

# An Option to Consider for an 'FY3 'Year out of Training: A Role as an Anatomy Demonstrator and the Ability to Show Continuous Professional Development

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## ABSTRACT

Each year, fewer UK doctors enter specialty training-posts after completing their foundation years (FY1&2). For many, a desire to gain further experience or develop certain skills is a big factor contributing towards this trend. I was in such a situation towards the end of FY2 and wanted to develop my teaching skills while building my portfolio towards a career in surgery.

I researched a number of educational fellow and anatomy demonstrator roles in the UK, searching for the jobs online and inquiring from colleagues. After weighing up the pros and cons of each post and accounting for personal and geographical preferences, I applied for the role of an anatomy demonstrator at Brighton and Sussex Medical School.

Aside from improving my teaching and communication skills, the role afforded me the opportunity to enrol onto a Post Graduate Certificate Medical Education to improve my understanding of educational theories. Naturally the role improved my understanding of anatomy and handling instruments and tissues appropriately. The relatively light rota as compared to busier NHS or fellow jobs allowed me to build on missing aspects of my portfolio and helped me gain a core surgical training post.

Some specialty posts in the UK, prefer candidates not to have taken time out of training but if candidates chose to take time out, then it is important to prove on-going professional development.

The role's ability to demonstrate a future trainee's continuous professional development (CPD) is something that should be highlighted, especially for candidates applying for competitive training jobs.

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## I. INTRODUCTION

As part of revision for medical school finals, my friends and I studied in groups, teaching each other various topics as a method of reinforcing what we had learned. Aside from finding this effective in terms of learning, these teaching sessions made me realise that I would like to be involved in formal medical teaching once I graduated. Although I was involved with informal ad-hoc teaching sessions during my foundation years, I was keen to develop and deliver a more formalized programme. As a result, I decided to pursue a role with an emphasis on medical education after completing my foundation year 2 (FY2).

In 2017 the proportion of FY2s who immediately took up a specialty post was 42.6%, down from 50.4% in 2016, and 71.3% in 2011.<sup>1</sup> This indicates that fewer foundation doctors

are moving straight into specialty training, instead preferring to take time out of training. Career intentions questions from the 2017 General Medical Council (GMC) National Training Survey indicated: 86% of foundation doctors reported work-life balance as a reason for taking a career break; while 60% wished to gain further experience before deciding which specialty to pursue.<sup>2</sup> A number of my fellow F2 colleagues spent time working abroad, with Australia being a popular destination. This is supported by a BMA press release in March 2018.<sup>3</sup>

After exploring options of educational fellows, anatomy demonstrators and trust grade posts, I felt going abroad was not something that greatly interested me at that stage in my career. The options for formal educational roles abroad were limited. So, I decided to apply for anatomy demonstrator jobs

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in the United Kingdom. There were a number on offer across the country, Bristol, London, Manchester and St Andrews to name a few. However, it was the role at Brighton and Sussex Medical School (BSMS) that appealed to me most. It helped that I knew some senior colleagues who had taken that position previously.

There are a number of factors to bear in mind when considering these posts, as some centres only employ educational fellows, core trainees or substantive fully-qualified anatomists. Other factors to consider include: curriculum structure, teaching styles, educational tools available, ability to pursue an educational qualification and the scope for continued medical practice.

### II. JOB DESCRIPTION

The 12-month fixed term post at BSMS is aligned to the Nuffield Health Brighton Hospital and Spire Hospital Hove and requires candidates to take part in a 1:5 rotation as a Resident Medical Officer (RMO) at the hospitals. The contract is in accordance with the European Working Time Directive (EWTB). As RMO, candidates care for elective post-operative patients across a range of specialties: general surgery, urology, Ear Nose & Throat, gynaecology and ophthalmology. There is often the opportunity to assist consultants in theatre and thus gain 1:1 educational time and develop surgical skills.

The post fits in with NHS training schemes as it runs from August to August. In addition, for those interested, the post fully sponsors the candidates' application to complete a Post Graduate Certificate in Medical Education (PGCert-ME).

Outside of the RMO shifts, a typical week would involve 15-26 hours of teaching and additional preparation and clean-up time. It is often more strenuous in the lead up to exams and during revision weeks. During student term holidays, demonstrators spend time preparing the cadavers for students to begin their dissections.

