The Royal College of Pathologists
Pathology: the science behind the cure

Clinical immunology workforce report

The intelligence gathered from the College's workforce data collection highlights growing concerns for the immunology workforce and the fragility of the immunology services across the UK.

Foreword

Dr Patrick Yong, Chair of the Royal College of Pathologists' Specialty Advisory Committee (SAC) for Immunology

Working as a medical consultant immunologist, I know the pressures the specialty is under, but the data the College gathered earlier this year, and the resulting report, are sobering.

The UK's immunology service is fragile, and vulnerable to collapse. The position in Scotland has reached crisis point, with only 2 medical consultant immunologists serving a population of over 5 million, that's just 17% of the workforce required to meet demand.

Vacancies are hard to fill, with 57% of vacant posts in the UK having been unfilled for over a year, and even if they were, there wouldn't be enough workforce to meet the rising demand.

Consultant immunologists are hugely committed to their patients, and while 76% of services report that they don't have enough consultants to meet clinical demand, they do manage by relying on the goodwill of staff (unpaid overtime). As the sustained pressures continue to increase though, some consultants will reach burnout, others will choose to leave before they do.

As the College lobbies for the resources required in immunology, the first hurdle we face is making sure policymakers even know what immunologists do, and the vital role they play for patients. The second is the lack of funding available across the NHS.

Clinical immunologists are vital in the diagnosis and treatment of conditions like immune deficiency and allergies as well as cancer, HIV, rheumatological conditions and other autoimmune disorders. Without them, most patients would face an increased burden from their condition, and many would likely suffer earlier mortality.

To address these challenges, immunology needs investment. Not just money, but also time and support to enable services to enact reforms and contingencies where possible.

I would like to thank everyone who has made this report possible. From the College members who completed the 2025 Workforce Census, to the clinical directors and service leads who responded to our services survey. Thank you to the charities who supported us and the patients who kindly gave us their stories. Finally, I'd like to thank the Workforce team at the College, and Professor Peter Johnston, Vice President for Workforce and Corporate Engagement. They have helped bring all this information together to highlight the issues facing immunology.

Acknowledgments

We very gratefully received a selection of case studies and patient reports from UKPIPS (www.ukpips.org.uk) and the Natasha Allergy Research Foundation, the UK's food allergy charity (www.narf.org.uk).

All of these stories helped inform this report. Thank you to every individual who took the time to share their experiences with the College to help make meaningful improvements for those accessing specialised immunology services and for our professional membership.

Supported by

Introduction

The intelligence gathered from the College's workforce data collection highlights growing concerns for the fragility of the immunology workforce across the UK. Our findings are drawn from data gathered through our Workforce Census,[i] Immunology Centres survey[ii] and Freedom of Information[iii] requests sent to trusts.

The data presented in this report draws together information from a variety of sources to ensure our findings are as accurate as possible. We believe our current model of workforce data analysis is robust given the data landscape in this area is a challenging. That said, we are committed to working with all stakeholders to improve our approach year on year.

Key findings

76% of services said they do not have enough staff to meet clinical demand right now.

The UK currently needs at least 44% more (52 posts) immunology consultants in post in order to meet current demand.

39%

39% of all immunology services have one or more current consultant vacancies.

53% of all vacancies have been vacant for 1 year or more, which highlights the national shortage of qualified candidates available to apply.

A quarter of services currently only have one consultant immunologist in post, leaving them highly vulnerable to collapse and placing immense pressure on the sole consultant.

Additionally, 40% of services have only two consultants in post, further highlighting the fragility and understaffing across the system.

Immunologists are seeing their workloads increase by 11% every year, without commensurate increase in workforce capacity.

21%

21% of the consultant workforce will retire in the next 5 years; 40% will retire in the next 10 years.

50%

50% of our immunologist members do not feel heard or empowered in their roles by their employer, and 45% do not feel supported.

