

**INTERNATIONAL PRIMARY CARE
RESPIRATORY GROUP**

*(a company limited by guarantee and
not having share capital)*

DIRECTORS' REPORT AND ACCOUNTS

31 DECEMBER 2007

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

*(a company limited by guarantee
and not having share capital)*

(Company number: SC256268)

(Charity Number: SC035056)

DIRECTORS' REPORT AND ACCOUNTS

31 DECEMBER 2007

Anderson Anderson & Brown LLP

Chartered Accountants

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
DIRECTORS' REPORT AND ACCOUNTS
FOR THE YEAR ENDED 31 DECEMBER 2007

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INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
LEGAL AND ADMINISTRATIVE INFORMATION

DIRECTORS AND TRUSTEES

The directors of the charitable company (“the charity”) are its trustees for the purposes of charity law. The directors are:

Dr John A F Haughney (President)
Dr Anders Ostrem
Dr Miguel R Rodriguez
Dr Ron Tomlins (Treasurer)
Dr Mohammad O Yusuf

SECRETARY

Dr Ron Tomlins

REGISTERED OFFICE

Department of General Practice & Primary Care
Foresterhill Health Centre
Westburn Road
Aberdeen
AB25 2AY

AUDITORS

Anderson Anderson & Brown LLP
6 Carden Place
Aberdeen
AB10 1UR

BANKERS

Bank of Scotland
Princes House
50 West Campbell Street
Glasgow

SOLICITORS

Shepherd & Wedderburn
Saltire Court
20 Castle Terrace
Edinburgh

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP DIRECTORS' REPORT

The directors submit their report and the audited accounts of the charitable company for the year ended 31 December 2007.

Legal and administrative information set out on page 1 forms part of this report. The accounts comply with current statutory requirements, the Memorandum and Articles of Association and the Statement of Recommended Practice – Accounting and Reporting by Charities (revised 2005).

STRUCTURE, GOVERNANCE AND MANAGEMENT

Nature of Governing Document

International Primary Care Respiratory Group (“IPCRG”) is a company limited by guarantee (company number: SC256268) and a registered Scottish charity (charity number: SC035056). The charitable company is governed by its Memorandum and Articles of Association.

Organisational Structure

A board of directors comprising one representative from each ordinary member organisation administers the charity. There is an Executive Committee and sub-committees covering Governance, Guidelines, Membership, Research and (from September 2005) Education, including the dissemination of research and guidelines. An Executive Officer, Sian Williams, is appointed by the directors to manage the day to day operations of the charity with support from a Business Manager.

Following a review of our governance processes, the organisational structure of the charity was changed with effect from September 2007. Since that date, the Board of Directors comprises a minimum of three and a maximum of eight individuals including:

- ex officio, the President of the Company;
- ex officio, the President Elect of the Company;
- ex officio, the Immediate Past President of the Company;
- ex officio, the Treasurer of the Company; and
- up to four persons co-opted by the Directors

The President, President Elect and Treasurer of the Company are elected by Ordinary Resolution of the Company.

It is the charity’s policy to seek to appoint directors who have a specific interest in its objects or whose skills can complement those already in place. Newly appointed directors are introduced to the workings of the Board through their first meetings.

Each Ordinary Member of the company is entitled to appoint one individual as a member of the Senate. The function of the Senate is to advise and assist the Directors and act as ambassadors of the Company.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP DIRECTORS' REPORT (continued)

Organisational Structure (continued)

The following committees have been established:

- Education
- Research
- Conference organising
- Conference scientific
- Membership
- Governance
- Guidelines

These committees comprise directors and members of the Senate. The committees report to the Board of Directors.

Directors

The directors of the company during the year ended 31 December 2007 were as noted on page 1 together with the following who resigned as directors on 15 September 2007:

Dr Hugh J Fardy
Dr Monsur Habib
Dr Alan Kaplan
Dr Bruno F Noveletto
Dr Marianne Ostergaard
Dr James J Reid
Dr Dermot Ryan
Dr Ivo Smeele
Dr Reggie Spelman
Dr Bjorn Stallberg
Dr Theodora Zachariadou

In addition, Dr Mohammad Yusuf and Dr Miguel Rodriguez resigned as directors on 15 September 2007 and were reappointed on 29 May 2008.

