

## Research

# An international core capability framework for physiotherapists delivering telephone-based care

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## KEY WORDS

Telehealth  
Physical Therapy  
Telephone  
Telemedicine  
Rehabilitation



## ABSTRACT

**Question:** What are the core capabilities that physiotherapists need in order to deliver quality telephone-based care? **Design:** Three-round modified e-Delphi survey. **Participants:** An international Delphi panel comprising experts in the field, including consumers, physiotherapy researchers, physiotherapy clinicians and representatives of physiotherapy organisations. **Methods:** A modified e-Delphi survey was conducted. A draft framework was adapted from a previously developed core capability framework for physiotherapists delivering care via videoconferencing. The panel considered the draft framework of 39 individual capabilities across six domains. Over three rounds, panellists rated their agreement (via Likert or 0-to-10 numerical rating scales) on whether each capability was essential (core) for physiotherapists to deliver telephone-based care. Capabilities achieving consensus, defined as 75% of the panel rating the item at least 7 out of 10 in Round 3, were retained. **Results:** Seventy-one panellists from 17 countries participated in Round 1, with retention of 89% in Round 2 and 82% in Round 3. The final framework comprised 44 capabilities across six domains: compliance (n = 7 capabilities); patient privacy and confidentiality (n = 4); patient safety (n = 7); telehealth delivery (n = 9); assessment and diagnosis (n = 7); and care planning and management (n = 10). **Conclusion:** This framework outlines the core capabilities that physiotherapists need to provide telephone-based care. It can help inform content of physiotherapy curricula and professional development initiatives in telehealth delivery and provide guidance for physiotherapists providing care over the telephone. [Davies L, Hinman RS, Russell T, Lawford B, Bennell K (2022) An international core capability framework for physiotherapists delivering telephone-based care. *Journal of Physiotherapy* 68:136–141]

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## Introduction

Physiotherapy care has traditionally been delivered in-person in clinical settings;<sup>1</sup> however, recent events have required physiotherapists to consider adopting new approaches.<sup>2–4</sup> In-person consultations were suspended in many regions across the globe during the COVID-19 pandemic, necessitating a rapid shift to alternate modes of service delivery such as telehealth.<sup>5</sup> Telehealth enables patients to access care despite geographical separation from the clinician.<sup>6</sup> Given that a significant proportion of people in developed and developing countries own a mobile phone (89% and 40%, respectively)<sup>7</sup> or have access to a landline phone, the telephone is a highly accessible mode of telehealth delivery,<sup>8–10</sup> particularly when internet-based technologies may be unreliable or unavailable.<sup>11</sup> Thus, it is unsurprising that telephone calls were one of the most commonly used methods of providing telehealth by allied health clinicians during the pandemic.<sup>4</sup>

Telephone consultations have been widely used by various healthcare professions, including nursing,<sup>12</sup> psychiatry,<sup>13</sup> midwifery<sup>14</sup> and general medicine.<sup>15</sup> However, consultation via telephone may be considered a relatively new model of service delivery among

physiotherapists,<sup>16</sup> despite emerging evidence of its effectiveness in a range of patient populations<sup>17–20</sup> and its acceptability amongst patients.<sup>21–23</sup> Several reasons may explain a slower uptake of telephone-delivered care within physiotherapy, such as the traditional hands-on nature of the profession<sup>24</sup> causing dislike amongst clinicians about the lack of physical contact<sup>25</sup> and a lack of clinician confidence, knowledge and skills to deliver care via telephone.<sup>16</sup> Telephone-delivered care requires additional skills to in-person care, such as advanced communication to accommodate for the lack of visual cues and hands-on contact.<sup>8,9</sup> However, a recent narrative review concluded that approaches to address the limited confidence and knowledge of physiotherapists associated with telephone-based care were inadequate.<sup>16</sup> It is unclear why efforts to upskill physiotherapists in the delivery of telephone-based care have been unsuccessful to date, but this may be because the required capabilities to deliver telephone-based care are not well understood, which may contribute to the lack of well-established evidence-based education for physiotherapists delivering telephone-based care.<sup>16</sup>

In order to assist physiotherapists in providing high-quality care via telephone, an important first step is to identify the individual

capabilities and skills required to do so. A capability can be defined as an 'integration of knowledge, skills, personal qualities and understanding used appropriately and effectively'.<sup>26</sup> Capability frameworks communicate the essential behaviours, skills, knowledge, abilities and attributes that contribute individually to successful performance in a given role.<sup>27</sup> A framework outlining the capabilities that physiotherapists require to deliver telephone care would guide educators, physiotherapists and service providers as to what knowledge and skills are needed when using this modality and serve as a blueprint for developing telehealth curriculum, learning outcomes, assessment strategies and continuing education initiatives.

