International Primary Care Respiratory Group
(a company limited by guarantee)

Directors’ Report and Financial Statements

For the year ended 31 December 2013

Registered Company Number: SC256268
Registered Charity Number: SC035056
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Directors and Trustees
Dr Miguel R Rodriguez
Dr Ron Tomlins (Treasurer until 28/3/13, then President Elect)
Dr Osman Mohammad Yusuf (resigned 23/5/13)
Dr Niels Chavannes
Dr Ioanna Tsiligianni
Ms Kristine Whorlow (Treasurer from 28/3/13)
Dr Jaime B Correia de Sousa
Dr Karin Lisspers (appointed 20/6/13)
Dr Tan Tze Lee (appointed 20/6/13)

Secretary
Dr Ron Tomlins (until 23/5/13)
Ms Kristine Whorlow (from 23/5/13)

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The directors submit their report and the audited accounts of the charitable company for the year ended 31 December 2013.

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 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 administers the charity. This 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.

It is the charity’s policy to seek to appoint directors who have a specific interest in its objectives and whose skills complement those already in place. During 2013 the Board co-opted the maximum four directors as part of its ambition to improve the organisation’s sustainability by widening the numbers of people with Board level experience.

Each Ordinary Member of the IPCRG 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 IPCRG.

The Board is advised by sub-committees. During 2013 these sub-committees were Governance, Education, Research and Athens 2014 Organising Committee. An Executive Officer, Siân Williams, is appointed by the directors to manage the day to day operations of the charity with support from a Business Manager, Samantha Louw assisted by an Administrative Assistant, Lucy Searles.

Directors

The directors of the company during the year ended 31 December 2013 were as noted on page 1.

Recruitment and appointment of directors

The Board has decided that succession planning, the development of potential recruits to decision-making and governance roles, and the recruitment and appointment of directors is a core function of the Board and Chairs of sub-committees. They use the co-option facility to offer people Board experience. The role of the Board is to make recommendations to the members about candidates for the post of President and Treasurer. The directors are appointed as noted above. Any director may be removed by Ordinary Resolution of the members.
International Primary Care Respiratory Group

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Ordinary members

The following organisations were ordinary members in 2013 (and have the power to appoint an individual as a member of the Senate and to vote at general meetings):

Australia, National Asthma Council Australia
Bangladesh, IPCRG-Bangladesh
Belgium, Belgian Primary Care Respiratory Group (BPCRG)
Canada, Family Physician Airways Group of Canada
Chile, Grupo de Respiratorio de Atención Primaria (GRAP)
Cyprus, Cyprus Respiratory Group
Denmark, Danish Respiratory Group
Greece, Greek Primary Care Respiratory Group (GPCRG)
India, Chest Research Foundation India (CRF)*
Ireland, Irish Respiratory Group
Italy, Società Italiana Interdisciplinare per le Cure Primarie (SIICP)
New Zealand, New Zealand Primary Care Respiratory Group
Norway, Lunger i Praksis
Pakistan, IPCRG – Pakistan
Portugal, Portuguese Association of Family Physicians - respiratory group, GRESP
Singapore, COPD Association Singapore*
Spain, Grupo de Respiratorio de Atención Primaria (GRAP)
Sri Lanka, Primary Care Respiratory Group, Sri Lanka
Sweden, Swedish Respiratory Group in Primary Care
The Netherlands, CAHAG
UK, Primary Care Respiratory Group-UK (PCRS-UK)
Vietnam – Primary Care Respiratory Group – Vietnam (Chăm Sóc Hô Hấp Ban Đầu)*

* Elected at 2013 AGM

Related parties and affiliations

The ordinary members of the charitable company are national and international organisations.

Induction and training of directors

Newly appointed directors are introduced to the workings of the Board through their first meetings. They are also provided with an induction pack, drawn from the Office of the Scottish Charity Regulator (OSCR) guidance for charity trustees, which 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.

As an international organisation with directors working in Europe, Australia and Singapore, face-to-face training is not an option; therefore discussions about the role are maintained by email and telephone contact.
International Primary Care Respiratory Group

Directors’ Report

For the year ended 31 December 2013

Risk management

The Governance sub-committee regularly assesses the IPCRG’s exposure to risk, in particular anything related to its reputation and finance. It makes recommendations to the directors on how best to deal with any identified risk, and reviews systems to manage any exposure.

Objectives and activities

The IPCRG’s charitable mission is “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.” It is the only international primary care respiratory organisation, and the only international primary care organisation with a respiratory research mission. Members believe that 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 primary and community care. This requires testing of how best to provide high quality primary care, with the resources available.

The IPCRG is both an organisation of organisations and a global community of interest that enables us to work locally but collaborate globally. Increasingly, it is a global community of practice, and offers demonstration projects that show how primary care can contribute to improved public health. The Board’s Strategic Plan was reviewed at the end of 2012 and agreed four strategic objectives:

1. Promote good clinical respiratory practice
2. Actively lead the respiratory health research and education agenda
3. Identify and unlock the global potential of flagship products
4. Appreciate and strengthen the core business enablers

Achievements and performance 2013

1. Promote good clinical respiratory practice

The IPCRG believes the best way it can add to this agenda is to offer demonstrations of effective and innovative ways forged in the real world of primary care. Some of our members see 30-40 patients a day, others up to 200 patients a day, who have a range of minor and serious respiratory infections and chronic illnesses. Our demonstration examples need to reflect that diversity and complexity. In order to meet local needs and align with local healthcare systems, culture and access to medicines, we continue to follow our mantra: we work locally, but collaborate globally.

Guideline mapping

We have mapped the respiratory guidelines used in primary care, asking our members how they were constructed and if primary care was involved in their production. The overall aim of the mapping was to create a resource on the IPCRG web platform that enables members and health planners to easily and quickly share information and learning about national clinical guidelines used by primary care for COPD, asthma, allergic rhinitis, CAP, obstructive sleep apnoea (OSA), and stop smoking.