Recruitment and Appointment of Directors

With effect from September 2007, a nominations committee makes recommendations to the members for candidates for the post of President and Treasurer. The Directors are appointed as noted above. Any Director co-opted shall resign as a Director at the first meeting of the Directors held following an Annual General Meeting. Any Director may be removed by Ordinary Resolution of the members.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

DIRECTORS' REPORT (continued)

Ordinary Members

The following organisations are ordinary members and have the power to appoint an individual as a member of the Senate:

National Asthma Council
National Primary Care Respiratory Group Bangladesh
Belgian Primary Care Respiratory Group
Family Physician Airways Group of Canada
Cyprus Respiratory Group
Danish Society of General Practice Respiratory Group (DSAM Respiratory Group)
Irish GP's in Asthma Group
Italy, Societa' Italiana di Medicina Generale (up to 15th September 2007)
Italy, Associazione Italiana Medici di Famiglia (AIMEF) (from 15th September 2007)
New Zealand Primary Care Respiratory Group
Lunger I Praksis
Pakistan, The Allergy and Asthma Clinics and The Institute of Asthma and Allergy
Primary Care Respiratory Group Sri Lanka (from 15th September 2007)
Grupo de Respiratorio de Atencion Primaria (GRAP)
Swedish Respiratory Group of Primary Care
COPD en Astma Huisartsen Advies Groep
General Practice Airways Group

Related Parties and Affiliations

The ordinary members of the charitable company are national and international organisations. Each member of the Senate is a member of one of the ordinary member associations.

Induction and Training of Directors

Trustees are provided with an induction pack, drawn from the Office of the Scottish Charity Regulator (OSCR) guidance for charity trustees, that includes:

- what the IPCRG does;
- its finances and reporting requirements;
- recent Board papers;
- organisational structure; and
- governance policies such as risk management, declaration of interest, sponsorship and endorsement.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

DIRECTORS' REPORT (continued)

Induction and Training of Directors (continued)

The Board and election process of trustees was revised in 2007 and approved at the AGM. It is designed to ensure that trustees have prior experience of the IPCRG and governance issues. The Board comprises the President and Treasurer, the Immediate Past President and the President Elect. This structure allows for succession planning. In addition, these four members of the Board elect up to four others whose knowledge and skills will support the operation of the Board.

As an international organisation, with trustees working in the UK, Norway and Australia, face-to-face training is not an option, therefore discussions about the role are maintained by email and telephone contact.

Risk Management

The directors have assessed the major risks to which the company is exposed, in particular those related to the operations and finance of the company and are satisfied that systems are in place to manage the exposure to major risks.

OBJECTIVES AND ACTIVITIES

The objects of the charity as stated in the Memorandum of Association are to improve public health by carrying out, funding and organising research into the care, treatment and prevention of respiratory illnesses, diseases and problems in a community setting, and to make available the results of such research for the benefit of the public and healthcare professionals.

In order to achieve the objectives the charity has four main workstreams:

1. Build the IPCRG brand and value to members and potential members.
2. Develop innovative communication, research and education programmes.
3. Develop a sustainable and growing virtual organisation that is inclusive and relevant to primary care across the world.
4. Maximise operational efficiency and actively manage risk.

Four key initiatives illustrate the progress we made during the year in these workstreams:

Building the brand

- At a campaigning level, we improved the visibility and awareness of policy-makers about the IPCRG. We made a significant contribution to the development and launch of The Brussels Declaration on Asthma, <http://www.summitforchange.eu/> and, with European Federation of Allergy and Airway Diseases Patients Organisations (EFA), to the revised European Pharmacovigilance Strategy.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

DIRECTORS' REPORT (continued)

OBJECTIVES AND ACTIVITIES (continued)

- We broadened our reach to grass roots primary care, through the confirmation of our status as an Organisation in Collaborative Relations with Wonca, the global family doctor organisation. This led to a presentation on key recent respiratory papers at the Wonca Europe meeting in Paris in October. It is also proposed that the IPCRG becomes a Wonca Europe Special Interest Group (SIG) that provides respiratory expertise to Wonca Europe's conference committees, and may provide representation at meetings needing a primary care respiratory voice.

Developing innovative programmes

- The commencement of our first major original real life research: a randomised controlled trial "Health Enhancing Activity Lung Therapy" study (HEALTH) that will investigate the impact of exercise on the physical and psychosocial outcomes of patients on tiotropium with mild chronic obstructive pulmonary disease (COPD); funded from a research grant from Boehringer Ingelheim and Pfizer.
- We published on our website of Tackling the Smoking Epidemic, a set of new practical resources for primary care practitioners on smoking cessation, written by an expert international IPCRG team, supported by an unrestricted grant from Pfizer. This represented the first output of a newly combined Guidance, Education and Publications Sub-committee and has been extremely well received.

Developing a sustainable and inclusive organisation

- A review of our governance processes and organisational structure to ensure they were sustainable, reflected reality, built on the experience of the first three years of operation as a charitable company, and made best use of our resources. This led to a revised Memorandum and Articles, adopted at the September 2007 AGM, including separation of the roles of President and Host Conference Chair, a reduction in the size of the Board, with the opportunity to co-opt the right skills, knowledge and experience, an extension of the President's term of office, and the establishment of the Senate as a more appropriate forum for international member engagement.

Maximising operational efficiency and actively managing risk

- We expanded membership of the Governance sub-committee and began the due diligence processes for the conference in Toronto in 2010.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

DIRECTORS' REPORT (continued)

ACHIEVEMENTS AND PERFORMANCE

The following section highlights our 2007 objectives, and progress made against them.

