EAOGS Autumn Meeting.
Date: Saturday October 5, 2032. Time 09:00 – 10:00 Hours.
Venue: Education Centre, Hinchingbrooke Healthcare NHS Trust.

Business Meeting

1. Welcome
The president Dr. Jane Preston chaired the meeting and welcomed the members to the meeting. The president introduced EAOGS team – Mr Siya Sharma Secretary and Miss Aparna Gumma Treasurer. The president extended sincere thanks to Miss Erika Manzo and Tarang Majmudar, Consultants and the Organisers of the EAOGS Autumn Meeting 2013 for planning this excellent meeting with highly acclaimed academic sessions.

2. Apologies: Mr. Robin Crowford, Mr. David Fraser, Mr. Hamed Al-Taher, Ms B Devonald, Mr. Keith Young, Mr. Jeremy Brockelsby, Mr. Andrew Leather, Mr. Owen J Owens, Ms. Suzy Elneil, Mr. Jonathan Evans-Jones, Mr. Martin Lamb, Mr. Simon Crocker, Mr. Ed Neale, Miss Charlotte Patient, Mr Roger Giles, Mr. Peter Greenwood, Ms Katharine Stanley, Mr. Peter Brinsden, Mr J Stachurski, Mr. Geoffrey Budden, Miss Fatemeh Hoveyda, Miss Alison Wilson, Miss Mumtaz Rashid, Mr Robin Venn, Mr. Eddie Morris.

3. Delegates Registered: 89 delegates registered for the meeting (Appendix-1).

4. Approval of Minutes of Previous Meeting – Minutes of Autumn 2012 meeting held on Saturday 20/10/2012 at Bourn Hall Clinic, were circulated to members in advance. Copies were made available during the business meeting. No amendments were suggested. The members approved these Minutes in attendance as a true record. (No minutes from Spring 2013 Meeting on 15/3/2013 at Addenbrookes, Cambridge as this was cancelled).

5. Matters arising – Status of post of Website Officer In charge was discussed as there has been no progress on website issue. This issue was further discussed see below.

6. President’s report (Appendix-2 President Newsletter Autumn 2013): Dr Preston presented this report and EAOGS Members Survey results (Appendix-3). Dr. Preston will circulate an email to all college tutors asking to nominate one of the consultant colleagues to be Local Representative of EAOGS in their department. Earlier an email was sent to one member from each Trust to explore this idea, however Mr. Mahmood Shafi suggested involvement of members through the College Tutors may be more effective. The EAOGS president accepted this suggestion.

7. EAOGS President Election: The president announced completion of her term of three years in autumn 2014. Applications are invited from interested members self-nominating them for this prestigious responsibility and applications to be sent to the EAOGS Secretary Mr. Siya Sharma (siya.sharma@qehkl.nhs.uk). Deadline for submission of the application will be the date of the EAOGS Spring Meeting 2014 Ipswich. In case of more than one applicant the voting would be held on specified dates between Spring Meeting 2014 Ipswich to Autumn Meeting 2014 Peterborough.
The hand-over of the Presidents Medallion will be held during the Autumn Meeting 2014 in Peterborough.

8. **Website Officer**
   Mr. Michael Lumb, Peterborough expressed his apologies for not being able to manage the website. However, Mr. Lumb expressed his commitment to manage the website and wish to continue to be website officer. Members in attendance accepted and agreed to his suggestion. All members were in consensus to keep the website updated and annual expenditure for this was agreed for up to £1000 maximum. Miss Erika Manzo and Mr. Siya Sharma suggested to explore the option of utilising pharmacy sponsors to maintain society’s active website but most members did not support this option at this stage.

9. **EAOGS Bursary**
   **Current application** – one SpR application (Ketan Gajjar) and one Midwife (Sally Travis) application have been received for the year 2013.
   **SpR application** - After initial review the EAOGS Executives asked for more evidence. Ketan provided further details in his CV. This application was eventually approved for the award of EAOGS Bursary 2013. Brief of this application – Ketan submitted this bursary application for attending and presenting research findings (Title - Biospectroscopy of cervical cytology vs. Conventional screening in identification of histology verified cervical intra-epithelial lesions) at European Society of Gynaecological Oncology meeting Oct 2013, Liverpool. This research work was carried out during the previous 2 years in a clinical research fellowship (out of programme).
   **Midwife application** – This application was received in the last week of September 2013 and there was no opportunity to review this application. MW Sally wish to pursue a degree programme in Integrative Counselling, which is accredited by Middlesex University. It was decided in the business meeting that this application could be considered for the future meetings. Dr Preston agreed to opt out from the review panel as this applicant works in the same organisation as Dr Jane Preston. The EAOGS will ask one of the previous presidents to be part of the review panel.

