International Primary Care Respiratory Group (IPCRG)

Annual Report 2012
Who we are

The IPCRG is an international primary care non-governmental organisation (NGO) with a special interest in long term lung conditions such as chronic obstructive pulmonary disease (COPD), asthma and allergic rhinitis and a mission to share and spread evidence for the public good. It is both an organisation of organisations and a global community of practice. We develop and mobilise national groups whose members are primary and community healthcare professionals with a respiratory interest. We initiate networking between colleagues sharing similar practical and research questions, data and learning about the prevention, diagnosis and management of long term lung conditions in low, middle and high income countries. We operate virtually, complemented by annual scientific and task force meetings. Our flagship programmes include our primary care research meetings, biennial international conference, E-Quality delivering locally acceptable and outcomes-driven educational programmes, and E-Faculty that equips teams with the skills to conduct local real-life respiratory research and our FRESH AIR and UNLOCK research programmes.

Primary care clinicians join us because we are fast on our feet, responsive to their needs, deliver good outcomes and are fun to work with.

The IPCRG is a charitable company registered in Scotland which operates globally. It is managed by a Board of Directors, supported by a small Executive Office.

Board of directors during 2012

President
Associate Professor Niels H. Chavannes
General Practitioner, Department of Public Health and Primary Care Leiden University Medical Center from 28/04/2012. Dr Miguel Roman
General Practitioner, Centro de Salud Son Pisa, Palma de Mallorca, Spain until 28/04/12 then Immediate Past President.

Treasurer
Dr Ron Tomlins
General Practitioner and Adjunct Associate Professor, Discipline of General Practice, University of Sydney, Australia.

Directors
Dr John Haughney
General Practitioner, Research Fellow, University of Aberdeen, Scotland
Dr Anders Ostrem
General Practitioner, Oslo, Norway, Research Fellow, University of Aberdeen, Scotland
Dr Jaime Correia de Sousa
Family Physician, Porto, Portugal, Associate Professor Community Health, School of Health Sciences, University of Minho
Dr Ioanna Tsiligianni
General Practitioner, Chair of 2014 Conference Organising Committee, Heraklion, Crete
Ms Kristine Whorlow
Chief Executive Officer, National Asthma Council Australia
Dr Mohammad Osman Yusuf
Chief Consultant, The Allergy and Asthma Institute of Pakistan, Pakistan

Our Country Members

The IPCRG members are national primary care groups with a respiratory interest. We currently have 19 full members. Through our members we reach at least 102,000 primary care professionals worldwide. We also have 28 associate members including active partnerships with colleagues in Brazil, China, Vietnam, Argentina and India.

Each full member of the IPCRG appoints one individual as a member of the Senate to vote at general meetings. The function of the Senate is to advise and assist the Directors and act as ambassadors of the IPCRG. In 2012 the Senate included:

- 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)
- Ireland, Irish Respiratory Group
- Italy, Società Italiana Interdisciplinare per le Cure Primarie (SIICP)
- New Zealand, New Zealand Primary Care Respiratory Group
- Norway, Lung i Praksis
- Pakistan, IPCRG-Pakistan
- Portugal, Portuguese Association of Family Physicians - respiratory group (RESP)
- 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, De COPD & Astma Huisartsen Advies Groep (CAHAG)
- UK, Primary Care Respiratory Group-UK (PCRS-UK)
The Board is advised by sub-committees. During 2012 these sub-committees were Governance chaired by Dr Ron Tomlins, Education co-led by Dr Hilary Pinnock and Prof John Fardy, Research chaired by Dr Osman Yusuf till April 2012, followed by Prof Mike Thomas, the Edinburgh 2012 Organising Committee chaired by Dr Hilary Pinnock and the 2014 Scientific Programme Committee chaired by Dr Ioanna Tsiligianni.

An Executive Officer, Siân Williams, is appointed by the directors to manage the day to day operations of the charity with support from Business Manager, Samantha Louw assisted by Administrative Assistant, Katie Searles until May 2012 and then Lucy Searles from June 2012.

What we do: objectives and activities

The Board’s Strategic Plan was reviewed in November 2012. However, during 2012 it focused on five strategic objectives:

1. **Education**
   
   Create and promote endorsable cross-national educational products and national programmes relevant to members and the contexts in which they work.