Research

- **Develop an IPCRG response to the EU framework for research, FP7 in collaboration with partners** such as European Federation of Allergy and Airway Diseases Patients Organisations (EFA), GA²LEN and the European Respiratory Society (ERS). The IPCRG undertook an option appraisal on agencies with expertise in developing successful bids. At the same time we made a call for research ideas that could be submitted. Ultimately the IPCRG concluded that it did not yet have the capability and capacity to make a bid with a high chance of success. Instead, we debated a range of alternative ideas for increasing our research capability. We concluded that the IPCRG should continue to raise funds to test existing research ideas, and to set up a research e-faculty that will work intensively with one research-aspiring country to improve its capacity to design, deliver and publish research.
- **Commence a Randomised Controlled Trial named the “Health Enhancing Activity Lung Therapy” study (HEALTH) investigating the impact of exercise on the physical and psychosocial outcomes of patients with mild COPD.** A steering group and research team were appointed, and the process of recruitment of GP practices commenced in the last quarter of 2007.

Education including education programmes and publications

- **Disseminate the Primary Care Respiratory Journal (PCRJ) widely both via free online version and also print copies in a new agreement with the GPIAG and publisher Sherborne Gibbs.** The IPCRG's agreement with Sherborne Gibbs makes the PCRJ freely available online, and that those countries where it is important to distribute hard copies, have sufficient.
- The online version of the PCRJ enables our publications to be accessed more easily and extends their reach. For example, our guidelines papers published in February 2006 represent four of the top ten downloaded PCRJ articles in 2007. The COPD guideline was ranked second; downloaded a total of 3,140 times.
- We published our first paper on asthma control: in BMC Pulmonary Medicine 2007, 7:8 (22 May 2007): Can asthma control be improved by understanding the patient's perspective? <http://www.biomedcentral.com/1471-2466/7/8>
- **Run successful IPCRG Academy programmes in conjunction with the University of Aberdeen.** We inaugurated the programme in January 2007. Our Advanced COPD Course attracted 80 delegates from 4 countries. In June 2007 over 70 delegates from 4 countries, and November over 120 delegates from 5 countries, attended our basic COPD courses and in June, 45 delegates from Ireland attended our asthma course.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

DIRECTORS' REPORT (continued)

ACHIEVEMENTS AND PERFORMANCE (continued)

- **Promote use of IPCRG resources available on www.theipcr.org including audio and visual presentations from the 3rd biennial conference in Oslo June 2006.** We made available highlights from the conference on our website, including commentaries on the key talks, and slides with audio recording. The National Asthma Council of Australia worked with us to write up and distribute the information to members.
- **Improve the effectiveness of the IPCRG Speaker Bureau.** The establishment of the Speaker Bureau enabled the IPCRG to fulfil a number of speaker engagements to spread respiratory messages to primary care practitioners wishing to keep up to date with respiratory care, and amongst patient groups.
- As usual, ideas for new projects arise during the year and are dependent on our assessment of “fit” with our strategy and priorities and on negotiation of additional project grants. The most important of these was the production of a set of web-based resources on smoking cessation, supported by an unrestricted educational grant from Pfizer. In November we published Tackling the Smoking Epidemic, a set of new practical resources for primary care practitioners on smoking cessation, written by an expert international IPCRG team. This represented the first output of a newly combined Guidance, Education and Publications Subcommittee and has been extremely well received.
- The charity regards its website as our main vehicle for dissemination of research and review, for support of members and for reliable and useful data and document storage. Growth of the website in terms of available resources and use of the website, measured in visits, is therefore an important indicator of the health of the organisation. The total visits to the website in 2007 was 179,000, compared to 122,441 in 2006.

Conference

- **Plan for a successful conference in Seville 28-31 May 2008, aiming for 700 delegates with particular focus on Spanish-speaking countries.** During 2007 the venue, Organising Committee and Scientific Committee were established. The theme selected was Variation, and budget priorities agreed to encourage wide participation from Hispanic speaking countries, and from developing countries by offering a bursary programme.

External affairs

- **Support the dissemination of Brussels Declaration on Asthma.** The IPCRG made a significant contribution to the development and launch of The Brussels Declaration on Asthma, <http://www.summitforchange.eu/> and, with the European Federation of Allergy and Airway Diseases Patients Organisations (EFA), to the revised European Pharmacovigilance Strategy.
- We continued to subscribe to **GARD** and work with it to raise awareness of chronic respiratory disease.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

DIRECTORS' REPORT (continued)

ACHIEVEMENTS AND PERFORMANCE (continued)

- **Pursue our aim to be an organisation in collaborative relations with Wonca** to reach grassroots GPs. In July we achieved OCR status, elected by the Wonca World Council. This led to a presentation on key recent respiratory papers at the Wonca Europe meeting in Paris in October. It has also been proposed that the IPCRG becomes a Wonca Europe Special Interest Group (SIG) that provides respiratory expertise to Wonca Europe's conference committees, and may provide representation at meetings needing a primary care respiratory voice. We hope in this way to leverage respiratory matters onto primary care agendas, and to work collaboratively with Wonca to lobby GARD and national governments about the benefits of primary care advice and support for people with respiratory conditions.

