

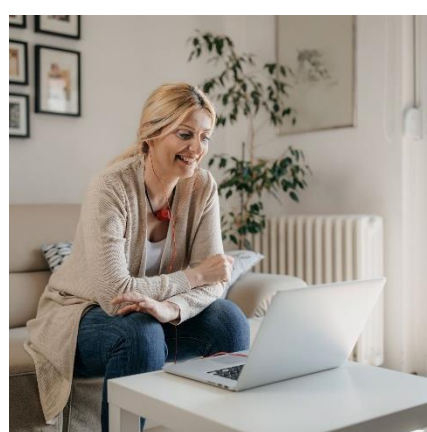
# Remote Consulting

Evidence-based guidelines, January 2021

Evidence-based clinical guidelines for remote consulting, compiled for AXA Health by Brian McKinstry, Emeritus Professor of Primary Care eHealth at Edinburgh University.

“Remote consulting is clearly going to become an important part of clinical practice going forward. Conducted appropriately and with caution, remote consulting is both safe and efficient. It doesn't suit everyone, or every condition, and choice in consultation modality remains paramount.”

Brian McKinstry



## Introduction

While telephone consultation has been widely used, mainly for out of hours (OOH) work and triaging calls in general practice (GP), the COVID-19 pandemic has necessitated a step change in the use of telephone consulting in continuing care as well as triage.

Video consulting (VC) which, until very recently had been very little used<sup>1</sup>, has come to the fore as a result of easily accessible software and increased equipment availability at patients' workplaces, in their homes and on their mobile phones.

However, for most doctors and patients, both media have presented challenges. This series of articles seeks to provide an evidence-based guide to the safe and efficient use of remote consulting.

What is acceptable and useful in the very strange times in which we find ourselves, or when resources are less available (for example out of hours), may not be so acceptable and useful in more normal times.

For most conditions (with a few exceptions) consulting face-to-face is considered by patients and clinicians as being the 'gold standard'. This is because of familiarity, the opportunity for informal visual examination, easy access to physical examination (if it becomes apparent in the course of the consultation that it is necessary) and better verbal and non-verbal communication unimpeded by inadequate technology.<sup>2</sup>

However, these advantages may to an extent be traded, depending on the seriousness of the condition, for patient convenience and, of course, during a pandemic, for reducing the risk of infection.<sup>3</sup>

## Notes

1. Brant H, Atherton H, Ziebland S et al. Using alternatives to face-to-face consultations: a survey of prevalence and attitudes in general practice. *Br J Gen Pract.* 2016 Jul;66(648):e460-6. doi: 10.3399/bjgp16X685597. Epub 2016 May 23. PMID: 27215571; PMCID: PMC4917048.
2. Donaghy E, Atherton H, Hammersley V, et al. Acceptability, benefits, and challenges of video consulting: a qualitative study in primary care. *Br J Gen Pract.* 2019 Aug 29;69(686):e586-e594. doi: 10.3399/bjgp19X704141. PMID: 31160368; PMCID: PMC6617540.
3. Fatehi F, Gray LC, Russell AW, Paul SK. Validity Study of Video Teleconsultation for the Management of Diabetes: A Pilot Randomized Controlled Trial. *Diabetes Technol Ther.* 2015 Oct;17(10):717-25. doi: 10.1089/dia.2014.0416. Epub 2015 Jul 16. PMID: 26181716.



# Remote Consulting

## Section 1: What's the evidence?

---



### Telephone consulting

Telephone consulting in primary care has been investigated very thoroughly, in and out of hours, for triage of requests for same day appointments,<sup>1,2</sup> and for so-called 'doctor first' approaches in which all encounters with a primary care practice start with a telephone call.<sup>3</sup> However, there have been fewer trials in long-term condition management.<sup>4</sup>

There are also relatively few high-quality studies in secondary care. Most of these are around out-patient and post-surgical follow-up.<sup>5,6</sup> There are some examples of the use of long-term condition management in secondary care.<sup>7</sup> One study on the use of telephone consultation follow-up to prevent hospital re-admission was found to be inconclusive.<sup>8</sup> There is evidence that, combined with telemonitoring, telephone management is effective in hypertension<sup>9</sup> and diabetes<sup>10</sup> and, at least in the first six months following hospital discharge, in heart failure.<sup>11</sup> This has not been found to be the case in COPD or asthma.<sup>12</sup> Nonetheless, in these latter conditions, telemonitoring is no worse than usual care and, in circumstances such as the COVID-19 pandemic where normal care is challenged, telemonitoring is a potential solution.

