

## **Curriculum Vitae**

**Professor Abu Imad Hasib Ahmed**

**MBBS(Lond), FRCOG, MSc(dist) Adv Gyn Endosc**

## PERSONAL DETAILS:

<b>SURNAME</b>	Ahmed
<b>FORENAMES</b>	Abu Imad Hasib
<b>DATE OF BIRTH</b>	29/11/1961
<b>PERMANENT RESIDENCE</b>	St. Clement 100 Borstal Road ROCHESTER Kent, ME1 3BD
<b>E-MAIL</b>	<a href="mailto:hasib.ahmed@blueyonder.co.uk">hasib.ahmed@blueyonder.co.uk</a>
<b>Mobile</b>	+447771627808

## EDUCATION:

Central Foundation Boys Grammar School, London EC1

Charing Cross and Westminster Medical School  
(October 1981 – July 1986)

## QUALIFICATIONS:

M. B., B.S. (Lond) – 1986 (First attempt)  
MRCOG – 1992 (First attempt)  
FRCOG – 2005  
MSc in Advanced Gynaecological Endoscopy with distinction 2013

## CURRENT POSITION:

**Consultant Obstetrician & Gynaecologist**  
Medway Maritime Hospital  
(1.12.1997 to date)  
**Certified Colposcopist**  
(1997 to date)  
**Second Lead Clinician for Rapid Access services**  
(2004 to date)  
**Visiting Professor Canterbury Christchurch University**  
(June 2013 to date)  
**Visiting Lecturer International Minimal Access Centre for Surgery**  
(October 2011 to date)  
**Physician Associates Champion**  
Medway Maritime Hospital  
(1.1.2017 to date)

## PREVIOUS RESPONSIBILITIES:

**Divisional Director Women's & Children's Services**  
Medway NHS Foundation Trust  
(May 2014 to May 2016)  
**Second Lead Clinician for Urogynaecology**  
(1999-2014)  
**Visiting Senior Lecturer Canterbury Christchurch University**

(March 2011-May 2013)

**Visiting Lecturer University of Surrey**

(May 2009-May 2012)

**Clinical Director Obstetrics & Gynaecology**

Medway NHS Foundation Trust

(July 2007 to April 2014)

**Deputy Medical Director for Service Improvement**

(July 2004-2007)

**Obstetrics & Gynaecology Clinical Governance Lead**

(2000 – 2005)

**UK OBGYN Lead - American University of the Caribbean.**

(2000-2007)

**Obstetrics & Gynaecology Clinical audit lead**

(1997 – 2002)

**Undergraduate teaching Lead**

(1997- 2002)

**PREVIOUS EMPLOYMENT:**

**Senior Registrar - Obstetrics & Gynaecology**

Queen Mary's Hospital, Sidcup, Kent

(March 1997 – September 1997)

**Senior Registrar - Obstetrics & Gynaecology**

All Saint's hospital

Chatham, Kent

(March 1996 – February 1997)

**Senior Registrar - Obstetrics & Gynaecology**

Guy's & St. Thomas' hospital

(March 1995 – February 1996)

**Research Registrar/Lecturer - Obstetrics & Gynaecology**

Guy's Hospital

(May 1993 – February 1995)

**Registrar/Lecturer - Obstetrics & Gynaecology**

St. Thomas' Hospital

(May 1992 – April 1993)

**Registrar/Lecturer – Obstetrics & Gynaecology**

All Saint's Hospital, Chatham

(April 1991 – April 1992)

**Senior House Officer - Obstetrics & Gynaecology**

Churchill Hospital, Oxford

(May 1990 – February 1991)

**Senior House Officer – Neonatology**

John Radcliffe Hospital, Oxford

(October 1989 – March 1990)

**Senior House Officer – Obstetrics**

John Radcliffe Hospital, Oxford

April 1989 – September 1989

**Senior House Officer – Obstetrics**

Homerton Hospital, London

August 1988 – January 1989

**Senior House Officer – Gynaecology**

St. Stephen's Hospital, London

February 1988 – July 1988)

