

Day in the Life of an Immunology Registrar



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1. Day in the life of a clinical immunology registrar

Immunology is a clinic-based speciality. Typical working hours are 9-5 Mon-Fri, with no on-call or general medical shifts, and no out-of-hours work. In my trust, there is cross-cover with allergy medicine. This will become the norm across the country from September 2021 when the allergy and clinical immunology training programmes merge.

Though we are not technically on-call, as registrars we are occasionally asked to review acute infusion reactions for patients receiving monthly antibody infusions. We will also pop up to the wards every so often if we are referred a new patient so that they can be reviewed immediately. This allows us to request any complex diagnostics before their first clinic appointment.

9-12:00 am: On Monday I will grab myself a coffee and for the first hour go over administrative work including answering emails and patient messages, and reviewing any results that have come in over the weekend. This is followed by a Monday morning departmental meeting in which we discuss any interesting or complex patients with our consultant and nursing colleagues.

The immunology registrars take part in two morning clinics per week with approximately six patients per clinic. Thursday morning is a drug allergy clinic in which we explore all sorts of interesting and unusual patient reactions to anything from antibiotics to anaesthetics. We then perform skin-prick and intradermal tests, or order specific IgE tests to support our differentials. On Friday mornings we attend the joint immunology/respiratory clinic in which patients are simultaneously reviewed by an immunologist and a consultant respiratory physician. We are responsible for many patients with immunodeficiency-associated interstitial lung disease or bronchiectasis, as well as complex asthma patients. As such we work in close partnership with our respiratory colleagues to improve the outcomes and quality of life of these patients.

Wednesday mornings feature an infectious diseases MDT at 9am. Here we discuss complex patients and provide immunology input as necessary. For example, a recent review saw us prescribing interferon to help treat multi-drug resistant tuberculosis.

12.15-13:00: Lunch

2pm: Monday afternoon is our general immunology clinic where we can see a fascinating range of conditions, including but not limited to primary antibody deficiencies, immunosuppressed oncology or rheumatology patients, asplenic patients, patients with inherited phagocyte disorders, and patients with pyrexia of unknown origin.

On Thursday afternoon, I take part in the general allergy clinic which commonly features food allergy, poorly controlled atopy, and patients with angioedemas of various aetiologies.

Wednesday afternoon includes a respiratory-immunology MDT, as well as the weekly immunoglobulin assessment panel in which the immunology physicians, nurses and pharmacists discuss and hopefully approve patients for immunoglobulin therapy, an expensive and supply-limited therapeutic agent.

Other afternoons will be spent reviewing and validating laboratory results, preparing and/or giving presentations to colleagues or students, reading papers, writing letters, taking referrals, and prescribing.

Friday afternoons are dedicated study time!

5pm: Time to go home. Leaving on-time is the norm.

2. What made you decide on clinical immunology?

Having spent 4 years in general medicine (plus the odd surgical rotation...) I knew that the fast-paced life of acute medicine, and daily inpatient ward-rounds weren't for me. I wanted to be a specialist, rather than

a generalist, and I was very keen to ensure a healthy work-life balance. With a personal background in science and interest in academia, clinical immunology fit me like a glove.

Aspects that attracted me

- The immune system is as far from an isolated organ system as one can get. It is responsible for the healthy functioning of every part of the human body, and though the speciality may seem hyper-specialised, it is also one of the most holistic forms of medical practice available. We regularly work alongside physicians from respiratory, renal, haematology, oncology, infectious disease, GPs, and many others. Knowing that I can specialise in the immune system, whilst constantly learning about and working alongside other specialities, is extremely rewarding.
- Immunology is a pioneering speciality from a diagnostic perspective. We get to utilize the latest diagnostic technology, and we are constantly developing new assays to assist us in our investigations.
- There is a never-ending list of opportunities for research.
- As the field is relatively small and yet growing so rapidly, there are plenty of leadership roles to go around.
- A fantastic work-life balance, which provides loads of time to pursue professional and personal interests.
- Though training posts are limited, nationally hospitals are desperate for consultants, so there are jobs abound following completion of training.

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

After foundation training, you are only required to complete 2 years of IMT as immunology is a group 2 speciality. You will need to complete MRCP during this time.

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

A little bit like going back to medical school (in a good way!). Immunology and allergy are not specialities that one tends to learn much about at University or as a junior doctor. As such there was a lot of basic, clinical, and laboratory immunology to learn in the first 6 months. A combination of the COVID pandemic and our hospital's fantastic IT system meant that I was able to spend some time working remotely, a situation I never thought I'd find myself in as a doctor.

5. *Do you work closely with other specialties?*

It's probably easier to count the specialities we DON'T routinely work alongside. The immune system affects everything and our input is in high demand.

6. *Is it family friendly?*

There are few specialities that are as family friendly as immunology. No on-calls mean that I rarely stay late, and I never work weekends or nights.

7. *Are there opportunities for travel?*

Thanks to the pandemic, I haven't yet had any such chances; however immunology does lend itself to travel. As a highly academic speciality, the number of global conferences is at times difficult to count (as are the funding opportunities), and our consultants are extremely keen for us to attend.

8. *Are there opportunities for research?*

You'd be hard pressed not to find opportunities for research in this field and lots of trainees undertake higher degrees. It's a particularly academic speciality, and our understanding of the immune system is constantly expanding. From a knowledge perspective, it's very much a frontier speciality and there is a lot left to discover.

9. *Do you work closely with other healthcare groups?*

Since the immune system affects every part of the body, we have routine interactions with most specialities.

What are the best aspects of working in your speciality?

- Constantly learning about one of the most fascinating biological systems on the planet.
- Interacting with so many specialities on a daily basis.
- Working in a relatively small clinical team means I get to know my colleagues well.
- Having such a nice lifestyle allows me to spend lots of time with my family and friends outside of work.

10. *Is there a typical working location for your speciality?*

Most immunology is done at tertiary centres however there are a few consultants at local DGHs throughout the country.

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

Within a few months of starting training I had successfully applied for the position of Immunology Trainee Representative at the British Society of Clinical Immunology and Allergy.

12. *What advice would you give someone considering your speciality?*

As clinical experience in immunology is limited prior to training, a taster week is a must. Reading scientific articles and keeping up to date with developments in the field is also important, as it will help you to decide whether this is what you want to be learning about for the rest of your career. Immunology (and

allergy) physicians are extremely keen to see their speciality prosper so will be very happy to discuss training and careers with you.

Be sure that you are happy to (for the most part) avoid the wards, and acute medicine for the rest of your career. You may find yourself missing the fast-paced life of a general medic.

Some departments will be very small, and some may find such a training programme to be lonely. This is not always the case however, and is likely to become less of an issue when allergy and immunology merge later this year. In Cambridge for example, there are currently 2 immunology trainees, however when we merge next year, there should be 5 trainees working alongside one another.

The lack of on-call duties is reflected in your pay. You may have to take on general medicine locum shifts if you want to supplement your income.