In general, telephone consulting in primary care in the UK has been seen as a means of managing workload. Telephone calls are considered to take less time for both clinician and patient and telephone triage is considered to be a means of directing patients to the most appropriate member of the extended health care team.<sup>13</sup>

Face-to-face appointments, almost regardless of the content, come with an expectation by both clinicians and patients that they should be of an 'appropriate' length, given that the patient has troubled themselves to take time out of their lives to come to the appointment.

In contrast, information such as a test result can be briefly and acceptably managed on the telephone where no such investment in time has been made. The evidence from trials and observational studies confirms these observations.

Telephone consultations are indeed shorter; however, they address fewer problems, show reduced opportunistic screening and reduced exchange of information compared with face-to-face consultations.<sup>14</sup> In addition, they result in a significantly higher follow-up rate in the subsequent weeks and no evidence of reduction (and possibly an increase) in overall primary care workload (although possibly with an increased number of patients being treated).<sup>1,2,3</sup> Additionally, there is some evidence of lower quality of care<sup>1,2</sup> and a higher incidence of hospital admission associated with telephone consulting.<sup>3</sup>

Lastly, it appears that clinicians see telephone consulting as suitable mainly for simple conditions and when complexity arises in the consultation it is usually converted to face-to-face.<sup>15</sup>

Despite these somewhat negative findings, telephone consultations, used judiciously, can be a very useful component of the clinician's consulting armamentarium, as for many patients they offer a convenient way of dealing with less complex conditions or for follow-up of more complex ones. This is particularly true when face-to-face attendance is challenging for patients.



# Remote Consulting

## Section 1: What's the evidence?

---



### Video consulting

In comparison with telephone consulting, there have been no large, high quality, randomised controlled trials (RCT) of video consulting. There have been some small RCTs in teleconsulting in psychiatry, which appeared to show equivalence; however, they were unlikely to have been adequately powered to show harms.<sup>16,17</sup>

There have been some well-conducted observational studies in secondary and primary care internationally.<sup>18,19,20,21,22</sup> What evidence there is echoes, to an extent, that of telephone consulting. However, research has confirmed that, even setting aside increased convenience, there are several advantages of video consulting over telephone consulting and in some situations over face-to-face consulting.<sup>18,19,20,22</sup>

Patients and clinicians feel that, compared with telephone consulting, there is an increased sense of engagement and improved communication in terms of non-verbal communication (for example, in recognising facial expressions registering lack of comprehension).<sup>20</sup>

Patients with anxiety and depression problems, especially those with agoraphobia, report as good or improved experience compared with face-to-face consultations.<sup>20,23</sup> The ability to speak without masks is seen as a major advantage and a recent Scottish survey during the pandemic showed very high levels of satisfaction with video consulting.<sup>24</sup>

One study in the UK showed a similar reduction for both video and telephone consulting in problem presentation and information exchange, compared with face-to-face consulting,<sup>19</sup> and another showed adverse effects on the flow of conversation.<sup>21</sup> However, in an American study with older adults, video consultations were longer and addressed more problems than telephone consultations.<sup>22</sup> Research findings must be interpreted with some caution, as patient and clinician experience of the medium was very limited in these studies and with increasing familiarity might result in different outcomes. The biggest drawback of video consulting was technical failure, mainly at the patient end, which resulted in unsatisfactory consultations, but with improving technology this should become less common.<sup>18,19,20</sup>

In both video and telephone consulting the major reasons for conversion to face-to-face are the perceived need for a physical examination, difficulty with communication and complexity of the problem.<sup>19,20</sup>

Video consultation has clear advantages over telephone consultation and, if technological problems are overcome, has the potential to provide satisfactory and convenient consultations (where a physical examination is not required) which are very popular with patients.

---

### Notes

1. McKinstry B, Walker J, Campbell C et al. Telephone consultations to manage requests for same-day appointments: a randomised controlled trial in two practices. *Br J Gen Pract.* 2002 Apr;52(477):306-10. PMID: 11942448; PMCID: PMC1314272.