Broad telehealth competency frameworks have been developed for the medical and nursing professions.<sup>28,29</sup> However, capability frameworks are recommended to be discipline-specific to capture the distinctive intricacies of a specialty field.<sup>30</sup> We previously developed a core capability framework outlining physiotherapists' required capabilities to deliver quality care via videoconferencing.<sup>31</sup> Given that there are some differences between delivering care via telephone and videoconferencing, such as the absence of visual contact and the inherent limitations that brings to a physiotherapy consultation, it is important to determine the necessary skills and knowledge specifically for telephone-based physiotherapy care. This study aimed to develop a core capability framework for physiotherapists to deliver quality care via telephone, using an international consensus process involving consumers, physiotherapy clinicians, physiotherapy researchers and representatives of physiotherapy professional organisations.

Therefore, the research question for this three-round modified Delphi survey was:

What are the core capabilities that physiotherapists need in order to deliver telephone-based care?

## Method

### Overview

An international Delphi panel was established to achieve expert consensus on a core capability framework using a modified e-Delphi survey between June and August 2021.

Previously established methodological criteria for reporting Delphi studies were used to ensure quality.<sup>32,33</sup> Figure 1 outlines the study phases.

### Survey development

An initial list of 39 potential capabilities was adapted from our previous framework, which describes the required capabilities for provision of quality physiotherapy care via videoconferencing. It comprises 60 specific capabilities across seven domains: compliance; patient privacy and confidentiality; patient safety; technology skills; telehealth delivery; assessment and diagnosis; and care planning and management.<sup>31</sup> The research team (LD, RSH, BL, TR and KB) met and identified individual capabilities within this framework that were irrelevant or unsuitable for physiotherapy care delivered via telephone. Minor word edits were made to five capabilities (Appendix 1 on the eAddenda) and 21 capabilities were removed from the following domains: telehealth delivery (n = 13); care planning and management (n = 1); and technology skills (n = 7). The technology skills domain was then redundant, given the removal of all capabilities (Appendix 2 on the eAddenda). Therefore, the final draft framework considered by the Delphi panel comprised 39 capabilities across six domains: compliance; patient privacy and confidentiality; patient safety; telehealth delivery; assessment and diagnosis; and care planning and management.

### Delphi panel

Experts in the field of physiotherapy were recruited to form an international Delphi panel to reach consensus on the core capability

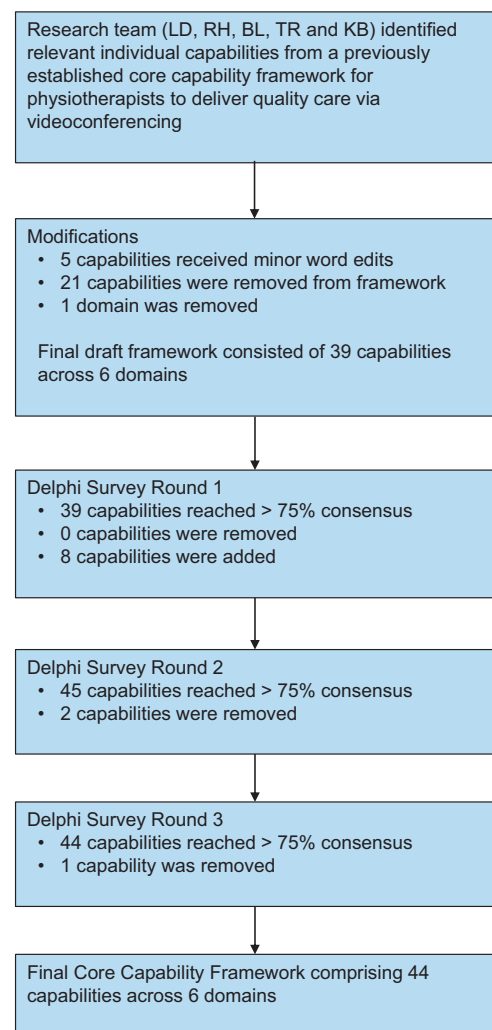


Figure 1. Development of the Core Capability Framework.

