

General Practitioners' Experience of Remote Consultations by Telephone in the General Practice Setting during the COVID-19 Pandemic

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Abstract

The coronavirus disease 2019 (COVID 19) pandemic brought substantial changes in the way doctors used to interact with patients. In the general practice, consultation over the phone has become a norm now. However, it is not well known how this new mode of consultation affected clinicians' practices. Objective of this study was to find out if doctors working in the general practices were trained enough for telephonic consultation and how this new mode of consultation affected their clinical practice in general. It was an online survey. Information was gathered by using an online questionnaire which was sent electronically to general practitioners (GPs) and general practitioner speciality trainees (GPSTs) working in the general practices based in Leicestershire. Data were analyzed by using software SPSS. Descriptive characteristics of participants were reported in terms of numbers and percentages, whereas Chi square test was run to assess if there is a difference between GPs and GPSTs in terms of their experience of remote consultations by telephone. The questionnaire response rate was 69.3% (n = 133/192). Of the total, 54.1% (n = 72/133) of participants were women. About 36% (n = 48/133) of the participants were GPSTs, whereas 64% (n = 85/133) were qualified GPs. Not having enough training for phone consultation, technical issues during consultation, inadequate supervision framework, difficulties in building therapeutic alliance with patients, making diagnosis and risk assessment, and increased duration of consultation were identified as issues. Similarly, concerns around patients' confidentiality and medico legal issues were highlighted. GPs and GPSTs reported similar difficulties. In conclusion, lack of training for the telephonic consultation has been identified as a unanimous issue along with other challenges to phone consultations. There is an urgent need to take measures to make telephone consultation more successful, enjoyable, and safe for patient care by addressing identified issues. Larger studies with representative samples are needed to increase generalizability of our findings.

Keywords: COVID-19, general practice, remote consultation, telephone consultation, telemedicine

INTRODUCTION

The global pandemic of coronavirus disease 2019 (COVID-19) was declared by the World Health Organization (WHO) on March 11, 2020.^[1] This pandemic has affected every sphere of life, and most importantly, this changed the modus operandi of healthcare services to minimize the spread of this disease.^[2] More than 95% of all healthcare system activities take place in the primary care services in the UK.^[3] During the pandemic, a huge shift from traditional face-to-face consultations to remote or over-the-phone consultations occurred.^[4] The concept of telemedicine was first introduced in 1970s, and remote

consultation over phone can be considered as its basic form.^[5] Proponents of telemedicine have been trying to advocate and emphasize its potential power to improve patient access and even provide healthcare services in hard-to-reach areas.^[6] It is evident that its acceptance and utilization remained very

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How to cite this article: Mahmood S, Ahmed K, Khan M, Perveen T, Ali Z. General practitioners' experience of remote consultations by telephone in the general practice setting during the COVID-19 pandemic. *Indian J Community Med* 2024;49:549-54.

Received: 10-10-22, **Accepted:** 19-02-24, **Published:** 24-05-24

Access this article online

Quick Response Code:



Website:
www.ijcm.org.in

DOI:
10.4103/ijcm.ijcm_841_22

limited.^[7] In the past decade, telephone consultations were accounted for about 25% of all primary care consultations in the UK.^[8] It is evident that the quality of communication over the phone remained poor and general practitioners (GPs) with telephone consultations feel under-skilled with lack of ability to perform physical examination, difficulty in dealing with non-verbal cues, and management of ethical and medico-legal difficulties.^[9,10] There was also a concern that telephone consultations may impair patient safety and contrary to common belief, they may not reduce overall workload of clinicians.^[11]

The Royal College of General Practitioners (RCGP) curriculum includes telephone consultation skills under numerous core competencies to be covered and achieved by the general practice speciality trainees (GPSTs) to get the Certificate of Completion of Training.^[12] A mixed-method study conducted prior to the COVID-19 pandemic explored experiences of GPSTs in undertaking telephone consultation and highlighted the need to enhance training of GPSTs for remote consultation in future.^[13] However, during the current pandemic of COVID-19, telephone consultation became a new norm in the general practice as it has been implemented quickly to avoid transmission and spread of COVID-19 as well as to ensure patients have access to their health needs. This shift from face-to-face consultation to telephone consultation occurred within a matter of days despite limited resources including training of clinicians, which otherwise would have taken years.^[14] A recent study conducted during the COVID-19 pandemic explored psychiatrists' experience of remote consultations by telephone and identified several challenges in carrying out successful phone consultation.^[15] However, little is known about GPs' and GPSTs' experience of telephone consultation during this pandemic, who, since the beginning of this pandemic, enacted changes to triage all patients over the phone.

