

The Competency Hearing Committee appointed to conduct a hearing into the skills and knowledge of Dr. M.N. Haque makes the following report to the Council:

- 1) The Competency Hearing Committee accepts the acknowledgement of Dr. M.N. Haque that he does not have adequate skills and knowledge in the practice of Medicine as he has failed to document appropriately in accordance with SOGC guidelines for ultrasound in the second and third trimesters of pregnancy;**
- 2) In light of the joint position taken by counsel for the College of Physicians and Surgeons, and Dr. M.N. Haque respecting the resolution of this matter, the Competency Hearing Committee does not find it necessary to determine whether there are any additional deficiencies, and acknowledges that Dr. Haque has specifically denied any such additional deficiencies.**

The Competency Hearing Committee recommends the following resolution of the Council pursuant to section 45(12) of The Medical Profession Act, 1981:

- 1. Pursuant to section 45(12)(d) of The Medical Profession Act, 1981 Dr. M.N. Haque is required, within 3 months of the date of this resolution or such other time as may be permitted by the Council of the College of Physicians and Surgeons of Saskatchewan, to undertake a course of remediation, of a minimum of two weeks duration, under the direction of the department of obstetrics and gynecology, Royal University Hospital, in the performance, interpretation and documentation of ultrasound in the second and third trimesters of pregnancy.**
- 2. Dr. M.N. Haque agrees that, at the completion of the period of remediation described above, the physicians providing the remediation will provide a report to the College of Physicians and Surgeons, reporting on the course of the remediation, and expressing the opinion whether, at the completion of the course of remediation, Dr. M.N. Haque has adequate skill and knowledge in the performance, interpretation and documentation of ultrasound in the second and third trimesters of pregnancy.**
- 3. Pursuant to section 45(12)(f) of The Medical Profession Act, 1981, the Council of the College of Physicians and Surgeons of Saskatchewan requires Dr. M.N. Haque to complete an assessment of his skills and knowledge in the performance, interpretation and documentation of ultrasound in the second and third trimesters of pregnancy following completion of the upgrading, retraining or education referred to in paragraphs 1 and 2 above. This assessment shall be done by a competency committee selected by the Council or the Executive Committee in the same manner as provided for under section 45(1) and (2) of The Medical Profession Act, 1981 and the bylaws under that Act. The Council reserves the right to remove the requirement of a further assessment of Dr. M.N. Haque's skill and knowledge if, after reviewing reports relating to the upgrading, retraining or education required by paragraphs 1 and 2 above, and such other material as the Council may think relevant, the Council believes that Dr. M.N. Haque has demonstrated the necessary skills and knowledge in the performance, interpretation and documentation of ultrasound in the second and third trimesters of pregnancy.**


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30 October 2006

Dr. D. A. Kendel, Registrar
College of Physicians and Surgeons of Saskatchewan
211 4th Avenue South
Saskatoon SK
S7K 1N1

Re: Competency Investigation of Dr. M.N. Haque

Dear Dr. Kendel:

The Competency Committee has had the opportunity to review the images and reports of 61 cases of diagnostic ultrasound performed by Dr. M.N. Haque. In the evaluation, checklists were used for each category of gynecologic, first trimester and 2nd & 3rd trimester obstetrical ultrasound (attached). These checklists were used to determine if the appropriate images were being obtained for each study and to determine if the study and report meet the standard of care provided by recognized guidelines. The checklists were created using guidelines provided by the Society of Obstetricians and Gynecologists of Canada and the American College of Radiology (1, 2, 3, 4).

1. Gynecologic Ultrasound

We examined 19 sets of sonographic images and reports. Overall we felt that the images were of acceptable quality and the interpretations were appropriate. Greater consistency in demonstrating images of the endometrial thickness is recommended.

2. First Trimester Ultrasound

We examined 21 sets of sonographic images and reports. Overall we felt that the images were of acceptable quality and the interpretations were appropriate. Consistency in measuring the ovaries in three dimensions is recommended.

3. 2nd & 3rd Trimester Ultrasound

We examined 21 sets of sonographic images and reports. We identified the following deficiencies:

1. Images of certain parts of the fetal anatomy were not consistently present. For example images of the bladder, stomach, limbs, face and spine were often missing.
2. Cerebellum and cerebral ventricles were inconsistently viewed and on several occasions the structure being measured was the thalamus when labeled as the ventricle. We are concerned that the anatomy is not properly identified by the sonographer.
3. Images of placental localization (image of the placenta labeled to orient it within the uterus) and placental cord insertion were not consistently documented.
4. Amniotic fluid volume was not always measured.
5. In some second trimester reports, crown rump length was measured which is an unreliable biometric in the second trimester and should not be used. In these cases, appropriate biometrics were often also included (head circumference, BPD etc).
6. Although the ultrasound report would often list all structures visualized, images to support these interpretations were not always present.

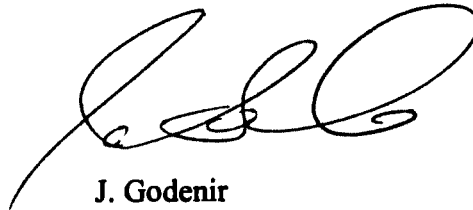
Conclusion

1. We conclude that Dr. M. N. Haque's knowledge and skill in the performance and interpretation of gynecologic and first trimester ultrasound scans is adequate.
2. We are concerned that Dr. M. N. Haque's knowledge and skill in the performance and interpretation of 2nd & 3rd trimester ultrasound scans does not meet the standard at this time. Our specific concern rests with proper identification and documentation of fetal and uterine structures visualized during the examination of the patient in the second or third trimester of pregnancy. Some structures are incorrectly labeled or measured and many structures are not documented at all.
3. We suggest that the Competency Hearing Committee consider whether Dr. M. N. Haque should complete a course of supervised training in order to acquire the knowledge and skills necessary to perform 2nd & 3rd trimester obstetrical ultrasound.

Respectfully submitted,



M.J. Martel (chair)
Competency Committee



J. Godenir

References

1. SOGC Content of a Complete Obstetrical Ultrasound Report May 2001
2. SOGC The Use of First Trimester Ultrasound October 2003
3. ACR Practice Guidelines for the Performance of Antepartum Obstetrical Ultrasound 2003
4. ACR Practice Guidelines for the Performance of Pelvic Ultrasound in Females 2004