

A Day in the Life of an Allergy & Clinical Immunology Registrar



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What does a typical week look like?

Allergy and Clinical Immunology is a 9–5 job with no weekends or on-calls, so your week is very predictable.

A typical week usually includes:

- 1 general immunology clinic
- 1–2 general allergy clinics
- 1–2 challenge clinics (drug or food challenges)
- 1 immunotherapy clinic, (supervising aeroallergen or venom immunotherapy)

Immunotherapy is particularly rewarding, it involves giving carefully controlled doses of an allergen over time to retrain the immune system and reduce or even eliminate allergic reactions. It's one of the few treatments that is disease-modifying. Its very satisfying to see patients be cured of their allergic symptoms!

The exact mix varies between training centres, but clinics are designed to allow time for thorough specialist input. New patients are typically allocated 30–40 minutes, and clinic lists are kept short so that we can provide detailed care rather than having to firefight!

We also have:

- 1 allergy MDT and 1 immunology MDT per week
- 2–3 sessions of admin, teaching, or self-directed learning

As this is predominantly an outpatient specialty, ward reviews are rare, usually for urgent drug allergy advice.

And importantly, I usually leave on time every day!

What attracted you to allergy and clinical immunology?

I really enjoyed general and acute medicine and initially thought I would go into respiratory, but what ultimately drew me to allergy was the chance to occupy a niche and develop real expertise in an area that many other doctors feel less confident managing, alongside a much better work-life balance.

What stood out to me was the nature of the work. You're often able to give patients clear explanations, practical advice, and a plan they can actually use.

I also found the overall tone of the work quite different. In respiratory and acute medicine, a lot of the job can feel like firefighting. In allergy and immunology, things are generally more planned and outpatient-based, with a strong emphasis on collaboration. We still manage serious conditions, like severe drug or food allergy or primary immunodeficiencies, but it's done in a more structured, proactive way.

Overall, it felt like a specialty where you can still manage complex disease, but with a different pace and a stronger focus on improving patients' day-to-day lives.

How do you get into the specialty?

Allergy and Clinical Immunology is a Group 2 medical specialty, so you need to have completed IMT2 and obtained MRCP. I personally went on to complete IMT3 and spent an additional year working as a respiratory registrar, which gave me a bit more confidence stepping into the role; although many trainees enter the specialty straight after IMT2.

A small number of trainees enter via a paediatric pathway.

It is a competitive specialty, so it is important to demonstrate early interest. Helpful ways to do this include:

- Undertaking a taster week in allergy or immunology
- Getting involved in a project or audit
- Applying to the British Society for Allergy & Clinical Immunology Medical Scholars Programme, which is open to FY2–IMT3 doctors and provides mentorship and access to the annual conference

Most allergy teams are approachable and supportive, although response times can vary!

How has training changed in recent years?

Since 2021, training has been restructured into two closely aligned pathways: Allergy and Clinical Immunology (ACI) and Allergy and Clinical Laboratory Immunology (ACLI).

All trainees now receive combined exposure to both allergy and clinical immunology, and by the end of training should be clinically competent in managing both areas.

The main differences are that ACLI trainees have additional responsibilities related to laboratory immunology, including lab management, and undertake a longer training programme with an additional examination. ACI trainees focus on the clinical aspects and have a slightly shorter training pathway.

In practice, there is a lot of overlap, and both routes lead to clinicians who are well equipped to manage the breadth of allergic and immunological disease.

What was it like starting out?

The learning curve is steep for everyone, as I, like most trainees, had minimal prior exposure to allergy or immunology clinics.

In my centre, new registrars have a period of shadowing for several weeks, followed by a phased introduction to clinic: starting with one patient per session and gradually increasing to a full clinic template.

Moving from ward-based medicine to a purely outpatient specialty felt unusual at first, but it was a welcome change of pace. There is also an expectation that you will need to look things up frequently and ask lots of questions, and you are given the time and support to do so.

Who do allergy and clinical immunology registrars work with?

As a trainee, you'll usually be part of a multidisciplinary team, which can include CNS', psychologists, dietitians, and pharmacists, depending on where you work. While most of your work is within your own specialty, there are plenty of opportunities to get involved in related areas, and exposure to other specialties is actively encouraged. For example, I've personally done attachments in:

- Respiratory medicine (e.g., severe asthma clinics)
- ENT (for rhinitis and sinus disease)
- Dermatology (e.g., contact allergy)
- Vasculitis clinic
- Paediatric Immunology and Allergy

Getting this variety not only broadens your experience but also helps you understand how allergy and immunology fits into the wider picture of patient care.

What makes the specialty family friendly?

Allergy and immunology is generally very family friendly:

- 9–5 working hours
- No on-call commitments
- No routine weekend work

Some centres also allow occasional working from home for non-clinical sessions.

As someone with two young children, this has made childcare and family life much easier to manage compared with rota-based specialties.

What are the research and teaching opportunities?

Allergy and Clinical Immunology is an academically active specialty with strong links to translational research.

Trainees have access to and are encouraged to attend:

- 4 national allergy training days per year via BSACI

- 4 national immunology training days per year
- Regular local teaching (e.g. weekly sessions)
- National and International Conferences

During my training, I have supervised medical students at the University of Cambridge, completed a postgraduate certificate in medical education, and worked as a sub-investigator on multiple clinical trials, including gene therapy studies for hereditary angioedema. I have also been involved in guideline development and clinical research.

Some trainees carry out higher degrees such as MDs or PhDs but these are not essential to getting a consultant post.

What do you enjoy most about the job?

One of the most rewarding aspects is that patients often leave clinic with a clear explanation and practical advice that they have not received before. In allergy in particular, relatively small interventions can make a big difference to quality of life.

I particularly enjoy challenge clinics (both food and drug). They give you a unique opportunity to see what actually happens when a patient is exposed to a suspected allergen, and often provide real clarity for both the patient and clinician. As allergists, we are also experts in managing allergic reactions and anaphylaxis, so there is still an element of acute medicine in the job and an opportunity to use your ALS.

Other highlights include:

- Developing expertise in a niche field
 - Being treated as a peer by consultants relatively early in training
 - Seeing rare and interesting conditions - for example, wheat-dependent exercise induced anaphylaxis!
 - In immunology, there is also the opportunity to look after patients with rare primary immunodeficiencies over the long term.
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What advice would you give to resident doctors considering the specialty?

Try to gain experience through taster clinics and by speaking to current trainees and consultants. Because services are concentrated in relatively few centres, training experiences can vary depending on where you are based.

It is also worth being aware that:

- You may be one of only 1–2 trainees in a department, which can feel isolating in some centres (although in Cambridge there are currently more of us)
- Moving between centres can be difficult due to the small number of posts
- Salary during training is lower than in on-call specialties

For those who enjoy outpatient medicine, problem-solving, and making a real difference in patients' lives, allergy and clinical immunology is an incredibly rewarding specialty and I would highly recommend it!