## Re: Re: The role of radiology in anatomy teaching in UK medical schools: a national survey

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Sir – We thank Raja and colleagues<sup>1</sup> for their interest in our article<sup>2</sup> and share their enthusiasm for
the integration of radiology in anatomy teaching. This is something that we feel passionate about.
Two of our authors are full-time practicing consultant radiologists with additional roles as medical
educators in anatomy teaching at the University of Cambridge medical school.

8 Mirroring the thoughts of Raja et al.<sup>1</sup>, since the publication of our article we have introduced a new 9 student selected option for the intercalated component of students' medical degrees on radiological 10 and surgical anatomy. Further to the anatomy studied by students in their first two years of their 11 degree, this course introduces areas of anatomy that are particularly relevant to surgical and 12 radiological procedures. The need for a good working knowledge of anatomy in surgical and 13 radiological practice is of course paramount in clinical safety; with this course being designed for 14 students interested in careers in these fields. Lectures are provided by practising consultant radiologists and surgeons, familiarising students with a multidisciplinary approach to collaborative 15 16 working. Students also choose one practical activity from the option of either attendance at 17 operating theatre sessions, diagnostic and/or interventional radiology session or preparation of an 18 anatomical prosection.

This course has already proved to be very popular amongst the students with overwhelmingly
positive feedback. Currently there is capacity for ten students to undertake this option, with plans to
expand to up to twenty students per year.

To our knowledge this option of integrating surgical and radiological anatomy is novel amongst UK medical schools and we feel that this is a potential model for wider adoption. From our experiences we would strongly encourage other medical schools and radiology departments to deepen their links to provide more integrated, clinically driven and innovative delivery of anatomy teaching.

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27	Declarat	tion of	interests

28 The authors declare no conflict of interest.

29 F	References
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34