**Senior House Officer – Accident & Emergency**

West Middlesex Hospital, Isleworth  
August 1997 – January 1988

**PRE-REGISTRATION:**

**House Officer – Medicine**

Mayday hospital, London  
(February 1987 – July 1987)

**House Officer – Surgery/Orthopaedics**

Charing Cross Hospital, London  
(August 1986 – January 1987)

**SUMMARY STATEMENT:** Ensuring safe arrival of the next generation is deeply rewarding. However, maintaining safety and quality is ever more challenging. I have led a dedicated team providing a state-of-the-art Obstetrics, Gynaecology and more recently Paediatric service with a focus on safety, clinical quality and patient experience. We provide a level 3 Neonatal Unit with excellent outcomes. In 2010 we successfully introduced 98 hours consultant presence per week for emergency obstetrics and gynaecology.

Medway Maritime Hospital serves a population of over 350,000 people. The general health in the local population is below average and the obstetric population has a higher than average incidence of serious complications. The elective surgical cases have a propensity to morbid obesity and heavy smoking and therefore present a surgical challenge.

I am a National Health Service Consultant Obstetrician and Gynaecologist of over 20 years standing with over 10 years experience in senior leadership roles. I was a Deputy Medical Director for service improvement in surgery from 2004 until 2007. At the time my hospital had a very high mortality rate associated with fractured neck of femur. I led the development of a new integrated care pathway which resulted in reduction in mortality rates from fractured neck of femur to the lowest 5<sup>th</sup> centile in England and Wales. I led the introduction of surgical preassessment for all elective surgical patients. I introduced a multidisciplinary integrated continence care pathway which culminated in our unit achieving British Society of Urogynaecology accreditation as a centre for the management of complex urogynaecological problems.

I was appointed Clinical Director for Obstetrics and Gynaecology in July 2007 for a unit delivering approximately 5000 babies per year. During my tenure we attained Clinical Negligence Scheme for Trusts (CNST) level II accreditation. This resulted in a significant reduction in our negligence premiums. Further, our claims handling resulted in a substantial rebate of premium.

I successfully led the process of establishing a second dedicated obstetrics theatre and thereafter a co-located midwifery led unit. Both initiatives have added great value for the pregnant women we serve whilst keeping costs within the existing funding envelope.

I introduced 98 hours Consultant presence per week for emergency obstetrics and gynaecology. A survey of trainees and senior midwives confirmed a perception of improved planning and delivery of emergency care.

I have championed the establishment of a partnership with the Fetal Medicine Foundation at King's College Hospital and we provide combined screening for all our pregnant mothers, including diagnostic tests with 100% sensitivity and a lower than national miscarriage rate. Many of the services we provide are at tertiary level and we have undergone a process of

derogation in order to secure specialist commissioning. We have successfully reduced the stillbirth rate by 50%.

In May 2014 I was appointed as Divisional Director for Women's and Children's services. Following a recent Care Quality Commission inspection Women's health were rated good in all 5 domains and Children's were rated as good overall. I have had the pleasure of leading a cohesive, forward thinking team to deliver state of the art care for the women and children of Medway. I have a Trustwide reputation for being a good team builder and I am a champion for innovation.

I have been privileged to work overseas with a number of charitable organisations including Rotary International, the Adventist Development Relief Agency, Friendship Lifebuoy and Global Peace and Unity. In these austere times we must not lose sight of the necessity to improve healthcare for women and children worldwide. I maintain expertise in all aspects of Obstetrics & Gynaecology. In addition, I have maintained my specialist skills in the areas of obstetric emergency Procedures, minimal access surgery, pelvic reconstructive surgery, reproductive endocrinology and colposcopy.

