

Supplementary Table 1. Studies of paediatric consultations in primary care.

Author, setting and country	Type of study	Findings: child's contribution to the consultation
Pantell <i>et al</i> ¹⁹ Primary care university medical centre, US	Quantitative observational study of 115 videotaped paediatric consultations	The child's contribution, which was largely social, was 14.2% of the consultation. It increased with a child's age, occurring during history and examination. Feedback was mainly given to the parents. Parents received 4.4 times more information than children.
Meeuwesen <i>et al</i> ²⁰ General practice, The Netherlands	Quantitative study of 95 videotapes of paediatric triadic consultations taken from an archived collection dating from 1975–1989	Child's contribution was small, increasing slightly over the years. Child–doctor interaction was between 3–6% of turns. Increase in doctor–child discourse time in a consultation is at the expense of the parent–doctor discourse time.
Tates and Meeuwesen ²¹ General practice, The Netherlands	Quantitative observational study of 106 video recordings of paediatric consultations from an archived collection	Turn allocation was examined. Children had 9.4% of turns. Parent's interference with doctor–child interaction was responsible for exclusion of children. GPs tended to take child's age into account but parents did not.
Eminson <i>et al</i> ²² General practice, UK.	Quantitative study using a triadic scale developed for the study to rate 66 GP consultations for involving the child in the consultation, before and after a teaching package was administered on triadic consultation skills	The GPs scored high at involving the child in the history and early stages of the consultation prior to the teaching. But after the teaching package, were better at involving the child in the later parts of the consultation than before the training.
Tates <i>et al</i> ²³ General practice, The Netherlands	Qualitative study analysing 106 videotapes of paediatric consultations, from an achieved source. The participants' roles and identities were analysed	GPs' lexical choice reflected their allocation of invitations to speak. A child being invited to begin the consultation increased their involvement in problem formulation. All three participants jointly establish a situation where the consultations end up with the parent speaking for the child, this being a social co-construction where the norm is parents speaking for children.
Tates <i>et al</i> ²⁴ General practice, The Netherlands	Quantitative study of 106 video recordings of paediatric consultations from an achieved source. Coded for instrumental versus affective behaviour of the participants	Child's contribution was 9.6% of the consultation. The small amount of child and doctor interaction is mainly instrumental behaviour towards each other. GPs accommodated for the child's age, and directed more child-centred behaviour towards older children, with some shared decision-making. Parents did not accommodate for age. 80% of advice given on treatment by the GP is directed towards the parent not the child.
Tates <i>et al</i> ²⁵ General Practice, The Netherlands	Quantitative study of 105 videos of paediatric consultations taken from an archive coded for supportiveness of adults towards child involvement in the consultation and displays of child involvement	Children have limited involvement, especially at the end of the consultation. GPs and parents mostly assumed a non-supportive role in interaction with the child, GP supportive behaviour towards child involvement tended to occur in the history and examination phases of the consultation. Children displayed most active involvement in consultations where the GP assumed a supportive role. 90% of consultations end with child non-participation. Older children are shown more supportive behaviour regarding involvement by both adults. When the parents are not supportive towards the child's involvement the consultations are more likely to be doctor–adult dyads.
Cahill and Papageorgiou General practice, UK ¹⁸	A qualitative study of 31 paediatric primary care consultations	The child's contribution was 5.42%. Adult carers interrupted doctor–child talk when the adults had not had their concerns expressed early in the consultation.