



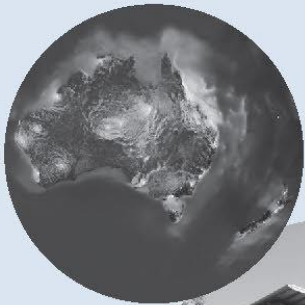
australasian society of clinical immunology and allergy

www.allergy.org.au

ASCIA is the peak professional body for allergy and clinical immunology in Australia and New Zealand since 1990

Priorities Report 2023

ASCIA MEMBER SERVICES



Website and Communications

AIFA Research Grants

Sustainability

Advocacy and Submissions



National Allergy Council

ASCIA Immunodeficiency Strategy

Research Groups

Professional and Patient Organisations



ASCIA COLLABORATIONS



ASCIA PROFESSIONAL DEVELOPMENT

Annual Conferences

Committees and Meetings

Education and Training

Online Resources



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The ASCIA Member Priorities Survey was an opportunity to gain feedback on the existing ASCIA priorities to ensure they align with the ongoing needs of ASCIA members.

I would like to thank:

- **ASCIA Directors** who initiated and reviewed the survey - Prof Michaela Lucas, A/Prof Theresa Cole, Dr Michael O'Sullivan, A/Prof Jane Peake and Dr Kathryn Patchett.
- **ASCIA Members** for completing the survey and providing valuable feedback.
- **ASCIA Staff** who implemented the survey and reviewed drafts of this report, which was developed by an external consultant.

*Jill Smith
ASCIA CEO
August 2023*

"I believe ASCIA is doing great job keeping our members together and continue to communicate nationally and internationally as a wonderful society"

Full Member

"ASCIA is doing some great work, some of the public education, training and advocacy is very important".

Member comments

1. Executive Summary

It is a very exciting time for allergy and clinical immunology, and ASCIA is at the forefront to lead initiatives in Australia and New Zealand to improve access and standards of care for patients with allergies, immunodeficiencies and other immune system disorders.

ASCIA undertakes a wide range of initiatives that are prioritised to maximise benefits to ASCIA members. ASCIA has reviewed priorities for 2022-2023, which are grouped into three areas, with synergies and overlap between these areas:

- ASCIA Member Services
- Professional Development
- Collaborations

ASCIA members were surveyed from November 2022 to January 2023 to ensure alignment of the ASCIA priorities with member needs. Uptake of the ASCIA Member Survey was 40% which attests to the enthusiasm and engagement of members.

Members were asked to provide their feedback on each of the current ASCIA priorities and identify potential future priorities. Responses were analysed to understand the priorities of different membership categories. Members were highly supportive of the ASCIA priorities and the hard work undertaken.

“In my opinion I believe ASCIA is doing great job, I have had all the support I need at all times without any hesitancy from ASCIA”.

Member comments

Of ASCIA's *Member service priorities*, all membership categories rated *Anaphylaxis/allergy online resources, education and training* as the highest priority, closely followed by *Access to ASCIA member only resources*. Further, *Immunodeficiency resources, education and training* were perceived positively, however members voiced that immunology resources lacked the development and maturity in comparison to allergy.

The *ASCIA Annual Conference* was rated the most important *Professional Development Priority* for most membership categories, with the exception of *Associate Trainee members*.

ASCIA members identified the *National Allergy Council* as the most important *Collaboration Priority*.

When looking to future ASCIA priorities, members wanted to extend existing priorities rather than identifying completely new areas. The areas recognised for ASCIA to continue to prioritise include advocating for MBS item numbers to drive better service availability for patients, extending education to other clinicians, and expanding stakeholder engagement.

ASCIA will implement actions as a result of the members' survey responses, as summarised in Section 6 of this report. ASCIA will continue to prioritise member services, professional development opportunities and advocacy for ASCIA members. ASCIA will promote accessibility of resources, ASCIA committees and existing services, and will improve specific areas, including autoimmunity.

2. Introduction

2.1 About ASCIA

ASCIA's purpose is to advance the science and practice of allergy and clinical immunology.

ASCIA achieves its purpose by promoting the highest standard of medical practice, training, education and research, to improve the quality of life and health of people with immune system disorders. These include allergies, immunodeficiencies and other immune diseases.

ASCIA undertakes a wide range of initiatives that are prioritised to maximise benefits to ASCIA members. ASCIA has reviewed priorities for 2022-2023, which are grouped into three areas:

- ASCIA Member Services
- Professional Development
- Collaborations

As ASCIA is a member-based organisation, it is important that ASCIA's priorities align with the needs and wants of ASCIA members.

2.2 Seeking member feedback on ASCIA priorities

The ASCIA member survey was distributed on 23rd November 2022 with an extended deadline for responses of 31st January 2023.

Sent to 726 ASCIA members via standard online communication channels, the overall survey response rate of 40% is considered very good by industry response rates and reflects a good level of engagement with members.

The survey allowed members to rate and comment on each existing priority and identify future or missed priorities. The quantitative and qualitative data was analysed to identify themes and trends in members' responses, which informs the development of strategies for continued improvement of ASCIA services.

3. Analysis

Analysis of the qualitative and quantitative survey elements was undertaken by an independent consultant who had no involvement in the development of the survey, addressing analysis bias. The themes identified in open text data were analysed in collaboration with ASCIA staff who were able to provide an appropriate context in which these ideas could be analysed for recommendations and actions to be developed.

Priority tables (Tables 1-4) were created for each membership category to gain an understanding of the differing needs of categories. To determine the order of priority a numerical value was assigned to each response option (*Not relevant* = 0, *Unimportant* = 1, *Somewhat important* = 2, *Important* = 3, *Very important* = 4) so that an average value could be calculated for priorities assessed by the member categories for each priority.

All the *Not relevant* responses were included in the average values displayed in Tables 1-4 to ensure all averages are comparative and reflect the views of all respondents. The inclusion of the *Not relevant* responses has led to some average scores being lower than if they were excluded. Comments have been included throughout the report where these have impacted the order of the priorities.

4. Findings

Members were highly supportive of the ASCIA priorities, recognising the progress and hard work undertaken. A 40% response rate was observed and suggestions for improvement largely focused on additions, promotion and clarity around the priorities.

"I think ASCIA is doing very well across the board with good balance in each area."

Member comment

The largest number of respondents were *Full Members* (n=132) with the second largest being *Associate Other Health Professionals* (n=86) followed by *Associate Medical Practitioners* (n=35). *Associate Other Health Professionals* were most responsive, with 51% of these members responding to the survey closely followed by *Full Members* (47%) and *Associate Scientist or Researcher* (38%) (Figure 2). Respondents were predominantly based in the public sector or a combination of public and private. *Associate Other Health Professionals* mostly work in the public sector and *Full Members* predominantly work in a combination of public and private. The largest proportion of *Associate Medical Practitioners* work in private organisations and practices (Figure 3).