Thus, the objective of this study was to find out if doctors working in the general practices were trained enough for phone consultation and how this new mode of consultation affected their clinical practice in general. The findings of this study will shed light upon the areas of further professional development in conducting telephone consultations in general practice and to suggest potential adjustments in RCGP curriculum and training.

METHODOLOGY

It was an online survey, conducted among doctors working in the general practices based in one of the counties of East Midlands. The doctors included in this study were either qualified GPs or trainee doctors also known as GPSTs. The convenient sampling technique was used. Doctors working in respective general practices were approached, and a link for an online questionnaire was sent electronically. After 4 weeks, a reminder request was sent to participants to complete the questionnaire if not completed yet. This method speeded up the process of data collection, without the need of face-to-face contact with participants, and minimized the overall study cost. The questionnaire used in this study was previously developed

based on extensive literature search, piloted, and then used for data collection from doctors working in the mental health hospital.^[15] Each question in the questionnaire was based on one of specific themes identified based on literature review.

Participants were asked if their training prepared them for remote consultation over phone. They were also asked about their experience of diagnostic difficulties, issues around therapeutic alliance, ethics, and practical and technical issues during remote consultation as compared to their earlier experience of face-to-face consultation. Though most of the questions provided various response categories to choose from, participants were also provided with free-text space so that any additional comment can be added.

All responses were anonymized, and participants were not asked to put any identifiable notation on the questionnaire to conceal their identity, and full confidentiality of information was ensured. All procedures contributing to this work comply with the ethical standards of the Helsinki Declaration of 1975, as revised in 2008.^[16]

Data were analyzed by using software SPSS. Descriptive characteristics of participants were reported in terms of numbers and percentages, whereas Chi-square test was run to assess if there is a difference between GPs and GPSTs in terms of their experience of remote consultations by telephone. A cut-off *P*-value of ≤ 0.05 was considered as statistical significance. The qualitative data collected in the form of free text were analyzed for themes. The themes were identified and agreed upon by consensus of all authors.

RESULTS

Descriptive characteristics [Table 1]

The initial questionnaire completion rate was 47.9% as 92 participants ($n = 92/192$) responded within 2 weeks of receiving the questionnaire. Another 41 participants completed the questionnaire after receiving a reminder request at week 2. Thus, the overall questionnaire completion rate was 69.3% ($n = 133/192$). Table 1 shows descriptive characteristics of participants.

Training for telephone consultation and diagnostic difficulties [Table 2]

A large proportion (86.4%) of participants reported that they did not receive sufficient training to feel confident for consultation over phone. There was no significant difference between GPSTs and GPs (83.3% vs. 88.2%, *P*-value 0.427). Over 2/3 (68.4%) of the participants reported non-availability of adequate supervision frameworks, and this was statistically more pronounced in GPSTs than in GPs (79.2% vs. 62.4%, *P*-value 0.045).

Ninety-one (68.4%) participants reported decreased confidence of making diagnosis over phone. This reduction in confidence of making diagnosis was slightly more among GPSTs than among GPs (75% vs. 64.7%), but this difference was not statistically significant (*P*-value 0.137).

All (100%) of the participants (GPSTs and GPs) unanimously agreed that lack of visual cues during telephone consultation affected their assessment of patients' condition as compared to face-to-face consultation and similarly 100% of participants reported increased issues around patients' risk assessment during telephone consultation. Table 2 shows participants' responses to training for telephone consultation and diagnostic difficulties.

Issues around therapeutic alliance and ethics [Table 3]

About 50% of the participants agreed with the statement that they found it more difficult to establish an atmosphere of

openness and trust with their patients on the telephone. There was no statistical significance difference between GPSTs and GPs working in the general practice (*P*-value 0.431). Similarly, visual cues affecting building rapport were reported as an issue in 54.1% cases. This issue was greater for GPs than for GPSTs (71.8% vs. 22.9%, *P*-value <0.001). Sixty-eight percent of participants agreed that it was more difficult than usual face-to-face consultation in setting or maintaining boundaries with patients. GPs and GPSTs had similar experiences in this regard. Table 3 shows participants' issues around therapeutic alliance and ethics.

