Igniting our potential

Health Research Classification System

International Workshop

14th Jan 2009

Igniting our potential

Introduction to the UKCRC and health research analyses in the UK

Liam O'Toole

Chief Executive, UKCRC

Purpose of the Workshop

- Use of a single common classification system by UK funders has greatly facilitated strategy development, coordination and collaboration.
- We wish to explore:
  - Level of interest in using a common classification system
  - What lessons can we learn from the international collaboration in cancer?
  - How can we help support and facilitate its wider use?

Structure of the Workshop

- Programme
  - Background to HRCS
  - Experience from ICRP
  - Lunch
  - User perspectives
  - New HRCS website
  - Breakout groups and feedback session
  - Networking dinner

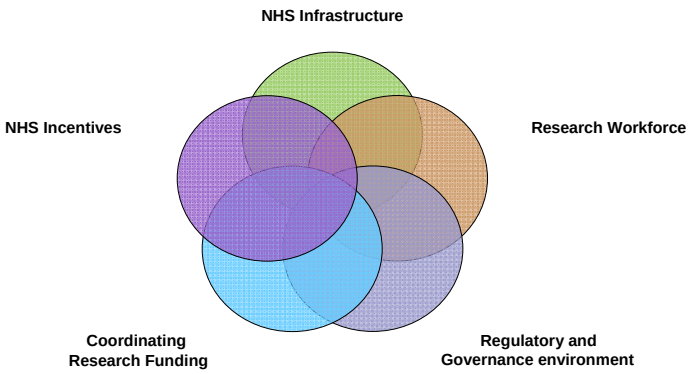
Structure of this talk

- About the UKCRC
- HRCS – origins and purpose
- Health Research Analyses
- Impact of the analyses and the HRCS in the UK
- Next steps and issues for discussion

UKCRC Partners

Progress and delivery

UKCRC Partners Tackled a Broad Agenda



Coordinating Research Funding

- Original Shared Aim:

  "To ensure a coherent approach to the funding of clinical research in the UK by developing a culture of communication and coordinated strategies between the major funders"

- First step – we needed a map of UK health research funding

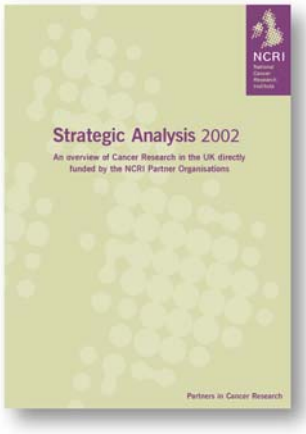
Mapping UK Health Research Funding

- Challenges:
  - Needed to collect the portfolios of many different funding bodies, government and charity
  - We needed to be able to reliably compare projects funded across the full spectrum of health research
  - Needed to analyse by health area / disease type
  - Needed to analyse by type of research

  - We needed a common classification system

Adopted an approach based on cancer experience

- National Cancer Research Institute
  - Partnership of government, charity and industry
- Strategic Analysis 2002
  - Overview of UK cancer research
  - Based on Common Scientific Outline
- Major outcomes
  - Joint strategy discussions
  - National Prevention Research Initiative
- International Cancer Research Partners (ICRP)



The Health Research Classification System

- A system for classifying and analysing health and biomedical research funding
- Designed collaboratively by funding bodies
  - Including MRC, Wellcome Trust, UK Health Departments
- Covers the full spectrum of biomedical and health research across all areas of health and disease

Structure of the HRCS

- Two dimensional system
  - Health Categories
  - Research Activity Codes
- Health Categories
  - All areas of health or disease
  - 21 individual categories
  - Based on WHO ICD codes
- Research Activity Codes
  - All types of research activity from basic to applied
  - 48 codes in 8 groups
  - Based on cancer Common Scientific Outline

UK Health Research Analysis

- HRCS used to carry out two major analyses of UK health research funding
- Together the two reports represent majority of UK government & 96% of UK medical research charities' funding (over £1 billion funding)

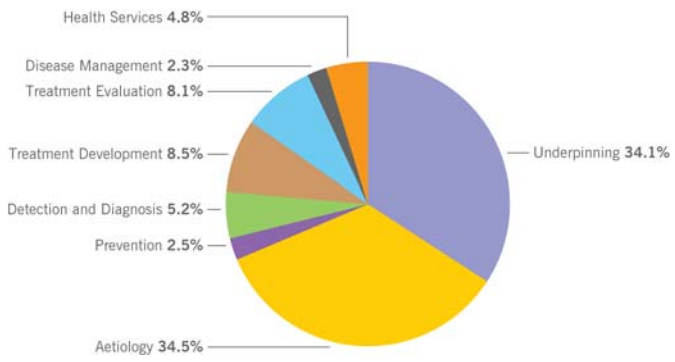
UK Health Research Analysis 2006

- 11 largest Government and charity funders of health related research in the UK
  - 4 Health Departments (England, Scotland, Wales, N.Ireland), Medical Research Council, 3 other Research Councils, 3 largest charities (Wellcome Trust, Cancer Research UK, British Heart Foundation)
- 9638 UK-based directly funded peer reviewed health research awards
- Awards 'live' between 1st April 2004 - 31st March 2005
- Rigorous quality control of coding process

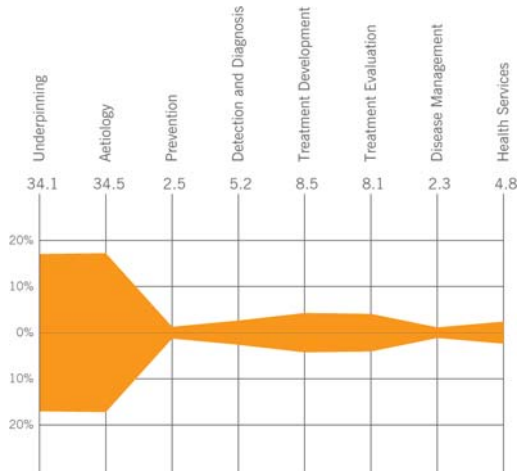
From Donation To Innovation 2007

- 29 medium & smaller sized members of the Association of Medical Research Charities
- 1496 UK-based directly funded peer reviewed health research awards
- Same methodology and analysis period as previous report

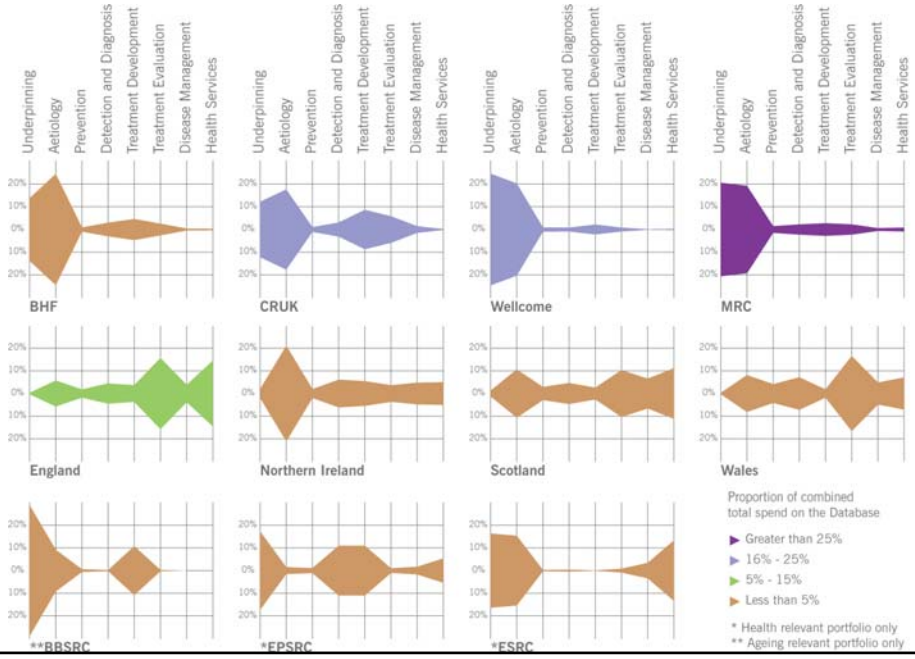
Proportion of Combined Total Spend by Research Activity