We facilitated two of our member countries, Ireland and Spain, that had previously authored national asthma and COPD guidelines for primary care to advise our colleagues at the University of Heraklion on the development of national primary care guidelines for asthma and COPD in an EU-funded project.
Policy influence
We play an important role in helping colleagues learn from each other about how best to work with hospital colleagues, and how to build up primary care expertise rapidly. The Primary Care Chapter of the ERS White Book is our 2013 policy contribution to this in Europe. In addition, we have worked with colleagues in Brazil, India, Greece and Uganda to understand how primary care and community health workers can be supported to increase their knowledge and skills so that patients do not need to attend hospital for common and treatable chronic lung problems.

Conferences
At our third one-day Scientific Meeting in Uppsala, Sweden, in May, there were 190 primary care innovators and early adopters from all four continents and 83 abstracts were presented of primary care respiratory research. This represents a real growth in worldwide primary care respiratory research capacity and the potential to start to influence policy and practice.

World Health Organization
The World Health Organization - Global Alliance against chronic Respiratory Diseases (WHO-GARD) has previously endorsed a number of our projects as demonstration projects and we have continued to represent primary care on WHO-GARD to link up theory and practice. Our President, Niels Chavannes attended in 2013. Two other IPCRG colleagues attended on behalf of their organizations: Kristine Whorlow and Osman Yusuf.

WONCA - the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians
We also ran a series of respiratory workshops at the combined WONCA World and WONCA Europe 2013 conference as the Special Interest Group of WONCA Europe, which is a successful collaboration to share and spread primary care respiratory knowledge and updates to wider family physician audiences.

2. Actively lead the respiratory health research and education agenda

Education
During the year the Education Sub-Committee chaired by Dr Hilary Pinnock reviewed its education initiatives, identified trends in medical education and agreed a strategy for education.

Difficult to manage asthma
The IPCRG published its Difficult to Manage Asthma Position Paper supported by The European Federation of Allergy and Airways Diseases Patients’ Associations (EFA) and funded by an unrestricted educational grant from Novartis.

Research

Policy
During 2013 we teamed up in Europe with our associate members the European COPD Coalition (ECC), the European Allergy and Airways Diseases Patients’ Associations (EFA) and the Lithuanian EU Presidency to deliver an event to mark World COPD Day 2013 that focused on the implications of the research funding programme “Horizon 2020” on patients, healthcare professionals, academia and European citizens.

FRESH AIR
Our FRESH AIR programme investigating the level and impact of exposure to tobacco and indoor biomass smoke has demonstrated how research can be conducted in low income countries in a way that truly engages the local community and copes with limited local clinical knowledge and research capability in chronic disease. For a summary of this programme see the FRESH AIR documentary http://vimeo.com/72805528.
Galvanising and franchising the FRESH AIR movement

In November, following conversations begun at WHO-GAR, Beraki Ghezai travelled to Kyrgyzstan as guest of the National Center of Cardiology and Internal Medicine and the Kyrgyz Thoracic Society and signed a joint memorandum of understanding to adapt the FRESH AIR protocol to its mountainous environment and to initiate a primary care respiratory group.

UNLOCK

UNLOCK is an international collaboration between primary care research members of our network aiming to coordinate and share datasets of relevant diagnostic and follow-up variables of their COPD and asthma patients managed in primary care. During the year we made progress on four projects and learnt a great deal about how to solve coding discrepancies, different national standards of data protection and research ethics, as well as cultural and demographic differences between populations and clinicians in the countries involved.

UBIOPRED

We continued to provide the primary care input into UBIOPRED, a major European Union Innovative Medicines Initiative (http://www.ubiopred.european-lung-foundation.org/index.php?id=16103). The importance of both primary care and patient involvement in research design and implementation has been increasingly accepted within the European Commission. Building on a successful 2013 ERS Primary Care Day on asthma, difficult to manage asthma and severe asthma, we have agreed a dissemination plan to primary care through a series of national workshops in collaboration with the European Federation of Allergy & Airways Diseases Patients’ Associations (EFA). This will start in 2015 once the findings are published.

IPCRG Research Pilots

At our Scientific Meeting in Uppsala we extended the event by a day to host a research design workshop that asked what research could the IPCRG fund to address some of the IPCRG’s published prioritised primary care respiratory research questions. The outcome was support for three proposals that will begin in 2014.

We also commissioned a review of asthma control tools that will identify any new tools or translations since the publication of our original guide in 2005.

ICAAP

The ICAPP study (Improving Asthma Care in Portuguese Patients) is investigating the effectiveness of an electronic medical record in the control of asthma and rhinitis in primary care patients, and developing studies in adherence, concordance and enablement, and now has the structures and processes in place to report in 2014.

Building research capability

The IPCRG fellowship programme

During 2013 we finalised the arrangements for the first IPCRG Fellowship Programme for a doctoral candidate as a way to enhance research capacity in low and middle-income countries (LMIC). This is a multi-national collaboration between four universities and the IPCRG:

- Family Medicine Department, University of Medicine and Pharmacy at Ho Chi Minh City, Viet Nam
- Medical School, University of Crete, Heraklion, Crete, Greece
- Primary Care Research, University of Southampton, Southampton, UK
- Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, Netherlands
- International Primary Care Respiratory Group, London, UK

The first Fellow is Vinh Nguyen, now resident in Crete, Greece and under the tuition of Professor Christos Lionis and colleagues in Heraklion.
E-Faculty
Our E-Faculty project that aims to improve research capacity in primary care research-naive teams is now working in Chile, supported by our Spanish member organisation. The team has joined the UNLOCK programme and is collecting new data on asthma as it shifts its focus from respiratory infection to chronic lung disease.

Young researchers
We have engaged with the Vasco da Gama movement, the young doctor programme within WONCA Europe and in particular with their research group. Colleagues are now part of the abstract reviewing team for RespiratoryAt@Glance:
http://www.theipcrg.org/display/respatglanceen/RespiratoryAt@Glance+English#.Utfxc_atfkE
We have also started planning for a joint Vasco da Gama /IPCRG prize in 2014.

3. Identify and unlock the global potential of flagship products

Conferences
In addition to our very successful “no frills” 3rd Scientific meeting in Uppsala in May we began preparation in earnest for our 7th biennial world conference in Athens in 2014 and engaged many of our network in the design of a programme that will address, for the first time, multi-morbidity which is highly relevant for a primary care audience.

