



ascia

australasian society of clinical immunology and allergy

anaphylaxis e-training for schools 2024 REPORT



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Introduction

From December 2023 to December 2024, ASCIA included a mandatory post-training survey in **ASCIA anaphylaxis e-training for schools** in Australia and New Zealand, which is split into 4 different courses:

- Victoria (VIC) – staff working in VIC state schools
- Queensland (QLD) – staff working in QLD state schools
- Western Australia (WA) – staff working in WA state schools
- Australasian – for all other school staff working in Australia and New Zealand

In 2024, there were 86,215 course and survey completions by:

- 61,246 Victorian, Queensland and Western Australian state school staff.
- 24,969 Australasian school staff, a 12% increase compared to 20,673 completions in 2023.

Course completions included a significant proportion of participants in regional, rural or remote areas, as well as metropolitan areas:

- 66% were working in a metropolitan area (in or near a major city).
- 30% were working in a regional, rural or remote (RRR) area.

The increase in course completions is due to promotion of the courses by ASCIA through conferences, e-newsletters and social media, as part of the National Allergy Council Schools and Childcare project.

The increased course completions indicate the importance of providing access to this form of training, reflecting the rising prevalence of allergic disease in Australia and New Zealand.

ASCIA anaphylaxis e-training is important for the following reasons:

- Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency.
- Anaphylaxis requires immediate treatment with adrenaline (epinephrine).
- If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

ASCIA anaphylaxis e-training courses for schools, children's education/care (CEC) provide accessible, consistent, and evidence-based training on recognition, emergency treatment and prevention of anaphylaxis. To facilitate access, ASCIA e-training courses are available at no charge to the user. The courses were first developed in 2010 and are regularly reviewed and updated.

This report does not include completions of ASCIA anaphylaxis e-training courses licenced on the New South Wales (NSW), QLD and WA Education Department LMS platforms.

Method and Analysis

Quantitative and qualitative analyses of the responses were undertaken by an independent data analyst who was not involved in developing the survey.

The questions included in the Australasian e-training for schools feedback survey were different from the questions included in the VIC, QLD and WA courses. The following report focuses on the majority of responses, which were from the VIC, QLD and WA courses.

The questions for the VIC, QLD and WA schools included:

1. In what region do you work?
2. Do you work in a: (type of school)?
3. My main role is: (role)?
4. What device did you use to complete the course?
5. Select the following statements about the course that you agree with (content and instructions)
6. Select the following statements about the course that you agree with (videos and animations)
7. To what degree were your learning needs met?
8. How satisfied were you with the educational quality of this course?
9. How could this course be improved? (open answer)

Summary of Findings

In 2024, there were 86,215 course and survey completions for **ASCIA anaphylaxis e-training for schools**, comprised of:

- 61,246 Victorian, Queensland and Western Australian state school staff.
- 24,969 Australasian school staff, a 12% increase compared to 20,673 completions in 2023.

Overall, the training provided in ASCIA anaphylaxis e-training for schools was well received by those who completed the course:

- A total of 52,936 (66%) of respondents indicated that they worked in a metropolitan area (in or near a major city), and 23,979 (30%) worked in a regional, rural or remote (RRR) area.
- On average across the courses, most respondents were from government schools (44%), followed by independent schools (20%) and Catholic schools (19%). An average of 9% of respondents identified as not currently working in a school, while 8% were still training to work in a school.
- On average, 42% of respondents identified their role as a 'teacher', 18% as 'teaching or education assistant', 7% as 'administrator' and 33% identified with 'other' roles (mostly made up of student teachers, unemployed workers who are applying for work, and some school nurses).
- ASCIA e-training is cross-device compatible; most respondents (90%) completed the course on a desktop or laptop computer, with some completing on a smart phone (7%), or tablet device (3%). 70% of respondents indicated they could easily complete the course on their device.
- Most respondents (80%) agreed that the information in the e-training course was relevant to their work and the content was easy to understand.
- When asked about the interactive elements in the training, 73% of respondents agreed that the questions at the end of each module allowed them to monitor their content understanding.
- Feedback about multimedia features within the e-training showed that respondents' understanding was improved by images and infographics (78% of respondents) and videos and animations (63%).
- Across all three state courses (Victoria, Queensland and Western Australia), course participants mostly indicated that their learning needs were either entirely met (94%) or partially met (6%), as per the following table (Question 7):

Question 7. To what degree were your learning needs met?

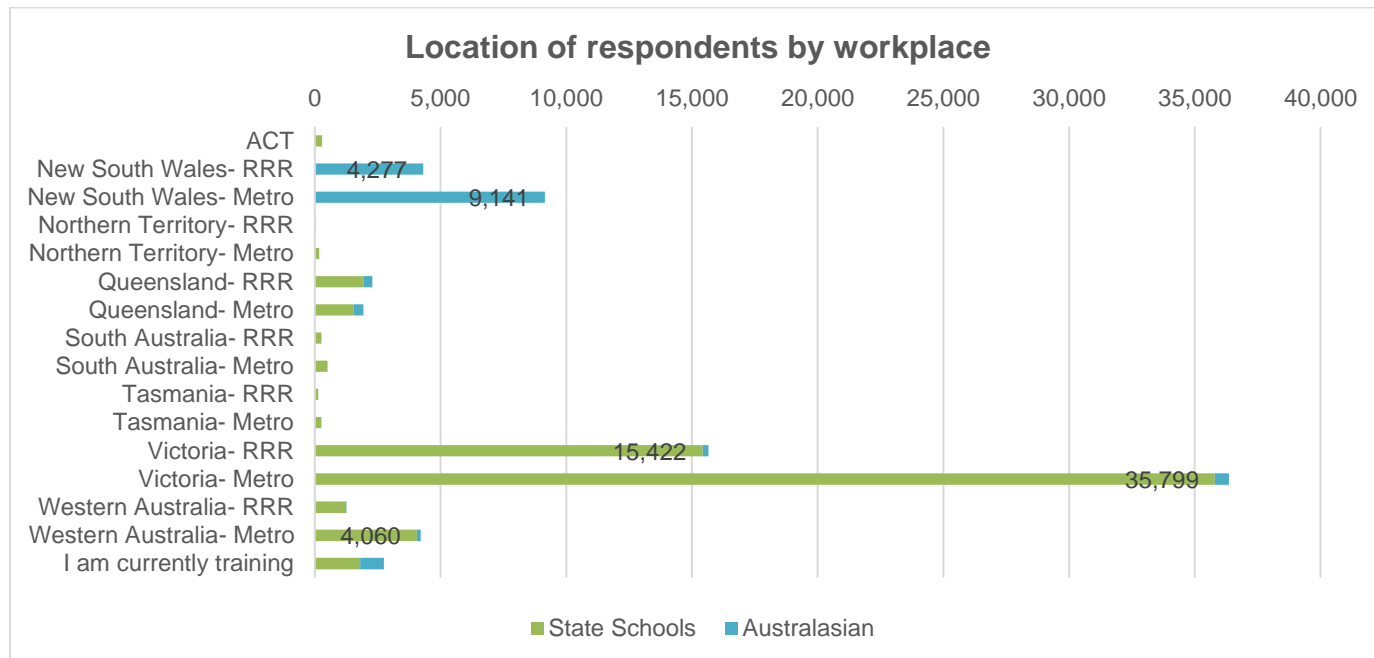
Learning Outcomes	Entirely met	Partially met	Not met
Know the signs of mild to moderate, and severe allergic reactions (anaphylaxis).	93%	7%	0%
Know how to treat anaphylaxis by following an ASCIA First Aid or Action Plan.	94%	6%	0%
Know how and when to give an adrenaline injector.	94%	6%	0%