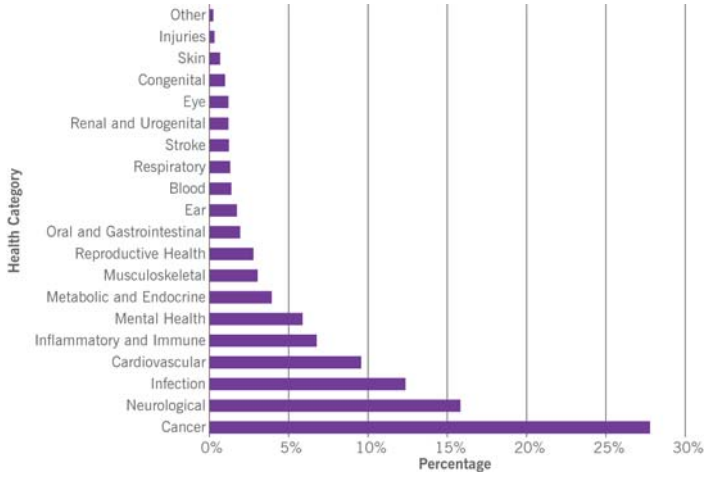
Proportion of Combined Total Spend by Research Activity – Kite Diagram



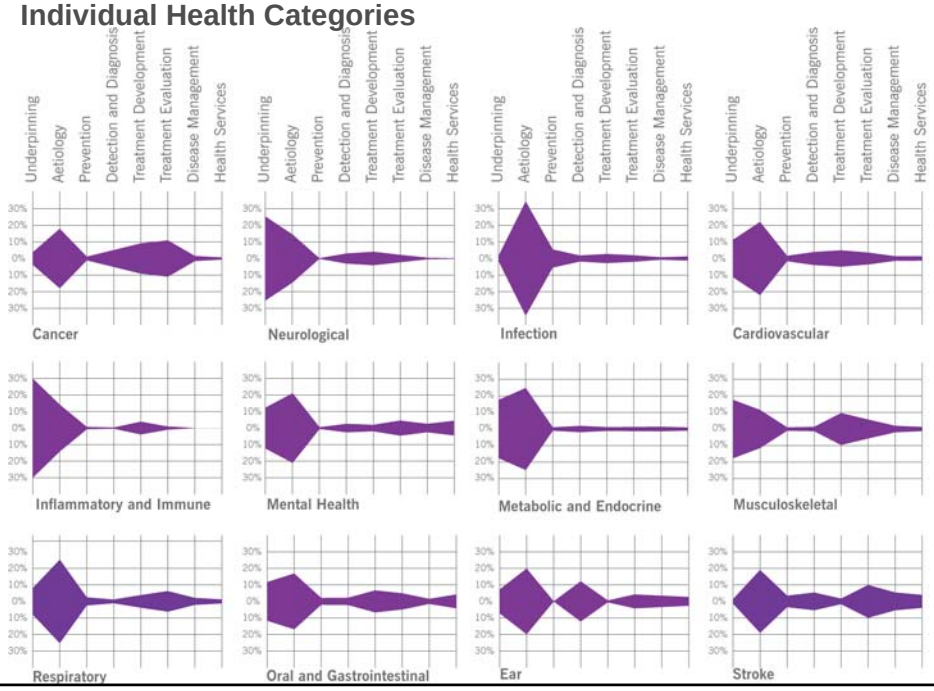
Profile of Each Organisation's Spend by Research Activity



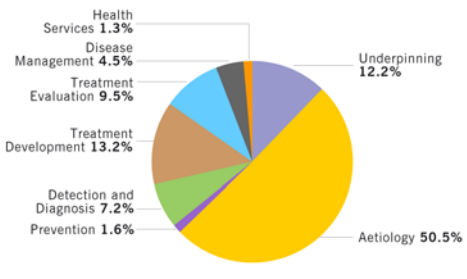
Proportion of Combined Spend on Health Specific Categories



Proportion of Combined Spend by Research Activity for Individual Health Categories

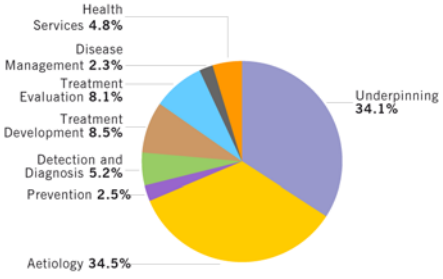


Distribution of Total Spend by Research Activity



Medium and Smaller Sized Charities

Data from 29 medium and smaller sized AMRC member charities



UK Health Research Analysis

Data from the 11 largest government and charity funders of health research in the uk

Working in partnership. Changing cultures. Igniting our potential

Impact of CSO and HRCS

- NCRI Analysis using CSO
  - Used for joint planning and coordination
    - National Prevention Research Initiative
- UKCRC Analysis using HCRS
  - Used for joint planning and coordination
    - Public Health Initiative (£20m)
    - Microbiology Initiative (£16m)
  - Informed national policy discussions
    - Cooksey report and OSCHR

Evaluation of the analyses and HRCS

- Evaluation Questionnaire
  - 29 participating organisations
    - UK government and charity funders
- Reports
  - Wide UK distribution and impact of analyses reported
- HRCS
  - 22 (76%) are using or intend to use the HRCS routinely
  - 23 (79%) are undertaking or would carry out future analyses

Impact Summary

- CSO and HRCS are powerful tools for underpinning collaboration and joint initiatives
- Evidence base being used
  - by individual funders
  - for joint planning and coordination
  - by the wider research community
- HRCS in use by non-UK funders
  - National Medical Research Council, Singapore
  - Food and Health Bureau, Hong Kong

Next steps for the HRCS

- HRCS in the UK
  - UKCRC have provided extensive training across UK funders
  - Developing a sustainable approach to QA
  - Discussions on future analysis
- We are committed to
  - Open access for use by other funders
  - Efforts to facilitate wider use

Questions for the workshop

- Are other funders interested in using the HRCS?
- How can we help support and facilitate its use?
- What further lessons can we learn from the cancer experience?

Igniting our potential

http://www.ukcrc.org/
info@ukcrc.org

International Cancer Research Partners

Addressing the Global Challenges of Cancer

Cherie Nichols
US National Cancer Institute
National Institutes of Health
January 14, 2009

One Voice, One Vision

One Voice, One Vision

Overview

I. About the International Cancer Research Partners (ICRP)
II. The Common Scientific Outline (CSO)
III. History of the Partnership
IV. Future Opportunities
V. Benefits of Partnership
VI. Lessons Learned

International Cancer Research Partners

One Voice, One Vision

I. About the International Cancer Research Partnership

- Unique alliance of government and non-government organizations
- Agree to adopt and promote a common language for coding grants
- Discuss, compare, and present information on funded research using a common classification framework (CSO)
- Oversee the regional, national and international project database (ICRP)
- Advocate “One Voice, One Vision” philosophy to enhance the impact of research for all individuals
- Foster global collaboration and coordination

International Cancer Research Partners

One Voice, One Vision

One Voice, One Vision

We will conquer cancer only when we bring the benefits of research to all citizens of the world. We will succeed only when we partner with others to leverage our resources and build synergy.