Figure 1: Distribution of respondents by region

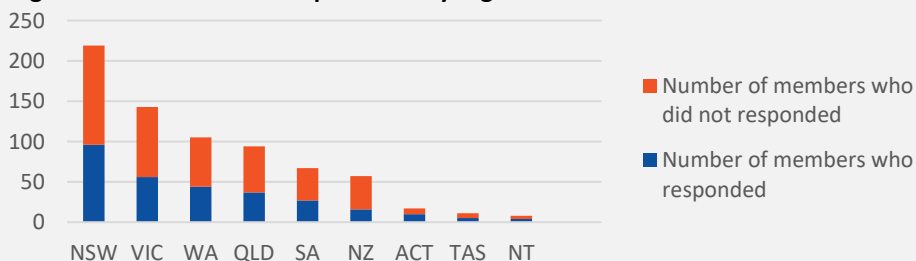


Figure 2: Number of members and responses for each membership group

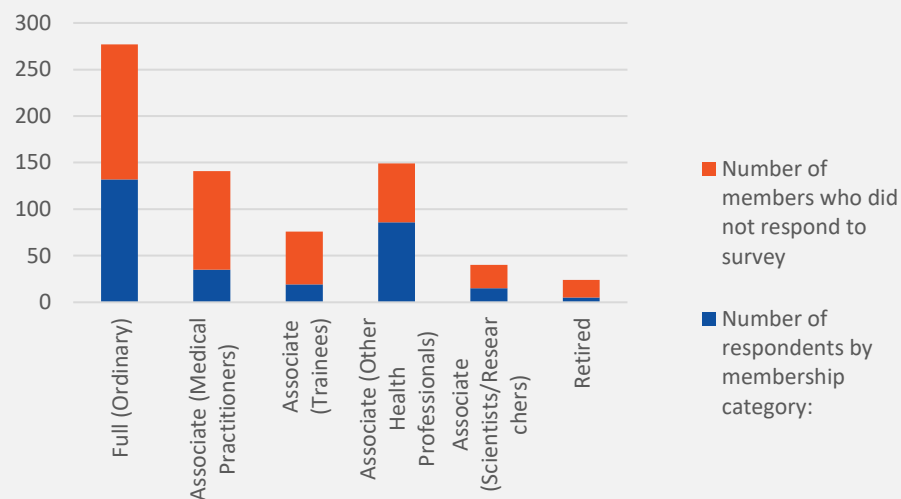
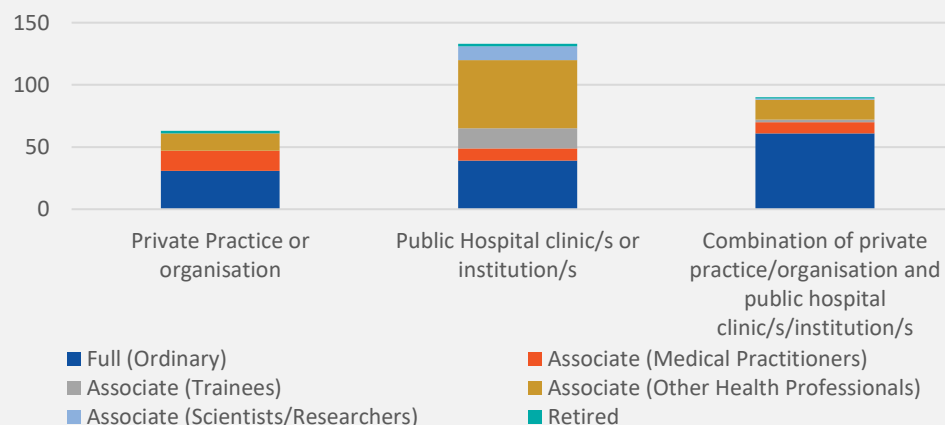


Figure 3: Distribution of respondents by organisation types



4.1 Member services priorities

From the 261 responses about *Member Services*, the most important priority was considered the *Anaphylaxis/allergy online resources, education and training* by members working in all organisation types (Table 1). Members who worked in the public and private sectors had differences in priority ratings. *Advocacy* was considered a more important priority to members in the private sector, whilst *How to locate a specialist* was considered the least important to members in the public sector.

Members currently providing patient care (*Full Members, Associate Medical Practitioners, Associate Trainees* and *Associate Other Health Professionals*) rated the ASCIA priorities with a focus on resources, education and training of higher importance. Anaphylaxis/allergy resources were rated as the most important priorities.

Immunodeficiency resources, education and training were rated higher for *Associate Trainees* and *Associate Scientists and Researchers* than other membership categories that are more clinically active in the area of allergy, and likely to see fewer immunodeficiency presentations in clinic.

Member Services Priorities Key			
	Anaphylaxis		Advocacy
	Member only resources		Immunodeficiency
	ASCIA online communications		Specialist listing
	Sustainability		AIFA research grants

Average scores in the tables in this report are based on the five-point scale (not relevant to me =0, unimportant =1, somewhat important =2, important =3, very important =4), with a maximum score of 4 and a minimum of 0.

Table 1: Member services priorities for each member organisation type

All members	Members in private clinics or hospitals	Members in a combination of private and public	Members in public hospitals, clinics or institutions
 Avg 3.61	 Avg 3.62	 Avg 3.64	 Avg 3.57
 Avg 3.23	 Avg 3.33	 Avg 3.32	 Avg 3.19
 Avg 3.11	 Avg 3.16	 Avg 3.18	 Avg 3.11
 Avg 3.11	 Avg 3.12	 Avg 3.15	 Avg 3.09
 Avg 3.05	 Avg 3.07	 Avg 2.98	 Avg 3.05
 Avg 2.75	 Avg 2.60	 Avg 2.62	 Avg 2.92
 Avg 2.44	 Avg 2.44	 Avg 2.62	 Avg 2.48
 Avg 2.31	 Avg 2.31	 Avg 2.39	 Avg 2.24

Table 2: Member services priorities for each membership category

All members	Full members	Associate Medical	Associate Trainees	Associate Other Health Professionals	Associate Scientists and researchers	Associate Retired
 Avg 3.61	 Avg 3.58	 Avg 3.58	 Avg 3.59	 Avg 3.70	 Avg 3.58	 Avg 4.00
 Avg 3.23	 Avg 3.21	 Avg 3.03	 Avg 3.47	 Avg 3.49	 Avg 3.25	 Avg 3.5
 Avg 3.11	 Avg 3.20	 Avg 2.94	 Avg 3.06	 Avg 3.39	 Avg 3.00	 Avg 3.75
 Avg 3.11	 Avg 3.11	 Avg 2.90	 Avg 2.94	 Avg 3.32	 Avg 2.92	 Avg 3.5
 Avg 3.05	 Avg 3.04	 Avg 2.77	 Avg 2.88	 Avg 3.01	 Avg 2.75	 Avg 3.75
 Avg 2.75	 Avg 2.85	 Avg 1.48	 Avg 2.76	 Avg 2.99	 Avg 2.50	 Avg 3.5
 Avg 2.44	 Avg 2.75	 Avg 1.32	 Avg 2.65	 Avg 2.46	 Avg 2.42	 Avg 3.00
 Avg 2.31	 Avg 2.29	 Avg 1.10	 Avg 2.47	 Avg 2.42	 Avg 1.42	 Avg 3.00

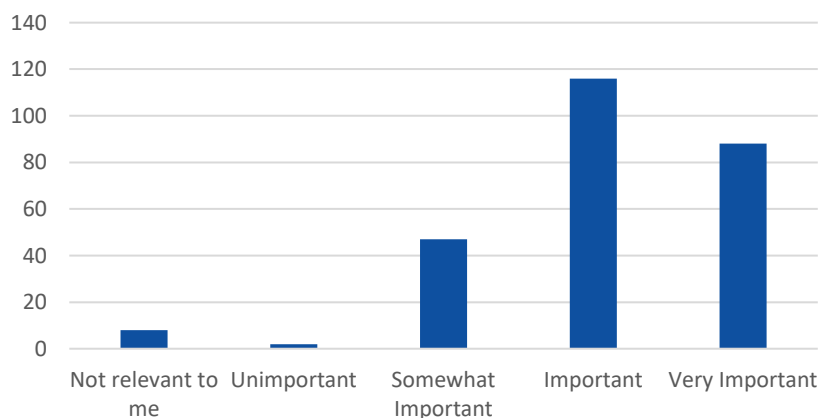
4.1.1 Advocacy on behalf of ASCIA members

ASCIA makes regular submissions to government and other organisations through letters, submissions and reports. As in Figure 4, ASCIA members rated *Advocacy* as either *Important* (44%, n=116) or *Very important* (33%, n=88). The importance of *Advocacy* was further supported by the 32% (n=48) of all members who listed it as one of the most important ASCIA priorities in their open text response.

