The 2025 QPIDS Census: A landscape of recovery, adaption and new challenges, 5 years since SARS-COV2

Rashi Joshi[1], Will Bermingham[2], Roza Jura[3], Harrison Obamwonyi[3], Cynthia Yim[3], Sarah Goddard[3,4]

Background

- The Quality in Primary Immunodeficiency Services (QPIDS) accreditation programme supports adult and paediatric immunodeficiency services in the UK and Ireland
- Accreditation drives change and quality improvement with standards aimed at improving; patient-centred care, service variability, workplace satisfaction, leadership, and embedding quality improvement in everyday practice
- The QPIDS census has run as a unique gauge of clinical immunology since 2017, with an increasingly rich dataset across core domains of workforce, therapeutics and service structures
- Here, we present data from the 2025 census, painting the landscape of UK clinical immunology at the 5-year milestone since the emergence of the SARS-COV2 pandemic
- A detailed census report will be circulated to QPIDS services in 2026.

2025 census, painting the landscape of UK clinical immunology at the 5-year milestone since the emergence of the SARS-COV2 pandemic.

Methods

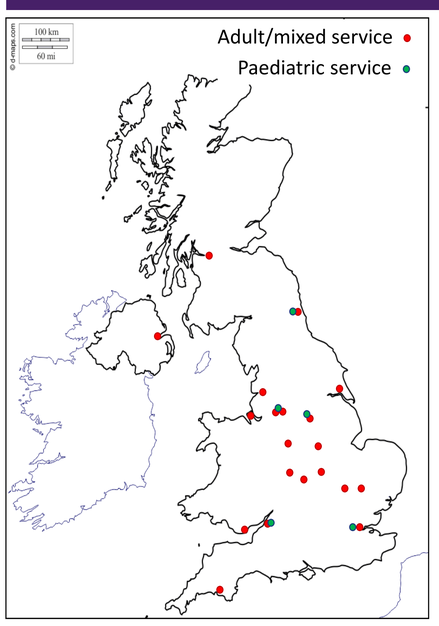

Figure 1: UK/ROI centres contributing to the 2025 census

- The census was reviewed and adapted from the prior version (2023) and approved by the QPIDS board
- The census was distributed to all QPIDS registered Clinical Immunology services in Spring/Summer 2025
- Results were acquired utilizing the SurveyMonkey© online platform
- Where data for a particular domain was incomplete, the number of services providing data for analysis is displayed accordingly
- Data analysis was undertaken by a team consisting of Clinical Immunology consultants, registrars and an Immunology specialized Clinical Scientist using Microsoft Office© software.

27 (71%) services provided data
- 22 adult/mixed services
- 5 paediatric only services

Domain 1a: Workforce Data

Consultant Immunologists

- 27 centres submitted data for consultant workforce, representing 76 consultants for adult/mixed services and 27 paediatric consultants
- The mean number of consultants/service was 3 (range 1-9, mode=2) for adult/mixed services and 5 (range 3-8, mode = 4,8) for paediatric services
- There were 13 unfilled adult/mixed consultant immunologist posts and 0 unfilled paediatric consultant immunologist posts. A further 7 adult/mixed and 4 paediatric consultants are expected to retire in the next 5 years
- The mean portion of total NHS PA sessions providing direct clinical immunology care per consultant was 0.39 for adult/mixed services and 0.77 for paediatric services (responses by 18 adult/mixed and 4 paediatric centres).

Specialist Trainees in Clinical Immunology (ACI/ACLI/Paediatrics)

- 21 adult/mixed service responses, 5 paediatric service responses
- The numbers of filled/unfilled immunology training posts for adult/mixed and paediatric immunology were 37/5 and 1/0 respectively
- Where data was provided for adult/mixed posts (n=36), 86% (31) were ACLI pathway and 14% (5) were ACI pathway. The paediatric trainee post was ACI pathway
- There were 5 / 0 trainees expected to complete training in the next 12 months for adult/mixed and paediatric services, respectively.

Immunology Specialist Nursing Support

- 24 centres submitted data, of which 5 were paediatric services. This represented 89 adult/mixed nurse posts and 22 paediatric nurse posts
- Roles were described with the following attributes for adults/mixed and paediatrics respectively (20 adult/mixed and 5 paediatric services responded):
  - Advanced Nurse Practitioner: 24% / 8%
  - Prescribing: 27% / 23%
  - Clinics included in role: 56% / 67%
  - Full time posts: 38% / 48%
- The grade mix of nurses for 19 adult/mixed services and 5 paediatric services providing data are displayed in ***Figure 2***
- There were 8 adult/mixed service nursing posts reported as unfilled. There was 1 reported unfilled paediatric post.

