

	Strengths	Weakness	Opportunity	Threats
	IHF as Network Co-ordinator.			
1a.	IHF has a strong reputation of independence – credibility.		Sustain and augment this reputation by ensuring the Network governance and administration is developed in a way that is responsive, transparent, professional and accountable to its members.	
2a.	Cardiology and Stroke community awareness and support of the IHF.		Harness this support and potential for meaningful engagement with the research network.	Clinician's time may be a limiting factor to engagement.
3a.	Strong awareness of IHF among all stakeholders.		IHF Medical Director influential and linked to KOL's.	
4a.	Excellent advocacy department within the IHF		Potential to support/further research agenda/issues as they arise via the network	
5a.	Good links and relationships with the government. <ul style="list-style-type: none"> Engaged with the development of the CVD strategy 2010. IHF Focused Health Promotion Department. 			
6a.	Good links with other charities.		Explore opportunities for collaborative research projects and initiatives.	
7a.	Cadre of Cardiovascular and Stroke physicians engaging with network.		KOL expertise and position can influence and advise both industry and via the IHF advocacy unit, our policy makers.	
8a.	Strong network of relationships.		Develop network relationships that support the research agenda.	

	Strengths	Weakness	Opportunity	Threats
	IHF as Network Co-ordinator cont.			
9a.	Valued reputation for ability to endorse and validate initiatives.		IHF ideally placed as coordinator of National Cardiovascular and Stroke Research Network.	
10a .	Established web-site with excellent content in Cardiovascular disease and Stroke. Excellent potential to develop the National Cardiovascular and Stroke Research Network web-site as part of this.		<ul style="list-style-type: none"> To develop a website that will communicate and inform our stakeholders. Educate and inform the general public and patients on benefits of research and the research process. 	
11a .	Support from general Cardiovascular and Stroke community and stakeholders for the development of the National Cardiovascular and Stroke Research Network.		Experienced trialists will make meaningful contribution to the network development.	
12a .	Potential to develop and evolve the network in a way that can potentially act as a template for future national networks in Ireland.	<ul style="list-style-type: none"> Early development stages, building up internal resource potentials. National engagement is crucial for maximum impact. 	Potential to evolve our network to maximise productivity and geographic spread thereby strengthening our HRB funding application process via our performance based proposal.(see performance indicators).	Ireland Inc. in Cardiovascular & Stroke Research is contingent on unity, fragmentation will dilute potential for meaningful impact.

	Strength	Weakness	Opportunity	Threats
	Current IHF Research Funding			
1b.	IHF research funding to clinical and academic researchers.	With the development of the research network there is potential for confusion.	Develop a clearly defined policy on how current IHF research funding is to operate relative to research network formation.	Finite funding for research projects by the Irish Heart Foundation.
2b.	Strong awareness of IHF research grants amongst medical community and scientific community.	Lack of availability of results/papers from Irish Heart Foundation funded research.	Develop policies whereby funded researcher submits research result/paper in stipulated time frame and same is posted on web-site or link provided.	Finite funding for research projects by the Irish Heart Foundation
3b.		Rational for rejecting research proposals not provided to applicants	Transparent, predictable operational procedures with full disclosure for applicants.	
	Industry:			
1c.	Strong Pharmaceutical sector operational in Ireland with a desire to re-establish Ireland as an optimal location to conduct research.	<ul style="list-style-type: none"> • Industry not engaging with physicians in early stages of protocol development. • Ireland initiated late in international clinical trials thereby limiting our time window to achieve target recruitment. 	Opportunity for Ireland to prove its worth for quality and standards and achieving target recruitment.	<ul style="list-style-type: none"> • If timelines and target recruitment our poor reputation will be perpetuated thereby excluding us from potential research opportunities.

	Strength	Weakness	Opportunity	Threats
	Industry cont.		•	•
2c.	Data quality is a recognised in our research work and is a potential selling point.	Additional factors limiting our CT engagement include <ol style="list-style-type: none"> 1. high and un-harmonised costs 2. Unpredictable environment 	<ul style="list-style-type: none"> • Strength of Network collaboration and engaging with research infrastructure can support to overcome these weaknesses. • Potential to further enhance our data quality base via network and via collaboration with ICRIN. 	<ul style="list-style-type: none"> • Individual hospitals not agreeing on harmonised agreed costs. • Need clarification on who is going to conduct negotiations.
3c.	<ul style="list-style-type: none"> • Leading country in manufacture and export of medical devices. • Companies wish to engage with clinicians in medical device investigations. 	<ul style="list-style-type: none"> • Huge commitment required to undertake a clinical investigations. • Companies do not have access of clinician base. 	<ul style="list-style-type: none"> • Smaller companies support and advice on clinical investigation set up and requirements. • Central network will provide a central point of contact for engagement. 	Time constraints by physicians due to work overload.
4c.	Large number of SME's that wish to engage with Interventional Cardiologists in developing products, thereby presenting an array of opportunities for both parties		Potentials for KOLs to influence and support device development and engage in clinical investigations.	Time constraints by physicians due to work overload.

