

# ***CURRICULUM VITAE***

**AHMOS FARID FAHMY GHALY**  
**MBChB, FRCOG, FFSRH, Dip P.S., MBA, LLB(hons), MFFLM**  
**Consultant Genito Urinary Medicine, HIV and Sexual Health**  
**Forensic Physician Medical Examiner**  
**Sexual Offences Examiner**  
**Expert Witness**

**April 2020**

**PERSONAL DETAILS:**

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**POST GRADUATE ACADEMIC QUALIFICATIONS:**

**March/May 1991** Part II - MRCOG (UK) (Membership of The Royal College of Obstetricians & Gynaecologists)

**November 1991** Completed training and Certificate of Expertise in Pelvic and Obstetric Ultrasonography, Royal College of Radiologists with Royal College of Radiologists with Royal College of Obstetricians and Gynaecologists

**April 1995** M.F.F.P. (Membership of Faculty of Family Planning and Reproductive Health)

**June 1996** Manchester Diploma in Psychosexual therapy, University of Manchester

**May 1997** Diploma of Management of Health Services (OU)

<b>May 2000</b>	M.B.A. (Master of Business Administration) (OU)
<b>July 2003</b>	Certificate in Forensic Medical Sciences, University of Glasgow
<b>Sept 2003</b>	FRCOG (Fellowship of the Royal College of Obstetricians & Gynaecologists) (UK)
<b>Dec 2004</b>	LLB (hons) Open University
<b>June 2007</b>	FFSRH (Fellowship of the Faculty of Sexual and Reproductive Health)
<b>July 2007</b>	Post Graduate Diploma in Legal Practice
<b>May 2008</b>	MFFLM (Membership of the Faculty of Forensic and Legal Medicine)
<b>July 2011</b>	S12 approved Mental Health Examiner (MHA 1983)

**Discretionary points/Excellency awards**                      4 points

**CURRENT POSITIONS:-**

Consultant Genito Urinary Medicine and Sexual Health/HIV

Forensic Physician Medical Examiner

Sexual Offences Examiner

Expert Witness

## **MANAGERIAL POSTS HELD:-**

Head of Department Genito Urinary Medicine and Sexual Health

Clinical Director Forensic and Sexual Health Services Harmoni for Health.

Secretary of the regional British Association of Sexual Health and HIV (BASHH)

## **DUTIES AND EXPERIENCE IN GENITO URINARY MEDICINE AND SEXUAL HEALTH**

I have worked in the field of Genito Urinary Medicine, HIV and Sexual Health for many years and became specialist in the field. I gained all the necessary skills in the management of all aspects of sexually transmitted infections (STIs) including HIV disease, genital conditions and sexual health issues/ abuse including children. The latter include not only screening and management of STIs but also contraception and psychosexual dysfunction. These STIs include bacterial, viral, protozoal and fungal infections. The link between HP virus and pre malignant genital conditions was recognised; I therefore established in house colposcopic facilities within the sexual health clinic. The latter had enabled me to make an earlier diagnosis of VIN, VAIN, CIN, AIN and PIN.

I recognized that sexually active patients have GU medical needs, sexual health requirements as well as contraceptive needs. Hence I developed the integrated GU Medical/Sexual Health Services which were developed considerably and significantly to establish and maintain patient focus, quality, accessibility and acceptability to the population served in line with the Health Strategy. I have endeavored to deliver a holistic service driven by all patient sexual health needs.