We do this through global collaboration and strategic coordination of the cancer research we support. This is our mission.

Our vision is a world where more and more cancers are prevented and cured. We believe this vision is within our grasp and we are prepared to work together to stretch the boundaries of science, creativity, and human commitment to achieve it.

International Cancer Research Partners

One Voice, One Vision

II. The Common Scientific Outline: Why We Created It

- To explore respective national and international cancer research portfolios via broad scientific areas
- To aid in coordination of multiple research within and outside the Partners' portfolios
- To shape cancer-related research planning and scientific resource decisions
- To enhance ability to coordinate the National Cancer Program (NCP) worldwide
- Add value to existing coding schemes--not intended to replace them

International Cancer Research Partners

One Voice, One Vision

Current CSO Structure

- 7 Major Categories with 38 Subcategories
  - Biology
  - Etiology
  - Prevention
  - Early Detection, Diagnosis and Prognosis
  - Treatment
  - Cancer Control, Survivorship, and Outcomes Research
  - Scientific Model Systems
- Over 50 individual disease sites
- Over 40,000 projects

International Cancer Research Partners

One Voice, One Vision

III. History of the Partnership

1997-1999: Developmental and Pilot Work on the CSO

- First CSO created by US National Cancer Institute (NCI)
- Refined work with coding pilot study of 6000 grants by 220 program directors
- Additional refinement through by US DoD Congressionally Directed Medical Research Program (CDMRP) pilot assessing inter-rater reliability

International Cancer Research Partners

One Voice, One Vision

III. History of the Partnership

2000-2002: Creating the Partnership

- Ten international cancer funding organizations joined together as the International Cancer Research Partnership (ICRP) and agreed to:
  - Code their research portfolios to the CSO
  - Develop uniform coding policies and standards
  - Share data in aggregate form by CSO categories
  - Meet annually to discuss implementation of CSO within their organizations and share portfolio analyses
  - Create an international cancer research database and web site

International Cancer Research Partners

One Voice, One Vision

The Original International Cancer Research (ICR) Partners

- American Cancer Society
- California Breast Cancer Research Program
- California Cancer Research Program
- Cancer Research Campaign of the UK*
- Cap CURE (Prostate Cancer)
- Congressionally Directed Medical Research Program (DoD)
- Medical Research Council of the UK*
- National Cancer Institute
- Oncology Nursing Society
- Susan G. Komen Breast Cancer Foundation

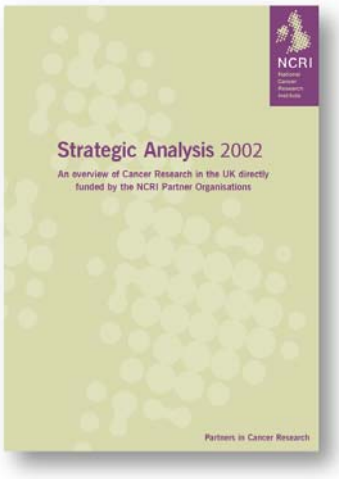
International Cancer Research Partners

One Voice, One Vision

In 2001 **National Cancer Research Institute (NCRI)** was created expanding UK involvement to 20 organizations by 2008.

Using the CSO classification system, the NCRI analyzes the investment in cancer research on a national level.

The 2002 report highlighted a number of underfunded areas, resulting in-depth studies.



International Cancer Research Partners

One Voice, One Vision

III. History of the Partnership

2003-2005: Creating the Database

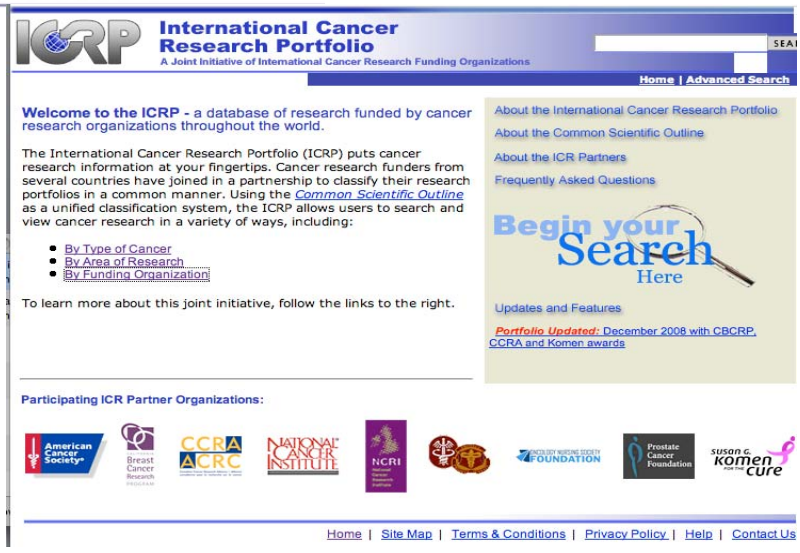
Web Site launched June 2003 (www.cancerportfolio.com)

- Information on research funded by partner organizations in a central, searchable database
- Research abstracts of most recent awards of ICR Partner
- Tailored search results by cancer type, CSO category, funding organization, state or country, awardees' institution and more….
- At initiation—13,000 entries; today >40,000*

*Now also includes data from our newest ICR Partner- Canadian Cancer Research Alliance (Representing 23 cancer funding organizations within Canada)

International Cancer Research Partners

One Voice, One Vision



International Cancer Research Partners

One Voice, One Vision

III. History of the Partnership

2006-2008: Advancing the Partnership

- Adopted a new mission and vision
- Developed marketing, financial, organizing, and operating principles
- Established an evaluation resource library
- Completed evaluation of combined partner career awards
- Expanded partnership roster to include Canadian Cancer Research Alliance and the Avon Foundation

International Cancer Research Partners

One Voice, One Vision

Previous mission statement

"*The aim of the ICRP is to facilitate collaboration and coordination in cancer research by encouraging:*

- *Use of the Common Scientific Outline to classify cancer research;*
- *Use of CSO analyses to inform strategic planning and cancer research funding; and*
- *Participation in the ICRP website for the benefit of the international cancer community and the public*."

Current mission statement

"The ICR Partners seek to enhance the impact of research to benefit all strategic coordination of research."

