

More and more Advanced Clinical Practitioners (ACPs) are working within the NHS. ACPs are an important part of the workforce and are helping to support innovative ways of delivering hospital-based care.

Rebecca Chamoto works in Wythenshawe hospital (Manchester Foundation Trust) and her role has evolved and grown over the years to become an integral part of both inpatient work, outpatients' clinics and most recently piloting an Ambulatory Respiratory Care Unit. I work on admission avoidance, supporting and facilitating early discharges and building different pathways working with a multidisciplinary team to improve the patient journey.

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

I qualified as a staff nurse in 2003 and have worked primarily in the medical speciality with respiratory and critical care being of interest to me. I did lots of internal and external courses throughout my career to constantly develop my skills. Over the years I have gained diverse experiences and a multitude of transferable skills which have given me a comprehensive knowledge base, depth and understanding, which led me to the path of exploring the role of an Advanced clinical practitioner (ACP). This was very appealing to me as it incorporated both clinical and leadership skills, both of which I am very passionate about. After doing research into the role and networking to see how other hospitals utilized ACP'S, I knew it was the path I wanted to take. Having the opportunity to study to MSC level with the support of experienced expert clinicians was an opportunity that I was very motivated to embark on. I had done numerous stand-alone modules on clinical examination, pathophysiology, critical care, however the Masters in clinical practice brought all my

previous learning and experience together and facilitated the building of good working relationships with my consultant colleagues. This was very much needed to get regular feedback as I progressed through the course, to make me into the practitioner I am today. Once I qualified as an ACP, it was an even steeper learning journey, as the role was new to the directorate. However I was eager to establish the role and to be an asset to the respiratory department. This role could positively influence many areas and work well in an integrated approach to care. The role of ACP within respiratory medicine has given me the platform to develop the drive and determination required to deliver the highest standard of care to patients. We have developed services and are continuing to build the team to provide continuity, and patient focused, high quality care.

How long have you been working in respiratory medicine?

I have worked within Respiratory medicine for most of my 18-year career. I have worked in a variety of roles including wards, Respiratory nurse practitioner, Acute care practitioner and now Advanced Clinical Practitioner.

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

Working as part of a growing team we cover a wide range of services in our job plans, including initial assessment, treatment, and ongoing care to designated groups of inpatients and outpatients. We work as part of the medical team at an advanced level from initial presentation through to discharge and are involved in some chronic disease management. The primary focus is on the provision of excellent patient centred care, encompassing the skills of assessment, examination, clinical diagnosis and the development and delivery of effective treatment plans for a diverse caseload, including assessment of chronic problems.

Our typical working week involves:

- Work within the clinic setting (different sub specialities and general respiratory)
- On call, ambulatory care – this involved the acute admissions and also the ambulatory care area is a new set up that is supporting admission avoidance and ED
- Covid follow up – Ward discharged and GP referrals
- ACP led clinics e.g Pneumonia follow up
- Service development- Our ACP get allocated time to lead and develop a service or innovation.

Can you share your experience with a particular patient?

The role has developed over the last few years and we have been involved in several initiatives one I am particular proud of is the Respiratory Ambulatory Care Unit (RACU), as advanced practitioners are pivotal in the running of it and it allows us to use and develop our clinical skills that we have been trained in. The RACU has the role of providing rapid assessment, investigation and treatment for respiratory patients that are ambulatory admitted urgently from the Emergency Department, and those referred by their GP. Early assessment, streaming and the development of selected care pathways in Respiratory is essential to ensure patients receive effective clinical management. Reducing unnecessary hospital admissions helps ensure that those that do need a hospital bed get to the right ward under the right team in a timely manner. This improves both the quality of care and shorten the length of stay for all.

We are still in the initial pilot phase of the unit, however friends and family, and patient feedback has been very positive, and we hope to grow the service and the team to offer specialist input from the very start of the patient journey, signposting early to the appropriate sub specialities.

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

There are many Respiratory Advanced practitioners that I am aware of and all have different job plans however appear to be an integral part for the respiratory workforce. Within the northwest I network with at least 15 other ACP's.

How do you see the profession developing?

Lots of work is being undertaken at local, regional, and national level which will guide the development of advanced practice and promote further developments. At a local level we are working within the four pillars of advanced practice and have started to develop some of the key points below.

- Masters award – relative to healthcare/practice, assured competency level
- Multi-professional independent development plans to support individual specialities.
- Supervision in Practice integrated into trust training (HEE 2020)
- Developing generic Competencies (map to University and HEE advancing academy)
- Research Competencies
- Specialist area competencies – some under development
- Supporting existing practitioners to obtain registration with HEE to be compliant with register.
- Ensuring that the NHS makes the best out of its workforce and is adaptive to change
- Offering career development and new opportunities.
- Helping keep roles relevant, contributing to retention.

Within our directorate we are keen to work with the Consultant-led team and directorate leads to help to develop innovative solutions

to meet strategic objectives, organisational requirements and identified service developments. We work as a team of advanced practitioners and assist in the development of services including reaching into the assessment unit, expanding to emergency department patients, ambulatory pulmonary embolism pathway, and clinic duties.

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

The role of advanced practice is extremely rewarding and allows you to progress your career and fulfil a clinical based role, whilst incorporating other pillars of advanced practice and leading service improvements to positively impact on patient care. It offers you a chance to develop new skills, knowledge, new ways of working as well as building on previous experience. You are provided with an opportunity for multi professional and cross-organisational learning in a controlled learning environment. The course requires you to be fully committed so I would advise that you plan this move with great care to ensure you can give it the time and dedication needed to ensure you get the best out of your learning and development. The role enables you to become a confident and resilient practitioner that is able to positively impact patient care.

We are very keen to increase the number of ACPs who become members of BTS. Is there anything we could offer on our website that would be helpful to ACPs who are currently working in respiratory medicine?

Recognised membership as an advanced practitioner to BTS to support the networking of practitioners and shared learning.
Shared learning and any teaching materials that maybe useful and easily accessible.
Invitation to events and opportunities to submit abstracts for advancing practice work.

Contact details

To get in touch with Rebecca, please email:

Rebecca.chamoto@mft.nhs.uk

If you would like to share your experience of working as an ACP, please email Louise Preston:

Louise.preston@brit-thoracic.org.uk