framework. The Delphi panel comprised: physiotherapy researchers in the field of telehealth; physiotherapy clinicians who had provided care for patients via telephone; representatives of a physiotherapy professional organisation; and consumers who had received physiotherapy care via telephone.

All panellists were required to understand English. Additional inclusion criteria for researchers were being a qualified and registered physiotherapist who had at least one of the following achievements: first or last author on at least three papers relating to telehealth and physiotherapy care, or invited to give a presentation on telehealth at a national or international conference within the last 5 years. Inclusion criteria for clinicians were: being registered to practise as a physiotherapist in their country and having provided care to > 50 patients via telephone in the last 3 years. Inclusion criteria for representatives of a physiotherapy professional organisation were: currently working in a national or international physiotherapy association/body and knowledge of physiotherapy professional practice and governance issues. The inclusion criterion for consumers was that they had received at least four telephone consultations with a physiotherapist in the past 12 months.

The research team assembled potential panel members by searching the Internet, as well as drawing on their academic, research and clinical networks. Invitations were sent to 705 potential panel members via email. A snowball method was used, in which potential panel members were invited to send the invitation on to their colleagues or others in their network whom they thought may be eligible. Advertisements were placed on relevant social media platforms (Facebook, Instagram and Twitter) for additional panel members. To ensure that eligibility criteria were met, potential

panellists answered screening questions at the beginning of the Round 1 e-Delphi survey. Those deemed ineligible were not included in the Delphi panel and did not participate in the Round 1 e-Delphi survey. Rounds 2 and 3 surveys were only emailed to participants who had completed the previous Delphi rounds.

### e-Delphi survey

The Delphi panel was asked to rate each of the 39 capabilities across the six domains. An electronic survey developed in an online software program<sup>a</sup> was administered iteratively over three rounds, with 2 weeks between each round. Round 1 was open for 3 weeks, with subsequent rounds open for 2 weeks. To encourage completion, three reminder emails were sent over that period to non-responders. Each round took approximately 20 to 30 minutes to complete.

#### Round 1

In Round 1, panel members were asked to rate each individual capability as 'unimportant', 'important' or 'essential' for physiotherapists to deliver quality care via telephone. A free-text box option at the end of the survey provided panel members with the opportunity to add new capabilities into the draft framework. Individual capabilities that reached panel consensus were retained for further consideration in Round 2. Consensus was defined as  $\geq 75\%$  (median threshold for consensus)<sup>32</sup> of panel members rating the capability as either 'important' or 'essential'.

#### Round 2

In Round 2, panel members were asked to reconsider and re-rate the capabilities from Round 1, and rate any new capabilities suggested by the panel in Round 1. To assist in this process, summary panel data from Round 1 were shown alongside each of the capabilities (presented as n (%) across the three response categories). For this round, panel members were asked to rate how strongly they agreed or disagreed that each capability should be included as a core capability for physiotherapists to deliver quality care via telephone. Panellists rated their level of agreement on an 11-point numerical scale (with terminal anchors of 0 = strongly disagree to 10 = strongly agree). Individual capabilities that achieved consensus ( $\geq 75\%$  of the panel rating  $\geq 6$ )<sup>34</sup> were retained for Round 3.

#### Round 3

In Round 3, panel members reconsidered and re-rated the capabilities from Round 2 using the same rating scale as Round 2. Summary panel data from Round 2 were provided for consideration alongside each capability in the format: n (%) rating in each of the ranges 0 to 4, 5 to 6, 7 to 8, or 9 to 10. Only those capabilities that achieved consensus ( $\geq 75\%$  of the panel rating  $\geq 7$ )<sup>34</sup> were retained for inclusion in the final core capability framework.

