PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Exploration of implementation, financial and technical considerations within allied health professional (AHP) telehealth consultation guidance: A scoping review including UK AHP professional bodies' guidance
AUTHORS	Leone, Enza; Eddison, Nicola; Healy, Aoife; Royse, Carolyn; Chockalingam, Nachiappan

VERSION 1 – REVIEW

REVIEWER	Greenhalgh, Trisha University of Oxford, Nuffield Department of Primary Care Health Sciences
REVIEW RETURNED	29-Jul-2021

GENERAL COMMENTS	Good review, though a few points to improve. 1. I would not have excluded grey literature. Most guidelines are grey lit. What do professional bodies' websites say for example? 2. All the guidelines were I think written pre-pandemic. That's ancient history now. A completely different patient demographic are being seen remotely for completely different reasons. 3. Going through a sample of guidelines and assessing in a very systematic and technocratic way whether the guideline mentioned X, Y or Z will tend to produce a conclusion that "most guidelines failed to mention X or Y or Z". This in turn will tend to inspire "better" guidelines that are longer and more bureaucratic. There's something missing here, which is MEANING and PURPOSE. I would strongly encourage the authors to reflect carefully on other aspects of the guidelines in their sample apart from a line by line analysis of what they covered. Who produced the guideline? For what audience and what purpose? For example it may be that most telephysiotherapy consults prepandemic occurred between private physios and their clients. It may be that telephysio is now the norm in busy public-sector hospitals. Would the guideline written for the private practitioner be fit for purpose in the latter setting? That kind of analysis - for which you will have to THINK and DISCUSS, not just tick boxes! Incidentally we have a paper in press (should be out any day) which is relevant to this literature - I'm not requiring these authors to cite it but they may be interested. Link here: https://www.frontiersin.org/articles/10.3389/fdgth.2021.726095/abstract

REVIEWER	Hilty, Donald Northern California Veterans Administration Health Care System,

	MH
REVIEW RETURNED	16-Aug-2021

GENERAL COMMENTS	General comments 1. I was glad to review this manuscript. My understanding of the submission is that it is a scoping review of literature and its title, abstract and beginning led me to believe this was a clinical undertaking – but it is more about eligibility, procedures and such? This begs the question as to whether the professional fields do protocols, policies and procedures – that's more of what we call them in health or medicine – and call them guidelines? CMS, JC and other federal regulators determine these things and then evid- and cons-based guidelines feature how to do it well clinically. So, the title and methods need to clarify where we're going better. 2. The writing makes me also wonder if the team truly gets the difference between the philosophy of a scoping review vs. the logistics of a systematic review? The responses to the PRISMA-ScR checklist are pretty superficial in the manuscript. The work comes off more as a list of findings than synthetic work? The goal is to bring together data – sometimes from many areas – to figure out the holes and generate the questions that need to be asked – not the content missing. Some of the Strengths and Ls' bullets accordingly have odd phrasing (e.g., 'systematic'). In addition is this published or gray literature – unclear. 3. The data: authors often use articles/guidelines? We're just looking at guidelines, right? If so, see below, why is Wright's work used? 4. Presentation. a. Readability: good in a general sense. Intro should be shortened to 3 para and obj. b. Flow/logical: could use improvement. The sections of Abstract don't flow – see suggestions; lack of detail, too. The Intro is not a good broad take to get us ready. The Methods have to be better described; PRISMA shortchanged your approach compared to Arksey's and Levac's work. The Discussion is far too long and repeats a lot of the Results. Tables and figures are good. References are in different sections – does not really make sense. Specific comments Title. 1. Long, verbose and a little unclear. A scop rev of literature vs. UK Allied Health Profess organizations' teleh guidelines? Since the latter are not in the literature? 2. Maybe mention clinical, technical and financial – if this is central? Abstract. 1. Fit-for purpose should be defined? 2. Evid- vs. cons-based vs. both guidelines? 3. Methods: guiding question? Framework for the scoping review (Arksey and PRISMA-ScR). General search areas/terms? Strengths and Ls say financial and technical? Elig crit were what – not stated? Exclusion criteria? Strengths and Ls only certain designs? How were they reviewed? What was the domain approach (it shows up in Results)? 4. Results: not sure why a good search would not already find the 8 from the bodies; that is concerning. 5. Conclusions: gaps in whose guidelines – the ones in literature vs. the organizational ones? Forget 'required' and make a suggestion; you'd be considered dogmatic, inflexible and arrogant. Strengths and Limitations

