



australasian society of clinical immunology and allergy

allergy e-training for health professionals 2024 REPORT



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Introduction

From December 2023 to December 2024, ASCIA included a mandatory post-training short survey in ASCIA food allergy, allergic rhinitis and allergen immunotherapy e-training courses for health professionals in Australia and New Zealand.

In 2024, there were 1,352 course and survey completions, which is a 40% increase compared to 812 course and survey completions in 2023.

Course completions included a significant proportion of participants in regional, rural or remote areas, as well as metropolitan areas:

- 68% were working in a metropolitan area (in or near a major city)
- 29% were working in a regional, rural or remote area

The increase in course completions is due to promotion of the course by ASCIA, through conferences, e-newsletters and social media, as part of the National Allergy Council Shared Care for Allergy project.

The increased course completions indicate the importance of providing access to this form of training, reflecting the rising prevalence of allergic disease in Australia and New Zealand.

ASCIA allergy e-training courses for health professionals provide accessible, consistent and evidence-based training on recognition, treatment and prevention of allergy. To facilitate access, ASCIA e-training courses are available at no charge to the user. The courses were first developed in 2011 and are regularly reviewed and updated.

Method and Analysis

Quantitative and qualitative analyses of the responses were undertaken by an independent data analyst who was not involved in developing the survey.

Respondents were presented with the following 7 multiple choice and 1 open ended survey question:

1. In what region/s do you work?
2. What is your profession?
3. What device did you use to complete the course?
4. Select the following statements about the course that you agree with (content and instructions)
5. Select the following statements about the course that you agree with (videos and animations)
6. To what degree were your learning needs met?
7. How satisfied were you with the educational quality of this course?
8. How could this course be improved? (open answer)

Questions were modified from the 2023 survey, to improve quality of the data obtained.

Data from the evaluation surveys in 2022 and 2023 has resulted in several updates made in 2024-2025, to improve the user interface and experience.

Summary of Findings

In 2024, there was a total of **1,352** course and survey completions, which is a **40% increase** compared to 812 course and survey completions in 2023:

- The courses were mainly completed by nurses (29%).
- A total of 921 course participants are working in a metropolitan area (in or near a major city), and 386 are working in a regional, rural or remote area.
- The courses were also completed by 163 participants who are training to work as health professionals.
- Most course participants (90%) used a desktop or laptop computer, followed by smart phone (6%) and iPad or tablet (4%). These percentages are similar to the 2023 survey figures.
- Most course participants agreed that the course content was relevant to their work (78%) and easy to understand (71%).
- Most course participants (82%) agreed that the images and infographics in the course improved their understanding of the content.
- Course participants were mostly satisfied or very satisfied with the educational quality of the courses:
 - 95% for health professional food allergy
 - 92% for pharmacist food allergy
 - 94% for health professional allergic rhinitis
 - 93% for pharmacist allergic rhinitis
 - 91% for allergen immunotherapy
- Most course participants (81%) indicated that their learning needs were entirely met.

Question 1 - In what region do you work?

A total of **921 (68%)** of course participants were working in a metropolitan area (in or near a major city), and **386 (29%)** were working in a regional, rural or remote area.

Responses to this question included:

- New South Wales (Metro) – 350
- New South Wales (RRR) – 80
- Victoria (Metro) – 81
- Victoria (RRR) – 82
- Queensland (Metro) – 135
- Queensland (RRR) – 52
- South Australia (Metro) – 60
- South Australia (RRR) – 26
- Western Australia (Metro) – 147
- Western Australia (RRR) – 63
- Australian Capital Territory – 51
- Tasmania (Metro) – 21
- Tasmania (RRR) – 14
- New Zealand (Metro) – 76
- New Zealand (RRR) – 51
- Other (including international) – 45

Question 2 - What is your profession?

The courses were completed mainly by:

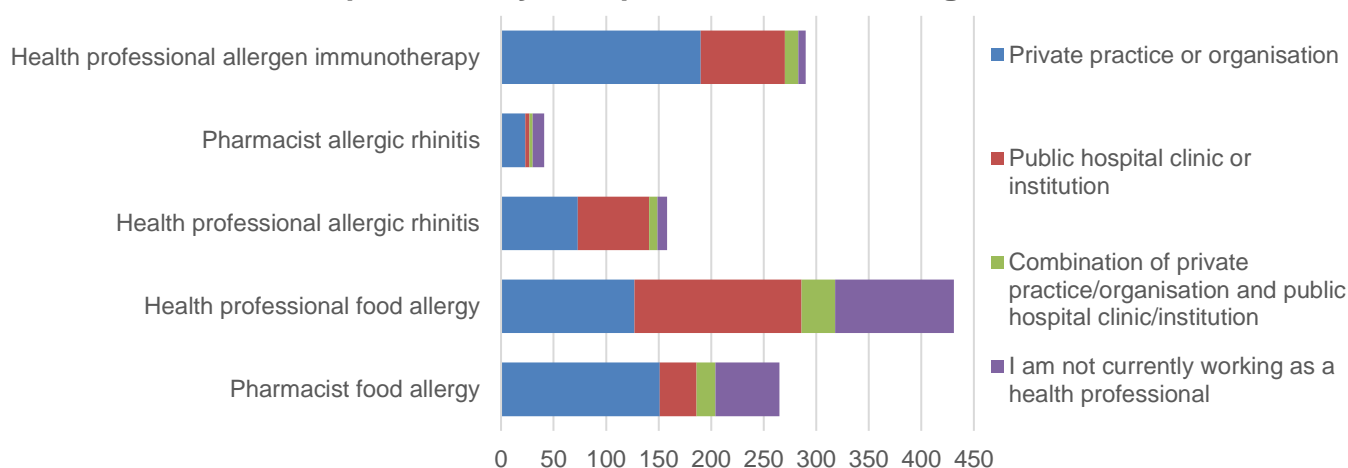
- 398 nurses including nurse practitioners and nursing assistants
- 163 health professional students.
- 112 general practitioners (GPs)
- 105 pharmacists
- 84 dietitians

For more detailed information refer to the table on the following page.