As a fellow of the royal college of sexual and reproductive health I have developing and updated the family planning skills mix and services (including inter alia inserting coils and implanon) in particular obtaining LoC IUT to ensure integrated services are delivered in One Stop Clinic as close to the point of need as possible. I.E patient would receive both STIs screen and contraception at the same clinic

I have supported and developed the service in line with the proposed network integrated model, in particular devising:-

- Protocols, audit and clinical governance policies designed not only to extend the role of nurses but also to deliver an integrated holistic health services which revolve around client's needs as close to the point of need as possible.
- Establishing one stop sexual health clinic within hospital and community setting with in-house ultra sound scan and satellite clinic revolve around population needs.
- The amended version of Lille electronic patient record templates, thus endorsing the paperless case notes concept. In addition the majority of patients receive results via text, thus increasing the new patient's v return ratio.
- Daily open access clinics to meet the 48hour target and ensure patient accessibility and acceptability of integrated service provided. The most recent figure showed the percentage of patients offered appointment within 48hours v's those seen within 48 hours were 100% to 97.5%.

- Training all staff the microscopy skills and the necessary skill mix to reflect the requirements that match patient characteristics/needs and to ensure instant accurate diagnosis.

### **HIV Experience**

I have gained the necessary skills to manage HIV patients (inpatient and outpatient) through my training as a registrar and senior registrar in Manchester and Glasgow and links with the infectious diseases unit. I have maintained and developed such a skill further by continuing to manage the cohort of HIV patients attending the clinic, since I was appointed as a Consultant. Whenever patients require in patient admission they are generally admitted under the infectious diseases unit and/or the on call chest physicians, whereby management is delivered through a multi disciplinary team, depending on the reason for admission. I have contributed to the development of the multi disciplinary approach to management of these patients including the extended role of HIV clinical nurse specialist, through devising the necessary protocol.

- **DUTIES AND EXPERIENCE IN SARC (Sexual Assault Rape Centre)**

As a Sexual Offences Examiner, I have developed the necessary skills to manage those victims not only carrying out forensic examinations and obtaining necessary samples but also managing their genitourinary and contraceptive needs including emergency contraception. I have examined and managed wide range of victims of rape and sexual

abuse/ assault , including children as well as suspects and complied the relevant medical reports.

- **DUTIES AND EXPERIENCE IN FORENSIC MEDICINE**

Over 15 years, I have been working as a Forensic Physician/FME, during which I have gained the necessary skills and experience in the management of wide range of conditions including child protection, sexual assault, as well as the various acute and chronic medical conditions in custody healthcare. My previous gynaecological, medical and surgical experience coupled with my legal qualifications have been invaluable in developing and delivering the necessary high quality service within SARC, custodies, in addition to compiling medico-legal reports and giving evidence in court when required. I have completed the recognized academic course (1 year) in Forensic Medicine in Glasgow University. I have also submitted the research assignment in DNA and data base in forensic science and was awarded the membership of the Faculty of Forensic and Legal Medicine.

- **Custody Healthcare**

I have managed a wide range of acute and chronic medical conditions in various custodies. The wide range of conditions include cases such as excited delirium, epilepsy, diabetes, heart and lung disease, head injuries, documentation of injuries in serious crime, as well as alcohol and drug dependence. In addition I have managed various cases of Road Traffic incidents S4 & S5 (RTA) both in hospital and custodies and examining cases of suspicious

death. I have developed the necessary skills to obtain intimate and non intimate forensic samples whenever required.

- **Mental Health Assessment**

As S12 approved Mental Health Assessor, I have been involved in variety of assessments of mental health cases; these include the wide spectrum of acute and chronic mental health disorders.

- **Expert witness and Medico-Legal Reports**

I have acted as an expert witness in recent years both in forensic medicine, victims and suspects of sexual assault/ rape including children, custody healthcare and Genito Urinary medicine, sexually transmitted diseases, HIV and Sexual Health. I became a provisional member in the Expert Witness Institute London and submitted many reports and gave expert evidence in court whenever required. My medical, legal qualifications and skills have enabled me to compile the necessary reports when required and give professional and expert evidence in relevant fields of expertise to the court whenever required.

