

Immunology (Allergy, Clinical and Laboratory Immunology)

Specialty Specific Guidance (SSG)

This guidance is to help doctors who are applying for entry onto the Specialist Register via the Portfolio pathway in Immunology. You will also need to read the [curricula for the specialty](#). An application has been made to change the name of the specialty to Allergy, Clinical and Laboratory Immunology and both names are used within this document.

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Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for specialist registration in Immunology (Allergy, Clinical and Laboratory Immunology). This is not a standalone document and should be read in conjunction with the [curricula](#) – please see the Immunology curriculum on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can [contact us](#) and ask for advice before you apply.

It is worth noting that it is sometimes more difficult to make a successful application if you have not worked in the NHS and that applicants with a license to practise in the UK will have already provided some of the evidence below in order to achieve this. Key features of training and practice in the NHS are unlikely to be covered in the same way outside it and the types of evidence may differ. This might include, for example, multidisciplinary team meetings, appraisal, multisource feedback and patient feedback, safety and quality activity especially in clinical audit and quality improvement projects and other areas. You must look at the curriculum and this guidance carefully to make sure that you can demonstrate the knowledge, skills and experience for entry to the Specialist Register for Immunology using an assessment framework of the high level learning outcomes in the curriculum rather than assessing your progress through a programme.

Your evidence should focus on summative assessments rather than formative ones. If you are or have recently been practising in an environment that is not comparable to practice in the NHS you might find it useful to consolidate your experience elsewhere before applying.

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

Curriculum Framework

The curriculum is structured into high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic, clinical and specialty specific capabilities, as outlined below. To meet the standard you will need to provide evidence that you're working at the level of being entrusted to perform safely and independently for each CiP (described in the curriculum as Level 4 – entrusted to act unsupervised).

Level descriptors for clinical CiPs

Level	Descriptor
Level 1	Entrusted to observe only:

	No provision of clinical care
Level 2	Entrusted to act with direct supervision: May provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3	Entrusted to act with indirect supervision: May provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision
Level 4	Entrusted to act unsupervised

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 eight CiPs describe the clinical tasks or activities which are essential to the practice of 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

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.
7. Able to deliver a clinical laboratory liaison service to support investigation and management of allergic and immunological disorders across primary and secondary care
8. Able to lead, supervise and deliver immunology laboratory diagnostic services

Currency of evidence

Evidence which demonstrates that you have met a curriculum outcome can be drawn from any point in your career. However, there should be corresponding evidence of recent (within the last five years of clinical practice Whole Time Equivalent (WTE) to confirm the maintenance of the skill or competency.

Evidence of your recent practice will be given more weight to reflect current capabilities and we suggest that approximately 50% of your evidence for a curriculum outcome is drawn from within the last five years of clinical practice (WTE).

Structured reports

You should nominate a minimum of four referees for the GMC to obtain structured reports from. They should include:

- Current Head of Department or other senior colleague with knowledge of the breadth of your clinical activity. Ideally, they should be an Educational Supervisor with at least 5 years' experience themselves or appropriate training experience.
- One report from a laboratory director or equivalent
- At least one further report from colleagues working with you at consultant level in both Allergy and Immunology

Submitting your evidence

Do not submit original documents. You must provide your evidence electronically – it's important that you follow the structure in our [user guide](#) when doing so.

You will need to make sure your evidence meets our requirements, this includes:

- [Anonymising](#) (redacting) identifiable information
- Verifying your evidence to confirm its authenticity
- Authenticating overseas qualifications
- Translating any documents not in English

It is important that you read and follow our [guidance](#). If your evidence does not meet these requirements, it may not be included in your application.

Please keep in mind when gathering your evidence:

- Triangulated evidence (evidence comprised of three different sources) will make a stronger application
- Evidence of your recent practice (≤within the last five years of clinical practise (WTE)) will be given more weight to reflect current capabilities; where some evidence is historical (> than the last five years of clinical practise (WTE)), the assessors will want to see evidence that the applicant has maintained capabilities in that particular area and the applicant is working at the level of a senior independent clinician
- Your evidence must be legible

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.

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 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 then 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.

You must ensure you follow our [guidance](#) on how to present and group your evidence in the online application

Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You should submit your evidence electronically under the correct section of your online application.

You should also submit the evidence requested about your training, qualifications and employment history and your CV in the format set out in the GMC's [CV guidance](#). You will also be asked to nominate referees to provide structured reports.