Practical and technical issues [Table 4]

The majority (68.5%) of the participants reported that telephone consultation has increased their total duration of consultation as compared to face-to-face consultation. This increase in consultation time was more frequently reported by GPs than by GPSTs (76.5% vs. 54.2%, *P*-value 0.007). Sixty-six percent of GPSTs who completed the questionnaire and 62% of GPs who completed the questionnaire found it more difficult than face-to-face consultation to conclude or end their consultation. Technical issues were recognized as being a major issue by both the GPs and GPSTs. Eighty-eight percent of GPs and 83% of GPSTs reported technical issues during telephone consultations. Similarly, 69.4% of GPs and 91.7% of GPSTs who attempted phone consultations with those with cognitive impairment found it to be more of an issue than it would have been in face-to-face consultations. About 95% of the participants who attempted consultations with those with hearing impairments

Table 1: Descriptive characteristics of the population (n=133)

Variable	n (%)
Gender	
Men	61 (45.9)
Women	72 (54.1)
Job status	
GPST1	12 (9.0)
GPST2	7 (5.3)
GPST3	29 (21.8)
GPs	85 (63.9)
Age (years)	
25-30	06 (4.5)
31-35	49 (36.8)
36-40	24 (18.0)
41-45	36 (27.1)
more than 45	18 (13.5)

Table 2: Difference between GPSTs and GPs over phone as compared to face-to-face consultation (n=133)

	Overall n (%)	GPSTs n (%)	GPs n (%)	Pearson Chi-square P
If training prepared for phone consultation				0.427
Yes	18 (13.5)	8 (16.7)	10 (11.8)	
No	115 (86.5)	40 (83.3)	75 (88.2)	
Availability of adequate supervision frameworks				0.045*
Yes	42 (31.6)	10 (20.8)	32 (37.6)	
No	91 (68.4)	38 (79.2)	53 (62.4)	
Confidence of making diagnosis				0.137
Decreased	91 (68.4)	36 (75.0)	55 (64.7)	
Unchanged	36 (27.1)	12 (25.0)	24 (28.2)	
Increased	6 (4.5)	0 (0.0)	6 (7.1)	
Lack of visual cues affected patients' assessment				N/A
Yes	133 (100.0)	48 (100.0)	85 (100.0)	
No	0 (0.0)	0 (0.0)	0 (0.0)	
Issue around patients' risk assessment				N/A
Decreased	0 (0.0)	0 (0.0)	0 (0.0)	
Unchanged	0 (0.0)	0 (0.0)	0 (0.0)	
Increased	133 (100.0)	48 (100.0)	85 (100.0)	
Making referral to A&E or secondary care				0.200
Become difficult	79 (59.4)	32 (66.7)	47 (55.3)	
Unchanged or become easy	54 (41.6)	16 (23.3)	38 (44.7)	
Confidence in prescription				0.906
Decreased	49 (36.8)	18 (37.5)	31 (36.5)	
Unchanged	72 (54.1)	30 (62.5)	42 (49.4)	
Increased	12 (9.0)	0 (0.0)	12 (14.1)	

*Significant *P*-value (<0.05) of Pearson Chi square

Table 3: Issues around therapeutic alliance and ethics: Difference between GPSTs and GPs over phone as compared to face-to-face consultation (n=133)

	Overall n (%)	GPSTs n (%)	GPs n (%)	Pearson Chi-square P
Establishing openness and trust with patients				0.431
Become difficult	67 (50.4)	22 (45.8)	45 (52.9)	
Unchanged or become easy	66 (49.6)	26 (54.2)	40 (47.1)	
Lack of visual cues affected building rapport				<0.001*
Yes	72 (54.1)	11 (22.9)	61 (71.8)	
No	61 (45.9)	37 (77.1)	24 (28.2)	
Difficulty in setting or maintaining boundaries				0.744
Yes	91 (68.4)	32 (66.7)	59 (68.4)	
No	42 (31.6)	16 (33.3)	26 (31.6)	
Concern about medico-legal issues				0.069
Decreased	12 (9.0)	8 (16.7)	4 (4.7)	
Unchanged	24 (18.0)	8 (16.7)	16 (18.8)	
Increased	97 (72.9)	32 (66.7)	65 (76.5)	
Issue around patients' confidentiality				0.689
Decreased	18 (13.5)	5 (10.4)	18 (13.5)	
Unchanged	78 (58.6)	30 (62.5)	78 (58.6)	
Increased	37 (27.6)	13 (27.1)	37 (27.8)	