E-Quality programme
The E-Quality programme contributes to our knowledge about primary care education, service improvement and outcomes for clinicians and patients.

From the IPCRG E-Quality programme Call 1, the Chest Research Foundation, Pune, India made progress on the evaluation of one-day asthma education programme, CHAMPS, for GPs who do not prescribe inhaled medicines. The team overcame the challenges of research design and approval as well as recruitment during the year and expects to report in 2014.

From Call 2 we continued to support the Brazilian team in an ambitious matrix programme in Sao Bernardo Do Campo, Sao Paulo. As well as supporting the team through our Portuguese group, we tested the approach of providing English coaching to the project lead, Sonia Maria Martins, to increase the numbers of the IPCRG network whom she could then approach for support. Two colleagues, Javiera Corbalan from Chile, and Jaime C de Sousa, from Portugal presented their perspectives on COPD and asthma management at a meeting in North Brazil. Our collaborators include the Brazilian Society of Family Medicine and Community, the Medical College ABC – FMABC and GINA – Brazil.

Also from Call 2, Beraki Ghezai made an initial site visit for our project in Eritrea and we now await Government approval to begin teaching.

Further information about our other flagship projects can be found here:

E-Quality link to http://www.theipcrg.org/display/EDUEQU/IPCRG+E-Quality+Programme
Position Statements and Desktop Helpers link to https://www.theipcrg.org/pages/viewpage.action?pageId=689661
RespiratoryAt@Glance https://www.theipcrg.org/display/respatglanceen/RespiratoryAt@Glance+English#.Ut_h6vbFKMw in English and Spanish https://www.theipcrg.org/display/RespatAGlanceSpanish/RespiratoryAt@Glance+Spanish, as an in-kind donation from Teva Pharmaceuticals Ltd, and FluAt@Glance http://www.stimumind.com/images/flu_ipcrg1_en.html donated by Stimumind.
4. Appreciate and strengthen our core

Primary Care Respiratory Journal (PCRJ)
During the year we supported our UK group, PCRS-UK that led a tender for the publishing of the Primary Care Respiratory Journal (PCRJ). At year end, the contract with a new publisher with global reach was close to completion. This will move the journal to online only and to an author-pays model. Editorial control will remain with the Editors in Chief. Another nine associate editors were appointed from a strong and enthusiastic field, showing the international interest in the journal. Its Impact Factor continues to rise, and we expect it to have moved from 2.2 to over 2.5 by early 2014, judging by current levels of citations.

Member growth
During 2013 we increased the numbers of researchers actively working with the IPCRG, both highly experienced experts, and also primary care clinicians keen to embark on research as a career or as part of a portfolio of work. We also welcomed new member countries and enquiries that we believe may lead to new groups. Our relationship with WONCA Europe continued to strengthen, and our collaborations are summarised on our web platform here http://www.theipcrg.org/display/wonca/IPCRG+and+WONCA

Our associate corporate members in 2013 were Boehringer Ingelheim, Mundipharma, Novartis, Pfizer, Teva and Vitalograph with whom we shared our experiences and insight about the international development of primary care and population needs for respiratory care. We continued to collaborate with our associate members – invited organisations, particularly the European Federation of Allergy & Airways Diseases Patients’ Associations (EFA) and World Allergy Organisation on specific projects. We have close working relationships with the European Respiratory Society (ERS) primary care group and we wrote the primary care chapter of the ERS White Book 2013. We have also supported the recent establishment of a primary care group within the European Academy of Allergology and Clinical Immunology (EAAACI) and its leadership is also drawn from our network.

Finally, in terms of governance, the IPCRG published its anti-bribery principles https://www.theipcrg.org/download/attachments/689670/IPCRG+Anti-bribery+guidelines+2013-09-13.pdf

Financial review

We keep our policies and processes under review to ensure they cover our current exposures to risk. We ensured that the 2013 and 2014 conferences and our growing research portfolio had robust risk management plans.

The Board continued to meet ten times a year by teleconference, which is the directors’ preferred way to monitor the charity’s activity, with one face-to-face meeting to coincide with their attendance at our Scientific Meeting.

The financial result for the year is shown in the Statement of Financial Activities. After accounting for an unrealised exchange gain of £9,902 (2012: loss of £32,212), the net movements in funds for the year is a surplus of £22,638 (2012: deficit of £73,832). If the detailed profit and loss figures are reviewed, the causes of that movement become apparent. Some projects spent money in 2013 that was received in previous years. Meanwhile, some income was received at the end of the year, and will be spent according to budget during 2014.

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 is revised every three years. Rates were set at €35,000 for pharmaceutical companies and a lower rate for device companies. We had six associate corporate members in 2013 and we thank them for them subscriptions and engagement with us (listed above).
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The IPCRG budgets to spend no more than its anticipated income in any year. We held to this principle in 2013 and are able to plan for a similar pattern of expenditure in 2014 but with some additional commitment from undesignated and unrestricted reserves.

We continued to refine our 24-month budgeting cycle, to better reflect the pattern of our income and expenditure, given our biennial conference and to take account of the shifts in charitable activity.

The statement of financial activities describes how our funds were spent.

Reserves

The reserve policy of the IPCRG is to achieve a free liquid asset position that enables the organisation to continue running for several months in the event of a catastrophe or permit the closure of the organisation with a minimum loss of reputation. This has now been achieved through the establishment of a prudent general reserve that is sufficient to cover an estimated year’s running costs including payments to contractors and agents in the unlikely event that the IPCRG had to cease operating. In addition, our risk management strategy identifies our biennial conference as our single most important exposure to financial risk. Therefore, the directors established a specific conference reserve which, by the end of 2011, had reached £175,000, which the Board deemed sufficient to meet the current conference risk assessment.

