

## A Day in the Life of an Allergy, Clinical and Laboratory Immunology Registrar



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### What does a typical week look like?

The clinical work includes both allergy and immunodeficiency clinics (reviewing both new and follow-up patients). We may also have allergy challenge clinics where we expose patients to a food or medication that they have a label of allergy to. These procedures are arranged after an initial consultation, and usually skin tests or blood tests and MDT discussion.

We have a weekly local MDT where we discuss patients that may benefit from a challenge, or those that may require immunoglobulin replacement therapy. It is also an opportunity to discuss tricky cases or referrals. We may supervise nurse-led clinics where patients receive immunotherapy or immunoglobulin replacement and may be called on for advice or to review patients before or after receiving these therapies. We also review and triage referrals from primary and secondary care – these are usually requesting clinic review but occasionally we review patients in the Emergency Department or on wards too.

We also have the opportunity to contribute to our regional renal biopsy MDT, which includes renal physicians and histopathologists. We review and interpret each patient's laboratory immunology results, which are discussed alongside their medical background and histopathology findings.

From a laboratory perspective, we join reporting sessions where results are reviewed and interpreted for the requesting clinician, including flow cytometry, autoimmunity, immunochemistry and allergy results. We learn about each assay and how to interpret them. This may require liaison with the clinicians, in order to discuss individual results and tailor advice.

We are able to attend a wide range of other clinics for our learning including dermatology, respiratory, vasculitis, HIV, ENT and paediatric allergy and immunodeficiency clinics. We also have the opportunity to join a variety of regional and national MDTs.

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### What attracted you to allergy and immunology?

My A Level Biology course surprisingly included a lot of immunology, which I really enjoyed. During medical school I continued to enjoy cellular and molecular biology. Continuity of care, chronic disease management and teamworking with several other specialties emerged as important aspects for my future specialty too. I liked the idea of knowing an area of medicine in a lot of detail, whilst

still maintaining a holistic view of the patient and maintaining general medical knowledge. The opportunity to work in different settings e.g. outpatient clinic and laboratory also appealed.

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### **How do you get into the specialty?**

At medical school, I chose student selected components of my course to support my interest in the specialty e.g. projects on contact dermatitis, food allergy and secondary immunosuppression following chemotherapeutics. During my final year, I approached my local Immunology department and was able to arrange a six week placement with them. This was invaluable in showing me the true nature of the specialty and the consultants, registrars, specialist nurses and scientists made this such a positive, motivating experience.

During my Foundation Training however, I really enjoyed surgery. I spent a few years exploring this and started ophthalmology training, however realised that I missed the emphasis on cellular and molecular medicine. I therefore reapplied to complete IMT. Following this, I applied but only an ACI (Allergy) number was available in my region. I started training but I knew that part of why I loved the specialty was the laboratory aspect, so I reapplied for ACLI (Immunology).

It's been a roundabout route but each aspect and change of direction has taught me lots, so I have no regrets!

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### **What was it like starting out?**

It was an extremely steep learning curve, and every other trainee I've spoken to has found the same. Many primary immunodeficiencies are extremely rare and non-immunologists may have never encountered them. It can feel quite isolating as most departments are comparatively very small and can be a significant change coming from a large team in ward-based medicine.

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### **Who do allergy and clinical immunology registrars work with?**

We work with our immediate team of consultants, other registrars, specialist nurses and non-clinical staff including secretaries and managers. We also work closely with the laboratory team, including laboratory technicians, biomedical scientists and clinical scientists. We work with other specialties, jointly managing patients (e.g. with respiratory physicians and gastroenterologists), and in a laboratory liaison role with laboratory service users. Surgical specialties and oncology may require urgent advice regarding allergies and we work with anaesthetists in the context of perioperative anaphylaxis. We also work with GPs and primary care professionals. The opportunity to work with so many different groups is a significant aspect of why I enjoy this specialty.

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### **What makes the specialty family friendly?**

Currently there is no clinical immunology or allergy on call service, so our working hours are Monday to Friday. Clinical emergencies are rare, meaning that it is usually possible to leave on time. The predictable working pattern has made it easier to balance around childcare and my husband's specialty, which has a lot of out of hours working.

On the other hand however, there are only a few immunology and allergy centres in most regions and this may mean a significant commute if you're unable to relocate. Additionally, there is a national teaching programme that sites take turns to host and this is usually face to face. The teaching is excellent and it is also great to meet up with the other trainees, but it can be very difficult planning to be away from home several times a year. This was not an aspect that I had considered before starting training.

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### **What are the research and teaching opportunities?**

Diagnostics and therapeutics of allergy and immunology are rapidly advancing, and this creates significant opportunity for research. The laboratory provides an additional environment for research and audit. We are encouraged to take advantage of opportunities to present projects at local, regional, national and international platforms. There are formal research posts and there is a trainee research network to support trainees and encourage multicentre research and collaboration.

Teaching opportunities are varied and widely available. I have been able to teach IMT doctors, MSc students and completed a formal role teaching undergraduate medical students at University of Liverpool. There is also a significant educational aspect to teaching patients about conditions and their management, in both allergy and immunology clinics.

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### **What do you enjoy most about the job?**

I enjoy the continuity in looking after patients, and sometimes families, with chronic conditions, as well as working with other specialties in order to ensure coordinated care. I love working with the laboratory team and the liaison aspect of laboratory medicine. There is often a significant delay in diagnosis of primary immunodeficiencies, so it is very rewarding to be able to secure and explain these to patients. As some conditions are so rare, even experienced clinicians may not have encountered specific cases in their career and there is substantial regional and even national collaboration in providing advice for these patients.

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### **What advice would you give to resident doctors considering the specialty?**

I would advise contacting your local immunology or allergy centre and sitting in clinics, joining MDTs and spending some time in the laboratory to observe as many aspects of the specialty as possible. Many departments are very grateful for help with audits and projects, which can be helpful for applications, as well as providing an opportunity to gain exposure into clinical or laboratory allergy and immunology. There are grants available to attend conferences, which can be a great way to get perspective of the breadth of the field and network with others. Finally there are mentoring programmes available that allow doctors considering the specialty to connect with trainees – though most of us are happy to be contacted directly by anyone wanting to know more.