## Results

**Table 1** describes the Delphi panel characteristics. In Round 1, 71 participants from 17 countries participated, with more than half of the panel (n = 36, 51%) comprising physiotherapy clinicians and with 11 (15%) consumers. Sixty-three panel members for Round 2 and 58 for Round 3 participated, representing 89% of Round 1 panel members and 82% retention of Round 2 panel members.

### Delphi Rounds 1 to 3

A summary of each Delphi Round is provided in **Figure 1**. In Round 1, all capabilities reached consensus for inclusion in the core capability framework for physiotherapists to deliver quality care via telephone. Additionally, 20 panel members offered 23 new items of feedback/additional capabilities for consideration. Of these, two were not relevant for telehealth delivered via telephone, one was already contained within the framework, one was regarded as a generic physiotherapy capability not specific to telephone care, and 10 were general comments/observations about telehealth and the survey rather than

**Table 1**  
Delphi panel characteristics.

	Round 1 (n = 71)	Round 2 (n = 63)	Round 3 (n = 58)
Panellist classification, n (%)			
physiotherapist researcher	14 (20)	13 (21)	13 (22)
clinical physiotherapist	36 (51)	29 (46)	26 (45)
physiotherapy association representative	10 (14)	10 (16)	9 (16)
consumer	11 (15)	11 (17)	10 (17)
Sex, n (%)			
male	31 (44)	27 (43)	26 (45)
female	40 (56)	36 (57)	32 (55)
Physiotherapist speciality area, n (%)			
musculoskeletal	26 (72)	21 (72)	17 (65)
cardiorespiratory	5 (14)	3 (10)	4 (15)
paediatrics	3 (8)	3 (10)	3 (12)
women's health	2 (6)	2 (7)	2 (8)
Country of residence, n (%)			
Australia	34 (48)	32 (51)	31 (53)
Bosnia	1 (1)	1 (2)	1 (2)
Canada	3 (4)	1 (2)	1 (2)
China	1 (1)	1 (2)	1 (2)
India	3 (4)	3 (5)	3 (5)
Ireland	1 (1)	1 (2)	1 (2)
Mexico	1 (1)	0 (0)	0 (0)
Nepal	1 (1)	1 (2)	0 (0)
New Zealand	3 (4)	3 (5)	2 (3)
Norway	1 (1)	1 (2)	1 (2)
Poland	2 (3)	2 (3)	2 (3)
Saint Lucia	1 (1)	1 (2)	1 (2)
Spain	1 (1)	1 (2)	1 (2)
Turkey	4 (6)	4 (6)	4 (7)
United Arab Emirates	1 (1)	1 (2)	1 (2)
United Kingdom	9 (13)	6 (10)	5 (9)
United States of America	4 (6)	4 (6)	3 (5)

Some percentages do not sum to 100% due to the effects of rounding.

suggested capabilities. An additional eight individual capabilities (Appendix 3 on the eAddenda) were generated from the remaining nine items for inclusion in Round 2. In Round 2, two (4%) capabilities were removed from the telehealth delivery domain ('Encourage patient positive beliefs about telehealth to maximise adherence to treatment' and 'Ensure the first telephone consultation is conducted with the client in their home environment (rather than another setting) to ensure safety, privacy and to obtain a clear history') from the final round as they did not reach consensus. In Round 3, one (2%) capability was removed from the care planning and management domain ('Identify opportunities for, and engage in, interprofessional care and collaboration via telephone where possible') as it did not reach consensus for retention in the final core capability framework. The final core capability framework comprised 44 capabilities across six domains (**Table 2**).

## Discussion

This study aimed to develop an international, discipline-specific core capability framework for physiotherapists delivering telephone-based care. The final framework comprised 44 specific capabilities mapped across six domains: compliance; patient privacy and confidentiality; patient safety; telehealth delivery; assessment and diagnosis; and care planning and management. This framework outlines the capabilities required of physiotherapists when they deliver care via telephone.

