

CSACI 2024 Needs Assessment Summary

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CSACI Educational Strategic Pillar Mission

To provide timely, accessible, and innovative educational approaches. To engage with and to meet the diverse learning needs of CSACI members, trainees, health care professionals and communities

Planned Accredited Activities 2025-2026

1. Annual Scientific Meeting
2. Women in Allergy and Immunology Conference
3. Webinars
4. Interest section meetings (option of accreditation)
5. NAPAAC 2026 (accreditation by CSACI or ACAAI depending on location)

Needs Assessment Background

A needs assessment is a systematic process for identifying and analyzing the learning needs of healthcare professionals to inform development of effective CPD programs that will advance knowledge, performance, and ultimately, patient care. The CSACI completes a formal membership-wide needs assessment survey every 2 years to inform the content of educational programs.

There are three distinct types of needs:

Type of need	Definition	Source for 2024-2026 needs assessment
Perceived	- Learning needs that we can self-identify	-2024 needs assessment survey -outstanding items from 2022 needs assessment survey -evaluations from 2024 educational programs
Unperceived	- Learning needs that we are not aware of	-Expert opinion from scientific planning committee (SPC) members -Review of programming from related specialties and professions

		-CMPA report* -Anaphylaxis registry -Coroner's reports**
Emerging	-Resulting from new research, technological advancements and innovations	-Literature reviews -Changes in healthcare policies and regulations -Scans of new technology, diagnostic tests and interventions

*CMPA has declared Clinical Immunology & Allergy a “low risk” specialty, and has declined to rerun this report for this year, we can inquire again in 2-3 years

**Ongoing efforts to obtain access, possible access to summaries through the CSACI sponsored anaphylaxis registry

What is included in this document?

I. 2024 CSACI Membership Needs Assessment Summary

Link to full survey results:

II. 2022 CSACI Membership Needs Assessment - Outstanding Items

Link to full survey results:

III. Summary of new SPC documentation to meet accreditation needs

Appendix A - CSACI SPC Meeting Planning Documentation

Appendix B - handout to support learning objective generation

Smartie.dev resource to support learning objective generation

Links to National Accreditation Standards:

<https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/standards>

<https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/standards/group-learning-activities.html>

IV. Description of new CPD provider standards


2024 CSACI Membership Needs Assessment Summary

Question: If you could choose one session to attend at next year's ASM, what would it be called? Responses grouped by topic:

1. Food Allergy and Oral Immunotherapy (OIT) (14 mentions) Topics include: practical aspects of OIT, challenges in OIT, oral food challenges at home, and non-eosinophilic food allergies.
2. Immunodeficiency (9 mentions) Topics include: practical approaches to immunodeficiency in adults, challenging cases, secondary immunodeficiency, and newborn screening for SCID.
3. Biologics and Pharmacology (7 mentions) Topics include: basics of biologics, the role of allergists in managing patients on biologics, integration with and impact of specialty pharmacies, and the economic burden of biologics on healthcare systems.
4. Mast Cell Disorders and Urticaria (7 mentions) Topics include: approach to mast cell activation syndromes, difficult cases in urticaria, and new treatments in urticaria.
5. Eosinophilic Disorders (3 mentions) Topics include: approach to hypereosinophilia and eosinophilic esophagitis.
6. Drug Allergy (3 mentions) Topics include: severe drug allergy and DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms).
7. Other Topics (13 mentions) Various topics such as the Finnish experience with the allergy and asthma epidemic, climate change, literature reviews, and a section specific to trainee education.

Food Allergy and Oral Immunotherapy (OIT):

- Oral food challenges at home - when is it appropriate for patients to do it on their own
- Managing OIT
- Food allergy topics
- Challenging cases in oral immunotherapy


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- Preventing allergy in youth, when not to use OIT, what a mother can do prenatally
 - Mechanism of food immunotherapy
 - OIT practical aspects
 - Food OIT for adults
 - Oral immunotherapy update
 - Challenges in OIT
 - OIT in adult population
 - Changes in the delivery of food allergy care: fostering patient self-management
 - Treatment induced FPIES Or EOE
 - EOE and beyond. Non eosinophilic food allergies.

