Therapeutics at University College Dublin, who was appointed President of UCD, commencing in 2004. His pivotal role in the development of biomedical research in Ireland, as a clinician scientist, leader and innovator, was reflected in the impact he had on the restructuring of the HRB and the way he drove the corporate strategy.

Against a backdrop of major change in the sector during 2003, the HRB delivered a variety of new initiatives and continued to innovate in core programmes to deliver positive results.

- Two academic institutions were selected for funding as PhD training sites. These awards will help to develop a structured post-graduate degree programme centred round a group of investigators working on a common theme. This investment of €2 million over four years will improve the quality and effectiveness of training for 14 young researchers at a critical stage in their careers.
- The Board welcomed the capital award of €4.5 million which helped to fund a number of competitive calls for research equipment to support translational and paediatric research and awards for health information systems to underpin health policy and health services.
- Considerable preparation was made for the introduction of clinician scientist awards in 2004. This innovative scheme will give clinicians protected time and resources to focus on research.
- Major steps were taken to encourage health agencies to undertake research to achieve the objectives of the national health strategy, *Quality and Fairness – A Health System for You* (2001). Proposals for strategic research and development awards were created, with a view to advertising the scheme in 2004.
- Vital data and research from the national health information systems, managed by the HRB, underpinned national planning and distribution of services in relation to drug misuse, disability and mental health. The improved quality of the information and analysis from these databases has been crucial in supporting policy during 2003. The ongoing value of these high-quality systems is dependent on information from health workers throughout the country. It is essential that the data-collection mechanisms that are used remain and are enhanced through health service reform.

Ongoing work with the R&D Office in Belfast facilitated all-Ireland health research and collaboration. In addition to participation in the Ireland–Northern Ireland–National Cancer Institute Cancer Consortium during the year, a feasibility study was commissioned on the development of an all-Ireland Gene Library. The aim is to provide a resource to support research into the genetic factors underlying diseases such as diabetes, arthritis, depression and prostate cancer.

In November 2001, the Department of Health and Children published *Making Knowledge Work for Health – A Strategy for Health Research*. This strategy aims to develop a strong research culture within the health system. It clearly outlines an approach to building health research capacity that will underpin quality and effectiveness in the health system as part of the Government's wider commitment to research for future economic and social development.

During 2003, the HRB endeavoured through the work programme to ensure this strategy was realised in the context of the newly restructured and reformed health service. However, many of the objectives of *Making Knowledge Work for Health*, which were endorsed in the National Health Strategy, have yet to be delivered.

The transformation of the entire health sector in 2003 created a unique opportunity to instil a research culture at a crucial stage of its evolution. This was further emphasised by the *Prospectus Report 2003* on the audit of structures and functions of the health system, which identified the critical function that research plays in the healthcare system by:

- Enabling informed decisions supported by a strong evidence base
- Providing an impetus for innovation in the operation of the health service
- Helping to attract and retain the highest calibre staff

The need for a strong research infrastructure in the health system is recognised in the complementary funding of research by other state agencies and research charities. The HRB continued to integrate its activities with other funding bodies for maximum impact in delivering the objectives. A key part of this was participation in the Merrion Group, which was initially chaired by the Chief Executive of the HRB. Key results of this group included:

- A common approach to intellectual property arising from funded research
- A streamlining of application and award procedures
- Agreement on performance indicators
- Better co-ordination of agency activities

I would like to thank the staff of the HRB for their hard work, commitment and compliance with the principles of professionalism, excellence and efficiency, a culture that is evident throughout the organisation.

The work of my colleagues on the Board must also be acknowledged. They are involved in an increasing number of sub-committees due to the increased activity of the HRB and the need for greater transparency. I appreciate their expertise, advice and persistence in the effort to deliver the HRB strategy and realise the aims of *Making Knowledge Work for Health – A Strategy for Health Research*.



Professor Desmond Fitzgerald MD MRCP

Chairman of the Board



Chief Executive's Report

The major changes proposed in the health services in 2003 emphasised the need for the HRB to invigorate the health research agenda with renewed strength and vision. It was encouraging that the importance of health research, and the role of the HRB in supporting that research, was recognised in the *Prospectus Report*. It is also clear that the role of the proposed Health Information and Quality Authority will be complementary to that of the HRB and there is much scope for co-operation in the interests of building better information for health when the new authority is fully established.

In spite of this endorsement, the opportunities presented by health service reform to implement the commitments of the research strategy, *Making Knowledge Work for Health*, have not been prioritised. The HRB believes that this must happen if the objectives of the Corporate Strategy – to encourage the creation and application of knowledge for health and the growth of research and development capability – are to be achieved. In 2003, progress on implementing these key commitments was disappointing.

To date, the opportunity presented by the health reform programme to appoint a Director of R&D for Health to the Department of Health and Children and establish the Health Research Forum, commitments of *Making Knowledge Work for Health*, has not been taken. The HRB made submissions on the health reform programme and continues to support these submissions and the implementation of the EU Clinical Trials Directive, which indicated the urgent need to appoint a Director to provide national leadership on the research and development for health agenda.

It is encouraging that a former chair and a current HRB board member were appointed to the board of the Health Services Executive (HSE). It will be vital that the HSE takes responsibility for implementing the research and development commitments involving the health boards, as outlined in *Making Knowledge Work for Health*, which include the appointment of R&D officers and the preparation of health research strategies.

In the context of major change and challenge, the HRB made considerable progress on a number of fronts. Many of these are referred to in the Chairman's statement.

The appointment of clinician scientists has been a priority of the HRB for a number of years. During 2003, the HRB engaged in discussions with the Department of Health and Children and the medical representative organisations to gain their agreement on changes to the academic consultant contract to facilitate the creation of posts of clinician scientist. The HRB brought the issue as far as it could and it is hoped that formal negotiations will begin in 2004 between health management and the medical organisations on amendments to the consultant contract to facilitate these important appointments.

The HRB was pleased to publish *A Picture of Health*, which summarises in an accessible way the research funded by the HRB in 2002. This publication was well received and will be published on an annual basis.

A highlight of the year was the renewal of a major contract for research involving the HRB on the aetiology of neural tube defects, awarded by the National Institutes of Health in the United States.

During 2003 the role of the Research and Development for Health division developed. A milestone was the publication of a report, commissioned by the Department of the Environment and Local Government, entitled *Health and Environmental Effects of Landfilling and Incineration of Waste*. The division also had an important role in supporting the all-island cancer clinical trials initiative on behalf of the Ireland–Northern Ireland–National Cancer Institute Cancer Consortium.

Significant improvements were made to the databases managed by the HRB, particularly the National Psychiatric In-patient Reporting System and the National Drug Treatment Reporting System. Web-based technology was used for the first time to support the development of a National Physical and Sensory Disability Database. The resources of the National Documentation Centre on Drug Use were used by a growing number of clients in 2003.

Much attention was also given to improving the HRB's internal processes to increase effectiveness and to achieve the objective of the Corporate Strategy to make the HRB an employer of choice in its field. An internal audit system was introduced and risk management was formalised. A comprehensive programme of human resource development was initiated, including the introduction of a performance management system. The HRB media profile was strengthened as a result of a more focused approach to communicating the importance of health research and the role of the HRB.

Promoting health research and the role of the HRB in the national system of science, technology and innovation on the island of Ireland, and in collaboration with international partners, is an important part of ensuring the achievement of the HRB's corporate objective to be the lead national organisation in relation to support for scientific research for health. Excellent working relationships with other research-funding bodies were maintained and participation continued in all-island, inter-agency, inter-departmental and EU-based bodies to develop the national research agenda and the contribution of health research in achieving that agenda.

I would like to thank Professor Hugh Brady for his outstanding leadership of the HRB in 2002/3 and for his contribution as a member of the Board since 1997. We wish him every success in his role as President of University College Dublin. I would like to thank Professor Desmond Fitzgerald for his guidance and support, both as a member of the Board and as Chairman in the latter half of the year.

The dedicated work of the staff has been outstanding and their commitment is reflected in the achievements reported here. I appreciate their ongoing innovation and drive to meet the corporate objectives of the HRB and to deliver a quality service to all our stakeholders.



Ruth Barrington PhD

Chief Executive

Research Funding and Policy

Research Funding and Policy had a successful year, with a variety of achievements and preparation for a number of new initiatives, which included:

- Processing 788 applications for funding and making 196 awards
- Developing clinician scientist awards
- Launching *A Picture of Health*, a publication that summarises in simple terms the key findings of selected health research projects funded by the HRB in 2002
- Reviewing and extending the online application system to most funding programmes

Research awards

The HRB made 196 awards from 788 applications for funding as part of its 'science for health' activities. A total of 86 research awards were made across 12 schemes; an additional 110 awards were made through the summer students' scheme and science writing workshops. Evaluating the applications involved 23 committees and more than 600 international reviewers. The total value of awards made was approximately €12 million.

Awards included grants for projects, programmes, fellowships and workshops. The areas covered basic and translational research, health services research, population health and practice-based research. Excluding the science writing workshops and summer student scheme, there were 512 applications for research grants and 86 awards were made. This translated into an average success rate of 17 per cent across all funding schemes, making it a particularly competitive year. A full list of awards is given in the Appendix.

A sum of €3.5 million was secured to fund awards for infrastructure and equipment in health research; 62 applications were received and 23 awards made. This call was run jointly with Research and Development for Health.

In addition to awards made through existing fellowship schemes, three fellowships were awarded through a new scheme aimed at professionals working in primary care. The research is expected to underpin the primary care strategy launched by the government in 2001.

A series of science writing workshops was run in conjunction with the British Council. These aim to help researchers in the early stages of their careers to improve their writing skills. The workshops address effective communication of research findings, currently a major deficit in research training. In response to very positive feedback from evaluation forms, the workshops will be run again in 2004.

Work continued on the development of clinician scientist fellowships for medical doctors, in collaboration with Science Foundation Ireland. A number of key meetings were held with medical organisations to canvass support for the fellowships.

Online applications

The division continued to develop IT systems to improve the efficiency of processes and support the developing evaluation function. Following a review of the eGrants system, the online applications system was extended so that applications to all schemes (with the exception of nursing and midwifery fellowships) were made online.