International Cancer Research Partners

One Voice, One Vision

III. History of the Partnership

2009-2011: Leveraging and Building the Partnership

- Releases of first public report on the partnership
- Reports on key analyses of annual investments for a majority of cancer research in North American and United Kingdom
- Recruits new international members (Europe, Asia, Australia)
- Formalizes business principles and processes
- Advances the database to an integrated global system of information
- Mines opportunities for global collaborations

International Cancer Research Partners

One Voice, One Vision

IV. Future Partnership Opportunities

- Expand international partner membership
- Explore the feasibility of international recruitment to clinical trials
- Coordinate efforts on large studies
- Harmonize study protocols to combine research results across studies
- Jointly fund studies where internal comparisons would be informative
- Explore a role for the partnership in developing countries as they work towards leading with the cancer epidemic

International Cancer Research Partners

One Voice, One Vision

V. Benefits of Partnership

- Combines information on research funded by public, private, and international organizations into a central repository
- Improves ability to identify gaps and opportunities and report progress
- Opens a venue for leadership across the globe to systematically discuss, compare, and present information
- Draws on other funders data to inform internal and external strategic planning and decision-making
- Identifies investigators for multi-disciplinary and multi-institutional collaborations

International Cancer Research Partners

One Voice, One Vision

V. Benefits of Partnership

- Formalizes a structure for coordination with other research funders
- Leverages public-private partnerships, program development and fund-raising efforts
- Brings access to accurate and timely information about the activities of one or more partner organizations
- Provides the means to systematically manage and evaluate the organization's portfolio over time

International Cancer Research Partners

One Voice, One Vision

VI. Lessons Learned About the Product

1. Resist the urge to add/delete or refine/redefine broad and sub-categories
   - Instead, encourage modifications to "what might fit" examples in subcategories.
2. Plan what research funding categories and data you want to include early in the process.
3. Harmonizing partner data specifications will be a challenge.
4. For coding consistency, identify a central coding unit/group/person, if possible
5. Standardized coding was never intended to replace detailed portfolio management

International Cancer Research Partners

One Voice, One Vision

VI. Lessons Learned About the Partnership

6. Within and across organizations, continuously identify and include all interested stakeholder.
7. Assume it will be complicated.
8. Micro-manage expectations not the process.
9. Exercise your highest degree of flexibility.
10. This is a groundbreaking initiative--resolve to keep going despite challenges and set backs.

MINISTRY OF HEALTH
SINGAPORE

HRCS: Experience of NMRC (Singapore) and Future Implications for Its Grant Framework

Dr Edwin Low, Executive Director
National Medical Research Council, Singapore
14th January 2009

National Medical Research Council

- Established in 1994
- A funding arm of Ministry of Health, Singapore
- Oversees the development and advancement of medical research in Singapore
- Provides research funding to healthcare institutions
- Awards competitive research funds for individual projects
- Responsible for the development of clinician-scientists through awards and fellowships

Biomedical Sciences (BMS) Initiative

- 2006 saw the launch of the Phase 2 of the Biomedical Sciences Initiative.
- Focus of Phase 2 was to build on the foundation of basic sciences (Phase 1) and to develop Translational and Clinical Research (TCR)
- An additional S$650m was committed by the Government and NMRC was the designated programme office to develop and launch the new programmes

Singapore Biomedical Research Mapping (BMRM) Analysis Using HRCS

Rationale

- With the significant increase in research funding, the National Medical Research Council (NMRC) saw a need for a baseline comprehensive analysis of funding distribution.
- HRCS provides a more coherent approach:
  - to determine the status of NMRC funding distribution
  - to enable a need based funding of health care research in Singapore
- The result of analysis can be used in grant portfolio planning and assessing whether funding follows the burden of disease in Singapore as measured by Disability Adjusted Life Years (DALY) rates.
- NMRC conducted the analysis of relevant biomedical funding in the context of planning for the Singapore Biomedical Sciences Initiatives Phase III budgeting

Methodology of Analysis

- Funding data for the period of 2002 to 2007 from NMRC and the Biomedical Research Council (BMRC) was used
- 1530 grants with a total budget of S$376m were coded
- Only **peer reviewed competitive grants** such as Individual Research Grant (NMRC) and extramural grants (BMRC) were included in the analysis
- **Not included** - NMRC Block grants, BMRC intramural funding and Indirect cost

Methodology of Analysis (Cont.)

How coding was done:

1) Data collected: project title, PI, institution, year, duration and amount of award, and scientific abstract.
2) Coding was done by 2 – 3 interns independently at the same time. They were trained for using the system and guided throughout the coding exercise. Individual sets of coding were compared and discussed by 2 staff from NMRC. Relatively high agreement between the coders and staff (70 – 80%)
3) Duration of the pilot study: 6 months (Mar to Aug 2008).

Difference Between UKCRC Report and BRFM Report

- **UKCRC HRCS Report**
  - Used one year cash flow from different organization as the funding data
  - A snapshot of data for one financial year
- **Singapore BRFM Report**
  - Uses the **total commitment** per project as the funding data
  - Uses aggregated data from 2002-2007 in both NMRC & BMRC analysis to help assess the **trend** of fund allocation by research activity and health category

Comparison with Disability Adjusted Life Years (DALY) Rates

- Disability adjusted Life Years (DALY) is a frequently used measure of burden of disease and takes into account the impact of mortality and morbidity in a single measure.
- Trend in the ranking of funding distribution by health category **correlated** to that of disease areas in DALY rates in general.
- A few exceptions were observed in the categories of cardiovascular, mental, metabolic and endocrine, respiratory, injury related and renal and urogenital research, where funding allocation was not adequate when compared to DALY rates.
- Possible reasons for the deviation:

  - Block grants and intramural grants were not included for analysis.

  - Some other factors might affect the funding allocation, e.g. quality and size of research workforce for the area,
- This comparison can provide some basis for re-directing funding resources to areas with insufficient funding support.

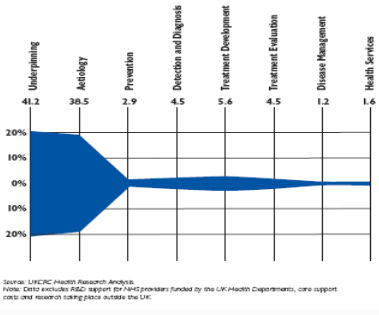
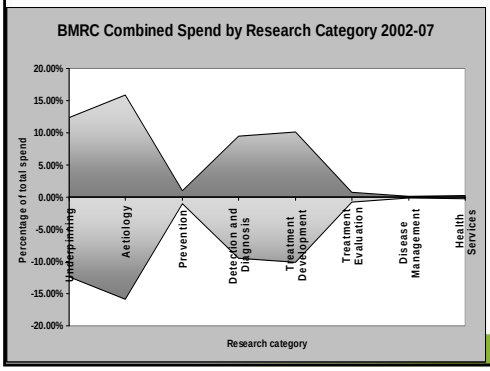


Chart 2.1: MRC spend by research activity (expressed as percentage of total spend)



Comparison between MRC UK and BMRC Singapore

In terms of funding distribution by research activity, MRC UK funding is directed towards basic and aetiology based research.

Due to the dominant basic science focus, BMRC has a large share of generic research funding. Therefore the BMRC funding pattern appears similar to that of MRC, i.e. more of basic research funding with a narrow tail in clinical research funding.

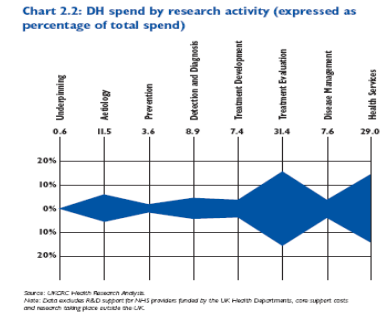
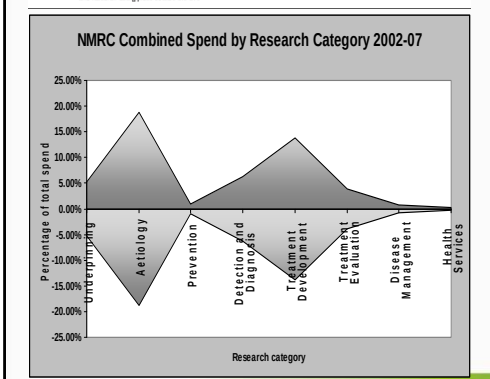


Chart 2.2: DH spend by research activity (expressed as percentage of total spend)



Comparison between DH UK and NMRC Singapore

• NMRC funding pattern over the period of 2002 to 2007 shows a narrow tail in clinical research funding although it is the counterpart to the NIHR which manages DH research funding.

