Anatomy demonstrators (ADs) play an important role not only in health schools, by virtue of primarily teaching medical students, but also in paramedical disciplines such as dentistry, biomedical science and physiotherapy. ADs are typically junior clinicians who take 6 or 12 months out of their postgraduate training/work to teach. They impart a clinician’s perspective on the subject matter and also provide a role model for many students.1,2

The role of the AD has been curtailed in recent years and many medical schools do not have any ADs who are clinicians. This is partially due to the decreased availability of cadavers and cost saving measures but also results from a shift away from laboratory-based classical dissection or prosection. In fact, the role is not homogeneous and varies between institutions: in some the role of the demonstrator is entirely in the dissection room, taking small groups through the cadaveric dissection and teaching anatomy with a clinical perspective, whereas in others the role of the demonstrator is mainly as a facilitator of small group teaching with occasional prosection sessions. Some deaneries are now making part-time demonstrating a mandatory requirement in core surgical training.3

There are many benefits to being an AD, with many senior surgeons viewing it as a vital step in becoming a surgeon.4 Indeed, demonstrating may be the only opportunity budding surgeons get to come into contact with cadavers after medical school and to build intensively on their then acquired clinical basis. Additionally, teaching enables the development of communication techniques and skills, boosts confidence, and is a positive discriminator in job applications. The role as an AD is considered beneficial to radiologists too, particularly to those with an interest in interventional radiology, as it provides a wonderful opportunity to really appreciate spatial relationships. The aim of this survey was to assess why, in today’s post-Modernising Medical Careers (MMC) world, doctors are choosing to demonstrate.

Methods
All of the 30 UK-based state medical schools were contacted but only 10 had full-time ADs. An email questionnaire, exploring the reasons why ADs undertook such a role, was sent to the institutions with ADs. Seven of these institutions agreed to send this short survey (of nine questions) to their previous ADs who had worked there between 2005 and 2012. The responses were collated and analysed.

Results
There were 50 responses from 7 medical schools. The questions and summarised free text results are shown in Table 1.

Discussion
Anatomy demonstration has long been considered an essential part of surgical training. With recent changes to MMC and medical school curricula, these posts are at risk of being abolished. This study aimed to assess the reasons why, in the last few years, doctors wished to demonstrate and whether they still considered it a vital part of their career development. These results suggest a wide range of reasons why people became demonstrators.

A study by Gupta et al in 2008 found that ADs had a better knowledge of anatomy than specialty registrars.5 It is unsurprising, therefore, that our key finding concurs with this; in a world where anatomy teaching in the core medical curriculum is constantly and progressively being reduced, prospective surgeons and radiologists feel that demonstrating might give them a head start. The second reason for becoming...
an AD (the desire to teach formally) is specified frequently as a desirable attribute in the personal specification of job criteria. This factor could have contributed to the majority of respondents (82%) securing their highest ranked job after demonstrating and could explain why, believing in a future advantage, a significant number (20%) chose anatomy demonstrating having been unsuccessful previously in securing a job of their choice.

A remarkable 75% of those applying for registrar posts were successful in this fiercely competitive age. Traditionally, ADs attempted membership examinations to the various surgical royal colleges while in post or shortly afterwards. We believe that the high success rate of 96% for those who attempted exams during their AD post contributed to the impressive success rate in securing registrar posts. This has been demonstrated previously.6,7 Perhaps this could be credited to the increased time available for revising compared with doctors in full-time employment.

The main disadvantage of demonstrating has always been the pay, with some stating they took a 75% pay cut for the role. Despite this, 98% of ADs recommended the job. Fortunately, some universities have recognised that the paucity of pay may deter excellent candidates and are now commonly including on-call shifts at local hospitals as part of demonstrating posts to supplement income. This action would additionally address the lack of clinical exposure that 14% said they missed. Although not included in the results, it is interesting to note that the second author (NS), for instance, undertook full-time demonstrating (for students in medicine, dentistry, biomedical sciences and physiotherapy) and was essentially paid a gross salary of less than £500 per month but believes the sacrifice was worthwhile as the experience gained through demonstrating contributed to securing surgical jobs in London subsequently.