Several subthemes emerged in the free text responses from ASCIA members:

- Better patient management in primary care
- National strategies
- Continuing to build the reputation and profile of immunology

Figure 4: Distribution of ratings of *Advocacy on behalf of ASCIA members* by all membership categories



Better patient management in primary care

Many comments (45%) highlighted the need to improve patient management within the primary care setting, citing a three-pronged approach to achieving this:

- Training of other health care professionals, students and recognition of Nurse Practitioners to ensure quality services;
- New models of care developed in collaboration with primary healthcare providers including MBS recognition of services to incentivise practitioners and increase availability to consumers;
- Raising awareness within the community and patient organisations to ensure reliable and timely information to patients.

National Strategies

National strategies involving government were important for 28% (n=41) of respondents, particularly the advocacy for national strategies, better patient management in primary care and advocacy within the NGO sector and other service organisations.

Reputation and profile

Members commented on the need to raise the profile of the immunology field and the reputation of ASCIA in order to give credence to its advocacy endeavours. Suggested strategies to achieve this included the expansion of resources targeted at *Associate Other Health Professionals*, leading collaborations on models of care and raising awareness in the wider community.

“We need a voice to government and to patient and service organisations”

“It is important for members to have a central body to raise concerns”

4.1.2 Online communications

Members who commented on the *Online communications* indicated they believed online communication to be an efficient method of communicating updates and highlighting new resources that aid improved practices. The only suggestion for improvement was to divide them into clinical and non-clinical communications to improve accessibility and filter the relevant information. As indicated in Figure 5, more than 80% of members (n=211) rated *Online communications* as *Important* or *Very important*.

4.1.3 How to locate a specialist listings

ASCIA members commented on the usefulness of the website listings for referrals and signposting consumers. Suggestions for improvements focused on improving usability for consumers such as making all listings visible, being able to search by type of clinician (allergy specialist/ ENT/GP/Psychologist) and searching for specialists by region. Overall, members did not rate *How to locate a specialist* as important as other priorities with 54% (n=141) rating *Important* or *Very important* (Figure 6).

4.1.4 AIFA Research Grants

Members who chose to comment on *AIFA Research Grants* recognised the role grants play in driving clinical interest in the field. It was suggested that grants would be better focused on early career researchers or other clinical staff that do not have the track record needed to secure more traditional competitive funding. More than 16% of members (n=44) rated *AIFA Research Grants* as *Not relevant to me* (Figure 7).

“In recent years, these have been awarded to big research groups or those individuals who are senior in their research career with a strong track record. It would be great to have some opportunities for more junior/early career researchers and others to apply for grants in other categories (assessed against similar peer groups) to improve their chances of success”

Member comment

Figure 5: Distribution of ratings of *Online Communications* by all members

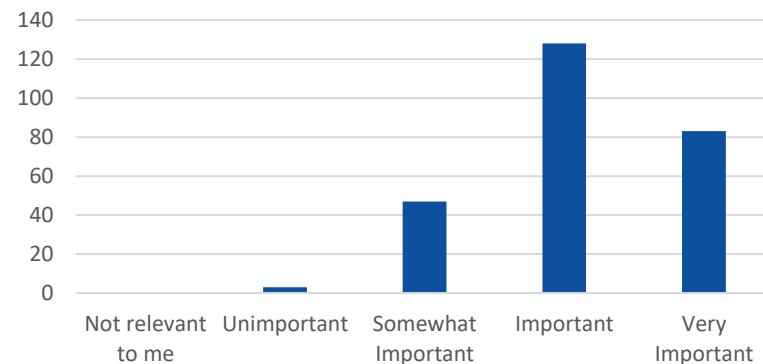


Figure 6: Distribution of ratings of *How to locate a specialist* by all members

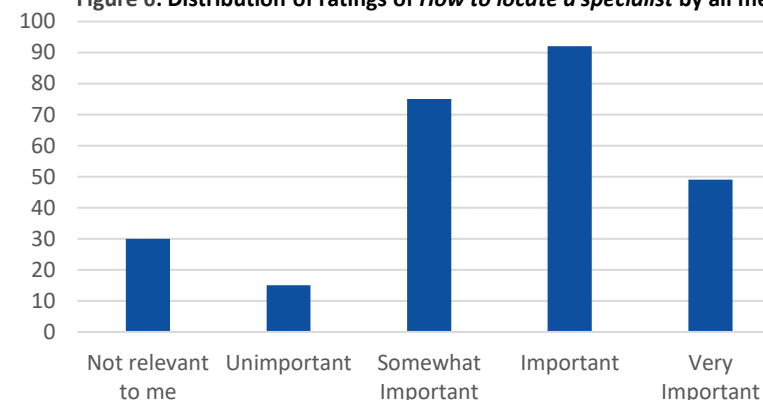
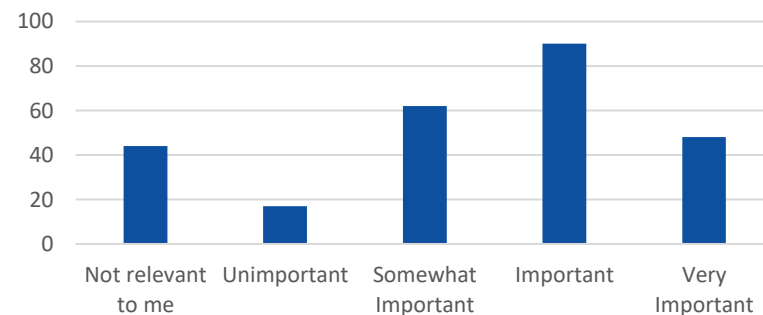


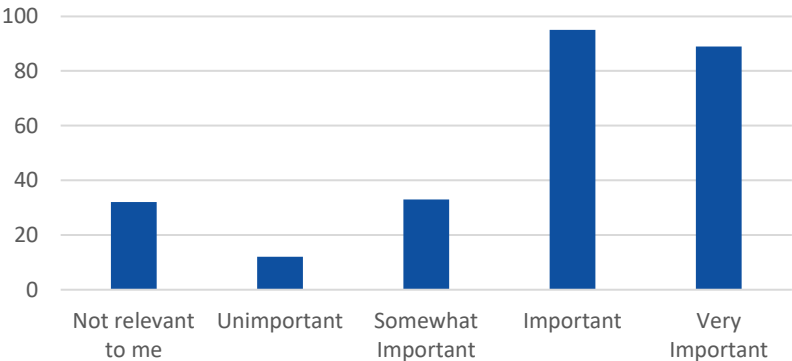
Figure 7: Distribution of ratings of *AIFA Research Grants* by all members



4.1.5 ASCIA Immunodeficiency resources, education and training

Comments about *Immunodeficiency resources, education and training* were positive. However, it was communicated that immunology lacks the richness and maturity of resources when compared with allergy. Respondents based in public hospitals would have rated *Immunodeficiency* as the second most important priority if *Not relevant* responses had been excluded.

Figure 8: Distribution of ratings of *Immunodeficiency resources* by all members

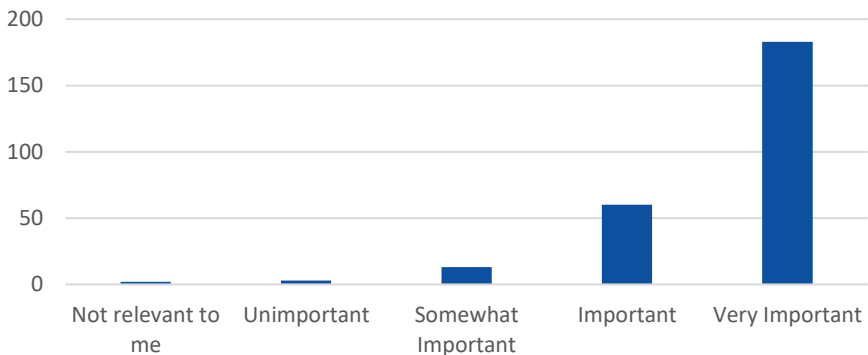


4.1.6 ASCIA anaphylaxis/allergy online resources, education and training



To support ASCIA members, new and updated ASCIA online information about anaphylaxis and allergy is regularly developed and updated. These include ASCIA Action Plans for Anaphylaxis, ASCIA anaphylaxis e-training courses and Fast Facts for patients and carers which have all been updated in 2023.

