Clinical and Experimental Allergy

Editorial title: Time to act to solve gaps in practice: the BSACI National Allergy Education Strategy

Authors: Gillian Vance¹, Sian Ludman², Elizabeth Angier³, Margaret Kelman⁴, Sally-Ann Denton⁵,

Karen Wright⁶, M Hazel Gowland⁷ and Judith Holloway⁸

Affiliation

1. School of Medical Education, Newcastle University, Newcastle upon Tyne, UK

2. Royal Devon and Exeter NHS Trust, Exeter, UK

3. Primary Care and Population Sciences, University of Southampton, Southampton, UK

4. The Usher Institute, The University of Edinburgh and Allergy UK

5. University Hospital Southampton Foundation Trust, Southampton, UK

6. Kings College London, London, UK

7. Allergy Action, St Albans, UK.

8. MSc Allergy, University of Southampton, Southampton, UK

Corresponding author: Judith Holloway ORCiD ID: 0000-0002-2268-3071

Allergic diseases are common and increasingly complex long-term conditions. Education and training

of the clinical workforce forms the cornerstone of high-quality allergy care and is pivotal to the

translation of new scientific advances into everyday practice, yet still remains poorly developed in

the UK. The BSACI National Allergy Education Strategy seeks to address this unmet educational

need, once and for all.

1

Educational need results in health inequalities

Despite the long-recognised health impact of allergy^{1,2}, patients and families continue to struggle to access timely, individualised care and support²⁻⁴. There is a paucity of allergy specialists in the UK³⁻⁵, and though much allergy care could be delivered in community settings, few GPs have had any formal training in this area⁶. This means that many patients are under-recognised, undertreated and remain symptomatic. Some may even seek opinion from alternative providers, whose practice is not evidence-based, costly, and of dubious benefit.

If the NHS is to commission and deliver successful values-based, multi-disciplinary, setting-appropriate allergy services⁶⁻⁸, which provide accessible and equitable care for all, it is now critical to review how the educational needs of healthcare professionals (HCPs) across the learning continuum may finally be redressed⁹.

A collaborative, multi-disciplinary Network creating the strategy

To address these issues, the BSACI Allergy Education Network was formed to develop the first National Allergy Education Strategy for the UK. The Network brings together committed individuals representing different geographies, practice settings and healthcare professions, as well as academic clinical education. The patient perspective, through representatives of patient support organisations, is key to the Network's ethos, ensuring that the strategy is patient-centred whilst remaining HCP-facing and complements current initiatives undertaken with patients.

Building the strategy document throughout the pandemic is testimony to the hard work, commitment and idealism of the group, who were reliant on technology and its attendant successes.

Lead clinicians have coordinated drafting of specific sections by multi-disciplinary working groups.

These were shared with the wider network, and other relevant stakeholders, before amalgamating threads into a seamless, visionary document.

The strategy addresses education and training of all healthcare professionals in undergraduate, community and hospital settings. In so doing, it aligns educational goals with the care needs of patients progressing through an integrated health care system, in keeping with the recommendations of NHS and European policy frameworks¹⁰.

Vision of the strategy

Our vision is to ensure that quality education is available to all HCPs in a manner that is appropriate to their professional roles. This strategy will lead change and innovation in the systems that support education and training of HCPs so that access to, and expectation of allergy competencies become established norms at all stages of training.

The potential impact is far-reaching. First and foremost, practitioners will be enabled to provide proactive, evidence-based care to patients, which is appropriate to their professional role. Secondly, it ensures sustainable high-quality care, with an eye on educating the 'next generation' of healthcare professionals. Lastly, by creating a critical mass of allergy-educated HCPs, and a culture of allergy awareness, commissioners may be empowered to invest in value-based allergy pathways that produce an optimal, cost-effective patient journey.

Involvement and inclusion of allied healthcare groups was central to the strategy document. Despite the important role of these professionals in a patient's journey, allergy is minimally represented in current training programmes¹¹. Hence, a substantial development will be to draw on the European Academy of Allergy and Clinical Immunology (EAACI) document⁸ to set standards and competencies for AHPs in the UK setting, including the development of Advanced Clinical Practitioner roles.

Such HCPs will benefit from confidence that they are supported by current and developing evidence and research, competence to advocate on behalf of their patients as well as the camaraderie of a learned professional and multi-disciplinary community. Improved cost-effective care and reduced per capita costs and health risks will lead to rewards in the well-being and care experiences of both care givers and patients. The triple aim of improving health of populations, enhancing individuals' experience of care and reduced costs can be elevated to the quadruple aim by adding joy in work of health staff. Good relationships, communication and trust are key to integrated care. Education and bringing people together through networks and communities of learning and practice are fundamental here.