Immunodeficiency:

- A review of immunizations in IEI
- Challenging Immunodeficiency Cases
- Secondary immunodeficiency
- Most common adult's Immunodeficiency disorders
- Genetics: In Practice
- A topic on newborn screening for SCID
- Practical Approach to Immunodeficiency in Adults, sample case with sample history/physical/investigations
- A practical approach to immunodeficiency
- Navigating immune dysregulation

Biologics and Pharmacology:

- The basics of biologics for dummies. Even if there was some specific teaching around Dupixent.
- Biologics in allergy and immunology
- Biologics and integration with Specialty Pharmacy

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- The influence of drug companies on allergist practice
 - What we will need to know about the allergist and immunologist role for patients on Biological therapies
 - The economic burden of biologics on the health care systems of Canada and US (750 are now approved by FDA). Is this sustainable?
 - Biologic therapy in allergic disorders

Mast Cell Disorders and Urticaria:

- MCAS Consults - To reject or not to reject
- Approach to mast cell activation (not mastocytosis)
- Rashes that look like hives
- Difficult cases in Urticaria
- Mast cell activation syndrome. Dealing with patient expectations when they are consulting other physicians in the U.S.
- non-urticarial rashes
- New treatments in urticaria

Eosinophilic Disorders:

- Approach to hypereosinophilia
- Eosinophilic disorders
- Eosinophilic Esophagitis

Drug Allergy:

- Drug allergy
- severe drug allergy
- DRESS, diagnosis, investigation, treatment

Other Topics:

- Allergy and asthma epidemic The Finnish Experience
- Equity diversity and inclusion in Allergy and Immunology Research
- The Lit Review
- Climate change and effects on allergic rhinitis/SCIT/SLIT
- Nutritional impacts of food allergy
- How to address the difficult to manage preschool asthma who do not qualify for biologics
- Difficult to manage asthma in the pediatric population
- unusual allergy (chocolate, coffee, sulfite, alpha-gal, etc.)
- Lit review of the highest impact papers in allergy in the last 3 years
- Literature review
- Climate change
- Debate
- A section specific to trainee education

Top 20 Ranked Topics

Topic	Weighted Average
Asthma	4.07
Asthma management, including selection of biologic agents	3.99
Emerging therapies for atopic dermatitis including biologics	3.97
Optimizing safety during food allergy treatment	3.97
Immunological consequences of biologic agents including secondary immunodeficiency	..
Use of home based therapies, including food ladders, in food allergy	3.94
IgE-mediated food allergy	3.91
Immunotherapy options for food allergy (pediatrics)	3.9

Optimizing management of anaphylaxis in the Allergy clinic	3.89
Allergic rhinitis management, including immunotherapy (SLIT, SCIT) and biologic agents	3.89
Immunotherapy options for food allergy (adults)	3.84
Atopic Dermatitis	3.82
Eosinophilic gastrointestinal disorders	3.81
Food protein induced enterocolitis syndrome: treatment in the Canadian context	3.72
Food protein induced enterocolitis syndrome: diagnosis in adults	3.71
Idiopathic anaphylaxis	3.7
Anaphylaxis fatalities including pathophysiology and acute management	3.66
Recognition and management of cofactors in anaphylaxis	3.65
Venom allergy management including desensitization	3.65
Allergic and immunologic disorders in pregnancy and lactation (HAE, asthma, immunotherapy, biologics)	3.63

Top 10 most challenging conditions to treat

Top 10 most challenging conditions to treat (from most to least challenging)

1. Long-term management of inborn errors of immunity
2. Recurrent idiopathic anaphylaxis
3. Complex drug allergy
4. Possible mast cell disorders
5. Diagnosis of inborn errors of immunity
6. Severe dermatitis

7. Occupational rhinitis and asthma
8. Severe, difficult to control asthma
9. Bradykinin-mediated angioedema
10. Chronic cough

Other topics (summarized from Questions 18 and 19):

1. Biologics and Newer Therapies (8 mentions)

Topics include: learning about biologics in food allergy, biologics and when and when not to use them, and biological therapies and the role of the allergist.

2. Patient Counseling and Communication (4 mentions)

Topics include: how to tell bad news to parents, MCAS patient counseling, counseling patients who do not have mast cell disorders but think they do, and public speaking.

3. Climate Change (3 mentions)

Topics include: climate change effects on the immune system, engaging the Canadian healthcare and education systems in the approach to early exposure to antigens, and climate change and its impact on immune system and allergy and what we can do about it.

4. Drug Allergy (3 mentions)

Specific speakers suggested: Matthieu Picard (Canadian), Elizabeth Phillips, Crosby Stone, Kim Blumenthal, Tanya Laidlaw, and Jason Trubiano.