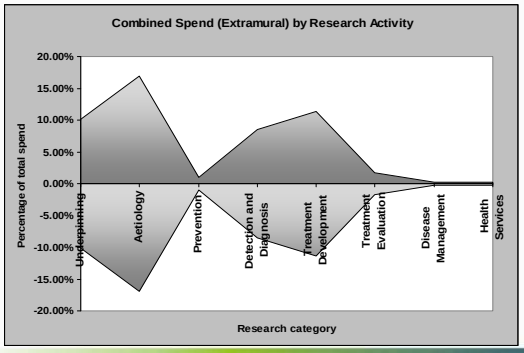
• NMRC was the only medical research funding agency till 2000 when BMRC was formed and as such a significant portion of NMRC funding also supported generic/basic research during the earlier years and this pattern continued since. *Caveat is that the larger portion of the funding i.e. intramural grants is not reflected in analysis*

• Analysis also does not reflect significant new monies injected for translational and clinical research in 2008

•Analysis suggests that NMRC needs to increase its proportion of funding for translational and clinical research funding.

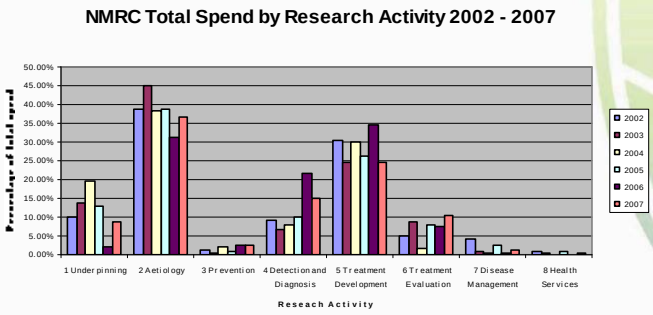
NMRC and BMRC combined analysis

•More than half of the combined research funding has been spent on basic science and assessing the cause and development of diseases and conditions.
•More than one fourth of the combined research funding is spent on research into treatments (including treatment development and evaluation)
•Compared to other research, primary prevention of disease and well being had received significantly low proportion of funding.



NMRC Funding Trend

- Observations: a decrease in the funding for underpinning and aetiology research, a significant increase in the study of detection and diagnosis and a slight increase in treatment.
- Observations may reflecting a shift of funding focus from basic to clinical & translational research from 2002 to 2007.



Limitations

- **Multiple codes are equally apportioned**

  - May not reflect correctly the actual percentage as many research projects do have a main focus among multiple aims

- **Not applicable for analysis of block grants**

  - 60% of NMRC funding were directed into block grants

  - 78% of BMRC funding go to intramural grants (66%) and infrastructural support

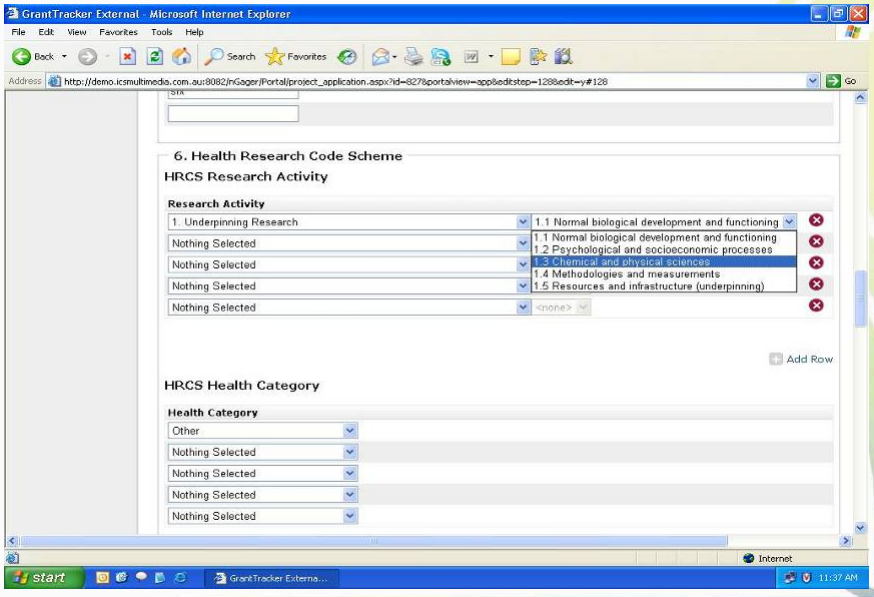
Future Plans

1. **NMRC will integrate HRCS into a new online rant application and evaluation system**

   - nGager, which will be launched in mid 2009.

- All projects will be coded at the application stage by the applicants
- Annual statistics can be generated from nGager for management review
- Reviewers will be coded according to research areas to facilitate the reviewer selection process

HRCS Coding Integrated in nGager

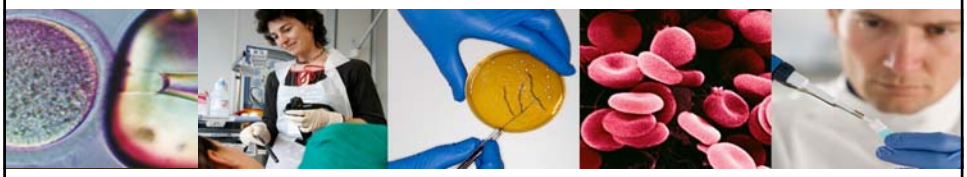


Future Plans (Cont.)

2. Research mapping analysis for large scaled programmatic grants and Intramural Grants

- NMRC will be working with UKCRC to convert the intramural funding data to a form suitable for HRCS analysis
- With the inclusion of intramural funding data, NMRC will be able to complete the total funding distribution assessment in Singapore


MINISTRY OF HEALTH
SINGAPORE
END



A funder's perspective on research classification

Declan Mulkeen
Medical Research Council

MRC background

- Spends over £600m per annum on basic and applied research
- Mission-focussed – not discipline focussed
- From fundamental lab. science to clinical trials of new therapies
- Strategic environment demands coordination
  - With NIHR and health departments
  - With UK's strong charity sector
  - With other Research Councils
  - Internationally

Prior to 2005

- Frascati (1980s)
- Analyses by funding Board
- MeSH
- ICRP (2003)
- Once-off portfolio studies (neuroscience, ageing, etc)

Value of the UKCRC initiative

- Promoting cross-funder openness
- Enough users to be stable over time
- Independent of MRC
- Focus on purpose, not discipline
- Improved view of basic / applied spectrum

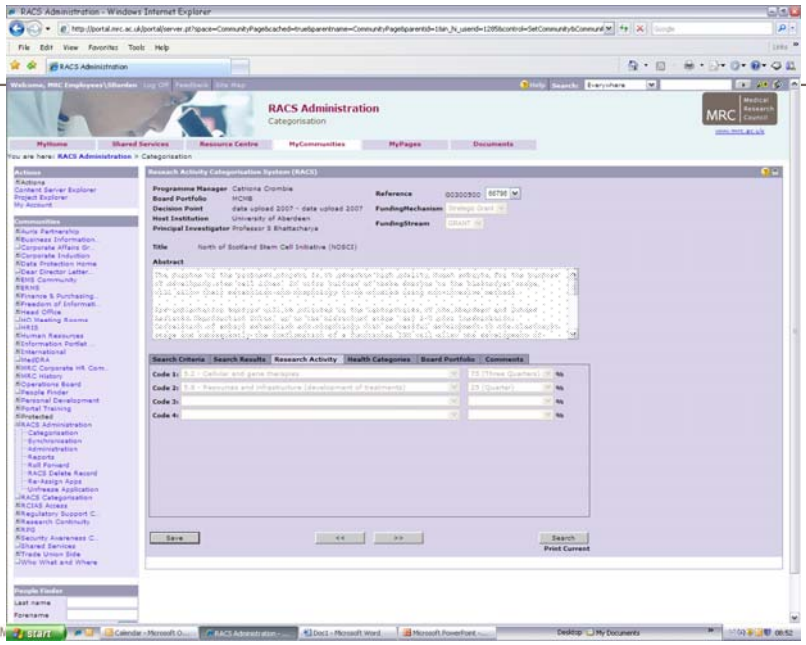
Current practice

- UKCRC coding
- MeSH
- Funding panels' classification
- More detailed analyses in key areas - ICRP