The location of health professionals completing the course was mainly:

- Private practice or institution – 41%
- Public hospital clinic or institution – 25%

Respondents by workplace for each training course



**ASCIA allergy e-training courses for health professionals
2024 REPORT**

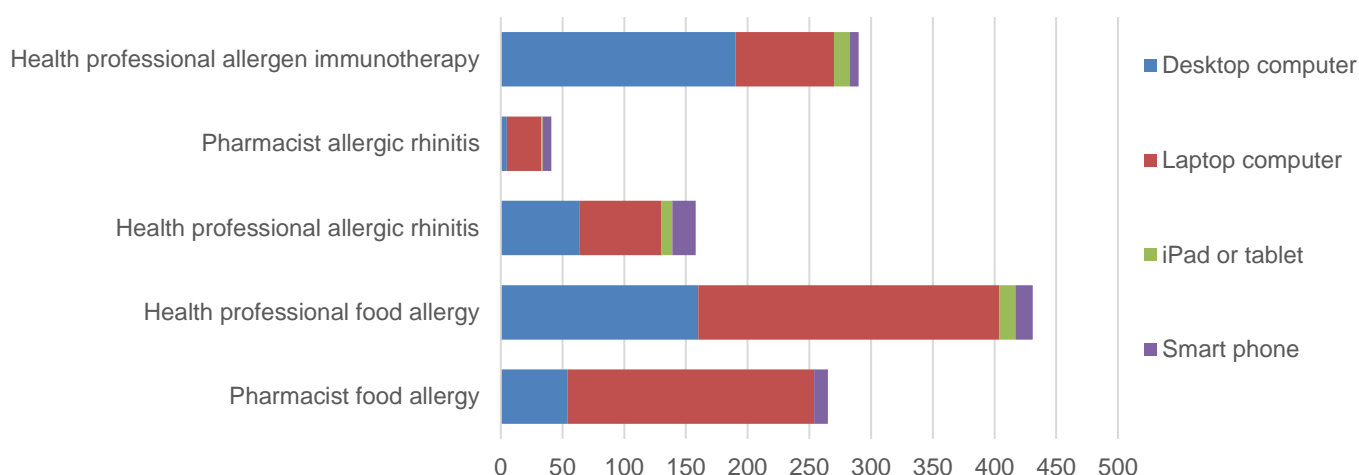
ASCIA HP e-training 2024 Evaluation Survey Data Summary	ASCIA Allergic Rhinitis e-training Health Professionals	ASCIA Allergic Rhinitis e-training Pharmacists	ASCIA Allergen Immunotherapy e-training Health Professionals	ASCIA Food Allergy e-training Health Professionals	ASCIA Food Allergy e-training Pharmacists
Clinical immunology/allergy specialist	3		4	0	
Clinical immunology/allergy specialist in training	1		2	5	
Dermatologist	0		1	2	
Dietitian	1		1	80	
Ear, nose and throat (ENT) specialist	0		0	0	
Gastroenterologist	0		0	0	
General practitioner (GP)	30		36	46	
General physician	4		2	7	
Healthcare service administrator or manager	0		0	0	
Infectious disease specialist	0		0	0	
Medical/health educator	0		1	2	
Nurse	75		214	97	
Nursing assistant (Assistant in Nursing)	1		0	1	
Nurse practitioner	3		1	6	
Ophthalmologist	0		0	0	
Paediatrician	12		9	20	
Paramedic	0		1	1	
Pharmacist	9	25	1	14	81
Pharmacy assistant	0	4	0	5	105
Podiatrist	0		0	0	
Psychologist	0		0	0	
Researcher	0		0	0	
Respiratory specialist	2		0	0	
Royal Flying Doctor	0		0	0	
Rural generalist	1		1	1	
Student – Medical	4		1	10	
Student – Nursing	2		1	8	
Student – Other health professional	3		2	70	
Other	5	4	11	40	55
Not yet working as HP	2	8	1	16	24

Question 3 - What device did you use to complete the course?

Responses to this question included:

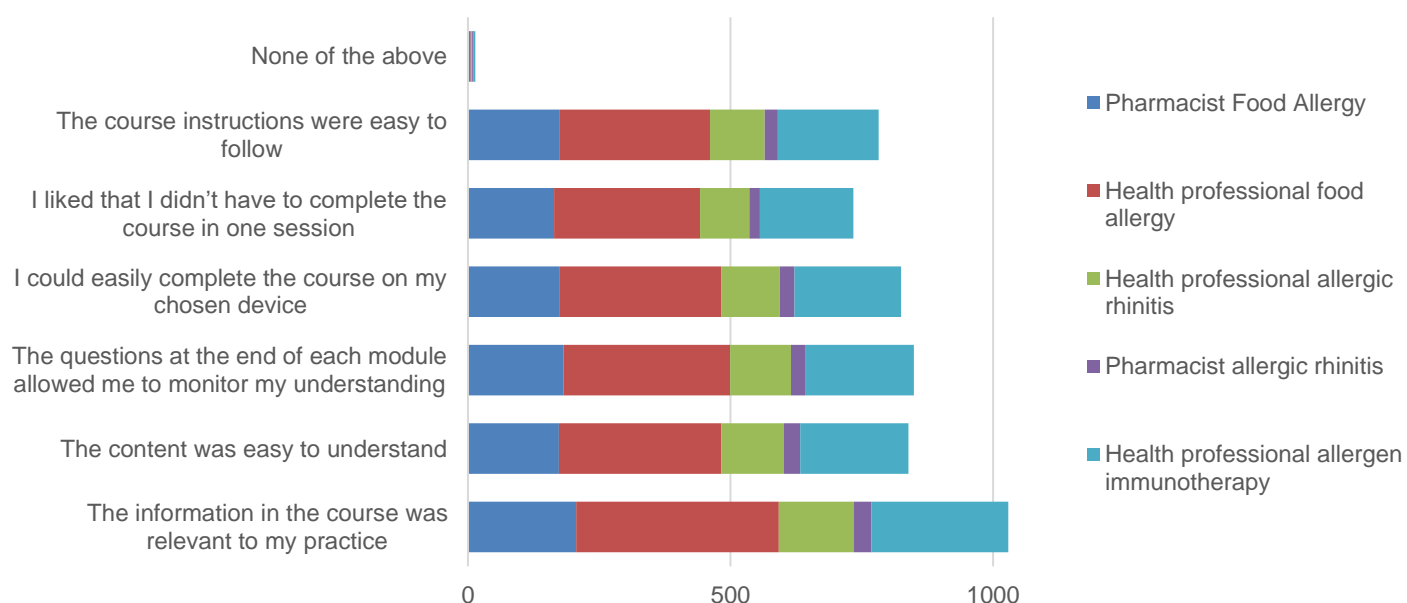
- Desktop or laptop computer – 90%
- Smart phone – 4%
- iPad or tablet – 6%