This holistic approach to education in allergy is designed to be auditable and responsive, allowing the BSACI to take a vital role in leading sustainable change for years to come. The strategy has short-term, medium-term and long-term goals outlining the vision for curricula and competencies that are required to develop today's multi-professional workforce. For example, activities that provide practitioners with an easily navigable repository of existing educational opportunities around the UK may have immediate impact by raising awareness of the variety of allergy education on offer.

Moving onwards, and upwards

Ours will be the first National Allergy Education Strategy to be developed and published in the UK, aligning with both European and British policy¹⁰, that is designed by, and written for, multi-disciplinary healthcare professionals (figure 1). It will be a live strategy that will be reviewed annually and renewed every 5 years. A goal of educating the entire HCP workforce is undoubtedly ambitious, but our ambition does not stop there. Over time, we must extend the educational strategy to bridge across to the food and travel industries. We therefore invite you to support this work as implementation proceeds, spread the word widely about our vision and become an allergy

'champion' of this radical reform of what and how education is delivered, so that gaps in practice, at last, are filled.

Figure 1:

Title: Developing our National Allergy Education Strategy

Legend: The National Allergy Education Strategy has been written by a multidisciplinary team of HCP, for all HCP across the UK, with the patient at the centre. Our vision is to ensure that quality education is available to all HCPs in a manner that is appropriate to their professional roles. This inclusive strategy will lead change and innovation in the systems that support education and training of HCPs so that access to, and expectation of allergy competencies become established norms at all stages of training. Commissioners will be able to deliver integrated care services and to train and optimise workforce agility and flexibility so ensuring consistent, effective patient care.

NOTE: This editorial was written by a multi-disciplinary team from institutions across the UK who represent the work of the BSACI Allergy Education Network, authors of the National Allergy Education Strategy.

- 1. Turner PJ, Gowland MH, Sharma V, et al. Increase in anaphylaxis-related hospitalizations but no increase in fatalities: an analysis of United Kingdom national anaphylaxis data, 1992-2012. *The Journal of allergy and clinical immunology* 2015; **135**(4): 956-63 e1.
- 2. Knibb RC, Huissoon AP, Baretto R, et al. "It's not an illness, it's just bad luck": The impact of anaphylaxis on quality of life in adults. *Clin Exp Allergy* 2019; **49**(7): 1040-6.
- 3. Royal College of Physicians. Allergy: the unmet need. A blueprint for better patient care. 2003. https://www.bsaci.org/pdf/allergy the unmet need.pdf (accessed 01 Feb 2019.
- 4. Royal College of Physicians. Allergy services: still not meeting the unmet need. 2010. https://shop.rcplondon.ac.uk/products/allergy-services-still-not-meeting-the-unmet-need?variant=6299280325 (accessed 01 Feb 2019.
- 5. Groetch ME, Christie L, Vargas PA, Jones SM, Sicherer SH. Food allergy educational needs of pediatric dietitians: a survey by the Consortium of Food Allergy Research. *J Nutr Educ Behav* 2010; **42**(4): 259-64.
- 6. Diwakar L, Cummins C, Lilford R, Roberts T. Systematic review of pathways for the delivery of allergy services. *BMJ Open* 2017; **7**(2): e012647.
- 7. Smith HE, Wade J, Frew AJ. What proportion of adult allergy referrals to secondary care could be dealt with in primary care by a GP with special interest? *Clinical and translational allergy* 2015; **6**: 3.

- 8. Skypala IJ, de Jong NW, Angier E, et al. Promoting and achieving excellence in the delivery of Integrated Allergy Care: the European Academy of Allergy & Clinical Immunology competencies for allied health professionals working in allergy. *Clinical and translational allergy* 2018; **8**: 31.
- 9. Michaelis LJ, Skypala IJ, Gardner J, Sheikh A, Fox AT, Holloway JA. Upskilling healthcare professionals to manage clinical allergy. *Clin Exp Allergy* 2019; **49**(12): 1534-40.
- 10. World Health Organization. Health 2020: a European policy framework and strategy for the 21st century. Copenhagen, 2013.
- 11. Maslin K, Meyer R, Reeves L, et al. Food allergy competencies of dietitians in the United Kingdom, Australia and United States of America. *Clinical and translational allergy* 2014; **4**: 37.