	• 1 this is a review to see what the holes are more than a comprehensive review. We do not have a gold standard or a list of items to check, so it is not comprehensive. • 2 a scoping review is not a systematic review: they are different Introduction. 1. Shorten: combine first two para. 2. The basic approach: a. Relevance. Why do we need this? b. Current state: what good guidelines are there? c. The gap (that the manuscript will fill). Methods. 1. General issues. a. What is the research question…one usually drives a scoping review. b. Design: Levac et al made key improvements from Arksey. PRISMA-ScR was helpful in some ways but has its issues, too – and this manuscript falls into the 'trap' of listing instead of truly exploring and synthesizing the literature. See Levac, D., Colquhoun, H. & O'Brien, K.K. (2010) Scoping studies: advancing the methodology. Implementation Science, 5, 69. https://doi.org/10.1186/1748-5908-5-69 – probably the best of all the sources. c. Participants: recruitment, consent, incentives and so on. d. Methods/procedures. i. Gray literature included? If not = Limitation. ii. A more substantial overview of the criteria that is in the table seems in order. iii. Eligibility unclear: clarified with whole team not just another author would be better? iv. Steps of a traditional scoping review were not clear or included? 1. Charting the data: was a data-charting form developed and used or how were notes were organized and a descriptive/narrative analytical method used to summarize the process and content information from the papers? 2. Analysis, reporting and considering the meaning of the findings. 3. Was there consultation for expert opinion? 4. If not, those are probably Limitations. v. Clarify: the Wright paper is a 1 to 5 score rating…based with criteria on research papers…not guidelines, correct? If so, 1. I just don't get it. 2. What is the methodology to apply it here? 3. This section may have to be omitted in Methods and Results. Results. 1. Long, but readable. 2. Fig 1-3 helpful. 3. Tables have information, but not findings: why not have a column on those to briefly review it…many readers don't want to read all the prose? Discussion. 1. Length, synthesis and focus: not so good. It essentially repeats a lot of the Results? 2. Consider into 4-5 paragraphs and make it more synthetic and at 40,000 feet instead of 10,000 feet: a. Relevant findings. b. Link with others' findings. What are other good organizations in health/medicine/nursing doing? c. Implications, more broadly.

	d. Limitations: more suggested. Conclusion. 1. Good. References 1. Suggest all references in one section; having them in tables is almost unheard of and un-integrated.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Prof. Trisha Greenhalgh, University of Oxford

Comments to the Author:
Good review, though a few points to improve.

1. I would not have excluded grey literature. Most guidelines are grey lit. What do professional bodies' websites say for example?

> *To improve clarity additional information on the searching strategy, which included both databases and grey literature, has been added to the methods section.*
>
> *"A combination of database and grey literature searching was used for this study. The paper includes both (1) articles identified via databases, hereafter referred to as articles, and (2) guidelines identified from UK AHP professional bodies or their websites, hereafter referred to as guidelines. The search of the grey literature was limited to the guidelines provided by the UK AHP professional bodies or available on their websites, which were developed either by the UK professional bodies or the NHS."*
>
> *For this study telehealth-related information presented in the UK AHP professional bodies' websites which were produced directly by them or by the NHS were included for review.*
>
> *The exclusion of the wider grey literature also has been acknowledged as one of the limitations of this study: "Similarly, the limiting of the grey literature search to the guidelines sourced from UK AHP professional bodies or their websites, may have led to potentially relevant resources being missed."*

2. All the guidelines were I think written pre-pandemic. That's ancient history now. A completely different patient demographic are being seen remotely for completely different reasons.

> *Additional information has been added to the Results and Discussion sections to clarify when the included articles and guidelines were produced.*
>
> *"Notably, thirteen (45%) of the included articles/guidelines were published in response to the COVID-19 pandemic; all the guidelines identified through the UK AHP professional bodies or their websites and five of the articles identified through the database searches were produced in response to the Covid-19 pandemic.*
>
> *"While all the guidelines identified through the UK AHP professional bodies, or their websites, were produced in response to the Covid-19 pandemic only five of the twenty-one articles identified through the database searches were. When considering those articles produced before the current pandemic it should be noted that the demographics of the patients undertaking telehealth consultations has changed significantly due to the pandemic."*

3. Going through a sample of guidelines and assessing in a very systematic and technocratic way whether the guideline mentioned X, Y or Z will tend to produce a conclusion that "most guidelines failed to mention X or Y or Z". This in turn will tend to inspire "better" guidelines that are longer and more bureaucratic. There's something missing here, which is MEANING and PURPOSE. I would

strongly encourage the authors to reflect carefully on other aspects of the guidelines in their sample apart from a line by line analysis of what they covered. Who produced the guideline? For what audience and what purpose? For example it may be that most telephysiotherapy consults prepandemic occurred between private physios and their clients. It may be that telephysio is now the norm in busy public-sector hospitals. Would the guideline written for the private practitioner be fit for purpose in the latter setting? That kind of analysis - for which you will have to THINK and DISCUSS, not just tick boxes!