Allied Healthcare Professionals

1) Pharmacists

- 12/21 adult/mixed services and 4/5 paediatric services reported having a pharmacist allocated as part of the immunology team. 10 were adult/mixed prescribing pharmacists and 3 were paediatric prescribing pharmacists.

2) Psychologists

- 2/21 adult/mixed services reported dedicated psychology support for the immunology service. Of the 19 remaining, 11 felt that they had an effective referral pathway to seek psychological support for patients and 1 service did not respond
- 3/5 paediatric services reported a dedicated psychologist. Of the 2 remaining, 1 reported an effective referral pathway as being available for psychology support.

3) Physician associates

- 2 adult/mixed services and 1 paediatric service reported access to a physician associate.

4) Physiotherapists

- 2 adult/mixed services and 1 paediatric service reported access to a physiotherapist.

5) Dietitians

- 5 adult/mixed services and 3 paediatric services reported access to a dietitian.

Other noted roles: medical secretaries, team/admin coordinator, clinic coordinator, occupational therapist.

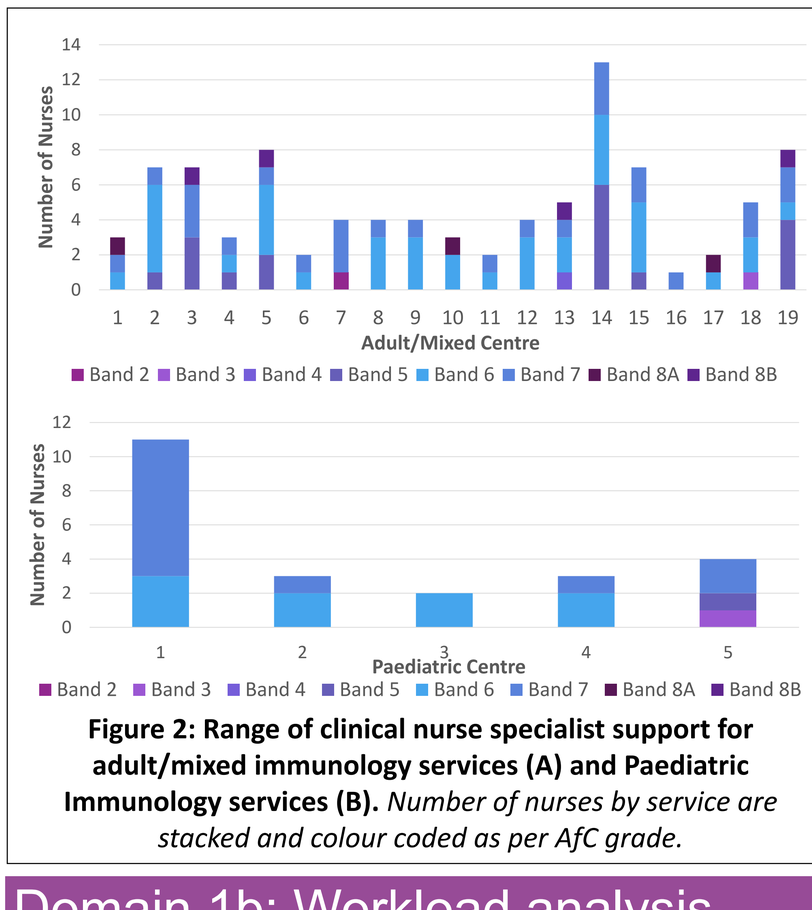

Figure 2: Range of clinical nurse specialist support for adult/mixed immunology services (A) and Paediatric Immunology services (B). *Number of nurses by service are stacked and colour coded as per AfC grade.*

Domain 1b: Workload analysis

Consultant workload

- **The total number of patients receiving IgRT on average per centre has increased by 10%,** but the number of whole time equivalent (WTE) consultant DCCs in immunology per patient (consultant workload) is similar ~170. The nurse workload appears to have increased substantially, but it is unclear whether this is due to inaccuracies in data collection as the number of nurses per service has changed from 4.9 to 5. n=19 (2025), n=20 (2023) unmatched. See ***Figure 3***.

