

Rachel Gooch, Consultant Biomedical Scientist – band 8c

West Suffolk, Foundation Trust – DGH.

Dissect all specimen types.

- DEP 2005 - *3 years WTE post registration*
- ASD Breast 2015 – *Hold DEP & 5 years post reg practice* (Department manager / Advanced Practitioner)
- ASD GI reporting 2019 – *MIBMS/ FIBMS & 7 years post reg practice*  
(Advanced Practitioner / Consultant Biomedical Scientist)

Unique crossover between a technical and clinical role years:

- Dissecting large resections
- Dissection lead
- HTA DI / NP for pathology
- UKAS laboratory director for cell path
- Speciality lead for Upper GI / deputy for Colorectal
- Member MDT teams for colorectal and UGI.
- Clinical quality lead / clinical audit lead for cell path
- On IBMS dissection and reporting panels
- Lecturer at Essex university (BSc) - breast, colorectal, gynae.

Remember you are starting to move into a clinical role:

- Senior roles
- Act professionally
- Earn respect of technical staff and pathologist's – you will meet people who are not accepting of advanced BMS roles.
- Use clinical terminology - microscopic descriptions, case discussions, exam

## Communication:

- Department manager/ technical staff
- Pathologists - meet with them, talk through curriculum, what your training needs are, support, assessments. **Aims and advantages of you doing this qualification for the department.**
- Clinical teams - introduction by education supervisor at the MDTs, be helpful – act as a point of contact for the clinical teams, be responsive to issues relating to dissection.
- The development of these relationships is important for future progression through these qualifications.

Have written HR plan:

- Title while training / grade while training
- Grade on completion of training / title on completion of training
- Is there a guaranteed post at the end of training or will a post need to be made?
- Management and you will know where you are standing.

## Professional portfolio:

- Although there are more freedoms than associated with the registration and specialist portfolios refer to the curriculum in the log books. Everything you need is there.
- Follow the plan.
- Keep to the word counts.
- Nice to start by introducing yourself - where you have worked, how long you have been a BMS, how long you have been involved with dissection etc.
- General overall reflection on your dissection training and what you have learnt/experienced.
- Pick cases that show case your skills, knowledge, experiences. Do brief introduction of why you have chosen these cases.
- Formulate a feedback sheet which includes section for evidence of reflection and learning.
- Formulate case review sheet which include section for evidence of follow-up reading and reflection.
- Your case log and summary of the case log should show a clear progression of your dissection training. Make sure your logs are clear and not only list specimen type but diagnostic outcome and dissection category.

## Be proactive:

- These advanced roles are limited - appreciate that you are being given this opportunity. This opportunity is as much for you as it is for the department and cannot doors to your future.
- Be self-motivated - be prepared to do studying/ additional reading /portfolio in the evenings and weekends.
- Ask for case reviews do not wait for the pathologist to come to you.
- Ask whether you can attend the MDT's - great way to put your dissection into the patient context / developing relationships with the clinical team.
- You can look at slides yourself and compare these to the report on the LIMS - supported by self learning and discussion with pathologists/trainee pathologists/other advanced practitioners in the department.
- If there is a new type of specimen which you have not dissect before, read the SOP, and then you can discuss how you think you are going to dissect the specimen with the pathologist rather than just waiting to be told