Incidentally we have a paper in press (should be out any day) which is relevant to this literature - I'm not requiring these authors to cite it but they may be interested. Link here: https://www.frontiersin.org/articles/10.3389/fdgth.2021.726095/abstract

The results and discussion sections of the manuscript have been modified to reflect this comment. A description of who produced the guidance, for what audience and for which setting is provided in the "Characteristics of included articles/guidelines" sub-section of the Results section. Subsequently, a reflection of these findings is provided within the "Characteristics of included articles/guidelines" sub-section of the Discussion section.

We would like to thank the reviewer for directing us to their paper, we have now included this paper in our discussion section.

"A more general framework detailing telehealth individual-, organizational- and system-principles, as that recently proposed by Greenhalgh et al.,(44) would represent another valid tool to help AHPs make ethically sound decisions and offer high-quality remote consultations.(44)"

Reviewer: 2
Dr. Donald Hilty, Northern California Veterans Administration Health Care System

Comments to the Author:
General comments
1. I was glad to review this manuscript. My understanding of the submission is that it is a scoping review of literature and its title, abstract and beginning led me to believe this was a clinical undertaking – but it is more about eligibility, procedures and such? This begs the question as to whether the professional fields do protocols, policies and procedures – that's more of what we call them in health or medicine – and call them guidelines? CMS, JC and other federal regulators determine these things and then evid- and cons-based guidelines feature how to do it well clinically. So, the title and methods need to clarify where we're going better.

We have taken this comment in full consideration and it has been reflected by the revised version of the manuscript. Amendments in response to this comment are detailed in later sections.

2. The writing makes me also wonder if the team truly gets the difference between the philosophy of a scoping review vs. the logistics of a systematic review? The responses to the PRISMA-ScR checklist are pretty superficial in the manuscript. The work comes off more as a list of findings than synthetic work? The goal is to bring together data – sometimes from many areas – to figure out the holes and generate the questions that need to be asked – not the content missing. Some of the Strengths and Ls' bullets accordingly have odd phrasing (e.g., 'systematic'). In addition is this published or gray literature – unclear.

If we understand the reviewer's comment correctly, how we have presented our study doesn't clearly show that we followed the scoping review methodological framework. We have modified the methods, results, and discussion sections to reflect this comment.

The goal of this work was to highlight the gaps in the current telehealth guidelines to inform policies and shape future guidance. It was beyond the scope of this study to raise new questions concerning the practice of remote consultations via telehealth.

Regarding the use of the term "systematic" within the strength and limitations of the study section; the term "Systematic literature searches" is used to highlight that the scoping review consisted of structured literature searches.

With regards to the studies selected for this work, "a combination of database and grey literature searching was used for this study. The paper includes both (1) articles identified via databases, hereafter referred to as articles, and (2) guidelines identified from UK AHP organisations/AHP websites, hereafter referred to as guidelines. The search of the grey literature was limited to the guidelines provided by the UK AHP professional bodies or available on the UK AHP websites, which were developed either by the UK professional bodies or the NHS."

The exclusion of the wider grey literature also has been acknowledged as one of the limitations of this study: "Similarly, the limiting of the grey literature search to the guidelines sourced from UK AHP professional bodies or their websites, may have led to potentially relevant resources being missed."

3. The data: authors often use articles/guidelines? We're just looking at guidelines, right? If so, see below, why is Wright's work used?

Revisions and additional information have been added to the methods section for clarification.

"A combination of database and grey literature searching was used for this study. The paper includes both (1) articles identified via databases, hereafter referred to as articles, and (2) guidelines identified from UK AHP organisations/AHP websites, hereafter referred to as guidelines."

4. Presentation.

a. Readability: good in a general sense. Intro should be shortened to 3 para and obj.

