



Benefits of Associate Corporate Membership of International Primary Care Respiratory Group (IPCRG)

This enables IPCRG and the company to work in partnership and exchange mutually beneficial knowledge about effective communication and influencing strategies with primary care that will result in improved respiratory health in primary care

1. Introduction to IPCRG

Vision: Breathing and feeling well through universal access to right care

Mission: Working locally in primary care and collaborating globally to improve respiratory health

The International Primary Care Respiratory Group is the only international respiratory-interested network of primary care clinicians.

Founded in 2000, the IPCRG is a not-for-profit organisation registered as a charity and company limited by guarantee in Scotland, operating internationally.

As an umbrella organisation, it reaches well over 150,000 primary care clinicians through its national member primary care respiratory organisations in over 34 low, middle and high income countries. Our latest members, elected in 2019 were Finland and Uganda; Malaysia is due to join in 2020.

It is the only international primary care respiratory group, the only primary care respiratory group with a research mission, runs the only global primary care respiratory meetings and has the only peer-reviewed primary care respiratory journal, npjPCRM.

It believes in the World Health Assembly and World Health Organization goal of universal coverage and that the best way to achieve that is through access to primary care because:

- The best *place* to diagnose and treat people with respiratory problems is in the communities where they live and work, and the
- Best *way* to do this is through the provision of high quality person-centred primary and community care adapted for the local context.
- Peer-led education for the primary care workforce (that will include family physicians and general practitioners and potentially also pharmacists, nurses and other community health workers), drawing on evidence of high value interventions, can improve standards of care and ultimately respiratory health.

2. Clinical Leadership

The IPCRG is a clinically-led global network and works highly efficiently, making the best use of its network's time and funding by using digital communication punctuated by face-to-face meetings when feasible.

The IPCRG's board of directors has collective responsibility for effective corporate governance of the organisation and also steers its strategy. The board's activity is governed by the charity's Memorandum and Articles of Association that includes declaration of all expenses and remuneration paid as related party transactions in the annual audited accounts. It has four GPs on its Board of directors:

President: Assoc Prof Ioanna Tsiligianni, General Practitioner, Crete until June 2020

Treasurer: Michael Barron, Scotland

President Elect: Professor Dr Janwillem Kocks, Groningen, Netherlands

Director: Prof Ee Ming Khoo, Kuala Lumpur, Malaysia

Director: Dr Noel Baxter, UK (previously Chair of the Primary Care Respiratory Society UK Executive Committee)

Director: Etienne Jap Tjoen San, Netherlands

Contact: Siân Williams, Chief Executive Officer, ExecOfficer@theipcrq.org

Invoicing queries: Nicola Connor, Business Manager, BusinessManager@theipcrq.org

Website address: www.theipcrq.org

3. Influence

The IPCRG is the primary care representative on the World Health Organization (WHO) Global Alliance against chronic Respiratory Diseases (GARD) Planning Executive and also primary care advisor to the WHO Non-communicable disease division; the Respiratory Special Interest Group of WONCA (The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians) Europe and has recently signed a Memorandum of Understanding with WONCA Global.

It continues to press for formal membership of GINA, GOLD and ARIA, as there is now a consensus, brokered by WHO, that the evidence and implementation of evidence needs to take account of primary care experience, knowledge and information if there is to be universal access to high quality respiratory care.

It has recently signed a partnership agreement with the Federation of International Pharmaceutical Societies (FIP) to ensure that IPCRG includes community pharmacist needs and assets in its activities.

IPCRG and European Lung Foundation work closely together to provide information to the public about respiratory health. The European Federation of Allergy and Airways Diseases Patients' Associations (EFA) work together on advocacy, including the Written Declaration on chronic respiratory diseases: <http://www.europarl.europa.eu/plenary/en/written-declarations.html> It is also in discussion with the Global Asthma and Allergy Patient Platform (GAAPP) about partnership working; identifying improved detection of people with severe asthma for onward referral to hospital specialist teams as a priority.

IPCRG wrote the primary care chapter of the ERS White Book 2013. Its peer-reviewed journal, *npj Primary Care Respiratory Medicine* is published by Springer Nature Publishing Group. It has recently delivered a EU Horizon 2020 Implementation Science grant to improve the diagnosis and treatment of chronic respiratory disease in low and middle income countries www.freshair.world; is the knowledge exchange partner in three global respiratory health programmes funded by the UK National Institute of Health Research (NIHR): RESPIRE, Breathe Well and Global RECHARGE operating in 12 low and middle income countries. (<http://www.theipcrq.org/pages/viewpage.action?pageId=37880107>). IPCRG is also the Coordinator of a new collaboration between 10 UK-funded global health respiratory

collaborations.

In March 2020 IPCRG launched a new website with a powerful search facility to ensure all resources are easily findable.

