

# Real-life story - Dr Donna Torley

Dr Donna Torley is a Consultant Dermatologist at the Queen Elizabeth University Hospital in Glasgow, one of the largest acute hospitals in the UK.

## Dr Donna Torley

### Consultant dermatologist

#### Employer or university

Queen Elizabeth University Hospital, Glasgow

Photo of Dr Donna Torley

I love the immense variety of the work in dermatology and I feel incredibly privileged to work in this great specialty, which I find very fulfilling.

### How I got into the role

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I decided I wanted to be a doctor at around the age of 12. Medicine seemed the ideal choice as I enjoyed sciences and the idea of working with people really appealed to me. I was the first person in my family to become a doctor.

After taking Scottish Highers I went to medical school at the University of Glasgow, where I loved every minute of the undergraduate training. We had some exposure to dermatology during a four-week placement with an excellent motivational teacher. This specialty appealed with its combination of surgery and medicine and lots of contact with patients.

I trained before the introduction of [Foundation Training](#) <sup>[1]</sup>, and so after medical school I completed a one-year junior house officer job which included medicine and surgery. After

this I worked as a senior house officer for two more years, where I gained experience in obstetrics and gynaecology, paediatrics and dermatology. However it was dermatology that I fell in love with, even though by this stage I had been accepted onto a GP training scheme.

Dermatology is so varied and there is a great mix of inpatient and outpatient work, as well as the opportunity to perform surgical procedures. I found the learning about inflammatory skin diseases fascinating and also enjoyed the medical overlap with the other medical specialities.

I completed one year of GP training before switching to higher specialist training in dermatology later on. I don't regret choosing GP training first, as it provided lots of useful experience.

Prior to starting my higher training I had a couple of jobs, I went to Australia for a year on an academic post, conducting research into [cardiovascular](#) <sup>[2]</sup> risk and I also worked in a staff grade post in a dermatology department for two years. The staff in the department were wonderfully supportive, and they really encouraged me to apply for higher training.

The higher specialist training normally takes four years, but I trained on a less than full time basis and my training took longer. I had two of my children during my training and had to juggle family life with my job and also study for the Diploma of Dermatology exam.

The training here in Glasgow was excellent and involved working in different hospital sites in Glasgow, Lanarkshire and Clyde. I gained experience in all aspects of acute dermatology and also worked in various special interest clinics.

We learnt about common skin conditions such as eczema, acne and psoriasis and more unusual conditions such as toxic epidermal necrolysis, a life-threatening dermatological emergency where patients shed their skin due to the effects of medication. During training I developed a special interest in [urticaria](#) <sup>[3]</sup> (a raised itchy rash also known as hives).

At the end of my training I was awarded my CCT <sup>[4]</sup> and applied for consultant posts. There was lots of competition then, although there are more vacancies nowadays.

## What I do

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Once I became a consultant I continued to work part-time and I currently work three days a week. One of the main aspects of my work is running general dermatology half-day clinics here at the Queen Elizabeth University Hospital three times a week.

As well as more common skin conditions I also see patients with disorders which are more unusual such as lichen planus (an itchy rash with small, shiny, flat-topped areas) and morphea (painless discoloured thickened patches on the skin). I also run a specialist [urticaria](#) [3] clinic.

In the outpatient clinics I also undertake surgical procedures, such as the removal of skin lesions. Larger scale dermatological surgery is undertaken by my colleagues who have developed a special interest in this area.

I see a mixture of new and follow-up patients in the outpatients' clinics and generally see around 15 patients per clinic. The appointment times are usually ten minutes.

We work very closely with other doctors and healthcare specialists such as the plastic surgery team and nurses in multidisciplinary teams (MDTs). I also see patients with skin cancer.

Being aware of the psychological effects of skin conditions is an important aspect of my work. Skin conditions that affect the hands and face can be particularly distressing.

I offer our patients a range of treatments including topical treatment in the form of a cream or lotion, treatment using light or ultraviolet radiation (UVB) and systemic treatments such as immunosuppressants (drugs that reduce the strength of the body's immune system) for inflammatory skin conditions.

We have a dermatology ward at the Queen Elizabeth University Hospital and I lead a ward round once a week. Patients with chronic skin conditions may be admitted to hospital for treatment with oral medications and I monitor these patients along with the nurses and junior doctors.

Teaching is another important aspect of my job and I teach medical students, junior doctors at all levels, nurses and pharmacists. I usually lead one or two teaching sessions every month.

## **The best bits and challenges**

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I love the immense variety of the work in dermatology and I feel incredibly privileged to work in this great specialty, which I find very fulfilling. I particularly enjoy the outpatients' clinics and working with patients with inflammatory diseases and the more unusual conditions. The surgical aspect of the job is very enjoyable and there's also lots of interaction with other specialties. Most of all I like our patients who are so interesting!

The main challenge is the shortage of dermatologists which adds to the pressure of the job.

## Life outside work

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Dermatology is a specialty that enables you to have a good work-life balance as the work is not as acute as other medical jobs. As I work in a large department I only have to be on call <sup>[5]</sup> 24 hours a day for one week about four or five times a year.

My job fits around my family nicely – I have three children and working three days a week means that I have plenty of time to spend with them. I also have a good network of friends and time for a social life

## Career plans and top tips for others

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My aim is to ensure that our services are always improving and evolving. I also want to build a good team with excellent training, not only for other dermatologists but for the wider clinical team including nurses. I'd also like to promote dermatology as a career.

#### Top tips

- if you are unable to get onto a training scheme in dermatology, apply for stand-alone jobs in the specialty to give you more experience
- become involved in research via the UK Dermatology Clinical Trials Network <sup>[6]</sup>
- gain experience of delivering presentations locally and nationally

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#### Links

[1] [https://www.healthcareers.nhs.uk/glossary#Foundation\\_training](https://www.healthcareers.nhs.uk/glossary#Foundation_training) [2]

<https://www.healthcareers.nhs.uk/glossary#Cardiovascular> [3]

<https://www.healthcareers.nhs.uk/glossary#Urticaria> [4] <https://www.healthcareers.nhs.uk/glossary#CCT>

[5] [https://www.healthcareers.nhs.uk/glossary#On\\_call](https://www.healthcareers.nhs.uk/glossary#On_call) [6] <http://www.ukdctn.org/>