

Day in the life of an allergy registrar



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1. *Day in the life of an allergy registrar*

Typical working hours are 9-5 Mon-Fri, with no on calls or out of hours.

8.30 am: Come into work, check emails and get ready for clinic.

9 am: The start of either a general allergy clinic or a specialist joint clinic, such as food allergy, nose clinic or drug allergy done in outpatients.

12.30-1pm: Lunch! Clinic usually finishes on time.

2pm: In the afternoon if I do not have another clinic I spend it on admin time; checking letters, reading up on patients conditions ensuring all bases are covered from an allergy perspective. I usually get 4 admin sessions a week which is very useful for other career development activities.

5pm: Home time! Usually finished by then every day.

Twice a week challenge testing is done on the day unit where we expose patients to potential drug or food allergens to exclude or diagnose an allergy. We review all the patients together in the morning prior to challenge, double check plans, risk stratify the patients, consent them and ensure we have treatments for allergic reactions available. The day mostly involves giving patients increasing doses of potential allergens, observing and treating any reactions (including the occasional anaphylaxis!).

Immunotherapy clinics take place 2-3 times a week primarily run by nurses. We are often asked to advise on subsequent doses and review any issues or reactions.

In our centre we have a close working relationship with the Allergy and Clinical Immunology research team at Imperial College and we usually attend the lab meeting on Thursday mornings. Great opportunity to learn the latest in our field of research and get involved.

We do get asked to see the occasional ward patient, commonly for urgent drug allergy advise or testing.

We have an MDT once a week on a Friday afternoon which usually involves an interesting, detailed discussion of challenge cases (Prof makes sure you've done your homework!), any other interesting cases, management issues and importantly cake.

2. What made you decide on allergy?

I have been London based for the majority of my training. I completed foundation years 1 and 2 and then went to Australia for a year for an adventure where I strongly considered a career in intensive care. In my core medical training jobs I did a district general hospital job in intensive care which was not as enjoyable as my experience in Australia. I considered doing respiratory medicine but was unhappy with the generalist and medical on call aspects of this as a future career. I was uncertain about what to do as a future career and St. Mary's Hospital where I was based for my CMT 2 year happened to have a clinical research fellow post open, focussing on a project based in allergen immunotherapy research. Through this I discovered allergy as a specialty and applied for registrar training at the end of my second year as a research fellow.

Aspects that attracted me

- Getting to be an expert in a field, with time to learn to nuances of the specialty. In general medicine I felt like a lot of the job was firefighting, whilst this is doing the job to the best of your ability.
- Opportunities to do research.
- Great work life balance – no out of hours or on calls with time to pursue other career (and life) interests. Took up squash when I started allergy training!
- Working in a central teaching hospital with the stability of not moving during training.

3. What training do you have to do to get into your specialty?

You have to complete foundation training, core medical training (now internal medicine, allergy is a group 2 specialty), do your MRCP and have an up to date ALS certificate.

4. What was your first experience of the specialty like?

When I first started it was daunting as the learning curve was very steep and different from general medicine. It was strange going into an outpatient-based specialty and getting to grips with working

largely solo in clinic when seeing patients and making independent decisions. I had to do a lot of reading!!

5. Do you work closely with other specialties?

We work closely with many other specialists; ENT specialists, respiratory physicians, gastroenterologists, dermatologists, paediatricians and immunologists are some examples. Allergy is multisystem and multiorgan and working closely with these groups is a key aspect of the specialty. In training you often rotate through these specialties.

6. Is it family friendly?

Yes very! As you don't move during training you get to know your team really well which allows for a deal of flexibility. Patients are generally well and as you don't admit patients you do not often have clinical reasons to stay late.

7. Are there opportunities for travel?

My supervisors are very encouraging of participation in worldwide conferences. You usually attend the European Academy of Allergy and Clinical Immunology Conference annually and I have been lucky to attend the American Academy conference twice during my training. I have also been invited to other smaller international meetings which were a great learning experience.

8. Are there opportunities for research?

Allergy is an academic specialty and there is considerable opportunity of scientific and clinical research. Lots of trainees undertake higher degrees including masters, MDs or PhDs.

9. Do you work closely with other healthcare groups?

Allergy is a very multidisciplinary specialty; it is chronic disease and non-medical aspects of care are key to effective management. We work closely with specialist nurses, dieticians, physiotherapists and psychologists.

10. What are the best aspects of working in your specialty?

- Getting to be an expert in a non-generalist subject field.
- Getting treated as a peer by your seniors at a relatively junior stage and feeling that your opinion matters.
- The rare and wonderful allergic conditions – e.g. allergy to duck's egg!
- Staying in one place the whole time.

11. Is there a typical working location for your specialty?

Usually a central teaching hospital. Allergy is practiced in few DGHs so jobs usually very city based.

12. What other jobs, working groups, roles, societies, charities, publications have you been involved in?

I am currently the BSACI junior members representative and deputy meeting secretary for the next 2 years. I have lectured and examined for the Imperial Allergy MSc course. During my training I wrote several publications on allergen immunotherapy with both basic research and reviews and on food allergy.

13. What advice would you give someone considering your specialty?

Gain as much experience as you can with taster clinics and talking to current allergy registrars or consultants - especially in the particular centre you aim to be based in.

Staying in one place can be both good and bad; experience can be limited by where you are based and practice varies from centre to centre. There have also been a few people who have not had a good experience in their centre and moving is then difficult as allergy is practiced in such few locations.

There are very few trainees so it can be lonelier than other medical specialties, as often you are one of 1-2 trainees in one centre.

As there is no out of hours work, pay is basic pay only and relatively low. Be prepared for this until you become a consultant.