Membership

- **Support associate members to develop robust organisations** through administration of small grants and provision of web sites nested within www.theipcr.org so that they can become full voting members. During 2007 we promoted the use of the grants and agreed grants for two of our member groups, Bangladesh and Pakistan, to consolidate and expand their work through the recruitment of administrative support. We established websites for Ukraine, Spain, and Turkey.
- **Work with the National Asthma Council, Australia, to support the development of lung organisations with strong primary care representation throughout Asia Pacific.** This work has made huge strides, and led to the planning of the Bangladesh Lung Foundation meeting in February 2008 led by Monsur Habib. At the AGM, PCRG Sri Lanka was elected as full member in recognition of its tremendous progress. Led by Sarath Paranavitane and Seneth Samaranayake, the group ran a highly successful pre-congress symposium on Asthma and COPD at the annual academic sessions of the College of General Practitioners, and has started a national study of the prevalence of respiratory diseases in primary care. In Pakistan, Osman Yusuf recruited colleagues on a lecture tour including Rawalpindi and Lahore, and appeared on national television to raise awareness about asthma and allergy.

Governance

- **Revise our Memorandum and Articles to reflect the way the IPCRG now operates, and wishes to operate over the next few years.** During 2007 we reviewed our governance processes and organisational structure to ensure they were sustainable, reflected reality, built on the experience of the first three years of operation as a charitable company, and made best use of our resources. This led to a revised Memorandum and Articles, adopted at the September 2007 AGM. Key changes included separation of the roles of President and Host Conference Chair, a reduction in the size of the Board, with the opportunity to co-opt the right skills, knowledge and experience, an extension of the President's term of office, and the establishment of the Senate as a more appropriate forum for international member engagement.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

DIRECTORS' REPORT (continued)

ACHIEVEMENTS AND PERFORMANCE (continued)

- **Continue to actively manage risk, including the development of reserves, paying particular attention to the IPCRG conference.** During 2007 the Governance Committee not only reviewed and revised the budget for the 2008 conference in Seville, but precipitated discussions about conference risk in Toronto, 2010. We believe we now have a robust approach to conference risk management, but recognise that this will always be a dynamic process, affected by experience of the previous conferences, and by local fiscal rules and ways of working.

FINANCIAL REVIEW

The net incoming resources for the year, amounting to £97,716 (2006 - £54,895) have been dealt with as shown in the Statement of Financial Activities.

Review of financial position of IPCRG

The IPCRG stayed within the limits of its budgeted expenditure and exceeded its income through the acquisition of project funding in addition to its essential running cost budgets. Each project was self-financing. Projects included: Exchanges, HARP, Smoking Cessation and HEALTH.

Principal funding sources

The IPCRG's principal funding sources are membership subscriptions from associate corporate members, and grants for projects. The level of the subscription is set at the AGM and remained constant for the first three years of the charity's operations. In 2007 rates were raised to reflect a 3% year on year increase.

Application of expenditure to support key objectives

The 2007 budget allocated funds to our main activities, each managed by a sub-committee: governance – including risk management and generation of funds; membership development; research; education including education programmes, the dissemination of research, and publications; and guideline development. In addition, our growing presence as a lobbying organisation and our pursuit of strategic partnerships led us to create a budget for external affairs. This is supplemented by some important pro bono work by an international public relations agency, Hill & Knowlton and the campaigning of our associate member, EFA.

Principal financial management policies adopted

The IPCRG manages its finances by setting an annual budget based on actual, or where this is not known at the beginning of the financial year, on predicted, income. It does not set a contingency budget, but in a rigorous iterative budget-setting process, it includes an element of contingency in various budget lines. For example, it assumes 100% travel costs for our Executive Committee and liaison officers, but sometimes these individuals find alternative funding sources. The first call on any unexpected surpluses is the reserve fund. The second call is on any initiatives that might contribute significantly to the charity's mission, such as research endeavours. However, where possible the IPCRG will seek alternative funding of any planned initiative; using its own reserves for pump-priming or matched funding if necessary, or for high quality and relevant projects that are unlikely to attract external funding.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP DIRECTORS' REPORT (continued)

FINANCIAL REVIEW (continued)

Reserves

The reserve policy of the IPCRG is to build as quickly as possible a free liquid asset position that would enable the organisation to continue running for several months in the event of a catastrophe or permit the closure of the organization with a minimum loss of reputation. We estimate this will take some years to achieve. In addition, our risk management strategy identifies our biennial conference as our single most important exposure to risk. This is run in conjunction with a different national member and each conference is subject to a risk sharing agreement. For example, the Fourth Conference will be the first for which the IPCRG has taken 100% of the risk. Therefore the directors have agreed that there should be a specific conference reserve. This has now been established from the surplus achieved by the Third Conference with an aim to be sufficient to pay for all charges in the event that an uninsurable risk led to the cancellation of the conference.

