Advanced nurse practitioners

Sir,

I recently read the article about advanced nurse practitioners (ANPs) and physicians assistants (PAs) (vol 62(3), 2001, p. 169) by Carol Cox. I must point out two errors that were made in reference to the preparation of PAs in the United States.

The first misstatement indicated that while ANP education is standardized, PA education is not. As the Chair of the Accreditation Review Commission for Physician Assistants, the specialized accrediting body for PA programmes in the USA, I can assure the author that is not the case. All PA educational programmes must be accredited for their graduates to take the national certifying examination and, in order to do so, must meet specific standards for accreditation. While the Accreditation Standards for Physician Assistant Education do not address the degree conferred by the academic institution, they are quite specific regarding the curriculum content in both the didactic and clinical phases of the programme.

Second, the author states that 'many of the PAs practicing in the United States are not certified'. In order to obtain a license to practice as a PA in the USA one must have passed the Physician Assistant National Certifying Examination. Therefore all 50 000 PAs eligible to practice have passed the certifying examination. Perhaps the confusion arises from the need to recertify every 6 years in order to continue to call oneself 'certified'. Twenty-four states require continuing certification in order to maintain licensure. Although specific numbers were not available from the National Commission on Certification of Physician Assistants, they indicate that the majority of PAs in the US maintain certification.

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Sir,

It is refreshing to see there is continued interest in my article, written almost 2 years ago. A review of two websites that address PA training (American Academy of Physician Assistants (AAPA) and the Occupational Outlook Handbook for Physician Assistants) appear to have aspects of conflicting information. However, it is evident that the 'typical' educational programme takes approximately 2 years to complete.

According to the AAPA, there are 132 accredited PA programmes and these may be read at either certificate (which is level 1 education in the UK), associate (which is level 2 education in the UK), BA/BSc (which is level 3 education in the UK) or master's degree level (level 4/5 in the UK).

Although it may be true that 'All PA programmes must be accredited for their graduates to take the national certifying examination' this does not reflect that all PA education is at the same level. In the UK, a first degree does not equate to a master's degree. ANP education in the USA is standardized at master's degree level. Professor Sayre-Stanhope also indicates that 'Twenty-four states require continuing certification in order to maintain licensure'. This means that in the other 26 states that maintaining certification is not mandatory. ANP licensure requires continuing certification.

The PA role is needed to address the growing number of people who require health care. I personally would like to see the role introduced in the UK. Recently a new form of health-care practitioner was introduced here – the 'medical assistant'. Although it is early days, it will be interesting to follow the development of this role in its pilot sites.

An over-riding concern that I have identified from a review of the websites listed above is the average annual salary of the PA ($61 900, ranging from $47 970 to $88 100). The top figure is more than many doctors are paid in the UK. Can UK health care afford this?

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Mediastinal lipomatosis and exogenous steroids

Sir,

Dr Crowe highlights the risks of herbal medicine in anaesthesia (vol 62(11), 2001, p. 716). We report mediastinal lipomatosis probably caused by exogenous steroids sold as herbal medicine.

A 58-year-old non-obese Malay gentleman was admitted with an acute exacerbation of chronic obstructive pulmonary disease. No previous medical history was noted. His son said that the patient was taking regular herbal tablets for his chest.

He had thin skin with multiple ecchymotic patches and leucocytosis. Chest X-ray showed an enlarged mediastinum, confirmed as mediastinal lipomatosis on computed tomography (CT) of the chest. The patient confirmed previous consumption of herbal tablets. We believe that the tablets were steroids, based on physical appearance, leucocytosis in the absence of infection and CT findings.

Mediastinal lipomatosis is usually benign (Enzi, 1984). It can be spontaneous (Enzi et al, 1984), or caused by iatrogenic steroids (Santini and Williams, 1971) or simple obesity (Lee and Fattal, 1976). This case highlights two issues. First, unregulated access to herbal medicines, as shown by the lack of control of what was sold as herbal medicine. Second, when patients claim to have consumed herbal remedies, a complete drug history is mandatory.

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