- On average, 99% of respondents were either very satisfied (77%) or satisfied (22%) with the educational quality of the e-training course.
- Data collected from an open-answer question asking participants how the course could be improved resulted in mostly positive comments (61%) and blank or neutral comments which were removed from analysis to better identify themes for improvement. The most significant opportunities for improvement identified in the feedback were visual and interactive elements (13% of comments), course content (9%), assessments and quizzes (7%), and a better user experience and course navigation (5%).

Question 1 - In what region do you work?

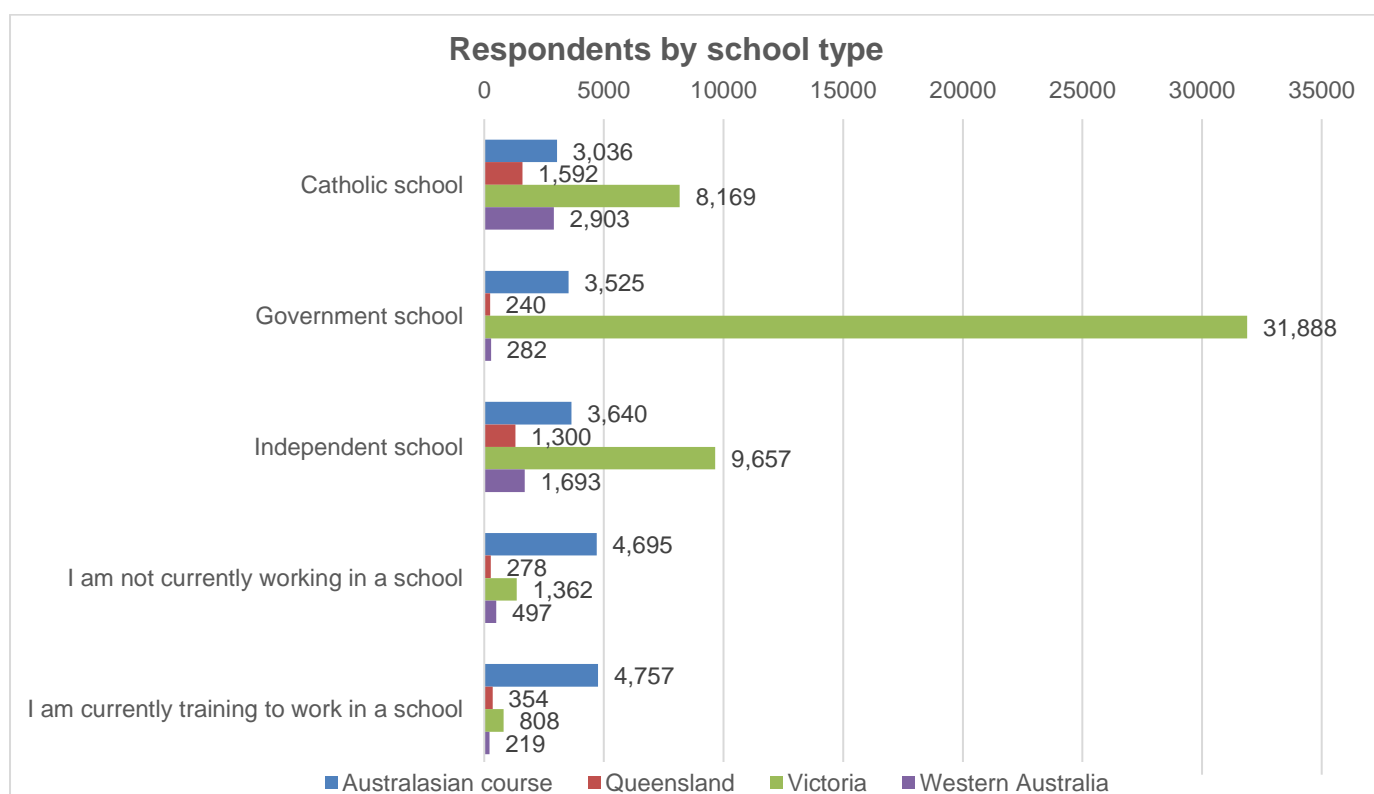
Course completions included 23,979 (30%) of participants in regional, rural or remote (RRR) areas, 52,936 (66%) in metropolitan (Metro) areas, and 4% in other areas.

The highest response rates were from Victoria (52,016), New South Wales (13,467), Western Australia (5,479), then Queensland (4,220). 2,752 respondents identified as currently training.



Question 2 – What type of school do you work in?