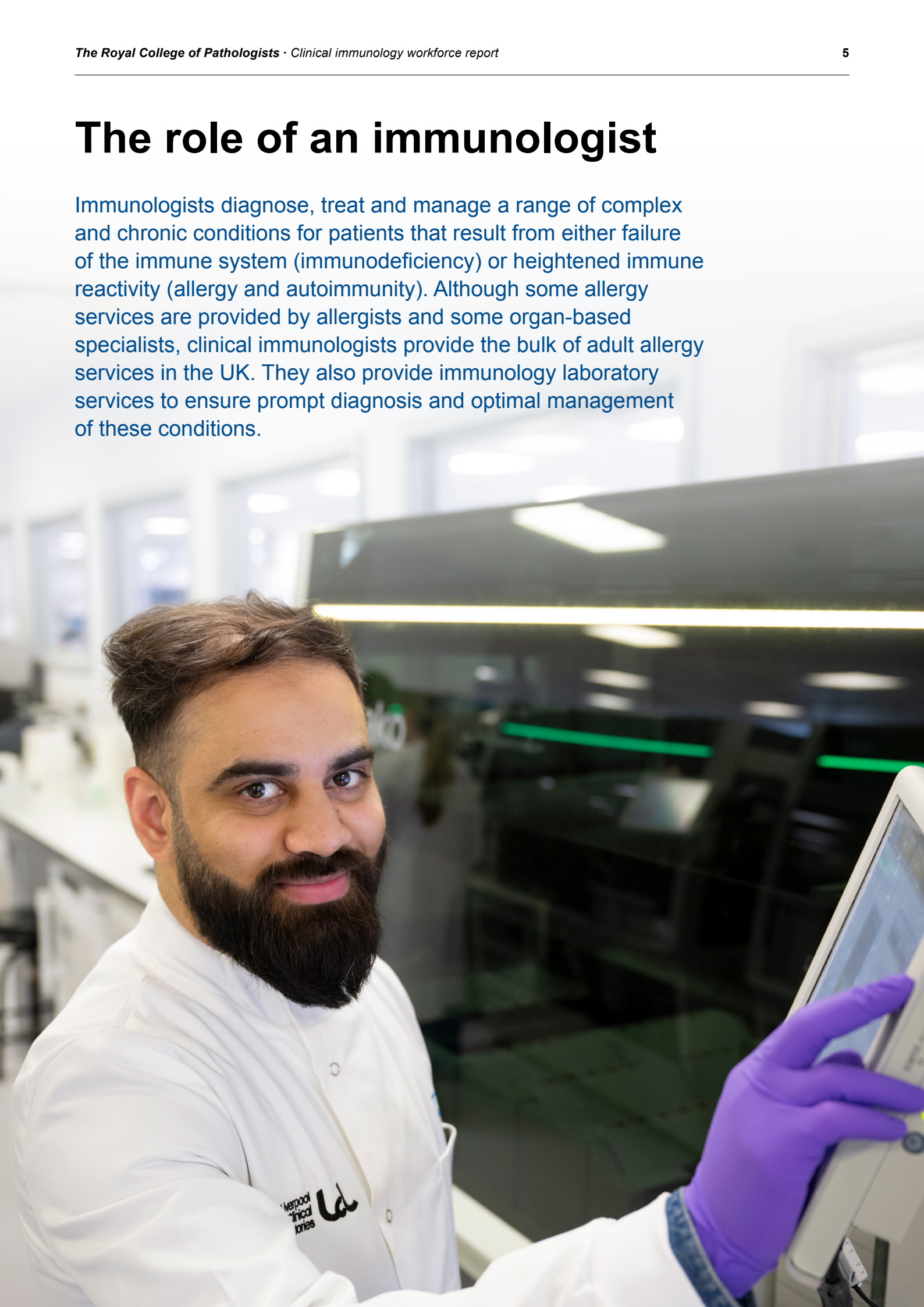
[i] Responses from the workforce census provide a 95% confidence level, with a 6.5% margin for error, allowing us to speak on behalf of all UK immunologists.

[ii] A survey was sent to all UK NHS immunology services (n = 41) in the UK with consultant medical or scientific posts, SAS doctors and LED positions; a 100% response rate was achieved.

[iii] Freedom of Information requests were sent to 41 NHS trusts between June and July 2024, a 85% response rate was achieved.

The role of an immunologist

Immunologists diagnose, treat and manage a range of complex and chronic conditions for patients that result from either failure of the immune system (immunodeficiency) or heightened immune reactivity (allergy and autoimmunity). Although some allergy services are provided by allergists and some organ-based specialists, clinical immunologists provide the bulk of adult allergy services in the UK. They also provide immunology laboratory services to ensure prompt diagnosis and optimal management of these conditions.



The workforce

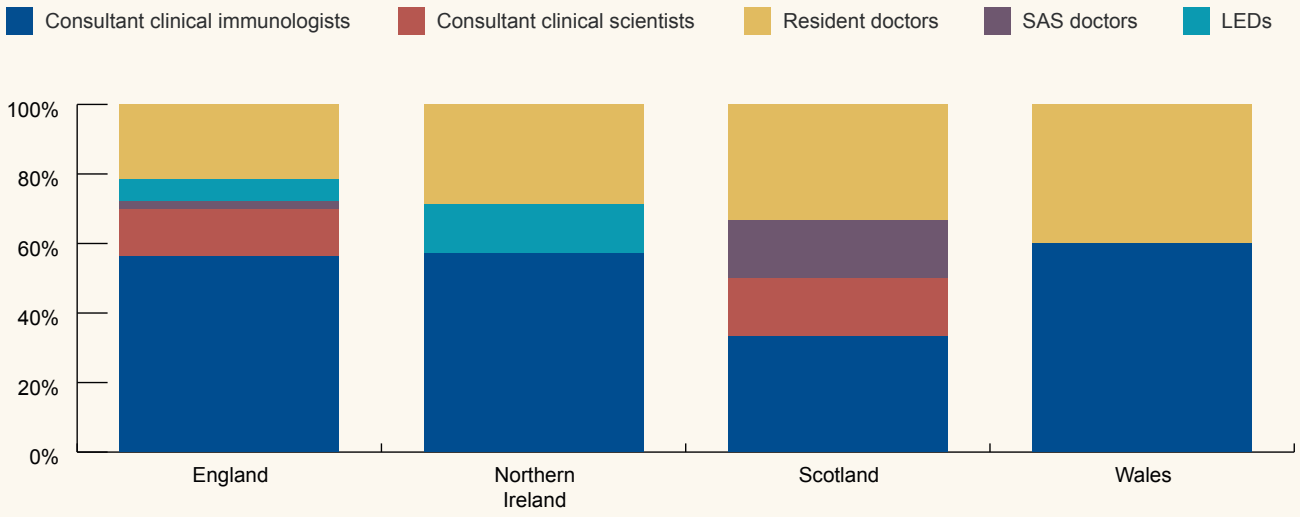
The immunology consultant workforce is made up of both medically trained immunologists, who provide combined clinical immunology, allergy and laboratory services, and consultant clinical scientists, who work mostly within the laboratory.

They are supported by specialist resident doctors, biomedical scientists, clinical scientists and specialised nurses. There are also small numbers of specialty and specialist doctors (SAS doctors) and locally employed doctors (LEDs) working within the specialty.

Some individuals who undertake immunology training take up pure research/academic posts when they qualify, but we have not collected data on this group. This report focuses on the medically trained consultant workforce and resident doctors training in immunology. That said, over time, as we develop our workforce data collection approach, we hope to be able to report on the whole immunology workforce.