The introduction has been shortened to three paragraphs and the objectives to reflect this comment.

b. Flow/logical: could use improvement. The sections of Abstract don't flow – see suggestions; lack of detail, too. The Intro is not a good broad take to get us ready. The Methods have to be better described; PRISMA shortchanged your approach compared to Arksey's and Levac's work. The Discussion is far too long and repeats a lot of the Results. Tables and figures are good. References are in different sections – does not really make sense.

The abstract, methods and discussion sections of the manuscript have been modified to reflect this comment. The methods section has been revised and now includes sub-sections to present the steps of the Arksey and O' Malley framework.

References for the main manuscript are provided following the discussion section. Supplementary files 2-4 provide additional results and each of these files has it owns reference list.

Specific comments

Title.

1. Long, verbose and a little unclear. A scop rev of literature vs. UK Allied Health Profess organizations' teleh guidelines? Since the latter are not in the literature?
2. Maybe mention clinical, technical and financial – if this is central?

The title has been revised to reflect this comment.

Exploration of implementation, financial and technical considerations within allied health professional (AHP) telehealth consultation guidance: A scoping review including UK AHP professional bodies' guidance.

Abstract.

1. Fit-for purpose should be defined?
2. Evid- vs. cons-based vs. both guidelines?
3. Methods: guiding question? Framework for the scoping review (Arksey and PRISMA-ScR). General search areas/terms? Strengths and Ls say financial and technical? Elig crit were what – not stated? Exclusion criteria? Strengths and Ls only certain designs? How were they reviewed? What was the domain approach (it shows up in Results)?
4. Results: not sure why a good search would not already find the 8 from the bodies; that is concerning.
5. Conclusions: gaps in whose guidelines – the ones in literature vs. the organizational ones? Forget 'required' and make a suggestion; you'd be considered dogmatic, inflexible and arrogant.

The abstract has been revised according to these suggestions and comments. Regarding comment no. 4 (results) the search of the databases did not identify the guidelines produced by the UK AHP professional bodies as they are grey literature resources. A search of the UK AHP professional bodies' websites was therefore needed to supplement the database searches. Within the now revised methods section, sub-section "Stage 2: identifying relevant studies – search strategy" outlines how the included articles and guidelines were identified.

Strengths and Limitations

- 1 this is a review to see what the holes are more than a comprehensive review. We do not have a gold standard or a list of items to check, so it is not comprehensive.
- 2 a scoping review is not a systematic review: they are different

Changes in the text have been made to reflect these comments.

Introduction.

1. Shorten: combine first two para.
2. The basic approach:

a. Relevance. Why do we need this?
b. Current state: what good guidelines are there?
c. The gap (that the manuscript will fill).

The introduction has been shortened and revised to reflect this comment.

Methods.

1. General issues.

a. What is the research question…one usually drives a scoping review.

"The research questions that guided this scoping review were:

How do the UK AHP professional bodies telehealth guidelines compare to the available literature on AHP telehealth consultation guidance? What are the implementation, financial and technical considerations necessary to set up and deliver AHP patient consultations via telehealth?

(from Stage 1: identifying the research question)

b. Design: Levac et al made key improvements from Arksey. PRISMA-ScR was helpful in some ways but has its issues, too – and this manuscript falls into the 'trap' of listing instead of truly exploring and synthesizing the literature. See Levac, D., Colquhoun, H. & O'Brien, K.K. (2010) Scoping studies: advancing the methodology. Implementation Science, 5, 69. https://doi.org/10.1186/1748-5908-5-69 – probably the best of all the sources.

We would like to thank the reviewer for directing us to this paper, the methodological frameworks from Levac et al. (2010) and Aksey and O'Malley (2015) have informed the amendments in the manuscript.

c. Participants: recruitment, consent, incentives and so on.

There were no participants recruited as part of this study.

d. Methods/procedures.

i. Gray literature included? If not = Limitation.

To improve clarity additional information on the searching strategy, which included both databases and grey literature, has been added to the methods section.

"A combination of database and grey literature searching was used for this study. The paper includes both (1) articles identified via databases, hereafter referred to as articles, and (2) guidelines identified from UK AHP organisations/AHP websites, hereafter referred to as guidelines. The search of the grey literature was limited to the guidelines available on the UK AHP websites, which were developed either by the UK professional bodies or the NHS."

The exclusion of the wider grey literature also has been acknowledged as one of the limitations of this study: "Similarly, the limiting of the grey literature search to the guidelines sourced from UK AHP professional bodies or their websites, may have led to potentially relevant resources being missed."

ii. A more substantial overview of the criteria that is in the table seems in order.

The manuscript has been modified to reflect this comment.

