



Guidance for Trainees asked to cover out-of-area on-call requests

The provision of dermatology out-of-hours services is patchy across the UK (GIRFT 2021). There has been a progressive reduction in sustainable DGH dermatology services putting pressure on larger centres. The patient population has become increasingly complex, and the covid pandemic, with its impact on both primary and secondary care, has further exacerbated the problem.

Until there is a uniform approach towards acute dermatology services, confusion, poor commissioning and inadequate job planning are likely to persist. Dermatology trainees, who are generally first on-call, are asked increasingly to take out-of-hours calls from neighbouring trusts and have approached the Dermatology SAC and the British Association of Dermatologists for support in this area.

The following guidance has been developed and agreed by the BAD Education Board and the Dermatology SAC to provide a clinical and educational framework for managing on-call requests from out-of-area hospitals as they arise.

The guidance is advisory and should be adapted to suit the local situation. It is imperative that all dermatology consultants and registrars within the training programme are aware of local arrangements for covering neighbouring units and implement them consistently.

We advise the following:

1. All trainees should ascertain from the Training Programme Director if there are any service level agreements (SLAs) in place for the on-call cover of surrounding hospitals. This information should be shared with all the existing trainees and any newcomers as part of the induction process, and it is the Training Programme Director's responsibility to ensure this is the case.
2. When a call is received from a neighbouring hospital, the on-call dermatology registrar should confirm that an SLA is in place with the caller's hospital.
3. If no SLA is in place, the trainee must be aware that listening to specific details about the patient case may obligate them to advise or see the patient as part of the Good Samaritan clause.
4. We therefore recommend that if no SLA is in place the on-call dermatology registrar is advised to inform the caller that the patient should be transferred to the on-call dermatology registrar's hospital.
5. If transfer is not viable, the on-call dermatology registrar is advised to inform the caller that in the absence of an SLA they are unable to provide any advice, and the caller should raise this with their hospital's Medical Director.
6. Depending on local policy, the on-call request may be escalated to consultant-to-consultant level.
7. If there are concerns about patient safety, then the caller should be advised to submit a Datix report.

The CQC have specifically stated that Datix evidence is required to facilitate change, and we will be raising this with the CQC at a meeting in September.

With time it is hoped that Dermatology on-call services will be adequately commissioned with appropriate job-planning to support acute services. Clarity is required to provide the necessary care and support for our patients and trainees, and the purpose of this document is meant to facilitate this process.