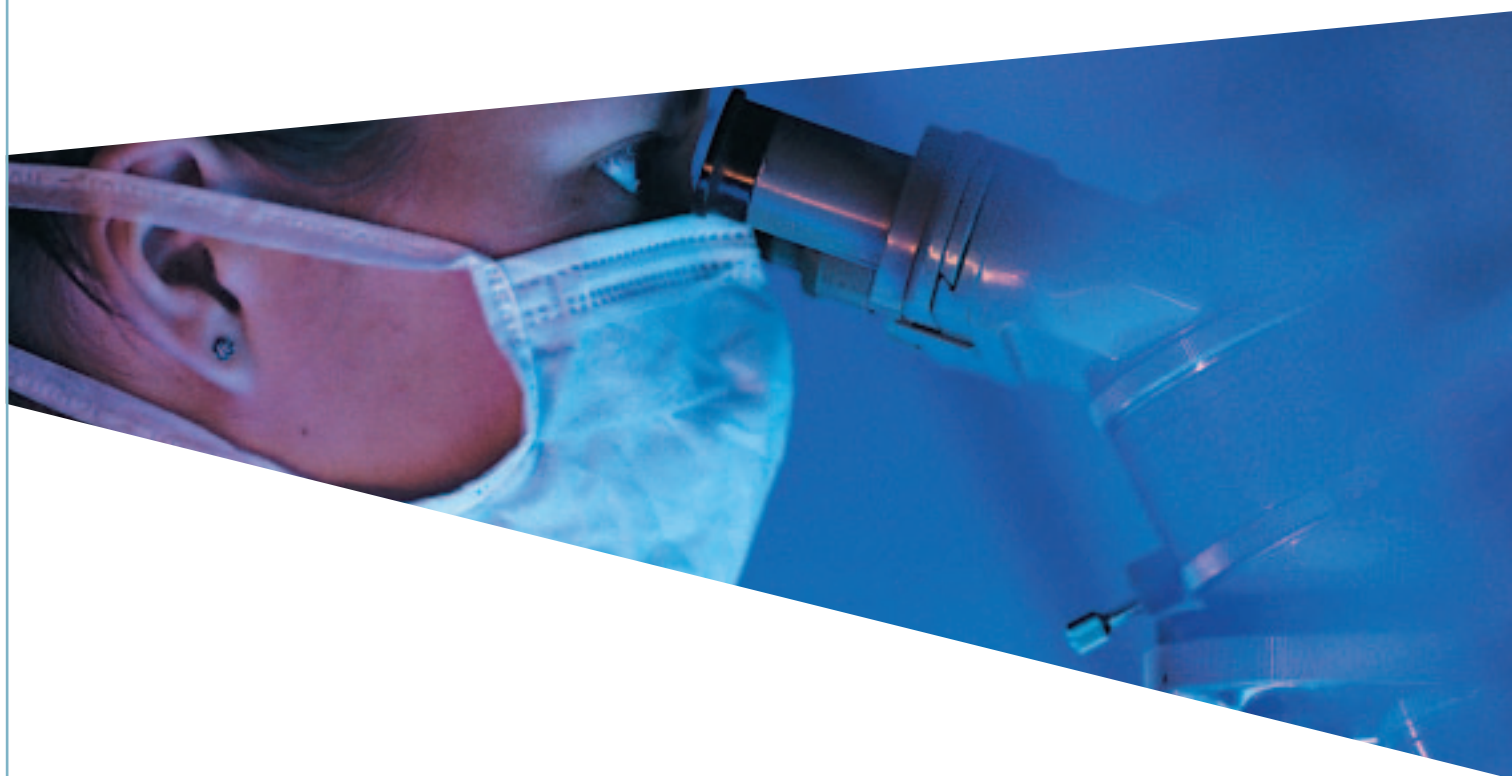
The grants database was upgraded to facilitate downloading information from the online applications to the database. Working with the Finance team, the division made changes to ensure the accuracy of database information for payment of grants.

Evaluation

Considerable progress was made in developing the research evaluation function. For the first time, a selection of research funded by the HRB was published. *A Picture of Health – A selection of Irish Health Research* brought together the findings of HRB-funded research projects and fellowships completed in 2002 in a way that was accessible to a lay audience. The report attracted a lot of interest and will be published annually in the future.

A full evaluation of the general project grants scheme was launched to ensure that it was meeting its objectives. This is due for completion in 2004 and the findings will inform the re-organisation of the scheme and its related committees in 2004.

A review of the Health Gain and Health Status Unit in UCD was carried out, and approval given to fund the final year of this programme.



Building capacity

As part of its role in supporting the strategic development of health research in Ireland, the division was represented on the following working groups and review panels:

- Irish Council for Science, Technology and Innovation taskforce on nanotechnology and 'European Research Area 3 per cent' working groups established by Forfás (Public Funding and Framework Conditions)
- European Medical Research Council (EMRC) Standing Committee of the European Science Foundation
- Standing Committee of Research Funding Agencies
- Ad hoc group of European Nurse Research Developers

Research Funding and Policy also continued to work with other funding agencies to develop a consistent approach to intellectual property for publicly funded research. Changes in policy were incorporated into the HRB Grant Regulations. The division was also pleased to participate in the strategic review panel for Science Foundation Ireland's Centres for Science, Engineering and Technology (C-SET) applications in biotechnology.

The opportunity to develop national and European research networks continued, with membership of, and participation in:

- EMRC Standing Committee of the European Science Foundation
- Irish Evaluation Network
- Irish Society of Clinical Research Professionals
- Irish Internet Association

The division also supported a number of successful events:

- The Watts Medal for 2003 was won by Aileen Byrne, a final year science student in UCD, for her project, 'Effects of the vascular endothelial growth factor family and endostatin on blood retinal barrier function'.
- The 43rd Graves Lecture was delivered by Dr Leonie Young, Lecturer in Surgery at University College Dublin. The title of Dr Young's lecture was 'Transcriptional Regulation in Human Breast Cancer'. The Graves Medal for 2003 was awarded to Dr Young following her lecture.
- The JMS Doctor Awards aim to honour achievements in clinical research; it was particularly encouraging that a number of awards were won for HRB-funded research.

Award Schemes	Applicants	Awards
Career Support Schemes		
Post-Doctoral Fellowships	31	3
Clinical Research Training Fellowships	38	3
Fellowships in Health Services Research	21	3
Clinical Research Fellowships in Nursing and Midwifery	17	4
Primary Care Research Fellowships	15	3
Project Grants		
Project Grants – General	259	33
Project Grants – North–South Co-operation	20	4
Project Grants – Inter-Disciplinary	24	2
Project Grants – Co-funded in Health Services Research	9	3
Blood Utilisation / Hepatitis C		
Programme Grants	2	2
Project Grants	14	3
Capital / Equipment	40	17
TOTAL (research awards)	512	86
Other Support		
Summer Students	106	30
HRB / British Council Science Writing Workshops	170	80 (workshop places)
TOTAL (all awards)	788	196

Research and Development for Health

One year after the establishment of this division, there has been substantial progress in fostering a strong R&D culture within the health services. Key areas of progress include:

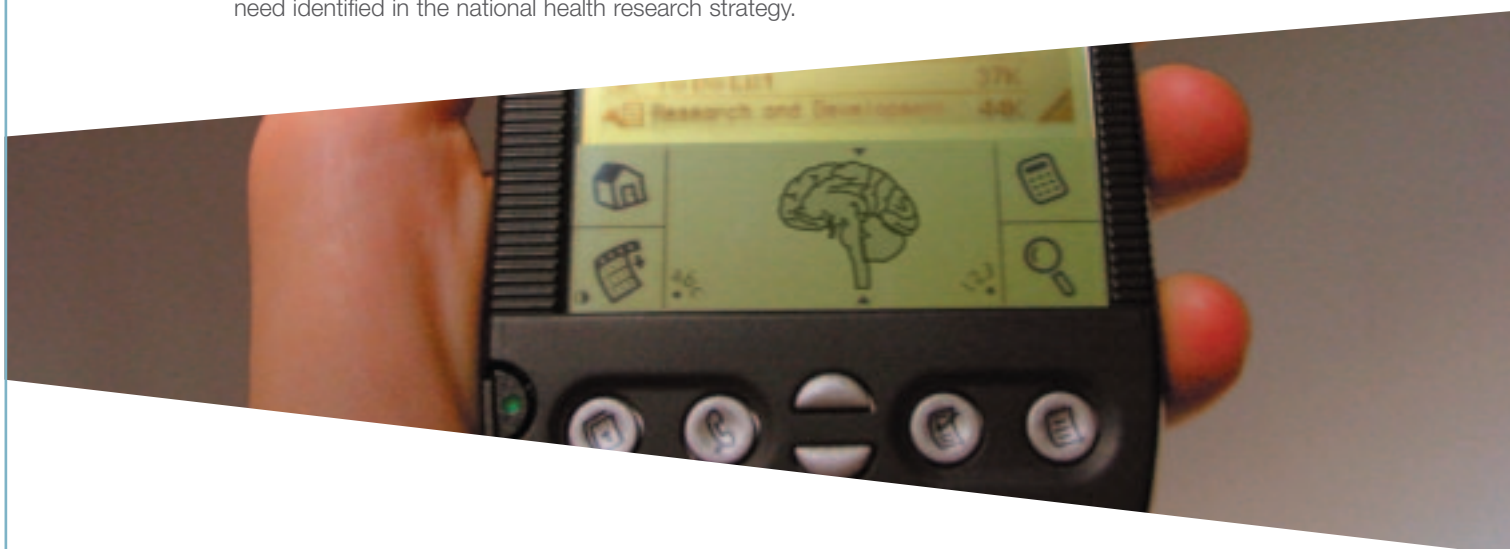
- Promotion of R&D for health in health agencies and the Department of Health and Children
- Introduction of a new infrastructure award
- Completion of a proposal for lottery funding to support health research in collaboration with health research charities
- Ongoing co-ordination of national free access to the Cochrane Library
- Active involvement in the Ireland–Northern Ireland–National Cancer Institute (NCI) Cancer Consortium

R&D for Health

Developing a strong R&D culture and function within the health services was a pivotal part of the national health strategy, *Making Knowledge Work for Health*. The strategy highlighted the contribution that R&D could make to efficient and high-quality health policies and interventions. During 2002 this was achieved through the promotion of R&D at health agency and departmental level, capacity building initiatives, partnership working with other health agencies and provision of research funding and policy advice.

The HRB actively liaised with the chief executives of health boards and other health agencies to encourage the appointment of R&D Officers to facilitate regional growth of R&D for health. Agreement was reached nationally on the nature and details of these posts and funding was identified; however, no appointments were made to these posts in 2003.

Ongoing efforts were made to promote the appointment of a Director of R&D within the Department of Health and Children to drive a strong health research agenda at a national level in line with the need identified in the national health research strategy.



Research policy and guidance

Key roles in this area included:

- Co-ordinating the submission of a paper on cancer research to the National Cancer Forum for the soon-to-be-published National Cancer Strategy. This was prepared in consultation with members of the Ireland–Northern Ireland–NCI Cancer Consortium working groups.
- Making a submission to the Department of Health and Children on the potential implications of the EU Clinical Trials Directive for investigator-led research on the island of Ireland. The submission was prepared following discussions with researchers across the island, drawing on HRB experience in funding the All-Ireland Cooperative Group for Cancer Clinical Trials.

Commissioned research

R&D for Health has a mandate to commission research on health issues on behalf of other agencies. During 2003, activity in this area included:

- *Health and Environmental Effects of Landfilling and Incineration of Waste – A Literature Review*, commissioned by the Department of the Environment and Local Government. This report was launched during the year and aims to inform the debate by policy makers on this contentious issue.
- Initial work on commissioning a report on Nursing Research Priorities, to be funded by the Council for the Professional Development of Nursing and Midwifery.