There are 100 consultant clinical immunologists in the UK, working 87.6 whole-time equivalents.

Figure 1: Composition of the immunology workforce by grade and UK nation.



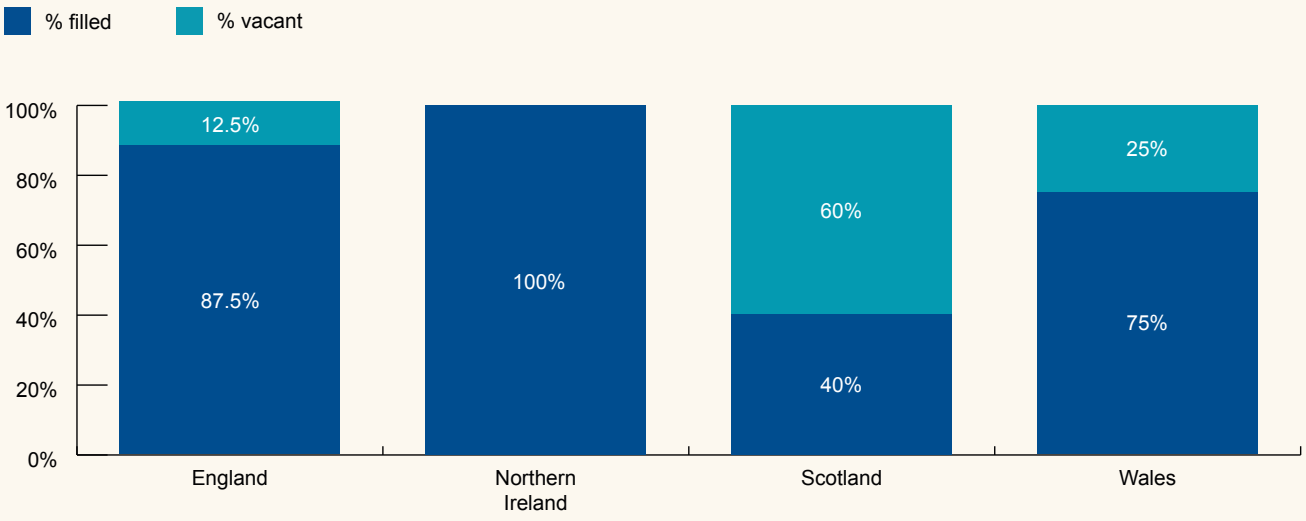
Vacancies

15% of consultant clinical immunologist posts in the UK are vacant, with over half of these (53%) having been unfilled for over a year.

Scotland faces the most significant workforce issues in the UK, with 60% of consultant clinical immunologist roles being vacant. With more roles vacant than filled, those in post face huge pressures to keep up with demand and have to balance the limited time they have for clinical activities with their very important role in training the future workforce.

> "I fear that the state of the immunology services in Scotland is near breaking point and that services will collapse if we are not better supported … we need the basic essential establishment / complement of consultant immunologists to serve the needs of the Scottish population."
>
> **Consultant immunologist**

Figure 2: Filled vs vacant consultant immunology posts by nation.



The real workforce gap

While vacancy rates tell part of the story, the real workforce gap is bigger. A lack of investment and support for the immunology workforce means that even if these vacancies were filled, the UK needs at least 30% more immunologists to meet demand.

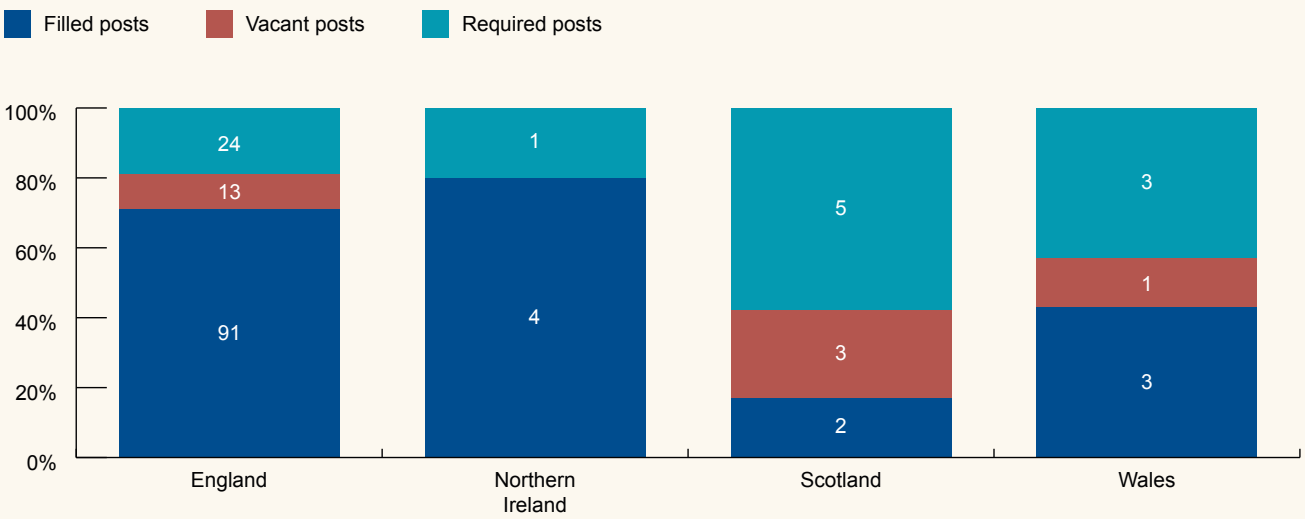
In our direct-to-service surveys, we asked how many additional consultant immunologists would be required to meet the current clinical demand. Based on this data, our conservative estimate is that at least one consultant immunologist is required per 451,000 population. This means the UK has a shortfall of 35 consultant posts (on top of existing funded but vacant posts).