# Remote Consulting

## Section 1: What's the evidence?

---

### Notes

- Campbell JL, Fletcher E, Britten N et al. The clinical effectiveness and cost-effectiveness of telephone triage for managing same-day consultation requests in general practice: a cluster randomised controlled trial comparing general practitioner-led and nurse-led management systems with usual care (the ESTEEM trial). *Health Technol Assess*. 2015 Feb;19(13):1-212, vii-viii. doi: 10.3310/hta19130. PMID: 25690266; PMCID: PMC4780897.
- Newbould J, Abel G, Ball S et al. Evaluation of telephone first approach to demand management in English general practice: observational study. *BMJ*. 2017 Sep 27;358:j4197. doi: 10.1136/bmj.j4197. PMID: 28954741; PMCID: PMC5615264.
- Pinnock H, Bawden R, Proctor S et al. Accessibility, acceptability, and effectiveness in primary care of routine telephone review of asthma: pragmatic, randomised controlled trial. *BMJ*. 2003 Mar 1;326(7387):477-9. doi: 10.1136/bmj.326.7387.477. PMID: 12609944; PMCID: PMC150181.
- Clari M, Frigerio S, Ricceri F et al. Follow-up telephone calls to patients discharged after undergoing orthopaedic surgery: double-blind, randomised controlled trial of efficacy. *J Clin Nurs*. 2015 Oct;24(19-20):2736-44. doi: 10.1111/jocn.12795. Epub 2015 Feb 23. PMID: 25705815.
- Beaver K, Tysver-Robinson D, Campbell M et al. Comparing hospital and telephone follow-up after treatment for breast cancer: randomised equivalence trial. *BMJ*. 2009 Jan 14;338:a3147. doi: 10.1136/bmj.a3147. PMID: 19147478; PMCID: PMC2628299.
- Health Quality Ontario. Effect of Early Follow-Up After Hospital Discharge on Outcomes in Patients With Heart Failure or Chronic Obstructive Pulmonary Disease: A Systematic Review. *Ont Health Technol Assess Ser*. 2017 May 25;17(8):1-37. PMID: 28638496; PMCID: PMC5466361.
- Jayakody A, Bryant J, Carey M et al. Effectiveness of interventions utilising telephone follow up in reducing hospital readmission within 30 days for individuals with chronic disease: a systematic review. *BMC Health Serv Res*. 2016 Aug 18;16(1):403. doi: 10.1186/s12913-016-1650-9. PMID: 27538884; PMCID: PMC4990979.
- Tucker KL, Sheppard JP, Stevens R et al. Self-monitoring of blood pressure in hypertension: A systematic review and individual patient data meta-analysis. *PLoS Med*. 2017 Sep 19;14(9):e1002389. doi: 10.1371/journal.pmed.1002389. PMID: 28926573; PMCID: PMC5604965.
- Kim Y, Park JE, Lee BW et al. Comparative effectiveness of telemonitoring versus usual care for type 2 diabetes: A systematic review and meta-analysis. *J Telemed Telecare*. 2019 Dec;25(10):587-601. doi: 10.1177/1357633X18782599. Epub 2018 Jul 17. PMID: 30012042.
- Pekmezaris R, Torte L, Williams M et al. Home Telemonitoring In Heart Failure: A Systematic Review And Meta-Analysis. *Health Aff (Millwood)*. 2018 Dec;37(12):1983-1989. doi: 10.1377/hlthaff.2018.05087. PMID: 30633680.
- Hanlon P, Daines L, Campbell C et al. Telehealth Interventions to Support Self-Management of Long-Term Conditions: A Systematic Metareview of Diabetes, Heart Failure, Asthma, Chronic Obstructive Pulmonary Disease, and Cancer. *J Med Internet Res*. 2017 May 17;19(5):e172. doi: 10.2196/jmir.6688. PMID: 28526671; PMCID: PMC5451641.