The Cochrane Library

R&D for Health continued to promote the translation of research into evidence for decision making, by co-ordinating national free access to the Cochrane Library of systematic reviews, in association with the R&D Office in Belfast. Related activities in 2003 included:

- Building on the free provision of the database, the HRB co-organised a series of training courses on 'systematic review', 'writing a protocol' and 'meta analysis' with the R&D Office in Belfast. These training courses aimed to increase participants' ability to use the Library and to conduct systematic reviews. The courses were very successful and attracted participants from various health disciplines in Ireland.
- Four new Cochrane Fellowships were awarded in 2003 to allow protected time for fellows to conduct a systematic review for submission to the Cochrane Library.

Infrastructure awards

A new capital investment scheme was introduced for infrastructure to support the development of research information systems relevant to the health services. A total of 21 applications were received and six awards were made, valued at €1.2m.

Networking and capacity building

As R&D in the health services is a new concept in Ireland, the opportunity to build capacity within the system and develop new links, nationally and internationally, is of tremendous benefit. R&D for Health embraced this opportunity in a number of ways, particularly in its association with the Ireland–Northern Ireland–NCI Cancer Consortium. Key activities included:

- The award of a €1 million planning grant over two years to the new All-Ireland Cooperative Group for Cancer Clinical Trials (made up of the Irish Clinical Oncology Research Group in Dublin and the Clinical Research and Support Centre in Belfast). This new Group will support the existing network of nine hospitals funded by the HRB and the hospitals funded by the R&D Office in Belfast, to help them achieve their objective of increased capacity to conduct cancer clinical trials consistent with the priorities on the island. A consultant was engaged jointly by the HRB and the R&D Office to work with the Group towards attaining its objectives in the planning phase.
- A second Cancer Epidemiology Fellowship was awarded by the HRB for a three-year fellowship in the NCI (US).
- Twenty-two participants sponsored by the HRB attended the (NCI) Summer Curriculum in Cancer Prevention.
- Two nurses attended a six-week programme on cancer clinical trials at the NCI in October.
- The Prevention Working Group of the Consortium hosted the first in a series of workshops, this one focusing on smoking cessation, that resulted in information exchange between participants and a series of research recommendations on this topic.
- The Cancer Consortium hosted a showcase conference in Cork in October, with key national and international speakers on topics ranging from prevention to therapeutic developments to survivorship and quality of life.

The division represented Ireland on a European pilot programme, ‘European and Developing Countries Clinical Trials Partnership (EDCTP)’, initiated in late 2003. The pilot was aimed at accelerating the development of new clinical interventions to fight HIV/AIDS, malaria and TB in developing countries. In collaboration with Development Cooperation Ireland, the HRB created links between this initiative and Ireland’s National Programme of Funding into the three disease areas.

Strong relations were maintained with the Association of Research Charities and a proposal was jointly submitted to the Department of Health and Children to secure lottery money to support health research. The division will provide research management support to charities when funding is secured.

Other examples of capacity-building initiatives by the R&D division in 2003 include:

- A two-day workshop on the Principles of Research Ethics, provided by the Centre for Professional Ethics at Keele University, UK.
- Co-funding a team from the Institute of Public Health in Ireland and Best Health for Children to conduct a review on adolescent para-suicide, one of a series of health reviews completed under the UK and Ireland Public Health Evidence group. This team was also trained to conduct systematic reviews.

Child Health Epidemiology Research

This division had a busy and challenging year, which centred on established research programmes on the aetiology and prevention of neural tube defects, orofacial clefts and other congenital malformations. Highlights included:

- Receiving top marks from peer reviewers and securing US\$4.3 million to continue and expand the collaborative research programme on congenital malformation and other adverse pregnancy outcomes
- Exceeding recruitment and participation targets in two research programmes

Research programme progress

Research on the aetiology and prevention of neural tube defects (NTDs), orofacial clefts and other congenital malformations continued in collaboration with the National Institute of Child Health and Human Development (NICHD) and Trinity College Dublin (TCD). This study is funded by the NICHD, part of the National Institutes of Health in the United States.

All NTD recruitment and follow-up was completed with participating families by December. The 2003 recruitment target of 100 families was exceeded by 10 per cent, with 62 families in Ireland, 22 in Northern Ireland and 26 in England and Wales. Since this project commenced in 1992, a total of 553 families have been recruited from Ireland, 134 from Northern Ireland and 395 from England and Wales.

Recruitment of persons affected by orofacial cleft continued through cleft clinics held at Our Lady's Hospital for Sick Children, Crumlin, the Children's Hospital Temple Street, St James's Hospital and Sligo General Hospital. The target recruitment figure for 2003 was 200 families and 282 families were successfully recruited.

The research team continued to liaise with branches of the Cleft Lip and Palate Association of Ireland (CLAPAI). At the end of 2003, a total of 173 families had been recruited through CLAPAI.

A key focus during the year was on data analysis and writing up the results for all of the studies being carried out under the NICHD contract.

A bid for contract renewal from the NICHD for a further three-year period was successful. This will facilitate the expansion of our collaborative research programme on congenital malformations and other adverse pregnancy outcomes. The proposal was awarded a very high mark by the peer reviewers and a contract valued at US\$4.3 million was signed. This funding will enable a further eight research staff to be appointed to the team.

A key objective of the division is to develop an epidemiological research programme in child health, with particular reference to Irish children and focusing initially on four specific topics: the effectiveness of public health programmes to prevent NTDs using folic acid, investigating social class differences in infant and child mortality, child injury, and monitoring the major statistical indicators of child health.

Preliminary discussions with individuals working in the child health area (for example, the Programme of Action for Children run by the Health Boards Executive, the National Children's Office, the Institute of Public Health in Ireland, the Public Health Departments of the health boards) have helped to clarify the priorities of the proposed research programme.

Networking and capacity building

When research involves and impacts on people, the value of networking and capacity building cannot be underestimated. Frequent contact was maintained with the Irish Association for Spina Bifida and Hydrocephalus, public health nurses, the Central Remedial Clinic, the Northern Ireland Association for Spina Bifida and Hydrocephalus, the UK Association for Spina Bifida and Hydrocephalus, the Scottish Association for Spina Bifida and Hydrocephalus, the Dublin Cleft Centre and the Cleft Lip and Palate Association of Ireland.

Members of the division also attended the AGM of the Association for Spina Bifida and Hydrocephalus (Ireland) and regional meetings of public health nurses.

To underpin the work programme, revisions were made to the manuals of operation for the Irish Genetic Study of NTDs and the Irish Genetic Study of Orofacial Clefts. Protocols and guidelines for data checking, data analysis, anonymisation, and inclusion and exclusion criteria were also reviewed and amended.

Publications

Publication of research findings in top international medical scientific journals is the key output measure of the research programme. During the year, five research papers were submitted for publication: three have been published and two are under consideration.

O'Leary VB, Mills JL, Kirke PN, Parle-McDermott A, Swanson DA, Weiler A, Pangilinan F, Conley M, Molloy AM, Lynch M, Cox C, Scott JM and Brody LC (2003) Analysis of the human folate receptor β gene for an association with neural tube defects. *Molecular Genetics and Metabolism*, 79: 129–133.

Parle-McDermott A, Mills JL, Kirke PN, O'Leary VB, Swanson DA, Pangilinan F, Conley M, Molloy AM, Cox C, Scott JM and Brody LC (2003) Analysis of the MTHFR 1298A \rightarrow C and 677 \rightarrow T polymorphisms as risk factors for neural tube defects. *Journal of Human Genetics*, 48: 190–193.

Parle-McDermott A, McManus EJ, Mills JL, O'Leary VB, Pangilinan F, Cox C, Weiler A, Molloy AM, Conley M, Watson D, Scott JM, Brody LC and Kirke PN (2003) Polymorphisms within the vitamin B₁₂ dependent methylmalonyl-coA mutase are not risk factors for neural tube defects. *Molecular Genetics and Metabolism*, 80: 463–468.

Kirke PN, Mills JL, Molloy AM, Brody LC, O'Leary VB, Daly L, Murray S, Conley C, Mayne PD, Smith O and Scott JM (2003) A single polymorphism (MTHFR C677T) puts half of the population at increased risk of neural tube defects: case-control study. Submitted for publication.

Parle-McDermott A, Mills JM, Kirke PN, Cox C, Signore CC, Kirke S, Molloy A, O'Leary VB, Pangilinan FJ, O'Herlihy C, Brody LS and Scott JM (2003) The MTHFD1 R653Q polymorphism is a maternal genetic risk factor for severe abruptio placentae. Submitted for publication.

Kirke PN and McKeever MP (2003) Update on the genetic study of spina bifida and other neural tube defects. *LINK* – the magazine of the UK Association for Spina Bifida and Hydrocephalus, January.

Kirke PN and McKeever MP (2003) Update on the genetic study of spina bifida and other neural tube defects. *LINK* – the magazine of the UK Association for Spina Bifida and Hydrocephalus, June.

Research presentations

- Kirke PN, Mills JL, Molloy AM, Brody LC, O'Leary VB, Parle-McDermott A, Daly L, Murray S, Mayne PD, Smith O, Cox C and Scott JM (2003) Increased risk of neural tube defects associated with heterozygosity for the methylenetetrahydrofolate reductase C677T mutation. Presented at the 20th All-Ireland Social Medicine Meeting. Newcastle Co Down, April 2003.

Invited presentations

- Kirke PN (2003) The Irish genetic study of orofacial clefts: background, objectives and preliminary results. Presentation to the Dublin Cleft Centre Meeting. Dublin, January 2003.
- Lynn E (2003) The Irish genetic study of orofacial clefts: recruitment and methodology. Presentation to the Dublin Cleft Centre Meeting. Dublin, January 2003.
- Kirke PN (2003) The Irish genetic study of spina bifida and other neural tube defects. Presentation to public health nurses, Galway Community Care Area. Galway, January 2003.
- Kirke PN (2003) The Irish genetic study of spina bifida and other neural tube defects. Presentation to public health nurses, Mayo Community Care Area. Castlebar, February 2003.



Disability Databases

Considerable progress was made during the year on the two national service-planning databases for people with disabilities, the National Intellectual Disability Database (NIDD) and National Physical and Sensory Disability Database (NPSDD).

As in previous years, the division facilitated the extended use of the databases by approved researchers in order to develop their research, policy, and planning functions.

Developments included:

- Initial development of a web-enabled database for the NPSDD to facilitate the provision of real-time information to authorised users
- An art competition was organised to design the NIDD Annual Report 2003 in association with the National Federation of Voluntary Bodies
- An upgrade to the NIDD database resulted in the submission of high-quality data in June 2003

The National Physical and Sensory Disability Database (NPSDD)

Data collection for the NPSDD is actively under way in the seven health boards and the ERHA, with some health boards making considerable progress towards their overall regional target by year-end. Throughout the year, measures were taken to further develop this database. It was decided to develop a centralised, web-enabled database so that up-to-date information can be available to authorised users in real time. By year-end the software had been developed and tested with the full involvement of key stakeholders.