We believe that no previous studies have developed a capability framework specifically for telephone-based physiotherapy care. The domains in this framework share similarities with previous broad telehealth competency frameworks in other healthcare professions, including frameworks for nurses and medical healthcare professionals delivering telehealth,<sup>28,29</sup> physicians providing virtual care,<sup>35</sup> and generic telerehabilitation guidelines,<sup>36,37</sup> all of which acknowledge regulatory issues, patient privacy, patient safety and telehealth delivery as important components. This framework complements the recently developed core capability framework for physiotherapists delivering care via videoconferencing.<sup>31</sup> Although many capabilities are common to both forms of telehealth, there are

**Table 2**

The core capability framework for physiotherapists to deliver quality care via telephone.

<p>Domain 1: Compliance</p> <p>The physiotherapist demonstrates they can ...</p> <ol style="list-style-type: none"> <li>identify any limitation to their individual scope of telehealth practice as dictated by relevant laws, registration requirements, organisational regulation, and/or the funding/reimbursement model relevant to the patient</li> <li>comply with the regulatory requirements associated with practising as a physiotherapist in the practitioners' geographical location, the geographical restrictions associated with their professional registration and the geographical location(s) of the patient</li> <li>have professional indemnity insurance that covers the intended scope of telehealth practice</li> <li>determine a patient's eligibility for receiving care via telehealth in accordance with federal and state regulations and/or the funding/reimbursement model relevant to the individual patient</li> <li>obtain and document informed consent from the patient and/or helper which is appropriate for the intended telehealth interactions</li> <li>align practice with relevant organisational telehealth procedures and protocols</li> <li>record and manage clinical documentation about telehealth (telephone) interactions in accordance with professional association standards, state/federal regulations and medico-legal requirements</li> </ol>
<p>Domain 2: Patient privacy and confidentiality</p> <p>The physiotherapist demonstrates the ability to ...</p> <ol style="list-style-type: none"> <li>set up their and the patient's physical environment in order to maintain patient privacy</li> <li>obtain informed consent from the patient if audio recordings are taken during the telehealth (telephone) interaction (such as for assessment purposes) and explain how these will be used and stored</li> <li>inform the patient/caregiver that physiotherapist consent is required for them to take photos/videos of the consultation</li> <li>comply with the data security requirements of telehealth practice, platforms, storage and transmission (including sharing information with other health professionals) as dictated by bodies such as federal/state/professional and/or employer organisation (eg, for physiotherapists in the United States of America, The Health Insurance Portability and Accountability Act required technical, physical and administrative safeguards, for Australia the Australian Privacy Principles and for Europe the General Data Protection Regulation)</li> </ol>
<p>Domain 3: Patient safety</p> <p>The physiotherapist demonstrates the ability to ...</p> <ol style="list-style-type: none"> <li>determine whether a patient is safe to receive care via telehealth (telephone), taking into consideration a patient's health and physical environment</li> <li>inform the patient of potential risks, benefits and limitations associated with the delivery of telehealth (telephone)</li> <li>describe a documented procedure in the case of a patient incident during the telehealth (telephone) consultation, including being able to provide the patient's address to emergency services if required and/or notify the patients emergency contact</li> <li>confirm the geographical address of the patient at the beginning of each consultation in case emergency services need to be called</li> <li>identify safety hazards related to remote care, where the therapist is not in the same room as the patient</li> <li>enlist the assistance of a patient caregiver to assist with physical assessment and management tasks in order to ensure patient safety when required</li> <li>instruct the patient to set up their physical environment in a manner that is safe for them to perform intended assessment and management tasks</li> </ol>
<p>Domain 4: Telehealth delivery</p> <p>The physiotherapist demonstrates they can ...</p> <ol style="list-style-type: none"> <li>technically operate the chosen telephone system</li> <li>provide adequate information prior to the telehealth consultation to optimise delivery of care via telehealth (telephone)</li> <li>implement strategies to ensure minimal disruption during the telehealth (telephone) consultation</li> <li>implement strategies to foster rapport and trust, and build therapeutic relationships via telehealth (telephone)</li> <li>establish expectations and goals for what can be achieved with telehealth (telephone) consultations in collaboration with the patient</li> <li>provide written or digital information to the patient as required to support delivery of care</li> <li>adapt communication style and strategies to optimise delivery of care via telehealth (telephone), given the absence of non-verbal cues</li> <li>evaluate the patient's comprehension/understanding of information being delivered via telehealth (telephone) using teach-back technique</li> <li>use the findings of evaluation to continuously improve the telehealth service</li> </ol>
<p>Domain 5: Assessment and diagnosis</p> <p>The physiotherapist demonstrates the ability to ...</p> <ol style="list-style-type: none"> <li>follow a structured process to ensure patient appropriateness for telehealth (telephone) for the individual patient</li> <li>follow a structured process to identify risk of falls or other safety considerations prior to consultation</li> <li>recognise the limitations of telehealth (telephone) in assessment and diagnosis</li> <li>adapt assessment processes (if required) to appropriately assess the patient via telehealth (telephone)</li> <li>instruct the patient and/or helper on how to perform modified special tests for assessment and diagnosis if required</li> <li>determine the elements of care suitable for delivery via telehealth (telephone) for the individual patient</li> <li>recognise when an in-person consultation and/or other investigations are required to supplement the telehealth assessment and/or diagnosis</li> </ol>
<p>Domain 6: Care planning and management</p> <p>The physiotherapist demonstrates the ability to ...</p> <ol style="list-style-type: none"> <li>identify and interpret the evidence for physiotherapy via telehealth (telephone)</li> <li>facilitate patient choice in choosing telehealth (telephone or videoconferencing) or in-person consultation</li> <li>use the existing evidence base to deliver treatments that have been shown to have equivalence to in-person treatment</li> <li>critically apply relevant clinical practice guidelines and other best available evidence on telehealth (telephone) care and service delivery, identifying where local modifications may be required</li> <li>effectively and safely adapt (if required) and deliver treatment approaches using telehealth (telephone)</li> <li>develop a patient-centred management plan, which considers the digital literacy of the individual and whether a blended approach combining telehealth (telephone or videoconferencing) and in-person delivery care is needed</li> <li>consider and use as appropriate written and digital resources to enhance information sharing with the patient to increase their knowledge about their condition, management options and prognosis</li> <li>adapt (to the patient's environment) and implement relevant outcome measures to monitor treatment progress to guide ongoing telehealth (telephone) management</li> <li>adhere to privacy, security legislative requirements when using digital mechanisms to communicate with other healthcare professionals about a patient</li> <li>provide an alternative treatment if the patient is not appropriate for care delivered via telehealth (telephone)</li> </ol>

