

It's Tuesday so I must be in...

Why I choose to act as a locum

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Looking out the window of the 12-seat aircraft I soak in the vista of hundreds of small lakes, jagged edges of the Canadian Shield, and green forests crisscrossed by thin lines of logging roads.

As the plane starts to descend, I experience a familiar queasiness, not from the swaying of the plane in the crosswinds, but from the excitement and fear that come with uncertainty and new experiences. I check the time. My overnight emergency room shift starts in 2 hours, and I have never set foot in the hospital. I was supposed to have arrived early in the morning for orientation, but the flight has been badly delayed.

I also wonder if my rental car will be ready, my apartment available, and my hospital privileges approved. I used to call ahead to check these things, but over time have become more *laissez-faire*—but not relaxed enough to eliminate the last-minute butterflies. As the small aircraft makes its final bumpy approach I can't help but think that being a locum doctor includes a lot of flying by the seat of your pants.

I have been a locum tenens physician since I graduated from residency. It was never the career plan. My medical school application didn't say that I dreamed of holding licences in multiple provinces and territories. When I wrote my Canadian Resident Matching Service application I never said that the best fulfilment of my family medicine training would be to hold privileges in more than a dozen hospitals. Even on my final College exam, when asked about the pillars of family medicine, I believed I would fulfil the paraphrased words I wrote about "being an ongoing, defined resource for a community."



The idea of a locum tenens can be confusing. It baffles my parents that after more than 10 years of education and thousands of dollars in tuition I don't have a fixed practice address. Many patients don't understand how I can walk into their clinic and start caring for them when their regular physician has taken years to understand their concerns. While most doctors know what a locum is, very few can offer a firm definition. In fact there doesn't seem to be one. My shortest locum position was 8 hours, and I have a colleague who has been in the same practice as a "locum" for more than 2 years. Locums can be subspecialists or family physicians, be urban or rural, work in the community where they live or far away from home.

My choice to be a locum tenens evolved in response to various needs and pressures. I started acting as a locum as a way of finding the right permanent practice and learning more about different practice management issues that were not covered in training. It was also a way to avoid the cost of buying into a group practice while starting to pay down debt. I also thanked many of my mentors and preceptors by giving them coverage for much-needed vacations.

After I met my wife, acting as a locum allowed me to work in the rural practices I preferred while living with her in the urban centres where she was completing her training. More recently, being a locum tenens has been a means of maintaining my clinical skills while completing a Master's degree and gaining research experience.

These are some of the practical reasons why I am a locum. Probably, if you asked 5 other locums you would get 10 more reasons. Acting as a locum offers 3 other personal enticements. The first is a chance to be part, even for a short time, of an important part of Canada that is often overlooked—our rural areas. I have elected to act as a locum almost exclusively in rural areas, because I believe that these are critical communities that provide an important cultural and economic backbone for our country. It is a privilege to have been led on tours of gold mines and paper plants; to stay on a farm; and to ice fish with local police officers, mayors, and school teachers. Second, there is the innate clinical and personal challenge of having to adjust and accommodate to new situations and health systems. The clinical variety and richness you are exposed to as a locum is potentially even broader than in the typical family practice.

Finally I have chosen to be a locum tenens because I believe it meets an important need in our physician work force. The shortage of family doctors is well known. Providing locum coverage can help my colleagues in times of illness, parental leave, continuing education, or simply time away to re-energize. I recognize, however, that some of these colleagues have mixed feelings about locums. One friend, who graduated from medical school

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just a year before me, posted a long e-mail on a physician list server lamenting new physicians who refuse to settle into practices. I heard another physician (for whom I had acted as a locum) say that being a rural doctor was synonymous with watching locums cover your practice for twice the money while working half as hard. Of course these comments hurt, but I note these physicians never refuse my offer to help, and I chalk up most of these comments to the long hours and tough clinical demands they generously undertake year after year.

They also probably fail to realize the challenges that come with being a locum (physical, emotional, clinical) and the unique skill sets that are required to walk into their practices and provide the same high level of care that they offer.

Every time I walk into a new community, a different hospital, an unknown clinic, I feel a brief surge of uncertainty. But I know that after the first few patients the feeling will settle—and be replaced by a sense of purpose and satisfaction. My future might hold a more fixed practice pattern; for now this choice is the right one. 🍁

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