Total number of patients receiving IgRT on average per centre has increased by 10%

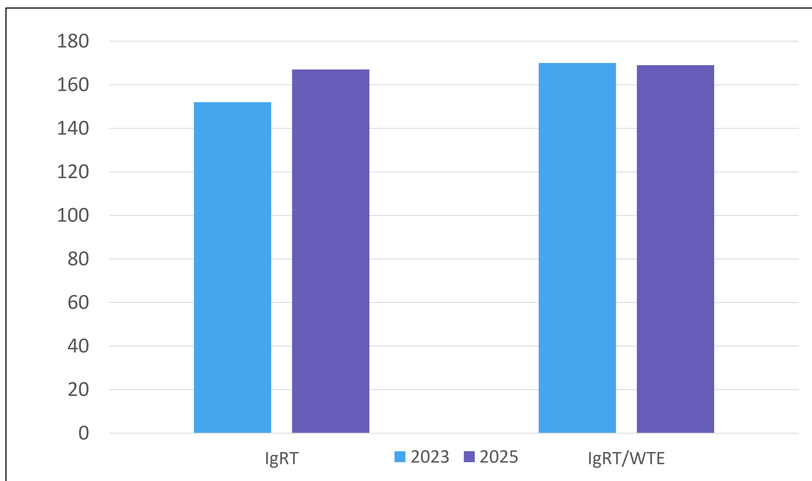

Figure 3: 2023 and 2025 analysis of no. of patients receiving IgRT vs no. of WTE consultant DCCs in immunology per patient

Domain 2: Service trends

Clinic delivery

- Following the post-SARS-COV2 pandemic recovery phase, 2025 data shows an overall increase in face-to-face consultations and reduction in remote consultations. Data shown in ***Figure 4***.

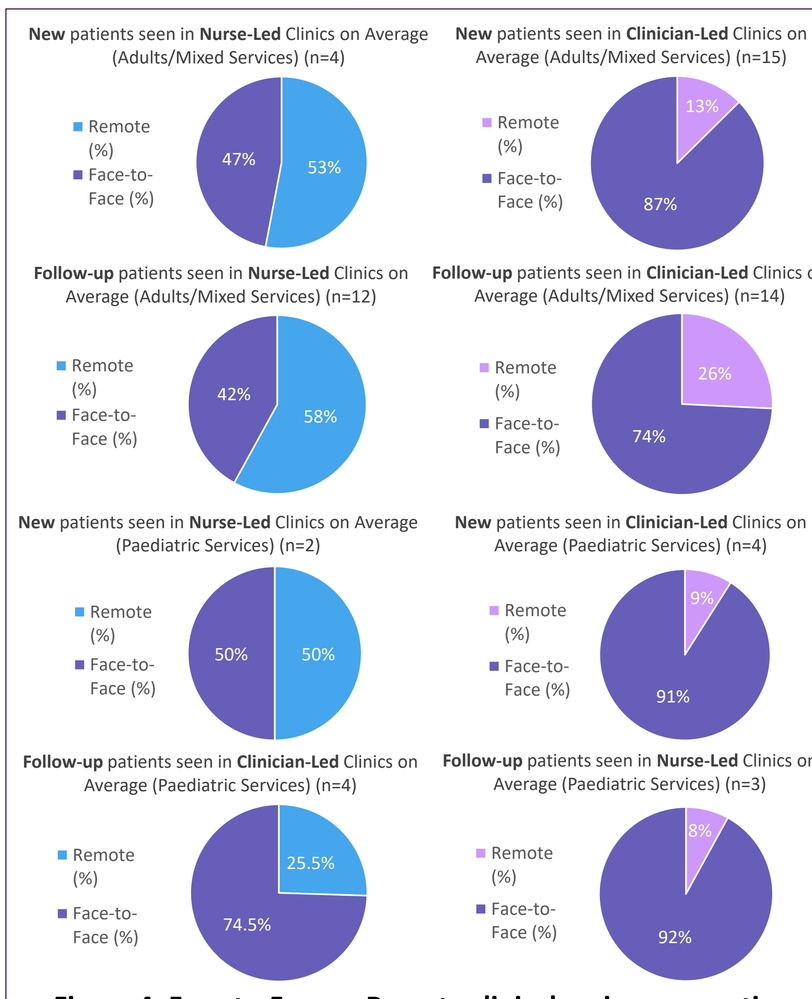

Figure 4: Face-to-Face vs Remote clinical review proportion for Adult (A) and Paediatric (B) clinical immunology clinics

