

management by health professionals hindered by a 'language barrier'.<sup>5</sup>

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## Don't shoot the messenger: the problem of whistleblowing in general practice

We agree that there are unique problems for GPs in whistleblowing.<sup>1</sup> However, over 5 years we found whistleblowing on 43 occasions (42% of the total) to be the commonest presentation of clinical poor performance in our district.<sup>2</sup> We attribute this to having experienced people available locally who are trusted to handle concerns seriously, confidentially, and discretely.

Although action is needed to enhance whistleblowing, this must be accompanied by annual reporting of numbers of whistleblowing incidents in each district so that we may know whether there are indeed trusted people available everywhere. The lessons of several national inquiries must not be lost during times of major NHS changes.

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## Sharing control of appointment length with patients in general practice

We read with great interest the excellent recent paper by Sampson *et al*<sup>1</sup> and note their finding that doctors and patients still shared concern about the accuracy with which patients can judge their own consultation length.<sup>2,3,4</sup>

We recently examined patients' ability to choose between 10- and 20-minute appointment lengths. For 1 week patients were routinely asked whether they would like an appointment of 10 or 20 minutes, 10 minutes being the standard length. Appointment times were measured from the time the doctor went to fetch the patient until the patient left the consulting room.

A total of 101 consultations were studied, and of these, 91 patients requested a 10-minute consultation and 10 (10%) requested 20 minutes. Of patients choosing a consultation length of 10 minutes, consultations lasted a mean of 11.24 minutes (median 11.1, minutes, range 2–33 minutes). Of patients choosing 20 minutes, consultations lasted a mean of 18.14 minutes (median 18, range 6.47–24 minutes). Our study was carried out in a single practice and conducted by researchers who were the GPs of the participating patients, and there was no attempt at blinding, so that doctor knowledge of the consultation rate could have altered the length of consultations. Nevertheless, our findings add to the evidence base that patients are capable of choosing a consultation length of either 10

or 20 minutes with a reasonable degree of accuracy.

We would also like to emphasise the difference between consultation length (that is, time between patient being called/entering and leaving the consultation room) and consultation frequency (time between one patient entering and the next patient entering, or number of patients booked per hour). Reading records before a patient enters and writing up the previous patient's records takes at least 2 minutes. In our practice patients are booked at a rate of five per hour, which we feel equates to a consultation length of 10 minutes. Our findings support previous suggestions that patients are able predict their consultation length, and suggest that only 10% of patients request a longer consultation, and also the recent *BJGP* editorial questioning the appropriateness of the 10-minute consultation.<sup>5</sup> We also call for some consistency of definition of appointment length, as opposed to consultation frequency.

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