Letters to the Editor (Other)

Access to training in musculoskeletal ultrasound: a survey of UK rheumatology trainees

Sir, We read with interest the article by Taggart et al. [1, 2] and the accompanying editorial regarding a novel formal training programme in musculoskeletal ultrasound (MSUS). We agree that a significant impediment to training is limited access to ongoing experience despite the popularity of courses run by the British Society for Rheumatology (BSR) and other organizations.

In order to examine this in more detail we undertook a survey of UK rheumatology trainees. An invitation to complete a web-based questionnaire was sent to all trainees whose e-mail addresses were on the BSR trainee group mailing list (163 in total). All responses were anonymous: trainees were e-mailed in August 2008 with a reminder e-mail sent to non-responders.

There were 93 respondents of whom 80 were still in training and included in the analysis. Eight-two per cent were specialist registrars (SpRs) or specialty training trainees and 18% were in research posts. Fifty-five per cent of the respondents had no experience of MSUS with only 9% having what they would describe as ‘moderate’ or ‘extensive’ experience. Sixteen per cent performed MSUS regularly (half of whom were in research posts) although 47% reported that MSUS was used routinely in their department. Only 25% thought that training in MSUS was available on their rotation and 19% did not know. By the time they had completed their training, 17.5% of the respondents expected to be competent in MSUS. Twenty-six per cent had attended an MSUS course (most frequently one of the BSR courses) and a further 64% said that they intended to or may do so. Fifty-eight per cent of those who had tried to do so had difficulty in obtaining a place on a course. Fifty-two per cent reported that they had had difficulty in obtaining MSUS experience in their clinical posts. Several respondents commented on the difficulty in accessing training due to pressure on radiology departments to train their own SpRs; some also commented on the perceived scepticism of radiologists that training rheumatologists was achievable. The majority of respondents (94%) thought that competency in MSUS would be advantageous to their clinical practice, and 87% thought that formal MSUS training should be part of the training programme.

These results underline the popularity of formal courses in MSUS and yet indicate limitations in access to ongoing training and experience, which is vital to acquisition of technical expertise: guidelines published by the Royal College of Radiologists recommend weekly scanning sessions for 3–6 months consisting of a minimum 250 scans [3]. The finding that only a minority of trainees thought that training was available on their rotation, and that a further group did not know what the opportunities were, indicates a need for such training opportunities to be clearly defined in the absence of a formal training programme. Ideally, this information should be available to trainees before embarking on courses that may otherwise not be backed up by practical experience. As the editorial [2] suggests, it is unlikely that we will all become competent ultrasonographers, but those who aspire to do so should have clear and predictable access to training.

Rheumatology key message

- Trainees wishing to develop skills in MSUS need to have clearly defined training opportunities.

Disclosure statement: The authors have declared no conflicts of interest.

Toby Garrood¹ and Philip Platt²

¹Department of Rheumatology, University Hospital Lewisham, London and ²Department of Rheumatology, Freeman Hospital, Newcastle, UK

Accepted 2 September 2009

Correspondence to: Toby Garrood, Department of Rheumatology, University Hospital Lewisham, Lewisham High Street, London SE13 9RH, UK. E-mail: tobygarrood@aol.com

References


Rheumatology 2010;49:391–392

doi:10.1093/rheumatology/kep353

Advance Access publication 9 November 2009

Ability of FRAX/NOGG guidelines to identify patients sustaining low trauma fractures

Sir, The World Health Organization Fracture Risk Assessment Tool (FRAX) enables a patient’s 10-year probability of hip fracture, and major fracture (hip, wrist, humerus and clinical vertebral) to be calculated, and is