- McKinstry B, Watson P, Pinnock H et al. Telephone consulting in primary care: a triangulated qualitative study of patients and providers. *Br J Gen Pract*. 2009 Jun;59(563):e209-18. doi: 10.3399/bjgp09X420941. PMID: 19520019; PMCID: PMC2688070.
- McKinstry B, Hammersley V, Burton C et al. The quality, safety and content of telephone and face-to-face consultations: a comparative study. *Qual Saf Health Care*. 2010 Aug;19(4):298-303. doi: 10.1136/qshc.2008.027763. Epub 2010 Apr 29. PMID: 20430933.
- Hewitt H, Gafaranga J, McKinstry B. Comparison of face-to-face and telephone consultations in primary care: qualitative analysis. *Br J Gen Pract*. 2010 May;60(574):e201-12. doi: 10.3399/bjgp10X501831. PMID: 20423575; PMCID: PMC2858552.
- Hulsbosch AM, Nugter MA, Tamis P, Kroon H. Videoconferencing in a mental health service in The Netherlands: A randomized controlled trial on patient satisfaction and clinical outcomes for outpatients with severe mental illness. *J Telemed Telecare*. 2017 Jun;23(5):513-520. doi: 10.1177/1357633X16650096. Epub 2016 May 28. PMID: 27236703.
- De Las Cuevas C, Arredondo MT, Cabrera MF et al. Randomized clinical trial of telepsychiatry through videoconference versus face-to-face conventional psychiatric treatment. *Telemed J E Health*. 2006 Jun;12(3):341-50. doi: 10.1089/tmj.2006.12.341. PMID: 16796502.
- Greenhalgh T, Shaw S, Wherton J et al. Real-World Implementation of Video Outpatient Consultations at Macro, Meso, and Micro Levels: Mixed-Method Study. *J Med Internet Res*. 2018 Apr 17;20(4):e150. doi: 10.2196/jmir.9897. PMID: 29625956; PMCID: PMC5930173.
- Hammersley V, Donaghy E, Parker R et al. Comparing the content and quality of video, telephone, and face-to-face consultations: a non-randomised, quasi-experimental, exploratory study in UK primary care. *Br J Gen Pract*. 2019 Aug 29;69(686):e595-e604. doi: 10.3399/bjgp19X704573. PMID: 31262846; PMCID: PMC6607843.
- Donaghy E, Atherton H, Hammersley et al. Acceptability, benefits, and challenges of video consulting: a qualitative study in primary care. *Br J Gen Pract*. 2019 Aug 29;69(686):e586-e594. doi: 10.3399/bjgp19X704141. PMID: 31160368; PMCID: PMC6617540.
- Shaw SE, Seuren LM, Wherton J et al. Video Consultations Between Patients and Clinicians in Diabetes, Cancer, and Heart Failure Services: Linguistic Ethnographic Study of Video-Mediated Interaction. *J Med Internet Res*. 2020 May 11;22(5):e18378. doi: 10.2196/18378. PMID: 32391799; PMCID: PMC7248806.
- Schifeling CH, Shanbhag P, Johnson A, Atwater RC, Koljack C, Parnes BL, Vejar MM, Farro SA, Phimphasone-Brady P, Lum HD. Disparities in Video and Telephone Visits Among Older Adults During the COVID-19 Pandemic: Cross-Sectional Analysis. *JMIR Aging* 2020;3(2):e23176.DOI: 10.2196/23176 PMID: 33048821 PMCID: 7674139
- Severe J, Tang R, Horbatch F et al. Phone or Video? Patient Initial Decisions for Telepsychiatry Participation after the COVID-19 Michigan Stay-at-Home Order: A Telephone-Based Survey. *JMIR Form Res*. 2020 Dec 12. doi: 10.2196/25469. Epub ahead of print. PMID: 33320823.
- TEC Scotland. Near-Me Public engagement. <https://tec.scot/wp-content/uploads/2020/09/Near-Me-public-engagement-Full-Report.pdf>