To meet the requirement of one consultant immunologist per 451,000 population, England currently requires 28% more consultant immunologists with Wales needing an extra 57%. Scotland faces very significant challenges, with their current consultant shortfall at 83%. For Scotland to deliver safe and effective care to the Scottish population, the current consultant workforce in Scotland (2 posts) would have to increase by 500% (10 posts).

Currently in Scotland two consultant immunologists are providing immunology services to a population of over 5 million.

Services in Scotland are working with only 17% of the workforce required to meet demand.

Figure 3: Number of consultant posts filled, vacant and required (to meet service demand at 1 consultant immunologist per 451,000).



Source: Office for National Statistics (ONS) Population Estimates.[1] RCPath internal workforce data.

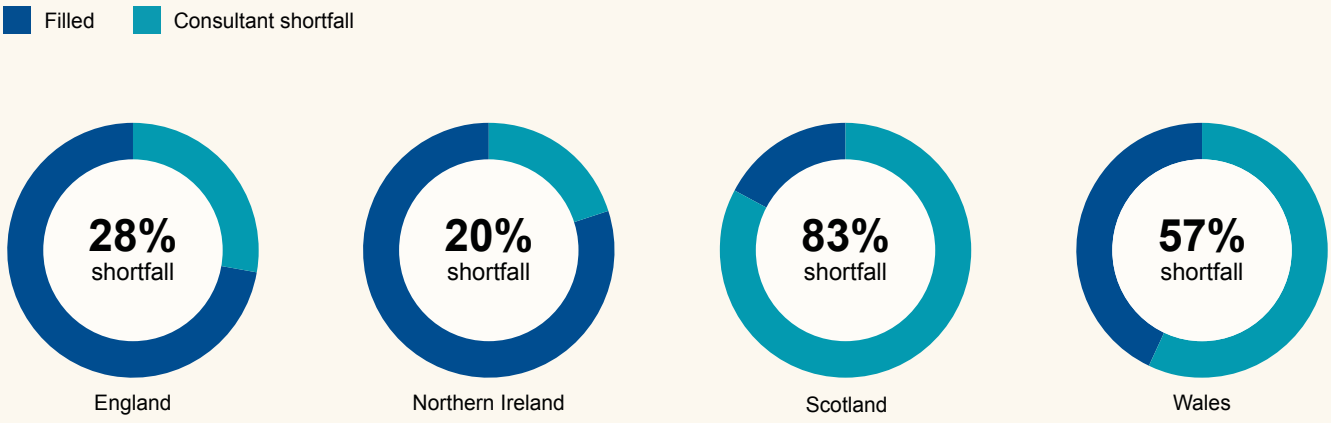
Minimum consultant numbers

The immunology workforce is fragile. Workforce numbers are too low and the workload continues to increase year on year. This impacts the wellbeing and resilience of consultant immunologists, and creates significant challenges for recruitment, with vacancies proving challenging to fill.

With this context in mind, when considering how many consultant immunologists should be employed in a service, sufficient contingency should be built in to ensure that if a single consultant were to leave the service, that service, and ultimately the patients under its care, wouldn't be compromised. There should be sufficient numbers of consultant immunologists in post to allow services to:

- **deliver safe and effective patient care –** insufficient numbers of medically trained immunology consultants affect patient safety by increasing waiting list times and ability to support patients, and increasing test result errors because of reduced scrutiny
- **accommodate new models of working –** traditional models of full-time working across the medical profession have shifted. The GMC's National Training Survey for 2024 shows 21.4% of trainee doctors are working less than full-time (LTFT), compared with 11.7% in 2015.[2] If new consultants maintain similar working patterns to those they had during training, this trend suggests that each year successive cohorts of consultants will offer fewer whole-time equivalents than the previous year and therefore have less capacity.
- **safeguard immunologist wellbeing and retention –** unreasonable demands on a small number of immunologists have a negative impact on their wellbeing and are a driver for leaving the profession
- **retain the resources required to train the future generation –** in order to support training capacity, there must be protected time built into job plans
- **contribute to the development of immunology, preserving it for future generations –** immunologists play key roles in supporting examinations and setting standards, without these the specialty has no future
- **provide necessary resilience –** for family leave, sickness absence and unexpected retirements.

Figure 4: Consultant immunologist shortfalls across the UK.



Increasing demand

England's hospital admissions for allergic reactions have doubled in 20 years, meanwhile the immunologist workforce has remained static.

76% of services said they do not have enough consultants to meet clinical demand and 71% of all services report they rely on the goodwill (unpaid overtime) of staff to meet excess clinical demand. Reliance on extra, unrecognised efforts places significant strain on consultants, which can impact wellbeing and morale. There will soon be a tipping point when overstretched consultants decide they can no longer do this.

The NHS across the UK collects workload data in different ways, and we cannot easily track where services are supporting work from other areas. This is largely because of poor data coding across NHS services, which creates barriers to successful workforce planning.

These challenges aside, the data we collected through Freedom of Information requests seems to suggest that across the UK, immunology services are seeing workload increases across the board each year.

Data from the past 5 years highlights some fluctuation owing to the COVID-19 pandemic, but shows that immunology and allergy referrals are rising on average 11% each year. We see the same increases in new patients (11%), but a slightly lower figure for follow-ups each year (7%).

Immunology samples are increasing 9% each year, with the number of tests requested rising at an even faster rate of 11%. This supports anecdotal evidence that the complexity of pathology testing is increasing as more tests are required per case than have been historically.

Figure 5: How UK immunology services manage excess clinical demand.

% of services using each method.

