Training in musculoskeletal sonography: report from the first BSR course

SIR, Musculoskeletal sonography provides exciting opportunities in the practice of clinical rheumatology. Nevertheless, the acquisition of skills in this technique requires adequate time commitments and training facilities that may inhibit rapid development of its use by rheumatologists. We examined current perceptions of training and development in a group of 36 rheumatologists attending the first BSR Course in Musculoskeletal Ultrasound for Rheumatologists, held in Cambridge, UK in November 2000. Core teaching through lectures and practical sessions was provided by a faculty of six consultant radiologists, all with a primary interest in musculoskeletal ultrasound and who were supportive of development of the field in rheumatology.

All delegates completed a questionnaire 6 weeks before the course, relating to their current use of musculoskeletal ultrasound, access to machines and training, local support and expectations for future use. A follow-up questionnaire evaluated the impact of the course on some of these features.

The survey revealed that the level of experience with the technique was low, only eight rheumatologists having any access to teaching opportunities within their own hospital. The perceived knowledge of functional anatomy, assessed using a 100 mm visual analogue scale (VAS) (none to excellent), had a mean score (s.d.; range) of 41 (19; 0–68). The level of experience in ultrasound was anticipated to increase to a mean of 60.3 (20.2; 21–92). The mean perceived level of support from local radiological colleagues for the use of ultrasound by rheumatologists for diagnostic purposes was 33.9 (27.6; 0–94) on a 100 mm VAS (strongly disagree to strongly agree) and the level of their support for its use for injections was 49.2 (28.7; 0–100). Delegates expected to dedicate a mean time of 2.1 (1.7; 0–9) h per week to performing ultrasound, increasing to 3.2 (2.4; 1–12.5) h weekly in 5 yr. In the post-course survey, training in sonography was considered slightly more difficult than expected, but enthusiasm for acquiring these skills was increased.

Clearly, many issues must be addressed to allow the further development of musculoskeletal sonography within rheumatology. Facilitation of the time involved in training and integrating the tool within busy outpatient clinics, proving its worth (in particular in relation to interventional ultrasound), gaining the support of radiology colleagues and the establishment of recognized training programmes are all urgently required.