# Remote Consulting

## Section 2: Choosing suitable patients and conditions

Which types of patient and which types of condition are likely to be unsuitable for telephone and video consultation?



### Patients

Clinicians generally consider some groups of patients to have particular challenges in managing telephone consulting. These include people with hearing or speech difficulties, those who do not have a strong command of the same language as the clinician, or those with learning difficulties.<sup>1</sup>

Language difficulties can be obviated, to a degree, with real-time, online interpreting, but this can be difficult to organise, particularly at short notice. It is very easy to misunderstand important information. Interpreters should be professional and, if possible, have some training in medical terminology. It is not good practice to involve family and friends in interpretation, which may make sensitive issues more difficult to discuss. Accept that consultations involving interpreters are much longer than regular consultations. In addition, people with brain injury such as stroke have difficulty recalling telephone consultations.<sup>2</sup>

Video consulting can overcome some of these problems, particularly in relation to signing for deaf people, if an interpreter can be included in the call. Some older patients unused to technology, or who have cognitive impairment, may struggle with video consultation, but if set up by a relative or friend this can be overcome.

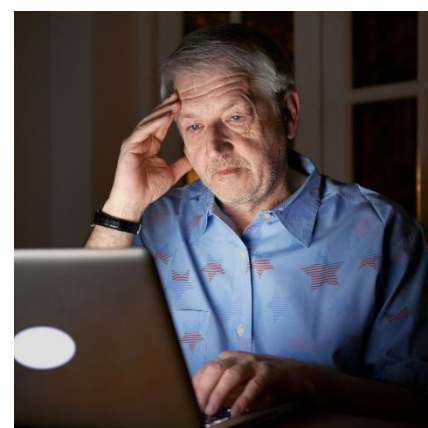
Assessing very young children is considered particularly difficult, especially by telephone.<sup>1</sup>

### Conditions

Any condition that needs a physical examination is clearly best conducted face-to-face. A limited examination of skin lesions (particularly follow-up) and some observations (such as joint swelling, external eye examination, red throat) can be undertaken, but are rarely as comprehensive as in-person and there is a risk of something important being missed. Examination which involves palpation, elicitation of neurological signs, locomotor examination, are much more challenging. Highly emotionally charged consultations and those breaking bad news are probably better conducted face-to-face, although they can, if sensitively handled, be managed remotely.

### Notes

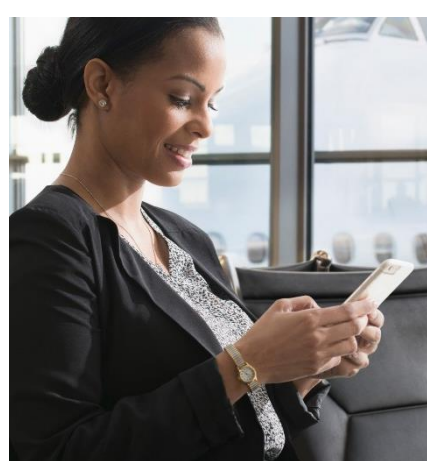
1. McKinstry B, Watson P, Pinnock H et al. Telephone consulting in primary care: a triangulated qualitative study of patients and providers. *Br J Gen Pract.* 2009 Jun;59(563):e209-18. doi: 10.3399/bjgp09X420941. PMID: 19520019; PMCID: PMC2688070.
2. McKinstry B, Watson P, Elton RA et al. Comparison of the accuracy of patients' recall of the content of telephone and face-to-face consultations: an exploratory study. *Postgrad Med J.* 2011 Jun;87(1028):394-9. doi: 10.1136/pgmj.2010.101287. Epub 2011 Mar 3. PMID: 21378007.



# Remote Consulting

## Section 3: Planning your consultation

The decision on what type of consultation to have is best made by the patient and clinician together. This will depend, as in Section 2, on choosing the most suitable medium for your consultation, on the patient and the condition.



Patient satisfaction is higher when they choose the type of consultation. However, this may not always be deemed appropriate by the clinician and an explanation as to why this may be the case is appropriate. Likewise, for a straightforward or follow-up appointment, the clinician may explain that a requested face-to-face appointment may not be necessary and the advantages to the patient of this. For example, a video consultation for follow-up of a mental health problem may be more convenient for the patient.

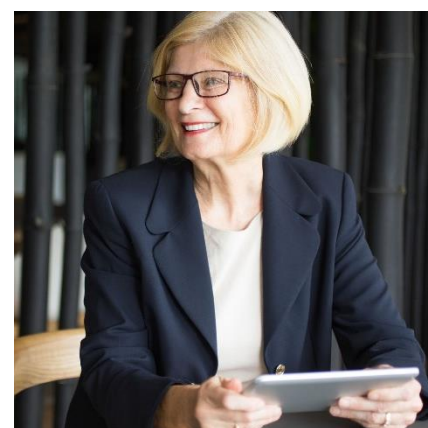
There is little to be gained by having a telephone consultation with a patient for whom it is clear a physical examination is necessary, except for determining urgency or to provide management advice while waiting for the appointment. For example, a patient with osteoarthritis of the hip with a well-written referral from her GP, or a baby with a fever.

