

## Allergy (Allergy and Clinical Immunology)

### Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Allergy. You will also need to read the [curriculum](#).

**This is the specialty specific guidance for Allergy updated July 2021**

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## Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in Allergy. This is not a standalone document and should be read in conjunction with the [curriculum](#). Please see the [Allergy](#) webpage on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can [contact us](#) for advice before you apply.

*An application has been made to change the name of the specialty to **Allergy and Clinical Immunology**, therefore the name of the specialty may have been updated by the point you apply.*

### **What is the indicative period of training for a Certificate of Completion of Training (CCT) in Allergy (Allergy and Clinical Immunology)?**

The indicative period of training for a CCT in Allergy (Allergy and Clinical Immunology) is six years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the training programme (in indicative timescales) is as follows:

- Two years of Internal Medicine (stage 1) including MRCP (UK), or
- Three years of Acute Care Common Stem – Internal Medicine (ACCS – IM) including MRCP (UK), or
- the following alternative pathway:
  - Three years of Level 1 Paediatrics training including MRCPCH

And

- Four years of Allergy and Clinical Immunology specialty training (including ACICE)

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the curriculum.

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## Curriculum Framework

The Allergy (Allergy and Clinical Immunology) curriculum is structured into 12 high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you providing evidence that you're working at the level of being entrusted to perform safely and independently for each CiP.

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of [Good Medical Practice](#) and the [Generic Professional Capabilities \(GPC\) framework](#).

The remaining six CiPs describe the clinical tasks or activities which are essential to the practice of Allergy (Allergy and Clinical Immunology). The CiPs have been mapped to the GPC domains to reflect the professional generic capabilities required to undertake the clinical tasks.

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person's life and illness.

### Generic CiPs

1. Able to function successfully within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carries out research and manages data appropriately
6. Acts as a clinical teacher and clinical supervisor

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## Specialty Specific CiPs

1. Managing, developing, and delivering allergy services in all appropriate service settings
2. Managing, developing, and delivering clinical immunology services in all appropriate service settings
3. Providing advice to colleagues on selection, interpretation and limitations of laboratory and other investigations for common immunological and allergic conditions
4. Supporting the management of patients with allergy, immunodeficiency, auto-immune disease, and auto-inflammatory disease, in liaison with other specialties including primary care
5. Delivering and supporting both immune-mediated and other therapeutic interventions in allergic and immunological conditions
6. Understanding the needs of adolescents and young adults with allergic and immunological diseases transitioning to adulthood

## Submitting your evidence

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It's more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence
- Triangulated evidence will make a stronger application
- Evidence of your recent practice (i.e. less than five years old) will be given more weight, as it reflects current capabilities
- Your evidence must be legible

All your evidence, other than qualifications you're getting authenticated, **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

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Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

### **Anonymising your evidence**

It is important that you anonymise your evidence before you submit it to us. You **must** remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details **don't** need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

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## How much evidence to submit

**As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.**

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application, and we recommend that you delay submitting an application until you have achieved this.

Your evidence **must** cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing **good quality** evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in Allergy (Allergy and Clinical Immunology) in the UK.

You should bear in mind the following points:

- Evidence should show that you are able to assess and offer a first opinion in any setting and for any age
- Don't duplicate evidence that is relevant to more than one CiP – you should include one copy and list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

**Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.**

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## Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application.

Please refer to our [user guide](#) for information on grouping and uploading your evidence.

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the curriculum. If evidence is missing from any area of the curriculum, your application may be unsuccessful.

You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

## Tips for a successful application

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum.
- Provide evidence of your **current capability** in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs.
- Ensure you have evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of two years of Internal Medicine stage 1 training. To demonstrate core internal medical capabilities, applicants need to provide MRCP (UK) or equivalent and evidence showing the application of core skills including outpatient capability. This evidence could include

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supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF). Evidence for alternative core medical knowledge and training can be provided – e.g. MRCPCH. Further detail is provided below.

- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence.
- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in Allergy (Allergy and Clinical Immunology in the UK).
- Provide evidence of managing a broad range of patients, as seen daily by Allergy (Allergy and Clinical Immunology) doctors in the UK.
- Provide evidence of your clinical capability across the range of experience, ages and settings.
- Provide evidence of completing the Allergy and Clinical Immunology Certificate Examination (ACICE) or equivalent. This exam is also called the FRCPATH Part 1.
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs.

**We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.**

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## How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs

If you have a document that is relevant to more than one CiP, don't include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you'd like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

**A description of the assessments below, together with template forms, can be found on the [JRCPTB website](#)**

Evidence / requirement	About	Minimum expectation
<b>Supervised Learning Events (SLEs)</b>		
<b>Case-based discussion and/or mini-clinical evaluation exercise (mini-CEX)</b>	These should have been undertaken with a consultant. CbDs and-Mini CEX should cover different aspects of the Allergy (Allergy and Clinical Immunology) curriculum.	20
<b>Workplace Based Assessments (WPBAs)</b>		
<b>Direct Observation of</b>	Evidence of practice of procedures detailed below	12

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<b>Procedural Skills (DOPS)</b>	Additional evidence of other procedure relevant to Allergy and Clinical Immunology may be provided to demonstrate the achievement of independent safe practice.	
<b>Quality Improvement Project Assessment Tool (QIPAT)</b>	Can be used to demonstrate active involvement in service audit or development projects.	1 completed in last 12 months
<b>Patient Survey (PS)</b>	<p>Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made.</p> <p>If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information.</p> <p>Alternative evidence could include:</p> <ul style="list-style-type: none"> <li>▪ Thank you letters/cards from patients</li> <li>▪ Statements from referees</li> <li>▪ Testimonial letters from colleagues</li> <li>▪ Feedback from patients/colleagues</li> </ul>	1 completed in last 12 months
<b>Teaching observation (TO)</b>	At least one should be completed by a consultant in the specialty.	1 completed in last 12 months
<b>Multi Source Feedback (MSF)</b>	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>Minimum of one in the year before the application has been submitted – any available from the last five years should also be submitted.</p>	1 completed in last 12 months

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	MSF should include approximately 15 colleagues, and not more than four should be doctors.	
<b>Other evidence</b>		
<b>To be included in the portfolio of evidence</b>	<ul style="list-style-type: none"> <li>▪ <b>Appraisal</b> is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical)</li> <li>▪ <b>Reflective</b> diaries/ evidence of self-reflection</li> <li>▪ <b>Supervisor report</b> reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be four in the last 12 months.</li> <li>▪ <b>Logbooks</b> must cover the last five years and show the type of procedures you performed and your role in the procedure</li> <li>▪ <b>Training events</b> (courses, study days, meetings) over the last five years</li> <li>▪ <b>Evidence of seeing patients</b> over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages</li> <li>▪ <b>Academic activities</b></li> <li>▪ <b>Management activities</b></li> <li>▪ <b>Structured reports</b></li> </ul>	4 completed in the last 12 months (e.g. MCRs)
<b>Continuing Professional</b>	<p>CPD represents the acquisition and maintenance of knowledge, skills and key skills.</p> <p>Courses you may want to provide evidence of include:</p>	

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<b>Development (CPD)</b>	<ul style="list-style-type: none"><li>▪ Life support</li><li>▪ Teaching</li><li>▪ Simulation</li><li>▪ Management</li><li>▪ Research methodology</li><li>▪ Business</li><li>▪ Communication</li><li>▪ Education</li></ul> <p>Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.</p>	
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## Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities **and** dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

### Primary medical qualification (PMQ)

If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).

### Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold.

Evidence of completion of full **MRCP(UK)** or equivalent. **MRCPCH** is acceptable for applicants demonstrating alternative core capabilities in paediatrics.