Your evidence must be mapped to the high level learning outcomes by providing primary evidence for knowledge, skills and experience. If evidence is missing from any of the CiPs, 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.

If you have a piece of evidence that is relevant to more than one area, do not include multiple copies in your evidence. Instead, include one copy and list it in your application under each relevant area, stating that the evidence is located elsewhere, and you would like to cross-reference it.

Where we ask in our guidance, please group your evidence together to keep the number of individual electronic uploads manageable. This will need to be done prior to uploading on the GMC application. There are many software solutions widely available that can be used for converting documents/excel sheets/PowerPoint presentations and images to PDFs and combining PDF documents.

Tips for a successful application

In our experience, applications fail because they provide inadequate or poor evidence of current capability covering the knowledge, skills and experience required for practising as an eligible specialist in the United Kingdom. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current curriculum in conjunction with this document. A strong application will provide evidence that you hold the knowledge, skills and experience which demonstrate the outcomes set out in the curriculum
- Provide evidence of your **current capability** against the high level learning outcomes of the curriculum. This includes the maintenance of CiPs and key skills 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 a comparable assessment of applied knowledge showing the application of core skills including outpatient capability. This evidence could include supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF)
- 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 registration in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Immunology doctors in the UK
- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at an independent level across all of the specialty CiPs

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 but you should aim to demonstrate knowledge, skills and experience with evidence that is comparable to the examples below.

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

Evidence / requirement	About	Indicative minimum numbers
Supervised Learning Events (SLEs)		
Outpatient Care Assessment Tool (OPCAT)	These should have been undertaken with a consultant either during or following a single clinic. There is no minimum number of patients that should be seen, but for a post clinic assessment it would be unusual if the applicant has seen fewer than three patients.	4 OPCATs 2 for immunology clinics and 2 for allergy clinics each to level 4 entrustment
Case-based discussion and/ or mini-clinical evaluation exercise (mini-CEX)	These should have been undertaken with a consultant. CbDs and Mini-CEXs should cover different aspects of the specialty.	12 comprised of a mix of CbDs and Mini-CEXs to level 4 entrustment

Workplace Based Assessments (WPBAs)

Direct Observation of Procedural Skills (DOPS)	<p>Evidence <u>must be</u> provided for each procedure for which an applicant must be competent to perform unsupervised of procedural/specialist procedures section of this guidance.</p> <p>A structured report concentrating upon the procedural skills in immunology and allergy by a senior colleague – the GMC will request this as part of the application process so you should ensure you nominate at least on immunology/allergy doctor who are able to directly comment on your procedural competence</p> <p>OR</p> <p>Provide one summative DOPS for each procedure for which an applicant must be competent to perform unsupervised</p>	
Quality Improvement Project Assessment Tool (QIPAT)	<p>Can be used to demonstrate active involvement in service audit or development projects.</p>	<p>1 completed in last 12 of most recent practise (WTE)</p>
Patient Survey (PS)	<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"> ▪ Thank you letters/cards from patients ▪ Statements from referees ▪ Testimonial letters from colleagues ▪ Feedback from patients/colleagues 	<p>1 completed in last 12 months of most recent practise (WTE)</p>
Teaching observation (TO)	<p>At least one should be completed by a consultant in the specialty.</p>	<p>1 completed in last 12 months clinical practise</p>

		(WTE) or the structured report could include commentary on teaching observation/teaching experience
Multi Source Feedback (MSF)	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>Minimum of one in the 12 months clinical practise (WTE) before the application has been submitted – any available from the last 5 years clinical practise (WTE) should also be submitted.</p> <p>MSF should include approximately 12 colleagues, including medical and non-medical sources.</p>	1 completed in last 12 months clinical practise (WTE)
Other evidence		
To be included in the portfolio of evidence	<ul style="list-style-type: none"> ▪ Appraisal is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical) ▪ Reflective diaries/ evidence of self-reflection ▪ Supervisor report 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 4 in the last 12 months. ▪ Training events (courses, study days, meetings) over the last five years ▪ Evidence of seeing patients over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages ▪ Academic activities ▪ Management activities ▪ Structured reports 	4 MCRs completed in the last 12 months clinical practise (WTE)

<p>Continuing Professional Development (CPD)</p>	<p>CPD represents the acquisition and maintenance of knowledge, skills and key skills.</p> <p>Courses which would provide evidence towards a specific CiP have been listed in the suggested evidence.</p> <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, qualifications, and employment

You can see below the evidence you must submit in these general areas. It is useful to submit evidence of your training as background evidence – this allows the evaluators to see your whole career pathway.