*Significant P- value (<0.05) of Pearson Chi square

Table 4: Practical and technical issues: Difference between GPSTs and GPs over phone as compared to face-to-face consultation (n=133)

	Overall n (%)	GPSTs n (%)	GPs n (%)	Pearson Chi-square P
Total duration of consultation				0.007*
Decreased	18 (13.5)	12 (25.0)	6 (7.1)	
Unchanged	24 (18.0)	10 (20.8)	14 (16.5)	
Increased	91 (68.5)	26 (54.2)	65 (76.5)	
Ending of consultation				0.884
Become difficult	85 (63.9)	32 (66.7)	53 (62.4)	
Unchanged	30 (22.6)	10 (20.8)	20 (23.5)	
Become easy	18 (13.5)	6 (12.5)	12 (14.1)	
Technical issues faced				0.427
Yes	115 (86.5)	40 (83.3)	75 (88.2)	
No	18 (13.5)	8 (16.7)	10 (11.8)	
Patients' cognitive impairment as a barrier to communication				0.003*
Yes	103 (77.4)	44 (91.7)	59 (69.4)	
No	30 (22.6)	4 (8.3)	26 (30.6)	
Patients' hearing impairment as a barrier to communication				0.886
Yes	127 (95.5)	46 (95.8)	81 (95.3)	
No	6 (4.5)	2 (4.2)	4 (4.7)	
Patients' lack of fluency in English as a barrier to communication				0.117
Yes	109 (82.0)	36 (75.0)	73 (85.9)	
No	24 (18.0)	12 (25.0)	12 (14.1)	

*Significant P- value (< 0.05) of Pearson Chi square

found it to be an increased issue; this was equally common in GPs and GPSTs. Eighty-six percent of GPs who attempted consultations with those who had a reduced fluency in English found it to be an increased issue; this was a slightly less common finding among GPSTs, 75% of whom noted this to be the case.

Forty-one percent of the participants (n = 54) completed the free-text question asking respondents to describe their experiences about phone consultations. Responses were grouped together into themes [Table 5].

DISCUSSION

COVID-19 pandemic has affected every sphere of life including functioning of healthcare services and provision of patient care.^[2] Over 95% of all healthcare system activities take place in the primary care services in the UK, and during the pandemic, a huge shift from traditional face-to-face consultations to remote or over-the-phone consultations occurred.^[3,4] The objective of this study was to find out if doctors working in the general practices were trained enough

Table 5: Common themes from the free text information about telephone consultation (n=54)

More convenient	More flexible
Preferred method by young population	A steep learning curve
IT issues lengthened consultation time	Low threshold for prescription of antibiotics

for phone consultation and how this new mode of consultation affected their clinical practice in general. The overall response rate of our study was 69.3% (133/192), which is slightly lower than the response rate of 72% (n = 26/35) reported by an earlier study conducted in the psychiatric out-patient department by using the same online questionnaire.^[15] One of the possible reasons for a better response rate in the earlier study could be the close nature of (out-patient) setting and the small number of participants who appeared to be more physically approachable and can frequently be reminded about completion of the study questionnaire than participants in our study who were based in various distant locations. However, our response rate is much better than the response rate (15%-29%) of typical external healthcare surveys which completely relied on electronic reminders.^[13,17]

Findings of our study show that a large proportion (86.4%) of participants reported that they did not receive sufficient training to feel confident for telephonic consultation and this finding is consistent with findings from earlier studies.^[9,10,13,15] Although the current study did not explore the resulting stress among doctors, this is expected and understandable. Future studies can investigate this area. As compared to face-to-face consultation, doctors' confidence for making diagnosis was decreased over phone. Over 2/3 of the participants reported of non-availability of adequate supervision frameworks, and this was statistically more pronounced in GPSTs than in GPs; it is understandable that GPSTs are still trainees, and they might be more aware of their learning needs and thus explicitly highlighted this gap. All the participants (GPSTs and GPs) unanimously agreed that lack of visual cues during telephone consultation affected their assessment of patients' condition and increased issues around patients' risk assessment. Over one-third of participants reported decreased confidence in prescribing over phone, and about two-third of participants agreed that it was more difficult to make a referral to the accident and emergency department or to a secondary care service based on telephonic assessment and there was a significant difference between GPSTs and GPs in this regard. These findings agree with evidence from the earlier studies conducted among GP trainees^[13] and psychiatrists.^[15]