Applicants must also demonstrate an appropriate test of knowledge to that required for the CCT which is the **Allergy and Clinical Immunology Certificate Examination (ACICE)/FRCPATH Part 1**.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and

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	<p>therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.</p> <p>If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence <b>in addition</b> to your qualification:</p> <ul style="list-style-type: none"> <li>○ Training curriculum or examination syllabus</li> <li>○ Formal period assessments completed during training (these may be older than five years)</li> </ul>
<p><b>Recent specialist training</b></p>	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an <b>authenticated copy</b> of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT or CESR(CP) in this specialty in the UK in the past five years, you should provide a copy of your ARCPs.</p>
<p><b>Specialist registration outside the UK</b></p>	<p>Please provide an <b>authenticated copy</b> of details of the registration requirements of that authority.</p>

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### Other relevant qualifications and certificates

You may include postgraduate qualifications if they are relevant to associated capabilities e.g. teaching, management, research methodology. Please provide **copies** of certificates.

## Evidence of employment in posts and duties (including training posts)

### Employment letters and contracts of employment

The information in these letters and contracts **must** match your CV. They will confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

### Job descriptions

These **must** match the information in your CV. They will confirm the following:

- your position within the structure of your department
- your post title
- your clinical and non-clinical commitment
- your involvement in teaching or training.

### Rotas

You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks' rota to represent that placement.

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<b>Departmental/ Unit annual caseload statistics</b>	You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.
<b>Appraisal</b>	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.</p> <p>Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.</p>

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## Generic CiPs

The suggested documentation is given below each CiP and the overall numbers expected are given in the section above. Each piece of evidence can support more than one CiP and you should cross reference

### CiP 1: Able to function successfully within NHS organisational and management systems

#### Key skills:

- Aware of, and adheres to, the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

#### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of taking an active role in governance structures, including service development. This may, for example, include the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT.

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- Evidence of attendance at an NHS / health service management course

## **CiP 2: Able to deal with ethical and legal issues related to clinical practice**

### **Key skills:**

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

### **Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include:
  - Reflections on cases where you had to assess a patient's mental capacity
- Evidence of involvement in making best interests' decisions, such as:
  - Notes
  - Letters
  - Meeting minutes

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- Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example:
  - eLfh Mental Capacity Act: <https://www.e-afh.org.uk/programmes/mental-capacity-act/>
  - CPD Online Mental Capacity Act: <https://cpdonline.co.uk/course/mental-capacity-act/>
  - SCIE Mental Capacity Act: <https://www.scie.org.uk/e-learning/mca>

### **CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement**

#### **Key skills:**

- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient's goals and wishes, and respecting the patient's beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

#### **Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports

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- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of your ability to analyse a patient's communication difficulties:
  - Reflective diaries
- Feedback from patients, such as a patient survey
- Reflective practice entries about patients or families who posed difficulties
- Supervised learning event

## **CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care**

### **Key skills:**

- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care
- Demonstrates commitment to learning from patient safety investigations and complaints
- Shares good practice appropriately
- Contributes to and delivers quality improvement
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels
- Understands the importance of non-technical skills and crisis resource management
- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

### **Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports

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- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflective practice entries about patients or families who posed difficulties
- Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example:
  - Meeting minutes, demonstrating your attendance and participation
  - Invites sent from you demonstrating arranging meetings
- Supervised learning event
- Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness
- Specific quality improvement activity, such as a QIPAT
- Copies of letters you have written to NHS and non-NHS services involved with patients

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## CiP 5: Carries out research and manages data appropriately

### Key skills:

- Manages clinical information / data appropriately
- Understands principles of research and academic writing
- Demonstrates ability to carry out critical appraisal of the literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Understands public health epidemiology and global health patterns
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
  - [www.nih.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice](http://www.nih.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice)

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- Documented evidence of research activity. This may include evidence of:
  - Helping in a project
  - Reviewing research papers / grants
  - Writing and co-authoring research papers
  - Contributing to research projects
- Presentations – either lectures (podium presentations) or poster presentations
- Publications

## **CiP 6: Acts as a clinical teacher and clinical supervisor**

### **Key skills:**

- Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals
- Delivers effective feedback with action plan
- Able to supervise less experienced trainees in their clinical assessment and management of patients
- Able to supervise less experienced trainees in carrying out appropriate practical procedures
- Able to act as a clinical supervisor to doctors in earlier stages of training

### **Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

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- Completion of relevant training course(s), such as management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation SLE (TO)

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## Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act independently' in all specialty CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the [curriculum](#).