"The implementation considerations included key factors for the successful telehealth delivery such as the identification of the purposes for which telehealth can be used, patient's and clinician's eligibility criteria, the characteristics that the team delivering telehealth should have and the assessment strategies to adopt to monitor telehealth use and effectiveness. While the financial considerations covered the costs, reimbursement and coverage aspects of telehealth, the technological considerations summarised the technological requirements and the facility spaces necessary for telehealth as well as the legal, privacy and security issues concerning remote consultations via telehealth."

iii. Eligibility unclear: clarified with whole team not just another author would be better?

The screening procedures for the review and outlined within the "Screening and study selection" sub-section of the Method section. Additional information on the study selection process has been added to the methods section for clarification.

"One reviewer (EL) independently screened the records (titles and abstracts) to assess their eligibility based on the inclusion and exclusion criteria. Subsequently, one reviewer (EL) screened the full text of articles and relevant articles were selected for data retrieval. Any uncertainty about eligibility was resolved through discussion with the second reviewer (AH). In case of disagreement on eligibility between the two reviewers, then the article was discussed with the wider team."

We acknowledge a limitation of this study is that one reviewer screened the articles for eligibility with uncertainty resolved through discussion with a second reviewer and, if no agreement could be reached, with the wider team. This limitation is included within the discussion section of the manuscript.

"Although any uncertainty in data extraction and study inclusion was resolved through discussion with a second reviewer and if required the wider team, these study phases were performed independently by one reviewer, whose personal bias may have impacted these processes."

iv. Steps of a traditional scoping review were not clear or included?

The methods section has been revised and it has been structured reflecting the six-stage methodological framework developed by Arksey and O' Malley (2015).

1. Charting the data: was a data-charting form developed and used or how were notes were organized and a descriptive/narrative analytical method used to summarize the process and content information from the papers?

"The reviewer followed a data charting form, collectively developed by the research team, which included telehealth domains reported in guidelines produced by the NSW Agency for Clinical Innovation such as implementation, financial and technical considerations.(11) These considerations dictated the data extraction as they are the key components in the set-up and delivery of telehealth services. In fact, telehealth should be appropriate for patient and clinician users and has requirements for particular technology, facility spaces, staffing and consequently different cost components and specific regulations. The implementation in telehealth services of these considerations ensure that clinicians protect themselves and their patients while maximising the effectiveness of their telehealth consultations. During the piloting phase of the charting form, we also identified other relevant telehealth domains which were added to the final data extraction form such as the purpose telehealth can be used for, patient eligibility, AHPs' eligibility, team characteristics, limitations and barriers and family's as well as caregiver's roles. Data was analysed through a descriptive analytical approach which involved the reviewer in an in-depth evaluation of the included studies to identify in each article/guideline any of the domains summarised in Table 1."

2. Analysis, reporting and considering the meaning of the findings.

"A narrative report was produced to summarise the implementation, financial and technical considerations of the currently available telehealth guidelines and highlight any gaps in the existing guidance. Any similarities or differences between/within international and UK guidelines were also reported." (Stage 5: collating, summarising, and reporting of results)

3. Was there consultation for expert opinion?

A consultation stage was not incorporated in the design of our study; this is now outlined in the methods section "Stage 6: consultation".

4. If not, those are probably Limitations.

This potential limitation has been added to the discussion section of the manuscript.

"Patients, public and experts in the fields were not involved in any stages of the research and, therefore, the findings of this study do not represent the patient and professional user experiences of telehealth."

v. Clarify: the Wright paper is a 1 to 5 score rating…based with criteria on research papers…not guidelines, correct? If so,
1. I just don't get it.
2. What is the methodology to apply it here?
3. This section may have to be omitted in Methods and Results.

Considering the comment, on reflection, the level of evidence for the guidelines identified through UK AHP websites/organisations has been removed. Therefore, Table 3 has been updated to reflect this change.

Results.
1. Long, but readable.
2. Fig 1-3 helpful.
3. Tables have information, but not findings: why not have a column on those to briefly review it…many readers don't want to read all the prose?

Table 4 has been updated to include additional summary information on the assessed domains: a row which details the "% of domains discussed by article/guideline" and a column which details "% of articles/guidelines which discussed domain".

Discussion.

1. Length, synthesis and focus: not so good. It essentially repeats a lot of the Results?

The discussion section of the manuscript has been modified to reflect this comment.