In general, it is good practice to give the patient a time window during which the consultation will take place. Anxiety about missing a call was prominent among patients in one study.<sup>1</sup> Patients will not have the visual cues they would get in a waiting room that a doctor has been kept back and that there many people waiting ahead of them. Left waiting 'on-line' they get concerned that they have been forgotten or that there is a technical fault.<sup>2</sup> It is perhaps more important to let people know if you have been delayed.

When setting up appointments, clinicians need to exercise caution with voicemail, particularly if leaving a message on a house phone. Even a message that a doctor called can be thought too revelatory. This is less of a problem with mobile phones; however, it is good to get permission to leave messages, if possible, in advance.

## Notes

1. McKinstry B, Watson P, Pinnock H et al. Telephone consulting in primary care: a triangulated qualitative study of patients and providers. *Br J Gen Pract.* 2009 Jun;59(563):e209-18. doi: 10.3399/bjgp09X420941. PMID: 19520019; PMCID: PMC2688070.
2. Donaghy E, Atherton H, Hammersley et al. Acceptability, benefits, and challenges of video consulting: a qualitative study in primary care. *Br J Gen Pract.* 2019 Aug 29;69(686):e586-e594. doi: 10.3399/bjgp19X704141. PMID: 31160368; PMCID: PMC6617540.



# Remote Consulting

## Section 4: Equipment

---



Telephone consultations are ideally conducted hands-free by clinicians to allow easy access to the clinical record. A poor line, particularly to mobile phones, risks misinterpretation or loss of important information and struggling on in such circumstances may lead to a less comprehensive history. It is a reason to hang up and try again or to move to face-to-face.

For video consulting it is important to establish in advance that the patient has satisfactory equipment with adequate bandwidth and that they are aware there may be potential costs to using it. Previous patient use of Skype or Zoom would suggest that clinical software is likely to work. Ideally, equipment could be checked by an administrative assistant for the first such call. Patients should be advised that Wi-Fi is usually more reliable than 3G or 4G (there is little experience with 5G). However, given how bandwidth can vary at different times of day, a back-up telephone number is essential.

Ideally, but not essentially, good quality headsets should be used by both parties. It is important that any communication platform is secure. Web-based communications should ideally be encrypted.

With remote consultations it is important to establish where the patient is currently located. Your licence to practise and medical indemnity may not cover you in other countries. Consider asking such patients to consider consulting a local doctor.

The consultation should take place for both parties in a quiet, secure location, as in the consulting room, with doors shut. When calling a patient the clinician should ensure they are speaking to the correct person. Ensure that the patient is in a position to be able to speak freely and, if on a speaker, that there are no other people in the room (unless specifically agreed). If the patient is outside, or in a public place, consider deferring the consultation. Providing a specific time window when the call will be made facilitates this. In general, be careful about revealing the contents of the medical record unnecessarily.

Third party consultations are particularly challenging remotely. In the consulting room co-attendance is usually taken as consent for discussion, but may not be. It is not always clear, for example, if a daughter, speaking on the phone on behalf of her elderly father, has his full permission to do so and that he has capacity to provide this. The General Medical Council states that it is important to assess capacity and if in doubt consider if a remote consultation is appropriate.<sup>1</sup>

A similar quandary arises in consultations with teenagers, particularly when sensitive topics are being discussed. As with face-to-face consultations, in general, video and telephone consultations with children are usually better conducted with a responsible adult present. However, if it is assessed as being in the child's best interests, they may be conducted alone. The circumstances in which this may be appropriate are clearly outlined by the General Medical Council.<sup>2</sup>



# Remote Consulting

## Section 4: Equipment

---



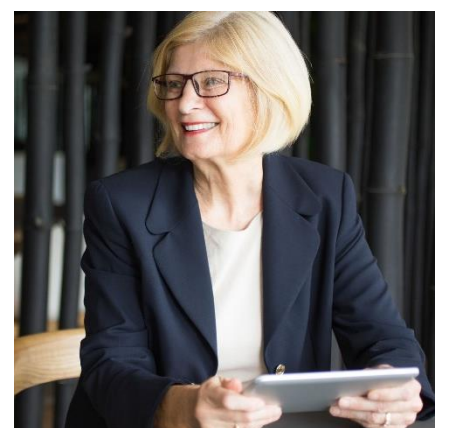
If video consulting, clinicians should be aware of their background, particularly if consulting from home. Images which are perfectly acceptable in some societies can cause offence in others. Clinicians may wish to consider their dress, which has been shown to affect confidence in the clinician.<sup>3</sup>

Lastly, when video consulting, it is possible to make use of the Internet to demonstrate online resources or share a screen, for example an X-ray or a lab report. Practicing with the software prior to consulting is valuable in learning how to do this smoothly.

