

Submission to The Joint Committee on Health:

Wednesday 31. May 2017.

Subject: Ultrasound services in Obstetrics and Gynaecology.

The provision of medical scanning services in Ireland is unregulated, creating a situation where Irish women may be exploited and even harmed by inadvertently trusting a medical investigation which is performed by individuals who are unfit or untrained to perform this investigation. There are many aspects to this issue and I believe I'm qualified to talk about three areas within Obstetrics and Gynaecology.

1. The use of ultrasound in the practice of gynaecology.

Ultrasound is an essential part of the practice of gynaecology and gives very valuable information about the anatomy of the female pelvis. When a woman attends a doctor with symptoms suggestive of a gynaecology problem she/he may either refer the woman to a hospital or refer to a hospital or clinic for the ultrasound investigation. Some doctors may perform the ultrasound themselves.

The scan often guides management and if normal can reassure the woman and frequently results in no intervention. If doctors are providing this examination they must be trained and have some certification of competence as well as have ongoing experience and up date their training. Unfortunately this is frequently not the case. If a woman attends a hospital or clinic where a radiologist who is on the Specialist Register is present, then it can be assumed that the doctor has had formal training in gynaecology. If a radiographer performs the examination and has graduated from an Irish training system then the radiographer will have had specific training in gynaecology. The radiologist will review the images and report the examination. It is not necessary for the radiologist to be physically present and this is the standard that exists in all HSE facilities, ie radiologists review and report images which they may not have taken themselves. This is an international standard and results in a report being signed off by a consultant on every ultrasound examination. The problems arise if the radiographer or GP has not completed a specific training programme. There is no regulation or maintenance of a standard and the public is potentially at risk. As of now there

is the Master in Ultrasound from University College Dublin and this can cover gynaecology if an individual chooses to take that module.

2. The infertility services.

We are now seeing a huge rise in the infertility services in Ireland and many providers are not Irish or Irish trained. The examination to determine the response of the ovary to pharmacological stimulation need to be accurate in order to avoid mistiming the ovulation or resulting in multiple ovulations and subsequently multiple pregnancies.

Where IVF is occurring then multiple pregnancies rates may actually be reduced by not allowing transfer of multiple embryos. Again it is a totally unregulated area and anybody can set up a service and claim to be an expert. The couples that access infertility services are a particularly vulnerable group who would do almost anything to achieve a pregnancy and this leaves them open to potential exploitation. Within UCD there is a specific certification to cover infertility scanning and this module covers all aspects of scanning women who are undergoing infertility investigations and management, it takes

9 months to complete and involves significant practical experience. Again these examinations can and do occur without the presence of a physician but I believe they need to be reviewed by a doctor with the requisite training and that this doctor will take responsibility for the report. Most of this ultrasound is within infertility services but some of these services are occurring in other locations. Irrespective I believe this is an area that requires standards and regulation so that the public can be assured that the service they are getting is safe and reliable.

3. Obstetric Ultrasound.

- a. Early pregnancy ultrasound. This received a lot of attention when there were a number of cases of misdiagnosed miscarriage in 2010. Since then every hospital in Ireland got additional funding and is now supposed to be providing an early pregnancy ultrasound service. There is a consultant identified whose responsibility it is to oversee this service and it is working reasonably well in most units. There was good ultrasound equipment provided to the hospitals and

training to the people undertaking the ultrasound examinations.

- b. The fetal anomaly service. This issue has been previously discussed by the Joint Committee on the 16th of February this year, however I have a couple of observations which are think are important. The identification of fetal anomalies allows pregnant couples the opportunity to be managed better. This sometimes includes transfer to a different maternity unit but may also include a woman or couple making the very difficult decision to travel to another county for a termination of pregnancy. If we take structural heart abnormalities as an example, we know that if a major structural cardiac abnormality is identified before birth the management and subsequent outcome for many of these babies is improved. In Ireland about 50% of major congenital heart disease is diagnosed before birth but this varies hugely throughout the country. The provision of adequate fetal ultrasound is dependent upon the HSE providing equipment and training to every unit in the country and expanding the number of fetal medicine consultants, these doctors sub

specialise within an accredited fetal medicine programme either here in Ireland or abroad which takes 3 years. Outside of these consultants the training for obstetric ultrasound is currently only available from UCD and is the MSc in Ultrasound specifically in Obstetric and Gynaecology. While some doctors do this Master's programme, the MSc is aimed at individuals who are full time in an ultrasound unit and it takes 18 months, it involves practical experience amounting to at least 650 hours in Obstetrics and 300+ hours in Gynaecology. In addition to the MSc there is a Graduate Certification available for Obstetrics where individuals get trained in early pregnancy scanning, fetal biometry and fetal well being evaluations. Each of these three areas takes 6 months to complete and on completion these individuals are certified to scan pregnant women but not to do anomaly ultrasounds.