To ensure the NPSDD meets the needs of all stakeholders, the division worked with a NPSDD Committee Working Group to undertake a multi-faceted consumer satisfaction survey. A report on this survey is being prepared.

Another Working Group of the NPSDD Committee is seeking to identify an appropriate measure of ability and functioning for adults with physical and sensory disabilities. The ability and functioning measure that was developed was piloted with focus groups in September and will be further evaluated in early 2004.

The National Intellectual Disability Database (NIDD)

During 2003, the annual reports on the database from 2001 and 2002 were collated and published. These reports document the extent to which existing specialised health services meet the needs of this population and identify the assessed need for these services.

In 2003, a suite of targeted summaries, specific to each health board, was published to complement the national Annual Report. Each summary contained a complete set of tables from the annual report relating to an individual health board.

To celebrate European Year of People with Disabilities, a competition was organised to design the cover of the 2003 Annual Report in association with the Federation of Voluntary Bodies providing Services to People with Intellectual Disability. The initiative received such a positive response that it will become an annual event.

The division completed the implementation of approved changes to the NIDD for 2003 in the first quarter. This included providing training to users in relation to data collection and software use. The integrity-checking function of the database was significantly upgraded and resulted in the submission of high-quality data in June 2003. This is the first year that all health boards returned their data on time, which significantly improves the division's capacity to publish timely database reports.

One of the key tasks identified by the division for 2003 was the development of a comprehensive reports module for the NIDD. This module was implemented in October 2003. A new improved report writing package was also sourced and a national training programme was developed for this application and delivered to all NIDD software users.

Networking and capacity building

During 2003, the division availed of every opportunity to promote the disability databases at national and international level. A collaborative study was undertaken with the School of Nursing in Dublin City University to assess levels of ability and functioning in people with physical or sensory disabilities. This study, based on data collected during pilot implementation of the NPSDD, has been accepted for publication in a forthcoming issue of the peer-reviewed journal *Disability and Rehabilitation*.

In the second half of the year, the division participated as a member of the Scientific Advisory Board organising the 2004 World Congress of the International Association for the Scientific Study of Intellectual Disability (IASSID). The development of a symposium of three papers has been co-ordinated by the division, in addition to three individual papers that will be presented at the World Congress. Five of the six papers are based on NIDD information.

Publications

Gallagher P and Mulvany F (in press) Levels of ability and functioning: Using the WHODAS II in an Irish context. *Disability and Rehabilitation*.

Mulvany F (2003) *National Intellectual Disability Database Committee Annual Report 2001*. Dublin: Health Research Board.

Mulvany F and Barron S (2003) *National Intellectual Disability Database Committee Annual Report 2002*. Dublin: Health Research Board.



Drug Misuse Research

The Drug Misuse Research division (DMRD) focused on delivering quality research and reporting accurate information from well-managed information systems during 2003.

This was achieved and the results were used as a basis for national and European research and service planning. Significant progress was also made in raising the profile of the National Documentation Centre on Drug Use (NDC).

Highlights of 2003 included:

- The National Drug Treatment Reporting System was modified to provide information on access to treatment and figures on treated problem alcohol use from 2004 onwards.
- A report on trends in treated drug misuse in Ireland from 1996 to 2000 was published.
- Three issues of the newsletter *Drugnet Ireland* were published.
- The NDC hosted the 15th annual conference of European Library and Information Services on Alcohol and Drugs.
- Research presentations were made at 12 conferences internationally.

National Drug Treatment Reporting System (NDTRS)

This reporting system collates information about treated drug misuse submitted by all health boards. These data are used at national and European levels to provide information on the characteristics of clients entering treatment, and on patterns of drug misuse, such as types of drugs used and consumption behaviours. Information from the NDTRS is used to inform local and national drug policy and planning.

- During 2003, a computer programme was developed to improve the quality of the data entered.
- A report on trends in treated drug misuse in Ireland from 1996 to 2000 was published.
- During 2003, the reporting system was modified to include performance indicators, which relate to treatment access and numbers seeking treatment for problem alcohol use; the revised reporting system will be implemented from 2004 onwards.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

The DMRD is the designated Irish Focal Point for the European Information Network on Drugs and Drug Addiction, co-ordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Participation in the EMCDDA is a strategic part of the work of the division. Activity during the year included:

- Preparation of a national report on the drug situation in Ireland for the EMCDDA
- Maintenance and development of Ireland's contribution to the EMCDDA European Database on Demand Reduction Activities (EDDRA)
- Ongoing development of the existing five epidemiological key indicators of drug misuse, with a view to improving national data sources and increasing the comparability of Irish and EU data
- Assistance in the development of a new structured questionnaire on alternatives to prison for drug-using offenders
- Continued work with the EMCDDA and other Focal Points on conceptualising new indicators of drug misuse and identifying new areas for research

National Documentation Centre on Drug Use (NDC)

The NDC provides access to all relevant and up-to-date information and research in the field of drug use in Ireland. During the year, policy-makers, health professionals, researchers, the media and the general public made use of this valuable resource. Landmarks in 2003 included:

- Four hundred Irish research documents were transcribed from the original hard copies and entered into the NDC electronic online database.
- The library collection now comprises 2,000 volumes (more than 1,500 separate titles).
- The NDC dealt with more than 700 individual queries during 2003 by email, phone and letter.
- The NDC website had 283 registered users at the end of 2003.
- The Centre hosted a major international conference of information specialists attended by delegates from 18 European and North American countries.
- NDC staff were elected to officer positions in the European Library and Information Services on Alcohol and Drugs and the Irish Health Sciences Library Group.

Networking and building capacity

The need to work with Irish agencies to help address priority information needs in the area of drug misuse in Ireland drives a strong networking agenda. DMRD staff participated in a wide variety of national and regional committees and working groups, including:

- The National Advisory Committee on Drugs and its sub-committees
- The Health Implementation Committee of the National Drugs Strategy, Department of Health and Children
- An Garda Síochána Steering Group on opiate use and related criminal activity in Ireland
- The Irish Health Science Libraries Group



Increased knowledge and expertise contributes to national capacity. The division had a role in informing policy through two written submissions:

- Statistics on drug-related crime to an expert group established by the Minister for Justice, Equality and Law Reform
- Key contributions to the future work programme of the National Advisory Committee on Drugs

In Europe, the division participated and provided expert advice at:

- More than 10 EMCDDA expert meetings
- The European network on HIV and Hepatitis Prevention in Prison
- The Pompidou Group meeting on treatment demand
- The UN, EMCDDA and Pompidou Group expert meeting on treatment demand indicators and international collaboration in drug-abuse epidemiology

Publications

O'Brien M, Kelleher T, Cahill P, Kelly F and Long J (2003) *Trends in treated drug misuse in the Republic of Ireland, 1996 to 2000*. Occasional Paper No. 9. Dublin: Health Research Board.

Drug Misuse Research Division (2003) *Ireland: Drug Situation 2002*. Dublin: Health Research Board.

Drug Misuse Research Division (2003) *Drugnet Ireland*. Issue 7, February 2003. Dublin: Health Research Board.

Drug Misuse Research Division (2003) *Drugnet Ireland*. Issue 8, June 2003. Dublin: Health Research Board.

Drug Misuse Research Division (2003) *Drugnet Ireland*. Issue 9, November 2003. Dublin: Health Research Board.

Presentations

- Fear and Denial: How prisoners cope with risk of or diagnosis with Hepatitis C. Poster presentation to 13th All-Ireland Social Science and Medicine Meeting. Newcastle, Co Down, April 2003.
- Hepatitis C and tattooing in prison. Poster presentation to Hepatitis C Past, Present and Future International Conference. Dublin, May 2003.
- Fear and Denial: How prisoners cope with risk of or diagnosis with Hepatitis C. Poster presentation to Hepatitis C Past, Present and Future International Conference. Dublin, May 2003.
- Prisoners' views of injecting drug use and harm reduction in Irish prisons. Oral presentation to European Network of Drug Services in Prison 7th International Conference. Rome, May 2003.
- Fear and Denial: how prisoners cope with risk of or diagnosis with hepatitis C. Poster presentation to European Network of Drug Services in Prison 7th International Conference. Rome, May 2003.
- Prevalence: A key indicator of drug use for national and European needs. Oral presentation to a prevalence conference hosted by the National Advisory Committee on Drugs. Dublin, May 2003.
- Drugs, Crime and Community – Monitoring quality of life in the north inner city. Oral presentation to North Inner City Drugs Task Force conference on drug-related crime in the community. Dublin, June 2003.
- The 'Bradshaw Report': 20 years on. Oral presentation to Elisad Conference. Dublin, September 2003.
- Research methods on drug misuse. Oral presentation to Elisad Conference. Dublin, September 2003.
- Costs and benefits of harm reduction in Irish prisons. Oral presentation to conference on dealing with drug use in prison: reviewing the European experience and sharing good practice. Warsaw, September 2003.
- The role of an EDDRA manager at national level: the Irish experience. Oral presentation to EMCDDA EDDRA co-ordinators' meeting. Lisbon, December 2003.
- An overview of the prevalence of and risk factors for blood-borne viruses in Irish prisons. Oral presentation at Conference to Examine HIV/AIDS and Hepatitis C in Prisons. Dublin, December 2003.

Mental Health Research

During 2003, a variety of new initiatives were introduced in addition to the ongoing research and maintenance of the National Psychiatric In-patient Reporting System (NPIRS). The division's research expertise continued to be recognised through representation on a number of research advisory committees and invitations to submit to policy documents.

New initiatives

A number of high-level meetings were held to establish the information and research-related needs of clinicians and managers in the mental health area, with a view to expanding the research programme. A consistent theme emerged, which focused on the need to capture community psychiatric activity data in a systematic way. In response to this, a computer programme for community care (COMCAR) was developed to capture activities in community psychiatric services.

A new study commenced on involuntary admissions to psychiatric hospitals and units throughout the country. This is being conducted on behalf of the Mental Health Commission.

The National Psychiatric In-Patient Reporting System (NPIRS)

NPIRS continued to provide national data for academics and service providers to support research and policy. Key developments in relation to this project included:

- Further modules of the NPIRS database were included in the Public Health Information System, increasing the constituency with access to the NPIRS data.
- An increasing number of psychiatric facilities returning data to the NPIRS began using the HRB electronic Patient Administration System. This resulted in a quicker, more efficient return of data.
- A training programme was delivered to more than 100 health board staff nationwide. This also led to considerable improvements in the quality and timeliness of incoming information for the NPIRS database.
- Meetings were held with stakeholders to promote use of NPIRS as a research, policy and planning tool.
- Implementation of the results of an audit led to the closure of the county psychiatric case registers.
- The NPIRS Annual Report was published in 2003, along with eight Bulletins providing NPIRS results for each health board individually.

Networking and building capacity

The MHRD continued working with the National Mental Health Performance Indicator Group of the Department of Health and Children. A list was compiled of health boards that want to avail of HRB services in relation to reporting on performance indicators in the mental health area.

