

**Follow-up of ultrasound report recommending gynaecological referral
17HDC00334, 11 June 2018**

*General practitioner ~ Practice nurse ~ Medical centre ~ Abnormal ultrasound ~
Gynaecological referral ~ Postmenopausal bleeding ~ Right 4(1)*

A 52-year-old woman consulted her regular general practitioner (GP) regarding abnormal vaginal bleeding. The GP referred her for a pelvic ultrasound. The ultrasound report identified a 43mm heterogeneous mass and stated: "The mass within the endometrial cavity may represent a submucosal fibroid. However other pathologies must be considered and an urgent gynaecological referral is recommended."

The report remained in the GP's in-tray for a month before it was removed. The GP stated that he did not review the report, and was unable to explain how it was missed. The woman telephoned the medical centre a few days after the report was removed and enquired about her ultrasound result. She spoke with the practice nurse, who referred the matter to the GP through a task message. The task message was marked as "done"; however, the GP said that he did not see the task message and no action was taken.

Approximately nine months later, the woman telephoned the medical centre and requested a form for blood tests. She stated that she informed the practice nurse that she had been experiencing bright yellow discharge. The practice nurse documented that the woman's vaginal bleeding had mostly settled, but there was some spotting and pain. It is unclear whether or not these symptoms were conveyed to the GP.

The woman consulted with the GP regarding menstrual pain within the same month of the telephone call. According to the GP, there was no discussion about irregular bleeding or the ultrasound scan, and he did not review the previous consultation notes. In contrast, the woman stated that she and her GP had a discussion about fibroids.

The woman had a blood test on the same day and telephoned the medical centre to enquire about the results. The practice nurse informed her that the results looked postmenopausal, and asked the GP for confirmation. The GP recorded: "[M]enopausal pattern but she's still having periods!" There is no reference in the clinical notes of any follow-up from the practice nurse or the GP.

The woman consulted with a locum GP at the medical centre approximately one month later and obtained an urgent gynaecology referral. Following further investigations, the woman was diagnosed with stage IV endometrial cancer, with metastases in the lungs and pelvis.

Findings

It was held that the GP failed to take appropriate action on the woman's ultrasound scan result, the practice nurse's task message requesting follow-up, and the

woman's blood test results. Accordingly, the GP failed to provide services to the woman with reasonable care and skill, and breached Right 4(1) of the Code.

The medical centre was held vicariously liable for the GP's breach of the Code, as the GP, in consulting with the woman, referring her for a pelvic ultrasound, and managing her test results, was an agent of the medical centre and was acting within his granted authority.

Adverse comment was made about the practice nurse's failure to check the woman's clinical history when the woman reported vaginal bleeding and pain.

Recommendations

It was recommended that the GP apologise to the woman and arrange for a peer to undertake an audit of his clinical records to ensure that abnormal results have been communicated and followed up appropriately.

It was recommended the Medical Council of New Zealand undertake a competence review of the GP.