Overall increase in face-to-face, and reduction in remote consultation

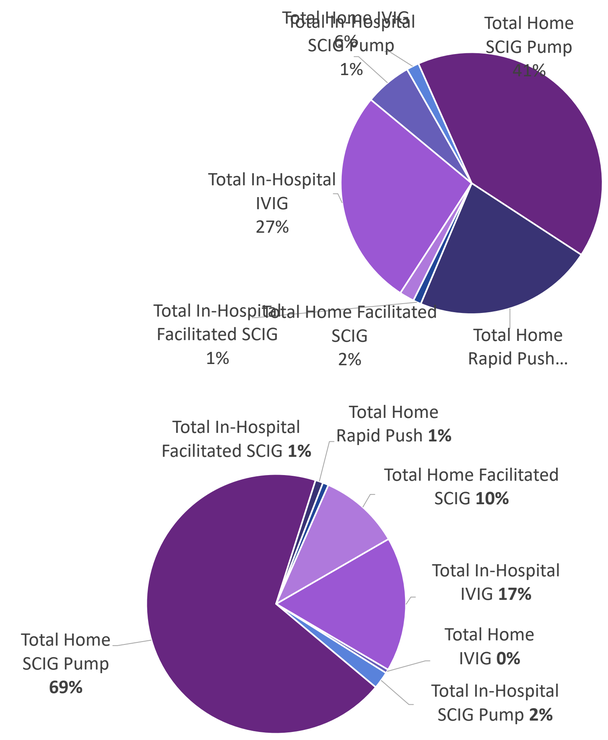

Figure 5: Distribution of immunoglobulin therapy delivery modalities for Adult/Mixed (A) and Paediatric (B) services.

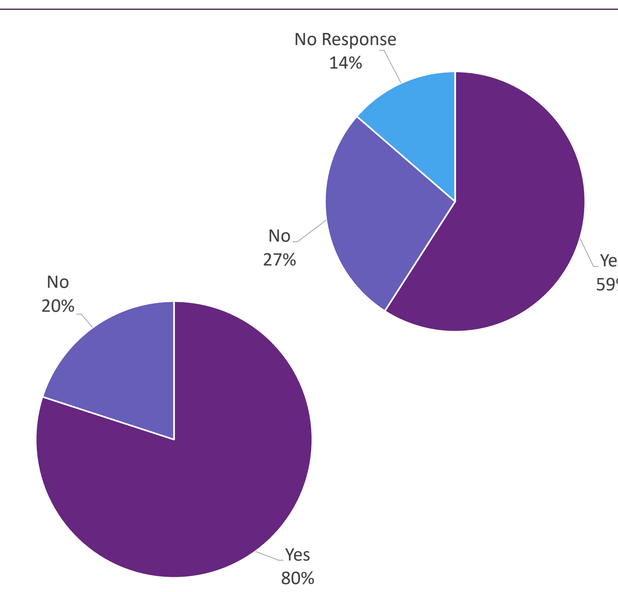

Figure 6: Adult/Mixed (A) and Paediatric (B) services with a genetic testing policy

Domain 2: Service Trends

Clinic Delivery

- Following the post-SARS-COV2 pandemic recovery phase, 2025 data shows an overall increase in face-to-face consultations and reduction in remote consultations. Data shown in ***Figure 4***.

Immunoglobulin Therapy

- The current distribution of immunoglobulin therapy delivery is summarized for both Adult/Mixed and Paediatric services in ***Figure 5***. 19/22 Adult/Mixed and 5/5 Paediatric services provided data. The trend continues with home therapy being the predominant option of which subcutaneous pump mode of delivery is most common.

Domain 3: New census topics

Genetic Pathways

- ***Figure 6*** shows Adult/Mixed and Paediatric services that have a policy for selecting patients for genetic testing. Further details on the policies will be provided in the full report.

Liver Pathways

- 13/22 Adult/Mixed and 1/5 Paediatric services reported having a policy for identifying patients with CVID liver disease. Adult/Mixed services reported a number of screening investigations as part of the policy, including liver function tests, abdominal ultrasound, liver fibroscan, CT chest/abdomen/pelvis, endoscopy.

Key messages

The census provides a unique snapshot of the delivery and structure of UK and Ireland clinical immunology services.

The complete 2025 census report will be circulated in 2026

The census is evolving! We welcome your thoughts and feedback on how the census can best support your service in the future.

Author affiliations

1. Kings College Hospital NHS Foundation Trust; 2. Nottingham University Hospitals NHS Trust; 3. Royal College of Physicians Accreditation Unit; 4. University Hospitals North Midlands NHS Trust

Abbreviation key

ACI – Allergy and Clinical Immunology / ACLI – Allergy, Clinical and Laboratory Immunology / PA - Programmed activity / DCC – Direct Clinical Care / SPA – Supporting Professional Activities / AfC – Agenda for Change / F2F – face to face / SC – Subcutaneous / IV – Intravenous / FSCIG – Facilitated subcutaneous immunoglobulin

Royal College of Physicians

Quality in Primary Immunodeficiency Services