## **DUTIES AND EXPERIENCE IN OBSTETRICS, GYNAECOLOGY, FAMILY PLANNING AND SEXUAL HEALTH**

I have worked in the above field for many years since 1987, during which time I have gained the necessary training and expertise in all aspects of Gynaecology, maternity and Family Planning and sexual health. I have obtained the membership of the RCOG (Royal College of Obstetricians & Gynaecologists) (UK) in 1991 and gained the Fellowship of the RCOG in



2003. The following are some areas of my expertise in various fields, which are not exhaustive:-

### **Family Planning and contraception**

Family planning and contraceptive services has been an integral part of gynaecological services and part of the overall training and requirements to qualify for the membership of the RCOG. I have gained all the necessary skills of counseling, assessment and providing the wide range of contraception including insertion of long acting reversible contraception (LARC) which include IUD (intra uterine device) and sub dermal implants (Implanon) having received the necessary training following its launch.

I have carried out laparoscopic sterilization and termination of pregnancies. In addition I have contributed into the menopause clinic and prescribed hormonal replacement therapy including oestrogen sub dermal implant.

In Mid 1990s the Faculty of Family Planning was branched off the RCOG but remained a Faculty of the Royal College of Obstetricians and Gynaecologists. I became a member of the said Faculty and in June 2007 I was awarded the Fellowship of the said Faculty. I have maintained the necessary skills and obtained the letter of competence of IUT and completed the theoretical part for becoming a faculty trainer.

Over recent years, and with the expansion of the role of specialist nurse, the vast majority of sub dermal implants was and is now carried out by specialist nurses. The need therefore for consultant to insert implants has greatly diminished hence I have focused my expertise in complicated sexual health cases, supervision and devising protocols, clinical governance.

### **Gynaecology**

I have managed the wide range of gynaecological conditions including menstrual disorders, pre malignant and malignant disorders, sub fertility, uro dynamics, pelvic pain, dyspareunia and vaginal prolapse. The following are the surgical procedures I have carried out:- abdominal hysterectomy, vaginal hysterectomy, colpo-suspension, salpingo oophorectomy, salpingectomy for ectopic pregnancy, ovarian cystectomy, vaginal repair for vaginal cystocele and rectocele, colposcopy, electro diathermy, and cone biopsy for early cervical pathology. In addition I have treated cases of endometriosis through laparoscopic dissection of adhesions.

### **Maternity care**

I gained all the necessary skills in the Management of complicated pregnancies. The latter included caesarian sections, forceps and suction deliveries, twin delivery, vaginal repair and management of acute anti and post partum haemorrhage.

### **Ultrasonography**

Having developed the necessary skills in genital ultrasound scan, I have established in-house genital ultrasound scan for patients with a variety of genital conditions, especially upper genital tract morbidity. This has enhanced the diagnostic accuracy and prompt management. The latter included early diagnosis of fetal abnormality pregnancy and ectopic pregnancy, localization of IUD, Implanon...etc.

### **Vulval Diseases**

Vulval diseases are complex and wide-ranging. My experience in both Gynaecology and GU Medicine has enabled me to establish a one stop multi-disciplinary clinic where both the Dermatologists and myself see the patients and plan the management strategy. Conditions such as Lichen Sclerosis et Atrophicus, Lichen Planus and pre malignant vulval conditions are better assessed in a multidisciplinary setting. Such an approach has minimised the number of unnecessary referrals and allows a consistent and cohesive approach to patient management.

### **Pelvic Pain**

Chronic pelvic pain is rather difficult to manage as patients are often referred to various specialties such as Gynaecology, Psychology/Psychiatry, Urology and GU Medicine. I have established such a clinic with ultrasound scan, in the best interests of patient care further combining my skills in both ultrasound, Gynaecology, Surgery and GU Medicine. This clinic has proven to be successful, especially for the young patients who are seeking confidential, client-friendly care.

### **Psychosexual Clinic**

Patients present in sexual health clinic are diverse and not uncommonly with sexual dysfunction. Having obtained the diploma in Psychosexual Medicine in conjunction of my skills in gynaecology, and surgery, I have been able to establish a clinic to manage these patients with variety of conditions of sexual dysfunction nature.

