4.85 to 8.61 respectively, both $P<0.001$). Seemingly this is exactly the sort of evidence base to justify measuring both arms, but all studies included in the analysis were of populations at existing high vascular risk, for example, referrals to angiography services. We cannot discover an evidence base that permits extrapolation of the guideline statement to the general population of which it is aimed.

Parker and Glasziou also raise the important issue of how to measure an inter-arm difference. We have found that prevalence of an inter-arm difference is over-estimated without a robust measurement technique.[2] While this is of epidemiological importance we have found repeated simultaneous measurements to be a barrier to recruitment in primary care[5] and this approach has been criticised as impractical.[6] To overcome this we have compared the use of a single sequential pair of measurements to our gold standard simultaneous technique in 187 subjects in primary care with type 2 diabetes. Preliminary findings in 187 subjects have shown a high negative-predictive value of 0.97 in excluding a systolic inter-arm difference >10 mmHg.[7] Consequently, the vast majority of subjects who do not have an inter-arm difference can be identified within a single consultation, and only the 10–20% remaining will need further assessment. The validity of this approach, and the clinical implications of detecting an inter-arm difference in subjects at low cardiovascular risk, both require further study.

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Authors' response

We agree with Adjei-Gyamfi *et al* that the reliability of home blood pressure monitoring is crucial to its success. This requires attention to both the sphygmomanometer and the measuring technique. Given around 5% of patients will have a 10 mmHg or more difference between their arms, then an initial check for inter-arm difference is important. However, assessing inter-arm differences reliability requires simultaneous blood pressure measurement, and so this will need to be done in their GP's office rather than at home. At home the patient should then use the arm with the higher blood pressure. Clark and Campbell's suggestion that a single simultaneous pair of measurements may be sufficient to rule out high inter-arm differences appears an important step in making this check practical. However, as they suggest, both the technique and the implications are in need of further research and future blood pressure studies should incorporate dual arm measurement as part of the protocol.

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Nurse practitioners

A recent pilot study published in the January edition of the *BJGP* examined nurse practitioner management of acute in-hours home-visit or assessment requests.[1] The very positive conclusions from this study will not be surprising for anyone working with a nurse practitioner. What is surprising is that the study did not define what is meant by the term 'nurse practitioner'. In the present situation, this is essential. There is no protected or regulated title of nurse practitioner — indeed anyone (not even registered nurses) may call themselves a nurse practitioner.

Most would assume that a nurse practitioner is a nurse who has undergone further training in order to enable her to be able to assess, diagnose, and treat patients. However, it is impossible to say exactly how much or what type of extra training the nurse practitioner has done. As there is no regulated title, there is no specific training. Training courses do of course exist, but they are not mandatory. These courses range from Masters or BSc level (as in the case of the author of this study) to a few days on physical examination carried out by private companies.

It seems ludicrous at a time when GPs in particular are being asked to provide more and more evidence of their fitness to work as GPs in the form of extended training, changes to examinations, and re-accreditation, that there is a group of nurses working in the NHS doing very similar work, with similar outcomes, and patient satisfaction,[2] with nothing more mandatory than a registered nurse qualification.

Patients are confused and their safety is put at risk by this situation where there