5. Immunology (3 mentions)

Topics include: inborn errors of immunity and management of its complications, psychosocial impacts of IEI, and types of inflammatory responses and management.



6. Healthcare Disparities and Access (3 mentions)

Topics include: remote community management, disparity of allergy symptoms and treatment in underrepresented/low SES populations, and rural medicine - how to advocate for more virtual care for them.

7. Anaphylaxis (2 mentions)

Topics include: multidisciplinary approach to pediatric anaphylaxis and how to take action to prevent anaphylactic shock and other adverse events.

8. Eosinophilic Disorders (2 mentions)

Specific speaker suggested: Dr. Natacha Tardio.

9. Office Efficiency and Quality Improvement (2 mentions)

Topics include: running efficient offices, AI and office efficiency, and QI projects within the office.

10. Non-IgE-mediated Food Allergy (2 mentions)

Topics include: FPIES and FPIAP.

11. Other Topics (2 mentions)

Various topics such as mini panels for fellows/residents during FIT/NREP and comanaging patients with other specialties.

Question 18: The Education Committee would like to identify cross cutting themes and issues for symposia that may be of benefit for a majority of CSACI members. To help present to your fellow members topics that represent unperceived needs for them, do you have any specific ideas for a speaker and topic based on your experiences at other CME/CPD Meetings?

Question 19: Please give examples of topics you would find useful in each of the CanMEDs roles (Please note it is not mandatory to fill in each field):(For definitions of each role please click here: <http://www.royalcollege.ca/rcsite/canmeds/about-canmeds-e>)

Allied health

Members requested the following topics

- Expediting patient care
- Interpretation of blood work results for food allergy
- Nutritional implications of food allergy (?and food allergy treatment)

Program specific recommendations:

a. Section 3 Sessions

Simulation for management of in office emergencies	56.25%
Developing a QI project for your clinical practice - meeting your provincial licensing requirements	45.31%
Clinical practice efficiency: advanced level AI use for the Allergy and Immunology practitioner	59.38%
Clinical practice efficiency: harness the power of intake forms to reduce your paperwork burden	68.75%
Interprofessional care in patients with immunodeficiencies - case practice	43.75%
Use of skin biopsy in allergic and immunologic diseases	43.75%
Media Training (including podcast participation)	31.25%
Other Suggestions	

b. Webinars

Suggested topics for deep dives with this format included:

- Biodiversity and allergy
- Oral immunotherapy protocols and practical considerations
- Less common routes for immunotherapy: intratonsillar
- Detection of PID in the allergy clinic
- Treating anxious or vulnerable patients
- Approach to patients who think they have MCAS
- Approach to patients who have confirmed MCAS
- AI for outpatient use
- Canadian approaches for management of FPIES

c. Podcasts

Members suggested the following topics for the podcast:

Immunotherapy and Biologics (3 mentions)

- Immunotherapy (for AR) in the pediatric population
- How to get parents to agree on biologics without them thinking it will "suppress their immune system"
- Secondary immunodeficiency due to biologics

Practice Management (3 mentions)

- More technical topics regarding office management including use of AI scribe software
- Effective practice management
- Virtual care and outreach with Dr Victoria Cook

Drug Allergy (2 mentions)

- Severe drug allergy
- Allergy, drug allergy testing in pregnant women

Food Allergy (2 mentions)

- Evolution of most popular food allergies
- Food allergy and anxiety or psychosocial implications of food allergy



Immunodeficiency (2 mentions)

- Inborn errors of immunity and the spectrum of these conditions beyond immunodeficiency
- Secondary immunodeficiency due to biologics

Mast Cell Activation Syndrome (MCAS) (2 mentions)

- MCAS
- New PFT reporting guidelines related to MCAS

Artificial Intelligence (AI) in Medicine (2 mentions)

Industry Influence (1 mention)

- Pharmaceutical industry influence on allergy practice

Interdisciplinary Roles (1 mention)

- Interdisciplinary roles in the allergy clinic

Specialty Pharmacy Support (1 mention)

Allergy Myths (1 mention)