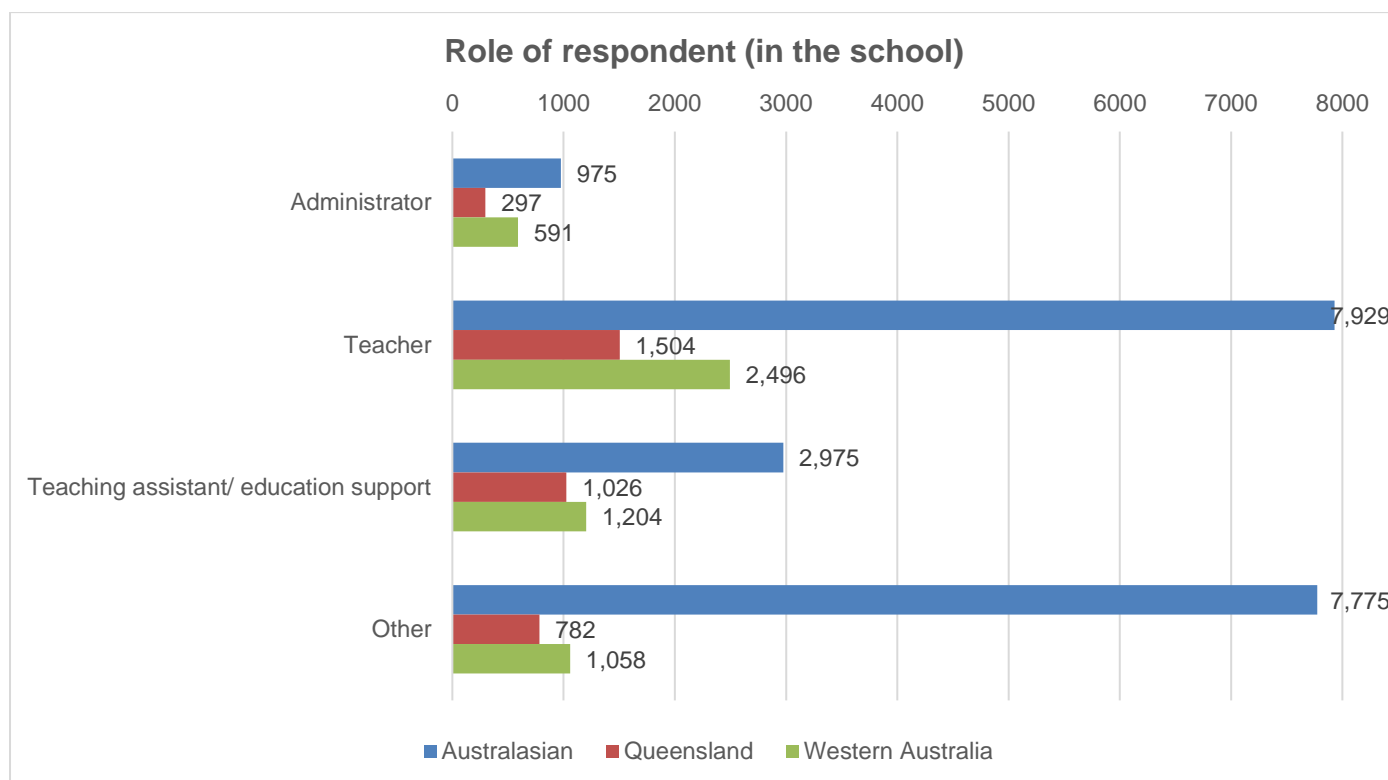
On average across the school courses, most respondents were from government schools (44%), followed by independent schools (20%), and Catholic schools (19%). An average of 9% of respondents identified as not currently working in a school, while 8% were still training to work in a school.



Question 3 – What is your main role (in the school)?

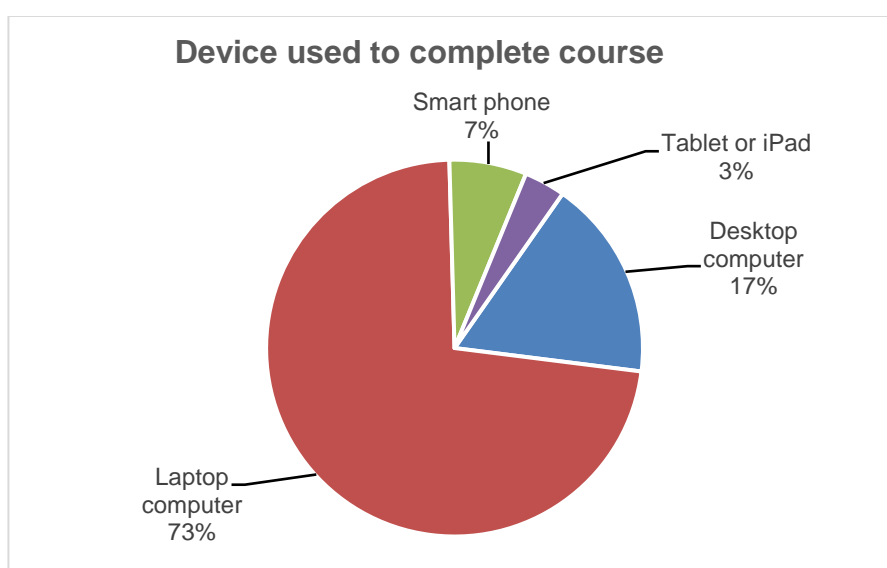
Across the courses, an average of 42% of respondents identified their role as a ‘teacher’, 18% as ‘teaching or education assistant’, 7% as ‘administrator’ and 33% identified with ‘other’ roles.

The ‘other’ free text responses were mostly made up of student teachers, unemployed workers who are applying for work, and a small number of school nurses.



Question 4 - What device did you use to complete the course?

ASCIA e-training is accessible and cross-compatible across devices. Most respondents (90%) completed the course on a desktop or laptop computer, while some completed on a smart phone (7%), or tablet device (3%).