PLANS FOR FUTURE PERIODS

In 2008 our key priorities are to:

Research

- To increase the representativeness of primary care respiratory research in the public domain by equipping one primary care research-aspiring country with the skills to conduct high quality original research that will add to our knowledge about the nature and pattern of chronic respiratory disease and appropriate respiratory management. This programme is called the “E-faculty programme”.
- Continue with the “Health Enhancing Activity Lung Therapy” study (HEALTH) investigating the impact of exercise on the physical and psychosocial outcomes of patients with mild COPD.
- To encourage research that addresses the issues of asthma control raised in our papers on How to achieve asthma control in practice that builds on our work published in BMC Pulmonary Medicine 2007, 7:8 (22 May 2007): Can asthma control be improved by understanding the patient's perspective? <http://www.biomedcentral.com/1471-2466/7/8>
- Develop a research and innovation programme from the spirometry sub-committee’s work.
- Fundraise for a smoke (tobacco and indoor air pollution) cessation project FRESH AIR that will combine low-cost smoking cessation interventions with those to reduce cooking smoke.
- Review our research needs statements, as part of our regular review.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
DIRECTORS' REPORT (continued)

PLANS FOR FUTURE PERIODS (continued)

Education including education programmes and publications

- Run successful IPCRG Academy programmes in conjunction with the University of Aberdeen. Plans include two meetings in Lisbon each for 100 participants; and at Aberdeen, three basic COPD courses (all already fully booked), one advanced COPD course, and one asthma course.
- Attend the inaugural meeting of the Bangladesh Lung Foundation and use this as a formal occasion to explore opportunities for educational collaboration in the region.
- Discuss how best to develop cost-effective resources tailored to local country needs by working with the Asia regional group and using the conference in Seville to stimulate networking.
- Improve the effectiveness and reach of the IPCRG Speaker Bureau. 2008 engagements include:
 - Bangladesh Lung Foundation 22 February, Dhaka;
 - PESCE - General Practitioners and Economics of Smoking Cessation in Europe 27-28 March, Barcelona;
 - CardioPneumo in Bari, Italy 15-17 May, organised by AIMEF;
 - European Federation of Allergy and Airway Diseases Patients Association (EFA) 1-2 June, Sofia;
 - Wonca Europe, September, Istanbul.
 - Support the growth of the Primary Care Respiratory Journal by joining the PCRJ Management Committee, and establishing the Immediate Past President as an IPCRG-PCRJ Liaison officer.
 - Publish a peer-reviewed article to provide the evidence backing up our resources for Tackling the Smoking Epidemic.
 - Build on our work published in BMC Pulmonary Medicine 2007, 7:8 (22 May 2007) *Can asthma control be improved by understanding the patient's perspective?*, by looking at tools that might be used in clinical practice to unearth reasons for poor control and therefore to promote appropriate therapeutic choices.
 - Publish opinion sheets on palliative care for people with COPD.
 - Publish on our website a second Exchanges publication that shares good practice and international experience of applying the recommendations of four key respiratory guidelines published recently including a commentary Global Initiative for Asthma (GINA) updated 2007.; Allergic Rhinitis Impact on Asthma (ARIA) updated 2008; PRACTALL guidelines for childhood asthma published 2008; and our IPCRG primary care guidelines published 2006.
 - Produce materials for members to raise awareness of asthma and the GINA goals to improve asthma control in time for World Asthma Day, 6 May.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP DIRECTORS' REPORT (continued)

PLANS FOR FUTURE PERIODS (continued)

Conference

- Ensure all opportunities to disseminate learning from the Seville meeting are followed up including publication of high quality abstracts in the Primary Care Respiratory Journal (PCRJ); the possible publication of supplements in the PCRJ from key plenary sessions; the promotion of the award-winners and their research findings; publication on our website of highlights and key slides; repeats of successful sessions at other meetings.

External affairs

- Support the dissemination of Brussels Declaration on Asthma and build on this by contributing to the revision of the European Medicines Agency (EMA) "Note for Guidance on the Clinical Investigation of Medicinal Products in the Treatment of Asthma". In its current form, the Guidance Note is markedly out of date and communicates misleading information to those who are conducting clinical investigations. Results from these studies are the framework from which guidelines are developed, so it is essential that the guidance note provides clear and relevant direction.
- Continue to support and work with the World Health Organisation's (WHO) Global Alliance GARD programme as a full member – hold our first 1:1 meeting with GARD to explore how best the IPCRG's work programme can support GARD's aims and framework for action.
- Build relationships with regional Wonca groups in addition to Europe, where IPCRG is recognised as a Special Interest Group (SIG) and will lead two conference sessions at the Wonca Europe meeting in Istanbul in September: COPD and smoking cessation.