Evidence of training and qualifications	
<p>Primary medical qualification (PMQ)</p>	<p>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.</p> <p>If you do not hold registration, you will need to have your PMQ independently verified before we can grant you full registration with a licence to practise.</p> <p>You can find out more about primary source verification on our website.</p> <p>You only need to get your PMQ verified by our provider. The rest of your evidence should be verified in line with our guidance.</p>
<p>Specialist medical qualification(s)</p>	<p>Please provide an authenticated copy of any overseas specialist medical qualifications you hold. You do not need to authenticate qualifications awarded in the UK.</p> <p>You should provide:</p>

Evidence of completion of full **MRCPUK** or comparable qualification. **MRCPUK** is acceptable for applicants demonstrating alternative core capabilities in paediatrics.

The MRCPUK is comprised of three tests, designed to assess acquisition of the full range of knowledge, skills and behaviour, as well as clinical understanding and execution, as detailed in the UK curriculum for Core Medical/Internal Medicine Training. For further information on the MRCPUK, [click here](#).

Evidence of completion of appropriate test of knowledge - **FRCPath Parts 1 & 2** or a comparable qualification.

If you do not hold the MRCPUK and FRCPath or a comparable qualification as above, you can aim to demonstrate the same level of knowledge by providing:

A detailed, thorough and succinct cross-referencing mapping exercise, demonstrating how each and every competency in the qualification has been covered in your own qualifications. The evaluators will then determine whether what has been provided is comprehensive enough to demonstrate the same level of knowledge. It will be assessed on a case by case basis and will involve the applicant to produce a portfolio of evidence.

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 therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence **in addition** to your qualification:

- Training curriculum or examination syllabus
- Formal period assessments completed during training (these may be from any point in your career)

Recent specialist training

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 **authenticated copy** of the curriculum or syllabus that was in place when you undertook your training.

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.

Should you wish to provide further evidence obtained within your UK specialty training, this evidence should have been reviewed and signed off through an ARCP from completed years in training.

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.

If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.

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

CV	You must provide an up to date copy of your CV, which includes all the details listed in the guidance on our website .
Employment letters	<p>The information in these letters must match your CV. They should confirm the following:</p> <ul style="list-style-type: none"> ● dates you were in post ● post title, grade, training ● type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) <p>Usually this will be set out in the letters offering you the post and renewing your contracts. We do not need to see contracts and terms and conditions of employment.</p>
Job descriptions	<p>These must match the information in your CV. They will usually confirm the following:</p> <ul style="list-style-type: none"> ● 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 drawn from (not covering) the last three years of clinical practise (WTE). 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.
Departmental/Unit annual caseload statistics	You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years clinical practise (WTE).
Appraisal	Those working in an NHS or managed environment should submit evidence of annual appraisals or performance reviews. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).

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).

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.

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.

Practical Procedures

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

Specialty Procedures

Procedure	Level of competence required
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

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:

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| ▪ 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. |
| ▪ Evidence of attendance at an NHS / health service management course |
| ▪ CPD evidence including courses in management and business |

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: <ul style="list-style-type: none">• Reflections on cases where you had to assess a patient's mental capacity
▪ Evidence of involvement in making 'best interests' decisions, such as: <ul style="list-style-type: none">• Notes• Letters• Meeting minutes
▪ Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example: <ul style="list-style-type: none">• eLfH Mental Capacity Act: https://www.e-lfh.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
▪ 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: <ul style="list-style-type: none">• Reflective diaries
▪ Feedback from patients, such as a patient survey
▪ Reflective practice entries about patients or families who posed difficulties
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ CPD evidence including courses in simulation (including clinical scenarios and human factors) and communication

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
▪ 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: <ul style="list-style-type: none">• Meeting minutes, demonstrating your attendance and participation• Invites sent from you demonstrating arranging meetings
▪ Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
▪ 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
▪ Evidence of specific quality improvement activity, such as evidence of specific quality improvement activity, such as a QIPAT
▪ Copies of letters you have written to NHS and non-NHS services involved with patients

- CPD evidence including courses in simulation (including clinical scenarios and human factors)

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
- Understands public health epidemiology and global health patterns
- 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
- 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.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice
- 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

- Documented evidence of development of procedures to improve quality of care beyond personal practice, e.g. QIPAT or evidence of performing an audit
- Publications
- CPD evidence including courses in research methodology