2. **Conference**
   
   Build an IPCRG conference programme and style that is an established part of the international calendar.

3. **Research**
   
   Increase the publicly-available evidence about community respiratory care based on real life situations including prevention, diagnosis and management of tobacco dependence, chronic obstructive pulmonary disease (COPD), asthma, allergic rhinitis, rhinitis, rhinosinusitis and respiratory infections.

4. **Membership**
   
   Sustain core programmes by building a strong framework of respiratory groups that engage clinicians and researchers in the delivery of quality respiratory care in the community.

5. **Advocacy**
   
   Influence the context in support of primary care roles to deliver respiratory health.
In May 2012, we launched a second round call for our flagship E-Quality educational programme. This seeks to increase educational capability in member and associate member countries: working locally, collaborating globally. With the support of an Education Co-ordinator, we invited proposals that met our evidence-based criteria (http://www.theipcrg.org/display/EDUEQ_U/IPCRG+E-Quality+Programme). Following a selection process, two bids were awarded funds to deliver projects in 2012/13 that were judged to have senior level commitment and investment from their home countries.

**Dr Beraki Ghezai and colleagues from Lunger I Praksis - Eritrea**

This project seeks to develop capacity for diagnosing long term lung disease by developing knowledge and practice across the whole of Eritrea. The project will introduce the use of diagnostic tools (spirometry) through an educational programme for 6 regional hospital leads (based at the Medical School in Asmara) and pilot an educational programme for healthcare workers in one region (Mendefera).

**Dr Sonia Maria Martins and colleagues - São Bernardo do Campo, ABC Region, Brazil**

This project seeks to develop primary care knowledge and practice for diagnosis and treatment of asthma and COPD by introducing a multidisciplinary educational programme to facilitate early diagnosis, optimization of therapy, improved control of symptoms, reduced hospitalization and demand for emergency care, improved quality of life and reduce socio-economic impact.

These complement the programmes from the E-Quality first round. We have learnt from these that it takes longer than anticipated to build relationships to ensure the projects are robustly tested and meet local requirements set by local ethics committees.

**Dr Sundeep Salvi and Dr Monica Barne, Chest Research Foundation (CRF), Pune, India**

To assess the impact of CRF’s one day asthma training programme called CHAMPS (Changing Asthma Management Practices), for GPs currently not prescribing inhaled medicines.

**Professor James Stout, University of Washington in collaboration with Professor Alan Crockett, University of Southern Australia and Dr Kerry Hancock, Adelaide**

Disseminating on-line spirometry training and feedback in Australia based on the Spirometry 360 Train-the-Trainer program. Valuable information was gathered about the challenges in transferring a programme from one setting (Seattle) to another (Adelaide), and what elements of Spirometry 360 make it unique. Spirometry 360 has also benefited from detailed feedback about the accessibility of its online tools and built them into its new educational software.
We did not continue funding for the Better Breathing Bangladesh project, but instead, made introductions to icddr,b the International Centre for Diarrhoeal Disease Research, in Dhaka through the auspices of Richard Smith of United Health. This was specifically to address a fundamental challenge in Bangladesh: namely the credibility of primary care physicians, irrespective of their training or competence. We decided our best contribution to support the continuation of the Bangladesh group was to facilitate strategic alliances with well-known and credible organizations in Bangladesh. This led to the signing of a memorandum of understanding in July. We were delighted to welcome 17 Bangladesh delegates to our conference in 2012, many of whom were graduates of the training we supported.

We delivered the first stages in an important project on Difficult to Manage Asthma funded by a restricted grant from Novartis. We launched our Desktop Helper at our Edinburgh 2012 conference, and then drafted policy recommendations, and links to practical resources, including an ideal referral letter, which have been supported by the European Federation of Allergy and Airway Diseases Patients Association (EFA). This provides practical guidance for primary care on detecting and managing people with uncontrolled asthma, and offers guidance about appropriate referral.

Respiratory Abstract Review received good reviews from users during 2012, and is also available in Spanish. This is an online service donated in kind by Teva, overseen and guided by our Research sub-committee which selects, reviews and summarises monthly up to six respiratory articles most relevant to international primary care. Its relevance to global primary care audiences is continually improved, and from 2013 will be using Twitter to offer an even shorter summary.