4. What does primary care need to improve its standards of respiratory care?

Most people at risk of chronic disease are in contact with primary care professionals, however that is defined locally, and increasingly family physicians are reimbursed to diagnose and treat asthma, COPD and allergic rhinitis and support patients to stop smoking. However, there remains significant variation in the quality of care and therefore there is a need to offer education about how to deliver good quality care that is drawn from evidence valid for primary care. The IPCRG is currently revising its prioritisation of research questions from the perspective of primary care to take account of research activity, e-health activity and its spread to more countries.¹

It has also set out the evidence for the educational interventions that are needed to support clinical behaviour change.² In order to deliver the research and educational priorities there is a need to increase the number of primary care role models, to empower them to research real life situations and to educate their peers, and to do this in more countries. The IPCRG is able to do this cost-effectively using a very small management team and a wide network of clinical experts who develop core teaching materials such as Teach the Teacher programmes, supported, where appropriate by online education in local languages. We have just completed our first collaboration with [Medscape](#) on difficult to manage asthma. We have also developed case studies with our associate corporate members on asthma and COPD care that have been very well-received as teaching aids.

The IPCRG also plans to reuse more of the content of its meetings programme including its biennial World Conference and Scientific Meeting, and for massive open online education courses (**MOOCs**) to reach a bigger primary care audience.

IPCRG is also frequently invited to be the role model for primary care in countries where there is a less mature family medicine service and where relationships between primary and secondary care do not aid integration and efficient and effective working for patients. Recent requests include Brazil, France, China, Bangladesh and Tunisia.

There continues to be a substantial need to improve diagnostic accuracy and IPCRG prioritises support for colleagues who need to learn about diagnostic methods including spirometry, taking a good history, and the challenges of diagnosing children with respiratory symptoms.

5. Associate Corporate Membership Cost: 36,750 euro (as at March 2020)

The membership subscription for 2020 which supports the IPCRG to deliver its strategy and core activities.

Associate corporate members:

- Have privileged access to our Board of directors and sub-committees to share knowledge about the global context, primary care development and needs: this can be organised through email, specific web conference or face-to-face at our conferences.
- Have the opportunity to work with us to talent spot and develop future advisors
- And Boehringer Ingelheim in particular, has the opportunity to continue to discuss the use of social media and programmes to engage the new primary care workforce, including, in Europe:
 - The majority of family physicians who are women, many of whom work part-time;

¹ Pinnock H et al. Prioritising the respiratory research needs of primary care: the International Primary Care Respiratory Group (IPCRG) e-Delphi exercise. *Prim Care Respir J* 2012;21(1):19-27.

² McDonnell J, Correia De Sousa J, Baxter N, Pinnock, H, Roman-Rodriguez M, van der Molen T, Williams S. Building capacity to improve respiratory care: the education strategy of the International Primary Care Respiratory Group 2014–2020. *NPJ Prim Care Respir Med*. 2014 Sep 25;24:14072. doi: 10.1038/npjpcrm.2014.72.

- Nurses (we ran our first nurse leadership programme as part of our 1st Euro-Asian Conference in October 2018; were due to feature nurses at our 2020 conference, the Year of the Nurse – now postponed to 608 May 2021);
- Pharmacists (often the first point of contact for people with respiratory symptoms);
- Physiotherapists and exercise therapists
- Community Health Workers
- Have access to our network of over 150,000 primary care professionals via our e-alert systems, and through targeted communication
- Contribute ideas and share dialogue with IPCRG members and gain preferred access to an international network of primary care role models, early adopters, influencers, educators, researchers and academics
- Receive all IPCRG communications
- May engage with our research community to generate ideas for new real life research ideas and programmes
- May engage with our education community to discuss ways to build educational capacity that makes a difference to clinical behaviour and reduces variation in primary care
- Work with us to create and support new national groups and to grow established ones
- Proclaim and use your association with IPCRG in your marketing activities, subject to prior agreement with the IPCRG and in line with our editorial policy and national regulatory codes.
- Set up additional projects at preferential rates.
- Have the opportunity to attend and contribute to all IPCRG general meetings (but not to vote)

Acknowledgements

- We will state on our website: *“The IPCRG invites applications from the pharmaceutical industry and other for-profit organisations to become associate corporate members of the organisation. For the calendar year 2020 we gratefully acknowledge subscriptions from: [names and logos of companies in the same size font; size determined by the IPCRG].*
 - Separate sponsorship of individual projects will be acknowledged separately.

Editorial control

In all cases, the IPCRG retains complete editorial control of all its publications.

6. Sponsorship for our world conference

IPCRG will run with Primary Care Respiratory Society of Ireland, (PCRSI) its 10th IPCRG World Conference, Breathing and Living Well, The Importance of Primary Care. This was postponed from May 2020 and will now take place 6-8 May 2021. Sponsorship is separate from associate corporate membership but our associate corporate members are given first option to select symposia slots. We received excellent feedback from the companies that supported the 9th World Conference held in Porto in 2018. Dublin 2021 is the perfect platform for you to meet those that lead and form opinion in primary care respiratory medicine and market your business face to face in a conducive environment. It will also assist the continued development of respiratory medicine in Ireland. A new GP contract for asthma and COPD has brought GPs attention to our field. Our aim is to attract over 600 international primary care clinicians to the conference.