Plans for future periods

The IPCRG directors consider that the IPCRG now has a robust track record which demonstrates how primary care can detect and improve the lung health of populations and individuals. The IPCRG is now the first point of contact for many policy-makers and organisations wanting to collaborate with, understand or influence the international primary care respiratory community. We are regarded as a thought-leader offering practical solutions in tobacco dependence, asthma, allergic rhinitis, chronic obstructive pulmonary disease and respiratory infection. Our financial security has strengthened as funders’ trust in our ability to represent real life and deliver results, increases. This has afforded us a platform to do two things: firstly to proactively set the agenda for what we think is important and secondly, it enables us to extend further into low and middle income countries.

Strengths and opportunities

We believe we have a reach and experience that offers substantial insight into how best to provide respiratory care to patients in the community.

Challenges

Our challenges remain the considerable time commitments of most of our community, and how we help them to create the time, energy, tools and relationships to develop and share best practice. We have begun to test the appointment of a Research Fellow and also a joint appointment with the University of Minho of an UNLOCK postdoctoral researcher to expand our research delivery capability. We are also building collaborations with new partners, such as our Indian member, the Chest Research Institute, with the potential to build substantial new research networks in India. We are strengthening our networks in other BRICA (Brazil, Russia, India, China) countries too, as this way our expertise and knowledge will reach the largest populations in the world so during 2014 we will design educational programmes
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Plans 2014-2016

Promote good clinical respiratory practice
We will continue to advocate for primary care’s role in lung health by showing practical solutions to case-finding and management that include not only general practice but also other primary care approaches. We will also demonstrate the value of primary care in managing multiple morbidities by helping people change behaviours to stop smoking and/or inhaling indoor smoke, to eat a better diet and to increase physical activity, as well as prescribing safe and effective pharmacological interventions. We will advocate for access for populations to effective respiratory medicines in primary care as part of the UN Global Action Plan for non-communicable diseases. We will contribute the primary care perspective to international awareness and advocacy campaigns for COPD, asthma and allergic rhinitis, and to the role of primary care working with our colleagues in ERS, ECC, EFA, EACCI, WAO, WONCA, ICC.

Actively lead the respiratory health research and education agenda
Some key objectives include:

Education

- Complete the second round of E-Quality small grant programmes that funds projects to test and evaluate real life educational interventions that change clinical behaviour.
- Specify a primary care educational curriculum to promote good clinical respiratory practice that improves population health.
- Over 2014/15 run national workshops building on our difficult to manage asthma programme and, in 2015, the findings of the UBIOPRED programme on severe asthma.

Research

- Monitor and evaluate the success of the first IPCRG Research Fellow in collaboration with the universities of Heraklion, Leiden, Southampton and Ho Chi Minh.
- Proceed with the first multi-national IPCRG research projects to address our research needs statement: COPD and pain; an evaluation of stop smoking guidelines for primary care; the use of m-health to improve respiratory outcomes in low resource countries.
- Support expansion of UNLOCK by creation of new cohorts in more countries.
- Internationalise the Primary Care Respiratory Journal, working with the new publisher.

Identify and unlock the global potential of our flagship products
We will expand these flagship products into new clinical and geographical areas:

Conference

- Deliver a successful 7th World Conference, “Multiple morbidities and integrated care” for delegates and supporters. Athens May 2014.
- Finalise plans for the 4th Scientific Meeting, and the first outside Europe, Singapore May 2015.
- Begin planning for 8th World Conference, May 2016, Amsterdam.
- Have a strong presence at WONCA conferences including Lisbon 2014.

E-Quality: award third round of E-Quality.

E-Faculty: conclude writing-up from the Romanian qualitative research on stop smoking initiatives in primary care and deliver first outputs from the E-Faculty programme in Chile.

FRESH AIR: Franchise FRESH AIR to new countries and use intervention mapping to address findings from FRESH AIR Uganda.

UNLOCK: Expand UNLOCK to asthma and deliver new COPD studies incorporating more datasets with the support of an UNLOCK researcher, a joint appointment between the University of Minho, Portugal and the IPCRG. Deliver a joint REG/UNLOCK session “The evolving role of real-life research in respiratory medicine” at ERS 2014 chaired by Niels Chavannes.
Strengthen our core: membership and communities of interest
We will expand our reach beyond our current 125,000 clinicians through supporting membership drives to new primary care groups, corporate members and associates. The Board and Committee Chairs will actively seek new talent for committee and Board positions. We will strengthen the web platform as the hub for communities of interest and practice.

We plan to increase activity in Slovenia, Czech Republic, Macedonia, Turkey and Germany aiming for full membership by 2015. We will use the planning process for our Singapore 2015 conference to engage colleagues in the colleges of general practice in Asia Pacific. Marketing the PCRJ to authors provides further opportunities to connect with and support primary care researchers.

Statement of directors’ responsibilities
The directors (who are also trustees of International Primary Care Respiratory Group for the purposes of charity law) are responsible for preparing the Directors’ Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the charities SORP;
- make judgements and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting standards have been followed, subject to any material departures disclosed and examined in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company’s transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended). They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Provision of information to auditor
To the knowledge and belief of each of the persons who are directors at the time the report is approved:

- So far as each director is aware, there is no relevant information of which the charitable company’s auditor is unaware; and
- He/she has taken all steps that he/she ought to have taken as director to make himself/herself aware of any relevant audit information and to establish that the charitable company’s auditor is aware of the information.
International Primary Care Respiratory Group

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Auditor

The auditor, Scott-Moncrieff, will be proposed for reappointment at the annual general meeting in accordance with section 485 of the Companies Act 2006.