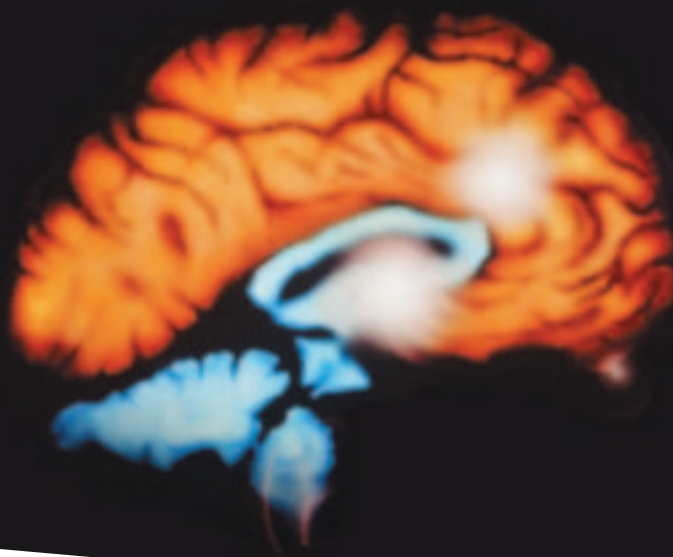
A number of joint initiatives were developed to achieve more standardised database procedures and information exchange with the other divisions operating information systems in the HRB. This increased inter-divisional co-operation.

Key contributions were made in relation to building national capacity through proposals and contribution to strategy. Submissions were made in relation to:

- Action Plan on Homelessness in Dublin 2004–2006
- Pathways to Involuntary Admission to Psychiatric Hospitals and Units (Mental Health Commission)
- Community Psychiatric Residence Study (Mental Health Commission)

Division staff participated in the following committees:

- National Mental Health Performance Indicator Working Group
- Children and Adolescent Psychiatric Service Working Group
- Research Advisory Group Membership – National Disability Authority, National Counselling Service
- ERHA Information Technology Strategy Group



Publications

Hickey T, Moran R and Walsh D (2003) *Psychiatric Day Care – An underused option?* Dublin: Health Research Board.

Daly A and Walsh D (2003) *Activities of Irish Psychiatric Services 2002*. Dublin: Health Research Board.

Daly A with NPIRS Team (2003) NPIRS Bulletins 2002. One for each health board. Dublin: Health Research Board.

Daly A and Walsh D (2003) *Activities of Irish Psychiatric Services 2001*. Dublin: Health Research Board.

Daly A with NPIRS Team (2003) NPIRS Bulletins 2001. One for each health board. Dublin: Health Research Board.

Keogh F, Finnerty A, O'Grady Walshe A, Daly I, Murphy D, Lane A and Walsh D (2003) Meeting the needs of people with schizophrenia living in the community: a report from a European collaboration. *Irish Journal of Psychological Medicine*, 20(2): 45–51.

Corcoran E and Walsh D (2003) Obstructive asphyxia: a cause of excess mortality in psychiatric patients. *Irish Journal of Psychological Medicine*, 20(3): 88–90.

Kelly B, Walsh D, Feeney L, O'Callaghan E, Browne R, Byrne M, Mulryan N, Scully A, Morris M, Kinsella A, Takei N, McNeil T and Larkin C (in press) Obstetric adversity and age at first presentation in schizophrenia: evidence of a dose-response relationship. *American Journal of Psychiatry*.

Kelly B, Walsh D, Cotter D, Denihan C, Larkin D, Murphy P, Kinsella A, Waddington J, Larkin C, O'Callaghan E and Lane A (in press) Neurological soft signs and dermatoglyphic anomalies in twins with schizophrenia. *European Psychiatry*.

Thiselton DL, Webb BT, Neale B, Ribble RC, O'Neill FA, Walsh D, Riley BP and Kendler K (in press) No evidence for linkage or association of Neuregulin-1 (NRG1) with disease in the Irish study of high density schizophrenia families.

Fanous A, Van den Ord E, Riley B, Aggen SH, Neale MC, O'Neil A, Walsh D and Kendler K (in press) A high risk Haplotype in the Dystrobrevin-1 Binding Protein Gene (DTNBP1) is associated with negative symptoms of schizophrenia. *American Journal of Psychiatry*.

Research presentations

Walsh D. Psychiatric Resources and Services Ireland 1963–2003. Oral presentation to Mental Health Ireland Conference. Dundalk, May 2003.

Moran R. The role of the MHRD in provision of performance indicators in the mental health area. Presentations to National Mental Health Performance Indicator Group, Quarterly in 2003.

Corporate Services

A wide variety of initiatives were developed in 2003 to improve the operational capacity and create greater transparency throughout the organisation.

Key highlights included:

- Introduction of an internal audit system
- Formalisation of the HRB research ethics procedures
- Preparation for the implementation in the HRB of the Freedom of Information Act
- Major refurbishment of the HRB office accommodation and relocation of office space
- Upgrading of HRB network, network security, and teleworking/remote-working access methods
- Introduction of a new format for monthly corporate management accounts

An internal auditing service was developed, which included drafting a charter for internal audit and preparation of a draft risk register. A financial expert was appointed to the Audit Committee and roles and responsibilities of the committee were delivered through a comprehensive training programme.

In line with best international practice, a policy and procedures manual in relation to research ethics was developed for researchers to use when submitting proposals for review by the HRB Research Ethics Committee. This manual was approved by the Research Ethics Committee and adopted by the Board.



An implementation team was established to meet the requirements of the Freedom of Information (FOI) legislation. Key deliverables of the group included:

- Completion of the 'Section 15' manual and progress on the 'Section 16' manual, two guides to help the public access information from the HRB
- Co-ordination of FOI training for all staff
- Appointment of FOI decision makers and reviewers
- Development and specification of a records-management policy and database

The refurbishment of the interior of the HRB office at 73 Lower Baggot Street, a listed Georgian building, was completed on time, to a high standard and within budget. Transfer of staff and facilities was successfully completed in line with health and safety standards, with the minimum of 'down time' or impact on services.

Upgrading of IT hardware and software continued during 2003 to increase capacity and maintain security. Ongoing training of staff ensured that the HRB was up to date with all the latest IT developments.

The Finance team continued to provide a dedicated service to the organisation and built on standards, which resulted in a clean audit report from the Comptroller and Auditor General in 2003. Key activities included:

- A new format for monthly corporate management accounts was devised and approved by the Audit Committee for reporting to the Board.
- Financial audits were completed on the research funding management procedures at TCD, UCC, DCU, and the Research Unit on Health Status and Health Gain at UCD.
- Reviews were conducted on financial reports relating to research expenditure funded by Research and Development for Health.
- A computerised expenses claims system, compatible with the requirements of the HRB, was identified and implemented.
- The payments functionality of the Grants Database was developed and tested for use by the Finance team.
- Expert financial advice and assistance was provided to divisions of the HRB undertaking special or non-routine activities.

Human Resources

Significant progress was made in 2003 towards establishing the HRB as an employer of choice. In a staff opinion survey, the HRB scored in the top third of comparable organisations in Ireland.

The foundations were laid for the introduction of an organisation-wide performance management and development system. This was piloted successfully at senior management level and all staff agreed individual development plans. A scheme for the review of the performance of the chief executive was submitted to the Department of Health and Children for approval.

A human resource strategy for the organisation was drafted. Policies and procedures on discipline, problem resolution, career development, training, personal development, further education and recruitment and selection processes were initiated. Significant progress was also made on setting up an employee assistance programme.

Training is a core tool in the development of staff and the organisation. To support this, all managers and staff completed workshops on setting objectives and individual development planning. A HRB training plan for the period July 2003 to June 2004 was adopted and all staff used a variety of options, including training, further education and the learning centre, for development purposes.

Communications

During 2003, the communications office continued to build and develop the corporate branding of the HRB. Ongoing support was provided to all the divisions to highlight progress and achievements through events, launches, reports and media relations.

The first organisational media plan was developed. The volume and quality of media coverage achieved in the period January to December 2003 reflected the success of the plan. More than 330 articles were profiled in the press, amounting to 100,000 square centimetres of coverage, which represents €600,000 in advertising equivalent.

The HRB was the main sponsor in 2003 of the *Journal of Medical Science* research awards, an event that highlights the value of health research and the contribution of health researchers in Ireland. A number of the awards were made to researchers funded by the HRB.

Participation in the 2003 ESAT BT Young Scientist and Technology competition and exhibition was very successful. This was the first time that the HRB had participated in this event and the exhibit attracted much interest in health research from the young participants, their parents and teachers.

Financial Statements for the year ended 31 December 2003

Statement of Board Members' Responsibilities

The Board is required by the Health Research Board (Establishment) Order, 1986, as amended, to prepare Financial Statements for each financial year which give a true and fair view of the state of affairs of the Health Research Board and of its income and expenditure for that period. In preparing those Financial Statements the Board is required to:

- select suitable accounting policies and apply them consistently
- make judgements and estimates that are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the Financial Statements on the going concern basis unless it is inappropriate to presume that the Health Research Board will continue in operation

The Board is responsible for keeping proper books of accounts, which disclose with reasonable accuracy at any time the financial position of the Health Research Board and enable it to ensure that the Financial Statements comply with the Order. It is also responsible for safeguarding the assets of the Health Research Board and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board

Professor Desmond Fitzgerald
Chairman

Mr Charlie Hardy
Board Member

25 November 2004

Statement of Internal Financial Control

On behalf of the Board of the Health Research Board I acknowledge we are ultimately responsible for the system of internal financial control, for reviewing its effectiveness and ensuring it is maintained and operated.

However, such a system is designed to manage rather than eliminate the risk of failure to achieve the organisation's objectives, and can provide only reasonable and not absolute assurance against material misstatement or loss.

The Board has taken steps to ensure an appropriate control environment is in place. The key elements of the system are:

- There is a clear focus on organisational objectives as determined by the Board in its Corporate Strategy, after consideration of the statutory responsibilities.
- A clearly defined organisation structure, with appropriate segregation of duties and limits of authority designed to foster a beneficial control environment, is outlined.
- Annual budgets are approved by the Board.
- Monthly management accounts are presented to the Management team and the most recently available management accounts are presented to the Board at their scheduled meetings.
- Clearly defined procedures for financial expenditure including research funding, procurement and capital expenditure are agreed at Board level, ensuring there are no conflicts of interest present.
- Management prepares an annual business plan for adoption by the Board. Management report to the Board on an ongoing basis on the activities of each division and on progress in achieving corporate and divisional objectives against the business plan. The reports cover operational and financial performance, ensure that budgetary variances are examined and addressed properly and that activities of the divisions are monitored to ensure they are in line with the Health Research Board's organisational objectives.
- A Board-level committee, the Audit Committee, meets regularly and deals with significant control issues. The Audit Committee approves the year-end financial statements before submission to the Board and is reported to directly by the Internal Auditors.
- Management is responsible for the identification and evaluation of significant risks applicable to their divisions of the organisation, together with the design and operation of suitable internal controls.
- The Health Research Board has outsourced its internal audit function. In accordance with the Code of Best Practice for the Governance of State Bodies, the Internal Auditors report directly to the Audit Committee.