Respondents by device used to access each training course



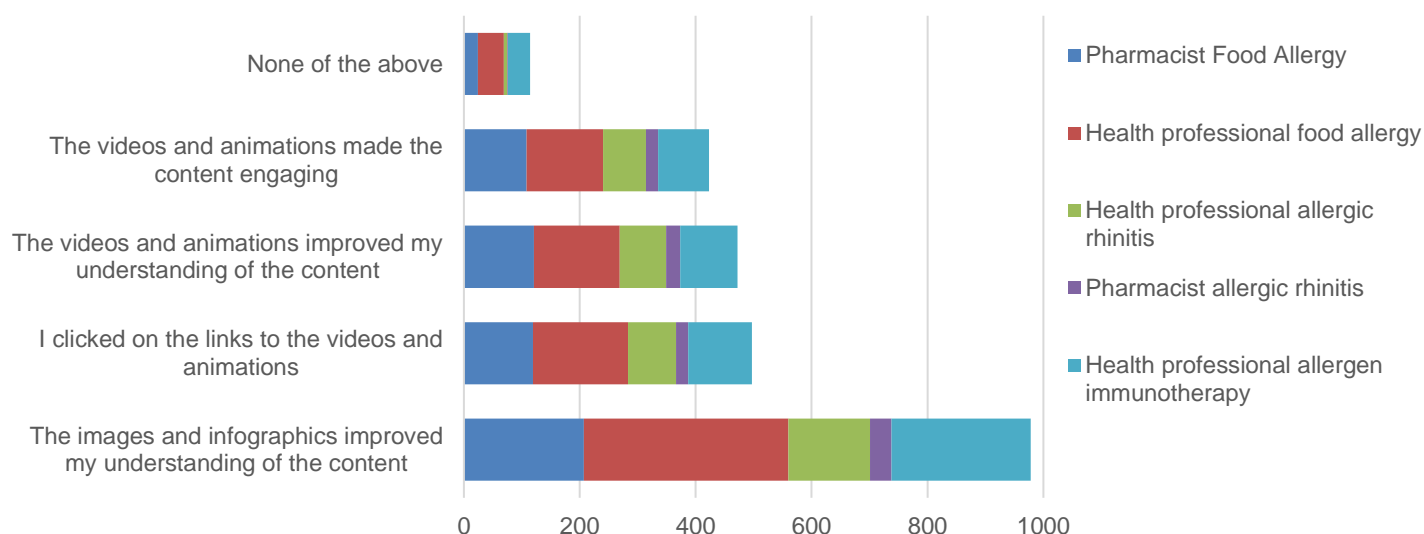
Question 4 - Content and instructions

Respondents per training course who agreed with each statement



Question 5 - Videos and infographics

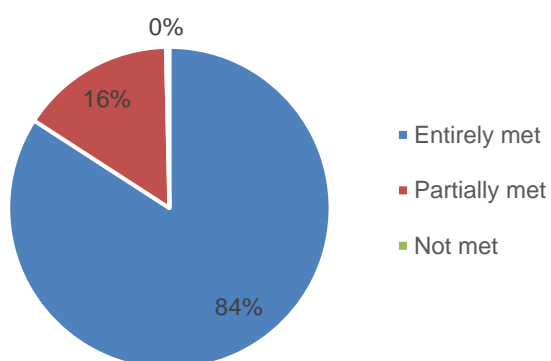
Respondents per training course who agreed with each statement



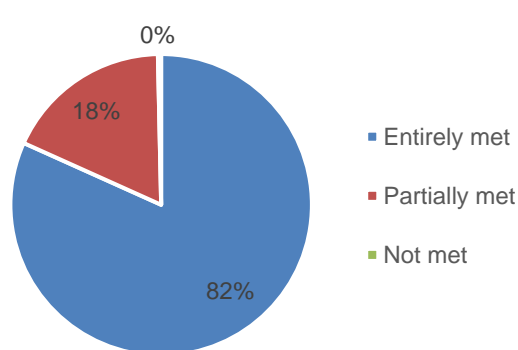
Question 6 - To what degree were your learning needs met?

Health professional allergen immunotherapy training

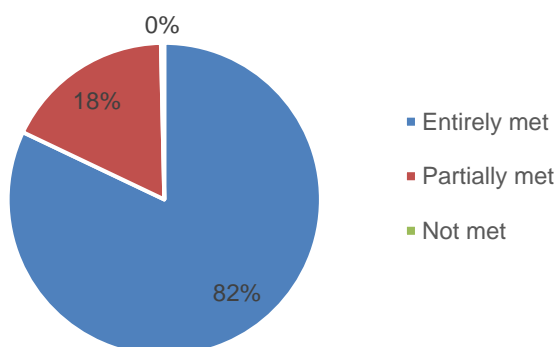
Recognising which patients are likely to benefit from aeroallergen or venom immunotherapy



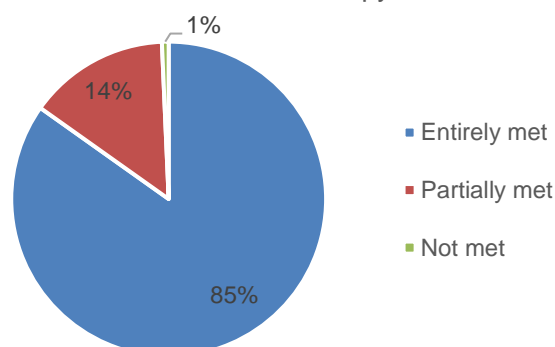
Understanding when to consider referring patients to a specialist for aeroallergen or venom immunotherapy