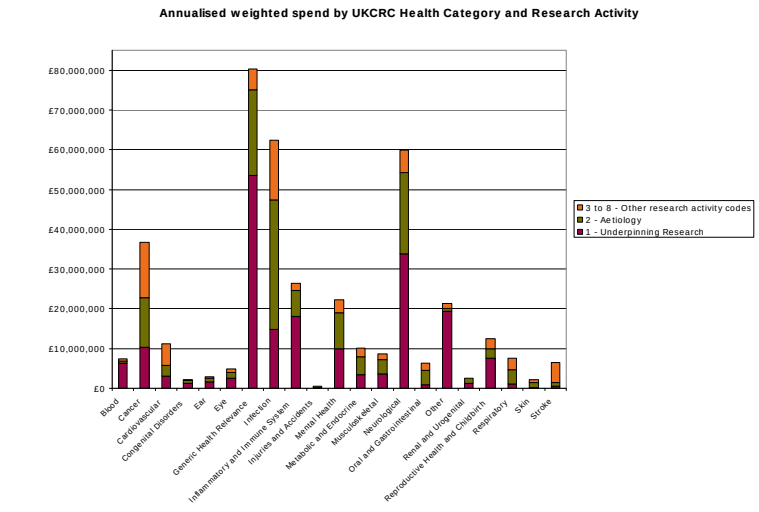
Current practice

- Programme Managers classify their own awards
- Coding supported by custom software with drop-down menus
- Independent UKCRC coders check a sample – with feedback

RACS – UKCRC Health Category

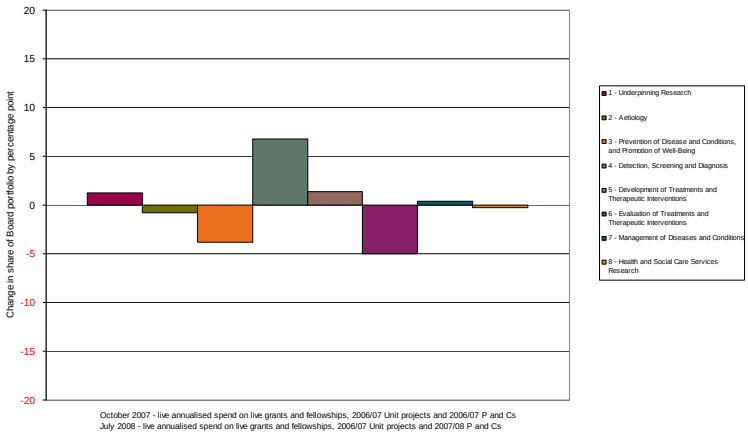


MRC Uses – descriptive map by health area and type

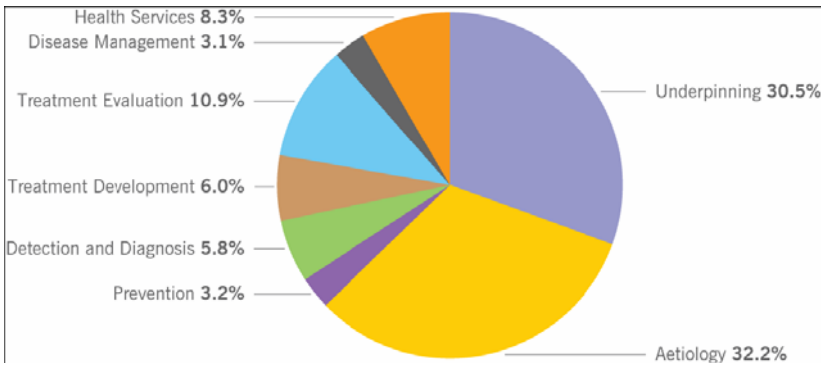


MRC | Medical Research Council

MRC Uses – tracking change in a field



Across the Public Sector – and then beyond



Future Uses

- Further UK-wide mapping of funding and changes over time
- International comparisons ? And strategy development ?
- Assessing the value of different categories of research !

Igniting our potential

Health Research Classification System

International Workshop

14th Jan 2009

Igniting our potential

HRCS Online – a new website

Andrew Speakman

Programme Manager, UKCRC

Structure of this talk

- About the HRCS
  - Role, structure, uses
- Origins and purpose of HRCS Online
- Review of HRCS Online
- Next Steps

What is the HRCS?

- A system for classifying and analysing health and biomedical research funding
- Designed collaboratively by a range of funders
  - Single common system covering full spectrum of joint portfolio of research
  - Answers strategic questions about investment
  - Gives “broad brush” overview of funding patterns

Structure of the HRCS

- Two dimensional system
  - Health Categories
  - Research Activity Codes
- Health Categories
  - All areas of health or disease
  - 21 individual categories
  - Based on WHO ICD codes
- Research Activity Codes
  - All types of research activity from basic to applied
  - 48 codes in 8 groups
  - Based on cancer Common Scientific Outline

Health Categories

- Blood
- Cancer
- Cardiovascular
- Congenital Disorders
- Ear
- Eye
- Infection
- Inflammatory and Immune System
- Injuries and Accidents
- Mental Health
- Metabolic and Endocrine
- Musculoskeletal
- Neurological
- Oral and Gastrointestinal
- Renal and Urogenital
- Reproductive Health and Childbirth
- Respiratory
- Skin
- Stroke
- Generic Health Relevance
- Other

Overview of Research Activity Codes

1	Underpinning Research	Research that underpins investigations into the cause, development, detection, treatment and management of diseases, conditions and ill health
2	Aetiology	Identification of determinants that are involved in the cause, risk or development of disease, conditions and ill health
3	Prevention of Disease and Conditions, and Promotion of Well-Being	Research aimed at the primary prevention of disease, conditions or ill health, or promotion of well-being
4	Detection, Screening and Diagnosis	Discovery, development and evaluation of diagnostic, prognostic and predictive markers and technologies
5	Development of Treatments and Therapeutic Interventions	Discovery and development of therapeutic interventions and testing in model systems and preclinical settings
6	Evaluation of Treatments and Therapeutic Interventions	Testing and evaluation of therapeutic interventions in clinical, community or applied settings
7	Management of Diseases and Conditions	Research into individual care needs and management of disease, conditions or ill health
8	Health and Social Care Services Research	Research into the provision and delivery of health and social care services, health policy and studies of research design, measurements and methodologies

Application of the HRCS

- Coding is based on the main research objective
  - Not a keyword system
- Which is linked directly to associated funding
  - Codes based on lifetime of the award
  - Exact percentages with every code
- Provides a broad overview of the centre of gravity of research
  - But does not capture every aspect
  - And is not a financial audit tool

Use of the HRCS

- Extensive accumulated experience
  - Work began in 2005
  - Several major analyses
  - Range of organisations, award types and settings
- It works and is stable
- Open source and freely available