### **Forensic Medicine NHS Commissioning and Health Care Pathway**

I have been involved in fostering health care pathway. Working in partnership, the forensic medical services within custody can provide the gateway to health engagement within the NHS in order to meet those with long term physical and mental health needs. Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, procuring products and services, and managing service providers.

### **MANAGEMENT AND ADMINISTRATIVE EXPERIENCE**

#### **M.B.A (Master of Business Administration)**

I have been working as a Clinical Lead within the NHS in the past as well as secretary of regional medical society.

Faced with the various managerial challenges, I have studied MBA over a 5-year period with the Open University; modules included Management of Health Services, Strategic Management, Managing Change and Innovative Management. I have undertaken the task of studying the MBA over and above my full-time Clinical Consultantship. I have used and

applied the various management skills learnt to manage the GU Medicine Services and adapted strategic and innovative thinking.

**Other Relevant Topics Were:-**

Human resources and management of stakeholders

Structure and Organisation of the NHS

Management of Change

Role Clarification and Time Management

Managing People and Discipline

Health Economics

Negotiating skills

Clinical and Activity Information – Its role and Application and Team Building

**LEGAL EXPERIENCE**

**LLB**

Law and medicine are inter-linked. This has been inter alia of great value for my duty as a forensic physician and expert witness, in particular in writing reports, giving evidence and understanding the judicial system. I have embarked to enrich my legal skills by studying various law modules with Open University in particular areas of negligence and the supremacy of EC law over domestic law in areas such as Human Rights, working hours, patient rights, consent etc. I have obtained the LLB in order to gain more appreciation of the medico-legal matters within the NHS. It has been of great benefit in recognising interaction between medicine and law within the NHS structure.

## **PROFESSIONAL EXCELLENCE**

### **Quality of Clinical Care of Patients**

I have maintained the quality of care and developed the service against a rising tide of clinical activity. Over recent years, there has been a dramatic increase in clinical activity. Although there have not been equivalent additional resources due to the current financial constraints, the clinical care of patients has not been compromised both in terms of health promotion/prevention of disease as well as the effective screening/treatment and partner notification. The quality of care has further been enhanced by adopting the following:-

- One Stop Clinics addressing all sexual health needs with in-house Microbiological laboratory testing which allows instant diagnosis.
- In-house ultrasound scanning facility for patients with upper genital tract morbidity related to STIs.
- In-house minor surgical procedures within the confidential environment of Genitourinary Medicine services.
- Simplified antibiotic therapy dispensed in the clinic to increase patient compliance and disease control.

- As a result the ratio of new versus return patient has increased from 4/8 to 8/2 per session.

### **Service Development**

- I have established a Vulval Clinic in conjunction with Dermatologists. Having both gynaecological and Genitourinary Medicine experience, more in-house minor surgical procedures have been carried out related to vulval diseases by myself.
- I have established Nurse-Led Clinics, which deliver comprehensive sexual health services (STIs and contraception) by devising protocols and additional training to combat the rising tide of clinical activity and acknowledging the vital role and potential of Nurse Practitioners.
- I have increased and modified the opening hours and clinical sessions, to accommodate patient needs.
- I have established a Psychosexual Clinic. This has developed around patient needs as there has been consistent demand.
- I have devised a protocol for under 16 years and established closer links with forensic medical examiners, which I am one, (Police Surgeon) and patient pathway for a victim of sexual assaults and child protection issues.

## **Professional Leadership**

- I have been a lead clinician/ Head of Department with sole responsibility for professional and strategic leadership.
- As a clinical director for Harmoni, I have monitored and audit the management of cases presenting with sexual assault from the forensic, genito urinary and contraception aspects.
- As a secretary of the medical society, I have organized annual educational meeting with relevant CPD.
- I have been involved in devising evidence based operational and clinical protocols and clinical governance policies on behalf of the medical director.
  - I. Health Promotion and Primary Prevention.
  - II. Establishing community based clinic drop off service addressing health needs in patient friendly environment.
- Led clinical services through a time of increased demand in face of severely constrained resources by modernizing GUM/ sexual health service and the way it is delivered.
- Contributed to the improvements in Public Health in terms of disease control and monitoring the epidemiological trends of diseases especially among young people and the vulnerable socially deprived patients.