---

### Notes

1. The General Medical Council. Remote Consultations. <https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>
2. The General Medical Council. 0-18 years: guidance for all doctors. <https://www.gmc-uk.org/outcomes-legislation>
3. McKinstry B, Wang JX. Putting on the style: what patients think of the way their doctor dresses. *Br J Gen Pract.* 1991 Jul;41(348):270, 275-8. PMID: 1747264; PMCID: PMC1371685.





# Remote Consulting

## Section 5: Recording

---



Remote consultations are relatively simple to record and there can be advantages to both patients and clinicians in recording them. Consultations are often undertaken when patients are feeling stressed, which can affect recall.<sup>1</sup>

This is particularly important where the patient may not speak English as a first language or has other communication problems. A recording can provide a useful aide-memoire of the content and the decisions taken in the consultations, which patients can subsequently discuss with family members or significant others.<sup>1</sup>

For clinicians, it allows a complete record of the consultation to be available should there be cause for subsequent complaint. Medical defence organisations support the use of recording as generally it supports clinicians' clinical decisions.<sup>2</sup>

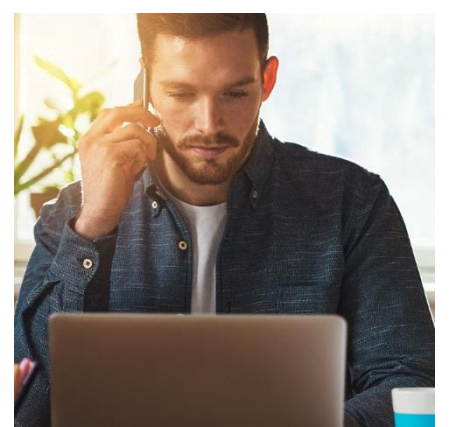
The General Medical Council expects doctors to seek patients' permission before recording consultations.<sup>3</sup>

Although it is considered good manners to do so, patients do not have to ask their doctors' permission to record their consultations. It seems sensible, therefore, for doctors to assume a remote consultation is being recorded. Any recording by the clinicians or their clinical organisation will constitute part of the clinical record and must therefore be held as securely as the rest of the clinical record.

---

### Notes

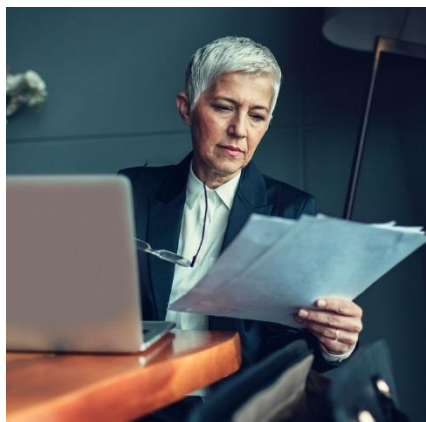
1. Watson PW, McKinstry B. A systematic review of interventions to improve recall of medical advice in healthcare consultations. *J R Soc Med.* 2009 Jun;102(6):235-43. doi: 10.1258/jrsm.2009.090013. PMID: 19531618; PMCID: PMC2697041.
2. MDU Patients recording consultations. <https://www.themdu.com/guidance-and-advice/journals/good-practice-june-2014/patients-recording-consultations>
3. General Medical Council. Making and using visual and audio recordings of patients. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/making-and-using-visual-and-audio-recordings-of-patients>



# Remote Consulting

## Section 6: Final points

---



One of the most important causes of complaints handled by medical defence organisations is of failure to visit or failure to examine. It is imperative that clinicians conducting remote consultations keep excellent records of the consultation.

As with every consultation, it is important to allow the patient to speak as much as possible without interruption and to clarify the patient's own concerns about their condition and expectations of the consultation.