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)
- Completion of relevant Medical Education training course(s)
- Teaching Observation (TO) or other observational assessment of teaching
- Evidence of organising educational events / programs, with feedback.
- CPD evidence including courses in education and teaching

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:

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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) |
| ▪ 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">• CbD |

<ul style="list-style-type: none"> • Mini-CEX
<ul style="list-style-type: none"> ▪ Direct observation of procedural skills such as DOPS
<ul style="list-style-type: none"> ▪ Feedback from patients, such as patient survey
<ul style="list-style-type: none"> ▪ Quality improvement activity, such as a QIPAT
<ul style="list-style-type: none"> ▪ Evidence of reflective practice
<ul style="list-style-type: none"> ▪ FRCPath examinations or a comparable test of knowledge
<ul style="list-style-type: none"> ▪ Evidence of presentations at Grand rounds, regional and national meetings
<ul style="list-style-type: none"> ▪ Publications
<ul style="list-style-type: none"> ▪ Clinic letters
<ul style="list-style-type: none"> ▪ Evidence of participation in accreditation processes
<ul style="list-style-type: none"> ▪ Evidence of learning advanced life support techniques such as an ALS certificate

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
- 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
- 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

colleagues and clearly communicates risk/benefit analysis of proposed interventions.

- 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">• CbD• Mini-CEX
▪ 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 or a comparable test of knowledge
▪ Evidence of presentations at Grand rounds, regional and national meetings
▪ 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

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">• CbD• Mini-CEX
▪ Quality improvement activity, such as a QIPAT
▪ FRCPath examinations or a comparable test of knowledge
▪ 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
- 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">• CbD• Mini-CEX
▪ Direct observation of procedural skills such as DOPS
▪ Quality improvement activity, such as a QIPAT
▪ Evidence of reflective practice
▪ FRCPATH examinations or comparable test of knowledge
▪ Evidence of presentations at Grand rounds, regional and national meetings

- Publications
- Clinic letters

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):
 - Cbd
 - Mini-CEX
- 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 or comparable test of knowledge
▪ Evidence of presentations at Grand rounds, regional and national meetings
▪ Publications
▪ Clinic letters

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)
▪ 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"> • CbD • Mini-CEX
▪ Feedback from patients, such as patient survey
▪ Quality improvement activity, such as a QIPAT

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

Specialty CiP 7: Able to deliver a clinical laboratory liaison service to support investigation and management of allergic and immunological disorders across primary and secondary care

Key skills:

- Demonstrates ability to liaise with laboratory and clinical users to develop optimised, evidence-based pathways for use of immunological laboratory testing
- Demonstrates expertise in the selection, interpretation, and limitations of immunological tests
- Demonstrates ability to deliver effective demand management
- Promotes the use of evidence-based tests, critical evaluation of data and awareness of tests of unproven value and is able to advise patients and colleagues appropriately
- Demonstrates ability to analyse and critically interpret laboratory statistical data and to make informed decisions regarding assay selection, performance, and demand management
- Demonstrates ability to provide advanced interpretative

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

Specialty CiP 8: Able to lead, supervise and deliver immunology laboratory diagnostic services.

Key skills:

- Demonstrates comprehensive knowledge of laboratory management, organisation, quality assurance and laboratory accreditation sufficient to lead a diagnostic laboratory
- Demonstrates ability to provide clinical leadership of a diagnostic laboratory including quality, financial and regulatory requirements
- Demonstrates ability to review and provide oversight of test repertoire and new test introduction
- Understands effective resource management in the use of laboratory investigations
- Demonstrates the ability to critically appraise the literature and effective introduction and validation of new laboratory investigations

Suggested documentation:

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

<ul style="list-style-type: none"> ▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
<ul style="list-style-type: none"> ▪ Minimum of one of each of the below supervised learning events (SLE): <ul style="list-style-type: none"> • CbD
<ul style="list-style-type: none"> ▪ Quality improvement activity, such as a QIPAT
<ul style="list-style-type: none"> ▪ Evidence of reflective practice
<ul style="list-style-type: none"> ▪ FRCPATH examinations or comparable test of knowledge
<ul style="list-style-type: none"> ▪ Evidence of presentations at Grand rounds, regional and national meetings
<ul style="list-style-type: none"> ▪ Publications
<ul style="list-style-type: none"> ▪ Clinic letters
<ul style="list-style-type: none"> ▪ Evidence of participation in accreditation processes
<ul style="list-style-type: none"> ▪ Evidence of participation in verification and validation