	Strength	Weakness	Opportunity	Threats
	Industry cont.		•	
5c.	Regulators happy to engage with industry pre-submission for advice on process.	Not enough knowledge/dialogue between medical device industry and regulators.	<ul style="list-style-type: none"> • Network will provide a point of contact for interactions. • Network will provide regulatory updates as necessary on newsletter. • Opportunity through the network to highlight success stories. 	
	Investigator Driven Research:			
1d.	Novel ideas, answering clinical patient needs rather than profit objectives.	<ul style="list-style-type: none"> • Fragmentation. Hospitals operating on an individual level. • Poor hospital research governance and no defined research strategy. • No Cardiovascular disease and Stroke registry. 	<ul style="list-style-type: none"> • Network will work to overcome this barrier to National Engagement. • Push the research agenda in hospitals • Focused, robust study results can help influence cardiovascular and stroke health policy. • Potential to co-ordinate EU wide projects. 	Contingent on funding.

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2d.		EC process protracted and complicated for research not covered by the EU Clinical Trials Directive (Inclusive of Medical Device Investigations)	<ul style="list-style-type: none"> Network to work with agencies to support the development of the single EC application process. 	Health Information Bill not yet passed central EC application process for research/investigations outside the EU CT Directive contingent on this being passed, enacted and EC's approved for function.
3d.		No central co-ordinator/project manager to support the logistical complexities of an investigator driven clinical trial.	<ul style="list-style-type: none"> IHF potential to provide project management support, to act as a link and maximise resource utilisation already in place. 	
4d.	Provide access to physicians by basic and translational scientists.	<ul style="list-style-type: none"> No defined lines of communication or access between basic/translational scientists and clinician. Need for enhanced project support for translational research initiatives. No national bio banking facility 	<ul style="list-style-type: none"> Attract engagement IHF potential to provide project management support for translational research initiatives. Potential for sharing of resources, developing harmonised standards and procedures. 	Poor funding structure for translational research.

	Strength	Weakness	Opportunity	Threats
	Network:			
1e.	Highly trained and experienced cadre of clinical researchers in Ireland.	<ul style="list-style-type: none"> • Clinicians growing clinical commitments – research done out of hours in own time. • Significant lag in number of consultants in Ireland compared to EU average. 	IHF Lobbying for additional consultant appointments in Ireland to bring us up to the EU average.	Broader economic and fiscal constraints impinging on health recruitment funding.
2e.	Forum for dialogue and debate.		<ul style="list-style-type: none"> • Forum to identify research priorities in the area of cardiovascular disease and stroke – facilitate workshops and think tanks. • Centralised gathering and dissemination of information to stakeholders. 	
4e.	Develop expert groups/panels		Provide review and support to PhD students planning to conduct research.	
5e.	Provide access by industry to physicians and research scientists.		Attract engagement in research activity and potential to attract investment and funding.	

	Strength	Weakness	Opportunity	Threats
	Network cont:			
6e.	Provide access of Network to International Network collaborations.		<ul style="list-style-type: none"> Clinicians have excellent knowledge and experience, international networks and research activities will expand our research portfolio and give us international visibility. Potential to co-ordinate EU wide projects. 	<ul style="list-style-type: none"> Differing EU EC and Regulatory approval processes.
7e.	As a Network, identify resources in universities .		Maximising utility of services/resources close at hand.	
8e.	Links with research infrastructure which will support in developing quality research.	Not all hospitals have research nurses to engage in research.	In developing network for a – truly national innovative approach to research – we must argue the case for HRB funding for research nurses.	Contingent on available funding.
	Funding			
1f.		International funding through the FP7 requires collaboration – collaborative process in Cardiovascular and Stroke research in Ireland in its nascent stage.	<p>Network development will augment collaborative potential.</p> <ul style="list-style-type: none"> <i>The fundamental strength of the network is the diverse talent of our membership and unity of purpose.</i> 	National Fiscal Constraints- thereby limiting funding and making it more competitive across the therapeutic area.

	Strength	Weakness	Opportunity	Threats
	Funding Cont.			
2f.	Fundraising department in IHF		Seek out funding opportunities from all sources. <ul style="list-style-type: none"> Collective approach for funding to industry may yield greater potential. 	Downward turn in Economy.
	National Registry Development			
3f.	No centralised CV disease and Stroke information	No national Cardiovascular and stroke registry	Potential to offer: Long run value for money Strategic Impact - Audit Internationalisation Enhance research – Critical Mass	Contingent on: <ul style="list-style-type: none"> Funding Health Information Bill Agreeing data sets
4f.	Health Atlas <ol style="list-style-type: none"> Still developing Potential to encompass “registry” needs through formation of umbrella group. 		<ul style="list-style-type: none"> Potential to encompass/integrate data from a number of Irish CV databases. To compile a concise picture of incidence and treatment of stroke and CV disease in Ireland. 	
5f.	EP Database		Valuable resource for EP research, audit and product recall. ? Potential to develop to include PCI	Funding for expansion may be difficult to resource.
6f.	DABL		Valuable resource for research(hypertension)	

	Strength	Weakness	Opportunity	Threats
	Government Bodies			
1g.	DOH aware of broader social and economic gains of research and supportive of same.	In hospitals research is not seen as a priority – no definitive research strategy.	Strength in Network – voice to advocate for change	Fiscal constraint, economic recession.
2g.	HRB want to support research networks in a more coordinated way, but has of yet no defined policy.		Provide a template for Network development – ensuring it builds on existing expertise in the most efficient and cost effective way.	