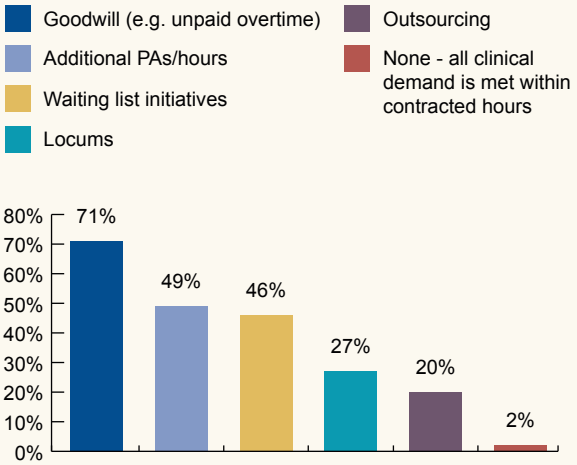
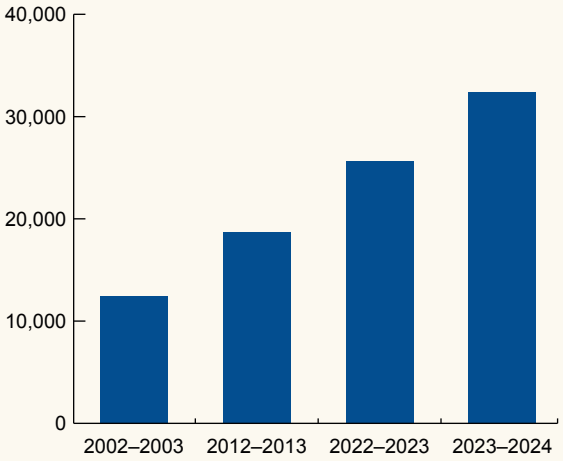


Figure 6: England's hospital admissions for allergic reactions.



Source: NHS England Digital data.[3]

Why is workload and demand increasing in immunology?

Resource has not kept pace with demand in immunology – there is a significant workforce and workload imbalance across all areas. Our data suggests that workload is increasing by around 11% per year, but the workforce is only increasing at a rate of between 0 and 2% per year. An ageing population, patients with complex health needs and increased rates of cancer with improved cancer treatments are responsible for some increase in demand.
Other reasons include:

- increase in immune deficiency patients, including primary immunodeficiency patients
- increased rates of secondary immune deficiency patients, because of increased cancer rates.[4] These patients have access to a significantly increasing array of immunosuppressive medications for cancer treatment, which may require specialist immunologist management.
- increased rates of secondary immune deficiency patients, because of autoimmune disorders and an increase in the available immunosuppressive therapies, which now affect about 1 in 10 people.[5] While many of these won't require the input of an immunologist, increasing rates increase the volume of patients who do. In addition, this group of patients often require potent immunosuppressive medications, which increases the workload of immunologists.
- increased rates of allergies, and severe allergies in the adult population, with 44% of adults in the UK having one or more allergies.[6,7] The available interventions for allergies are also increasing, making the management of these patients more complex.
- increased rate of anaphylaxis admissions that need specialist management. The most recent NHS figures show that nearly 26,000 admissions to English hospitals in 2022–2023 were related to allergies and anaphylaxis, which has more than doubled in the last 20 years.[8]
- increased recognition of the need for drug allergy testing, related to antibiotic allergy and antimicrobial stewardship, as well as anaesthetic allergy and surgical operations[9,10]
- an 11% year-on-year increase in workload within the lab from clinical immunology and allergy testing, reflecting the rise in immune deficiencies and allergies across the population. Alongside this, growing demand for autoimmune testing (across rheumatology, gastroenterology, neurology, renal, endocrinology and related specialties), cancer-related testing such as myeloma screening, and dedicated HIV monitoring is further adding to increases in laboratory workload.

> "The workload is climbing at a rapid rate and there is no extra resource available to cope."
>
> **Consultant immunologist**

Impact on patients

Poor access to care and unacceptably long waiting times have a direct impact on patient outcomes.

Aside from the emotional distress patients are experiencing as they wait months, and sometimes years, for care, there are very real impacts on morbidity and mortality.

The impact of workforce pressures on patients

Over the past 5 years, clinical immunology services in Scotland have become fragile and unsustainable. In Aberdeen, the service is maintained through short term retire and return arrangements, leaving it vulnerable to collapse. In Dundee, primary immunodeficiency patients rely on the goodwill of respiratory physicians for their care, while allergy services remain uncovered.

In geographically isolated areas of England, smaller services have lost their limited consultant provision. Norfolk and Norwich, which had a small part-time service, now has no clinical provision after the post remained vacant, leaving patients without local access to care. In North Cumbria the laboratory-based service could not recruit a consultant clinical scientist after the previous postholder left and is now indefinitely supported by Sheffield.

The impact of the shortage in consultant immunologists across Scotland, Wales and England cannot be underestimated.

Across these areas, the lack of dedicated consultant staffing has disadvantaged patients. While neighbouring trusts can sometimes support displaced patients, this creates a domino effect, placing additional strain on the wider system and negatively impacting services in both Scotland and England.

The devastating effects of this are exemplified by a recent Coroner's Report to Prevent Future Deaths[11] about a patient who, having been under the care of immunology services, and due for a review within a year, still hadn't had a review 2 years on. Sadly they passed away before being seen again. In response to this report, NHS England highlighted early in 2024 that *"There is a planned workforce distribution review, which is intended to consider whether the posts need to be distributed differently, although it is unlikely that there will be an increase as a result."* The College is not aware any workforce distribution review has taken place. This will be important to support the immunology workforce, alongside ensuring the workforce is properly resourced. However, any redistribution without a concurrent increase in workforce numbers is unlikely to result in a significant change to the status quo.

It isn't only those services that have collapsed which impact on patient care. Because of the workforce crisis in immunology, many services now must rely on just one consultant clinical immunologist, which can significantly impact the resilience and quality of the service. It also places an immense pressure on the professional, who carries a heavy burden.