Figure 9: Distribution of ratings of *Allergy resources* by all members



Anaphylaxis and allergy online resources were the most highly ranked resource across most membership categories with more than 180 members rating it as *Very important* (Figure 9). Only *Associate Scientists/researchers* and *Associate Retired* members not ranking this their most important service.

In terms of region, Victoria and ACT rated *Anaphylaxis /allergy online resources, education and training* as least important. This can be explained by different practices in Victoria not being in alignment with ASCIA resources. The cause of low uptake in ACT requires further investigation.

ASCIA received free text responses about its anaphylaxis/ allergy resources, with 29 members commenting mainly positive feedback about the resources and praising their benefits for clinical practice.

“I use them all the time, I give printouts to patients, I refer them to the website, it is such good quality. I also use some of the resources as a touchstone for my practice”

Member comment

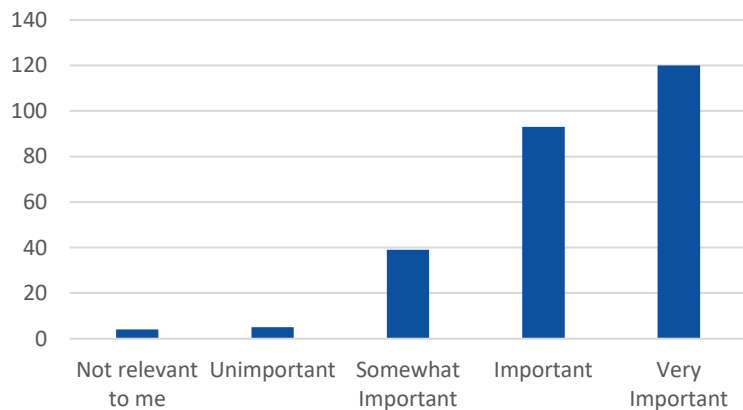
Members identified several areas for improvement or development:

- Redraft guideline in line with recent literature
- Consistent anaphylaxis definitions across care services
- E-training for psychologists

4.1.7 Access to ASCIA member only resources

ASCIA member only resources include teaching slides and protocols for food or drug (medication) allergen challenges. More than 80% (n=213) of members rated *Member only resources* as *Important* or *Very important* (Figure 10). Commentary was future focused with practical suggestions for improvements including; increased awareness of resources for all members and website navigation to resources, including more obvious login.

Figure 10: Distribution of ratings of *Member only resources* by all members



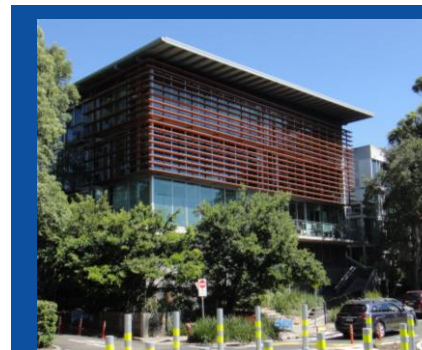
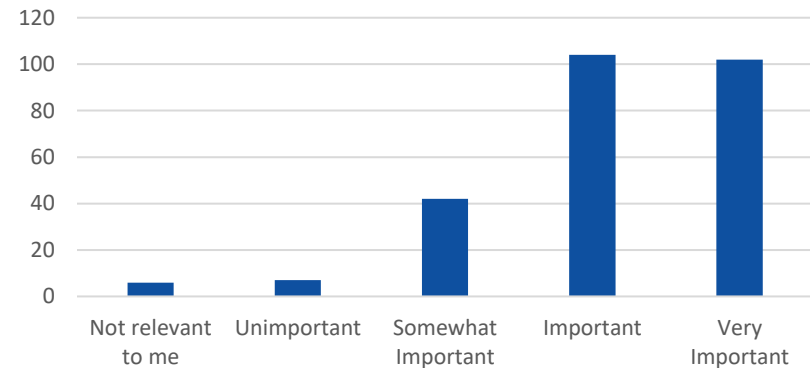
“As an under resourced service the Immunologist does not have time to update clinical guidelines, so we are using more ASCIA guidelines for food, drug challenges and keeping with our venom desensitisation guidelines”

Member comment

4.1.8 Sustainability

ASCIA Members rated *Sustainability* as *Important*, reflected in its placement in Table 1 and Table 2. More than 75% of member rated it as *Important* or *Very important* (Figure 11). The comments highlighted the need for a clear definition between organisational sustainability, which members supported, and environmental sustainability, which some did not consider to be ASCIA’s remit.

Figure 11: Distribution of ratings of *Sustainability* by all members



In 2019 ASCIA made a commitment to organisational sustainability and purchased an office suite in a sustainable office building, which minimises ongoing costs and provides a stable work environment.

4.2 Professional development priorities

The five *Professional Development Priorities* are displayed in order of importance for each membership category (Table 3). *Associate Retired Members* considered all categories to be *Important* or *Very important*, although this may be due to their low participation rates, rather than a true representation of opinions from this membership group. The inclusion of *Not relevant* responses have impacted the order of Table 3.

If *Not relevant* was excluded from the analysis of the priority order for *All Members* and *Full Members*, the results would have differed with *Educational dinner meetings* average scores being 2.84 and 2.76 respectively and *Online meetings* scoring 2.77 and 2.66 respectively.

Average scores in the tables in this report are based on the five-point scale (not relevant to me =0, unimportant =1, somewhat important =2, important =3, very important =4), with a maximum score of 4 and a minimum of 0.



Table 3: Professional development priorities for each membership category

All members	Full members	Associate Medical	Associate Trainees	Associate Other Health Professionals	Associate Scientists and researchers	Associate Retired
 Avg 3.48	 Avg 3.50	 Avg 3.23	 Avg 3.65	 Avg 3.58	 Avg 3.27	 
 Avg 3.11	 Avg 3.16	 Avg 2.20	 Avg 3.41	 Avg 3.49	 Avg 2.82	 Avg 4.00
 Avg 2.61	 Avg 2.62	 Avg 2.10	 Avg 3.12	 Avg 3.16	 Avg 2.27	
 Avg 2.60	 Avg 2.60	 Avg 1.67	 Avg 2.88	 Avg 2.90	 Avg 2.09	 Avg 2.60
 Avg 2.19	 Avg 2.56	 Avg 0.40	 Avg 2.53	 Avg 1.90	 Avg 2.00	 Avg 3.00

4.2.1 ASCIA Annual Conference

The ASCIA Annual Conference is the main event for allergy and immunology continuing professional development (CPD) in Australia and New Zealand, and it also enables important in-person interactions with colleagues. Rated the most important professional development priority for most ASCIA membership categories except *Associate Trainees*, the *ASCIA Annual Conference* provides an important source of CPD for ASCIA members and other health professionals working in allergy and clinical immunology. More than 90% of members rated the *ASCIA Annual Conference* as *Important* (n=82) or *Very important* (n=145).

A total of 24 (8% of all respondents) open text responses were received, and of those, 10 (41%) were clearly in support of the ASCIA Annual Conference, and the following benefits were identified: more personal approach to networking, opportunity to gain new knowledge, and dedicated time for CPD.

“Excellent opportunity for updating ourselves about current practice.”

“The ASCIA Annual Conference is such a great networking opportunity.”

“It is a chance to get a whole lot of people in one room, from around Australia and the world, to have dedicated time to learn and share ideas.”