differences in the capability frameworks. The most noticeable differences are that there are fewer capabilities in the telephone framework (44 versus 60 for videoconferencing), particularly within the telehealth delivery domain (9 versus 16), and the absence of a technology domain from the telephone framework. This makes intuitive sense because telephone-based care does not require the

therapist to assess a patient's digital literacy and determine if they have appropriate information technology hardware (required for videoconferencing only). Given the ease of use of the telephone and its long-standing widespread integration in daily life, it is unlikely that a patient will experience technical issues during telephone consultations and thus physiotherapists do not require the same

capabilities such as instructing patients how to connect to the videoconferencing platform or provide guidance to patients on setting up camera angles to optimise assessment and treatment.

An important difference between telephone and videoconferencing formats of telehealth is that visual cues are removed with telephone-based care and the primary mode of communication between the therapist and patient is via verbal language and non-verbal cues through the voice.<sup>38</sup> In the telephone capability framework, the domains with the greatest number of capabilities were 'care planning and management' (n = 10) and 'telehealth delivery' (n = 9) and within them several capabilities related to higher level communication skills (such as adapting communication style to foster rapport, trust and build therapeutic relationships; implementing strategies to optimise delivery in the absence of non-verbal cues; and evaluating the patient's comprehension/understanding of information being delivered). Physiotherapists, for example, may find it more difficult to interpret a patient's comprehension of the information being delivered over the telephone in the absence of in-person conversational cues. Using the teach-back method to confirm whether a patient understands what is being explained to them was also specifically included as a capability, as it can help to bridge communication gaps that may exist.

