Webcast from World Conference Amsterdam 2016 to China

World Conference Amsterdam 2016 abstract prize winner, Luke Daines, UK

Global Bridges Teach the Teacher using CO monitors, Kyrgyz team

Spirometry 360 distance learning, Sri Lanka

World Conference Porto 2018 Planning Team

Desktop helper on appropriate ICS therapy in COPD coordinated by Alan Kaplan, Canada

Patient, Juliëtte Kamphuis opens IPCRG Amsterdam 2016

E-Quality success, matrix working paper published, Brazil

Australia

Ukraine

USA

Sweden

The Netherlands

UK

Netherlands

Ireland

France

Germany

Macedonia

Bulgaria

Turkey

Ukraine

Norway

Danmark

Romania

Portugal

Spain

Italy

Slovenia

Cyprus

France

Egypt

Greece

Cyprus

Singapore

Vietnam

Bangladesh

China

Pakistan

India

Global Bridges Teach the Teacher tobacco dependence treatment programme, Eastern Europe

Pulmonary rehabilitation FRESH AIR pilot, Crete

Global Bridges Teach the Teacher using CO monitors, Kyrgyz team

Spectrometry 360 distance learning, Sri Lanka

Primary care working locally, collaborating globally to improve respiratory health

Charity registered in Scotland working internationally (SC No: 035056) and a company limited by guarantee (Company number 256268)
IPCRG works locally and collaborates globally to improve respiratory health in primary care

IPCRG is the only global organization that exclusively focuses on respiratory care, spanning over 130 countries and 130,000 clinicians daily.

Our activities include multi-national evidence generation to inform guidelines and education, innovative research to test how to introduce best practice into different settings, and educational and communication activities that aim to influence clinical behaviours in low, middle and high income countries.

PROFILES

Dr Monsur Habib and Better Breathing Bangladesh

IPCRG Bangladesh

It’s late in the evening, and a young man in Khulna, Bangladesh, is gasping for breath, his anxiety mounting by the second. He manages to call one of the Favours on his phone — Professor Habib. Monsur dives into the evening calls and meets the young man at his primary care respiratory centre. Following assessment, the young man is treated for his asthma attack, and leaves reassured that his disease is under control.

Today this is already a model for Monsur’s patients, but Monsur and colleagues continue to make a difference in Bangladesh where such centres are the norm. To date, 20 GPs have completed 13,600 tests in the distance learning Spirometry 360 programme that IPCRG has helped evaluate here. All data is stored with the University of Medicine.

In August 2017 they will test out Spirometria++, a mobile phone spirometer. 500 GPs have completed an education programme delivered using blended learning methods and the IPCRG Bangladesh has signed a Memorandum of Understanding to increase the availability of high quality education to new generations of GPs.

Monsur is already incorporating the case studies written by IPCRG for Asthma change into the programmes. The next phase in building research capacity at the many innovations Monsur and colleagues are involved in are fully evaluated and published.

Evaluation of education

Working with a full suite of partners, FRESH AIR and Global Bridges programmes are evaluating not only the lower steps of the evidence framework collected from Global but the higher steps. The best example so far is in the impact on referrals. Early care/ emergency admissions in Brazil following a multi-partner support programme doi:10.1088/1463-130X/2014/04/008.

IPCRG Education Programme

Defining the agenda

• McDermott, 1st ability to comply with evidence framework to improve respiratory care: the education strategy of the IPCRG 2014-2020.

• Identify target audiences: primary care workers, under- and over-5s, non-specialist, general practitioners, specialist doctors.

• Propose localized blended learning programmes including Teal the Teacher and氯 rice.

• Teach the teacher — following success of the Difficult to Manage Asthma programme in countries, we launched Teaching Tobacco Dependence in India, with support from the Yagamani, PMF Advocates and Yagamani Republic.