Special exemptions

The Directors’ Report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Signed on behalf of the Board of Directors

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Director – N Chavannes

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International Primary Care Respiratory Group

Independent Auditor’s Report to the Members and Trustees

For the year ended 31 December 2013

We have audited the financial statements of International Primary Care Respiratory Group for the year ended 31 December 2013 which comprise the Statement of Financial Activities, Balance Sheet and related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made exclusively to the members, as a body, in accordance with Sections 495 and 496 of the Companies Act 2006 and to the charitable company’s trustees, as a body, in accordance with section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 10 of the Charities Accounts (Scotland) Regulations 2006 (as amended). Our audit work has been undertaken so that we might state to the members and the charitable company's trustees those matters we are required to state to them in an auditor’s 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 and trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

As explained more fully in the statement of directors’ responsibilities set out on page 13, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44 (1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (United Kingdom and Ireland). Those standards require us to comply with the Auditing Practices Board’s (APB’s) Ethical Standards for Auditors, including “APB Ethical Standard – Provisions Available for Smaller Entities (Revised)”, in the circumstances set out in note 15 the financial statements.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company’s circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Directors’ Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company’s affairs as at 31 December 2013 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).
Opinion on other matters prescribed by the Companies Act 2006

In our opinion the information given in the Directors’ Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the charitable company has not kept proper and adequate accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors’ remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Michael Harkness, Senior Statutory Auditor
For and on behalf of Scott-Moncrieff, Statutory Auditor
Chartered Accountants
Eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006
Exchange Place 3
Semple Street
Edinburgh
EH3 8BL

2014
### International Primary Care Respiratory Group

**Statement of Financial Activities and Income and Expenditure Account**

For the year ended 31 December 2013

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted Funds £</th>
<th>Restricted Funds £</th>
<th>Total 2013 £</th>
<th>Total 2012 £</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incoming resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incoming resources from generated funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary income:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grants and donations</td>
<td>107,894</td>
<td>126,674</td>
<td>234,568</td>
<td>54,115</td>
</tr>
<tr>
<td>- Membership services</td>
<td>2</td>
<td>149,991</td>
<td>-</td>
<td>149,991</td>
</tr>
<tr>
<td>Incoming resources from charitable activities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest received</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>553</td>
</tr>
<tr>
<td>- Share of joint venture income</td>
<td>5,857</td>
<td>-</td>
<td>5,857</td>
<td>54,133</td>
</tr>
<tr>
<td><strong>Total incoming resources</strong></td>
<td>263,743</td>
<td>126,674</td>
<td>390,417</td>
<td>301,390</td>
</tr>
<tr>
<td><strong>Resources expended</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of generating funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Costs of generating voluntary income</td>
<td>5,947</td>
<td>-</td>
<td>5,947</td>
<td>6,963</td>
</tr>
<tr>
<td>Charitable activities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Membership services</td>
<td>3a</td>
<td>45,535</td>
<td>-</td>
<td>45,535</td>
</tr>
<tr>
<td>- Education</td>
<td>3a</td>
<td>136,653</td>
<td>115,018</td>
<td>251,671</td>
</tr>
<tr>
<td>- Research</td>
<td>3a</td>
<td>24,557</td>
<td>-</td>
<td>24,557</td>
</tr>
<tr>
<td>Governance costs</td>
<td>3</td>
<td>49,971</td>
<td>-</td>
<td>49,971</td>
</tr>
<tr>
<td><strong>Total resources expended</strong></td>
<td>262,663</td>
<td>115,018</td>
<td>377,681</td>
<td>343,010</td>
</tr>
<tr>
<td>Net incoming/(outgoing) resources before other recognised gains and losses</td>
<td>1,080</td>
<td>11,656</td>
<td>12,736</td>
<td>(41,620)</td>
</tr>
<tr>
<td>Transfers between funds</td>
<td>(15,510)</td>
<td>15,510</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gain/(loss) on currency conversion</td>
<td>9,902</td>
<td>-</td>
<td>9,902</td>
<td>(32,212)</td>
</tr>
<tr>
<td><strong>Net movements in funds</strong></td>
<td>6</td>
<td>(4,528)</td>
<td>27,166</td>
<td>22,638</td>
</tr>
<tr>
<td>Total funds brought forward</td>
<td>593,375</td>
<td>125,816</td>
<td>719,191</td>
<td>793,023</td>
</tr>
<tr>
<td>Total funds carried forward</td>
<td>588,847</td>
<td>152,982</td>
<td>741,829</td>
<td>719,191</td>
</tr>
</tbody>
</table>

All of the results relate to continuing activities.

There were no recognised gains or losses for the current year or prior year other than those stated above.

The notes on pages 17 to 26 form part of these financial statements.
**International Primary Care Respiratory Group**

**Balance Sheet**

**As at 31 December 2013**

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2013 £</th>
<th>2012 £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>7</td>
<td>-</td>
<td>50</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>8</td>
<td>117,019</td>
<td>25,276</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td></td>
<td>637,030</td>
<td>702,475</td>
</tr>
<tr>
<td><strong>Total Current assets</strong></td>
<td></td>
<td>754,049</td>
<td>727,751</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>9</td>
<td>(12,220)</td>
<td>(8,610)</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td>741,829</td>
<td>719,191</td>
</tr>
<tr>
<td><strong>Funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restricted funds</td>
<td>10</td>
<td>152,982</td>
<td>125,816</td>
</tr>
<tr>
<td>Unrestricted funds:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- General reserve</td>
<td>11</td>
<td>283,359</td>
<td>276,796</td>
</tr>
<tr>
<td>- Designated funds</td>
<td>11</td>
<td>305,488</td>
<td>316,579</td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td></td>
<td>741,829</td>
<td>719,191</td>
</tr>
</tbody>
</table>

The financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 and the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements were authorised for issue by the directors on __________________________ 2014 and signed on their behalf by:

-------------------------------
Director – N Chavannes

Company number: SC256268

The notes on pages 17 to 26 form part of these financial statements
International Primary Care Respiratory Group

Notes to the Financial Statements

For the year ended 31 December 2013

1. Accounting policies

(a) Basis of accounting

The financial statements have been prepared in accordance with applicable accounting standards in the United Kingdom, the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and Statement of Recommended Practice - Accounting and Reporting by Charities (SORP 2005).

(b) Incoming resources

- Voluntary income
  Donations are included in the Statement of Financial Activities in the year in which they are receivable.

- 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 over the period to which they relate.

- 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.

- Grants receivable
  Income from grants, including capital grants, is included in the 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.

(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.

- Costs of generating funds comprise the costs associated with attracting voluntary income and the costs of trading for fundraising purposes.

- Charitable expenditure comprises direct and support costs incurred by the company in the delivery of its activities and services.

- 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.
1. Accounting policies - continued

(c) Resources expended - continued

- Governance costs include those costs associated with meeting the constitutional and statutory requirements of the company and include costs linked to the strategic management of the company.

