1. The ability to be flexible is important. Don’t assume that remote consults will be shorter. Have the facility to switch to video or accept photos if helpful. Have a practice policy about what to do if someone doesn’t answer.

2. Introductions are important. Introduce yourself and explain your role. Clarify who you are talking to, and who else is involved in the conversation. Mobiles may be on speaker. Check the identity of the patient or that appropriate agreements are in place if an advocate.

3. Check where the patient is and that they are able to speak freely at the beginning of the consultation. If it feels appropriate, ask if there is anyone else they would like to include who is not already present.

4. Over the telephone there is greater potential for misunderstandings. It may be harder to get a clear history or understand a description of a symptom without physical cues. It may need robust checking that both your understanding and that of the patient is correct ‘Let me just check I have understood your concerns fully’.

5. Communication without non-verbal cues can be challenging. Open questions allow patients time and space to express their thoughts and feelings but closed questions may be required to bring the consultation into focus. Listen carefully and allow silences in order to pick up subtle audible clues.

6. Language can have a big impact. For example, evidence shows that asking a patient if there is ‘something else’ elicits significantly more needs than asking if there is ‘anything else’.

7. Do not allow the format to compromise essential aspects of care. Continually reflect on whether the patient requires physical review either for their benefit or to reassure yourself that you are managing their consultation robustly. It may be interesting to reflect on your conversion rate from virtual to physical appointments.

8. Be aware that some people may struggle more with virtual consultations. Ensure the person is happy with the format and be willing to review differently if needed. Consider those groups that may find virtual consultations harder – People with Learning Difficulties, those for whom English is not a first language, people with hearing impairments among others.

9. Sharing information or patient leaflets can be an important part of a consultation – be familiar with the ways you can do this via email, text message or integrated IT solutions. It might also be useful to be able to receive information from patients in the same way.

10. Safety netting and proactive follow up may be even more important when consulting virtually. Be explicit when doing this – give clear timeframes for follow up. Ensure at the end of the consult that you are both clear regarding next steps.