Practicalities of using the HRCS

- Quality assurance – ensuring consistency and standardisation
  - Contract coders
  - Training sessions
- Data processing – collecting, checking and analysing codes
  - Data entry form
  - Analysis database

Resources developed for the HRCS

- HRCS System
  - Definition of the system included in analysis reports
- HRCS Manual
  - Created to help expert coders and to train new users
  - Includes background and history, recommended approach to coding, further guidance on each of the categories, common questions and answers
- Analysis and reporting tools
  - Data entry spreadsheet
  - Database store
  - Analysis spreadsheets

HRCS Online

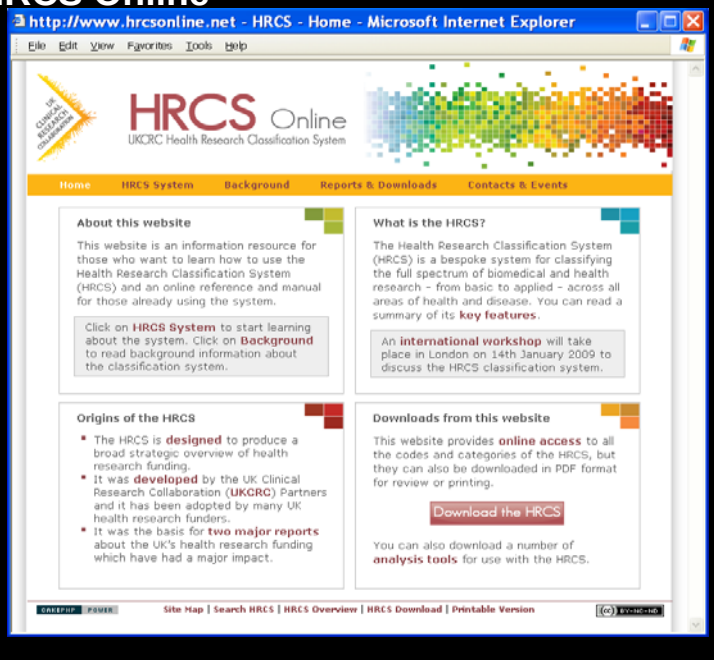
- Aims
  - To make existing information and resources more accessible
  - To provided further contextual help and links
  - To promote sustainability of the system
- Intended for two distinct groups
  - Naïve users wanting to learn how to use the system
  - Reference source for experienced users

Features of the website

- Online version of the classification system
- Access to information and guidance topics in the manual
- Linkages, contextual help, overviews
- Fully searchable
- Background on the origins and purpose of the system
- Download of reports, documents and software

