



CYANS Education and Training Survey

Evaluation Report 2013



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Introduction and background

It is estimated that now 30% of children in Scotland suffer from one or more allergic condition. Children with severe allergies will require access to clinicians with specialist allergy expertise, but the majority of children will have common allergic conditions that can be treated within primary care. Therefore all clinicians who treat and manage children and young people with allergy need to be equipped with the appropriate skills, knowledge and support systems to enable them to diagnose, manage and treat allergic conditions, in order to reduce the burden due to allergy and improve the patients' quality of life.

Education and training in allergy has been highlighted as an ongoing concern in various government reports over the past 10 years, with undergraduate training having limited allergy content and access to post graduate training in allergy centered on the south of England. The SMASAC report 2009, highlighted that 'many hospital clinicians have limited expertise in the diagnosis, assessment and management of allergy' and 'some primary care staff lack the knowledge and training to provide fully effective frontline care'. Its recommendations included, 'improved access to basic training' as well as 'enhanced training' for more experienced staff and 'mentoring opportunities' with specialist to enable improved support for allergy management especially in primary care.

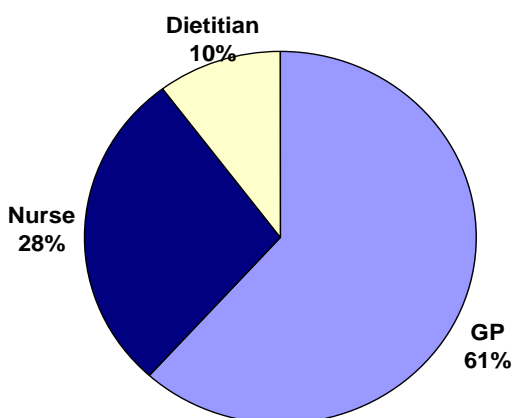
The Survey

A survey based scoping exercise was identified as the simplest solution to gain information from across the large geographical area of Scotland. The questionnaire was designed to identify the educational and training needs of health care professionals currently treating and managing children and young people with allergies across the range of specialties relating to allergic disease and to identify any gaps e.g. geographic and or disease areas where there is a specified need for training. The survey was made available in an online format on the CYANS website from January – November 2012, paper copies were also made available to enable participation at local study sessions.

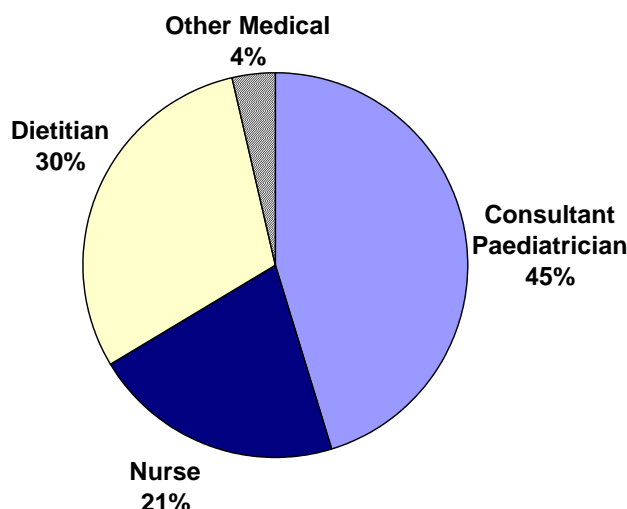
Results of the Education and Training Survey

A total of 221 health care professionals responded to the education and training needs survey. Responses were captured from all 14 health boards in Scotland, across primary and secondary care and a wide range of specialties relating to allergic disease.

Primary Care



Secondary Care



Graph 1: Distribution of groups of health professionals who responded to the survey

Education and Training requirements highlighted in the survey

- Over 95% of respondents were interested in further allergy training to develop their skills.
- Allergy education and training was identified as a priority by over 74% of the respondents.
- 75% of respondents stated they had received training in the management of allergic disorders including;
 - Undergraduate training (36%),
 - Postgraduate training (48%)
 - Short courses (38%).