Membership

- Review and explore the possibilities of further associate memberships in all categories: corporate, invited specialists, global, or if none exist, regional, umbrella organisations including Federation of International Respiratory Societies, European Forum of Primary Care.
- Continue to support associate members to develop robust organisations through administration of small grants and provision of more mini websites nested within www.theipcr.org so that they can become full voting members.
- Use the opportunity of face-to-face meeting in Seville to stimulate discussion and planning for the development of active groups in Central and South America, Asia Pacific, Southern Africa and central Europe.
- Continue to listen to, and develop relationships with all members including strengthening the engagement of the IPCRG Senate in IPCRG activity.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
DIRECTORS' REPORT (continued)

PLANS FOR FUTURE PERIODS (continued)

Governance

- Deliver all statutory reports to the Office of Scottish Charities Regulator (OSCR) and to Companies House on time.
- Test and review the induction process for new Board directors.
- Agree and apply an IPCRG Declaration of Interest policy.
- Continue to actively manage risk, including the development of reserves, paying particular attention to the outcome of the IPCRG conference and the implications for planning for Toronto 2010.

PROVISION OF INFORMATION TO AUDITORS

As far as the directors are aware, there is no relevant audit information of which the company's auditors are unaware and we have taken all the steps that we ought to have taken as directors in order to make ourselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

AUDITORS

Anderson Anderson & Brown LLP have expressed their willingness to continue in office and a resolution proposing their re-appointment will be submitted at the annual general meeting.

Signed on behalf of the Board of Directors

..... J HAUGHNEY
Director – J Haughney

..... 6 AUGUST 2008 *Date*

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
STATEMENT OF DIRECTORS' RESPONSIBILITIES

Company law requires the directors to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the net income or expenditure of the charity for that period. In preparing those accounts, the directors are required to:

- a) select suitable accounting policies and then apply them consistently;
- b) make judgements and estimates that are reasonable and prudent;
- c) state whether or not applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- d) prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The directors are responsible for keeping accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which enable them to ensure that the accounts comply with the Companies Act 1985. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS AND MEMBERS OF INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP

We have audited the accounts of International Primary Care Respiratory Group for the year ended 31 December 2007 which comprise the Statement of Financial Activities, the Company Balance Sheet and the related notes. These accounts have been prepared under the historical cost convention and in accordance with the accounting policies set out therein.

This report is made solely to the charitable company's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

The responsibilities of the directors for preparing the Directors' Report and the accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statement of Directors' Responsibilities.

Our responsibility is to audit the accounts in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether or not the accounts give a true and fair view, are properly prepared in accordance with the Companies Act 1985 and the information given in the Directors' Report is consistent with the accounts. We also report to you if, in our opinion, the company has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding directors' remuneration and transactions with the charitable company is not disclosed. We read the Directors' Report and consider the implications for our report if we become aware of any apparent misstatements within it.

Basis of opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the accounts. It also includes an assessment of the significant estimates and judgements made by the directors in the preparation of the accounts, and of whether the accounting policies are appropriate to the charitable company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the accounts.

Opinion

In our opinion:-

- the accounts give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the charitable company's affairs as at 31 December 2007 and of its incoming resources and application of resources for the year then ended;
- the accounts have been properly prepared in accordance with the Companies Act 1985; and
- the information provided in the Directors' Report is consistent with the accounts.

ANDERSON ANDERSON & BROWN LLP

Anderson Anderson & Brown LLP
Chartered Accountants
Registered Auditors
Aberdeen
6 AUGUST 2008

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2007

	Note	Unrestricted funds £	Restricted funds £	Total 2007 £	Total 2006 £
INCOMING RESOURCES					
Incoming resources from generated funds:					
Voluntary income	2	-	-	-	35,139
Incoming resources from charitable activities:					
Membership services	3	161,968	-	161,968	146,404
Education	4	8,846	243,999	252,845	42,170
Research		-	2,049	2,049	-
Investment income		8,494	-	8,494	3,343
TOTAL INCOMING RESOURCES		179,308	246,048	425,356	227,056
RESOURCES EXPENDED					
Cost of generating voluntary income					
		-	-	-	13,222
Charitable activities:					
Membership services	5	27,896	-	27,896	45,004
Education	5	10,901	214,801	225,702	95,361
Research	5	20,645	2,049	22,694	15,574
Biennial conference	5	9,727	-	9,727	-
Governance costs	5	41,621	-	41,621	3,000
TOTAL RESOURCES EXPENDED		110,790	216,850	327,640	172,161
NET MOVEMENTS IN FUNDS					
Funds brought forward	8	68,518	29,198	97,716	54,895
		180,022	-	180,022	125,127
FUNDS CARRIED FORWARD		£ 248,540	£ 29,198	£ 277,738	£ 180,022

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
BALANCE SHEET – 31 DECEMBER 2007