Member comments

Some members provided suggestions on how the Conference could be improved in the future, which are included below:

“Creating more social events other than gala dinner”

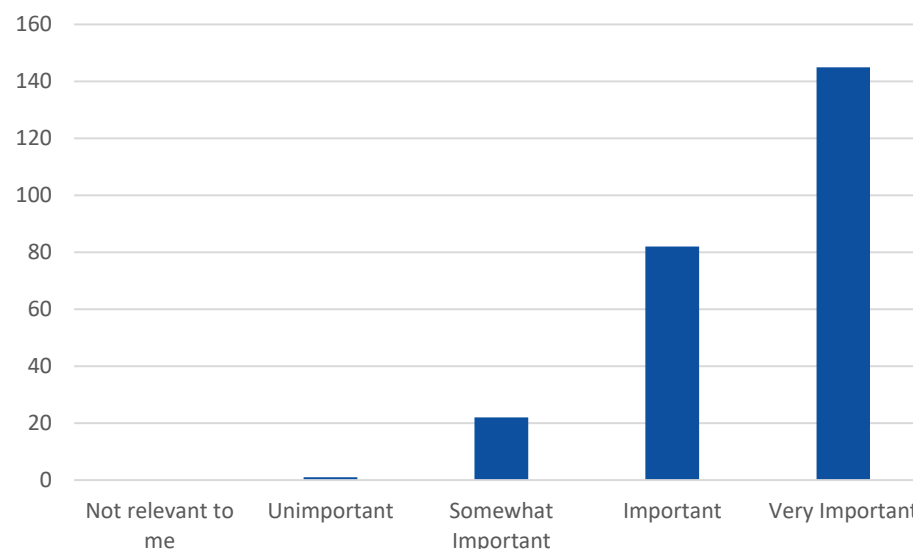
“Cover more in-depth sessions through multiple streams”

“More translation research”

“How to build interdisciplinary teams”

Member comments

Figure 12 : Distribution of ratings of ASCIA Annual Conference by all members:



4.2.2 ASCIA committees and working parties

Committees and working parties play a vital role within ASCIA. Membership is restricted to ASCIA members and participation is on a voluntary basis. Chairs of ASCIA committees are represented on ASCIA Council.

Committees and working parties was ranked the second most important collaboration method by all membership types, with the exception of *Associate Trainee Members* (Table 3). Participation in ASCIA committees is an opportunity to ensure *Associate Trainee Members* embed knowledge translation early in a member's career.

One comment stated understaffing in their organisation left less time for members to contribute to the work of ASCIA. Commentary on *Committees and working parties* called for tighter governance structures including transparent recruitment, diversity, expectation and management of committee and working group members.

4.2.3 Educational dinner meetings

Only ASCIA members are eligible to attend ASCIA *Educational dinner meetings*, which contribute to CPD and enable interactions with colleagues. Overall, *Educational dinner meetings* were not considered as important as other *Professional Development Priorities* (Table 3, p11), they were highly rated by *Associate Trainees* and *Associate Retired Members* and were still rated *Important or Very important* by 59% of members as seen in Figure 14.

Some ASCIA members (n=15) commented that their two most prominent barriers were accessibility for regional and remote members and the impact of sponsorship and currency of information on the quality of presentations.

Figure 13 : Distribution of ratings of *committees and working parties* by all members:

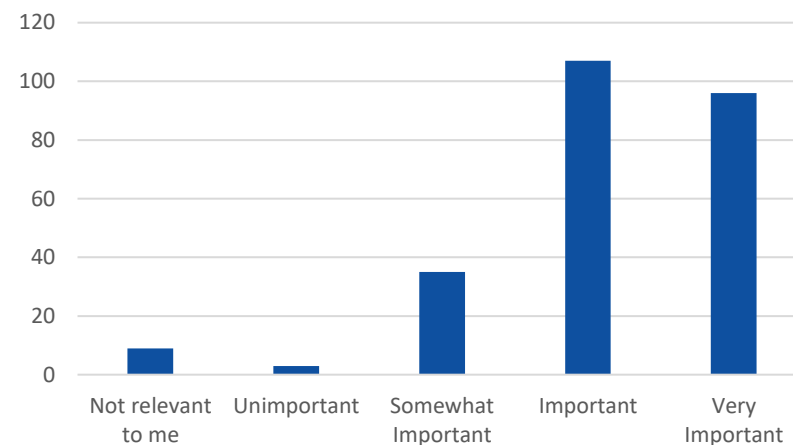
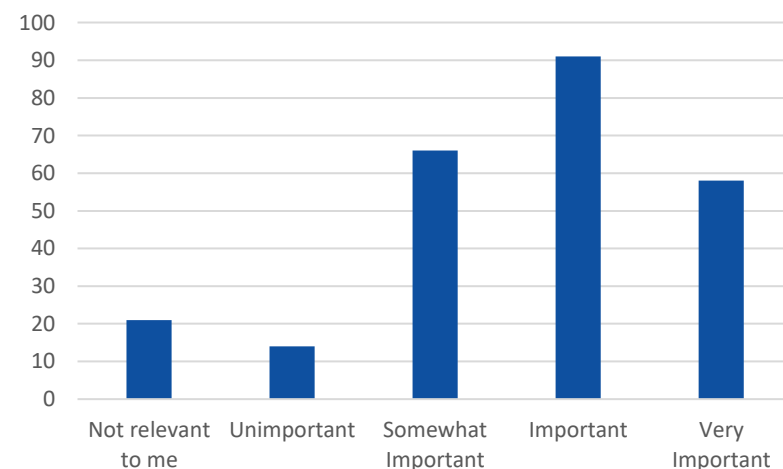


Figure 14 : Distribution of ratings of *educational dinner meetings* by all members:



4.2.4 ASCIA online meetings

ASCIA Associate Members (Advanced Trainees, Nurses and Dietitians) and TAPID members regularly meet by videoconference, which is facilitated by ASCIA and contributes to CPD. ASCIA PIAIG meetings have commenced in 2023.

Members consistently rated ASCIA Online Meetings as *Somewhat important* (n=74) and *Important* (n=101) and observed the least variation in responses. There was limited commentary on this collaboration method, with only five responses. However, two themes emerged: online meetings are a good method for removing accessibility barriers for regional and remote members; and some members do not know what they are, which may signify a need for better definition and or promotion.

4.2.5 ASCIA advanced training meetings

Only ASCIA Associate Trainees are eligible to attend ASCIA Advanced training meetings, which are usually held each year. Even with its limited relevance to them, other membership categories rated *Advanced training meetings* as at least *Somewhat important*. It is worth noting that 30% (n=75) of respondents scored these meetings as *Not relevant*. Had analysis excluded *Not relevant* responses, the average scores would have been between 2.00 and 3.65. Whilst *Advanced training meetings* were considered less relevant by more members than every other priority, 54% of members rated them as *Important* (n=68) or *Very important* (n=69).

In commentary, *Full Members* highlighted the importance of *Advanced training meetings* to support knowledge translation and collaboration opportunities for early career specialists. Some *Associate Trainees* had ideas on how to improve these meetings:

“It would be good for these to be expanded into a series of meetings”

“Advanced training meetings are very important as they allow trainees to discuss matters relevant to their training journey”

Member comments

Figure 15 : Distribution of ratings of *online meetings* by all members:

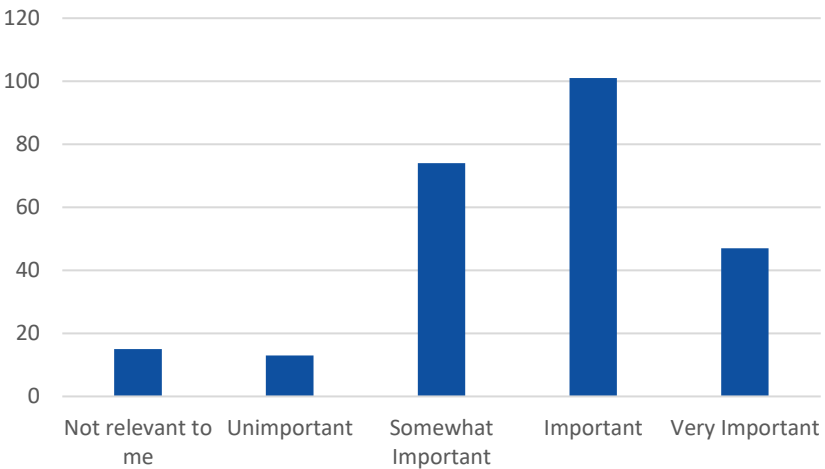
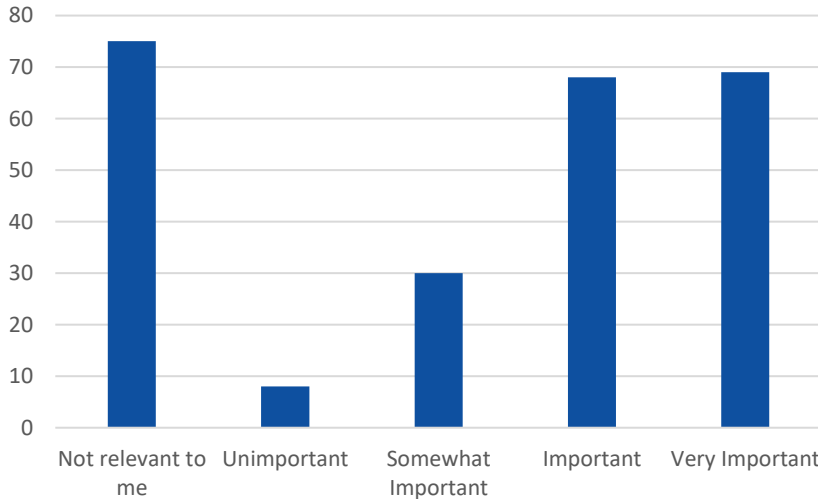


Figure 16 : Distribution of ratings of *advanced training meetings* by all members:



4.3 Collaboration priorities

Collaboration priorities include the work of ASCIA on the *National Allergy Council*, *ASCIA Immunodeficiency Strategy* and *Collaborations with research groups*.

The *National Allergy Council* was rated the most important priority for all member categories except *Associate Trainee Members* and *Associate Scientists and Researchers*. Whilst *ASCIA Immunodeficiency strategy* is least important for most member categories (Table 4).

All *Collaboration Priorities* were rated less important by *Associate Medical Practitioners* (average ratings between 1.33 and 2.73) with the highest average rating being *Somewhat important*. The low ratings may be somewhat explained by comments (n=8, 22%) that collaborations are limited and could be expanded to include more stakeholders.

Collaboration Priorities Key



National Allergy Council



Collaborations with research groups



Immunodeficiency Strategy

Table 4: Collaboration priorities for each membership category

All members	Full members	Associate Medical	Associate Trainees	Associate Other Health Professionals	Associate Scientists and researchers	Associate Retired
 Avg 3.12	 Avg 3.10	 Avg 2.73	 Avg 3.35	 Avg 3.33	 Avg 3.64	 Avg 4.00
 Avg 3.01	 Avg 2.94	 Avg 2.20	 Avg 3.29	 Avg 3.26	 Avg 3.00	 Avg 3.75
 Avg 2.78	 Avg 2.88	 Avg 1.33	 Avg 3.18	 Avg 3.04	 Avg 2.64	 Avg 3.25

Average scores in the tables in this report are based on the five-point scale (not relevant to me =0, unimportant =1, somewhat important =2, important =3, very important =4), with a maximum score of 4 and a minimum of 0.

4.3.1 National Allergy Council

The *National Allergy Council* is a partnership between ASCIA and Allergy & Anaphylaxis Australia (A&AA) which implements the National Allergy Strategy by advocating and developing resources that include Nip allergies in the Bub and Allergy 250K.

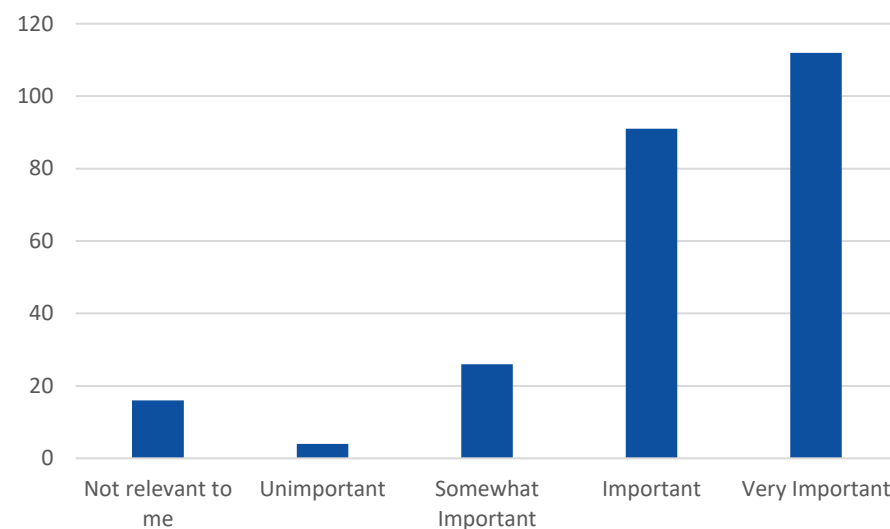
Overall, members rated the *National Allergy Council* as the most important of the collaboration priorities (3.12) (Table 4, page 15). More than 80% of members rated the *National Allergy Council* collaboration as *Important* (n= 91) or *Very important* (n= 112) (Figure 17). The commentary highlights the cross over between other priority areas particularly *Member Services: Advocacy* and *Professional development opportunities: Committees and working parties*.

Comments ranged from recognition of the unique collaboration to the need for improved governance, expanding collaborations to asthma and dermatology, as well as creating better linkages with health care providers.

“This is unique internationally. ASCIA’s partnership with the peak consumer group is an amazing opportunity to improve health for people with allergic disease”

Member comment

Figure 17 : Distribution of ratings of *National Allergy Council* by all members

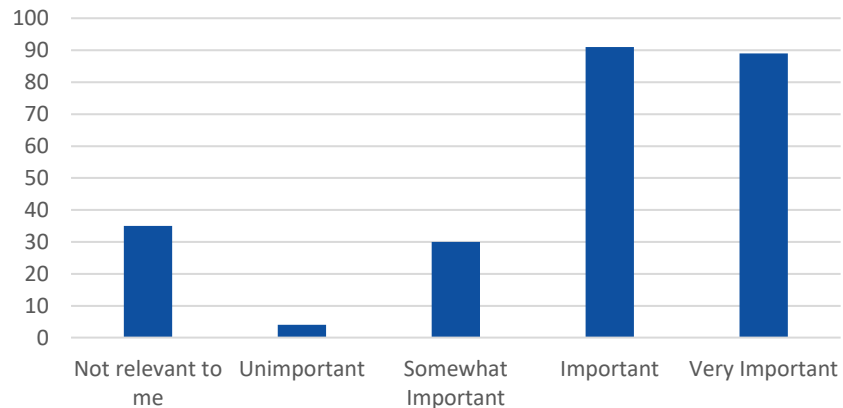


4.3.2 ASCIA Immunodeficiency Strategy

The ASCIA *Immunodeficiency Strategy* is a collaboration between ASCIA, patient support organisations and other stakeholders which aims to improve the health and well-being of people with immunodeficiencies. Implementation of the *Immunodeficiency Strategy* commenced in 2022, with an initial focus on newborn screening for severe combined immunodeficiency (SCID).

Seven free-text comments were provided about the Immunodeficiency strategy, and it was rated least important for most member categories (Table 3, page 11), which may reflect the lack of presentations in clinic leading to the high number of members (n=35) who did not consider this priority relevant (Figure 18).