My early research interests focussed around post-term pregnancy and its consequences. I have studied the medium to long-term effects of oestrogen deficiency. More recently my focus has been on post-operative recovery from laparoscopic hysterectomy the effects of fibroids and their treatment on fertility. I am the lead for the hypertension in pregnancy clinic and we will shortly be recruiting to a study to look at placental function monitoring and effects on stillbirth risk. We have also developed a unique pathway for the management of women with morbidly adherent placenta culminating in caesarean delivery in the interventional radiology suite with uterine artery balloon catheters in situ.

I have an established track record of teaching and training both undergraduate and postgraduate students.

As a senior registrar I was instrumental in setting up and running the first bank of Objective Structured Clinical Examinations for Obstetrics and Gynaecology undergraduate finals. Professor Janice Rymer and I published OSCEs EMQs and BoFs in Obstetrics and Gynaecology when they first became part of the MRCOG examination.

In my early consultant years I was the named link for students from Guy's Kings Thomas's. I was the lead for obstetrics and gynaecology for the American University of the Caribbean Medical School. More recently I was in the first cohort of consultants at Medway to complete the Qualification in Educational Supervision 1 and 2.

I am a preceptor for advanced laparoscopic and hysteroscopic surgery with a track record for instructing new surgical techniques to both trainees and consultant colleagues. I am among the first cohort of BSGE approved national trainers for total laparoscopic hysterectomy. The BSGE initiative has been launched to reduce the proportion of abdominal hysterectomies being performed nationally.

I instruct on our local PROMPT (PRactical Obstetric Multiprofessional Training) course. This is our speciality induction for all new arrivals and update for our established staff. The approach has been commended by KSS deanery. I am an instructor for the CTG & STAN Fetal Monitoring courses at the IMS CCCU (211115 & 190316). I am an accomplished obstetric accoucheur and provide hands-on training of instrumental deliveries using a

sophisticated pelvic simulator prior to direct supervision of actual deliveries. A recent GMC survey for Medway showed the best trainee feedback in the region.

My team pledge to provide excellent training to the doctors of the future. To this end I have worked with colleagues to deliver a Master of Chirurgie in Minimally Invasive surgery at Canterbury Christ Church University (CCCU). My contribution has been acknowledged with an honorary visiting Professorship in June 2013. I designed and validated the gynaecology modules. The fifth cohort of students are due to be awarded their degrees early next year. We are in the process of setting up a cadaveric lab.

I was awarded a distinction in my own MSc in Advanced Gynaecological Endoscopy from the University of Surrey in April 2013. Personal study has enhanced teaching my own students. I am in the process of validating a unique masters course in Benign Gynaecology and Emergency Obstetrics at the Institute of Medical Sciences at CCCU.

Recently I have been appointed as the Physician Associates Champion to facilitate training of these individuals and integration into the service. This will form part of the solution for medical workforce planning particularly in hard pressed specialities.

As part of my NHS role I am a clinical supervisor for my trainees. I provide formal assessments and feedback for my trainees as and when required.

During my tenure as clinical/divisional director my college tutors and I endeavoured to establish a culture of support to all our staff. We have been rewarded by increasing numbers of trainees requesting to come back for higher training.

I have been involved with work on a voluntary basis in some interesting settings. I have evaluated consultants in Rwanda in laparoscopic hysterectomy techniques.

In collaboration with Rotary International we have developed a team of instructors who deliver training in basic obstetric skills in locations in the developing world. Using the training the trainer model, local trainers are given instruction which is, in turn, imparted to birth attendants in more rural locations.

I am planning a visiting rotation to an Adventist hospital in Uganda with a newly refurbished maternity wing. Once established this could provide ample opportunity for senior trainees to practice caesarean section and obstetric manoeuvres in a very busy setting close to Kampala. At the IMS, CCCU Medway we are evaluating trainee assessment and progress monitoring with sophisticated, software based simulators. As the quality of simulators improves and the cost comes down, these methods will undoubtedly be the tools of choice for initial training of surgeons/accoucheurs of the future. This approach is well established in the commercial air travel industry and is gradually being adopted in healthcare. The WHO preoperative check list is simply one example of lessons learned.

