tomography scanning may therefore be warranted in the boy described by Dr Ng and his colleagues.

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Consultant appraisal: pitfalls and how to avoid them

Editor – I was interested to read Dr Waller's article on consultant appraisal (*Clin Med* November/December 2003, pp 569–72). However, I should have liked to have seen some evidence for the value of appraisal (ie clearly demonstrating its benefits to the appraisee, the Trust, or to both). In an era of evidence-based medicine, I feel that management practices new to the NHS should likewise be subjected to critical analysis before their wholesale introduction. Dr Waller assures us that 'carried out correctly, [appraisal] should be a positive, forward-looking, developmental discussion'. Perhaps so, but it is also a time-consuming activity, which seems more concerned with documenting everything than with achieving any real change.

Appraisal will, of course, be used to support revalidation. However, this is principally because it is an expedient solution to the problems of regularly re-licensing a large number of doctors, and, in itself, is no proof of the value of appraisal.

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Clinical & Scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

Prescribing and dispensing by private medical practitioners in Hong Kong – a double-edged sword

We read with interest the article by Tatara[1] describing doctors prescribing and dispensing medication in Japan. Virtually all private doctors in Hong Kong, general practitioners and specialists alike, also prescribe and dispense. Here we discuss the advantages and disadvantages of doctors both prescribing and dispensing in Hong Kong, and the difficulties of separating the two activities.

Advantages of doctors dispensing medication

Getting drugs directly from the doctor is convenient, and the overall cost to the patient is likely to be lower. Also, it may reduce embarrassment for patients with psychiatric problems, sexually transmitted diseases, or erectile dysfunction, and perhaps lessen their resistance to seeking treatment. The clinic serves as a one-stop healthcare centre.

Another advantage is that the doctor can teach and check the techniques of drug administration on the spot, for example for patients on inhalation therapy. Also, in Hong Kong, most patients with sexually transmitted diseases consult private doctors.[2] For many sexually transmitted infections, single-dose therapy is effective, and a compliance rate of 100% can be achieved if the doctor dispenses the medication.[3]

Disadvantages of doctors dispensing medication

Without pharmacists checking the medication, there are risks of malpractice and drug abuse by medical practitioners and clinic staff. Also, some doctors dispense skincare products and nutritional supplements, which should be dispensed only after a consultation and for a limited time. In practice, though, some patients repeatedly obtain such products from the clinic for themselves or for family members who have not consulted the doctor. This reduces the role of doctor to that of corner-shop owner.

'Shopping around' for doctors is also prevalent.[4] Hong Kong operates a dual healthcare system with 70% of primary care being provided by the private sector.[5] There is no structural system for patients to register with a particular general practitioner,[6] so a patient may consult several different GPs. The fact that doctors also dispense medication exacerbates this problem. For example, a patient with androgenic alopecia may phone several doctors to ask for the price of four-months supply of oral finasteride, and then attend the doctor with the lowest quotation. This seriously undermines the benefits of continuity of care, and the consultation itself is not valued if no medication is given.

Furthermore, a dispensing doctor may limit his prescriptions to the particular medications he purchases. Also, there is no regulation of the fees doctors charge for medication, so doctors working in affluent districts may prescribe expensive but unnecessary drugs. In other words, financial gain can become one of the considerations that influence clinical decision-making.

Difficulties of separating prescribing and dispensing in Hong Kong

The substantial gain from dispensing under the present system is the biggest reason for resistance to reform. One misconception by the public is that separating prescribing and dispensing will not increase costs, which is unlikely to be true. A recent opinion survey[7] showed that 52% of respondents (patients) expected a big reduction in medical costs if prescribing and dispensing were separated, but less than 10% of doctors thought so. Also 60% of the respondents had little understanding