A full formal review of Internal Financial Controls was not carried out during 2003 but it will be completed during 2004.

On behalf of the Board

Professor Desmond Fitzgerald

Chairman

25 November 2004

Report of the Comptroller and Auditor General for presentation to the Houses of the Oireachtas

I have audited the financial statements on pages 34 to 46 under the Health Research Board (Establishment) Order, 1986 (as amended).

Respective Responsibilities of the Members of the Board and the Comptroller and Auditor General

The accounting responsibilities of the Members of the Board are set out on page 31. It is my responsibility, based on my audit, to form an independent opinion on the financial statements presented to me and to report on them.

I review whether the statement on page 32 reflects the Board's compliance with applicable guidance on corporate governance and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements.

Basis of Audit Opinion

In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with auditing standards issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Board's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations that I considered necessary to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In my opinion, proper books of account have been kept by the Board and the financial statements, which are in agreement with them and have been properly prepared in accordance with accounting policies laid down by the Minister for Health and Children, give a true and fair view of the state of affairs of the Health Research Board at 31 December 2003 and of its income and expenditure and cash flow for the year then ended.

John Purcell

Comptroller and Auditor General

30 November 2004

Statement of Accounting Policies

Basis of Accounting

The Financial Statements are prepared under the historical cost convention and in accordance with generally accepted accounting principles.

Income Recognition

The Department of Health and Children's Revenue Grant is credited to the income and expenditure account in full in the year it is allocated. Capital Grants are accounted for on an accruals basis. All other research funding is recognised as income when it is used to offset matching expenditure. Such funding includes a contribution towards the administration costs of the Board.

Expenditure Recognition

Funding for research awards is recognised as expenditure in the period in which it is due for payment to the award holder. All other expenditure is recognised on an accruals basis.

Tangible Fixed Assets

Tangible fixed assets are stated at cost less accumulated depreciation. The charge for depreciation is calculated to write down the cost of the tangible fixed assets to their estimated residual values, by annual instalments over their expected useful lives on the following basis:

Premises	4%
Office Furniture and Equipment	15%
Computer Equipment	25%

Tangible fixed assets costing less than €650 are not capitalised.

Debtors

Known bad debts are written off and specific provision is made for any amounts the collection of which is considered doubtful.

Pensions

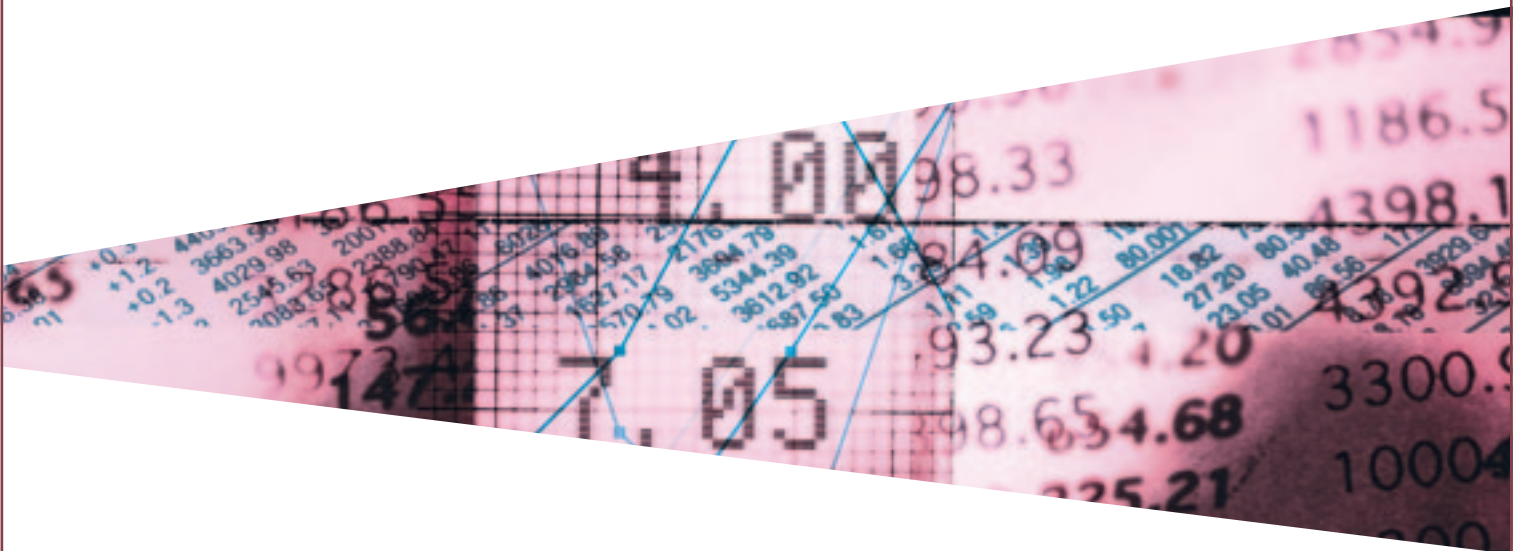
Permanent staff are members of the Local Government Superannuation Scheme. Pensions arising under this scheme are paid out of current funds as they arise, and pension contributions deducted from staff are netted against pension payments as shown in note 5. No provision has been made in the accounts in respect of accrued superannuation benefits payable in future years.

The Board also operates a defined benefit pension scheme. This scheme provides pension benefits to staff that were employed by the Board prior to the extension of the Local Government Superannuation Scheme to its employees.

The fund is vested in independent trustees nominated by the Board, for the benefit of existing pensioners, former employees with preserved benefits and their dependants. An independent qualified actuary periodically assesses the adequacy of the fund to meet pension liabilities. The most recent actuarial valuation showed the scheme to be in surplus and for this reason the Board did not make contributions to the fund.

Operating Leases

Rental payments are charged to the revenue income and expenditure account in the year to which they relate.



Health Research Board

Revenue Income and Expenditure Account for the year ended 31 December 2003

	Notes	2003 €	2002 €
Income			
Department of Health and Children Revenue Grant		14,342,000	13,008,000
Other Research Funding	1	2,321,517	2,625,765
Projects Undertaken for the Department of Health and Children	2	5,977,679	5,240,893
Interest Receivable		32,919	75,745
		22,674,115	20,950,403
Expenditure			
Research Funding and Policy	3	14,486,081	13,584,894
Child Health Epidemiology		1,370,179	1,095,539
Drug Misuse Research		742,017	639,973
Mental Health Research		703,616	1,148,690
Disability Databases		368,531	222,413
R&D for Health		3,106,333	2,622,762
Administration Costs and General Overheads	4	1,820,220	1,492,783
Pensions Paid to Retired Members of Staff	5	33,546	47,811
Other Activities		52,484	78,789
		22,683,007	20,933,654
		(8,892)	16,749

All income and expenditure for the year ended 31 December 2003 relates to continuing activities.

The Board has no recognised gains or losses other than those dealt with in the revenue and capital Statements of income and expenditure.

The Statement of Accounting Policies and notes 1 to 16 form part of these Financial Statements.

Professor Desmond Fitzgerald
Chairman

Mr Charlie Hardy
Board Member

Health Research Board

37

Capital Income and Expenditure Account for the year ended 31 December 2003

	2003	2002
	€	€
Income		
Department of Health and Children Capital Grant	4,564,910	1,882,073
Amortisation of Capital Fund Account	151,630	132,734
	4,716,540	2,014,807
Expenditure		
Equipment Grants Paid to Third Parties	3,550,773	1,251,740
ICT Development	107,761	-
Contribution to Fixed Assets	187,697	279,834
Maintenance of Premises	718,679	350,499
Depreciation	151,630	132,734
	4,716,540	2,014,807
(Deficit)/Surplus for the Year	-	-

The Statement of Accounting Policies and notes 1 to 16 form part of these Financial Statements.

Professor Desmond Fitzgerald
Chairman

Mr Charlie Hardy
Board Member

Health Research Board

Balance Sheet as at 31 December 2003

	Notes	2003 €	2002 €
Fixed Assets			
Tangible Assets	6	581,312	545,803
Current Assets			
Debtors	7	2,384,345	1,917,133
Investments	8	641	641
Cash at Bank and on Hand		2,173,434	2,610,245
		4,558,420	4,528,019
Current Liabilities			
<i>Amounts falling due within one year:</i>			
Bank and Other advances	9	-	527,196
Creditors and Deferred Income	10	4,496,964	3,930,475
		4,496,964	4,457,671
Net Current Assets		61,456	70,348
Net Assets		642,768	616,151
Reserves			
Accumulated Surplus on			
Income & Expenditure Account	11	61,456	70,348
Capital Fund	12	581,312	545,803
		642,768	616,151

The Statement of Accounting Policies and notes 1 to 16 form part of these Financial Statements.

Professor Desmond Fitzgerald
Chairman

Mr Charlie Hardy
Board Member

Health Research Board

Cash Flow Statement for the year ended 31 December 2003

Notes	2003	2002
	€	€
Reconciliation of Operating (Deficit)/Surplus to Net Cash Inflow from Operating Activities		
(Deficit)/Surplus for the Year	(8,892)	16,749
Less Interest Receivable	(32,919)	(75,745)
(Increase) in Debtors	(467,212)	(981,290)
Increase in Creditors and Deferred Income	566,489	14,744
Net Cash Inflow/(Outflow) from Operating Activities	57,466	(1,025,542)
Net Cash Inflow from Returns on		
Investments and Servicing of Finance	32,919	75,745
Amount Allocated to Fund Fixed Asset Additions	(187,697)	(279,834)
Net Cash (Outflow) from Operating Activities	(97,312)	(1,229,631)
Investing Activities		
Expenditure on Fixed Assets	187,697	279,834
Increase/(Decrease) in Cash and Cash Equivalents 13	90,385	(949,797)

The Statement of Accounting Policies and notes 1 to 16 form part of these Financial Statements.