Identifying available options for aeroallergen and venom immunotherapy

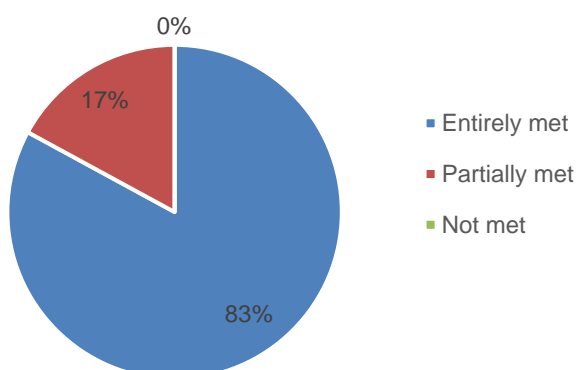


Knowing how to safely administer subcutaneous and sublingual immunotherapy

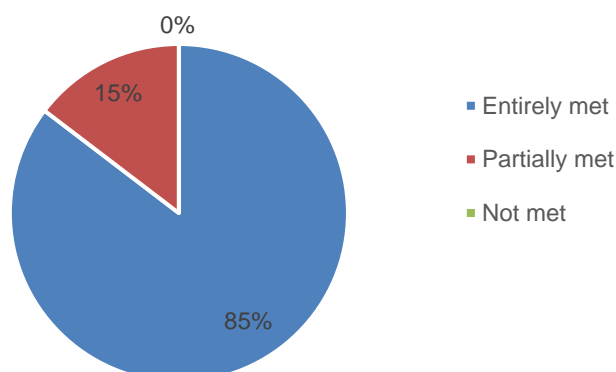


Pharmacist allergic rhinitis training

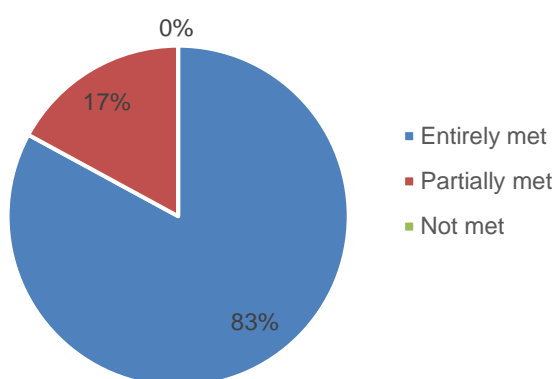
Recognising the clinical features of allergic rhinitis and possible co-existent conditions



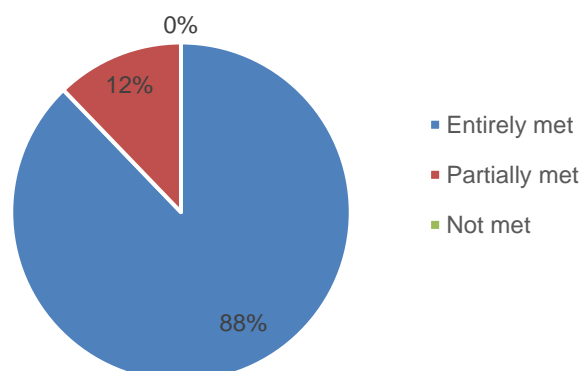
Understanding the uses and limitations of allergy testing



Identifying pharmacotherapy options available and when to consider allergen immunotherapy

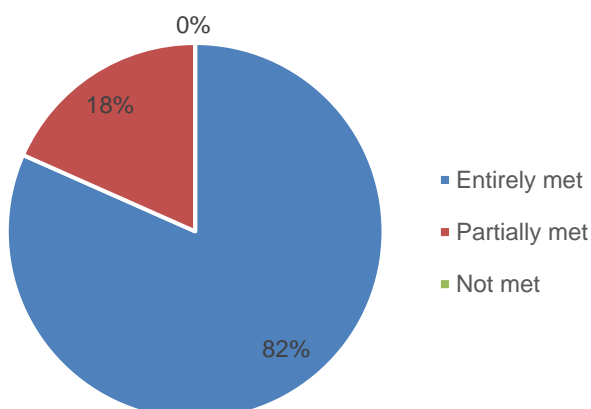


Knowing when to refer patients to a specialist

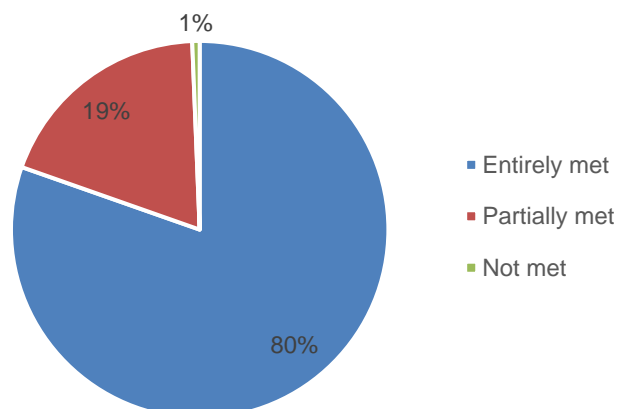


Health professional allergic rhinitis training

Recognising the clinical features of allergic rhinitis and possible co-existent conditions

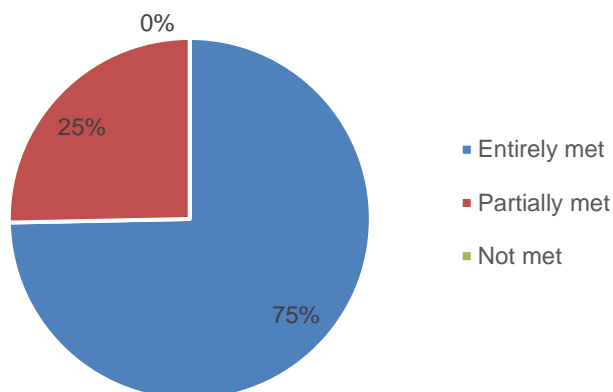


Understanding the uses and limitations of allergy testing

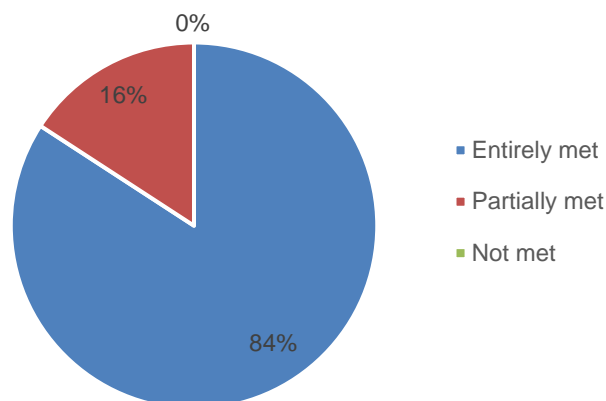


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Identifying pharmacotherapy options available and when to consider allergen immunotherapy

