



Letter

Dual training in allergy/immunology and rheumatology A viable and satisfying career path

The specialties of allergy/immunology and rheumatology (AI&R) have been closely associated with one another because of their heavy emphasis on clinical immunology. In fact, there has been a long tradition of physicians being trained in both fields, whether through pursuing 2 fellowships separately or through dual certification pathways established jointly by their respective certifying boards. However, the posttraining careers of these dual-trained physicians have not yet been characterized.

The authors drafted a questionnaire composed of 16 questions. Four were demographic, 3 inquired about the status and type of training, 5 inquired about advantages and disadvantages of training, and 3 reflected satisfaction and the future of the field. A last question was purely free response for general comments. The questionnaire was composed on Qualtrics (Provo, Utah) for dissemination by e-mail. The survey and study were reviewed and approved by the biomedical institutional review board at the University of Iowa.

Physicians certified in AI&R were identified through a detailed search of directories published by the American College of Rheumatology and the American Academy of Allergy, Asthma, and Immunology. Additional participants were added if participants informed the investigators about others who are practicing both specialties. The contact information was obtained from the aforementioned directories or by an online search using the participant's name. The survey was mailed in May 2016, with reminders sent at 4 and 8 weeks thereafter. Descriptive statistics were used to evaluate data.

Fifty-seven potential participants were identified; we could locate accurate and working contact information for 39. Among these, 23 answered our online questionnaire, yielding a participation rate of 59.0%. Seven were female (30.4%), and 16 were male (69.6%). Seven participants (30.4%) were aged 30 through 39 years, 5 participants (21.7%) were aged 40 through 49 years, 3 participants (13.0%) were aged 50 through 59 years, 6 (26.1%) were aged 60 through 69 years, and 2 (8.7%) were older than 69 years. Fifteen (55.2%) pursued combined training to obtain board eligibility within 3 years, and 5 (21.7%) pursued the 2 fellowships separately. Nineteen (86.4%) completed an internal medicine residency, whereas 3 completed a pediatrics residency (13.6%); there were no respondents who completed combined medicine and pediatrics residency training.

Sixteen individual fellowship programs were represented, and practice locations are geographically dispersed (2 each practicing in New York, Texas, Iowa, Oregon, Missouri, Connecticut and Florida;

1 in Kansas, Washington, Colorado, Pennsylvania, North Carolina, and Virginia; and 1 in South America).

Ten participants (43.5%) are currently in academic practice with regular interaction with students, residents, or fellows and/or participating in research, whereas 6 (26.1%) are in private practice with little or no interaction with students, residents, or fellows. Four (17.4%) are in community-based practice without interaction with students, residents, or fellows. Three (13.1%) chose other and did not comment further. Eighteen (81.8%) practice both specialties, of whom 6 practice predominantly rheumatology, 6 practice predominantly allergy/immunology, and 6 practice both specialties roughly equally. One practices rheumatology exclusively, 1 practices allergy/immunology only, and 1 is in medical management and does not see patients. Eighteen (81.8%) maintain certification in both fields. Twenty (87.0%) articulated an overall advantage to the dual certification pathway, whereas 14 (63.6%) noted that dual training did not influence financial compensation positively. As a whole, the group voiced a high degree of satisfaction for the decision to pursue dual training, with 18 (85.7%) answering very satisfied and 3 (14.3%) answering satisfied with their training decision. Two did not answer this question.

Three questions were free response. Advantages of dual training included greater variety of disease, better understanding of immunologic disorders, and expanded scope of practice. Disadvantages included extra time in training, challenges in maintaining dual certification, and difficulties in navigating between 2 specialties among local institutions and insurance companies. Participants also voiced the need for greater advocacy to heighten the profile of dual-trained AI&R physicians and the versatility of dual training. Results of these questions are depicted in Figure 1.

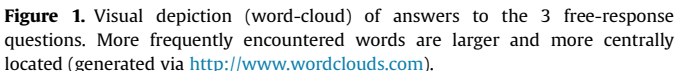
These results provide a better picture of AI&R dual-trained physicians and their posttraining careers. The male to female ratio of this population is almost identical to the general population of allergists/immunologists.¹ There is a wide geographic spread where AI&R physicians practice, yet they appear to stay close to their training institutions. Likewise, AI&R physicians practice in a variety of different settings and incorporate training in both specialties to various degrees. There is a high rate of satisfaction among those who answered, with most voicing that they are very satisfied.

Our study has several strengths. First, the response rate is high (59.0%) and representative of the 37 individuals who received the surveys. The percentage of females among the 23 respondents is 69.6% compared with 74.3% total. Likewise, 26.1% and 21.7% of respondents currently practice in the Northeast and South, respectively, compared to 30.8% and 27.0% of all the 37 survey recipients, respectively. In addition, the survey questions have been modeled on the work force survey used by the American College of Rheumatology whenever possible.² To our knowledge,

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Our study has a few limitations. In the absence of a standardized A&R-trained physician directory, our search strategy depended on self-identification of dual-training status. Therefore, those who identify most strongly with dual training may be overrepresented. In addition, response rates may have been higher among those with stronger opinions about training and career choices, polarizing responses to certain questions.

These data confirm that dual training in AI&R is a viable and satisfying career path for those interested in learning the breadth of clinical immunology. With the renewed emphasis in both fields to diversify the scopes of practice, better recognition of the overlap between immunodeficiency and autoimmunity, and therapeutic advances in immunomodulation, the role of these uniquely trained

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