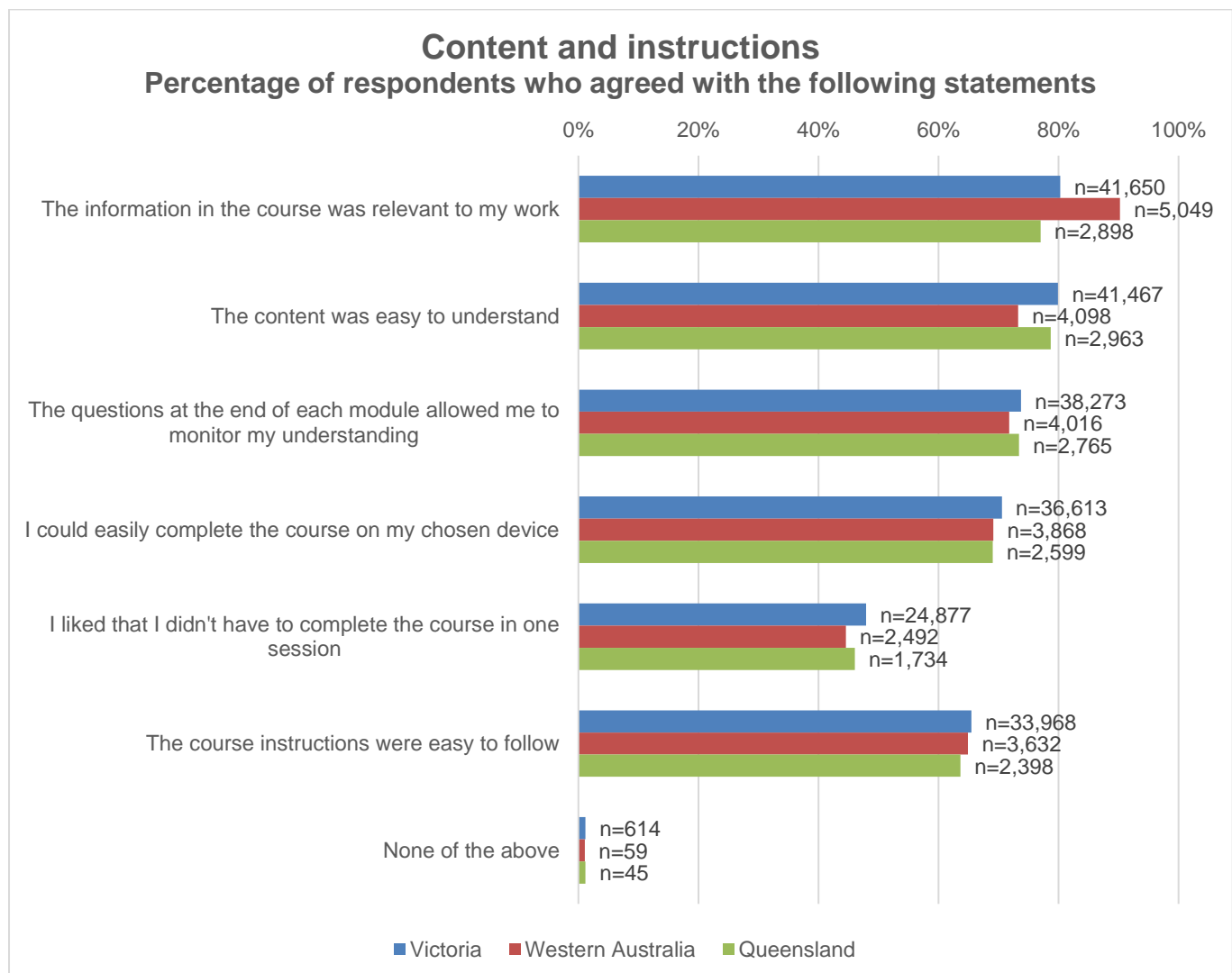
Question 5 – Content and instructions

Across the state courses (Victoria, Queensland, and Western Australia), respondents were asked to give feedback in the format of “agreeing” with a statement given about course content and other features.

On average across the three states:

- 80% agreed that the information in the course was relevant to their work and the content was easy to understand.
- 73% agreed that the questions at the end of each module allowed them to monitor their content understanding.
- 70% agreed they could easily complete the course on their device.
- 65% agreed that the course instructions were easy to follow.
- Less than half (48%) indicated they valued not having to complete the course in one session.
- Only 1% of respondents did not agree with any of the positive statements about the course.

A more detailed breakdown of the numbers and percentages of respondents have been shown for each statement in the below graph, separated by each state course.



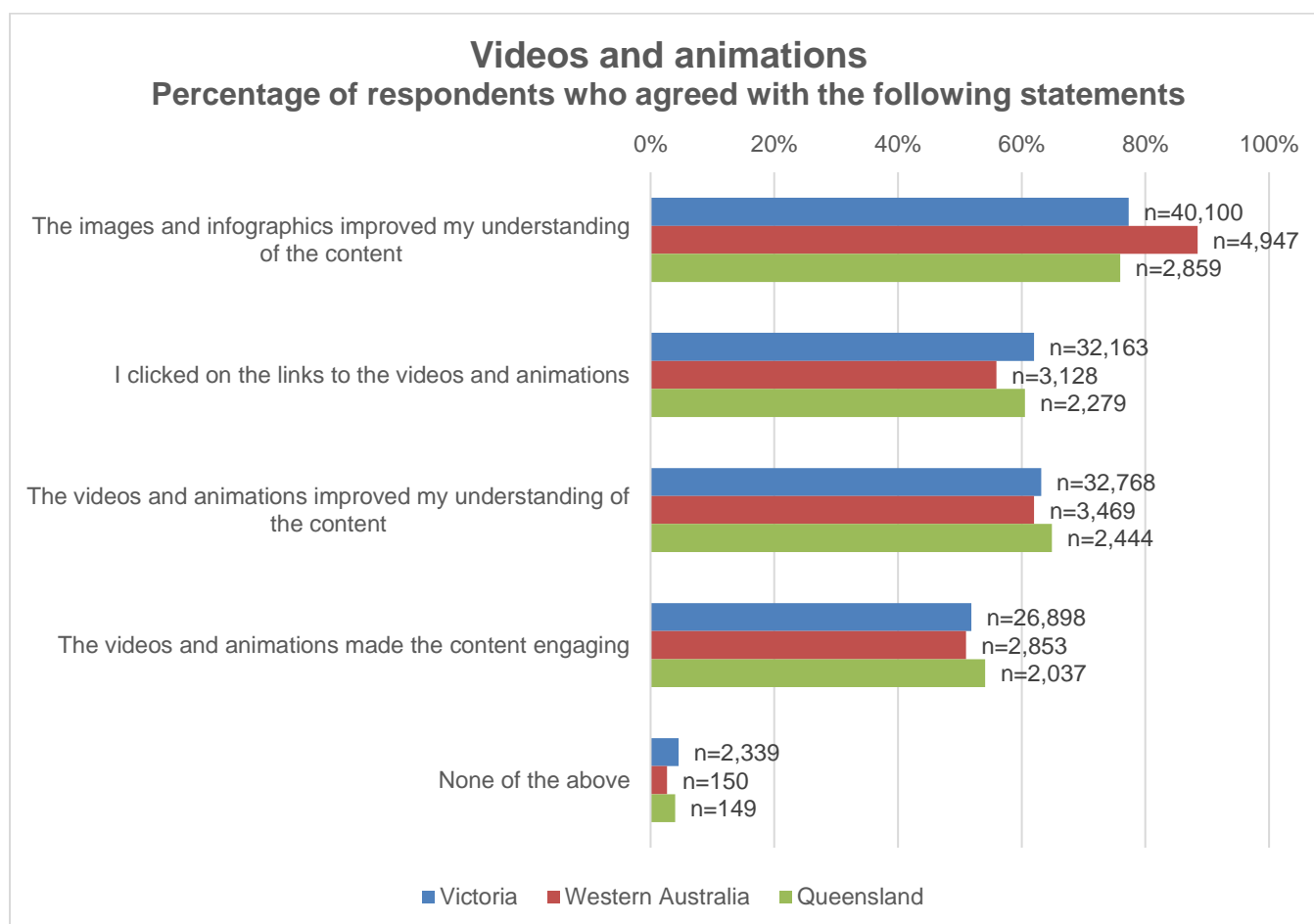
Question 6 – Videos and animations

Across the state courses, respondents were then asked to give feedback in the format of “agreeing” with a statement given about visual features to find out about preferred learning styles.

On average across the three states:

- 78% of respondents agreed that the images and infographics enhanced their comprehension of the e-training content.
- 61% of participants indicated that they clicked on the provided links to videos and animations within the e-training.
- 63% agreed that the videos and animations contributed positively to their understanding of the training material.
- Just over half of the respondents (51%), found the videos and animations made the e-training content more engaging.
- Only a small fraction, (4%) of the participants did not agree with any of the positive statements regarding the learning materials.

A more detailed breakdown of the numbers and percentages of respondents have been shown for each statement in the below graph, separated by each state course.



Question 7 – To what degree were your learning needs met?