	Note	2007 £	2006 £
CURRENT ASSETS			
Debtors: <i>amounts falling due after more than one year £45,751; 2006 £(nil)</i>	9	137,255	40,302
Cash at bank and in hand		319,818	194,911
		<u>457,073</u>	<u>235,213</u>
CREDITORS: <i>amounts falling due within one year</i>	10	133,584	55,191
TOTAL ASSETS LESS CURRENT LIABILITIES		323,489	180,022
CREDITORS: <i>amounts falling due after more than one year</i>	11	45,751	-
		<u>£ 277,738</u>	<u>£ 180,022</u>
Restricted funds	12	29,198	-
Unrestricted funds:			
General reserve	13	206,370	137,852
Designated funds	13	42,170	42,170
		<u>£ 277,738</u>	<u>£ 180,022</u>

Signed on behalf of the board of directors

..... J HAUGHNEY
Director – J Haughney

..... 6 AUGUST 2008 *Date*

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2007

	2007 £	2006 £
Surplus for year	97,716	54,895
Increase in debtors	(96,953)	(19,877)
Increase/(decrease) in creditors	124,144	(14,145)
Increase in cash	<u>£ 124,907</u>	<u>£ 20,873</u>
Cash at bank and in hand		
At 1 January 2007	194,911	174,038
Increase	<u>124,907</u>	<u>20,873</u>
At 31 December 2007	<u>£ 319,818</u>	<u>£ 194,911</u>

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
NOTES ON THE ACCOUNTS – 31 DECEMBER 2007

1. ACCOUNTING POLICIES

(a) *Basis of accounts preparation*

The accounts are prepared under the historical cost convention, and in accordance with applicable accounting standards, the Companies Act 1985, the Statement of Recommended Practice – Accounting and Reporting by Charities (revised 2005) and the Charities Accounts (Scotland) Regulations 2006.

(b) *Incoming resources*

i) Voluntary income

Donations including donations in kind, are included in the Statement of Financial Activities in the year in which they are receivable.

ii) Membership services

Annual subscriptions are included in full in the year to which they relate. Subscriptions received in advance are released to the Statement of Financial Activities in the year to which they relate.

iii) Conference income

The company's share of the conference income, in respect of the biennial conference, is included in the Statement of Financial Activities in the year in which the conference is held.

iv) Grants receivable

Income from grants, including capital grants, is included in incoming resources when it is receivable except where the charity has to fulfil conditions before becoming entitled to it or where the donor has specified that income is to be expended in a future period. In these circumstances income is deferred until those periods.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
NOTES ON THE ACCOUNTS – 31 DECEMBER 2007

1. ACCOUNTING POLICIES (continued)

(c) *Resources expended*

Resources expended are included in the Statement of Financial Activities on an accruals basis, inclusive of irrecoverable VAT.

Expenditure is directly attributed to the relevant category in the Statement of Financial Activities where practical. Executive Officer and business support fees are allocated across activities based on time incurred in each area.

Charitable activities includes both the direct and support costs relating to the activities.

Grants or instalments of grants offered in connection with projects with institutions are charged to the Statement of Financial Activities in the year when the offer is conveyed to the recipient except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attached are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as contingent liabilities, but not accrued as expenditure.

Governance costs comprise costs for the running of the charity itself as an organisation.

(d) *Taxation*

The company is recognised by HM Revenue and Customs as a charity and, as a consequence of the tax reliefs available in relation to current year, income is not liable to taxation.

The company is not registered for VAT.

(e) *Foreign currencies*

Assets, liabilities, revenues and costs denominated in foreign currencies are recorded at the rates of exchange ruling at the dates of the transactions; monetary assets and liabilities at the balance sheet date are translated at the year-end rate of exchange. The resulting profits or losses are dealt with in the Statement of Financial Activities and are allocated to membership services income as the majority of the foreign currency transactions arise from membership subscriptions.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
NOTES ON THE ACCOUNTS – 31 DECEMBER 2007

1. ACCOUNTING POLICIES (continued)

(f) *Funds*

Unrestricted funds include incoming resources receivable or generated for the objects of the charity without further specified purpose and are available as general funds. These funds can be used in accordance with the charitable objects at the discretion of the directors.

Designated funds are unrestricted funds earmarked by the directors for specific future purposes or projects.

Restricted funds are to be used for specific purposes as laid down by the donor.

2. VOLUNTARY INCOME

	2007	2006
Donations	£ -	£ 35,139
	<u>£ -</u>	<u>£ 35,139</u>

3. MEMBERSHIP SERVICES

	2007	2006
	£	£
Subscriptions	137,773	146,404
Exchange gain	24,195	-
	<u>£ 161,968</u>	<u>£ 146,404</u>

4. EDUCATION

	2007	2006
	£	£
Projects	252,845	-
Biennial conference	-	42,170
	<u>£ 252,845</u>	<u>£ 42,170</u>

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
NOTES ON THE ACCOUNTS – 31 DECEMBER 2007

5. RESOURCES EXPENDED

	Charitable activities £	Governance £	2007 Total £	2006 Total £
Publications	1,175	-	1,175	8,436
Executive Officer	26,968	14,989	41,957	55,935
Secretariat	9,454	1,576	11,030	9,209
Website	4,900	-	4,900	5,620
Travel & accommodation	13,289	3,635	16,924	26,677
Executive committee honoraria	-	5,598	5,598	3,665
Project costs	192,869	-	192,869	-
Support costs (Note b)	37,364	15,823	53,187	62,619
	<u>£ 286,019</u>	<u>£ 41,621</u>	<u>£ 327,640</u>	<u>£ 172,161</u>

