



RCPATH response to the October 2021 report from the All Party Parliamentary Group for Allergy and the National Allergy Strategy Group: Meeting the challenges of the National Allergy Crisis

21 December 2021

The Royal College of Pathologists (RCPATH) has been made of aware of this [report](#) through its Immunology Specialist Advisory Committee.

The College welcomes the report's call for urgent improvement in allergy services in the UK and supports expansion of the specialist allergy workforce, and increased training and education of generalists.

However, there are several matters of factual inaccuracy that the College wishes to highlight about the report, particularly in relation to specialist allergy care.

1. The report states that there are approximately 40 adult allergists working in a small number of allergy centres (section 2.11). This does not recognise the fact that there are approximately 90 adult clinical immunologists in approximately 35 centres throughout the UK who also provide specialist allergy services to the same high standard. The majority of specialist allergy care, both in numbers and by geographical coverage is provided by clinical immunologists. Although clinical immunologists do not use the allergist title, the standard of specialist allergy care provided is the same and commissioned and recognised by the NHS as a specialist service.
2. The report states that there are only 11 training posts in allergy in England (section 2.8). This only covers adult allergy trainees, and the numbers of paediatric trainees were not mentioned in the report. Similar to point no. 1 above, this does not recognise that there are approximately 35 adult clinical immunology trainees, who are also being trained to provide specialist allergy care as part of their curriculum.
3. The report asserts that the new training programme combining allergy and clinical immunology will dilute and downgrade the quality of allergy specialist training (section 2.14). This is not true. The new training programmes for Allergy and Clinical Immunology (ACI: incorporating allergy and clinical immunology) and Allergy, Clinical and laboratory Immunology (ACLI: incorporating allergy, clinical and laboratory immunology) have been extensively discussed and reviewed by the Joint Royal College of Physicians Training Board (JRCPTB) Specialist Advisory Committee in allergy, JRCPTB SAC in immunology and representatives from the GMC, the JRCPTB and postgraduate deans. The new training programmes had also been put out for widespread consultation with the clinical community and specialist societies, and also to lay representative and various patient organisations.

The final versions of the two new curricula are fit for purpose and in both curricula, trainees will acquire competencies in allergy and clinical immunology, providing a broad training base that is best suited to meet the healthcare needs of the future.

4. The report also asserts that the new training will create significant redundancy in training with allergy trainees now being trained in allergy and clinical immunology (section 2.14). This is not true as well. The science of immunology underpins the practice of allergy. There is an increased demand for clinical allergy services **and** clinical immunology services. The numbers of patients requiring clinical immunology services continues to increase at pace as well, with insufficient numbers of specialists in clinical immunology to meet this demand. The new training programmes covering both allergy and clinical immunology is the best means of providing trainees with broad based expertise to be more flexible to meet future demands that the health service requires.
5. The report proposes diverting posts to the ACI programme from the ACLI programme and making the programme allergy dominant (section 2.14). Both programmes fully cover specialist allergy training. The ACLI programme is identical to the ACI programme except for having additional laboratory immunology training to enable trainees to run an immunology laboratory. Immunology laboratory services underpin clinical service delivery across multiple patient pathways across all medical specialities including allergy and clinical immunology.

Reducing the number of ACLI trainees will lead to detrimental impact on wider immunology laboratory service delivery. There is also a deficit of people fully trained to run immunology laboratories and diverting trainees from the ACLI programme to the ACI programme will further compromise this. This then has the potential to affect the diagnosis of people with allergies, but also of the many other medical specialties that rely on immunological testing for diagnosis.

There would be less support for all key diagnostic areas including autoimmunity, allergy, cancer, drug monitoring, infection diagnosis and immunity monitoring. During the pandemic, laboratory immunology has contributed significantly to COVID-19 diagnostic efforts, and it is important to protect provision of this particularly in the event of any further pandemics.

Making the programme allergy dominant would result in less provision of clinical care for people with primary immune deficiency, secondary immune deficiency (which is a group of patients that are growing significantly due to advances in therapy); for genomics work; for autoimmune clinical work and multi-disciplinary team (MDT) support (e.g., vasculitis specialist MDTs) and for immunoglobulin stewardship.

Those trained in the ACLI programme will be fully trained in Allergy and will represent a flexible workforce for future NHS services.

Although there are more clinicians providing specialist allergy services than the figures mentioned in the report, it should be noted that these numbers are still not sufficient to meet the needs of patients with allergic disease. Additionally, the numbers of clinicians providing clinical immunology and laboratory immunology services is also insufficient to meet current and future demand.

Therefore, in summary, the College welcomes the call for urgent improvement in allergy services, but this should not come at the expense of clinical immunology and laboratory immunology services, which require support and expansion as well.



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About the Royal College of Pathologists

The Royal College of Pathologists is a professional membership organisation with more than 11,000 fellows, affiliates and trainees, of which 23% are based outside of the UK. We are committed to setting and maintaining professional standards and promoting excellence in the teaching and practice of pathology, for the benefit of patients.

Our members include medically and veterinary qualified pathologists and clinical scientists in 17 different specialties, including cellular pathology, haematology, clinical biochemistry, medical microbiology and veterinary pathology.

The College works with pathologists at every stage of their career. We set curricula, organise training and run exams, publish clinical guidelines and best practice recommendations and provide continuing professional development. We engage a wide range of stakeholders to improve awareness and understanding of pathology and the vital role it plays in everybody's healthcare. Working with members, we run programmes to inspire the next generation to study science and join the profession.

