

Questionnaire

- *How long have you been working for as a PA in primary care?*

Preparation for remote consultations:

- *Did you have any experience of remote consulting prior to working as a primary care PA; for example, as a PA student or in a previous PA/ other role? If so, please state what your experience was (e.g. observing others doing remote consultations or triage, performing a remote consultation or triage) and your approximate length of exposure.*
- *When you were a PA student, were you given any advice or exposure to remote consultations? If Yes, please state if this occurred before or after the onset of the COVID 19 pandemic, and whether this was telephone triage or a full remote consultation. How did you feel any exposure then prepared you for practising as a PA?*
- *How were you trained to do remote consultations, if at all? Please be as specific as possible about any training you were given by your employer i.e. length of time, specific training modules. If no training was given, what do you think would have been helpful in retrospect?*

Types of consultation:

- *If you worked in primary care prior to the COVID19 pandemic, have you utilised remote consultations since its onset? If Yes, please describe how this has changed from previously; for example, how much of your time is now telephone/ video compared with face to face? If No, why not?*
- *If you are conducting remote consultations, are there limits on what patients you consult with remotely e.g. minor illness, follow ups.*
- *If you are doing any face to face consulting, since the onset of the pandemic, how do you feel about this? Are other clinicians booking face to face appointments with you? Do you think that these appointments are being utilised clinically appropriately? If you have any risk factors; such as underlying health conditions, please also state this, and whether you think this may impact your views.*

Supervision:

- *If you are conducting remote consultations, do you feel clinically safe? How does your supervisor support or safeguard you? Has your clinical supervision altered in any way since you have moved to remote consultation?*

Three clinical scenarios:

1. *Consider this scenario. A 50 year old asthmatic patient rings up with a 3 day history of productive cough, and slightly increased use of their salbutamol inhaler. They are normally well controlled on their Clenil inhaler 200 mcg BD with no previous hospital admissions. They are speaking in full sentences on the phone and sound clinically well. Would you arrange a face to face appointment, or would you manage this remotely? If remote, how would you specifically*

manage this patient? If face to face, why would you choose this/ what would you wish to ascertain?

- 2. Consider this scenario. A 60 year old lady rings up with a five day history of dysuria and ache below her umbilicus. She denies haematuria, fever or loin pain, and sounds clinically well on the phone, with no other co-morbidities. Would you arrange a face to face appointment, or would you manage this remotely? If remote, how would you specifically manage this patient? If face to face, why would you choose this/ what would you wish to ascertain?*
- 3. Consider this scenario. A 30 year old man rings up with one month history of feeling down and anxious. He denies any suicidal ideation or self-harm. Would you arrange a face to face appointment, or would you manage this remotely? If remote, how would you specifically manage this patient? If face to face, why would you choose this/ what would you wish to ascertain?*

General views:

- This is the final question. Is there anything else you would like to say about working in the pandemic as a primary care PA, or regarding remote consultations in general?*