### Specialty CiP 1: Managing, developing, and delivering allergy services in all appropriate service settings

#### Key skills:

- Demonstrates effective clinical management of allergic diseases and other conditions that can present with features of allergic disease
- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and their colleagues and clearly communicates risk/benefit analysis of proposed interventions.
- Takes a relevant patient history including patient symptoms, concerns, priorities and preferences
- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, available resources, the urgency of intervention and the risk/benefit ratio of potential interventions

#### Suggested documentation:

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
- Minimum of one of each of the below supervised learning events (SLE):

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<ul style="list-style-type: none"> <li>• CbD</li> <li>• Mini-CEX</li> </ul>
<ul style="list-style-type: none"> <li>▪ Direct observation of procedural skills such as DOPS</li> </ul>
<ul style="list-style-type: none"> <li>▪ Feedback from patients, such as patient survey</li> </ul>
<ul style="list-style-type: none"> <li>▪ Quality improvement activity, such as a QIPAT</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of reflective practice</li> </ul>
<ul style="list-style-type: none"> <li>▪ FRCPATH examinations</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of presentations at Grand rounds, regional and national meetings</li> </ul>
<ul style="list-style-type: none"> <li>▪ Publications</li> </ul>
<ul style="list-style-type: none"> <li>▪ Clinic letters</li> </ul>
<ul style="list-style-type: none"> <li>▪ Evidence of participation in accreditation processes</li> </ul>

## **Specialty CiP 2: Managing, developing, and delivering clinical immunology services in all appropriate service settings**

### **Key skills:**

- Demonstrates effective clinical management of primarily immunological conditions and other conditions that can mimic immunological disease
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills

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- Formulates an appropriate diagnostic and management plan, taking into account patient preferences
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues and clearly communicates risk/benefit analysis of proposed interventions.
- Takes a relevant patient history including patient symptoms, concerns, priorities and preferences
- Shows appropriate clinical reasoning by analysing physical, immunological and psychological information
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, available resources, the urgency of intervention and the risk/benefit ratio of potential interventions

### Suggested documentation:

▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
▪ Minimum of one of each of the below supervised learning events (SLE): <ul style="list-style-type: none"> <li>• CbD</li> <li>• Mini-CEX</li> </ul>
▪ Direct observation of procedural skills such as DOPS
▪ Feedback from patients, such as patient survey
▪ Quality improvement activity, such as a QIPAT
▪ Evidence of reflective practice
▪ FRCPath examinations
▪ Evidence of presentations at Grand rounds, regional and national meetings

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- |  |
|--|
| ▪ Publications   |
| ▪ Clinic letters                                       |
| ▪ Evidence of participation in accreditation processes |

## **Specialty CiP 3: Providing advice to colleagues on selection, interpretation and limitations of laboratory and other investigations for common immunological and allergic conditions**

### **Key skills:**

- Demonstrates understanding of the principles and utility of commonly used investigations for diagnosis and monitoring for immunological and allergic conditions and their limitations
- Understands and can manage uncertainty in the interpretation of immunological tests and its effect on diagnostic utility
- Demonstrates ability to select appropriate tests and to interpret test results appropriately in patients with suspected allergic and immunological conditions
- Demonstrates ability to explain the clinical reasoning behind diagnostic decisions to patients/carers/guardians and other colleagues.
- Demonstrates ability to advise patients, colleagues, and an MDT on interpretation of test results and choice of test
- Demonstrates understanding of genomics and impact of investigations on the diagnosis and treatment of allergic and immunological disease

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## Suggested documentation:

▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
▪ Minimum of one of each of the below supervised learning events (SLE): <ul style="list-style-type: none"><li>• CbD</li><li>• Mini-CEX</li></ul>
▪ Quality improvement activity, such as a QIPAT
▪ FRCPath examinations
▪ Evidence of presentations at Grand rounds, regional and national meetings
▪ Publications
▪ Clinic letters

