

ACPs are an intrinsic part of many respiratory multi-professional teams and here we meet **Kathryn Thomas**, who works in Derby. Derby Hospital currently has two qualified ACPs working within the respiratory department and there are other ACPs currently in training rotating into the specialty.

We would be really interested to know more about your path to becoming an ACP. What attracted you to this role in the NHS?

When I qualified as a nurse, I went straight into critical care, which I loved as it really gives you the opportunity to look after patients holistically.

I really valued the extra training I was encouraged to undertake and, to some degree, the autonomy looking after a Level Three patient allows. The medical team will make the plan for the day for the patient and will support, but it's the bedside nurse that is the advocate for the patient and often the person who turns the daily plan into action!

Therefore, when looking for a role outside of the ICU the ACP role felt a natural progression to enhance the skillset I already had.

How long have you been working in respiratory medicine?

I rotated into the specialty twice during my ACP training but have been based in respiratory medicine since 2018.

Many people will be new to the role of an ACP. Could you outline a typical week?

On a Monday and Tuesday I help deliver teaching to the medical students. This is really due to the progressive thinking of a respiratory consultant who recognised that the non-medical workforce can provide education as well as doctors.

On a Wednesday I review patients on the medical assessment unit that are awaiting respiratory review with a consultant. Seeing a

new admission, and having time with a consultant to suggest what management for the patient I would do, is a good opportunity for work based assessments and provides a great opportunity for CPD.

The remainder of my week is a mixture of working on the ward reviewing patients, working alongside the MDT and clerking patients. When possible and when time allows, I also try to be active in all four pillars of advanced practice, which are clinical, leadership, education and research and audit.

Can you share your experience with a particular patient?

I think a major strength of the role is the continuity of care that we provide. It's not unusual for example to see an admission on the Medical Admission Unit and to then look after that same patient again on the respiratory ward. An example of how this improves patient experience is when we had a patient with a malignant effusion who required multiple hospital admissions. Nurses work long days, junior doctors move on to other specialties and the consultants rotate on and off the ward, so it was helpful for the patient to see a familiar face during all admissions.

You are developing strong relationships with other ACPs. Do you have a sense of how many ACPs are working in respiratory medicine?

In a recent survey sent out there were 24 respondents.

How do you see the profession developing?

I think ACPs are well placed to help meet the service needs of our patient group. Our previous roles often mean we have an understanding of the priorities of other members of the MDT, which facilitates teamwork and leads to improved patient care. The fact that we are a fixed part of the

workforce within the specialty also means we can provide continuity. It also improves the experience of junior doctors in the specialty, as our presence enables them to go to teaching etc.

I think it is exciting that advanced practice is evolving in the specialty, and as different models of working are emerging, for example integrated care, it would be really beneficial to our patients if the skillset of ACPs were considered in the planning of service delivery.

Do you have any particular advice for someone considering training as an ACP?

It's a great role that I love, but you are training on the job, which can feel intense sometimes as we work full time whilst also completing an MSc. My advice would be to be as prepared as you can be and don't underestimate the experience you have gained in your current profession. Whilst starting your training as an ACP you may be a novice in terms of your medical knowledge but you bring the skills you acquired from your background profession.

Contact details

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