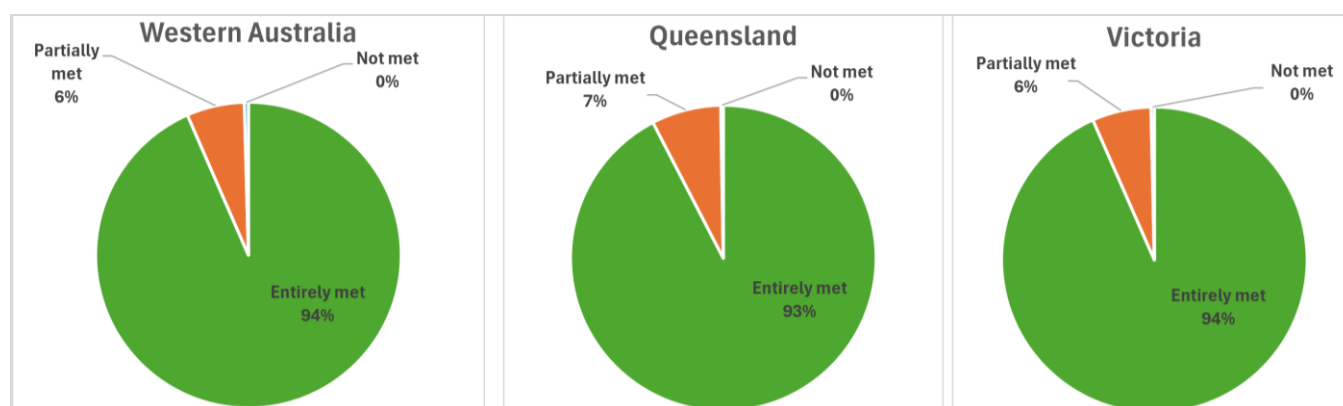
The learning outcomes for the ASCIA anaphylaxis e-training for schools is for participants to:

1. Know the signs of mild to moderate, and severe allergic reactions (anaphylaxis)
2. Know how to treat anaphylaxis by following an ASCIA First Aid or Action Plan
3. Know how and when to give an adrenaline injector.

Respondents were asked to what degree these learning needs were met, and across all three state courses (Victoria, Queensland and Western Australia), course participants mostly indicated that their learning needs were either entirely met (94%) or partially met (6%).

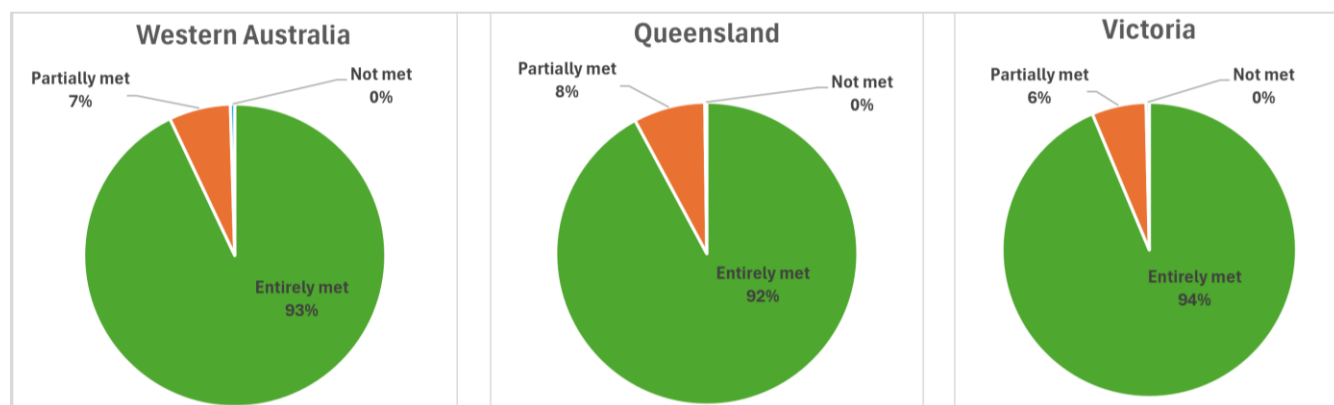
Knowing the signs of mild to moderate, and severe allergic reactions (anaphylaxis)

Totals: Entirely met (n=57,175, **93.3%**), Partially met (n=3,858, **6.3%**), Not met (n=215, **0.4%**)



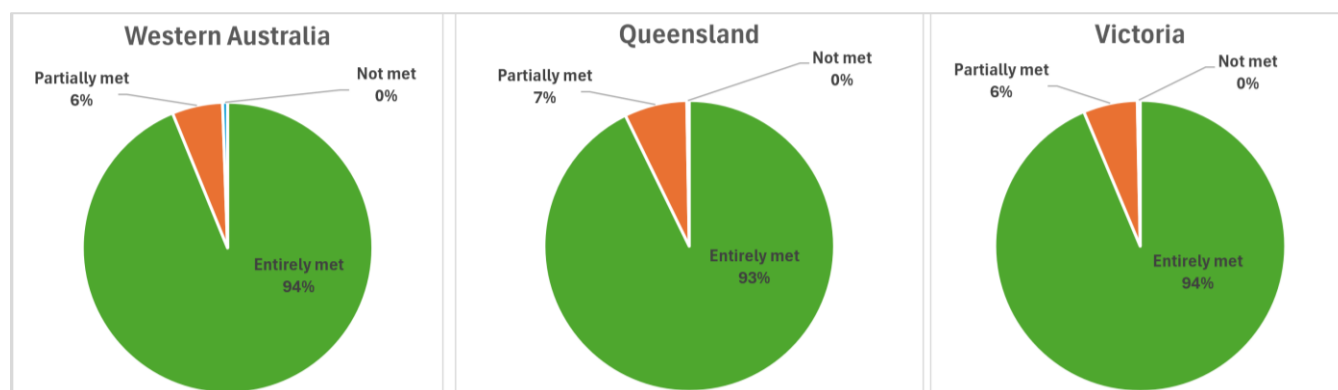
Knowing how to treat anaphylaxis by following an ASCIA First Aid or Action Plan

Totals: Entirely met (n=57,275, **93.5%**), Partially met (n=3,759, **6.1%**), Not met (n=214, **0.4%**)