The anatomy teaching at BSMS is multi-faceted, with lectures, dissection and prosection work, small group tutorials and living anatomy and ultrasound sessions. Integrated anatomical teaching with clinical imaging was found to be essential for application of the knowledge, and demonstrators are best placed to help with this.<sup>4</sup> Demonstrators are not typically involved in delivering large group lectures; however, they cover all other forms of curriculum delivery. In the role, you will also help develop the question bank for multiple choice questions (MCQs), assist in vetting questions, hold student vivas and mark exam papers.

### III. PERSONAL DEVELOPMENT

If considering taking a year out between completion of foundation years and starting a core training (CT) or specialty training (ST) job, it is important to demonstrate continued professional and personal development in that period. Anatomy demonstrating is proven to be a key part of

post-graduate education, particularly for surgical trainees.<sup>5</sup> Fulfilling the role allowed my fellow demonstrators and I, to sit various post-graduate exams, including: MRCS A, MRCP 1, and the exam for radiology applications. We received good support from the department in our preparations, both formally and informally through learning what we were teaching the students.

Perhaps one of the most attractive aspects of the post is the opportunity to complete a fully funded PGCert-ME. The necessity to design and deliver your own module as part of a student selected component compliments the teaching portfolio module of the PGCert-ME course. As well as learning the various theories that underpin education and developing your teaching skills, the course and job can help with obtaining a core or specialist training post the following year, as candidates who have designed modules or have postgraduate qualification can score highly in the teaching section of the CT/ST portfolio.

The near-peer teaching setting increases student-teacher reliability. Davis et al., 2014 reported that “students and faculty learned better when taught by demonstrators”, as opposed to being taught solely by faculty.<sup>6</sup> As a demonstrator I found myself in the privileged position of being able to teach students anatomy by relating it to clinical practice and my own experiences with patients.

With a substantial study budget made available to the demonstrators, attending courses to begin developing a specialist interest and enhance your CT/ST portfolio is easy. I was able to attend Advanced Trauma Life Support (ATLS), Care of the Critically ill Surgical Patient (CCriSP) and a Leadership Course). Advanced Paediatric Life Support (APLS) certification is compulsory for the associated RMO post, even though there is no paediatric service at either hospital.

Prior to starting the post, each of the demonstrators highlighted their specialty of interest and were assigned educational supervisors from those specialties. These consultants provided a good port of call for any career advice or service evaluation ideas. Carrying out audit work is crucial for a successful CT/ST post and such a job allows for completion of a closed loop audit.

Unlike the other demonstrators, I had not done any dissection work while at university as anatomy teaching was prosection based where I studied. Having had minimal surgical experience till that point, I was anxious at the prospect of having to teach these skills to the students; a feeling shared by many trainees in educational roles.<sup>7</sup> Thankfully, by the time term starts the other demonstrators and I had spent two months on the job and spent much of that time, preparing the cadavers by starting the dissections. This allowed me to develop my knowledge of the anatomy, the tissue planes, handling of instruments and dissection skills. Thus, by the time the students arrived I was up to speed and confident enough to teach and assist them. As an added bonus, during the time spent preparing the cadavers, we

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came across some interesting anatomical variations and were able to submit abstracts to national conferences as a result. Such posts offer plenty of opportunity to get involved in various research projects, typically education based, and can result in podium or poster presentations at conferences or even publications and are well worth taking up.

The teams based at the university and the hospitals are all very friendly and approachable. Feedback from established faculty and the Head of Department is invaluable and available on a regular basis. Smith et al., 2018 highlighted the importance of this and how trainees would have preferred more of the same, during their time demonstrating in the London Postgraduate School of Surgery (LPSS).<sup>7</sup> The other demonstrators are at similar stages in the careers and have similar career interests, making collaborative working much easier and more efficient. I was also able to prepare for my exams and CT interviews with the other demonstrators and having similar working schedules makes it much easier to do so than on a busy NHS job. With the job’s lighter rota, it is possible to pick up locum shifts locally or even further afield to where you may have completed your foundation years.

### IV. CONCLUSION

The large amount of contact time with the students is highly rewarding and contributes enormously to overall job satisfaction. It encourages you to adapt, develop and apply new educational techniques to keep students engaged and actively involved. Receiving feedback, observing others teach, drawing from personal experience as a student and integrating this with the PGCME curriculum to apply it to practice helps expand one’s repertoire as a teacher.

Regular, scheduled clinical duties keep you clinically attuned and theatre exposure is great for surgical experience and logbooks. Importantly the role helps show continuous professional development (CPD), and offers fantastic opportunities to tailor a portfolio for successful CT applications. This was largely responsible for the successful CT applications in my demonstrator cohort.

I would recommend any doctor contemplating a ‘FY3 ’year to consider taking up such a post.

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