A variety of stakeholders – including physiotherapy clinicians, education and training providers and the wider community – can benefit from this framework. It can provide physiotherapists who have little or no experience of telephone-delivered care with guidance on the skills and knowledge required to do so. For educators, it can help in formulating learning objectives, curriculum content and may guide student assessment in telephone-delivered care. This is important, given that there appears to be a lack of guidance regarding inclusion of telehealth curriculum in undergraduate and postgraduate health professional education.<sup>39,40</sup> A recent scoping review highlighted limited published research on the extent to which telehealth curricula are being integrated into undergraduate and postgraduate allied health training programs.<sup>41</sup> Physiotherapists, occupational therapists, social workers, psychologists and speech pathologists from Australia, the United States of America, the United Kingdom and Norway were among the health professionals evaluated. Based on findings from 11 studies, current curricula focus predominantly on how to understand, know and practise using telehealth in a broad context and there is considerable variation in program aims/objectives, content, format, delivery timeline and assessment. In particular, assessment approaches were poorly reported, with four studies failing to mention assessment and several failing to mention how clinical competence was measured.<sup>41</sup> Thus, our framework may help to address educational gaps by providing a foundation for the development of learning outcomes, assessment strategies and curriculum content for training physiotherapists to deliver care over the telephone. The wider community may also use this framework as a guide to understand what standards to expect from physiotherapists who provide telephone-based care. Although designed for physiotherapists, the current framework has the potential to be adapted to suit the needs of other allied health professions.

The framework is particularly timely, given that telephone-delivered physiotherapy care is likely to be more widely implemented in the future. Some of the documented barriers to telehealth implementation include reluctance to change clinical practice,<sup>42</sup> lack of confidence, scepticism about effectiveness, and acceptance;<sup>43,44</sup> these barriers have been shown to be overcome with first-hand experience delivering and receiving care via telehealth.<sup>45,46</sup> The COVID-19 pandemic has exposed many physiotherapists and patients to telehealth for the first time and their reported positive experiences are likely to lead to some choosing this form of delivery in the future.<sup>3</sup> Lack of telehealth funding is another documented barrier to implementation;<sup>43</sup> introduction of permanent rebates for such services as a result of the pandemic will also assist in increasing implementation of telephone-delivered physiotherapy care in the future.

Strengths of this study included a large Delphi panel (71 participants) with high retention rates across repeated rounds (> 80% at Round 3). Although the optimal size of a Delphi panel is unknown,<sup>47</sup>

it is suggested that typical panels have between 10 and 100 members.<sup>33</sup> Given the specificity of our investigation (with a relatively limited population of experts in telephone-delivered physiotherapy care), our Delphi panel may be considered large. Another strength was its international reach and specificity to a single professional discipline, comprising experts from 17 countries across four continents, including physiotherapy clinicians, researchers, physiotherapy organisation representatives and consumers. However, the panel did not include experts from diverse linguistic backgrounds and only 12% were from low-middle income economies. The majority of the physiotherapy clinicians in the panel had a musculoskeletal background (65%), while consumers were under-represented (n = 10). As such, the findings may not necessarily reflect the perceptions of physiotherapists working across the breadth of physiotherapy areas (eg, neurological physiotherapy was not represented).

In conclusion, this framework outlines the specific core capabilities required by physiotherapists to deliver telephone-based care. Physiotherapists can use the framework to identify which skills and knowledge they need to acquire and guide their learning. This framework can also inform the development of curricula and professional development initiatives to support future professional growth in high-quality telephone-based physiotherapy care.

**What was already known on this topic:** Provision of care via telehealth is emerging as an effective and acceptable mode of delivering physiotherapy. Given high rates of telephone ownership globally, the telephone is a highly accessible mode of telehealth delivery.

**What this study adds:** This framework outlines the specific core capabilities that an international panel of experts recommend for physiotherapists to provide quality care via telephone consultations. The capabilities cover the domains of compliance, patient privacy/confidentiality, patient safety, telehealth delivery, assessment/diagnosis, and care planning/management.

**Footnotes:** <sup>a</sup> Qualtrics software, Qualtrics, Provo, USA.

**eAddenda:** Appendices 1, 2 and 3 can be found online at <https://doi.org/10.1016/j.jphys.2022.02.002>.

**Ethics approval:** This research project has been approved by the Human Research Ethics Committee of The University of Melbourne (# 22615).

**Competing interests:** Nil.

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