(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 the current year, income is not liable to taxation. The company is not registered for VAT and accordingly irrecoverable VAT is included within the cost category to which it relates.

(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.

(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 for the directors for specific future purposes or projects.

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

(g) FRS 1 – Cash Flow

The company has taken advantage of the exemption from preparing a cash flow statement as conferred by Financial Reporting Standard No 1 on the grounds that it qualifies as a small company.

(h) Going Concern

The directors consider that the charitable company will continue in existence for the foreseeable future and are therefore of the opinion that it is appropriate to prepare these financial statements on a going concern basis.

(i) Investments

Investments in joint ventures are held as fixed assets are stated at cost less provision for permanent diminution in value.

The company's share of profits of joint ventures is included in the statement of financial activities.
International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2013

2. Membership services

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriptions</td>
<td>£149,991</td>
<td>£192,589</td>
</tr>
</tbody>
</table>

3. Resources expended

<table>
<thead>
<tr>
<th></th>
<th>Charitable activities</th>
<th>Governance costs</th>
<th>Total 2013</th>
<th>Total 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Executive officer</td>
<td>33,022</td>
<td>11,992</td>
<td>45,014</td>
<td>44,427</td>
</tr>
<tr>
<td>Secretariat</td>
<td>19,540</td>
<td>5,591</td>
<td>25,131</td>
<td>24,704</td>
</tr>
<tr>
<td>Website</td>
<td>4,684</td>
<td>-</td>
<td>4,684</td>
<td>19,670</td>
</tr>
<tr>
<td>Travel &amp; accommodation</td>
<td>58,156</td>
<td>70</td>
<td>58,226</td>
<td>31,228</td>
</tr>
<tr>
<td>Executive committee honoraria</td>
<td>-</td>
<td>16,947</td>
<td>16,947</td>
<td>9,546</td>
</tr>
<tr>
<td>Project costs</td>
<td>114,057</td>
<td>-</td>
<td>114,057</td>
<td>117,869</td>
</tr>
<tr>
<td>Support costs (note b)</td>
<td>92,304</td>
<td>15,371</td>
<td>107,675</td>
<td>88,603</td>
</tr>
</tbody>
</table>

|                             | £321,763              | £49,971          | £371,734   | £336,047   |

a. Charitable expenditure

<table>
<thead>
<tr>
<th></th>
<th>Membership services</th>
<th>Education</th>
<th>Research</th>
<th>Total 2013</th>
<th>Total 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Executive officer</td>
<td>18,948</td>
<td>4,443</td>
<td>9,631</td>
<td>33,022</td>
<td>30,779</td>
</tr>
<tr>
<td>Secretariat</td>
<td>4,163</td>
<td>13,989</td>
<td>1,388</td>
<td>19,540</td>
<td>18,427</td>
</tr>
<tr>
<td>Website</td>
<td>4,684</td>
<td>-</td>
<td>-</td>
<td>4,684</td>
<td>19,670</td>
</tr>
<tr>
<td>Travel &amp; accommodation</td>
<td>669</td>
<td>53,242</td>
<td>4,245</td>
<td>58,156</td>
<td>29,738</td>
</tr>
<tr>
<td>Project costs</td>
<td>-</td>
<td>114,057</td>
<td>-</td>
<td>114,057</td>
<td>117,869</td>
</tr>
<tr>
<td>Support costs (note b)</td>
<td>17,071</td>
<td>65,940</td>
<td>9,293</td>
<td>92,304</td>
<td>59,456</td>
</tr>
</tbody>
</table>

|                             | £45,535               | £251,671  | £24,557  | £321,763   | £275,939   |
International Primary Care Respiratory Group
Notes to the Financial Statements – continued

For the year ended 31 December 2013

3. Resources expended - continued

b. Support costs

<table>
<thead>
<tr>
<th>Charitable activities</th>
<th>Governance</th>
<th>Total 2013</th>
<th>Total 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional fees</td>
<td>£853</td>
<td>£853</td>
<td>£9,906</td>
</tr>
<tr>
<td>Audit and accountancy</td>
<td>£3,217</td>
<td>£10,448</td>
<td>£13,665</td>
</tr>
<tr>
<td>Other support costs (see below)</td>
<td>£88,234</td>
<td>£4,923</td>
<td>£93,157</td>
</tr>
</tbody>
</table>

92,304                  15,371  107,675  88,603

Other support costs

<table>
<thead>
<tr>
<th>Charitable activities</th>
<th>Governance</th>
<th>Total 2013</th>
<th>Total 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Quality education consultancy</td>
<td>£17,503</td>
<td>-</td>
<td>£17,503</td>
</tr>
<tr>
<td>E-Quality project costs</td>
<td>£7,500</td>
<td>-</td>
<td>£7,500</td>
</tr>
<tr>
<td>Speaker Bureau expenses</td>
<td>£8,146</td>
<td>-</td>
<td>£8,146</td>
</tr>
<tr>
<td>Travel, room hire and refreshments for meetings</td>
<td>£20,928</td>
<td>£450</td>
<td>£21,378</td>
</tr>
<tr>
<td>Conference expenses</td>
<td>£10,420</td>
<td>-</td>
<td>£10,420</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>£1,862</td>
<td>£865</td>
<td>£2,727</td>
</tr>
<tr>
<td>Publications</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bad debt write off</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Administrative assistance</td>
<td>£1,975</td>
<td>£105</td>
<td>£2,080</td>
</tr>
<tr>
<td>Other</td>
<td>£19,900</td>
<td>£3,503</td>
<td>£23,403</td>
</tr>
</tbody>
</table>

88,234                  4,923  93,157  66,367

4. Staff costs and numbers

The company had no employees during either the current or prior year.
5. Directors’ emoluments and expenses

Osman Mohammad Yusuf, director, received honoraria totalling £2,215 (2012: £1,308) from the company during the year. At the year end £nil (2012: £nil) was outstanding.

Niels Chavannes, director, received honoraria totalling £7,456 (2012: £7,253) from the company during the year. At the year end £nil (2012: £nil) was outstanding.

