

About Allergy as a specialty:

Allergy embraces a variety of medical and surgical specialities, including paediatrics and dietetics, and the training is unique and varied. Allergic diseases affect millions, and there is ample opportunity to provide tangible and effective help to sufferers, both through active intervention (drugs, immunotherapy) and allergen avoidance.

The allergy training programme is based around a central core of general allergy clinics which should provide experience of a wide range of problems, including; food allergy, drug allergy and the management of anaphylaxis. Trainees are taught how to manage an allergen immunotherapy clinic. Alongside this, there are attachments to dermatology (for training in eczema, urticaria and contact dermatitis), ENT (evaluation and management of the upper respiratory tract), respiratory medicine (asthma, extrinsic allergic alveolitis and occupational lung disease), paediatrics (milestones, infant food allergy and substitute formulas, infant rhinitis, eczema and asthma) and immunology (vasculitis, immunoglobulin deficiency). In addition, the trainee will spend time in a diagnostic laboratory, becoming acquainted with the indications, methods and limitations of relevant diagnostic tests such as RAST.

Entry into Allergy training is possible following successful completion of both a foundation programme and a core training programme. There are two core training programmes for Allergy training:

Core Medical Training (CMT)

Acute Care Common Stem - Acute Medicine (**ACCS-AM**)

The curriculum for each specialty defines the process of training and the competencies needed for the award of a certificate of completion of training (CCT). The curriculum includes the assessment system for measuring trainees' progress comprising workplace based assessment and knowledge based assessment.

The full allergy curriculum can be viewed by visiting
<http://www.jrcptb.org.uk/specialties/allergy>

Information taken from the Joint Royal College of Physicians Training Board. (JRCPTB)

Allergy is a speciality which has its scientific roots in the discipline of immunology, but is concerned largely, but not totally with clinical problems arising from the propensity of some patients to have inappropriate Immunoglobulin E (IgE) responses to various proteins ("allergens" encountered at the mucosal surfaces of the respiratory tract (respiratory allergy) and the gut (food allergy). In addition, some individuals have IgE responses to certain drugs, whether ingested or injected, and insect venom following stings. Some diseases within the realm of the allergist are definitely not or not obviously IgE-mediated, such as urticaria, idiopathic anaphylaxis and some adverse reactions to drugs. It is the business of the allergist to identify such allergens, provide advice on avoidance where possible, institute active treatment to reduce allergen sensitisation or its consequences, advise on the safety of alternative drugs in the case of drug allergy and help the patient to manage the consequences of accidental allergen exposure. It is practised largely in an outpatient setting (although ward based emergency management of some allergic diseases such as drug allergy is occasionally required). It requires expertise and training unique to allergy.

Allergists may be called upon to manage allergic aspects of respiratory tract disease, including asthma and rhinoconjunctivitis, allergic aspects of atopic dermatitis (eczema), food allergy and intolerance, drug and vaccine allergy, insect venom allergy, urticaria and angioedema, anaphylaxis and latex allergy and to prescribe and administer allergen immunotherapy. Allergy shares with immunology a number of laboratory diagnostic techniques, but those who practice clinically in the speciality are unlikely to be called upon to direct service laboratory departments. They may, however, run research laboratories.

Allergic diseases may manifest in a multitude of organs, including the respiratory tract, skin and gut. In addition, they may present in both adult and paediatric patients. For this reason, allergy overarches many other medical specialities, and collaborative training in relevant aspects of these specialities, particularly paediatrics, dermatology, respiratory medicine and ENT, is an essential aspect of the programme. There is close collaboration with clinical immunologists who also manage allergic disease. Conversely, allergists should have some knowledge of other immunological diseases such as immunodeficiency, systemic autoimmune disease and vasculitis but management of these diseases lies more clearly within the realm of the clinical immunologist.

Duration of training

Currently allergy training from ST1 will usually require 7 (seven) years in full-time training (2 years core plus 5 (five) years specialty training).

Specialist Knowledge of Allergic Diseases covers;

- Laboratory Investigations
- Asthma
- Rhinitis, Sinusitis and Rhinoconjunctivitis
- Atopic Dermatitis
- Food Allergy and Intolerance

- Drug and Vaccine Allergy
- Insect Venom Allergy
- Urticaria/Angioedema
- Anaphylaxis
- Latex Allergy
- Allergen Immunotherapy
- Paediatric Allergy
- Unconventional therapies/Diagnostic procedures
- Immunodeficiency

Allergy Trainee – Melanie York says;

The attraction to allergy as a specialty for me include:

A non - acute speciality with outpatient based clinics in both adult and paediatric allergy, food and drug challenge clinics and immunotherapy clinics

Option to complete an Immunology and Allergy MSc with associated research project

Many opportunities to attend regional, national and international allergy and immunology teaching days and conferences

From a lifestyle point of view, as an Allergy trainee you do not do out-of-hours, on call or weekend shifts!

What are your typical working hours? Are they sociable/family-friendly hours?

Monday to Friday 9-5pm. No weekends or on calls!

How much annual leave do you get?

Standard annual leave for a full time trainee: 32 days per year plus bank holidays

Are there opportunities for travel?

Yes – there are opportunities to attend international allergy conferences

Are there opportunities for teaching or lecturing?

Yes - plenty at local, regional and national meetings.

Are there opportunities for research?

Yes – I completed a research project as part of a Masters degree.

Allergy is both a clinical and academic specialty so there are many allergy trainees who go on to complete further research and/or higher research degrees (PhDs)

What are the best aspects of working in Allergy?

Varied clinical work e.g. in both adult/paediatric allergy and placements in other related specialities

Interesting and unusual patient cases presenting to the clinic

Excellent national training days

The UK's national professional academic society which represents allergy professionals is called the British Society for Allergy and Clinical Immunology (BSACI)