**Title:** BSACI National Allergy Education Strategy for Healthcare professionals

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**Addressing gaps in practice**

If we are to meaningfully improve the lives of people who suffer from allergic disease, then significant action is required. Such action needs to be directed by carefully considered, adaptable and aggressively implemented short, medium and long-term strategies. Responsibility for such a strategy lies with a range of stakeholders, including policy makers, healthcare professionals, patient advocacy groups and, of course, patients themselves. The breadth of such a strategy is, therefore, significant. Key components may include commissioning of clinical services, improved public awareness and policies around clean air and food labelling. An additional, central component is education of patients, public, commissioners and policy makers, and critically, also of the clinical workforce who have the responsibility for providing care to patients with allergy related issues.

Whilst some patients with more complex allergic disorders will receive their care from secondary or tertiary specialists, the overwhelming majority of allergic disease is managed in primary care. It has long been recognised that there is a significant information and education gap amongst healthcare professionals, most marked in primary care, that has a very real consequence to the prompt identification and evidence-based management of allergic disease. We highlighted the need to solve these gaps in practice in earlier editorials1,2 which heralded the initiation of a strategy development process. Since then, over 50 doctors, nurses, dietitians, health visitors and pharmacists from across the UK have worked in concert with patient representatives to form a true community of practice (figure 1). The output of their work is the first iteration of the BSACI National Allergy Education Strategy, which, following consultation, was recently supported by the BSACI council and then the entire membership. As authors of this editorial we merely represent this whole community and have the privilege of describing in greater detail the aims, process and planned implementation of the strategy3.



***Figure 1:*** *Developing our National Allergy Education Strategy. The National Allergy Education Strategy has been written by a multidisciplinary team of Health Care Professionals (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 optimize workforce agility and flexibility so ensuring consistent, effective patient care*

**Our BSACI National Allergy Education Strategy**

Our first ever BSACI National Allergy Education Strategy was intentionally and exclusively HCP focused with the aim that it will eventually slot into a wider allergy education strategy that will be developed collaboratively with allergy charities for wider public education. It was important to the whole BSACI Allergy Education Network (BAEN) that the strategy was relevant to all health care professionals in order to ensure that high quality allergy education is available in a manner that is appropriate to each professional role. The BAEN group remains determined that the aims of the strategy are inclusive and represent the whole of the UK. It is vital to highlighting the important of a multi-professional integrated system of care for our allergy patients.

The strategy is intended to cover the educational needs of a health professional from the moment education starts as an undergraduate, to the end of a person's career. Thus, the strategy fell naturally in to three sections: undergraduate, community and secondary care. These three sections interlink and there are many overarching themes in the strategy which cover all areas of education.

The overarching aims are to embed allergy within educational undergraduate and postgraduate curriculae and continuous professional development domains with well-defined expectations and mandatory education targets. This blends with accrediting good quality educational activities and sign posting them in an easily accessible fashion.

The document opens by covering the aims and themes of the strategy, and breaks into the separate sections for undergraduates, and postgraduate HCP working in community and hospital settings, each of which highlights the benefits to both the individual HCP and the healthcare institution in engaging with the strategy (figure 2).

***Figure 2:*** *Executive Summary of the BSACI National Allergy Education Strategy3*

**A programme to implement our strategy**

The strategy document took account of the differing needs of healthcare professional groups, stages of training and settings of work. However, through wide-ranging discussion, the strategy team recognised that whilst the needs of learners might differ, the *educational responses* to address these needs were shared across the sections. Establishing an implementation programme therefore, which reflected these cross-cutting responses offered advantage for sharing of ideas, academic and practical expertise, and of course, efficiency of time. This approach also supports multi-professional working to achieve common goals, which is so important to the strategy group.

We identified 3 main areas of implementation activity, which have been progressed through discrete working groups. These are firstly, review of ‘educational frameworks’, secondly, generation of ‘educational resources’ and lastly, optimising reach and ‘dissemination’.

1. **Educational Frameworks**

Throughout the strategy-building process, the BAEN group noted obvious gaps in the requirements of allergy-related training (namely, curricular content) and practice (namely, competency standards in the workplace). This is a longstanding problem4, and successful implementation will necessitate willingness and buy-in from key national stakeholders representing regulators, Royal Colleges and professional societies for the relevant clinical disciplines. The ‘curriculum and competency’ working group are taking on this challenge.