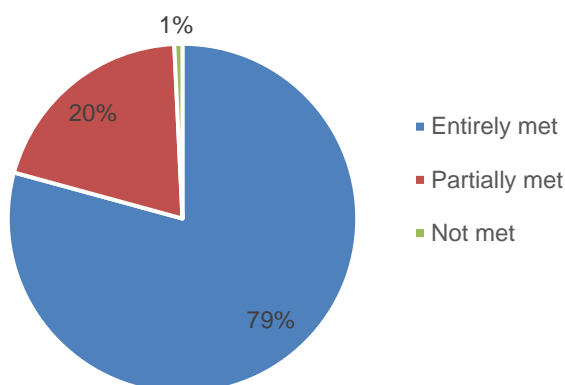


Knowing when to refer patients to a specialist

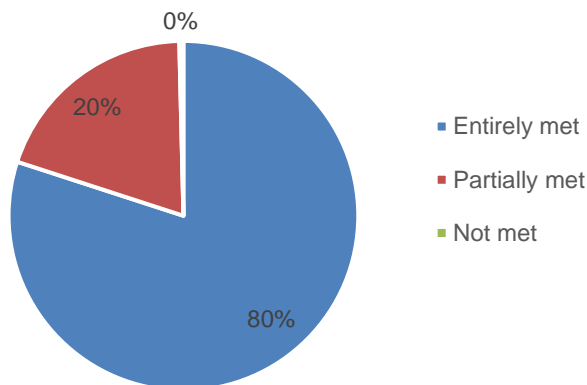


Pharmacist food allergy training

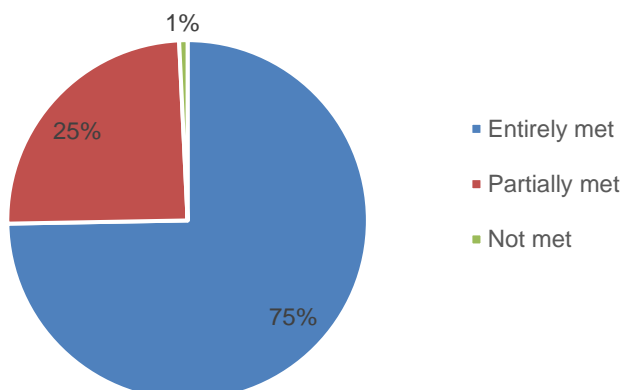
Differentiating between food allergy and other adverse reactions to foods, including food intolerances



Understanding the role of medical practitioners and dietitians in the diagnosis and management of food allergy



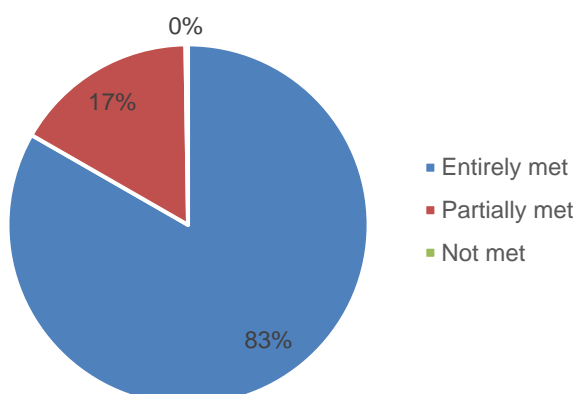
Identifying appropriate specialised formula choices for infants with food allergy



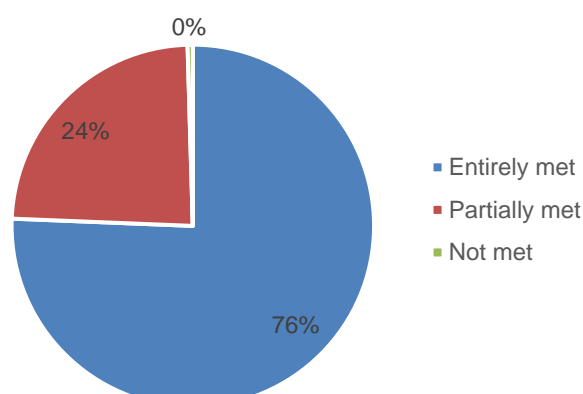
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Health professional food allergy training