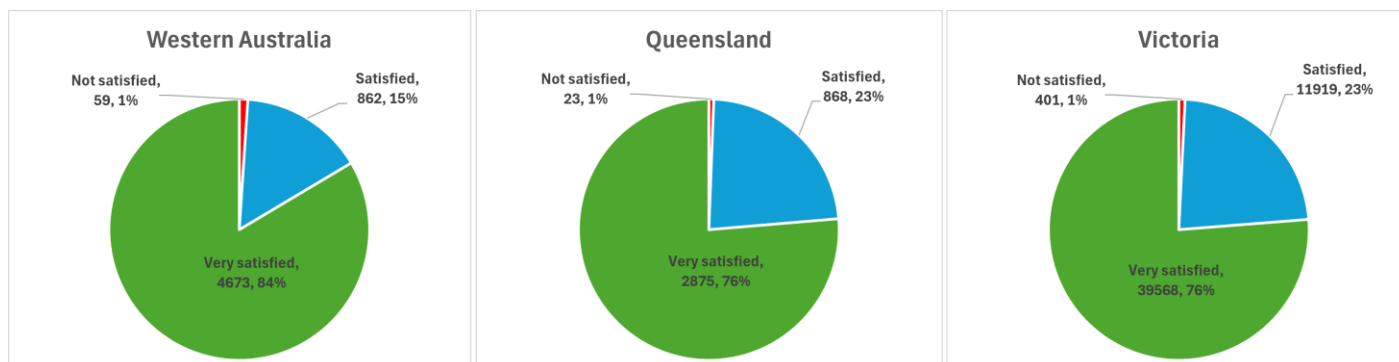
Knowing how and when to give an adrenaline injector

Totals: Entirely met (n=57,342, **93.6%**), Partially met (n=3,700, **6.0%**), Not met (n=206, **0.3%**)

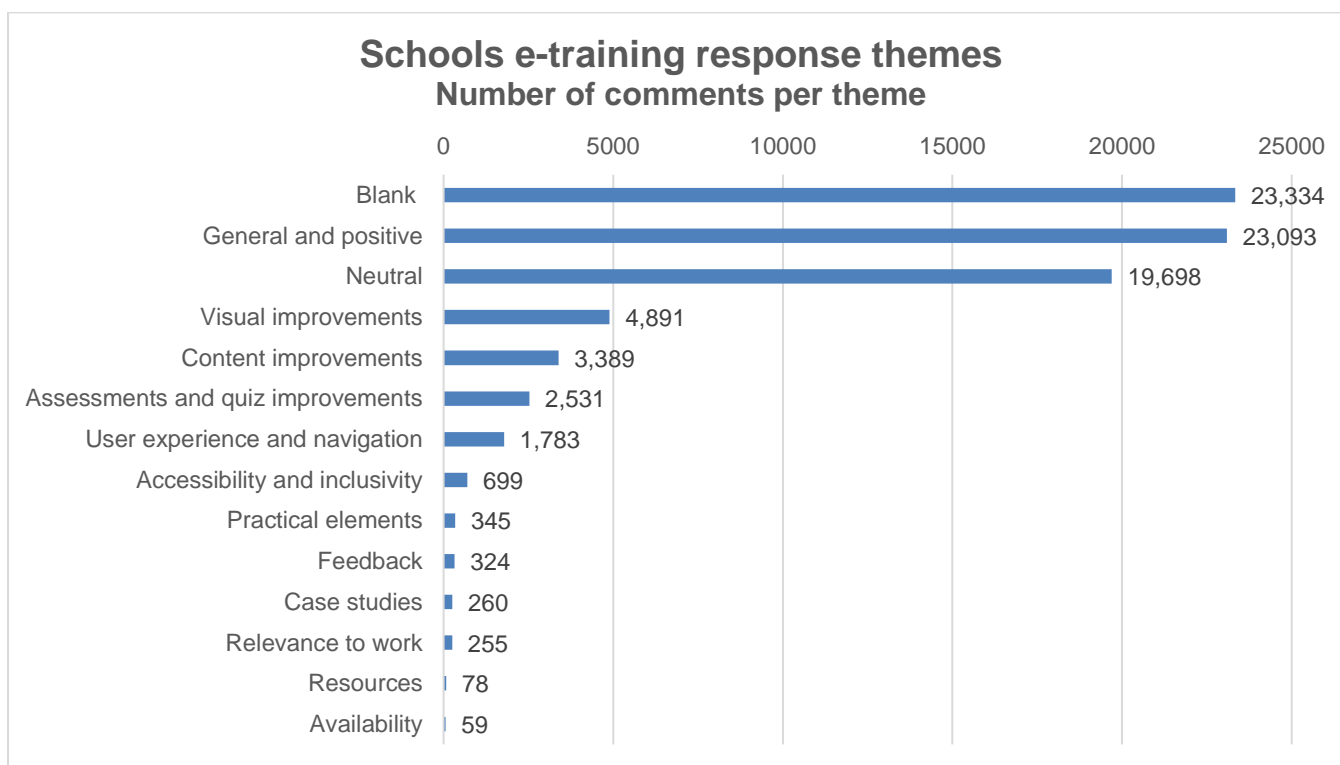


Question 8 – How satisfied were you with the educational quality of this course?

On average across the state courses, 99% of respondents were either very satisfied (77%, n=47,116) or satisfied (22%, n=13,649) with the educational quality of the courses.



Question 9 – How could this course be improved?



Blank responses (n=23,334) were mainly left on the Australasian schools feedback survey (n=13,582) as responses were not mandated for this survey, then the Victoria course (n=9,716). 19,688 responses were identified as neutral because they were indecipherable or had no suggestions, including comments like “N/A”, “unsure”, or “...”. Neutral and blank responses have been omitted from below analysis as they can not be used to identify improvements.

The most frequently mentioned themes were:

- General and positive comments (n=23,334, 61%)
- Visual improvements (n=4,891, 13%)
- Content improvements (n=3,389, 9%)
- Improvement to assessments and quiz: (2,531, 7%)
- User experience and navigation (n=1,783, 5%)

Example quotes below are free text responses to Question 9 and may have minor grammatical corrections made to increase readability of this report.

General and positive comments (n=23,093, 61%)

The majority of respondents indicated they were happy with the course, with feedback that the course is easy to follow and engaging. This theme includes general and brief comments such as “all good”, as well as some more descriptive comments. Comments highlighted that the course is high quality, and the information is easy to grasp, and feedback included feeling prepared to assist in the case of anaphylaxis.

Australasian

- *I believe the course is well designed, easy to understand for a beginner.*
- *This is a very useful course that is delivered in a simple format which covers all required information and knowledge needed by someone who might be in a situation of an allergy reaction / anaphylaxis. Thank you making this course accessible for all.*

Victoria

- *It was a good course and great that it didn't need to be completed in one sitting.*
- *It was clear and a great review of my current knowledge with the opportunity to refresh my understanding.*
- *Everything about the course was done well, I see no need for improvement.*

Queensland

- *Easy to understand through succinct and relevant information provided - thank you.*
- *Happy with course, very informative.*

Western Australia

- *No changes needed, very informative and engaging course.*
- *Honestly it was easy to grasp information, that was again repeated after answering. I feel I have all the information I need.*

Visual and interactive elements (n=4,891, 13%)

Many comments wanted to see improvements made to videos throughout the course, with requests for more videos and less written information. Feedback included that the music in existing videos drowned out the voices and that subtitles are too fast to comfortably read. Some respondents requested pictures of real allergic reactions and videos of the practical steps to be taken if faced with a real scenario. Comments also suggested that engagement could be improved through more interactive elements such as drag and drop activities, clickable infographics of the adrenaline injector devices, and inclusion of pictures that can be interacted with and enlarged.