Professor Desmond Fitzgerald
Chairman

Mr Charlie Hardy
Board Member

Health Research Board

Notes to the Financial Statements for the year ended 31 December 2003

	2003		2002	
	€	€	€	€
1. Other Research Funding				
Research Award Schemes				
Women's Health Council	116,606		122,472	
Arthritis Foundation	-		38,092	
Department of the Environment	32,993		52,832	
The Hadwen Trust	25,395		25,395	
The British Council	9,009		-	
The Irish Hospice Foundation	24,785		-	
		208,788		238,791
Child Health Research				
National Institute of Child Health and Human Development (USA)	1,295,078		1,060,982	
		1,295,078		1,060,982
Drug Misuse Research				
Community Rural & Gaeltacht Affairs	302,121		261,707	
European Monitoring Centre for Drugs and Drug Addiction	110,000		110,000	
		412,121		371,707
Mental Health Research				
East Coast Area Health Board	246,598		213,457	
Virginia Commonwealth University	158,932		740,828	
		405,530		954,285
		2,321,517		2,625,765

Health Research Board

Notes to the Financial Statements for the year ended 31 December 2003

2. Projects undertaken for the	2003		2002	
Department of Health and Children	€	€	€	€
Research Award Schemes				
Hepatitis C Research	932,444		450,634	
Autism and Intestinal Dysfunction	63,500		63,500	
Nursing and Midwifery Research	632,278		522,556	
Health Status Research	76,000		76,000	
North-South Research Schemes	663,449		981,802	
Cancer Research	2,680,019		2,322,252	
		5,047,690		4,416,744
Drug Misuse Research		342,863		268,266
Mental Health Research		203,000		254,682
Disability Databases		368,531		222,413
Other Activities				
Wellcome Trust VAT Refund Scheme		15,595		78,788
		5,977,679		5,240,893

3. Research Funding and Policy	2003		2002	
	€		€	
General Research Project Grants	6,725,018		6,277,535	
Programme Grants	2,348,082		1,849,134	
North/South Co-operative Research Grants	663,449		981,802	
Discipline Integration Grants	227,390		234,418	
Co-operative Health Services Research Grants	51,820		75,030	
Research Visits Scheme	(1,498)		9,750	
Summer Student Grants	39,106		61,108	
Post Doctoral Research Fellowships	990,840		953,950	
Clinical Research Training Fellowships	547,176		944,815	
Health Services Research Fellowships	680,699		657,891	
Nursing and Midwifery Research Fellowships	573,474		395,583	
Hepatitis C Research	932,444		450,634	
Hadwen Trust	51,092		51,093	
General Divisional Costs	656,989		642,151	
		14,486,081		13,584,894

Health Research Board

Notes to the Financial Statements for the year ended 31 December 2003

4. Administration Costs and General Overheads	2003	2002
	€	€
Salaries and Pensions	671,917	566,148
Employee Costs	18,855	16,092
Sponsorship	1,600	37,800
Travel, Subsistence and Training	17,645	37,737
Insurance	81,248	67,677
Printing and Stationery	31,954	38,885
Postage	15,823	17,781
Telephone	36,803	35,983
Light and Heat	17,672	18,279
Repairs/Rent/Rates	103,750	56,601
Cleaning	35,172	35,512
Subscriptions to International Organisations	10,426	3,342
Books and Journals	-	6,794
Bank Interest and Charges	1,561	2,335
Annual Reports and Newsletters	3,749	24,682
Computer Costs	125,313	159,601
Website	51,448	34,446
Consultancy	85,584	45,478
Hospitality	6,178	7,522
Communications	95,186	34,129
Audit Fees	6,500	6,560
Advertising	575	25,219
Human Resources	171,518	64,001
Office Service Charges	35,371	11,218
Office Rental	194,372	138,960
	<u>1,820,220</u>	<u>1,492,783</u>

5. Pensions Paid to Retired Members of Staff	2003	2002
	€	€
Pension Payments	141,657	134,808
Less: Contributions from Current Staff	(108,111)	(86,997)
	<u>33,546</u>	<u>47,811</u>

6. Fixed Assets – Tangible Assets

	Premises	Office Furniture & Equipment	Computers	Total
	€	€	€	€
Cost				
At beginning of year	384,783	403,721	345,134	1,133,638
Additions	-	59,711	127,986	187,697
Disposals	-	(31,499)	(108,788)	(140,287)
At end of year	<u>384,783</u>	<u>431,933</u>	<u>364,332</u>	<u>1,181,048</u>
Depreciation				
At beginning of year	171,951	182,939	232,945	587,835
Charge for year	15,391	59,933	76,306	151,630
Disposals	-	(30,941)	(108,788)	(139,729)
At end of year	<u>187,342</u>	<u>211,931</u>	<u>200,463</u>	<u>599,736</u>
Net Book Value				
At 31 December 2003	<u>197,441</u>	<u>220,002</u>	<u>163,869</u>	<u>581,312</u>
<i>At 31 December 2002</i>	<u>212,832</u>	<u>220,782</u>	<u>112,189</u>	<u>545,803</u>

Health Research Board

Notes to the Financial Statements for the year ended 31 December 2003

7. Debtors	2003	2002
	€	€
Department of Health and Children	1,612,376	152,797
Other Debtors	618,370	1,418,500
Prepayments and Sundry Receivables	153,599	345,836
	<u>2,384,345</u>	<u>1,917,133</u>
8. Investments	2003	2002
	€	€
	At Cost	At Cost
Prize Bonds	641	641
	<u>641</u>	<u>641</u>
9. Bank and Other Advances	2003	2002
Amounts falling due within one year:	€	€
Bank Overdraft	-	<u>527,196</u>
10. Creditors and Deferred Income	2003	2002
Amounts falling due within one year:	€	€
Creditors and Accruals	2,158,389	1,598,774
Deferred Income	2,338,575	<u>2,331,701</u>
	<u>4,496,964</u>	<u>3,930,475</u>

Health Research Board

45

Notes to the Financial Statements for the year ended 31 December 2003

11. Accumulated Surplus on Income and Expenditure Account	2003	2002
	€	€
At the beginning of the year	70,348	53,599
(Deficit)/Surplus for the year	(8,892)	16,749
Retained Surplus	<u>61,456</u>	<u>70,348</u>

12. Capital Fund	2003	2002
	€	€
At the beginning of the year	545,803	398,703
Transfer from Capital Income and Expenditure Account to fund Fixed Assets	187,697	279,834
Depreciation charge for the year	(151,630)	(132,734)
Disposal of Fixed Assets	(558)	-
At the end of the year	<u>581,312</u>	<u>545,803</u>

13. Analysis of Cash and Cash Equivalents	Change in year 2003	Change in year 2002
	€	€
Investments	-	(445,319)
Cash at Bank and on Hand	(436,811)	(13,560)
Bank Overdraft	527,196	(490,918)
	<u>90,385</u>	<u>(949,797)</u>

Health Research Board

Notes to the Financial Statements for the year ended 31 December 2003

14. Operating Leases

The Health Research Board has commitments in respect of two leases on office accommodation.

- a) 19 Clanwilliam Terrace, Dublin 2.
This is held by way of a 25-year lease, which commenced in 2001. The annual cost of the lease is approximately €57,100.

- b) Floor 2, Holbrook House, Holles Street, Dublin 2.
This is held by way of a 25-year lease, which commenced in 2002. The annual cost of the lease is approximately €180,000.

15. Board Members' Interests

Grants are, from time to time, made to bodies with which members are connected whether through employment or otherwise. The Board has procedures for dealing with conflicts of interest, in accordance with the terms of section 13 of the Board's statutory instrument.

16. Board Approval

The Financial Statements were approved by the Board on 25 November 2004

Appendix: Grants Awarded in 2003

Grant Holder	Project Title
Dr Richard Costello Department of Medicine Royal College of Surgeons in Ireland Dublin 2	Laser capture microdissection
Professor Tom Cotter Department of Biochemistry University College Cork Cork	Laser capture microscopy: its uses in neurodegenerative and related diseases
Dr Derek Doherty Department of Biology National University of Ireland Maynooth, Co Kildare	MicroBeta Trilux scintillation counter
Professor Desmond Fitzgerald Department of Clinical Pharmacology Royal College of Surgeons in Ireland Dublin 2	Nano-HPLC system for high-resolution proteomics
Ms Mary Fitzsimons Department of Neurology Epilepsy Programme Beaumont Hospital Dublin 9	Infrastructure to support the development of an epilepsy electronic patient record (EPR)
Dr William Gallagher Department of Pharmacology University College Dublin Dublin 4	Clinical Proteomics Instrumentation
Dr Adrienne Gorman Department of Biochemistry National University of Ireland Galway	Real-time fluorescent imaging of biological samples
Dr Ziarh Hawi Department of Genetics Trinity College Dublin Dublin 2	An ABI 3100 genetic analyzer for Linkage Disequilibrium (LD) mapping of genes and regions of association with attention deficit hyperactivity disorder (ADHD) and autism in the Irish population
Professor Donal Hollywood Institute of Molecular Medicine Faculty of Health Sciences St James's Hospital Dublin 8	A tele-archiving and data warehouse linked to the Telesynergy multimedia medical imaging workstation network

Grant Holder	Project Title
<p>Professor Dermot Kelleher Department of Clinical Medicine Trinity College Dublin Dublin 2</p>	<p>Advanced multi-user cell biology infrastructure</p>
<p>Professor Paul McLoughlin Department of Human Anatomy and Physiology University College Dublin Dublin 2</p>	<p>Stereological mophometry: quantitative assessment of disease-induced angiogenesis and tissue remodelling in vivo.</p>
<p>Dr Hilary McMahon Department of Industrial Microbiology University College Dublin Dublin 4</p>	<p>Prion equipment application 2003</p>
<p>Dr Evelyn Murphy Department of Biochemistry and Physiology Conway Institute of Biomedical and Biomolecular Research University College Dublin Dublin 4</p>	<p>Nucleofection technology for gene delivery and gene silencing in primary cells and transfection-resistant cell lines</p>
<p>Professor Timothy O'Brien Department of Medicine University College Hospital Galway</p>	<p>Fluorescence-activated cell sorter instrument to support gene- and cell-based therapeutic approaches to vascular disease</p>
<p>Professor Eadbhard O'Callaghan Department of Adult Psychiatry Cluain Mhuire Service St John of God Hospital Dublin</p>	<p>Carer education for schizophrenia via tele - networks</p>
<p>Professor Kay Ohlendieck Department of Biology National University of Ireland Maynooth</p>	<p>Establishment of a mass spectroscopy unit at NUI Maynooth for the support of biomedical research</p>
<p>Professor John O'Leary Department of Histopathology Trinity College Dublin Dublin 2</p>	<p>Applied Biosystems 7900 microfluidics system</p>

Grant Holder**Project Title****Professor Luke O'Neill**

Department of Biochemistry
Trinity College Dublin
Dublin 2

Signal transduction pathways activated by the novel adapter protein Mal (MyD88-adapter like), a critical participant in Toll-like receptor-4 action

Dr Emer Shelley

Department of Heart Health
Department of Health and Children
Dublin 2

National Cardiovascular Information Systems, Multidisciplinary Interagency Infrastructure Project (NCIS MIIP)

Dr Peter Wright

Department of Public Health
North Western Health Board
Ballyshannon, Co Donegal

Developing a Health Intelligence Unit: Using geographical mapping systems to improve health status and to monitor health gain

Fellowships – Clinical Research Training

Dr Glen Doherty

Department of Clinical Pharmacology
Royal College of Surgeons in Ireland
Dublin 2

Downstream effectors of cyclooxygenase-2 in colorectal cancer

Dr Amjad Hayat

Department of Molecular Medicine
St James's Hospital
Dublin 8

Chronic lymphocytic leukaemia: New insights in its biological heterogeneity and identification of prognostic markers

Dr Eamonn Molloy

Department of Clinical Pharmacology
Royal College of Surgeons in Ireland
Dublin 2

Calcium-containing crystals – a potential target for selective disease modification in osteoarthritis