Conclusions
ADs have a vital role in teaching undergraduate students. Demonstrating improves confidence and teaching skills, particularly as a blend of leadership and appropriately effective communication is required to keep students enthused and interactive. Some people choose to demonstrate as a stopgap, for example between F2 and ST1, while preparing for examinations and bolstering their curriculum vitae. As such, anatomy demonstrating plays a crucial role in career development, especially for surgical trainees. In the post-MMC world, it is still thought to have a beneficial role in surgical training.

### Table 1

**Summary of the Survey's Questions and Responses**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Summarised answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>What clinical seniority did you have prior to demonstrating?</td>
<td>36 (72%) were anatomy demonstrators immediately after completion of F2</td>
</tr>
<tr>
<td>What was/were your reason(s) for becoming an anatomy demonstrator? (See Figure 1)</td>
<td>34 (68%) wanted to improve their knowledge of anatomy; 26 (52%) wanted to improve their teaching skills; 18 (36%) wanted to improve their curriculum vitae; 10 (20%) were unsuccessful with their prior job applications; 7 (14%) were preparing for examinations; 5 (10%) listed personal reasons; 5 (10%) listed research as a reason</td>
</tr>
<tr>
<td>What was your job after finishing as an anatomy demonstrator? (See Figure 2)</td>
<td>31 (62%) commenced training in surgery; 3 (6%) commenced training in radiology; 16 (32%) were divided between higher research, anaesthetics, general practice and several other specialties</td>
</tr>
<tr>
<td>Did you achieve your first choice post after demonstrating?</td>
<td>41 (82%) were successful</td>
</tr>
<tr>
<td>Have you applied for a registrar post and were you successful?</td>
<td>32 (64%) had applied for a registrar post and, of these, 24 (75%) had been successful</td>
</tr>
<tr>
<td>Did you take any postgraduate examinations during your demonstrating post?</td>
<td>28 (56%) undertook postgraduate exams during the post and, of these, 27 (96%) had passed</td>
</tr>
<tr>
<td>What was beneficial about becoming a demonstrator?</td>
<td>43 (86%) cited improved knowledge of anatomy; 36 (72%) cited improved teaching skills; 10 (20%) cited the opportunity to undertake research</td>
</tr>
<tr>
<td>Were there any disadvantages to being a demonstrator?</td>
<td>24 (48%) stated poor pay; 7 (14%) stated lack of clinical exposure; 17 (34%) said there were no disadvantages; 2 (4%) did not comment</td>
</tr>
<tr>
<td>Would you recommend becoming an anatomy demonstrator?</td>
<td>49 (98%) recommended the role</td>
</tr>
</tbody>
</table>

### Figure 1

**Reasons for Becoming an Anatomy Demonstrator**

[Graph showing reasons for becoming an anatomy demonstrator]
Advanced Skills in Breast Disease
Management
4–7 March 2014

Delegates attending this course will learn the knowledge and skills required for the effective management of breast disease. The course supports the current ISCP syllabus and provides an excellent platform for preparation for the CCST by offering the opportunity to discuss current issues with leading experts. It is highly interactive and intensive, with case conferences, tutorials and debates as well as state-of-the-art lectures.

The course format comprises of four days of lectures, multidisciplinary meetings and case discussions, which aim to relate current knowledge to real life clinical scenarios. Breakfast tutorials on wider topics such as medical statistics emphasise the breadth of skills required by a modern breast specialist.

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Training level: ST6–8 (breast or plastics), consultant, SpR, associate specialist, staff grade, specialty doctor, clinical fellow, breast clinician, advanced nurse practitioner and breast care nurse.

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