Australasian

- *Some drag and drop activities to help learn the information*
- *I loved the visual explanations of the information - made it much more stimulating and engaging and provided a break from all the reading.*
- *Do we really need the video at the start that outlines the immunoglobulins?*

Victoria

- *More engaging activities rather than just word descriptions.*
- *More interactive quizzes throughout the module and different answers (e.g. drop and drag answers etc).*
- *The last module is way too long with an excessive amount of wording. This module needs to be condensed and made more engaging. I disconnected and struggled to read the last module.*
- *Videos on the roles and responsibilities of school regarding anaphylaxis management. The content is great but seems to be too many on one page.*
- *Allow all videos to be sped up - it helps me stay engaged.*

Queensland

- *Inclusion of a video of a person who suffers from anaphylaxis, talking about how vital administering an EpiPen is during an anaphylactic episode is.*
- *More videos instead of reading text to engage enhance the learning experience.*
- *The background music in one of the videos was quite loud making the voiceover difficult to follow, and there was no transcript option.*

Western Australia

- *Live videos of both types of injectors being used.*
- *I still don't feel confident to recognise anaphylaxis in real life - maybe some videos on it in action.*
- *The images were hard to see clearly at times - even with zooming in.*

Content improvements (n=3389, 9%)

Many of the comments around course content requested for the course to be more succinct and for the course to be revised for its relevance to teachers and school staff. Some respondents used the open-answer feedback to ask questions about content, and these were generally around adrenaline injectors, anaphylaxis policies in schools, signs and symptoms of allergic reactions and the different treatment escalation for allergic reactions.

A recurrent comment from respondents was that they found module 4, about anaphylaxis management in schools, to be overwhelming, irrelevant to their positions and the information hard to retain.

Australasian

- *Shorter, more concise.*
- *What action can we take if the adrenaline device can't be found?*
- *A lot of information to process and absorb. Not sure what you can do about this but the main take away points are how and when to use an EpiPen so I am wondering if all of the medical background knowledge is warranted. Teachers now need to know so much about so many different areas.*

Victoria

- *A lot of the information was above and beyond the knowledge needed for a teacher – all we need to know is how and when to inject.*
- *The module regarding school administration is very content heavy.*

Queensland

- *Catch phrase for Anapen similar to EpiPen (Orange to the thigh, blue to the sky).*
- *More information on what rashes we should be concerned by.*
- *There are more conscience and expedient ways of communicating information than what is currently present. There is a lot of extraneous information that could be cut out with no risk to safety.*

Improvement to assessments and quiz (n=2,531, 7%)

Course participants gave mixed feedback about the module checkpoint questions and the final assessment quiz, with some appreciating the knowledge checks after information, and others finding that improvements are needed. Suggestions for assessment improvement included clarifying the wording of questions, the inconsistency of answer format (switching true and false in multiple-choice answers) and changing the variety in questions each year.

Some users provided strongly worded feedback about how ASCIA's correct quiz answers are untrue (from the user's perspective), highlighting the need for better explanations and feedback, including references where possible.

Australasian

- *More scenarios with quiz questions to answer.*
- *Including a quiz section on real-life scenarios could be of benefit e.g. "What is the most appropriate action if X occurs?"*

Victoria

- *By not having to answer the same questions twice.*
- *By not trying to give trick or double negative questions.*
- *Clearer wording for certain questions. Specifically when using 'can' in question that are to be answered as True or False.*
- *Bold questions and answers rather than light script.*
- *Better worded questions - The student self-administering injection is unclear if it is asking about capacity or permission.*
- *Maybe a few more questions on identifying the signs and symptoms.*

Queensland

- *I like how there are questions to answer once you have finished the module.*
- *Making it easier to jump straight to the quizzes.*
- *Less questions that are too similar.*
- *In the final quiz when person click on the answer he should get the feedback straightaway whether his answer is right or wrong.*

Western Australia

- *The course could improved by providing different questions to the final assessment.*
- *Starting the quiz could be made easier on the site.*
- *Not having to repeat the whole test if you get one question wrong just repeat the question you got wrong would save time.*
- *The wording in some of the questions are not worded in way that is accessible to all learners.*
- *Not having to get 100% on the final test.*

User experience and navigation (n=1,783, 5%)

User experience was negatively affected by difficulties in accessing and navigating the course. Users reported frustration with locating the correct course and identifying the start button, and some found the login and password process to be overly complex. Many found course navigation unclear and wanted clearer tracking of their progress. Opinions on the layout and scrolling interface were mixed, with some finding them confusing and others appreciating their design.

Australasian

- *How to start the course needs to be clearer. There is a lot of information on the first page and it was easy to miss where to click*
- *Make log in simpler and quicker*
- *Add a tick once you have completed the module so you do not get confused about whether or not you have completed it.*
- *Could not find a certificate on completion of the course. No guide or information.*

Victoria

- *A more user-friendly home page. Had a hard time finding where to begin the course.*
- *Clearer instructions how to create account/sign in/find the course.*
- *A progression bar to see how much more I had to complete.*
- *It's not user friendly and the information is poorly organised. A better interface would be good.*
- *Better navigation on the website - very clunky.*
- *Not as much scrolling down can you fit each page on one screen so you can just read then click.*

Queensland

- *Make it clearer how to move through the modules and where to click.*
- *Easy to find link to resume training if can't be completed in one sitting.*
- *I have never been subjected to a more clumsy, clunky, and frustrating undertaking than this one.*

Western Australia

- *Condense information down so that there are less screens to move through, I like to scroll rather than click.*
- *Difficulty logging in. Difficult to locate necessary credentials.*
- *The interface could be improved. The content is excellent.*
- *Easier to go back and look through material.*
- *Your website is stressful, confusing to navigate & cut into a lot of my time trying to just log in! A User Experience (UX) Designer ensures that websites are intuitive, easy to navigate, and provide a positive experience for visitors. Their goal is to make the website as user-friendly as possible to enhance user satisfaction and engagement.*

Accessibility and inclusivity (n=699, 2%)

Respondents suggested improved accessibility in two main areas; improved access for all abilities and learning styles, and device compatibility. Many comments suggested more readable font to cater to a wider range of abilities, learning styles and to reduce eye strain, and/or including audio accompaniment to the text. Some also found the layout difficult to use on a laptop or iPad although some found that it worked on well on phones.