**Biennial world conference 2012, Edinburgh**

The biennial conference is our major public showcase and a catalyst for the development of our global community of practice.

There were 974 participants from 45 countries including 112 allied health professionals. The IPCRG supported 22 participants on its bursary programme. For the first time, we webcast the event to reach a wider audience and this was a great success. Sessions were webcast live in both English and Spanish to separate events held in Chile, Argentina and India, and increased the conference audience by an estimated 180. In addition the live webcasts were available to individuals logging in. The feedback we received from participants about the conference was extremely positive. The balance of the programme between research and education was appreciated, and the number of abstracts submitted to the conference increased by at least 50 from the last conference. The conference was once again an occasion for networking, learning, showcasing and developing primary care research capability, building friendships and providing fun.
Research: Achievements and performance 2012

E-faculty

We launched our third round of the E-faculty, our flagship research programme to increase primary care respiratory research capability previously conducted in Vietnam and Romania. We were impressed by the quality and commitment of the four bids that we evaluated before awarding the E-Faculty programme to Chile. This is a collaboration between our Spanish group, GRAP, and our new Chilean group which aims to produce its first research about children with asthma at our 2014 conference.

U-BIO PRED

We continued to provide the primary care input into a major European Union Innovative Medicines Initiative called U-BIO PRED (http://www.ubiopred.european-lung-foundation.org/index.php?id=16103). We remain committed to disseminating the findings and have begun to plan collaborations with the European Lung Foundation, European Respiratory Society and the European Federation of Allergy & Airways Diseases Patients’ Associations (EFA) and the Primary Care Respiratory Journal. We hope to debate the future of person-centred care and the role for stratified prescribing.

ICAAP

The first branch of the patient concordance study, ICAAP, Improving Care of Asthma Patients in Portugal, has made progress by developing a tool for recording of asthma care in the electronic medical record. A formal consensus process was initially done through a Delphi Study involving primary care physicians and consultants. A trial has now started evaluating asthma and rhinitis control in a population of primary care patients using the electronic record. Results are expected by the end of 2013 to be reported at the 2014 IPCRG Conference. A second branch of ICAPP is validating a patient adherence questionnaire and will proceed with a multicentre survey on asthma control and patient adherence.

UNLOCK

We made real progress towards our goal of facilitating multi-national real-life research in the primary care management of people with long term lung disease. The UNLOCK group (Uncovering and Noting Long-term Outcomes in COPD to enhance Knowledge) began to answer a number of questions through common analyses of datasets of COPD patient cohorts owned by colleagues in a number of countries. The founding group agreed the entry criteria to the group and invited additional membership from the Ukraine, Germany and India.

As a result of a restricted grant from Novartis, the first study by Drs Gabe-Thomas and Jones A comparison of multi-component indices of COPD severity in primary care: an UNLOCK study from the IPCRG reported in Edinburgh 2012. Three other studies also commenced:

- UNLOCK project 2: External validity of COPD studies. Led by Assoc. Prof. Niels Chavannes. A cross-sectional description of COPD patients in primary care versus recent large trial populations like UPUFT and TORCH.
UNLOCK project 3: Health status of COPD patients in clinical practice in three countries in Europe. Led by Dr Ioanna Tsiligianni. To assess the variability of health status (CCQ) in daily clinical practice within each GOLD stage in primary care in three European countries.

UNLOCK project 4: The GOLD categories v DOSE v ADO. Led by Dr Rupert Jones. Application of the new GOLD categories based on FEV1 to primary care populations and comparison of findings to the same populations categorised by DOSE and ADO.

Rosetta was commissioned to provide the tools and analytical support for the UNLOCK group to compare their datasets which use different coding languages.

In 2012, UNLOCK was extended into asthma.

FRESH AIR Survey Uganda

IPCRG funded the University of Groningen, Netherlands and University of Makerere, Uganda, through a restricted research grant from Mundipharma, to undertake a survey of the causes and scale of long term lung disease in Masindi district, Uganda. It builds on our FRESH AIR protocol first developed in Vietnam, and a subsequent pilot study in Uganda, funded in 2011 from our Research Start Up fund, with spirometer donations from Vitalograph. Despite having to adapt much of the research to fit local circumstances and train a new team, the project has been on time and on budget. It is an important study of non-communicable disease in low income countries and so we commissioned a TV documentary of the study from a local Ugandan film company.

