Trading horses and other tails

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It's inevitable: for some reason you are scheduled to be on call when you want to go to the Rural and Remote conference or on vacation or it's your anniversary. It doesn't really matter what you are on call for; one of my definitions of rural practice is that you will be on call, and you will need to be able to switch your on-call shift. The ability to accommodate a switch in the schedule, I think, is a barometer on how well the system (and the doctors) gets along in town.

In the old days, it was just *on call*. Everyone did everything, so "on call" meant emergency room + inpatients + obstetrics + operating room + phone calls from remote nursing stations +++. It was like that at my hospital when I started, and I can think of a few places in Canada and elsewhere that still swing that way.

The unwritten (and false) curriculum that you have to have extra training to do anything outside the office (e.g., obstetrics, emergency room) has combined with a lack of accreditation, training and examination requirements for broad generalist competencies, resulting in family medicine trainees leaving their programs without confidence in the spectrum of rural medicine. Together, these factors have contributed to making it difficult to sustain simple call systems. For most of us in rural practice, call has become more complicated.

Our original call schedule, which would cover everything in one rota, has been broken up into multiple overlapping Venn diagrams of call so that some rural doctors seem to be on call all the time, but for different things. I'm on for obstetrics (1:7), emergency room (1:7, almost a completely different 7), weekend call for inpatients (1:6), operating room assist (1:8) and orphan patients (1:9), and now our preceptoring duties for the medical students are on the schedule (4:8).

This becomes a perverse incentive to limit one's scope of practice because it becomes even harder to get away. Luckily, there are ways to cope other than dropping everything or moving to the city.

One approach is to require that everyone covers everything. You might think that this arrangement would be hard to maintain in an era of increasing personnel shortage, but this approach is the gold standard in places such as Happy Valley–Goose Bay. As long as there are rural doctors, both old and new, who like doing everything, this approach is almost a recruitment strategy.

Another approach is to make call painless. Here in Temiskaming Shores, Ont., we all do our own obstetrics, so the on-call obstetrics doctor doesn't get much work. Thus, it's never an issue to sign out to the on-call obstetrics doctor, and it's completely guiltless. Unless you are on call that week, you can skip town, have that second beer or go to the birthday party knowing that someone has your back, and you don't have to count favours doing it.

These strategies aside, remember that the next time your colleague asks you to take call for them, it's better for you and the town if the habit is to say, "Of course!" ... Mind you, there needs to be a discussion about who keeps the shop open this year while everyone is away at Rural and Remote.