Similarly, issues around therapeutic alliance and ethics were highlighted in our study. About 50% of the participants agreed with the statement that they found it more difficult to establish an atmosphere of openness and trust with their patients on the telephone. Similarly, visual cues affecting building rapport were reported as an issue in 54.1% cases. Interestingly, this was significantly greater in GPs than in

GPSTs and this is a new finding highlighted in our study which needs further exploration for underlying reasons in future studies. Sixty-eight percent of participants agreed that it was more difficult than usual face-to-face consultation settings or maintaining boundaries with patients. Nearly 73% of participants agreed that they were more concerned about medico-legal issues during phone consultation than during face-to-face consultations. This was slightly higher for GPs with 76.5% of them agreeing that medico-legal issues became more of a concern for them during phone consultations. One of the possible explanations could be that being qualified GPs, they might have been dealing and looking after issues of GPSTs along with their own issues. As far as issues around confidentiality are concerned, one-fourth of the participants reported an increased concern in this regard. All these findings were also highlighted in a study conducted among psychiatrists' experience of remote consultation, and our results further strengthen the existing body of evidence.^[15,18,19]

Contrary to the general perception, over two-third of participants reported that telephone consultation has increased their total duration of consultation as compared to face-to-face consultation and this was more frequently reported by GPs than GPSTs. One of the possible explanations of these findings could be that GPSTs already get a longer appointment time (15–30 minutes) than GPs whose routine appointment time is 10 minutes, including for documentation. Second, this may be due to generational issues such as a younger generation of GPSTs' immersion in social media as a means of socializing. Thus, telephone consultation does not further prolonged appointment duration for GPSTs. It would be worth exploring this issue in detail in a qualitative study. Overall termination of consultation was found difficult by GPs and GPSTs, and both recognize technical issues as a major issue. Similarly, it has been difficult to have telephonic consultation with patients having cognitive, hearing, or language fluency problems. These findings are also consistent with findings from earlier studies.^[13,15]

Responses in the 'free text' section revealed that telephone consultation is a more convenient and flexible mode of consultation and is a preferred method of consultation by the younger population of patients. These findings agree with the existing body of evidence.^[15,20] IT-related issues were highlighted, which lengthened the overall consultation time, as also highlighted earlier in questionnaire response. There was a steep learning curve for those who did not use this mode of consultation before. Importantly, it was found that the threshold for antibiotic prescription over telephone consultation was low. This is a new finding, and this needs to be explored in detail in future studies.

The strengths and limitations of study

The strength of this study is that as far as we know, this study focuses on an under-investigated yet important research question involving both GPs and GPSTs during COVID-19 pandemic and highlighted important findings which have not

been explored before and making it a contemporaneous and timely study. Second, 69% response rate of our study was good considering the nature of online survey and difficulty in engaging participants into research. Third, we used an online questionnaire, which was previously developed based on extensive literature search, piloted, and then used for data collection from doctors working in the mental health hospital.^[15] Each question in the questionnaire was based on one of specific themes identified based on literature review, and findings of our study further strengthen the existing body of evidence. Our study has certain limitations which need careful consideration while interpreting results. First, the convenient sampling technique limited generalizability of its findings. Second, the used online questionnaire was piloted and used among psychiatrists; it was not validated in the population of GPs or GPSTs. Third, we measured a subjective phenomenon of doctors' opinions on the topic of telephone consultations instead of using an objective measure of effectiveness of phone consultation as compared to face-to-face consultations. Fourth, we could not gather information about doctors' frequency of telephone consultations or how much of their workload is over telephone as opposed to face-to-face. Finally, use of a questionnaire with pre-determined categories may increase possibility of social desirability bias, which might increase the magnitude of issue under investigation.

Implication for research and practice

It would be worth if future studies could carry out a more comprehensive literature search to develop a study questionnaire, pilot, and validate the developed questionnaire prior to use in research. Collection of data from all deaneries with a more appropriate sampling technique (cluster randomization) will increase generalizability of findings. It would be essential to take opinions of patients along with doctors while assessing effectiveness of remote consultation. Future studies might also consider assessing other modalities of telemedicine, such as video consultation.

The current body of evidence suggests that there is a lack of specific training for GPSTs and that the overall supervision framework within the speciality needs further strengthening.^[12] There is a need to develop curriculum relating to remote consultation for undergraduate and postgraduate training and specifically for the RCGP. These findings also have implications for training development of other healthcare specialities who use telemedicine or any mean of remote consultations.

Ethical standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008.^[16]

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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