Antonio Jaime B Correia de Sousa, director, received honoraria totalling £nil (2012: £1,559) from the company during the year. At the year end £nil (2012: £nil) was outstanding.

Ioanna Tsiligianni, director, received honoraria totalling £248 (2012: nil) from the company during the year. At the year end £nil (2012: £nil) was outstanding.

Karin Helena Lisspers, director, received honoraria totalling £2,000 (2012: £nil) from the company during the year. At the year end £nil (2012: £nil) was outstanding.

A total of 8 (2012: 7) directors were reimbursed travel expenses totaling £6,175 (2012: £16,752) in connection with undertaking the company’s charitable activities.

6. Net movement in funds for the year is stated after charging:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditor’s remuneration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- audit fees</td>
<td>8,748</td>
<td>7,979</td>
</tr>
<tr>
<td>- non-audit fees</td>
<td>4,917</td>
<td>4,896</td>
</tr>
<tr>
<td></td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>
7. Fixed asset investments

IPCRG & PCRS UK 2012 Limited was a 50:50 joint venture agreement between International Primary Care Respiratory Group PCRG and Primary Care Respiratory Society UK (PCRS-UK). The purpose of the company was to organise a respiratory care conference in 2012. IPCRG & PCRS UK 2012 Limited has an issued share capital of one hundred with a nominal value of £100. IPCRG shared the surplus with our partner PCRS-UK, the IPCRG has invested this into research and education projects. The company was dissolved on 8 November 2013.

The total of the charitable company’s share of the joint venture IPCRG & PCRS UK 2012 Limited, at 25 March 2013, the most recently available management accounts, was as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment - cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 January 2013</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Written off in year</td>
<td>(50)</td>
<td>-</td>
</tr>
<tr>
<td>At 31 December 2013</td>
<td>-</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period commencing 11 December 2012 to 25 March 2013</th>
<th>21 months to 10 December 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turnover</strong></td>
<td></td>
</tr>
<tr>
<td>85,508</td>
<td>280,912</td>
</tr>
<tr>
<td><strong>Administrative expenses</strong></td>
<td></td>
</tr>
<tr>
<td>(22,471)</td>
<td>(211,209)</td>
</tr>
<tr>
<td><strong>Share of profit</strong></td>
<td></td>
</tr>
<tr>
<td>63,037</td>
<td>69,703</td>
</tr>
<tr>
<td><strong>Share of assets:</strong></td>
<td></td>
</tr>
<tr>
<td>Current assets</td>
<td>4,684</td>
</tr>
<tr>
<td>30,945</td>
<td></td>
</tr>
<tr>
<td><strong>Share of liabilities:</strong></td>
<td></td>
</tr>
<tr>
<td>Liabilities due within one year</td>
<td>(808)</td>
</tr>
<tr>
<td>(2,762)</td>
<td></td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
</tr>
<tr>
<td>3,876</td>
<td>28,183</td>
</tr>
</tbody>
</table>

8. Debtors

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trade debtors</strong></td>
<td>150</td>
<td>-</td>
</tr>
<tr>
<td><strong>Accrued income</strong></td>
<td>116,869</td>
<td>25,276</td>
</tr>
<tr>
<td></td>
<td>117,019</td>
<td>25,276</td>
</tr>
</tbody>
</table>
International Primary Care Respiratory Group

Notes to the Financial Statements – continued

For the year ended 31 December 2013

9. Creditors

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>-</td>
<td>120</td>
</tr>
<tr>
<td>Accruals</td>
<td>12,220</td>
<td>8,490</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12,220</td>
<td>8,610</td>
</tr>
</tbody>
</table>

10. Restricted funds

<table>
<thead>
<tr>
<th>Project</th>
<th>At 31 December 2012</th>
<th>At 31 December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incoming Resources</td>
<td>Resources Expended</td>
</tr>
<tr>
<td>UBIOPRED</td>
<td>20,682 (£)</td>
<td>(6,138) (£)</td>
</tr>
<tr>
<td>UKRRF01</td>
<td>2,918 (£)</td>
<td>(2,918) (£)</td>
</tr>
<tr>
<td>UKRRF02</td>
<td>965 (£)</td>
<td>(965) (£)</td>
</tr>
<tr>
<td>Inhaler Device Project</td>
<td>6,686 (£)</td>
<td>(592) (£)</td>
</tr>
<tr>
<td>Fresh Air Uganda</td>
<td>20,181 (£)</td>
<td>(24,291) (£)</td>
</tr>
<tr>
<td>GSK Middle East</td>
<td>8,806 (£)</td>
<td>(9,996) (£)</td>
</tr>
<tr>
<td>Patient Concordance Study</td>
<td>11,415 (£)</td>
<td>(11,415) (£)</td>
</tr>
<tr>
<td>Difficult Asthma</td>
<td>11,860 (£)</td>
<td>(9,996) (£)</td>
</tr>
<tr>
<td>UNLOCK</td>
<td>42,303 (£)</td>
<td>(42,303) (£)</td>
</tr>
<tr>
<td>Pulmonary Rehab Project</td>
<td>- (£)</td>
<td>5,000 (£)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11,400 (£)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>125,816</strong></td>
<td><strong>126,674</strong></td>
</tr>
</tbody>
</table>

UBIOPRED: The IPCRG is one of 41 partners across Europe participating in the U-BIOPRED study led by Dr Peter Sterk (Unbiased BIOmarkers used for PREDicting disease progression and medication efficacy in severe asthma) that has been selected for funding by the European Union Innovative Medicines Initiative. Our role is in Ethics & Safety and Dissemination.

UKRRF01: The IPCRG with financial assistance from Pfizer, funded a study undertaken at Middlesex University: A qualitative analysis of barriers, motivation to quit and tailored interventions for smoking cessation in smokers with and without COPD.

UKRRF02: The IPCRG has funded a study led by Dr Hilary Pinnock: Qualitative exploration and quantitative validation of the Royal College of Physician’s three questions for assessment of asthma control (RCP3Qs) when used in the Quality and Outcome Framework indicator pilot 2009/10.