## Specialty CiP 4: Supporting the management of patients with allergy, immunodeficiency, auto-immune disease, and auto-inflammatory disease, in liaison with other specialties including primary care

### Key skills:

- Demonstrates ability to develop effective management plans for patients with allergic and immunological conditions in a variety of care settings
- Demonstrates effective liaison with other specialties including primary care in the management of patients with suspected allergic and immunological disease

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- Participates in the development of pathways and/or protocols for patients with allergic and immunological diseases
- Participates actively in the multi-disciplinary team
- Recognises the importance of prompt and accurate information sharing with primary care team
- Accurate and appropriate confirmation or exclusion of allergic conditions
- Supporting identification of allergic and non-allergic diseases

### Suggested documentation:

▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
▪ Minimum of one of each of the below supervised learning events (SLE): <ul style="list-style-type: none"> <li>• CbD</li> <li>• Mini-CEX</li> </ul>
▪ Direct observation of procedural skills such as DOPS
▪ Quality improvement activity, such as a QIPAT
▪ Evidence of reflective practice
▪ FRCPATH examinations
▪ Evidence of presentations at Grand rounds, regional and national meetings
▪ Publications
▪ Clinic letters

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## Specialty CiP 5: Delivering and supporting both immune-mediated and other therapeutic interventions in allergic and immunological conditions

### Key skills:

- Demonstrate ability to deliver effective:
  - Therapeutic interventions for allergic and immunological conditions including:
    - Immunoglobulin
    - C1 Inhibitor and other treatments for angioedema
    - Immunotherapy
    - Desensitisation therapies
- Biologics
- Rescue medications
- Sequencing of therapies
- Treatment and follow up of patients with anaphylaxis
- Support for patients and their carers, on self-care and home therapies

### Suggested documentation:

▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
▪ Minimum of one of each of the below supervised learning events (SLE): <ul style="list-style-type: none"><li>• CbD</li><li>• Mini-CEX</li></ul>
▪ Direct observation of procedural skills such as DOPS
▪ Feedback from patients, such as patient survey
▪ Quality improvement activity, such as a QIPAT

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▪ Evidence of reflective practice
▪ FRCPATH examinations
▪ Evidence of presentations at Grand rounds, regional and national meetings
▪ Publications
▪ Clinic letters
▪ Evidence of participation in accreditation processes

## **Specialty CiP 6: Understanding the needs of adolescents and young adults with allergic and immunological diseases transitioning to adulthood**

### **Key skills:**

- Demonstrate ability to deliver transition services in accordance with national guidelines by:
  - Understanding behavioural and psychosocial issues in transition
  - Developing effective plans for transition between paediatric and adult services
  - Effective communication with the patients and when appropriate their carers

### **Suggested documentation:**

▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
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▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
▪ Minimum of one of each of the below supervised learning events (SLE): <ul style="list-style-type: none"><li>• CbD</li><li>• Mini-CEX</li></ul>
▪ Feedback from patients, such as patient survey
▪ Quality improvement activity, such as a QIPAT
▪ Evidence of reflective practice
▪ FRCPATH examinations
▪ Evidence of presentations at Grand rounds, regional and national meetings
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## Practical Procedures

Below details the practical procedures, and the level of competence, you will be expected to evidence. You can provide evidence for these procedures using logbooks and DOPS.

Skin Prick Testing	Competent to perform unsupervised
Intradermal Testing	Competent to perform unsupervised
Drug Provocation Test	Competent to perform unsupervised
Food Provocation Test	Competent to perform unsupervised
Drug Desensitization	Competent to perform unsupervised
Aeroallergen Immunotherapy	Competent to perform unsupervised
Venom Immunotherapy	Competent to perform unsupervised
Perioperative anaphylaxis assessment	Competent to perform unsupervised
Spirometry	Competent to perform unsupervised
Fractional Exhaled nitric oxide (FeNO)	Competent to perform unsupervised
Anterior Rhinoscopy	Competent to perform unsupervised

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