Note (a)

(a) Charitable Expenditure

	Membership services £	Education £	Research £	Biennial conference £	2007 Total £	2006 Total £
Publications	-	1,175	-	-	1,175	8,436
Executive Officer	5,417	7,794	7,287	6,470	26,968	49,060
Secretariat	4,727	3,151	1,576	-	9,454	7,893
Website	4,000	900	-	-	4,900	5,620
Travel & accommodation	5,611	5,400	2,278	-	13,289	24,872
Executive committee honoraria	-	-	-	-	-	3,665
Project costs	2,000	183,007	7,862	-	192,869	-
Support costs (Note b)	6,141	24,275	3,691	3,257	37,364	56,393
	<u>£ 27,896</u>	<u>£ 225,702</u>	<u>£ 22,694</u>	<u>£ 9,727</u>	<u>£ 286,019</u>	<u>£ 155,939</u>

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
NOTES ON THE ACCOUNTS – 31 DECEMBER 2007

5. RESOURCES EXPENDED (continued)

(b) Support Costs

	Charitable activities £	Governance £	2007 Total £	2006 Total £
Editorial honoraria	18,477	-	18,477	13,500
Professional fees	4,508	15	4,523	23,437
Audit and accounting	2,938	9,164	12,102	3,000
Other support costs	11,441	6,644	18,085	22,682
	<u>£ 37,364</u>	<u>£ 15,823</u>	<u>£ 53,187</u>	<u>£ 62,619</u>

6. STAFF COSTS AND NUMBERS

The company had no employees during the current or prior year except the directors.

7. DIRECTORS' EMOLUMENTS AND EXPENSES

The following directors received honoraria totalling £7,343 (2006 - £9,377) from the company during the year: A Ostrem, J Haughney and M Rodriguez.

A total of 4 directors received travel expenses totalling £2,437 in connection with undertaking the company's charitable activities (2006 – 8 directors received £9,484).

8. NET MOVEMENT IN FUNDS FOR THE YEAR *is stated after charging:*

	2007 £	2006 £
Auditors' remuneration - audit fees	4,000	3,000
- non-audit fees	8,102	1,000
	<u>12,102</u>	<u>4,000</u>

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
NOTES ON THE ACCOUNTS – 31 DECEMBER 2007

9. DEBTORS

	2007 £	2006 £
Accrued income	-	40,302
Other debtors	137,255	-
	<u>£ 137,255</u>	<u>£ 40,302</u>

10. CREDITORS: *amounts falling due within one year*

	2007 £	2006 £
Accruals and other creditors	107,207	11,531
Deferred income	26,377	43,660
	<u>£ 133,584</u>	<u>£ 55,191</u>

11. CREDITORS: *amounts falling due after more than one year*

	2007	2006
Other creditors	<u>£ 45,751</u>	<u>£ -</u>

12. RESTRICTED FUNDS

	2007 £	2006 £
Incoming resources	246,048	-
Resources expended	(216,850)	-
At 31 December 2007	<u>£ 29,198</u>	<u>£ -</u>

Restricted funds relate primarily to project funding in respect of the HARP project, the Smoking Cessation Project and Health Enhancing Activity Lung Therapy project.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
NOTES ON THE ACCOUNTS – 31 DECEMBER 2007

13. UNRESTRICTED FUNDS

	At 31 December 2006 £	Incoming resources £	Resources expended £	At 31 December 2007 £
General	137,852	155,113	(86,595)	206,370
Designated	42,170	-	-	42,170
	<u>£ 180,022</u>	<u>£ 155,113</u>	<u>£ (86,595)</u>	<u>£ 248,540</u>

The designated fund has been set up to provide a fund for costs relating to potential cancellation costs of future biennial conferences.

14. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	General fund £	Designated funds £	Restricted funds £	Total funds £
Debtors	-	-	137,255	137,255
Cash and bank	248,450	42,170	29,198	319,818
Current liabilities	(42,080)	-	(91,504)	(133,584)
Long term liabilities	-	-	(45,751)	(45,751)
Net assets at 31 December 2007	<u>£ 206,370</u>	<u>£ 42,170</u>	<u>£ 29,198</u>	<u>£ 277,738</u>

15. RELATED PARTY TRANSACTIONS

Control

Throughout the year the company was controlled by the directors.

Transactions

There were no transactions with related parties during the year other than those disclosed in Note 7 of the accounts.

INTERNATIONAL PRIMARY CARE RESPIRATORY GROUP
NOTES ON THE ACCOUNTS – 31 DECEMBER 2007

16. LEGAL STATUS

International Primary Care Respiratory Group is a company limited by guarantee and not having a share capital. The members' liability in the event of winding up is limited by guarantee not exceeding £1 per member.