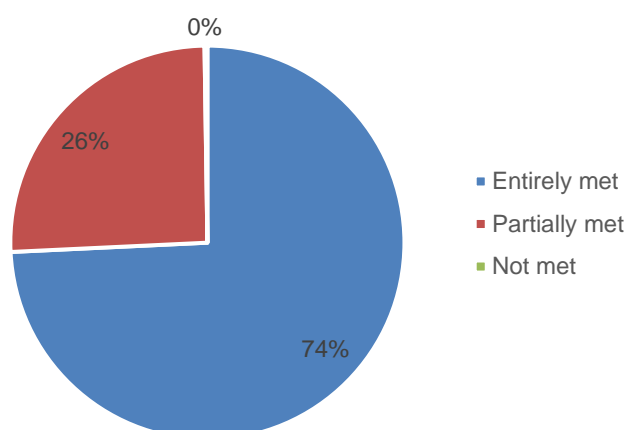
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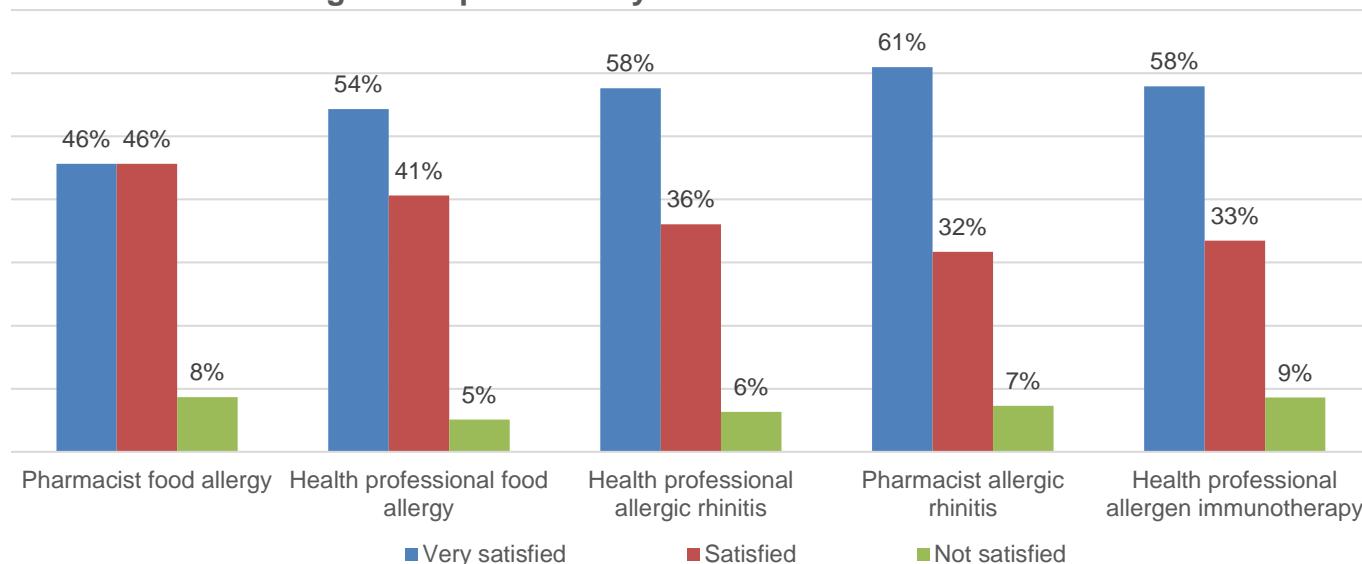


Identifying appropriate specialised formula choices for infants with food allergy



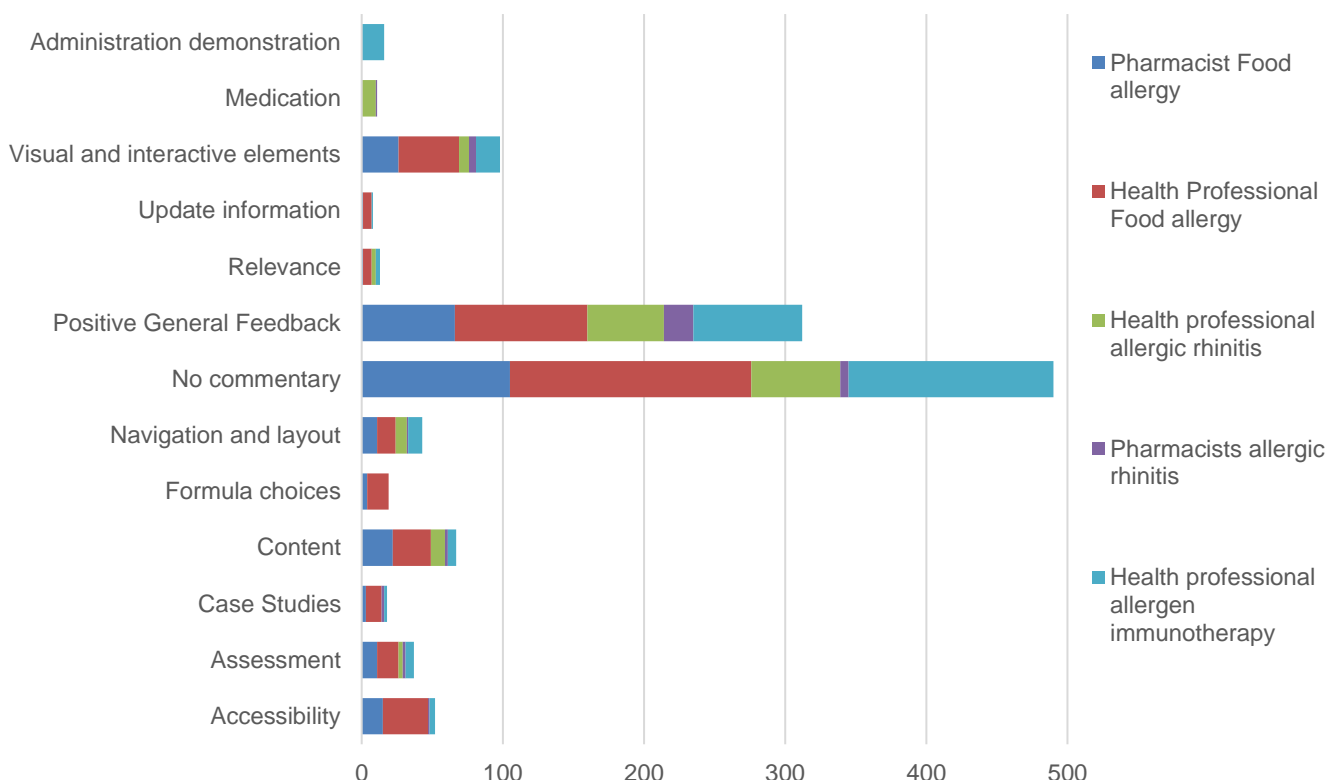
Question 7 - How satisfied were you with the educational quality of this course?

Percentage of respondents by satisfaction level with each course



Question 8 - How could this course be improved?

Themes identified in open text response for all surveys



Most respondents (n=802, 61%) provided either:

- Neutral (n=490, 61%) or
- Positive (n=312, 39%) comments from which no improvements could be inferred.

Neutral comments were omitted from the percentages reported below.

Visual and interactive elements were identified as the most significant opportunity of improvement (n=171, 10%) with all other areas being identified by 4% or less of respondents.