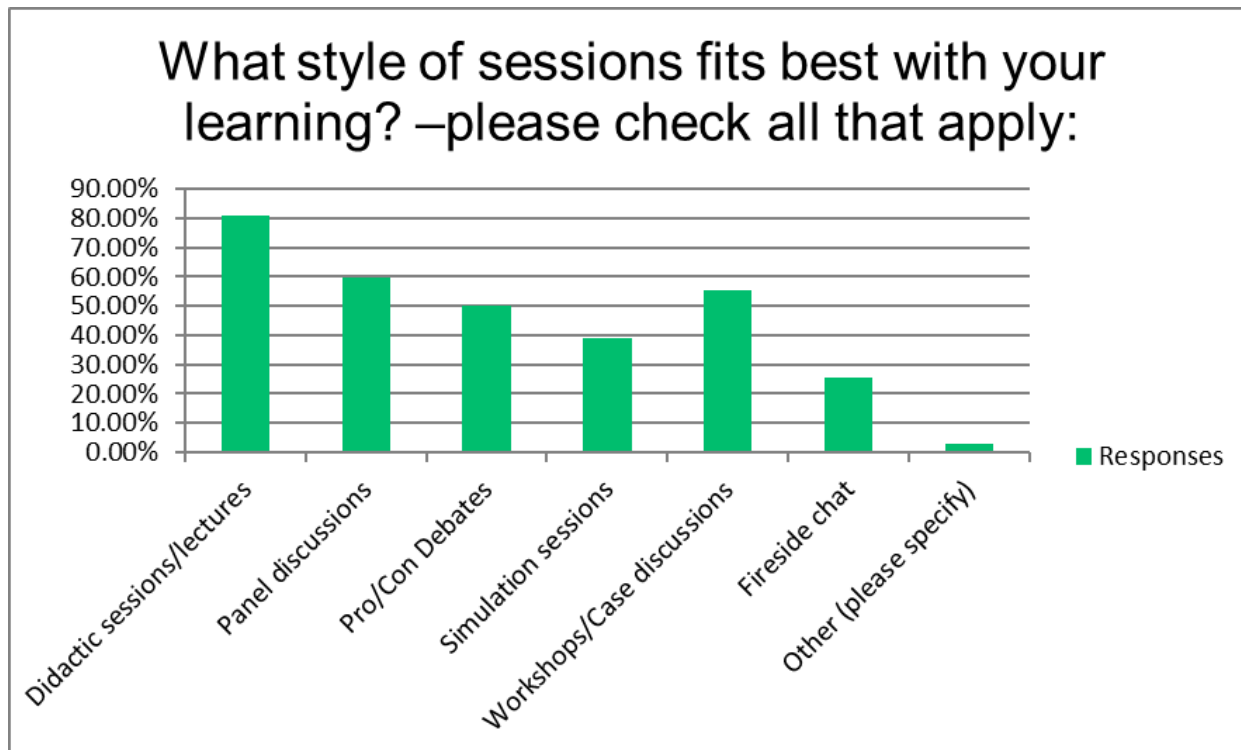
Infusion Reactions (1 mention)

- Infusion reactions to chemotherapeutics/targeted therapies

FPIES (Food Protein-Induced Enterocolitis Syndrome) (1 mention)

Cannabis and LTP (Lipid Transfer Protein) Allergy (1 mention)

d. Preferred learning styles



2022 CSACI Needs Assessment - Outstanding Items

- From top 20 topics
 - #13: Treatment options in drug allergy including desensitization
 - #17: Severe cutaneous adverse reactions to medications
 - #20: Non-IgE-mediated adverse reactions to vaccination
 - #23: Adverse reactions to NSAIDs, including NSAID-exacerbated respiratory disease

Needs assessment - unperceived needs

- I. Review of closely related specialty meetings

Canadian Thoracic Society

https://cts-sct.ca/wp-content/uploads/2024/01/CRC-2024_Brochure_ENGLISH_Final.pdf

- Keynote- wildfire smoke and respiratory health, We are not all perfectly fine: critical frameworks for understanding and tackling our burnout crisis (Dr. Jillian Horton)
- Pro-con debate: all severe asthmatics should have a trial of triple inhaled therapy before the initiation of biologics
- Rsv and the older adult population
 - ?possible something with new vaccine?
- Co-developed session with GSK- Lessons from the airways: remodelling our understanding with biologics
- Hypersensitivity pneumonitis
- Chronic cough- what's new in pharmacological treatment? Patient's perspective? How can SLP help?
- AI (3 different talks)
- Overlaps between OSA and other resp diseases (including asthma)
- Management of severe asthma in Canada- insights from CASCADE program (co-developed with CTS, AZ, Amgen)
- Management of T2 low asthma
- Achieving asthma remission
- Health literacy- a challenge and opportunity in an era of misinformation