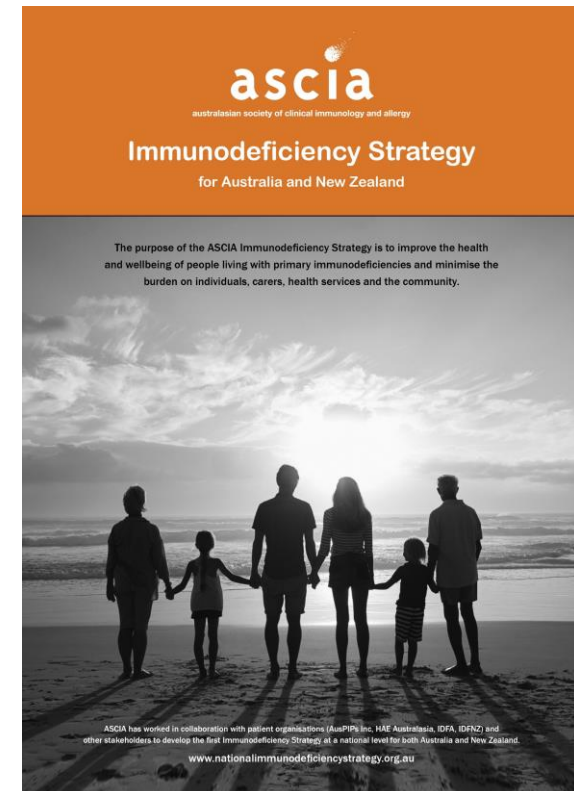
Figure 18 : Distribution of ratings of *Immunodeficiency Strategy* by all members:



“This needs to be advertised and information needs to be provided - it is important”

“Important area for ASCIA to be involved however makes up a very small amount of most Adult Immunologists practice especially if most work is in the private sector”

Member comments



4.3.3 Collaborations with research groups

ASCIA collaborates with more than 30 other organisations, including research groups such as the Centre for Food & Allergy Research (CFAR) and the National Allergy Centre of Excellence (NACE).

Collaborations with research groups were of most importance for researchers (Table 4) although 77% of all members still rated research collaborations as *Important* (n=102) or *Very important* (n=91).

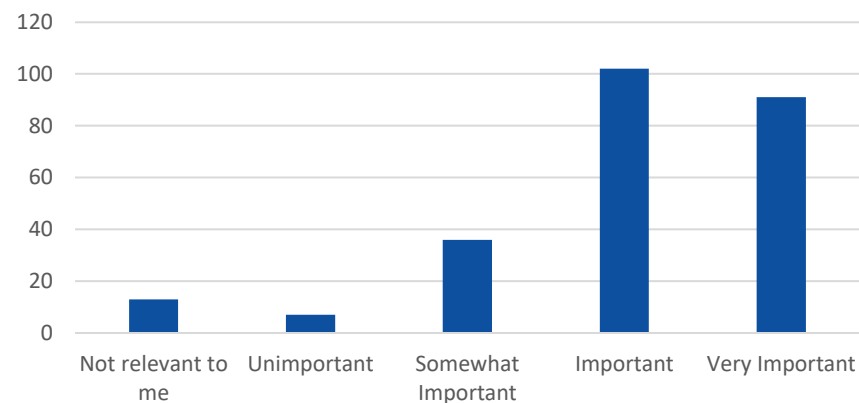
A total of 10 comments were made about collaborations with research groups. One member voiced the concern for the impact of this on ASCIA's national advocacy, however many respondents were supportive of ASCIA's role to encourage research collaborations. Some members (n=3) wanted to support the expansion of researcher collaborations specifically for *Associate Trainee members* and regional areas.

“Whilst this could be seen as important, research is not ASCIA's primary remit (as opposed to training, education and advocacy). Supporting national databases etc might be important, but liaising between groups will render ASCIA partisan and remove its national remit.”

“From time to time I attend events associated with research groups, so I value the work ASCIA has done towards research on allergies in the wider community”

Member comments

Figure 19 : Distribution of ratings of collaborations with research groups by all members



4.4 Potential future priorities for ASCIA

Potential future priorities were identified from member responses to open text questions about future priorities (n=97) and the most important priorities for ASCIA (n=146).

4.4.1 Driving evidence-based medicine

ASCIA members commented that more could be done to expand the translation of research into clinical practice, with 46 members including research translation as one of the most important ASCIA priorities across both questions. The suggested mechanisms to achieve this were:

- Supporting researcher education opportunities within the field.
- Providing opportunity for collaboration with researchers to ensure research meets clinical needs.
- Advocating for research funding and setting research priorities at a national level to ensure care standards and practice guidelines are evidence based.
- Timely updates of reliable clinical and patient education resources in alignment with latest research findings.

Member comments below highlight the need for evidence-based care:

“Evidence based guidelines for health professionals working in allergy and immunology”

“Advocacy and providing factual researched resources and practice guidelines”

Member comments

4.4.2 Advocacy strategy

Advocacy was rated one of the most important priorities for 30% (n=44) of the 146 members who provided open text responses to the question “Overall, what do you believe are the most important priorities for ASCIA”.

The elements of advocacy most frequently raised were:

- Education for consumers and clinical staff (n=71)
- Supporting the link between research and translation (n=26)
- Promoting evidence to support improved care (n=25)
- Providing nationally agreed resources (n=19)
- Increased engagement with stakeholders (n=9)
- Service funding models (n=8)

“Provide leadership and regular updates for critical topics through initiation in roundtables with stakeholders and key opinion leaders”

Member comment



4.4.3 Advocating for adequate funding

Work on MBS item numbers for treatments, such as food and drug challenges, was commented on by ASCIA members.

“Work on improving MBS for clinical work”

Adequate funding will drive better availability of services, leading to improved patient management in the primary care sector. Members would like to advocate for the inclusion biologics on the MBS.

4.4.4 Engaging stakeholders to extend advocacy and increase awareness

Members supported the continued engagement of all stakeholders as a direct mechanism for increasing awareness. The awareness often results in advocacy, building upon the previous success of ASCIA in engaging key opinion leaders.

Communication strategies within advocacy should be developed. The Colleges were recognised as a key stakeholder and need to be clearly identified in advocacy communications strategies.

Patients and carers were frequently referred to as an essential stakeholder to include in any awareness and engagement campaigns.

4.4.5 Educational materials for patients and the public

Included in future priorities by 25% (n=24) of respondents, the benefits of educational materials were reportedly multifaceted. The most reported benefits were the ease of administrative burden for members, increased accuracy of information for consumers, and a more informed and aware community. These benefits will ultimately improve patient experience.

“Education of the community. Provision of information resources for use by practitioners and public”

“Reliable resources for patient and medical professionals (both within and outside the field)”

“Getting the word out to the broader community about allergies and anaphylaxis”

Member comments

4.4.6 Education for clinicians

Education was seen as the most important *Member Service priority*, with 41% of respondents including it as one of the most important priorities. Education provided by ASCIA is already comprehensive and so most comments were in support of the work already done. Potential opportunities mentioned include more training for junior members and expanding on resources for immunodeficiency.

4.4.7 Improving patient access to clinical expertise

Members recognised the importance of incorporating roles such as GPs and Nurse practitioners into models of care to support improved patient access to clinical expertise.

“Advocacy for GP involvement in allergy workforce; provide training, resources for GPs to manage more of simple respiratory allergy to relieve burden on hospitals”

Member comment

To ensure safe and effective patient management in primary care, these clinical roles require targeted training and resources. More importantly, to reduce the burden on hospitals and create sustainable models of care, systematic advocacy for MBS item numbers is needed.

“I would really like to see the broader membership contributing to this and taking advice from stakeholders including government and consumers. There are simply not enough Allergy and Immunology specialists to service the need and ASCIA is not improving this situation. This may include advocacy for Allergy Nurse Practitioner Specialists (e.g. a curriculum) so care provision can be broader despite small numbers of qualified specialists.”