- Ensured effective partner notification (contact tracing) of 72%. This is a key performance indicator in infection control. National Standard 70%.
- Much of the problems of some diseases are hidden as many remain asymptomatic e.g. Chlamydia. I have therefore encouraged the attendance and the simplified cross referral as I felt that better control of infections by effective screening, treatment and contact tracing should decrease serious complications such as infertility, ectopic pregnancy and chronic pelvic pain.
- Developed a simplified referral letter with instructions/tear off slip/telephone numbers for GPs to use when a disease/infection is diagnosed in the community. This reduces the secretarial work of formal referral decreasing unnecessary patient delay for an appointment.
- Established active Hepatitis B immunisation policy for high-risk GUM attendees. (gay men, sex workers, drug users).
- Developed effective preventative measures by devising public educational leaflets.
- Devised a patient prescriber section for General Practitioners for the management of sexually transmitted Infections in Primary Care.

**Significant contribution towards the achievement of local NHS service priorities**

- I have raised the profile of better health and added health value, so that it became a local priority and contributed to the national health strategy and its implementations locally.
- Tried to keep waiting times as short as possible in face of rising demand and constrained resources by modifying protocol adopt the concept of open access clinic and maximising the nurse led clinic and encouraging GP's to manage low risk patient to achieve the 48hour target.
- Proposed a model for reconfiguration of clinical health delivery to meet young people's need in the community e.g. Corner (young people's community centers) and Family Planning setting and establishing level one service in the community.
- Established one stop sexual health clinic combining genito urinary, contraception and sexual dysfunction services
- I have established a multi-disciplinary professional working relationship with Dermatology through the Vulva Clinic.
- In Urology I've devised a protocol for the cross referral of cases of epididymitis and sexual dysfunction.

- In Gynaecology I've devised a system for cross referral of patients who are diagnosed with Chlamydia, in particular those undergoing termination of pregnancy. Screening for Chlamydia and other sexually transmitted infections in this population is important, as there is evidence to suggest that such diseases are prevalent in this cohort.

### **Clinical Audit**

Examples of Audit projects carried out:-

- a) Cervical intraepithelial Neoplasia in HPV infection.
- b) Chlamydia genital infection and sub clinical Pelvic Inflammatory disease using ultrasonic markers.
- c) Patients satisfaction survey
- d) Clinical sexual Health need for vulnerable groups, young people, at young community based centre (Corner).
- e) Are routine urethral swabs in asymptomatic female patients worthwhile?

### **TEACHING AND TRAINING**

My involvement as a consultant in teaching and training of medical staff and health professionals in the management of Genitourinary Medical/Sexual health conditions is diverse and incorporated the following:-

#### **Training of Junior Staff**

- Training SHOs and registrars from Gynaecology, Dermatology and Infectious Diseases when required and requested.

### **Involvement in Undergraduate or Post Graduate Teaching**

- Medical students 4<sup>th</sup> year.
- Teaching health professionals the Sexual Health Modules
- Teaching in Cervical and breast screening courses.
- Post graduate teaching SpRs in Gynaecology, Dermatology and Infectious Diseases

### **Contributing to training of other staff**

- Training all new medical staff and hospital practitioners.
- Continual medical and staff training and development within Genitourinary Medicine including nurses and Health Advisers as well as other staff from other specialties e.g. Family Planning

### **Wider contribution to the work of the NHS nationally**

Appointed as Secretary of the specialty professional body BASHH Scotland for the period 2004/2006. This post required motivation, co-ordination, team working relationships as well as effective time management and innovative thinking. I have been involved in arranging the annual conference for BASHH.