1047 participants from 49 countries attended the 9th biennial IPCRG World Conference held in Porto in May 2018. All were healthcare professionals and important members of the primary care respiratory community, actively involved in treating patients with respiratory disease. 80% of attendees in Porto were GPs/Primary Care Physicians from high income countries. Over 90% of the delegates in Porto reported that the conference either met or exceeded their expectations. The conference was received well by participants who highlighted the friendly & positive collegiate atmosphere, the ambitious and comprehensive programme, high standard of speakers and attendance by all members of the multi-professional team. This was a very positive result for IPCRG and endorsement that the IPCRG biennial World Conference is a key date in the global primary care.

7. Disclosures and confidence about distribution of funds

The IPCRG is a company limited by guarantee and is required by law to maintain accounts to a specified standard and to report annually to members. It is also a charity, and accounts to the Office of the Scottish Charities Regulator for its work. It was accepted as a charity because of its public benefit through its initiation of new research and research dissemination.

The IPCRG's Board of directors includes 4 practising GPs and no government officials. None of the Board of directors or their relatives has an affiliation with any pharmaceutical company or its subsidiaries.

Siân Williams
Chief Executive Officer
IPCRG

Preparation date: 30 September 2019
Revised conference information March 2020

[See appendix on the following pages describing IPCRG strategy](#)

Vision: Breathing and feeling well through universal access to right care

Mission: Working locally in primary care and collaborating globally to improve respiratory health

In 2019 the Board of directors set a new vision for the charity, aligned to the World Health Organization goals of universal health coverage: “a global population breathing and feeling well through universal access to right care.” We continue to progress towards this by working locally in primary care and collaborating globally because we understand the power of co-creating local solutions that add value to clinical care, to patient and public experience, and to funders.

2018 highlights include our 9th World Conference in Porto, attracting over 1,000 delegates from 49 countries; the successful completion of the Horizon 2020-funded FRESH AIR programme; the launch and growth of our social movement for Asthma Right Care, and two Teach the Teacher programmes to build teaching capacity; one on personalising care in Kyrgyzstan as part of our first Euro-Asian conference, and one on treating tobacco dependence in four Eastern European countries. We have now added a very successful Teach the Teacher programme for four countries on children with asthma which started with a masterclass in Malaysia. We also continued to publish highly practical guidance that builds on the evidence and experience of family doctors, nurses, pharmacists and patients such as our work on personalisation of care. The latest is our desktop helper on Helping Patients Quit Tobacco that draws on the experience from the Teach the Teacher programme and FRESH AIR. This engagement of all members of the primary care team and patients is a growing feature of our work and shows real promise for the future.

We learnt from FRESH AIR that there is real potential to build new research collaborations with clinicians and academic departments, that generate new data that can inform primary care practice. Now, through collaborations with several UK universities, funded by the UK National Institute for Health Research, eleven IPCRG member low and middle income countries are now

on a pathway to build primary care research capacity so that they can inform national respiratory policy using locally-generated reliable findings.

We achieve most when we bridge different networks. Through Asthma Right Care we have connected with highly enthusiastic pharmacist, patient and nurse colleagues. Through our meeting in Kyrgyzstan we also witnessed the need for more peer-to-peer support for nurses, particularly those working in remote and rural areas. This inspired us to seek interest at the end of last year through our members from pharmacists and nurses. We've had a good response and are planning how to engage them in activities including Dublin 2020. We have now signed an agreement with the Federation of International Pharmaceutical Societies (FIP) to reach their global pharmacist network. We have started discussions with Nursing Now about creating a Nurses for FRESH AIR group. We continue to operate as the Special Interest Group of WONCA Europe and an Organization in collaborative relations with WONCA World, and ran sessions at Prague and Seoul last year, and will be attending this year at WONCA Bratislava and Kyoto. We held our first early career researcher network meeting in Bucharest – at a meeting supported by Boehringer Ingelheim and others - to facilitate their knowledge and connections. Our first Research School on Qualitative Research was attended by 40 delegates and was very well received. We hope to repeat this model with the RESPIRE programme.

We have four strategic goals to deliver value, and have plans to scale up our activity over the next three years. We:

1. **Create value for our country members** (organisations and individual clinicians) by improving their confidence and competence, promoting good clinical primary care practice
2. **Create value for society** by raising awareness of respiratory health and its risk factors amongst citizens and policy-makers and influencing the availability of good quality respiratory care in their community

- 3. Create value for our funders** by increasing the accuracy of diagnosis, reducing the variation in care and improving outcomes
- 4. Run an efficient organisation** with effective cost control and create additional value from income-generation programmes to allow the organisation to invest in infrastructure and projects for which fundraising is more challenging.

These are summarised at-a-glance in this Venn diagram.