Primary Care Respiratory Journal

The international input into our journal, the Primary Care Respiratory Journal (PCRJ), published by the UK group PCRS-UK, continues to increase. There was a 38% increase in research paper submissions compared to 2011, which increasingly came from leading research groups around the world. The PCRJ is an open access online peer-reviewed journal also available in hard copy for subscribers. The SCImago 2-year citations per document (calculated in a similar manner to the Thomson’s Impact Factor) has moved from 1.98 to 2.61 which places the PCRJ as one of the highest ranked primary care journals in the world, and in the top 25-30% of all respiratory journals. Thomson Reuters notified the Editors in 2012 that their application for listing in Web-of-Science and the Journal Citation Reports had been successful, so the PCRJ will receive its first Impact factor in June 2013, an important attractor for authors. The IPCRG selects key articles for translation into Spanish and Portuguese, which are very well received.

Membership: an organisation of organisations and a global community of interest and practice

In addition to our 19 member countries, we expect India, Singapore, Slovenia and Vietnam to join us during 2013. We also commissioned an audit of international primary care respiratory authors and began to connect with them in a global community of interest, facilitated by a new web platform, using software developed for knowledge management, called Confluence. Our ambition is to form communities of primary care respiratory practice, offering practical primary care solutions to real-life challenges.

Our associate corporate members in 2012 were Boehringer Ingelheim, Chiesi, Mundipharma, Novartis, Pfizer, Teva and Vitalograph and Pulmonx which shared experiences and insight about the international development of primary care and the population need for care. We continued to collaborate with our associate members and invited organisations, particularly the European Federation of Allergy & Airways Diseases Patients’ Associations (EFA) and World Allergy Organisation, on specific projects.
With our Greek and Cypriot groups, we supported a meeting under the auspices of the Cyprus Presidency of the Council of the European Union, at the European Parliament in November 2012, on the impact of early diagnosis and control of long term lung diseases on Active and Healthy Ageing. A work programme arising from that meeting is being confirmed.

We supported the World Health Organization (WHO) Global Action Plan for the prevention and control of non-communicable diseases 2013-2020 Zero Draft that called for:

- A 25% relative reduction in mortality from non-communicable diseases, including long term respiratory disease by 2025;
- 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major non-communicable diseases in both public and private facilities;
- A 30% relative reduction in prevalence of current tobacco use in persons aged 15 years or older.

None of these will be possible without a greater acknowledgement of the burden of long term lung disease, and a better understanding and respect for the value of primary care. We will continue to press for inhaled asthma medicines to be reclassified as “essential”. Discussions have begun with the International Union Against Tuberculosis and Lung Disease (The Union) about publicising its Asthma Drug Facility for low income countries.

We joined the European COPD Coalition to lobby for greater awareness of COPD, its causes, and the role of primary care. The good working relationship with the European Respiratory Society (ERS) continues: the IPCRG wrote the primary care chapter of the 2013 White Book, and has jointly planned the Primary Care Day at ERS Barcelona 2013, and also assists the European Lung Foundation on various projects.

IPCRG Director, Assoc Prof Niels Chavannes, remained the primary care organisation representative on the Planning Committee of the World Health Organization (WHO) Global Alliance against Chronic Respiratory Diseases (GARD) and a IPCRG Director, Dr. Osman Yusuf, was elected as a member of the Planning Group as the representative of organisations devoted to specific diseases, in his capacity as a member of the Executive Committee of the ARIA (Allergic Rhinitis and its Impact on Asthma) initiative, and as the national representative from Pakistan. WHO-GARD advocates for every country to have a national respiratory strategy. Complementing this, we aim to ensure that every national respiratory action plan has a clear strategy on primary care. This has been strengthened by the World Health Organization (WHO) Global Action Plan.