Positive general feedback (n=214, 16%)

Most responses were of a positive but general nature that did not identify specific areas of improvement. Comments included those that demonstrated thanks for the course and confirmed no improvements were required.

"I think it's the best course I have ever read about allergy and anaphylactic shocks."

"It was really good I will recommend to my colleagues."

"Lovely course! Great for student dietitians."

"This is a very good course for health practitioners. Nothing is to be improved according to my view."

"It was well organised and easy to complete and follow."

"Fantastic presentation that are easy to understand."

"Clinical knowledge was improved."

"This course was great. I enjoyed the case studies."

"Great resource with very useful content for professionals with interest in allergy."

"This was a good introduction into allergy testing, it gave some helpful hints on how we can improve our work with de-sense patients."

Visual and interactive elements (n=98, 7%)

Comments suggested that an increase of the number of visual and interactive elements would make the course more engaging and break up the text heavy content.

Two health professionals were not aware of the links to animations and videos.

Pharmacists in particular (n=6) suggested the inclusion of animations.

Four health professionals wanted more videos to aid understanding of allergic rhinitis administration techniques.

Health professionals completing the allergen immunotherapy course suggested more visuals to assist in the correct administration of treatment.

"Less reading, more interactive."

"I did not know that there were links to animations or videos - maybe this is not clear enough?"

"I think it would be interesting to include a video link or a couple of pages dedicated to the different mechanism of action for IgE & non-IgE mediated responses."

"More diagrammatic explanation and some videos of brief explanation by experts could be more engaging."

"More interactive e.g. games/videos, less words."

"Add some audio with more animation would be more appealing."

"Could be formatted better, more colour coded tables instead of lists."

"Nasal spray technique video."

"Add some educational videos, e.g. proper way to administration of inhaled nasal corticosteroids (INCS)."

"Make it more interactive and interesting. Add videos and animations."

"Some infographics like the ASCIA ones couldn't be enlarged."

"More clear formatting highlighting key information."

Content (n=59, 4%)

Overall respondents wanted clear definitions of clinical terms and specific conditions.

Reduced repetition was also cited by five respondents as an improvement that would help to shorten the length of the course.

Six health professionals requested more in-depth information on:

- Food intolerances
- Testing
- Advice for breast feeding mothers
- Desensitisation
- IgE and non-IgE allergies

Pharmacists (n=2, 1%) wanted comparison tables to help delineate between conditions.

One pharmacist suggested combining the anaphylaxis and food allergy course due to the amount of common information.

"A few of the clinical terms could be explained or better explained."

"Can you include desensitisation as an example of treatments for allergies?"

"Would have liked to know what and when to request testing."

"It can be shortened or summarised a bit more. More engaging comparison between amino acid formula (AAF) and extensively hydrolysed formula (EHF) and the different gastrointestinal syndromes would be helpful as I my understanding is still shaky on these. Better understanding practical advice e.g. what alternatives are recommended and when."

"It's too long and sometimes too detailed - lots of pages of tables with a lot of information."

"The modules were very long some with 30 parts. Maybe shorten them to make the content more easily digestible."

"More comparison tables between each sort of food allergy/intolerance would be helpful as there's a lot of information at once, and they're quite similar."

"More info on subcutaneous (SC) vs sublingual (SL) immunotherapy."

"References to relevant primary studies / systematic reviews to allow the reader to 'deep dive' into the primary literature at their leisure."

"Maybe mention there are GPs, Paediatricians and ENT surgeons who are perfectly capable of managing allergic rhinitis."

Accessibility (n=53, 4%)

Accessibility can be improved in multiple ways. To ensure information remains accessible, respondents suggested:

- Information summaries at the end of each module and downloads could be available after the course.
- Adding the option of audio which would increase accessibility and compensate for the text heavy content.

Updating the format along with use of acronyms at times created accessibility barriers for some respondents.

"Adding in audio option to listen to the course content."

"Always write abbreviations in full, with abbreviation following in brackets."

"I would like to be able to access the information e.g. in a PDF post the session."

"Less chunks of information, more spread out would be easier to read."

"List format of the information is hard to engage with."

"Some of the images should be clickable for enlargement."

"The font size and the arrangement of the web made it hard to see clearly."

"A summary page right at the end of each learning module to give a brief summary of key points to take home from the learning module would be great."

"Less words and shortened."

Navigation, layout and user experience (n=43, 3%)

Respondents wanted improved navigation through pages and between modules as the current structure was confusing.

Two respondents noted that it was not easy to find navigation buttons.

Respondents also suggested the cancel button be moved to avoid confusion and a save function to be introduced.

User experience included comments about the flow between modules, technical issues and website navigation.

"Better structure as it was a bit confusing and overwhelming."

"Change the position of the 'CANCEL' button below."

"Easier to navigate between modules on home screen e.g. Clicking in module heading didn't work. Had to click on the smaller underneath."

"Estimated time for completion should be revised as I took at least 2.5-3hrs to complete."

"Improved layout for intervention process."

"More clarity in the layout would be beneficial."

"Hard to navigate through website to find course after relogging in."

"Improve flow from one module to next to finish."

"It didn't save where I was up to so I navigated all the way back through the module and yet it recorded me as having attempted the quizzes."

"Some links didn't work."

"It could have little bit more organized and sequenced especially pharmacotherapy section."

"Unfortunately, I could not see any video for this course. Probably additional instructions could be provided how to use them."

Assessment (n=39, 3%)

Fifteen comments were made about the assessment within the food allergy training for health professionals course.

Repetition of questions was the main frustration for health professionals.

Pharmacists commented on the number of questions being both too long (n=3) and too short (n=3).

Across all courses, respondents reported the assessment questions had helped to confirm understanding however, preferred case study style questions.

Health professionals completing the allergic rhinitis training wanted clarity in the assessment questions.

"Different questions for final assessment would be good."

"As a GP, patients often present in the early and undifferentiated stages of food allergy. Some case scenarios of common presentations that we are then required to make a correct diagnosis or formula/elimination recommendation."

"Don't have questions that make you pick the incorrect or 'NOT' answers."