American Thoracic Society -

<https://conference.thoracic.org/program/highlights-on-demand.php>

- Keynote: AI, immigrant health
- Pro-con debate on gas stoves to lung health

- Chatgpt and language models in clinical practice and scientific research
- Environmental influence on lung health
- Respiratory health impacts of human made disasters and natural disasters, wildfires, earthquakes, and volcanoes

CHEST <https://events.rdmobile.com/Sessions/Index/17542>

- Keynote: the climate and health pandemic
- Vaccine challenges and strategies for viral respiratory infections in adults
- Advances in non-t2 asthma
- Piecing together the RSV mosaic (immunization efforts)

Rheumatology (Canadian, US)

ENT <https://www.entcanada.org/montreal-2024/>

- AI In otolaryngology
- Biologics in the treatment of CRSwNP in Canada (Dr. Sowerby)
- Development of a patient-centred online resource on CRSwNP (Thamboo)
- Real-world olfactory outcomes of dupilumab in patients with severe CRSwNP (Sowerby)
- Endoscopic posterior neurectomy, a treatment for vasomotor rhinitis (Horev and Wright, Edmonton)
- Controversies in biologic management (Thamboo)

Perceptions of the gender pay gap in otolaryngology

II. Pending - anaphylaxis registry data, coroner reports

Requested summary data - will update this document when available.

Summary of new SPC documentation to meet accreditation needs

The CSACI is pending a full accreditation review in 2026. Ahead of this we would like to standardize documentation relating to the development of our CPD activities.



National standard for support of accredited CPD activities

Element 1: Independence

This element describes the membership, roles, responsibilities and decision authority of a scientific planning committee.

- 1.1 Every accredited CPD activity must have a scientific planning committee (SPC) that includes representatives of the intended target audience. The SPC is the group responsible for all decisions noted throughout the Standard.
- 1.2 The SPC may consider data or advice from all sources, but must ensure that decision-making related to the following CPD program elements is under its exclusive control:
 - a) Identification of the educational needs of the intended target audience;
 - b) Development of learning objectives;
 - c) Selection of educational methods;
 - d) Selection of speakers, moderators, facilitators and authors;
 - e) Development and delivery of content; and
 - f) Evaluation of outcomes.
- 1.3 Representatives of a sponsor or any organization hired by a sponsor cannot participate in decisions related to CPD program elements a) through f) within 1.2.

Key resources:

Appendix A - CSACI Scientific Planning committee documentation

Appendix B - How to write good quality learning objectives

Smartie.dev

Links to National Accreditation Standards:

<https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/standards>

<https://www.royalcollege.ca/en/standards-and-accreditation/cpd-accreditation/standards/group-learning-activities.html>

V. Description of new CPD provider standards

Introduced at National Accreditation Conference 2025. Will be in play during our 2026 accreditation cycle.

Key changes:

- Document inclusion of patient and community needs
- Document incorporation of EDI principles into session development

Documentation of both will be part of the CSACI SPC Documentation.

Actionable Items to help you include Patient and Community Needs

Examples of Patient and Community Contributions:

The CPD Provider includes a patient or a member of the community on their SPC	
The CPD Provider invites patients or members of the community to speak at a CPD activity	
Patient Panels	An innovative way to seek public input, ideas and experiences on a specific issue or topic.
Simulated Patient Encounters	These simulated encounters provide patient feedback that leads to patient participation in teaching and learning.
Interprofessional Education	Ward rounds, Teaching rounds, Case rounds (difficult cases)
Medical Humanities Programs	Human aspect of medicine. Compassionate programs. Ethics in medical practice.
Focus Groups	Small groups of people (8 to 10) that have experiences in or with the selected topic



Overall, patient and community contributions to educational activities promote patient-centered care, cultural competence, and a deeper understanding of the social and ethical dimensions of medical practice.

Recommendations to help NSSs to reach compliance:

The NSS should identify and address the educational needs of their target audience which could then extend to patient and community needs.

NSSs should be aware of the various ways that the **community needs** can be included in the CPD planning as we mentioned earlier....

1. The CPD provider includes a patient or a member of the community on the scientific planning committee.
2. The CPD provider invites patients or members of the community to speak at a CPD activity.

EDI Principle incorporation

- Includes talk content (what populations are not represented in the research/guideline being presented?), ensuring educational sessions are accessible to all members, and ensuring that SPC, speakers and moderators are representative of our member population
- Currently this is a required comment on our request for session proposals