As visual cues maybe reduced or absent it is important, when providing information, to do so in short sentences and to ask patients to confirm what you have said to check understanding of both the diagnosis and management plan.

It is particularly important to provide clear safety-netting advice. Patients have been shown to be more likely to recall specific rather than general advice. For example, they are more likely to remember you saying: "Call me if the temperature has not dropped below 38 by Tuesday," than "Call me if you are not getting better".<sup>1</sup>

Providing a subsequent written account or recording of this can be helpful.<sup>1</sup> Carefully record in the record any safety-netting advice.

Be very wary about a patient re-contacting remotely because a problem is not resolving. Have a low threshold to see them face-to-face and to reassess for a physical examination. Always check the patient is happy with the outcome of a remote consultation. If they appear to have reservations about your advice, consider seeing them face-to-face.

There is a potential in remote consulting for doctors to accept at face value patients' own diagnoses, asking fewer questions than they might do face-to-face.<sup>2</sup>

Particular care should be taken when prescribing psychotropic medication and strong analgesics. Some doctors may be tempted to 'play it safe' in terms of management and may be more inclined, for example, to prescribe antibiotics more frequently than they would face-to-face.<sup>3</sup> Clear general advice with safety-netting or a decision to see the patient face-to-face may be more appropriate if the clinician feels uneasy about acceding to a patient request for medication.

Remote consultations may not happen because of technical issues, wrong numbers, or the patient having simply forgotten the consultation time. Clinicians should have a policy and a strategy on what to do if they fail to get through to a patient.

---

### Notes

1. Watson PW, McKinstry B. A systematic review of interventions to improve recall of medical advice in healthcare consultations. *J R Soc Med.* 2009 Jun;102(6):235-43. doi: 10.1258/jrsm.2009.090013. PMID: 19531618; PMCID: PMC2697041.
2. Hewitt H, Gafaranga J, McKinstry B. Comparison of face-to-face and telephone consultations in primary care: qualitative analysis. *Br J Gen Pract.* 2010 May;60(574):e201-12. doi: 10.3399/bjgp10X501831. PMID: 20423575; PMCID: PMC2858552.
3. Hayhoe B, Greenfield G, Majeed A. Is it getting easier to obtain antibiotics in the UK? *Br J Gen Pract.* 2019 Feb;69(679):54-55. doi: 10.3399/bjgp19X700829. PMID: 30704991; PMCID: PMC6355282.



# Remote Consulting

Brian McKinstry: biography

---



Brian McKinstry is a general practitioner and Emeritus Professor of Primary Care eHealth at the University of Edinburgh. He leads SHARE, the Scottish Health Research Register ([www.registerforshare.org](http://www.registerforshare.org)) and until recently led the Telescot programme of research into telehealth ([www.telescot.org](http://www.telescot.org)).

His research interests are mainly around Health Service Research, particularly in remote information exchange between clinicians and patients. His recent research has centred on eHealth and telehealthcare.

The Telescot programme has carried out multiple randomised controlled trials and descriptive/qualitative studies in this area. These studies include telemonitoring of chronic obstructive airways disease, heart failure, high blood pressure and diabetes, along with studies of satellite location for wandering people with dementia, the use of gamification to encourage children and adolescents to adopt healthier lifestyles, developing artificially intelligent avatar-based systems for monitoring depression, robotic dispensing, remote measurement of cough and respiratory rate, the use of machine learning on patient-accrued data to develop improved telemonitoring algorithms and, more recently, the use of video consulting in general practice.

He currently leads Scale-Up BP, a large-scale implementation project to deliver telehealthcare to thousands of people in Scotland. He is working with colleagues in the Scottish Government to develop a telemonitoring system for people self-managing at home with COVID-19.

One of the most important causes of complaints handled by medical defence organisations is of failure to visit or failure to examine. It is imperative that clinicians conducting remote consultations keep excellent records of the consultation.

As with every consultation, it is important to allow the patient to speak as much as possible without interruption and to clarify the patient's own concerns about their condition and expectations of the consultation.

---

## Further guidelines

For NHS guidelines on remote consulting, please visit:  
[NHS online consultations toolkit \(\[england.nhs.uk\]\(https://www.nhs.uk/onlineconsultations/toolkit\)\)](https://www.nhs.uk/onlineconsultations/toolkit)