The group will seek to draft an outcomes-focused framework, which draws on existing educational literature, such as the EAACI competencies document5. Our framework will focus on identifying the needs of the HCP in their different roles and at different levels of allergy specialisation (basic, intermediate and advanced). By considering the workforce and using a learner-centred approach, we will determine what topics need to be produced and who they will target. Our educational framework will include learning outcomes designed to constructively align with content and appropriate assessments to guide the development of suitable educational resources. However, placing the patient and learner at the heart of our National strategy, the framework will need fresh input and ongoing review from practitioners and patients to ensure its content remains ‘fit’ for current, and anticipated, purpose.

Alongside this work, the group will be engaging with a range of educational stakeholders at all levels so that design of the framework can complement existing educational structures. In this way, we can best achieve an actual change in the standards and evidence-based content expected of today’s practitioners.

1. **Educational Resources**

In each strand of the Strategy, we have identified a need for high quality, accessible educational materials. This working group will address ways of curating a portfolio of ‘resources’ – from sign-posting to training events, to self-directed online materials – that are made available to all on the BSACI website.

This work started at the BSACI conference October 2021, where many delegates completed a short survey to let us know about ‘really good stuff’ happening in your area. This information is extremely valuable, as the working group want to understand the full picture of the educational offer in the UK, where and what strengths and weaknesses may lie. With these data, we can prioritise and plan any programme of new developments.

The working group also have a goal to set standards for ‘quality’ in allergy education - realised by a BSACI kite-mark, or accreditation process. It should be noted that the BSACI has a policy on industry relationships and our BSACI education strategy will adhere to this policy, which may change over time. It is an aspiration that education is independent and free from bias and this will be assessed in the accreditation. We encourage educators to seek BSACI accreditation and share their training offer with as many others in the UK as possible.

1. **Dissemination**

Central to success of the implementation plan is the reach of our message, and activities. Our BAEN group know that there are many passionate educators throughout the UK, and we are keen to hear from, and work with all healthcare professionals who would willing to ‘champion’ education activities in their area. We will work closely with policy makers and providers so that they know about the strategy and can contribute themselves to the process of practice change. By meeting the needs of the provider organisations, we are more likely to encourage change, at scale.

In addition, we will progress routes to make visible and engage HCPs in the strategy work. This will involve a dedicated section on the BSACI website, social media, and events (including the annual BSACI conference) to ensure that our progress in the ‘educational response’ remains at the forefront of the BSACI strategy in the years to come.

**Our Strategy needs you**

Our network of allergy education champions in both community and hospital settings, and medical schools will link to patient support groups to help with the design of education modules. Anyone who would like to join the group can should contact the BSACI (info@BSACI.org). You are all welcome and we value your input and ideas. We have a twitter hashtag #allergyeducationUK to promote and engage in allergy education and the Network.

The BAEN group will act as a support system and community of practice supporting everyday clinical practice, research and learning. Patient experience and systems failures could inform future work and commissioning pathways; this benefits us all. We need to highlight the nature of multisystem disease in allergy and presentations across many different subjects to show our healthcare organisations that good allergy care is central to us all. Raising the profile within institutions in a sustainable fashion with ongoing leadership from all disciplines will be a key aspect moving forward.

Our Strategy is a holistic approach to education in allergy, designed to be auditable and responsive, allowing the BSACI to take a vital role in leading sustainable change for years to come. We believe that successful, sustainable and meaningful implementation is best enabled by a scholarly foundation to activity, which will depend on appropriate investment.

We therefore invite you and your institutions to support this work as implementation proceeds, spread the word widely about our vision and join our community of practice. As a member of our BAEN group, as an allergy education champion or as an interested HCP, support our radical reform of what and how education is delivered so that gaps in practice, at last, are filled.

This first BSACI allergy education strategy unashamedly focuses on HCP. In the future, our longer term goal will look towards a second, wider national strategy that is multi-agency, goes beyond HCP and potentially addresses the allergy education needs of the food, hospitality and travel industries to name a few. Ultimately we need to have high quality, appropriate allergy education available to all those who need it so that gaps in knowledge can be filled, and patients with allergy can be safe, supported and cared for wherever they may be.

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