Patient stories

Ashleigh, 32

In June 2023, Ashleigh developed skin rashes and her GP found high IgA levels in her blood, so she was referred to immunology. Blood tests also showed a low-level dairy allergy. Ashleigh's immunology referral was rejected because it is common for eczema sufferers to have high IgA levels.

In December 2023, Ashleigh had an anaphylactic shock to dairy inadvertently served to her, and her GP prescribed her an adrenaline auto-injector. Following a further anaphylactic shock 3 months later, Ashleigh's referral to immunology was accepted.

In late 2024, Ashleigh experienced rashes from eating gluten, soy, almond milk, coffee and chocolate. When she called immunology because she was concerned about anaphylaxis, she was told her annual check could not be brought forward. Ashleigh chased with a further email and was told that *"there was only one immunologist left practising who was full for the whole of 2025."*

The impact of shortages of immunologists for Ashleigh

Ashleigh said *"It's very stressful to not have that access to an immunologist … It's the not knowing that for me has resulted in a lot of anxiety surrounding food … I lost over a stone in 4 weeks as I was terrified to eat anything … It's been a year-long wait for my follow-up appointment with an immunologist and in that time, I believe I've developed further food sensitivities and coeliac disease. As someone who already developed a life-threatening allergy seemingly overnight, it's frightening to notice these changes in your body and not have someone there to help. I have become obsessed with doing my own research and putting trust in strangers online … I know they're not specialists but when you can't access specialists, you still desire to have that sense of support."*

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Patient stories

The following section is submitted by UKPIPS for inclusion in this report, providing patient perspectives on challenges from reduced access to immunology specialist services.

UKPIPS has long been concerned about immunology staffing levels, particularly the current shortages in Scotland at consultant level. Unless recruitment and retention of immunology specialists improves, patients will face worsening challenges accessing necessary care.

Rather than presenting a single case study, UKPIPS advocates broadly for its community. Patients are often reluctant to come forward due to the complex, identifiable nature of their conditions, and focus on the challenges of accessing necessary services and treatment to maximise their health. Patients prioritise access to consistent specialist care to manage their health and trust their immunology teams implicitly.

'Patient A'

"I've been left with no appointment and no immunologist, even under a respiratory host defence team. I was supposed to see my consultant 2 weeks ago. However, they cancelled my appointment and rebooked me for March 2026. I was relying on the appointment and blood tests to treat my other conditions… it appears we have been forgotten about, and this is just unacceptable. I hope they take this into account as we have to fight just to get an appointment."

'Patient B'

"My immunology team has reduced by one nurse. I have noticed it is much harder to get appointments and there's a long waiting time. Any immunology staff are very limited, either on long-term sick leave or now left. Because my local GP doesn't understand the condition, I am left with unanswered questions a lot because I can't get hold of anyone. My next appointment with an immunologist is 7 months away."

'Patient C'

"I am currently under a respiratory physician. There is no immunologist in my area and hasn't been for a very long time. It's a worry and there is no solution in sight. My nurses are very good, but I haven't been seen by an immunologist for years."

How the workforce feels

The immunology consultant workforce is overstretched, demoralised and at risk of burnout. As chronic vacancies continue without relief, and workload and demand continue to rise, the immunology workforce will see ever-increasing numbers of staff leaving the specialty.

Over half (53%) of the medically trained immunology workforce said their satisfaction with their job has decreased, or significantly decreased, in the past year.

Work pressures

Consultant immunologists responding to our 2025 Workforce Census shared a worrying picture:

- over half (53%) said they are often, or always, stressed at work
- 67% said there isn't sufficient time within each working day to get through their daily workload
- 60% said they aren't given the time they need to complete professional development within their working week.

Administration support

- Pathology services have long needed increases in consultant capacity. Existing staff spend a substantial portion of their time on administrative tasks due to insufficient administrative support, which limits the time available for clinical care and addressing backlog.
- Our members tell us that to keep their services running, a lot of the administrative elements of their roles are done during overtime, or in their own time (unpaid). There is a need for better administrative support across the specialty.
- Nearly half (43%) said they don't have the right resources to deliver the administrative elements of their role.

Resources

- Over a third (38%) said the quality of the facilities provided by their employer are not sufficient to enable them to do their job properly.
- Funding constraints are having a direct and negative impact on the ability of immunologists to deliver timely and optimal care, where ageing diagnostic equipment and poor facilities make it difficult to increase productivity.[12]
- Our members are working in facilities and with equipment that is not up to standard, which is negatively impacting their wellbeing, and their ability to deliver quality patient outcomes.
- Without addressing these issues, improving the retention of the workforce is at risk, especially when there are already nationwide shortages.

Belonging

We were saddened by the feedback from consultant immunologists responding to our 2025 Workforce Census:

- 69% feel heard at a local level (within their department) but **only 16% feel heard** at an organisational level
- 76% feel valued at a local level (within their department) **but only 33% feel valued** at an organisational level.

> "Admin support has been stripped out and is largely non-existent."
>
> **Consultant immunologist**

Leaving the profession

We predict that 21% of the consultant immunologist workforce will retire in the next 5 years and this will rise to 40% within the next 10 years.

Consultant immunologists were asked to state their intended retirement age during our 2025 Workforce Census. We also know from the data we gathered that the average age of retirement for a pathologist is 63. Based on these figures we predict that:

- 14% of the consultant immunologist workforce will retire within 2 years
- 7% of the consultant immunologist workforce will retire in the next 2–5 years
- 19% of the consultant immunologist workforce will retire in the next 5–10 years.