## **RESEARCH, INNOVATION AND IMPROVEMENT IN THE SERVICE**

### **PUBLICATIONS**

- *“Is urethocliosis a simple cure for stress incontinence”*

Journal of Obstetrics and Gynaecology, July 1993, Vol 24, pages 21-56.

- *“The role of ultrasonography in Genito Urinary Medicine (present and future)”*  
A Ghaly. BJ of Sexual Medicine Sept/Oct., 1993, Vol. 21 pages 22-27
- *“Transrectal ultrasonography in male urethritis”* Ghaly, Taylor, Goorney  
Genito-Urinary Medicine, 1994, Vol. 70, pages 399-401.
- *‘Should woman with genital warts undergo colposcopy examinations?’* A Ghaly, I Duncan  
Journal of Obstetrics and Gynaecology, 1999, Vol 19, pages 500-502
- *“Chronic Pelvic Pain Clinical dilemma and Clinicians Nightmare”* Sextrans Inf 2000 Dec,  
76. 0-6.
- *Pilot STI Clinic in a Community Young People Centre* A Ghaly, G Orange, P Sturrock,  
Sexual Health Matters, Vol 4; No 1, 2003
- *The Role of Ultrasound Scanning in GU Medicine ‘Review Article’* A Ghaly, Sexual Health  
Matters, July – September 2004, Vol5, No 3

### **Case Report**

- *“Facio-oral condyomata acuminata due to HPV genotype 30 contracted via heterosexual oro-genital contact”*, Ghaly A, Goorney B. British Journal of Sexual Medicine July/Aug.  
1993, Vol 20 No 4, page 10

- “*Foreign Body in Male Urethra*” Ghaly A, Munishankar K., Sultana S., Nimmo M. Genito-Urinary Medicine. 1996; 72: 67-68.

### **Letter**

- *Extensive condylomata acuminata of male urethra: management by ventral urethrotomy.* K.M. Kenser, British Journal of Urology (1993) 71, 204-207. (Higgins S., Ghaly A.).

### **The following are the conferences to which I was invited/presented specific papers**

- “*Penile ultrasonography in patients with penile warts*” MSSVD European Meeting, Amsterdam, January 1997
- “*Is transrectal ultrasound in the management of male urethritis worthwhile?*” MSSVD, Zurich, Switzerland, May 1997
- “*The role of ultrasonography in Genito-Urinary Medicine (present and future)*” International Congress of Cervical Screening & Colposcopy Eurgin, Paris, 1998
- “*Should women with genital warts undergo colposcopic examination?*” ISUTI & African STD Society, South Africa, 1999

- “*Should Ultrasonography be part of the investigations offered within the structure of GU Medicine Department?*” Sexual Health Conference, Bangkok, 2000
- “*Young People’s Sexual Health Pilot STIs Clinic in Community Centre?*” Sexual Health Conference, Bangkok, 2002
- “*Chlamydia Trachomatis and Upper Genital Tract*” South Asia Pacific & ISUTI Joint Conference, China 2002
- “*Chronic Pelvic Pain*” Baltic Dermatology Congress, Tallin, Estonia, 2003
- “*Epidemiology of STIs and HI Worldwide*” Sexual Health Conference, East Meets West, Thailand, February, 2004
- “*Chronic Pelvic Pain Recent Progress*” Sexual Health Conference, East Meets West, Thailand, February, 2006
- “*Update in the Management of Drug Dependence in Pregnancy within Custody Health Care*” association of Forensic Physicians the Royal Society of Medicine London, 2010

### **PROFESSIONAL BODIES AND LEARNED SOCIETIES**

1. Royal College of Obstetricians and Gynaecologists (RCOG)
2. Medical Protection Society (MPS)

3. Faculty of Sexual and Reproductive Health (FRSH)
4. British Medical Association (BMA)
5. Faculty of Forensic and Legal Medicine (FFLM)
6. Expert Witness Institute