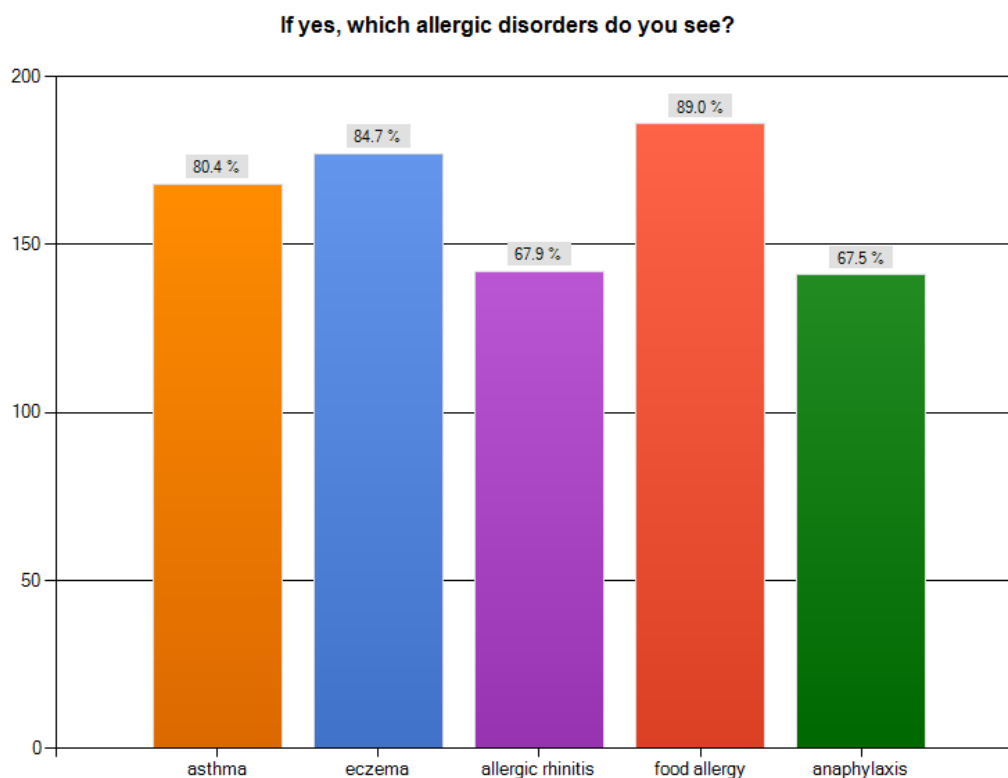
(Short courses or diplomas mostly related to asthma with some respondents having completed specific allergy modules. Other examples of training included attendance at conferences and study days e.g. CYANS/SPAG annual allergy study day).

- The majority of health boards 60% had not offered any clinical training sessions in allergy within the last five years. This indicates that Allergy is still not regarded as a priority by most health boards. The majority of respondents who stated they had attended a training event organised by their health board, had attended events not organised by their health boards, but by independent allergy organisations including SPAG and CYANS
- The most popular topics identified by respondents for further training were;
 - Management of allergy (77%),
 - Allergy guidelines and pathways (71%).
 - Diagnosis of allergic conditions (62%)
- Respondents from both primary and secondary care wanted to see the training delivered as a mix of face to face sessions (45%) and e- learning (69.3%).

Diagnosis and management of allergic conditions in clinical practice

Allergic conditions are seen regularly in both primary and secondary care settings, with 96% of respondents to the survey stating they see children and young people with allergy within their clinics. Food allergy was the most common allergic condition seen (89%).

Graph 2: Allergic disorders seen by respondents

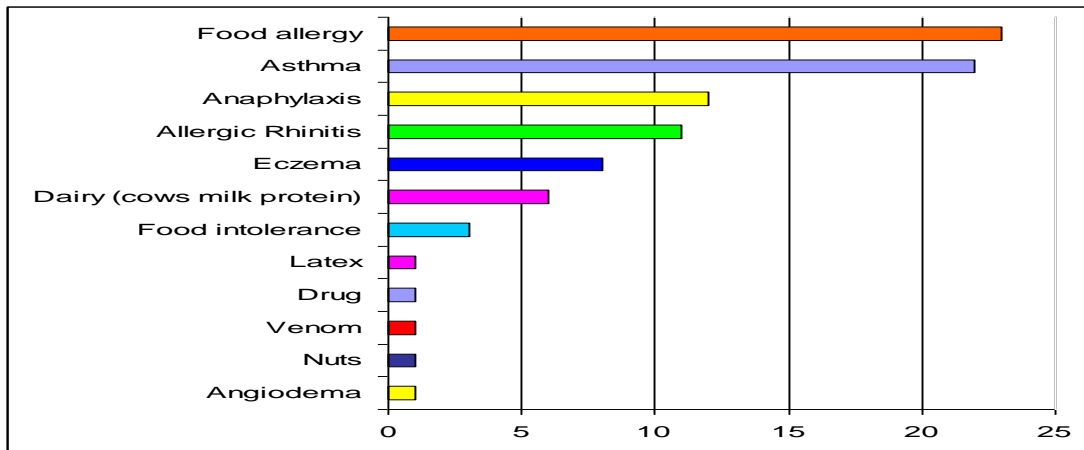


Special interest in allergy

31% of primary care clinicians had a particular interest in allergy (including personal interest) and 38% of secondary care clinicians stated that they have a special interest in allergy. If clinicians do have a special interest in allergy it is most often in food allergy or asthma.

Chart to show areas of special interest in allergy

Please note some respondents may have indicated more than one special area of interest in allergy.