As a global community of practice, the IPCRG engages many innovators and early adopters in programmes of research and innovation. However, its value is limited unless it maintains contact and influence with mainstream primary care, where most practitioners do not have a special respiratory interest. Therefore we strengthened our relationship with the global family doctor organisation, WONCA, particularly in Europe, where we were re-confirmed as the Special Interest Group for respiratory care. An IPCRG team of five ran the respiratory programme at WONCA Europe’s 2012 conference in Vienna, and the IPCRG was confirmed as the leader of the respiratory programme for the combined WONCA Global and WONCA Europe conference in Prague in 2013. We put forward our President, Dr. Miguel Roman, for WONCA European Doctor of the Year, which we are delighted to report, he won.
Plans for the future

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 for tobacco dependence, asthma, allergic rhinitis, chronic obstructive pulmonary disease and respiratory infection. We are able to extend our activities further into low and middle income countries where there are significant numbers of people at risk of long term lung disease but less established systems of healthcare delivery.

Our point of difference from other respiratory organisations is the ability to produce high quality research and education grounded in primary care. We demonstrate programmes that work. The United Nation’s Declaration on Non-Communicable Disease and the World Health Organization commitments to national action plans for long term lung disease, and to strengthening primary care, give us opportunities to make a difference. Our 2014 conference theme is “Multiple morbidities and integrated care” to illustrate and explore how primary care works effectively by supporting the whole person and family, as well as collaborating with professional colleagues in hospitals and other settings. There are shortages of trained primary care professionals in many countries and we want to investigate how education, training and also new technology might address these issues.

GPs are very busy professionals, and we work to help them create the time, energy, tools and relationships to develop and share best practice. The IPCRG web platform, designed as a knowledge management system is available, and we are linking with innovators, such as those researching the uses of mobile technology in low income countries and tools to support self-management. We want to build on our experiences in Bangladesh and Pakistan to reach the other large populations of the world in China, Brazil, India, Russia and Nigeria where primary care may be underdeveloped in the detection and management of long term lung conditions.

Plans

Over the next three years our priorities are to:

Promote good clinical respiratory practice
Continue to advocate for primary care’s role in lung health by demonstrating practical solutions to case-finding and management that include all primary care approaches. Demonstrate the value of primary care in managing multiple morbidities by helping people change behaviours to stop smoking and exposure to indoor smoke, have a better diet, increase physical activity and offer safe and effective pharmacological interventions.

Actively lead the respiratory health research and education agenda
Answer or influence others to answer, our prioritised research needs. Continue to build research and educational capacity in countries with little or no current primary care respiratory research or educational activity including low and middle income countries. Actively link education and research through implementation studies, feed research findings into education programmes, evaluate education initiatives and use the outcomes for new research. Selectively scale up national projects into larger studies through cross-border collaboration.

Our 3rd Scientific Meeting in Uppsala 2013 will build on the successes of the first two meetings. We have received 86 abstracts: a 70% increase on 2011. We aim to welcome both experienced and new international primary care researchers from many countries to share research ideas and their results to support the next generation of researchers.

We will expand these flagship products into new clinical and geographical areas:

- IPCRG conferences: we aim for an Asia Pacific meeting in 2015 as well as our 2014 biennial conference.
- E-Quality – Learnings from the four projects will be reviewed.
- E-Faculty – In addition to our focus on Chile, the IPCRG Research Fellow programme will be launched. The IPCRG will support the living costs of a researcher working on relevant primary care questions, as part of their PhD programme away from their host university, working with other primary care respiratory academic centres. The first appointee, Dr Nguyen Nhu Vinh, from Ho Chi Minh Family Medicine Department, who was part of our first E-Faculty programme, will work with the Universities of Heraklion, Southampton and Leiden on a programme on exhaled nitric oxide.
- FRESH AIR
The survey is being extended by providing IPCRG setup and mentoring support, and building a FRESH AIR community through mentoring, the FRESH AIR protocol, and also some reusable equipment. This will enable new teams in new countries to measure smoke exposure, its health impact, and to use the survey to develop local commitment and human resources to tackle the identified problems.
- UNLOCK
The UNLOCK group intends to extend from COPD, where it has over 22,000 records, to asthma where, potentially, it has access to 115,000 primary care asthma records.
- Publications
Publications in multiple languages including desktop helpers, position papers, Respiratory@Glance (a donation in kind from Teva, managed by our Research sub-committee) and translations of key Primary Care Respiratory Journal papers.

