Two principles should guide policy makers in dealing with professions — consent before coercion and self-regulation before legislation. For managers, the requirements are to clarify the boundaries of their roles, and where possible to simplify unnecessary administration. Doctors need to stop being evasive about the rights and duties of a self-regulating profession, while appreciating that for medicine there will always be both a political and professional agenda. Whatever one thinks of the new contract and NHS reforms, it took political courage to shake up such a large and complex organization. The situation requires a corresponding professional courage to state clearly where the boundaries with management lie, if the NHS is not to slip further down the slippery slope of political expedience.

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Usefulness of telephone consultations in general practice

THE use of the telephone consultation in primary care has not been extensively studied in the United Kingdom. The telephone has been used by patients for a number of decades to make an appointment, to ask for therapeutic advice, to enquire about test results or to request a home visit. The telephone has also been occasionally used by the doctor as a diagnostic tool and the earliest reported account of this was the diagnosis of croup by telephone at the end of the last century.[1]

Much has been written about the use of the telephone for out of hours calls but until fairly recently there has been little investigation into the nature of this form of contact with the doctor during surgery hours. Research is now being carried out in this area in the UK and two studies of patient access to general practitioners by telephone are published in this issue of the *Journal*.[2,3] The UK lags behind other developed countries in the use of the telephone for consultation. In North America over 20 calls per doctor per day have been documented,[4] in Scandinavian countries telephone advice is commonplace,[5] but a survey carried out in Glasgow reported a mean of only 2.4 telephone consultations per surgery session.[6]

Anyone who has tried to contact a general practitioner by telephone during surgery hours will have discovered how difficult it can be to overcome the barrier presented by the receptionist. In one study it was found that only about 30% of patients had ever tried to contact their doctor by telephone;[7] of these eight out of 10 successfully managed to speak to their doctor. There is evidence that a telephone consultation with the doctor would be greatly appreciated by patients. In one survey patients rated direct telephone access to their doctor more highly than better receptionists, longer surgery hours, longer consultations, a quicker response to calls for emergency visits and improvements in surgery premises.[8]

How do general practitioners perceive increased accessibility to patients? Some doctors may feel threatened by the prospect of unrestricted telephone access by patients and be concerned that they will receive many calls which are inappropriate or trivial. However, there is no evidence that encouraging patients to use the telephone for consultations actually leads to a large number of 'unnecessary' telephone calls.[3] It has been found that the proportion of consultations considered by doctors to be trivial, inappropriate or unnecessary does not diminish when doctors are less available.[9] If this is true of face to face consultations, it is also likely to be true of telephone consultations.

It also seems possible that pressures on the appointment system may be effectively controlled by the judicious use of the telephone to allay undue anxiety among patients and to deal

with their queries and problems as they arise. Evidence suggests that many patients ring for reassurance, clarification or to find out if it is necessary to see a doctor.[3] Whether fewer appointments are taken up as a result of free telephone access to general practitioners, however, is still to be established. Telephone advice has the effect of reducing the need for home visits out of hours[10] and the same probably applies for surgery consultations. Publicized time set aside for receiving telephone calls may increase the use of this facility by the patients but while not actually reducing the total consultation time with the patients it may have an effect of reducing the number of 'unnecessary' home visits and consultations.[2]

Telephone prescribing also appears to be more common in other developed countries. In a study in North Carolina approximately a third of all symptom related calls resulted in a prescription and almost one in six of these were prescriptions for antibiotics.[1] Diagnosis at the end of the telephone cannot be as accurate as in a face to face interaction; the non-verbal aspects of a surgery consultation as well as the results of investigative tests are unavailable. However, much may depend upon the physician's knowledge of the patients, their history and their account of their symptoms as well as the setting and the timing of the call. It has been argued[1] that the time of day at which a telephone call is received, whether it is received in or out of the surgery setting or whether a written message is taken by a receptionist as opposed to a direct verbal interaction, all influence the likelihood of a prescription being issued for a given complaint.

It has been contended that the advantages of telephone consultations outweigh their disadvantages.[6] Telephone consultations allow patients to avoid long surgery waits and having to take time off work, and they incur no travel costs. The drawbacks are that the patient is not examined and that during surgery hours it is likely that another consultation will be interrupted (unless a special time is set aside) which could be stressful both for the doctor and the patient in that consultation.

Doctors probably have an ambivalent attitude to the telephone. While being an excellent means of communication it also epitomizes the demand on the doctor's services and time, particularly out of hours. It is, therefore, not surprising that our attitude to setting time aside for answering patients' telephone queries has not been favourable in the past.[11] However, Nagle and colleagues have shown[3] that a well organized, publicized, carefully monitored and dedicated telephone 'help line' has a positive impact on patient satisfaction as well as reducing pressure for appointments and out of hours workload. This should encourage many practitioners to introduce such a service.

Attention to patient satisfaction need not imply unrestricted access leading to unwelcome interruptions. Hallam has suggested[2] that telephone access needs to be managed and publicized and that practices should also consider appropriate documentation of telephone consultations and drawing up their own guidelines on problems suitable for telephone advice.

Sophisticated telephone systems are now available and almost 80% of homes have a telephone.[8] This, together with the fact that there are greater demands on primary care as a result of the new contract makes telephone medicine worthy of further investigation.

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