Working in partnership. Changing cultures. Igniting our potential

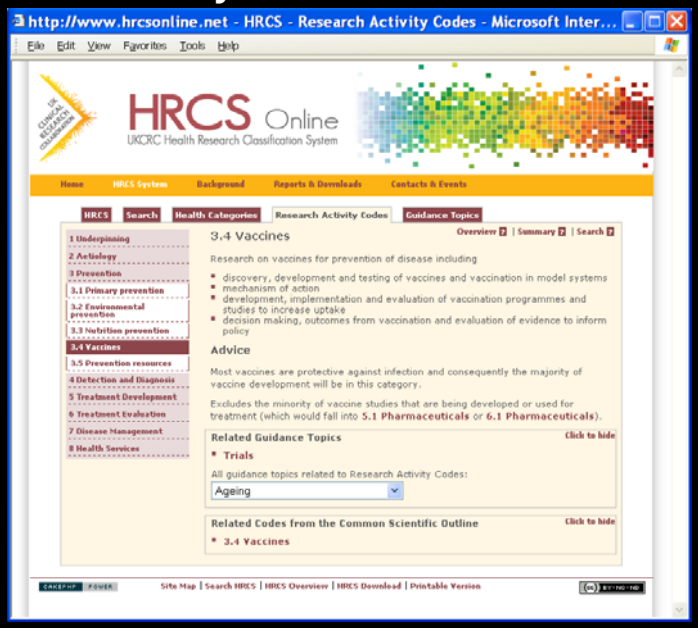
HRCS Online



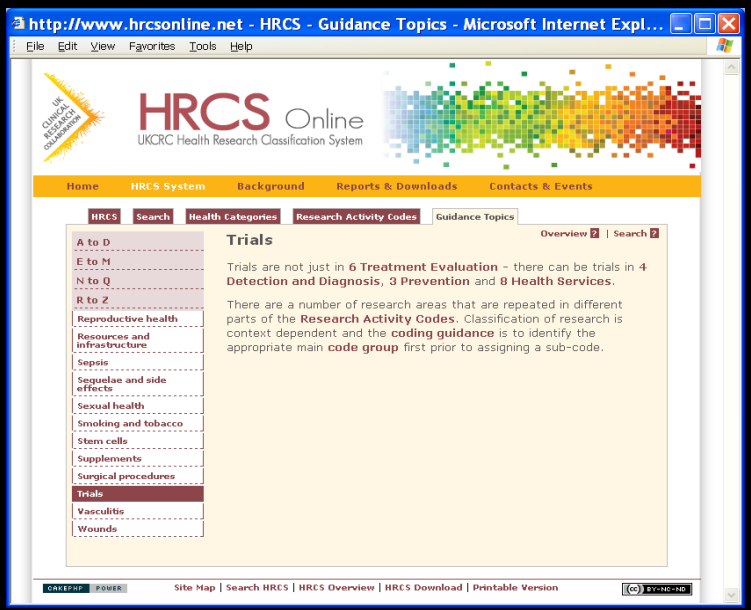
Introduction

Health Categories

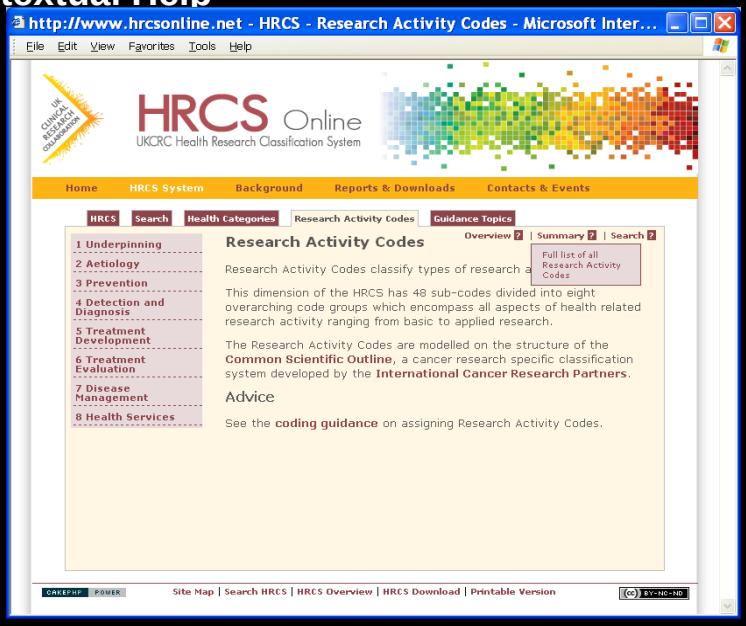
Research Activity Codes



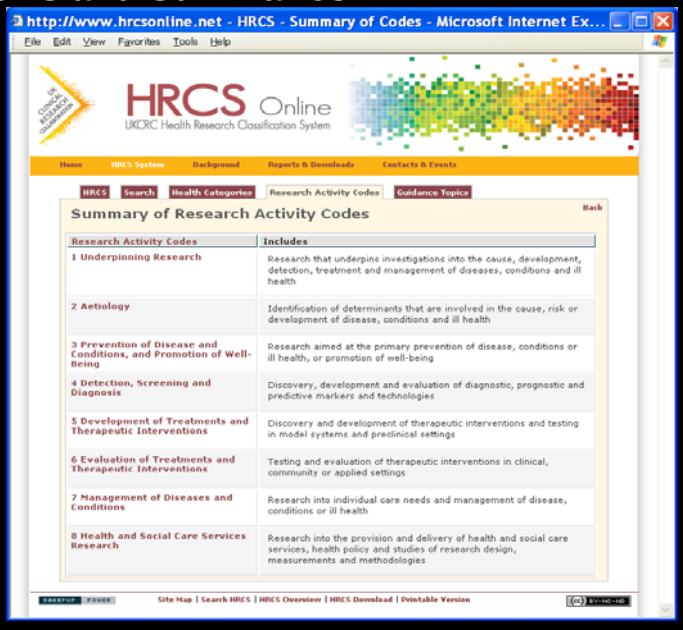
Guidance Topics



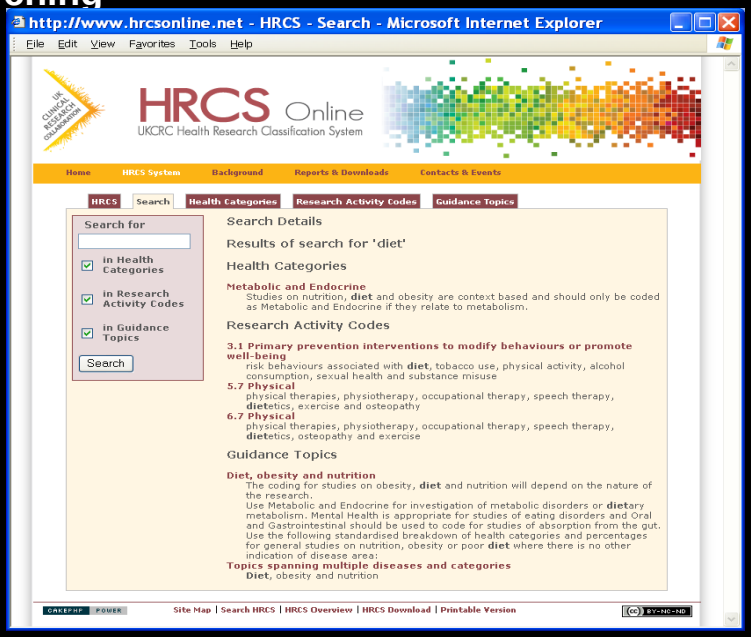
Contextual Help



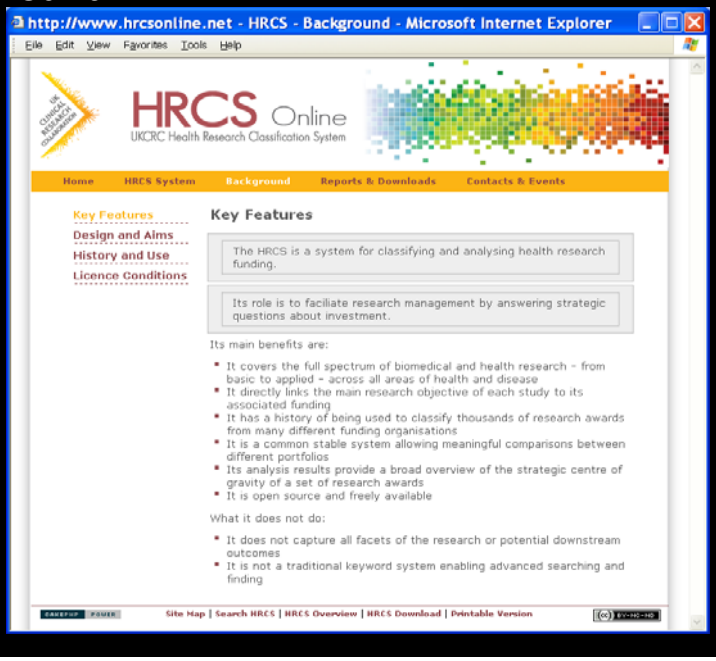
Overviews and Summaries



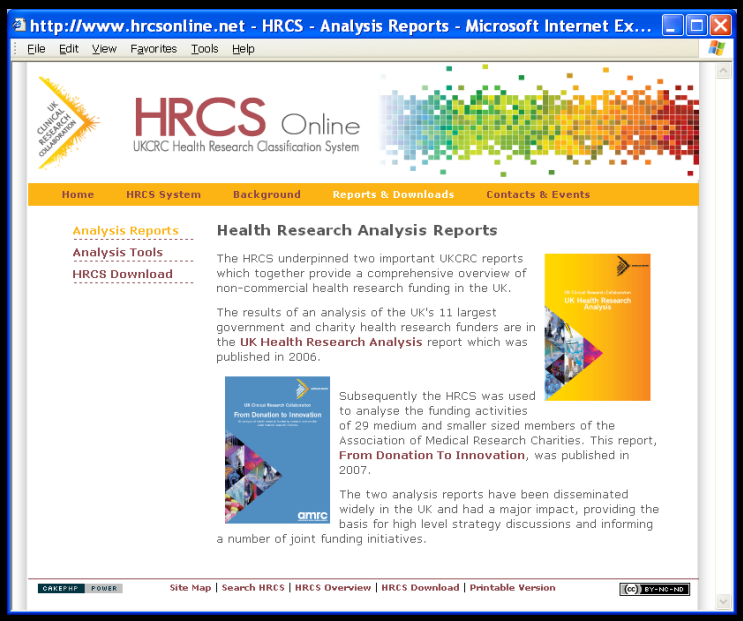
Searching



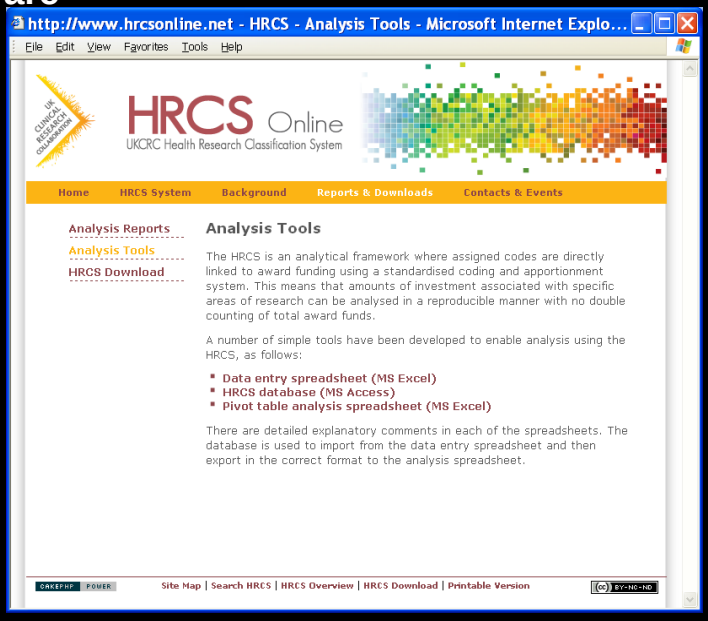
Background



Reports



Software



Website development

- ‘Soft launch’ Dec 2008
- Short term plans
  - Incorporating feedback from workshop
  - Wider publicity and awareness building
  - Developing administration and update procedures
- Longer term possibilities
  - Could be a focus for a user community?
  - Integration with other systems

Igniting our potential

http://www.ukcrc.org/

info@ukcrc.org