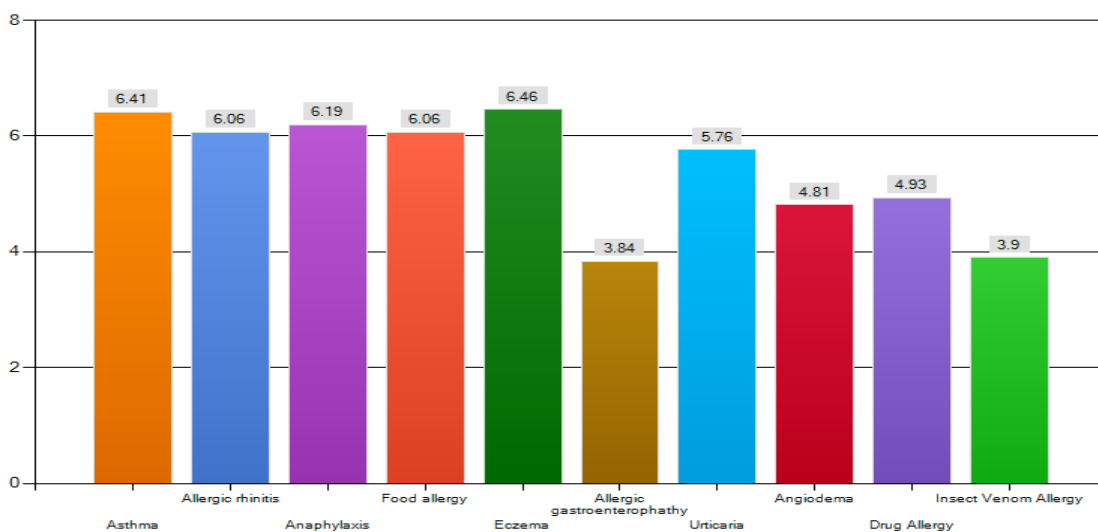
Confidence to deliver care

Survey participants were asked if they feel confident in delivering care for a range of allergic conditions.

- Eczema and asthma were the conditions that most clinicians felt confident in providing care for while they were least confident with allergic gastroenteropathy and insect venom allergy (*see graph 2 below*)
- 31% of respondents felt that they have little or no confidence in diagnosing food allergy and 28% felt that they have little or no confidence in treating children and young people with food allergy.
- 72% of respondents see children diagnosed with food allergy however only 5% of clinicians manage all of these children and young people themselves with 51% of primary care clinicians state they do not manage children and young people with food allergy within their practice, but refer to specialist allergy clinics or general paediatric clinics.
- Only 5% of respondents manage all the children and young people with severe combined allergic conditions with 48% managing very few to none of these children, opting to refer to paediatrician with specialist interest / organ based speciality or general paediatric clinic.
- 58% of respondents in primary care and 64% in secondary care have children or young people identified as having had or being at risk of anaphylaxis. The survey indicates that in primary care only 5% of clinicians manage these patients within their practice and 31% refer them to specialist allergy services where available or general paediatrics where no allergy service is available.
- 53% of respondents prescribe adrenaline auto injectors to children but nearly a third (30%) of these respondents did not feel confident to advise patients on how and when to use them.

Graph 3 indicates the average response from clinicians to the question 'on a scale of 0-10 how would you rate your confidence in providing care including diagnosis and treatment to children with the following conditions and problems'.

How would you rate your own confidence in providing care (diagnosis and treatment) to children with the following conditions and problems?



Investigations

- 99% of primary care clinicians did not feel confident to provide skin prick testing and only 36% of secondary care clinicians felt confident to provide skin prick testing to aid diagnosis of allergy.
- 50% of secondary care clinicians feel confident to interpret skin prick test results, while only 9% of primary care clinicians do.
- 46% of respondents in primary care and 22% of respondents in secondary care did not feel confident in their ability to select the appropriate specific IgE blood test to aid diagnosis in allergy,
- 53% of clinicians in secondary care and 36% of clinicians in primary care are confident in their ability to interpret specific IgE results to aid diagnosis of allergy.

These results indicate that around half of the respondents to the survey do not feel confident in the interpretation and selection of investigative tools to aid diagnosis of allergy

Patient information

The majority (83%) of health care professionals routinely give out information on allergy. In primary care, the majority of this information is delivered verbally. In secondary care a combination of verbal and written information.

The majority of clinicians themselves routinely require information on food allergy (60%) and anaphylaxis (41%) in primary care, and in secondary care on food allergy (53%).

Impact of allergy training on patient care

We anticipate that the development of education and training in allergy within primary care will ease the burden of referrals to secondary care as more allergic conditions will be adequately and efficiently addressed within primary care. This will mean that the more complex or difficult to manage patients can be seen quickly and efficiently and children and their families will receive the care they need close to home.

Clinicians will be better equipped to detect allergies early, thus helping to improve quality of life and reduce emergency admissions, unnecessary treatments and prescriptions.

Clinicians will be equipped to appropriately select tests for allergy diagnosis, reducing cost of unnecessary or repeat testing for allergy.

Clinicians will be better equipped to inform patients of their condition with access to standardised information reducing risk of conflicting or confusing advice.

Recommendations for education and training

- **Develop an education and training package for clinicians in primary care with a focus on food allergy and anaphylaxis, providing a mixture of online and face to face learning to consolidate learning and provide practical elements to training.**
- **Develop a training pack / training resource to enable clinicians with expertise in allergy to train other clinicians.**
- **Ensure protected learning time and funding to allow clinicians to develop their skills and knowledge in allergy in order to provide improved and more efficient patient care.**
- **Promote access to formal allergy training (e.g. Allergy MSc) for all interested clinicians.**