Strengthen our core: membership and communities of interest
Over the next 3-5 years the IPCRG will expand its reach beyond the current 102,000 clinicians by membership drives to new primary care groups, corporate members and associates. We will strengthen our web platform as the hub for communities of interest and practice.
The IPCRG is a charity registered in Scotland, working internationally. It is in collaborative relations with WONCA and is the WONCA Europe respiratory Special Interest Group. It represents primary care on the Planning Executive of the World Health Organization (WHO) Global Alliance against chronic Respiratory Diseases (GARD) and is a supporter of the NCD Alliance.
7th World Conference of the International Primary Care Respiratory Group (IPCRG)

A Breath of Fresh Air: Multiple Morbidities and Integration
21-24 May 2014

Hilton Hotel, Athens

• Internationally-renowned primary care speakers
• Symposia on primary care case-finding, diagnosis and management
• Cutting-edge real life primary care research from the leading respiratory units around the world
• Practical workshops to update your skills for everyday practice
• Opportunities to network with like-minded colleagues from around the world – we expect at least 45 countries

Contact e-mail address  ipcrg2014@mci-group.com

www.ipcrg2014.org

The IPCRG is a charity registered in Scotland, working internationally. It is in collaborative relations with WONCA and is the WONCA Europe respiratory Special Interest Group. The 2014 conference is supported by ELEGEIA, the Greek Association of General Practitioners.

Un Respiro di Aria Fresca: Comorbidità e Integrazione

• Relatori di fama internazionale provenienti dal setting delle cure primarie
• Simposi su case-finding, diagnosi e gestione nelle cure primarie
• Risultati delle più avanzate ricerche “real life” nelle cure primarie a cura di esperti dell’ambito respiratorio provenienti da tutto il mondo
• Workshop pratici per l’aggiornamento delle tue abilità per la pratica quotidiana
• Opportunità di confronto fra pari con colleghi di tutto il mondo – prevediamo da almeno 45 paesi

Un soplo de aire fresco: Atención integral y de las co-morbilidades

• Ponentes de renombre internacional
• Simposios sobre detección precoz, diagnóstico y tratamiento
• Investigación de vanguardia en la vida real dirigida por líderes mundiales en atención primaria
• Talleres para poner al día los conocimientos necesarios para la consulta
• Una oportunidad para crear redes con otros colegas de todo el mundo - esperamos asistentes de más de 45 países

Um sopro de ar fresco: Morbididades múltiplas e Integração

• Oradores de cuidados de saúde primários famosos a nível internacional
• Simpósios sobre detecção de casos, diagnóstico e gestão clínica em cuidados primários
• A vanguarda da investigação de vida real em cuidados de saúde primários das principais unidades respiratórias de todo o mundo
• Oficinas prácticas para atualizar as suas aptidões para a prática diária
• Oportunidades para estabelecer redes de trabalho com colegas de todo o mundo - esperamos pelo menos 45 países

Mia ανάσα φρέσκου αέρα: Πολλαπλές νοσηρότητες και ολοκληρωμένη φροντίδα

• Διεθνώς φήμης ομιλητές από το χώρο της πρωτοβάθμιας φροντίδας υγείας
• Συμμόσια σχετικά με την ανίχνευση, διάγνωση και διαχείριση των αναπνευστικών νοσημάτων στην πρωτοβάθμια φροντίδα υγείας
• Παρουσίαση ερευνών στην πρωτοβάθμια φροντίδα υγείας από τις κορυφαίες παγκόσμιες αναπνευστικές μονάδες
• Πρακτικά εργαστήρια για να αναβεβαιωθείτε τις δεξιότητες σας στην καθημερινή κλινική πράξη
• Ευκαιρίες για να επικοινωνήσετε με ομοίωδεις συναδέλφους από όλο τον κόσμο – αναμένεται συμμετοχή από τουλάχιστον 45 χώρες
Contact us to find out more about:

- Our membership schemes for industry members, individuals with an academic interest, and country groups

- Our flagship programmes:
  - E-Quality for education that drives improvements in clinical behaviour
  - E-Faculty, Research Fellow that increase primary care respiratory research capability
  - UNLOCK: multi-national primary care cohort studies in asthma and COPD
  - FRESH AIR: surveys of levels of exposure to indoor and tobacco smoke and their impact
  - Conferences that enable sharing of primary care research
  - Publications in many languages that offer practical “desktop” support

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