I continue in full time clinical practice. Over the past 3 years I have become increasingly involved with expert witness work and Medico-legal work. I undertake approximately 12 to 15 reports per annum.

I pride myself in giving a balanced opinion having considered all the material facts. My opinions are supported by relevant current research and guidelines. I envisage that this part of my practise will grow.

## **PUBLICATIONS:**

Slade RJ, **Ahmed AIH** and Gilmer MDG. Problems with endometrial resection 1. Lancet 1991; **337**: 1473-74 (**letter**)

Slade RJ, **Ahmed AIH** and Gilmer MDG. Problems with endometrial resection 2. Lancet 1991; **338**: 310-12 (**letter**)

**Ahmed AIH** and Versi E. Prolonged Pregnancy. Current Opinion In Obstetrics & Gynaecology 1993;5; 669-74

**Ahmed AIH** and Rymer J. HRT without periods. Current Medical Literature 1995;**1**: 35-39

Papadopoulos AJ, **Ahmed AIH**, Caldwell CJ, Pakarian F, McNicholas J and Raju KS. Case report – Sebaceous carcinoma arising in an dermoid cyst. International Journal of Gynaecological Cancer 1995;**5**: 76-79

Nicholson SC, Slade RJ, **Ahmed AIH**, Gillmer MDG. Endometrial resection in Oxford. The first 500 cases – A 5 year follow up. The Journal of Obstetrics & Gynaecology 1995;**15**: 38-43

**Ahmed AIH** and Rymer J. HRT without periods. Current therapy 1995;**1**

Proudler AJ, **Ahmed AIH**, Crook, D, Rymer J, Fogelman I and Stevenson JC. Hormone Replacement therapy and serum angiotensin converting enzyme activity. Lancet 1995; **346**: 89-90

**Ahmed AIH**, Ryan PJ, Snelling T, Bake GM, Rymer J and Fogelman I. Long term compliance with hormone replacement therapy (HRT) following screening for menopausal osteoporosis by bone density measurements. The Journal of Obstetrics & Gynaecology. 1996;**16**: 41-44

**Ahmed AIH**, Rymer and Fogelman I. Osteoporosis. In Rees M and Godfrey V (eds) Menopausa Postgraduate Centre Series 1996; pp 19-23

**Ahmed AIH**, Blake GM, Rymer J, Fogelman I. Screening for osteopenia and osteoporosis: Do the accepted normal ranges lead to overdiagnosis? Osteoporosis International 1996; 7: 432-438

**Ahmed AIH**, Ryan PJ, Snelling T, Blake GM, Rymer J and I Fogelman I. Long term compliance with hormone replacement therapy (HRT) after screening 352 women for postmenopausal osteoporosis. In Ring EFJ, Elvins DM and Bhalla AK (eds) Current Research and bone Mineral Measurement 1994;**III**: 97 (abstract)

Proudler AJ, **Ahmed AIH**, Crook D, Rymer J and Fogelman I and Stevenson JC. The effect of hormone replacement therapy on serum angiotensin converting enzyme. Atherosclerosis 1995;**115**: s109 (abstract)

**Ahmed AIH**, M Seah, Blake GM, Rymer J and Fogelman I. Changes in Bone Density over 5 years in Menopausal Women and the Effect of hormone replacement therapy. #The Journal of Bone and Mineral Research 1995;**10** :s400 (abstract)

**Ahmed AIH**, Robinson J, Wilson POG and Rymer. Bleeding patterns following changeover from conventional HRT to Tibolone. Proceedings from the 15th world Congress on Fertility and Sterility 1995 s364 (abstract)

**Ahmed AIH**, Robinson J, Wilson POG and Rymer J. Endometrial effects following changeover from conventional HRT to Tibolone. *The British journal of Obstetrics & Gynaecology* 1995;102:1021 (abstract)

**Ahmed AIH**, D Ilic, Blake GM, Rymer J and Fogelman I. Radiologic osteopenia predicts low bone mass. In Ring EFJ, Elvins DM and Bhalla AK (eds) *Current Research in Osteoporosis and Bone Mineral Measurements* 1996;IV: 66 (abstract)

