

Calling time on the consultation Professor John Campbell

Whilst early evidence exploring the impact of variation in consultation length appeared to favour longer consultations, some recent research has challenged these historical findings. In this seminar, we will consider the findings of four recent relevant research papers, two from the Department of Primary Care, and two from elsewhere. Findings from the ESTEEM trial examining the potential for telephone triage of patients seeking primary care identified that, overall, telephone triage is not associated with any reduction in overall clinician contact time during the index day of care. Elmore et al recently reported that it was not necessary for patients to have had long consultations for them to report good experience of care. And colleagues from the National School of Primary Care Research have recently reported the ongoing trend, over the past 7 years, towards longer consultations. Despite all of this, a recent Cochrane review concluded that there is currently not enough evidence to say whether altering the amount of time that doctors consult with patients provides benefits or not. Each of these studies has somewhat different research questions and methods. How can we make sense of a consideration of the place of consultation length, and is it time to call time on research examining consultation length in primary care?