Australasian

- *Some of the explanations are small in print. You could enlarge the font a little, providing emphasis on key points.*
- *Having a text description below each image/diagram would be helpful for people like me who need to use text-to-speech functions.*

Victoria

- *When describing or explaining things, use less medical terms, instead use everyday terms.*
- *Bigger font size would be great.*
- *Consider how well the course is accessible on smart phones.*
- *Format paragraphs with lists into dot points rather than chunks of text.*
- *Option of audio to take strain off eye concentration.*
- *Potentially have the option for the text to be read out loud for visually impaired people.*

Queensland

- *Slightly larger text please.*
- *By making it user friendly on an iPad.*
- *Modules have voice over option to read it out to you.*
- *Not having to click the continue button in another area of the screen after each question.*

Western Australia

- *Better phone user interface.*
- *An audio option could be available to enhance understanding for those preferring to access information in that way.*
- *Maybe more voice explanations.*
- *Be able to access on all devices.*
- *Simplified language.*

Practical training (n=345, 1%)

While only 1% of respondents raised the practical elements of the course as an area of improvement it is still a significant barrier to education staff having the confidence to manage anaphylaxis management.

Suggestions for gaining practical experience were mainly the provision of face to face content. Some respondents suggested completing training in groups, having the school nurse provide a practical demonstration and for the course to include stockists of 'practice' EpiPen devices.

Australasian

- *It's unclear what is required to practice with training devices or how to arrange this.*
- *Clearer instructions about where, when, and how to demonstrate using a device. I am definitely not prepared to pay \$15 each for training devices (plus postage) just to do this certificate. There should be a list of contacts who already have training devices, e.g. local schools or chemists.*

Victoria

- *Be more practical and role plays.*
- *If training for teachers, make it relevant for teachers. A lot of extra information only required for administrators. We are time poor. Practical demonstration in person is far more efficient.*
- *Seeing the physical pens and plans (from the school).*
- *By being part of our regular first aid training and not in addition to.*

Queensland

- *A question that has a made-up scenario to practice putting the information into practice.*
- *By sharing practical experiences by school staff.*
- *It's just difficult to expect teachers to take in all of this information. Checklists of actions steps would be better suited to remember and retain for better assurance that steps will be followed.*
- *Possibly a phrase to assist with using the Anapen (colours and positioning of needle).*

Western Australia

- *Access to a roleplay of a scenario.*
- *Practical component will complete it for me.*

Feedback (n=324, 1%)

Many comments in the feedback theme expressed frustration at having to complete feedback especially at the end of a long course.

Victoria

- *We're busy enough - is this survey really necessary!?*
- *Automatically take you to the feedback stage.*
- *Compulsory feedback is a bit obnoxious. I would happily support ASCIA by choosing to give my time, but imposing further on people's time by requiring feedback when they already have a large number of compliance programs to complete creates resentment.*

Queensland

- *Feedback is optional not required.*
- *Don't ask stupid questions like this at the end of a course.*
- *Don't make feedback compulsory.*

Case study (n=260, 1%)

Respondents wanted case studies and scenarios in order to cement their understanding of anaphylaxis management. Education staff particularly wanted realistic examples based in schools to better prepare them in the event of an emergency.

Australasian

- *I thought the case studies at the end were helpful. There could be more case studies for the other units to illustrate other scenarios.*
- *The scenarios provided were all for children much younger than those at our school.*

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Victoria

- *Maybe give real life examples, stories uncommon occurrences etc.*
- *Some more real-life examples would be helpful to learn what teachers did in particular situations.*

Queensland

- *Provide some real life examples.*
- *Providing case studies to develop understanding around school environment.*

Western Australia

- *Talk more about those with asthma with no prior allergies having a reaction.*
- *Scenario would help to understand even more.*
- *Some more scenario based training would be helpful. For example- what to do if the person has an allergic reaction when they are not near their EpiPen/Anapen. Say a child is on the oval and their EpiPen is in the office. Do you tell the child to lie down whilst someone runs to the office to get the EpiPen/Anapen? Or do you pick the child up and carry them to where their EpiPen/Anapen is?*
- *Maybe give some real life examples from schools for staff to relate to.*

Resources (n=78, <1%)

Some respondents gave feedback that they would like to access printable or downloadable resources after the course, and in a format suitable for both inside and outside of the classroom.

Australasian

- *It would be great to have a booklet summary of the information set out in the course included along with the certificate at the end of the course.*

Victoria

- *Small print out reminder cards for yard duty people.*
- *Being able to download copies of key ideas from the training for future reference.*
- *Is there a printable version of the summarised content? I think it may help those who are good at continuing with the reading after trainings like this.*

Queensland

- *Fact sheet to print out for staff rooms.*
- *Provide a short printable summary of important points.*

Western Australia

- *Providing downloaded copies for people doing this course to download with information about the content in the form of notes of the main key points on small PowerPoint slides.*
- *Perhaps make resources printable.*

Regular content updates and course reminder (n=55, <1%)

Comments suggested sending a reminder each year with the link to the course.

Victoria

- *I would greatly appreciate it if I could receive a reminder for the upcoming refresher course.*
- *Automatic email appears one month prior to expiry of current certification.*
- *This course should be available to the public to increase safety everywhere.*
- *It's a good reminder of the key points. I have completed this training every year for many years.*

Queensland

- *A reminder for the refresher course could be emailed to participant prior to qualification expiring, to ensure always up to date.*

Western Australia

- *Sending a reminder of refresher.*

ASCIA Actions in Response to Feedback

While overall feedback was positive, the information provided in this report will guide future improvements to ASCIA online training including **ASCIA anaphylaxis e-training for schools**. Improvements in 2025-2026 will be made as part of the National Allergy Council Schools and Childcare project.

To encourage increased usage of these courses, ASCIA will:

- Continue to promote courses through conferences, e-newsletters and social media.
- Continue to communicate course updates to stakeholders, through e-newsletters and social media.
- Consider implementing an annual reminder service for participants.

In response to 2024 feedback surveys, ASCIA will develop accessible, consistent and evidence-based online resources to support ASCIA e-training courses, which will be available open access on the ASCIA website.

These resources will:

- Provide scenario-based learning for schools
- Include photographic images to complement infographics
- Support pre- and post-qualification training of school staff
- Support in-person practical training on how to use adrenaline devices
- Reinforce key competencies and ASCIA e-training course learning outcomes
- Be regularly reviewed by ASCIA, evaluated by participants and updated as required

Feedback from ASCIA course evaluation surveys conducted in 2022 and 2023 prompted ASCIA to:

- Improve the user interface by developing new websites with easier navigation and login to optimise access and function:
 - ASCIA e-training for health professionals <https://traininghp.ascia.org.au/>
 - ASCIA e-training for schools, childcare and community <https://training.ascia.org.au/>
- Develop an animated webcast version of the short refresher anaphylaxis course for schools, childcare and community, which includes new professional videos of adrenaline devices being administered www.allergy.org.au/ascia-videos
- Include new images, videos and infographics that support and reinforce updated content, to optimise user experience.
- Limit the number of questions in the mandatory final survey to avoid survey fatigue, but still enable evaluation, which is required for CPD approved courses.