"I don't like the way the quizzes mark you wrong - the dialogue sounds unfriendly."

"Some of the questions were slightly difficult to understand especially the one on oral allergy syndrome."

"Make the assessment shorter."

"Question about peanut allergy most common in adults could be clearer as it doesn't say 'compared to children'."

"To extend assessment section."

"Some of the questions are a little ambiguous but I expect they are tricky to make sure I was paying attention. For example, two statements could be true- though one is definitely more accurate. Like allergen minimisation is easy and cost effective to do (I picked this as it can be). The true statement is more specific, but it doesn't make the above statement false. The answer was avoidance of confirmed allergen may assist some individuals in reducing the severity of their allergic rhinitis."

"In module 5 the question 'Regarding the administration of SLIT, which one of the following statements is INCORRECT?' One of the options 'The patient should not eat or drink for 15 minutes' should say 5 minutes instead of 15 minutes. In the final assessment, the same question says 5 minutes which is correct."

"Solving more of such case study questions would help to understand even better."

Formula choice (n=19, 1%)

Many respondents found advice regarding formula to be confusing and suggested a range of ways to improve this including:

- Providing a downloadable flowchart.
- Incorporating a quiz to confirm understanding.

Reducing abbreviations in this section would also provide more clarity.

"I think a flow chart would be helpful for infant formula selection."

"I find learning the different types of formula quite challenging, an interactive quiz or 'match' style quiz could be helpful."

"The infant formula section was difficult to follow because of all the abbreviations."

"Further clarification with identifying appropriate specialised formula choices for infant in food allergy."

Case studies (n=16, 1%)

Respondents wanted case studies to aid understanding and help build understanding of the more practical elements of when to test.

One pharmacist considered that case studies could better engage the learner.

"Would love to have some brief case studies or examples of each condition."

"Include case studies and include hospital food services related materials."

"More case studies, particularly eczema and food allergy."

"Including case scenario videos to involve the learner more than reading information alone."

Administration technique (n=16, 1%)

Respondents wanted more information along with videos and visual on administration technique, particularly for the allergen immunotherapy training.

"Discussions on how to monitor injection site, wheal size measurements, erythema, related patient education would be beneficial."

"A video of skin prick testing and administration of immunotherapy would be good."

"More information about subcutaneous injections should have been added."

"Video on administration of each type would be good."

Relevance (n=11, <1%)

Eight respondents across the food allergy training courses noted that the course could be more relevant to their specific professions.

This presents an opportunity to reduce the length of the course by only mandating modules that are relevant to that respondent.

"Optional more dedicated modules for specific roles, e.g. a GP specific module rather than a 'role of dietitian' module would have been more relevant and useful to me."

"Separate the management of allergies in paediatrics as not relevant if only working with adults."

"Shortening the 'dietitian' part to what is relevant for GP if you do not register as a dietitian."

"This is a mandatory course for performing food allergen testing in hospital, however it went far beyond my scope as a nurse and was therefore not as relevant to my practice."

"Simplification of content and make content more community pharmacist oriented."

"It was good for my post graduate study course, but not really relevant to my current role."

Medications (n=11, <1%)

Respondents completing allergic rhinitis training courses requested links to more in-depth information on:

- Generic or brand names of relevant medications.
- Dosage.
- Cost comparisons.
- Treatments for paediatric and adolescent patients.

"Discussion of the combined use of intranasal corticosteroids + intranasal antihistamines + ocular antihistamine. Can you combine any intranasal antihistamine with any ocular antihistamine? Should they be the same active or are different actives safe and effective?"

"A table of the generic/brands of relevant medications (e.g. oral corticosteroids, intranasal corticosteroids etc) available in Australia would be really helpful."

"Would be great to have details or links to specific medications and prescribing conditions/ cost comparison/ systemic effects etc."

"Antihistamines for children and adolescents, and for those where Loratadine isn't working what's the second line for the different age groups. More in-depth for nasal sprays for children and adolescents as well."

"By adding more information about the medications."

Updated content (n=5, <1%)

Respondents noted a need to review information to ensure it is up to date.

Five respondents suggested updates to the most recent published evidence.

One respondent advised some content was outdated such as EpiPen funding in New Zealand.

"To be updated with the most recent evidence according to published papers."

"As of February 2023, EpiPens are funded for eligible New Zealanders (<https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/2022-12-15-decision-to-fund-adrenaline-auto-injectors-for-the-emergency-treatment-of-anaphylaxis>). Content in the course suggested this was not the case, I don't think the material has been reviewed since this development."

"It would be good to see some of the graphs and statistics to be updated with more recent data if available."

ASCIA Actions in Response to Feedback

Whilst the overall feedback was positive, the information provided in this report will guide future developments and improvements to ASCIA online training and resources, as part of the National Allergy Council Shared Care for Allergy project.

To encourage increased usage of these courses, ASCIA will:

- Continue to promote courses through conferences, e-newsletters and social media
- Apply to professional medical colleges and societies for the updated courses to be approved for CPD

In response to 2024 feedback surveys, ASCIA will develop accessible, consistent and evidence-based online resources to support ASCIA e-training courses, which will be available open access on the ASCIA website.

These resources will:

- Provide case-based learning for health professionals
- Include photographic images to complement infographics
- Support pre- and post-qualification training of health professionals
- Support in-person practical training on how to use medical delivery devices
- Reinforce key competencies and ASCIA e-training course learning outcomes
- Be regularly reviewed by ASCIA, evaluated by participants and updated as required

Feedback from ASCIA course evaluation surveys conducted in 2022 and 2023 prompted ASCIA to:

- Improve the user interface by developing new websites with easier navigation and login to optimise access and function:
 - ASCIA e-training for health professionals <https://traininghp.ascia.org.au/>
 - ASCIA e-training for schools, childcare and community <https://training.ascia.org.au/>
- Develop an animated webcast version of the short refresher anaphylaxis course for schools, childcare and community, which includes new professional videos of adrenaline devices being administered www.allergy.org.au/ascia-videos
- Include new images, videos and infographics that support and reinforce updated content, to optimise user experience.
- Limit the number of questions in the mandatory final survey to avoid survey fatigue, but still enable evaluation, which is required for CPD approved courses.