The expected number of individuals retiring in the next 5 years is likely to be a significant underestimate. The British Medical Association surveyed doctors in 2021[13] and found that the number of UK doctors considering early retirement (before the age of 60) more than doubled since the start of the COVID-19 pandemic, with upwards of 32% considering leaving the NHS early.

Consultant immunologists were given the opportunity to indicate whether their intended retirement age had changed within the past year. Among respondents, 42% reported planning to retire earlier than originally intended. The most cited reason for retiring early was a desire for a better work–life balance, closely followed by job dissatisfaction.

Without addressing the pressures clinical immunologists are facing, services will be unable to retain their senior consultants. This is particularly important to consider in immunology, as 47% of the workforce is over the age of 50.

Additional losses to the workforce are likely to materialise from some of the workforce emigrating to other countries, as well as other personal circumstances. Currently, data specific to consultant immunologist leavers for reasons other than retirement is limited.

Joining the profession

Our future workforce faces significant challenges in developing their career and progressing to consultant level practice.

Resident doctors and trainers

Doctors in training

Our latest data suggests there are 41 resident doctors currently in an approved specialist training programme for immunology.

Training post availability and fill rates

A variety of factors influence the number of training posts available each year. A key driver is how much funding is allocated, both to the specialty and to different locations. Another important consideration is patient need. Over time, changing demographics and levels of disease can alter the size of workforce needed to support patient pathways.

A further issue that has a significant impact is the amount of time consultants are given to support the delivery of training, through Supporting Professional Activities (SPAs). We know from our members that this is an issue in immunology, with many consultant job plans missing the necessary allocations.

This burden means that consultants are either not able to take on trainees, or deliver the support they need, or where they attempt to, place themselves at risk of burnout.

Figure 7: England ST3 immunology training posts.

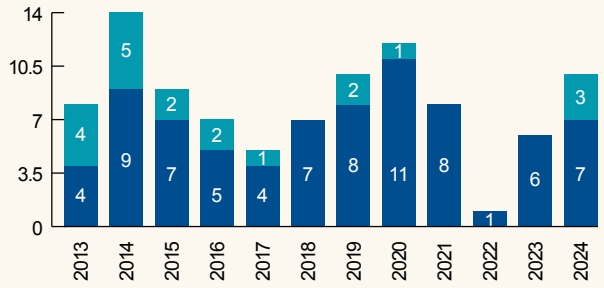


Figure 8: Scotland ST3 immunology training posts.

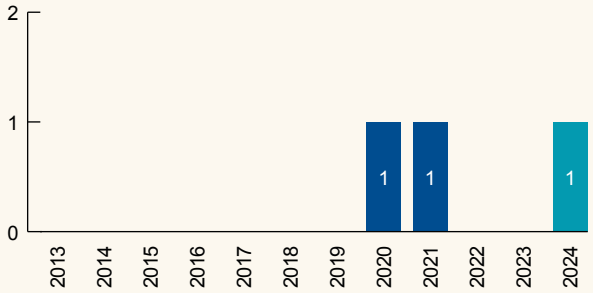


Figure 9: Wales ST3 immunology training posts.

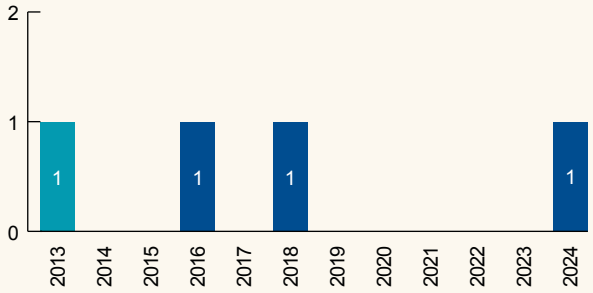
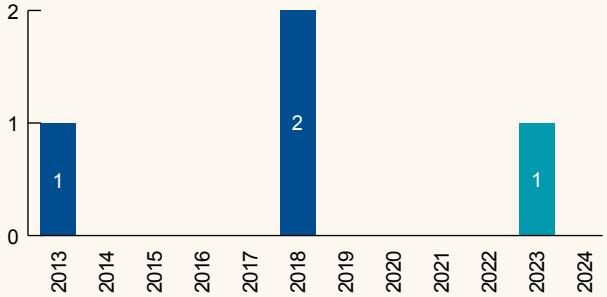


Figure 10: Northern Ireland ST3 immunology training posts.



Source: NHS England – Medically Specialty Training Fill Rates.[14]