**Ahmed AIH**, Herd R Ryan PJ, Blake GM, Rymer J and Fogelman I. Manufactures ranges may lead to misdiagnosis of osteopenia and osteoporosis. *The Journal of Bone and Mineral Research* 1996;11:s1011 (abstract)

Janice Rymer & **Hasib Ahmed**. *OSCEs in Obstetrics and Gynaecology*. Churchill Livingstone. London 1998. 2<sup>nd</sup> Edition in print 2006

Sau AK, Sau M, Brown R and **Ahmed AIH**, Vacuum Extraction: Are we adequately trained? *Journal of Obstetrics and Gynaecology* 2002;22:s18 (abstract)

Sau, AK. and **Ahmed AIH**, Is the Ventouse really the instrument of first choice? *Proceedings of the British Maternal and Fetal Medicine Congress, Cambridge 2001 (abstract 298)*

Bharathan R, Rawesh R and **Ahmed H**, Written consent for laparoscopic tubal occlusion and medico-legal implications. *J Fam Plann Reprod Health Care* 2009;35(3) 177-179

Bharathan R, Merritt S and **Ahmed AIH** Training in Laparoscopic Surgery for Ectopic Gestation: Trainees perspectives. *Gynaecological Surgery* 2011

Recovery post laparoscopic hysterectomy versus laparoscopic supracervical hysterectomy. Feasibility of an RCT. **AIH Ahmed**, K Cheema, H Wisa, J Wright Oral free comm. ESGE 2012

Laparoscopic hysterectomy versus laparoscopic supracervical hysterectomy; postoperative sexual function, bladder and pelvic floor function, a double blind randomised controlled trial Wisa, H; Cheema, K; **Ahmed, H** DOI: 10.1111/1471-0528.12300 [www.bjog.org](http://www.bjog.org) 2013

Feasibility of an RCT to compare recovery following Laparoscopic hysterectomy versus Laparoscopic Supracervical Hysterectomy. Oral free comm. RCOG World Congress 2013 **AIH Ahmed**, H Wisa, J Wright *Gynaecological Surgery* 2015 12:221 FC21

Techniques for hysterectomy. One surgeon's journey. Perovic. M. **Ahmed AIH** Oral Free Communication ESGE 2013

Laparoscopic versus Open Myomectomy and Subsequent Fertility: A Meta-analysis of Randomised Controlled Trials. T. Al-Safar, **AIH Ahmed** Oral Free Communication British Society of Gynaecological Endoscopy Silver Jubilee Meeting 2015 *Gynaecological Surgery* 2015 12:218 FC12

Feasibility of an RCT to compare recovery following Laparoscopic hysterectomy versus Laparoscopic Supracervical Hysterectomy. Oral free comm. Oral Free Communication British Society of Gynaecological Endoscopy Silver Jubilee Meeting 2015



**AIH Ahmed**, H Wisa, J Wright *Gynaecological Surgery* 2015 12:221 FC21

Initial 10 Caesarean Sections for Abnormal Placentation undertaken in the Interventional Radiology Suite at Medway Maritime Hospital\_Pendower L, Akolekar R, Sadoon S, Madhavan A, Sebastian, **Ahmed AIH**. Poster Presentation. *Proceedings of Women's Health Safety Day RCOG October 2015*

**Ahmed H** (2015) Risks of Laparoscopic Surgery. *Obstet Gynecol Int J* 3(4): 00089. DOI: 10.15406/ogij.2015.03.00089

Maternal and Neonatal Complications of Fetal Macrosomia. Beta J, Fiolna M, Khalil A, Ramadan G, **Ahmed H** and Akolekar R. Submitted *Obstetrics and Gynecology* September 2018

Case Based Discussion of Management of Deep Infiltrating Endometriosis **H Ahmed** online *World Journal of Gynecology and Womens Health* 2019 ISSN: 2641-6247



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