2. Consider into 4-5 paragraphs and make it more synthetic and at 40,000 feet instead of 10,000 feet:

a. Relevant findings.

b. Link with others' findings. What are other good organizations in health/medicine/nursing doing?

The discussion has been revised to reflect this comment. Our findings have been compared with those of other relevant telehealth guidance in terms of "clinician's and patient's checklist", "patient information", "assessment of telehealth use and effectiveness" and "risk management and patient's safety".

c. Implications, more broadly.

Potential implications have been added to the discussion section.

"The findings of this study have also the potential to inform the development of a framework with implementation, financial and technical considerations regarding the use of telehealth in UK AHP services. This may help UK AHP professional bodies and services adopt a common line of action and, consequently, is likely to contribute to address the existing inequalities among UK AHPs."

d. Limitations: more suggested.

More limitations have been added to reflect this comment.

"Similarly, the limiting of the grey literature search to the guidelines sourced from UK AHP professional bodies or their websites, may have led to potentially relevant resources being missed. [..] Patients and public were not involved in any stages of the research and, therefore, the findings of this study may not fully represent the patient and professional user experiences of telehealth."

Conclusion.

1. Good.

References

1. Suggest all references in one section; having them in tables is almost unheard of and un-integrated.

References for the main manuscript are provided following the discussion section. Supplementary files 2-4 provide additional results and each of these files has it owns reference list.

VERSION 2 – REVIEW

REVIEWER	Greenhalgh, Trisha University of Oxford, Nuffield Department of Primary Care Health Sciences
REVIEW RETURNED	15-Sep-2021

GENERAL COMMENTS	It's getting there, but it still reads as if the authors have counted the trees but missed the forest. I want to know why this matters. We need guidelines for telehealth by AHPs because telehealth is RISKY (it may lead to HARM). And also because there are shysters about - setting up 'dodgy doc', get-your-ivermectin-here-no-questions-asked services. Practitioners in one country might offer services to patients in another country or state where it's hard to track them down and throw them in jail if they paralyse a patient through failing to examine them before they make them do a headstand. Okay, I'm partly being funny here, but what I DON'T SEE in this paper is any reason why I should keep reading beyond the first sentence. You've slogged manfully or womanfully through a mountain of guidelines and you've produced a worthy-but-dull paper saying what each is deficient in. But you didn't tell us why we should care about it, or what the wider context is for needing better guidelines. So this reviewer, while congratulating you for doing the boring stuff, still wants another revision in which you sell us this as something important that could lead to lives saved and suffering avoided. Happy to look at another revision. (PS I also think you haven't addressed reviewer 2s comments fully but I'll leave that for R2 to address). Trish

REVIEWER	
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GENERAL COMMENTS	

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GENERAL COMMENTS	

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GENERAL COMMENTS	

REVIEWER	
REVIEW RETURNED	

GENERAL COMMENTS	

VERSION 2 – AUTHOR RESPONSE

Reviewer: 1

Prof. Trisha Greenhalgh, University of Oxford

Comments to the Author:

It's getting there, but it still reads as if the authors have counted the trees but missed the forest. I want to know why this matters. We need guidelines for telehealth by AHPs because telehealth is RISKY (it may lead to HARM). And also because there are shysters about - setting up 'dodgy doc', get-your-ivermectin-here-no-questions-asked services. Practitioners in one country might offer services to

patients in another country or state where it's hard to track them down and throw them in jail if they paralyse a patient through failing to examine them before they make them do a headstand. Okay, I'm partly being funny here, but what I DON'T SEE in this paper is any reason why I should keep reading beyond the first sentence. You've slogged manfully or womanfully through a mountain of guidelines and you've produced a worthy-but-dull paper saying what each is deficient in. But you didn't tell us why we should care about it, or what the wider context is for needing better guidelines. So this reviewer, while congratulating you for doing the boring stuff, still wants another revision in which you sell us this as something important that could lead to lives saved and suffering avoided. Happy to look at another revision. (PS I also think you haven't addressed reviewer 2s comments fully but I'll leave that for R2 to address).

Trish

We have taken this comment in full consideration and the background, discussion and conclusion sections of the manuscript have been modified to reflect this comment. In these sections, we discussed the risks associated with telehealth, the consequent implications for patients and clinicians, and the importance of telehealth guidelines in mitigating telehealth risks and their potential consequences.

In addition to the above comments, we have taken the opportunity to add to Table 3, Figure 2, reference lists of supplementary files 2 and 4, those UK AHP guidelines' publication years which were previously unavailable. Amendments in the manuscript have been made to reflect these changes.