Number filled Number unfilled

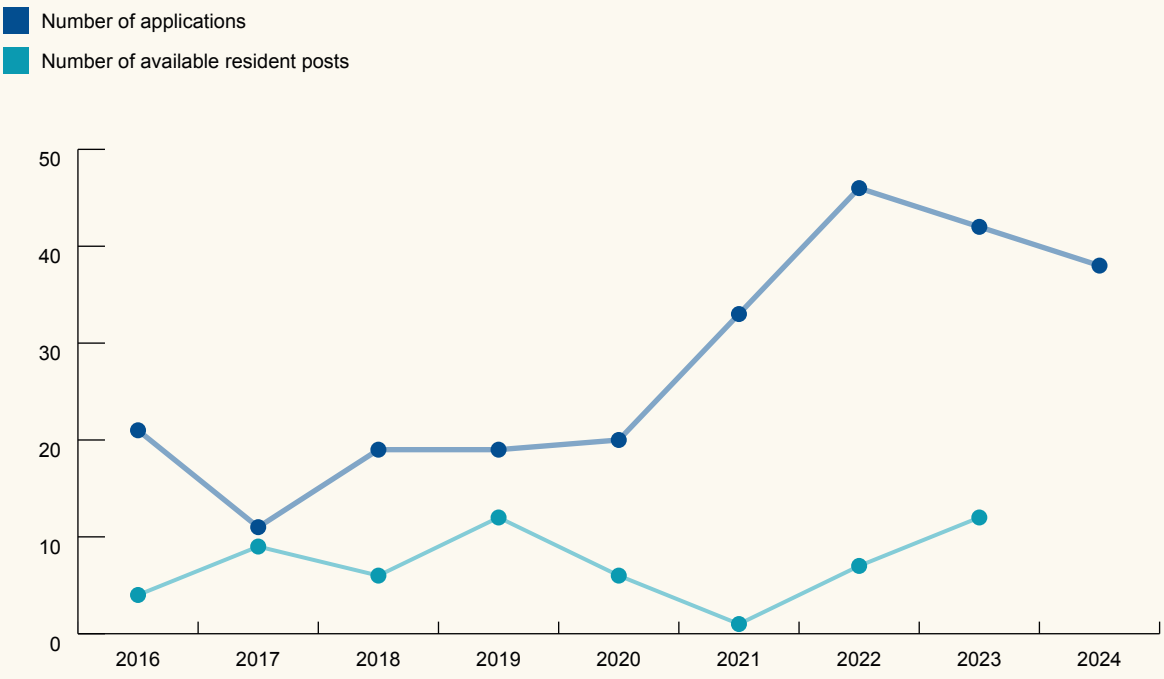
Competition ratios

Applicants for ST3 immunology training posts have surged since 2020, but there has been limited growth in the number of posts available. Stagnation in funding for training places is increasing competition ratios; in 2020 there were 1.67 applicants per post, rising to 3.17 applicants per post in 2024.

High competition ratios and limited posts create bottlenecks at critical transition points for resident doctors. A lack of available options for desired specialty training could exacerbate retention issues for those transitioning from foundation years into a pathology specialty.

Competition ratios must be considered in the context that the individual may make multiple applications to different specialties. That said, the evidence suggests there is appetite for resident doctors wanting to progress to ST3 immunology training, and if there were an increase in posts available, these could be filled.

Figure 11: ST3 immunology applications vs available posts (2016–2024, UK).



Source: NHS England Medical Specialty Training Competition Ratios.[15]

Length of training

In addition to the variability of training post numbers across regions, the length of training means there is a time lag before a resident becomes a consultant. If a workforce capacity issue is identified, and training posts are put in place subsequently to address this, it can sometimes be too late. Not only is the service too stretched to provide the training, but specialist immunology training takes 5 years full time. Therefore, the resident themselves won't have completed Higher Specialist Training and be ready to take on a consultant post for at least 5 years. This underscores the importance of workforce planning, and the need to predict workforce requirements in 5–10 years' time.

LTFT working

Flexible working, including LTFT working, is an important component in attracting and retaining a happy workforce and is a significant part of the NHS Workforce Strategy. There has been a marked increase in NHS consultants working LTFT over the past 10 years (15.6% in 2012 to 21.6% in 2021[16]), with significant regional variation. While women account for the majority of LTFT workers, the biggest increase over the past 10 years has been seen in male consultants under 50.

32% of medically trained immunology residents responded to our 2025 Workforce Census. While this is a small sample, nearly half indicated that they intended to work LTFT if they gain a consultant position.

Given this trend, the number of trainees required to deliver the same whole-time equivalent as 10 years ago has increased. This needs careful consideration in workforce planning.

Additional training posts required

In order to manage the current vacancies for medically trained immunologists, 17 new training posts need to be established across the UK by 2027. This will enable currently vacant posts to be filled within the next 7 years. Immunology services identify a further gap in the UK workforce of 35 medically trained consultant posts, and so by 2030 this needs to be matched by an additional 35 training posts, which should support filling this gap by 2035.

College recommendations

The immunology workforce is in crisis. Little focus has been given to investing in the training, recruitment and retention of the workforce, and we are now seeing services collapse.

The position in Scotland is approaching the point of no return and we anticipate that the whole country may soon be reliant on just one immunologist. Changes must be made now to safeguard the essential work immunologists deliver for patients.

Train

- Establish 17 additional immunology training posts by 2027 to cover current vacancies and a further 35 by 2030 to meet the workforce demand. The latter would need to be coupled with the appropriate increase in consultant posts.
- Employers should provide stronger safeguards for education and training within medical consultant immunologists job plans. These safeguards must be honoured in practice.

Retain

- Employers should provide more administrative resources to enable more cost-effective use of immunologists' time and enable them to focus on their clinical duties.
- Employers should ensure the quality of the facilities provided are sufficient to enable immunologists to deliver timely and optimal care.

- Employers should provide greater protection for professional development time, both in formal job plans and in practice.
- Employers should provide greater flexibility in job plans for immunologists to participate in the development of their profession.
- Employers should invest in research to establish how immunologists would feel better heard, trusted and valued by their organisation.
- Employers should deliver on the recommendations relating to wellbeing in the 'Fit for the Future: 10 Year Health Plan for England'. This includes creating a better working environment for NHS staff and supporting their career development.

Reform

- Proper workforce planning should be undertaken to ensure appropriate numbers of consultant immunologists are in post in each service, enabling safe and effective patient care. This should take account of the findings of this report; that at least one trained consultant immunologist is required per 451,000 population.
- NHS England's planned 2024 workforce distribution review should be reconsidered by the DHSC. Redistribution is an important step in addressing current imbalances perhaps in the short term, but it cannot on its own resolve systemic workforce challenges. Without a substantial increase in the overall workforce, redistribution risks shifting shortages between services rather than alleviating them. For immunology, sustainable improvement will require not only redistribution, but also a prioritised expansion of consultant and resident posts.
- Expansion in consultant posts must be accompanied by adequate investment in roles across immunology teams, including healthcare scientists and specialist nurses.
- Stronger NHS data coding should be developed to understand the true extent of immunology workload across clinical and diagnostic services, including waiting times.

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