Inhaler Device Project: The IPCRG hosted an international meeting on inhaler therapy focusing on real-life solutions to the problems confronting clinicians and patients in choosing and using inhaler devices. This was supported by sponsorship from Mundipharma International Limited and Optimum Patient Care Ltd.

Fresh Air Uganda: The IPCRG has received funds from Mundipharma to enable it to fund University of Groningen and local partners to carry out the FRESH AIR Survey of the prevalence of COPD and its risk factors in Uganda.
10. Restricted funds - continued

GSK Middle East: The IPCRG has received funds from a medical communications agency IMC to support a programme, funded by GlaxoSmithKline, relating to the development of the Middle East and Africa (MEA) Respiratory Institute Educational Programme.

Patient Concordance Study: The IPCRG and European Federation of Allergy and Airways Diseases (EFA), chaired by Martyn Partridge, with financial support from Chiesi Farmaceutici SpA, have been developing tools to support improved relationships between the clinician and patient, and to support self-management, that can be adapted to national health systems.

Difficult Asthma: The IPCRG received funding from Novartis to help provide and produce practical guidance for health care professionals about how to improve their care of patients with difficult to manage asthma.

UNLOCK: The IPCRG received funding from Novartis to enable them to develop a sustainable infrastructure and after project support for the UNLOCK group.

Pulmonary Rehabilitation Project: The IPCRG received a small amount of funding from Almirall and agreed to add to this funding to complete the project to assess the feasibility of and acceptability, attitudes, practices and beliefs towards, a pulmonary rehabilitation programme among post TB patients with chronic lung disease in Kampala.

Transfers to restricted funds were made from General Reserves so as to meet the deficit in those funds.
11. Unrestricted funds

<table>
<thead>
<tr>
<th></th>
<th>At 1 January 2013</th>
<th>Incoming resources</th>
<th>Resources expended</th>
<th>Transfers</th>
<th>Gain on currency conversion</th>
<th>31 December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>276,796</td>
<td>263,743</td>
<td>(241,741)</td>
<td>(25,341)</td>
<td>9,902</td>
<td>283,359</td>
</tr>
<tr>
<td>Designated funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Future Conferences</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td>175,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>175,000</td>
<td></td>
</tr>
<tr>
<td>Conference Bursary</td>
<td>36,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>36,000</td>
<td></td>
</tr>
<tr>
<td>Conference Funds</td>
<td>76,033</td>
<td>-</td>
<td>-</td>
<td>(76,033)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Bring Conferences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in House</td>
<td>1,591</td>
<td>-</td>
<td>-</td>
<td>(1,591)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>21,439</td>
<td>-</td>
<td>(4,650)</td>
<td>50,553</td>
<td>-</td>
<td>67,342</td>
</tr>
<tr>
<td>IPCRG Promotional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials</td>
<td>4,116</td>
<td>-</td>
<td>(19)</td>
<td>-</td>
<td>4,097</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>2,400</td>
<td>-</td>
<td>(7,500)</td>
<td>10,000</td>
<td>4,900</td>
<td></td>
</tr>
<tr>
<td>ICT</td>
<td>-</td>
<td>-</td>
<td>(3,654)</td>
<td>10,500</td>
<td>6,846</td>
<td></td>
</tr>
<tr>
<td>E-quality</td>
<td></td>
<td></td>
<td>(5,099)</td>
<td>16,402</td>
<td>11,303</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(20,922)</td>
<td>9,831</td>
<td></td>
<td>305,488</td>
</tr>
<tr>
<td>Total unrestricted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>funds</td>
<td>593,375</td>
<td>263,743</td>
<td>(262,663)</td>
<td>(15,510)</td>
<td>9,902</td>
<td>588,847</td>
</tr>
</tbody>
</table>

The conference designated funds have been set up to provide a fund for costs relating to loss or potential cancellation costs of future conferences.

The Board agreed to continue with their commitment to a bursary programme, increasing the amount for the next conference and have also agreed to allocate funds to support the delivery of the IPCRG’s strategic objectives.

Transfers between designated funds have been made to reallocate surpluses and general funds. These amounts are not repayable to the donor and have been earmarked for spending on the following IPCRG projects:

- Contracting a Professional Conference Organiser (PCO) to work with IPCRG on future conferences
- Development funding for research proposals drafted at our Research Design Day in 2013
- Writing, designing and printing of an annual report
- Translations of articles within the PCRJ
- Continue contracting our E-Quality co-ordinator to run the E-Quality initiative
- Continue contracting our web editor to support the growth of our new web environment
12. Analysis of net assets between funds

<table>
<thead>
<tr>
<th></th>
<th>General fund</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Total funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Debtors</td>
<td>117,019</td>
<td>-</td>
<td>-</td>
<td>117,019</td>
</tr>
<tr>
<td>Cash and bank</td>
<td>178,560</td>
<td>305,488</td>
<td>152,982</td>
<td>637,030</td>
</tr>
<tr>
<td>Current liabilities</td>
<td>(12,220)</td>
<td>-</td>
<td>-</td>
<td>(12,220)</td>
</tr>
<tr>
<td>Net assets at 31 December 2013</td>
<td>283,359</td>
<td>305,488</td>
<td>152,982</td>
<td>741,829</td>
</tr>
</tbody>
</table>

13. Related party transactions

Control

Throughout the year the charitable company was controlled by the directors, who are also the trustees of the charitable company.

Transactions

During the year IPCRG recharged expenses of £nil (2012: £24,509) to the joint venture, IPCRG & PCRS UK 2012 Limited. At the year end £nil (2012: £nil) was outstanding. During the year IPCRG received £nil (2012: £54,133) as a share of the joint venture income. At the year end £nil (2012: £25,276) was outstanding and included within accrued income.

Sian Williams, Executive Officer, received professional fees totalling £60,419 (2012: £57,543) from the charitable company during the year for her services. At the year end £nil (2012: £nil) was outstanding.

Directors’ emoluments and expenses are disclosed in note 5.

14. Legal status

International Primary Care Respiratory Group is a charitable 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.

15. Non-audit services

In common with many other organisations of its size, the charitable company uses its auditors to assist with the preparation of the financial statements.