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Consultation length: author response to Dr Brian Goss

Thank you for your response.¹ Consultation length was, as you suggest, observed rather than imposed. We were careful not to imply causality. As you rightly suggest, we cannot do so from observational data alone. We concluded that we found no correlational relationship between length of consultation and patient experience or patient satisfaction.^{2,3} In our closing remarks in the full article, we suggest that:

*'Some consultations may be appropriately short, with both doctor's and patient's agenda effectively addressed, for example, where the doctor is dealing with a simple administrative issue or following up a problem with a patient whom they know well.'*⁴

This appears to be the conclusion you have also come to in your letter. We note in the full paper that a lack of evidence of an effect is not necessarily a lack of effect, and we do not want to suggest that consultation length should be made shorter or is not important for other areas of clinical practice.

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Consultation length: author response to Dr Brigid Joughin

Thank you for your response.¹ We were also surprised at the lack of correlation between consultation and patient experience and patient satisfaction. In reference to your first point, the national GP–patient survey questionnaire communication items that we used in the study ask the patient specifically about whether they feel they had enough time in the consultation.² We conducted separate analyses to investigate whether there was any relationship between this item and consultation length, and found no evidence of an effect. There has been some interesting work conducted about patient perceptions of time in general practice by Ogden and colleagues.³ She found that, overall, patients tended to underestimate the time spent with their doctor. She also measured the preferred time post-consultation and found that patients would have preferred longer with their GP. We agree it would be interesting to study patients' estimations of how much time they think they will need before the consultation.

With regards to your second point, we suspect you are correct in your hypothesis that there may be a stronger correlation. Unfortunately this is not something we measured as part of this study, although we did ask GPs to complete the same communication scale as patients and compared ratings of GPs and patients in the same consultation. We will be reporting these findings in a separate article.