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Specialty: Immunology
Current job title and grade: Immunology Specialty Registrar, ST6
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What influenced you/made you decide to choose your specialty? A wide spectrum of medicine in which to gain experience, and the chance to do HIV medicine without Genito-Urinary Medicine.
What was your first experience in your specialty like? (Did you hit it off immediately?)
Yes, I got to do an HIV clinic, a primary immunodeficiency clinic, and covered the care of some complex immune deficient patients.
Did you always want to train in this specialty? When did you decide?
No, I wanted to do infectious diseases but realised the difficulty of doing this as a career. I decided halfway through my ST2 year, when it became clear that Infectious Diseases was not a viable career opportunity.
Did you follow a different specialist training pathway to begin with? If so, what was your reason for changing your career path? No
What rotations did you do in your training (if appropriate)? What did you find helpful? On the whole, immunology trainees do not rotate, although I feel this is not the best for our training. It is very convenient to spend 5 years working at a teaching hospital, which is where most Immunology jobs are based.
What training do you have to do to get to your specialty? MRCP must be passed, and have completed the training in general medicine up to ST2.
Do you work closely with other specialties? Yes. For example I am currently doing some renal (having also sat in on clinics in Rheumatology / Paediatric Immunology / Tuberculosis / Bronchiectasis / Allergy). Immunology is partly a laboratory speciality meaning that I frequently am called upon to give advice on the interpretation of laboratory results to specialists.
In what ways is your job satisfying? I am given the time and involvement to answer fairly complex questions that have direct patient impact. This may be a direct product of my own clinic (e.g. patient with granulomas as a consequence of immune deficiency – what do we do about this?), or a question from outside (e.g. joint pain, HIV positive with a positive test for lupus – what does the positive lupus test mean?). I like the chance to read the literature on a topic and then provide a reasoned answer in evidence free / or evidence poor areas of medicine. I like being knowledgeable about medicine and if I don't know something I am encouraged to look it up.
What are the possibilities for your future career progression? Immunology Consultant, Research based projects. The largest components of medical research are encompassed within Immunology.
What are your typical working hours? Are they sociable/family-friendly hours? Generally we do not do on calls. I work 9-5.
How much annual leave do you get? 32 days.
Are there opportunities for travel? Yes. Attended/Attending conferences in Nottingham, Dublin and Florence this year.
Are there opportunities for teaching or lecturing? Yes. If you wish to teach/lecture the specialist nature of the subject means there are often opportunities to do so. These may depend on the previous trainees and your consultant supervisors in a given job. In my current position in Bristol I have been doing lectures for my HIV consultant as I have several years of HIV experience.
Are there opportunities for research? Yes. I did an MSc in Medical Immunology with a research project. PhD's are encouraged, but not

necessary. There is a lot of minor research involved in the day-to-day job. I am nearing the end of my training and so this is particularly relevant to me. I am currently in the process of writing 5-6 papers for submission which mostly have a small research component.
What changes have you seen in your specialty (clinical/technological/training/patient groups)?
The tightening of the funding in laboratory medicine is encouraging effective management and streamlining of testing in the Immunology laboratory. There is increased mechanisation of laboratory investigations. Clinically things are very variable due to location of work, and are consultant dependent with different areas of interest.
What is the required mix of skills for this specialty?
Team-working in the laboratory and a clinical team. Doctor numbers are relatively small with a few consultants and a few registrars being the norm, and generally no non-specialist doctors being involved.
Do you work closely with other healthcare colleagues or groups? Which groups?
We have a specialist nurse team (of 2 nurses), and work closely with the infusion team (on the Haematology Day Unit at our hospital). We also liaise frequently with senior laboratory staff to assist in clinical liaison with GP's/requesting hospital doctors for laboratory results.
Do you establish long term relationships with your patients?
Yes. Long-term relationships with immunodeficient patients.
Are there typical patient groups? What are they like?
Allergy patients: Tend to be relatively young and well. Often they are seen only once and discharged. Sometimes a few times, and challenges to drugs/foods may be undertaken. Immunodeficiency patients: Chronic illness and seen over many years generally. Occasional infective exacerbations are common and require good communication and prompt treatment.
Does your job involve decision making?
Yes. It does now, although this tertiary speciality takes a few years to get to grips with. During this time decisions should be run by the Consultants.
What are the best aspects of working in your specialty?
Freedom to pursue areas of interest. If I wanted to do some Crohn's Disease clinics (thought to be a defect of innate immunity) then this would be acceptable as part of my training. This could apply to almost any area of medicine. However, the areas in which we are the primary doctors for patients are relatively few (hence only the 50-60 consultants in the country) e.g. Allergy, Primary Immunodeficiency. In some places consultants are specialists in vasculitis, HIV, transplantation etc.
What are the main challenges of working in your specialty?
The MRCPATH Examination in Immunology is difficult and time consuming. The small teams can make training isolated at times. I have spent much of my 4 years training in Immunology as the single trainee at a centre with only my 'bosses' as Immunology doctor colleagues.
How competitive have you found working in your specialty?
It is not that competitive and has been undersubscribed for a number of years. I think this is an 'advertising' problem.
What are the common misconceptions about working in your specialty?
I'm not sure that people know enough about my speciality to have a common misconception!
Is there a typical location for working in your specialty? E.g. teaching hospitals, community? Rural? City?
It's all teaching hospitals with an Immunology Laboratory.
What other jobs, roles, societies, publications, charities and working parties have you been involved in?
I have written a few publications, some of which have been published.
What are your broader interests and pursuits?
Hockey, piano.
What advice would you give to someone considering a career in your specialty?
Immunology is a very variable specialty and a large part of this is consultant dependent. The core components of training are primary immunodeficiency (encompassing some very rare diagnoses such as CVID, HAE), inflammatory conditions (Behcets, Vasculitis), Allergy, and Laboratory Immunology. If you have additional interests then these can often be met through attachments with other specialities. Much of your time is spent away from patients although 1-3 outpatient clinics per week is normal. Inpatient component is small. Although a 9-5 working pattern is common, the examinations are difficult and time-consuming. The subject matter is very interesting, but it is hard work to gain the necessary

knowledge and experience to complete the training.

If you are a consultant what would you like to see in your junior doctors? (Skill sets, decision making skills, etc.) Interest, communication skills, responsibility, critical thinking.

What makes being a physician better than being a surgeon, GP or other career?

Technically I'm not a physician. I'm training to be a pathologist. However, I have MRCP and like being a physician as I have knowledge of a wide variety of medical/surgical conditions. This means that I can give reasoned advice to a wide variety of doctors, on a wide variety of topics. My 9-5 work pattern is nice, and gives me freedom to follow interests outside of work.

Day in the life of.....an Immunology Registrar

I'm going to do a Monday. Arrive 0900 and have a coffee and catch up with the Consultants/Lab staff and check my emails. Then look through work for the week. Check clinical work to see what needs doing on the day, and then look at longer term projects/papers to write. Start doing audit/research stuff at desk for an hour or so. Then go to laboratory meeting for an hour. Return to desk and check with secretaries if any clinical problems need dealing with. Continue projects/papers for another couple of hours. Then Monday afternoon usually has a meeting or two (management / clinical) and then some authorising of laboratory results in the Immunology laboratory. Leave at 1700 (nearly always). Might also include a challenge clinic (where you supervise nurses giving graded amounts of something patients could be allergic too e.g. Prawns), or sit in on a renal clinic for an afternoon.

Could you outline a typical day at work? Include typical start time, amount of time with patients, amount of time spent on paper work, teaching, private clinics, typical home time?