Member comment

4.4.8 Regulation and reputation

The ability to provide consistent, high quality, and safe care across a wider range of clinical experts can be challenging for healthcare professionals. Some members identified regulation as a means of ensuring high quality safe care for patients and thus maintaining the reputation of the industry.

“There are increasing number of non-FRACP qualified practitioners practising in the area of allergy (and setting up independent allergy clinics), with suboptimal outcomes for patients often.”

Member comment

4.4.9 Improving member access and involvement

A theme communicated by members across all ASCIA priorities was clearer governance of processes to improve transparency, equity, and quality of ASCIA's actions.

There is a perception from some members that they are being excluded from committees, which ASCIA staff have identified as a possible confusion between ASCIA committees (which are open to all members) and the National Allergy Council collaboration which has its own recruitment terms. There was also some confusion about which members have access to members only resources, which are open to all ASCIA members.

5. Outcomes and Recommendations

Members value the practical clinical resources as a time effective strategy for helping them to provide consistent care for their patients. ASCIA continues to focus its efforts on the areas identified for improvement by members.

5.1 Member access and communication

- Review how information is shared to dispel confusion and ensure that the collegiate culture continues. Improved communication may clarify confusion about *Online Meetings*, involvement with *Committees and working groups*, and access to *Member only resources*.

5.2 Guideline development

- Increase opportunities for *Associate Other Health Professionals* and *Associate Trainees* to be involved in the creation of guidelines, standards and models of care to drive sustainability of services. This would leverage their enthusiasm and engagement in the progression of evidence-based standards of care.

5.3 Membership expansion

- Target membership promotion at the *Associate Other Health Professionals*, as an engaged cohort. This would create the opportunity to diversify membership and upskill a workforce to support a patient-centred primary care model that promotes more agile and responsive models of care.

5.4 Continuous engagement

- Implement a mechanism of continual feedback from members and stakeholders to ensure that future ASCIA priorities are informed by the needs and wants of members, stakeholders and patients and carers.



6. Actions that ASCIA will Implement

ASCIA will implement the following actions as a direct result of the members' survey responses.

ASCIA will continue to prioritise:

- Advocacy on behalf of ASCIA members.
- Providing ASCIA member services, including online resources and communications.
- Providing professional development opportunities, including the ASCIA Annual Conference and regular online meetings.
- Implementing the National Allergy Strategy (through the National Allergy Council) and the ASCIA Immunodeficiency Strategy.
- Collaborations, including TAPID and research organisations.

ASCIA will promote:

- Accessibility of ASCIA online resources for all ASCIA members, including member only resources.
- Eligibility of all ASCIA members to join ASCIA committees.
- Eligibility of all ASCIA members to participate in the ASCIA Annual Conference.
- ASCIA e-training and online resources to all health professionals to increase knowledge.*
- ASCIA e-training and online resources to patients, carers and the community, to increase knowledge.*

ASCIA will improve by:

- Developing more autoimmunity resources.
- Increasing autoimmunity content in ASCIA Annual Conferences.
- Reviewing and updating of the ASCIA website to improve accessibility and the user experience.
- Identifying additional immunodeficiency educational opportunities.**
- Identifying additional anaphylaxis and allergy educational opportunities.*

* This is being undertaken as part of implementing the National Allergy Strategy, in ASCIA's role as a partner in the National Allergy Council.

** This is being undertaken as part of implementing the ASCIA Immunodeficiency Strategy

Appendix: Survey Questions

Intro Questions

Q1. What is your ASCIA membership category:

- ☐ Full (Ordinary)
 ☐ Associate (Other Health Professionals)
 ☐ Associate (Medical Practitioners)
 ☐ Associate (Scientists/Researchers)
 ☐ Associate (Trainees)
 ☐ Retired

Q2. Do you work in:

- ☐ Private Practice or organisation
☐ Public Hospital clinic/s or institution/s
☐ Combination of private practice/organisation and public hospital clinic/s/institution/s

Q3. What region/s do you work in?

- ☐ Australian Capital Territory
 ☐ Northern Territory
 ☐ Tasmania
☐ New South Wales
 ☐ Queensland
 ☐ Victoria
☐ New Zealand
 ☐ South Australia
 ☐ Western Australia

ASCIA PRIORITY 1 – MEMBER SERVICES

Q4. How do you rate each of the following current ASCIA Member Service priorities?

	1. Not relevant to me	2. Unimportant	3. Somewhat Important	4. Important	5. Very Important
Advocacy on behalf of ASCIA members	☐	☐	☐	☐	☐
ASCIA online communications	☐	☐	☐	☐	☐
Listing on the ASCIA website 'How to Locate a Specialist' section	☐	☐	☐	☐	☐
AIFA research grants	☐	☐	☐	☐	☐
ASCIA Immunodeficiency online resources, education and training	☐	☐	☐	☐	☐
ASCIA anaphylaxis/allergy online resources, education and training	☐	☐	☐	☐	☐
Access to ASCIA member only resources	☐	☐	☐	☐	☐
Sustainability	☐	☐	☐	☐	☐

Appendix: Survey Questions Continued

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Q5. Please select any of the following priorities if you would like to provide comments.

- ☐ Advocacy on behalf of ASCIA members
- ☐ ASCIA online communications
- ☐ Listing on the ASCIA website 'How to Locate a Specialist' section
- ☐ AIFA research grants
- ☐ ASCIA immunodeficiency online resources, education and training
- ☐ ASCIA anaphylaxis/allergy online resources, education and training
- ☐ Access to ASCIA member only resources
- ☐ Sustainability

Q6. Please provide your comments below

- » Advocacy on behalf of ASCIA members
- » ASCIA online communications
- » Listing on the ASCIA website 'How to Locate a Specialist' section
- » AIFA research grants
- » ASCIA immunodeficiency online resources, education and training

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Qualtrics Survey Software

- » ASCIA anaphylaxis/allergy online resources, education and training
- » Access to ASCIA member only resources
- » Sustainability

ASCIA PRIORITY 2 – PROFESSIONAL DEVELOPMENT

Q7. How do you rate each of the following current ASCIA Professional Development priorities?

	1. Not relevant to me	2. Unimportant	3. Somewhere Important	4. Important	Very Important
ASCIA Annual Conference	☐	☐	☐	☐	☐
ASCIA committees and working parties	☐	☐	☐	☐	☐
ASCIA educational dinner meetings	☐	☐	☐	☐	☐
ASCIA video meetings	☐	☐	☐	☐	☐
ASCIA advanced training meetings	☐	☐	☐	☐	☐

Appendix: Survey Questions Continued

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Qualtrics Survey Software

Q8. Please select any of the following priorities if you would like to provide comments.

- ☐ ASCIA Annual Conference
- ☐ ASCIA committees and working parties
- ☐ ASCIA educational dinner meetings
- ☐ ASCIA video meetings
- ☐ ASCIA advanced training meetings

Q9. Please provide your comments below

» ASCIA Annual Conference

» ASCIA committees and working parties

» ASCIA educational dinner meetings

» ASCIA video meetings

» ASCIA advanced training meetings

ASCIA PRIORITY 3 – COLLABORATIONS

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Q10. How do you rate each of the following current ASCIA Collaboration priorities?

	1. Not relevant to me	2. Unimportant	3. Somewhat Important	4. Important	5. Very Important
National Allergy Council	☐	☐	☐	☐	☐
ASCIA Immunodeficiency Strategy	☐	☐	☐	☐	☐
Collaborations with research groups	☐	☐	☐	☐	☐

Q11. Please select any of the following priorities if you would like to provide comments.

- ☐ National Allergy Council
- ☐ ASCIA Immunodeficiency Strategy
- ☐ Collaborations with research groups

Q12. Please provide your comments below

» National Allergy Council

» ASCIA Immunodeficiency Strategy

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Appendix: Survey Questions Continued

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» Collaborations with research groups

Outro

Q13. Overall, what do you believe are the most important priorities for ASCIA?

Q14. Is there anything that ASCIA is not doing that you think we should consider doing in the future?

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