Fellowships – Health Services Research

Mr Philip Larkin

Centre for Nursing Studies
National University of Ireland
Galway

Transition towards specialist palliative care services: An exploration of its meaning for palliative care patients in Europe

Dr Fergal Moloney

Clinical Science Institute
Beaumont Hospital
Dublin 9

Pharmacogenetic prevention of skin cancer in renal transplant patients

Grant Holder**Mr Conor Teljeur**

Department of Community Health and
General Practice
AMNCH
Tallaght, Dublin 24

Fellowships – Nursing and Midwifery

Ms Claire Hayes

School of Nursing and Midwifery
University College Cork
Cork

Ms Agnes Higgins

School of Nursing and Midwifery Studies
St James's Hospital
Dublin 8

Ms Joan Lawlor

School of Nursing and Midwifery Studies
Trinity College Dublin
Dublin 2

Ms Catherine Redmond

Department of Physiology
University College Dublin
Dublin 2

Fellowships – Post-Doctoral

Dr Sandra Austin

Department of Clinical Pharmacology
Royal College of Surgeons in Ireland
Dublin 2

Dr Derek Morris

Department of Psychiatry
St James's Hospital
Dublin 8

Dr Kenneth Nally

Department of Medicine
Cork University Hospital
Cork

Project Title

The impact on population health of exposure to multiple forms of deprivation

Fathers' experiences of managing the care of their children with cystic fibrosis: A phenomenological study

An exploration of sexuality in a psychiatric context from the perspective of the psychiatric nurse and people with mental health problems

A longitudinal study of women's experiences of carrying a baby with fetal abnormality up to and beyond the birth: A Grounded Theory approach

The development and validation of physiological measures of pre-sleep arousal suitable for use in nursing research

Regulation of gene expression by Cyclooxygenase-2 in cardiovascular tissue

Developing haplotype maps: a novel approach approach to identifying susceptibility genes for complex disorders

Elucidation of the molecular mechanisms underlying Interferon- γ mediated sensitisation of colon cancer cells to death receptor-triggered (TNF- R1, Fas/CD95 and TRIAL) apoptosis

Grant Holder**Project Title**

Fellowships – Primary Care

Dr Waisun Chan

Family Medicine and General Practice
Royal College of Surgeons in Ireland
Dublin 2

Evaluation of a lengthened and multi-disciplinary consultation model in a socially deprived community

Dr Una Fallon

Department of Social Medicine
University of Bristol
Bristol

Patterns of primary health care utilisation and referral and determinants of such utilisation in 1,000 families followed prospectively through the Lifeways Cross-Generation cohort study

Ms Fiona O'Reilly

Family Medicine and General Practice
Royal College of Surgeons in Ireland
Dublin 2

Developing and evaluating community involvement in primary care in North Inner City Dublin

Research Project Grants – Co-Funded in Health Services Research

Professor Gerard Bury

Department of General Practice
Coombe Healthcare Centre
Dublin 8

General practice and pre-hospital emergency care: the potential impact of collaboration integration, new technologies and health service reform

Dr Regina McQuillan

St Francis Hospice Raheny
Dublin 5

An exploration of the end-of-life care needs of dementia patients: palliative care and geriatric care perspectives

Professor Colm O'Morain

Department of Gastroenterology
AMNCH
Tallaght, Dublin 24

Novel screening modalities for colorectal cancer: molecular basis of colorectal cancer from prevention to cure

Research Project Grants – General

Dr Orina Belton

Department of Clinical Pharmacology
Royal College of Surgeons in Ireland
Dublin 2

Cyclooxygenases in atherosclerosis: exploring the cardiovascular risk of COX-2 inhibitors

Dr Andrew Bowie

Department of Biochemistry
Trinity College Dublin
Dublin 2

Elucidating the role of IRAK-2 in interleukin-1 and toll-like receptor signalling

Grant Holder**Dr Patrick Brennan**

School of Diagnostic Imaging
University College Dublin
Dublin 4

Professor Patrick Collins

Department of Biochemistry
Royal College of Surgeons in Ireland
Dublin 2

Dr Richard Costello

Department of Medicine
Beaumont Hospital
Dublin 9

Professor David Croke

Department of Biochemistry
Royal College of Surgeons in Ireland
Dublin 2

Dr Alan Dobson

Department of Microbiology
University College Cork
Cork

Professor Charles Dorman

Department of Microbiology
Trinity College Dublin
Dublin 2

Professor Paul Engel

Department of Biochemistry
University College Dublin
Dublin 4

Professor John Feely

Department of Pharmacology and Therapeutics
St James's Hospital
Dublin 8

Project Title

Radiation dose optimisation for interventional procedures

Membrane integrins as mediators of increased platelet aggregation in hyperhomocysteinaemic states

Neuro-immune interactions in allergic rhinitis

A high-resolution map of genetic variation in the Irish population

Pathogenicity in *Aspergillus fumigatus* - A functional genomics/proteomics approach

Analysis of switching bias in the fim genetic switch of *Escherichia coli*

The molecular basis of autosomal dominant retinitis pigmentosa RP10: studies of IMP Dehydrogenase 1

Prescribing indicators in primary care using a pharmacoepidemiological database

Grant Holder**Dr William M Gallagher**

Department of Pharmacology
University College Dublin
Dublin 4

Dr Deirdre A Hurley

School of Physiotherapy
Mater Misericordiae Hospital
Dublin 7

Professor Dermot Kelleher

Department of Clinical Medicine
St James's Hospital
Dublin 8

Dr Brendan Noel Kennedy

Department of Pharmacology
University College Dublin
Dublin 4

Professor Marina A Lynch

Department of Physiology
Trinity College Dublin
Dublin 2

Dr Justin V McCarthy

Department of Biochemistry
and Biosciences Institute
University College Cork
Cork

Professor Noel McElvaney

Department of Medicine
Beaumont Hospital
Dublin 9

Professor Hannah McGee

Department of Psychology
Royal College of Surgeons in Ireland
Dublin 2

Dr Tara McMorrow

Department of Pharmacology
University College Dublin
Dublin 4

Project Title

Malignant melanoma: functional studies using DNA methyltransferase inhibitors and genetic suppressor element technology

Randomised controlled trial of hospital-based versus community-based physiotherapy for patients with low back pain: clinical outcomes and economic analysis

Transcriptomic and proteomic approaches for the study of the intestinal epithelial response to *Helicobacter pylori* soluble components in an ex vivo model for duodenal ulcerogenesis

In vivo models of human blindness characterised by dominant cone-rod dystrophy (DCORD)

Analysis of the cellular events leading to the protective effect of eicosapentanoic acid in the brain

Glycogen Synthase Kinase-3B and serine phosphorylation: unravelling the physiological functions of Presenilin-1 in Alzheimer's disease

Alpha1-antitrypsin (A1AT)-induced ER stress: Intracellular stress mechanism associated with Alpha 1-Antitrypsin deficiency liver disease and development of potential therapeutic approaches

One-year clinical outcomes, secondary prevention profile and health service use in a national sample of hospital admissions for acute coronary syndromes in Ireland

Gene regulation and mechanism of epithelial-mesenchymal transdifferentiation (EMT) in a cyclosporine A -induced model

Grant Holder**Dr Kevin J Mitchell**

Department of Genetics
Trinity College Dublin
Dublin 2

Dr Tom Moore

Department of Biochemistry
University College Cork
Cork

Professor John Morrison

Department of Obstetrics and Gynaecology
University College Hospital
Galway

Dr Paul Moynagh

Department of Pharmacology
University College Dublin
Blackrock, Co Dublin

Dr Evelyn Murphy

Department of Biochemistry and Physiology
Faculty of Veterinary Medicine
University College Dublin
Dublin 4

Dr Heinz-Peter Nasheuer

Department of Biochemistry
National University of Ireland
Galway

Dr Jacqueline Nugent

Department of Biology
National University of Ireland
Maynooth, Co Kildare

Professor Timothy O'Brien

Department of Medicine
University College Hospital
Galway

Project Title

The role of the transmembrane semaphorin
Sema6A in axon guidance in the mammalian brain

Jerky Gene: Cellular and developmental function

Thrombin and protease activated receptors (PARs)
and human myometrium in labour, term and
preterm: expression, functional modulation and ion
channel effects

Defining a role for human cactin in toll-like
receptor signalling

Orphan nuclear receptor function in human
inflammatory joint disease

Physical and functional interactions of replication
protein A in the eukaryotic cell cycle. Analyses of
the activities of the replication protein A and their
regulation during the initiation and elongation
process of eukaryotic DNA replication

Developing a plastid-based, multicomponent
vaccine against *Helicobacter pylori*

Cytoprotection of islets after transplantation by
gene transfer of manganese superoxide dismutase

Grant Holder**Project Title****Professor Eadbhard O'Callaghan**

Cluain Mhuire Service
St Vincent's University Hospital
Blackrock, Co Dublin

A randomised control trial of carer education in bipolar affective disorder

Dr Clare O'Connor

Department of Medicine and Therapeutics
University College Dublin
Dublin 4

Functional analysis of differential gene expression in IL-8 versus FMLP stimulated neutrophils with specific reference to migratory pattern

Mr Aengus S O'Marcaigh

Our Lady's Hospital for Sick Children
Crumlin, Dublin 12

The pathophysiology of veno-occlusive disease: novel therapeutic strategies

Dr Malachy O'Rourke

Department of Mechanical Engineering
University College Dublin
Dublin 4

Investigation of blood flow through abdominal aortic aneurysms: towards reliable rupture prediction

Dr Abhay Pandit

Department of Mechanical Engineering
National University of Ireland
Galway

Modulation of impaired wound-healing response by nitric oxide synthase gene transfer and the ability of a biodegradable fibrin scaffold to deliver a therapeutic gene

Dr Margaret Worrall

Department of Biochemistry
University College Dublin
Dublin 4

Characterisation of the remaining human A-clade serpins

Research Project Grants – Interdisciplinary**Dr Sean Connolly**

Department of Clinical Neurophysiology
St Vincent's University Hospital
Dublin 4

Developing accurate seizure detection techniques in newborn babies

Dr John Harpur

Department of Computer Science
National University of Ireland
Maynooth, Co Kildare

Methodological issues in the use and possible extension of the Pragmatics Rating Scale with Asperger adolescents

Grant Holder	Project Title
Research Project Grants – Ireland–Northern Ireland Co-operation	
Dr Clair Gardiner Department of Biochemistry Trinity College Dublin Dublin 2	Investigation of the extent of KIR gene diversity and its role in expression
Professor Geraldine McCarthy School of Nursing and Midwifery University College Cork Cork	A study to determine the contextual indicators impacting on the effective proactive continence management in rehabilitation settings for older people
Dr Kevin McGuigan Department of Pharmaceutical Chemistry and Medical Physics Royal College of Surgeons in Ireland Dublin 2	Prevention, detection and removal of pathogenic bacterial biofilms on medical implant surfaces
Dr Anthony Staines Department of Public Health Medicine and Epidemiology University College Dublin Dublin 4	Risks and hazards of blood donation and transfusion: professional and lay knowledge and attitudes to risk in Ireland