• Teaching — case studies on asthma. Asthmachange.com

IPCRG 5th Scientific Meeting

The first collaboration with our new member, IPCRG Slovenia, to extend into central Europe. We also presented a respiratory update to delegates of the 3rd Family Medicine Meeting.

Supporters:

Kocke (Hungary), Ltd, Novartis, BreatheSimple, European COPD Coalition, MD Education, Helse

IPCRG Research Programme

Defining the agenda

• IPCRG prioritised research needs statement Pronko et al doi:10.1038/npjpcrm.2012.002.

• Collaboration with EAACI to define European asthma research priorities aiming to reduce asthma deaths in Europe by 20% within ten years and by 50% within 20 years https://wpengine.io/links-and-publications.

• SUPPORT: Seventeen heterogeneous Asthma Research Collaboration. Patient-centered, with ERS Research Agency.

Building research capacity to influence behaviour

• Creates network of European universities and our members in IPCRG to build respiratory research capacity of clinicians, patients and scientists including early career scientists.

Citing evidence

• IPCRG builds onto evidence from the literature to inform and shape our science.

• The website www.theipcrg.org provides the evidence on demand.

• Our events provide opportunities to engage with this evidence.

• The site highlights our clinical guidelines and offers them in a format that can be used for training.

FRESH AIR

Around 50% of deaths from COPD and 40% from deaths from asthma occur in low and middle-income countries (LMIC). IPCRG is exploring why so many people in LMIC are dying from chronic lung diseases and what can be done to reduce the burden. A set of implementation science studies are examining the burden of chronic lung diseases, their risk factors, public awareness of this risk factors and IPCRG’s evidence based approach to prevention, diagnosis and treatment can be implemented in affordable and appropriate ways including phone spirometry, tobacco dependence treatment using Very Brief Advice and pulmonary rehabilitation.

IPCRG supports capacity building in implementation science and leads the dissemination and communication programme including public awareness, stakeholder engagement and publication planning www.theipcrg.org/freshair

IPCRG 1st Scientific Meeting

A date for your diary...

2017

13th World Conference, South Korea

2018

20th World Conference, Brazil

2019

21st World Conference, Thailand

2020

22nd World Conference, India

2021

23rd World Conference, Indonesia

WCO-GSRS strategy meeting, 2017

WHO-GDSC-201709-02

Clifford D. Jones

Scientific Programme Committee, Slovenia 2017

Associate members: Invited organisations

European COPD Coalition (ECC)

European Federation of Allergy & Airways Diseases Patients’ Associations (EFAP)

European Lung Foundation

Innovations Monsur and colleagues are introducing are fully evaluated and published.

CAHAG, Netherlands

A GP and his college colleague attend a 2-day IPCRG Teach the Teacher meeting with colleagues from 15 countries. The focus is on Difficult to Manage Asthma, and how to present this effectively to GPs. They agree with the concept and like the acronym SIMPLES to guide practice. They decide over how to incorporate into their own practice. They also hope to visit existing Dutch primary care asthma programmes that they admire, CAHAG, and visit the existing educational programmes such as LAND.

Back in the Netherlands they work with CAHAG to devise an Intervention to the a–i of difficult to manage asthma that is fully evaluated. It’s late in the evening, and a young man in Khulna, Bangladesh, is gasping for breath, his anxiety mounting by the second. He manages to call one of the Favours on his phone — Professor Habib. Monsur dives into the evening calls and meets the young man at his primary care respiratory centre. Following assessment, the young man is treated for his asthma attack, and leaves reassured that his disease is under control.

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IPCRG is looking to the future: a pipeline of momentum

Our projects support: The a–i of difficult to manage asthma will be rolled out with COPD looks like, and have the capability and confidence to implement it. This involves reducing the variation in diagnostic accuracy, increasing treatment capability and capability to diagnostic accuracy, increasing treatment capability and confidence to implement it. This involves reducing the variation in diagnostic accuracy, increasing treatment capability and to share the results to share the results

WHO-GDSC-201709-02

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