   The members agreed for the following:
   **New name of bursary**: Now onwards this will be named as “EAOGS Bursary”.
   **Uniform application form** – a new uniform EAOGS Bursary application form for bursary applicants.
   **Winner’s presentation** – Winners of the EAOGS Bursary will have an opportunity to present their work in one of the three formats (oral, poster or on EAOGS website) depending on the that years schedule and local arrangements.
   **Frequency of bursary per year** – Two maximum per year. One for doctors and another one for non-doctor applicants (maximum). All applications will be judged on the basis of the quality of the work.
   **Advertisement for trainees through the Deanery** – Regional College Advisor Mr Malcolm Griffith has already kindly agreed to liaise with the Deanery.
   **Deadline for submission of bursary application** – Date of Spring Meeting will be last date for application submission.
   **Announcement of the Successful applications** – This would be announced during the Autumn Meeting of the year.
   **Eligibility of applicants** – All specialty trainees (ST3 and above) and middle grade doctors in Obstetrics & Gynaecology, Gynae Nurses, Midwives and other special interest personnel such as gynae related physiotherapists.
10. **EAOGS Prizes** –

1) **EAOGS – Cambridge University Medical School Prize** – request for funding by Naomi Deakin. EAOGS has no provision for bursary for medical students. However EAOGS may use its discretionary rights to award such a bursary for medical students. Members agreed that if Cambridge University Medical School(s) put a proposal to EAOGS, this will be considered favourably on similar grounds of UEA prize. EAGOS to write to Mr John Latimer for the same.

2) **EAOGS – University of East Anglia Medical School Prize** – £250, one per year (by error it was printed £100 in the agenda).

3) **EAOGS - SpR (Trainee) Prize Meeting** - £100, one per year.

11. **EAOGS Business Meeting:** Timing of business meeting during the Spring and Autumn meetings – Members agreed to continue to hold this meeting in the beginning (09:00 – 10:00 or 09:30 - 10:30 Hours) of the Spring and Autumn meetings.

12. **Secretary’s Report by Mr Siya Sharma**

New Members – following members were introduced and inducted after the approval by the members - Miss. Sambita Basak, Miss Chhaya Prasannan-Nair, Miss Erika Manzo, Miss Kamilia El-Farra, Mr. Rahat Khan, Mr. Montasser Mahran, and Alex Grover.

Secretary requested all members to update the communication details with the secretary (siya.sharma@qehkl.nhs.uk). This will help to keep updated **members’ directory**.

The EAOGS members were requested to encourage their colleagues to join this prestigious society. It was agreed that new members do not need to get a signature on the membership form from existing member.


1) **Signatories**: (Treasurer, president, secretary) on EAOGS Cheques arranged with the HSBC bank.

2) **Charitable status report**- Discussed with the members regarding the funds of Michel Bullman memorial charity. The funds were used completely utilised for the bursary. No income was generating at present from this account as the treasury stocks had to be cashed in. Information, which was sent in the year before regarding further reinvestment of treasury stocks was not, acted upon by the previous treasurer, therefore the treasury stocks could not be invested again. President and Secretary and Members in attendance have expressed the opinion that as the funds were exhausted, the charitable account may have to be closed. Some of the members raised the question whether there was any clause prohibiting this. It was agreed that the original records would be reviewed by the president, secretary and treasurer to identify this.

3) **Membership subscriptions** – Each member will be contacted via email. Annual Membership Subscriptions (£20) will be for the period of January to December each year, payable in January or at the time of new membership, with no provision of pro-rata subscription.

4) **Finance Statement:**

\[
\text{EAOGS accounts Sep 2012-30- Sept 2013} \\
\text{Business account} \\
- \text{At Bank on 30.09.13} & 10,123.33 \\
- \text{Income} \\
- \text{Interest earned} & 1.49 \\
- \text{Expenditure} \\
\text{Awaiting transfer Community account (£2000.00)} \\
\text{Balance £10,123.33}
\]
Michael Bullman Memorial account
- At Bank 516.57
- Income
- Interest 0.39
- Treasury stocks 1500.00
- Fund transferred to Community account by bank 187.00

Balance £ 1958.39

Community Account
- At bank on 30.09.13 £0.89
- Income
- Expenditure
  Bursary
- Lorna Bayliss £500.00
- Melinda Bird April 2012 £500.00
- Sucheta Jindal Oct 2012 £500.00
- UEA Students prize 2012 £250.00

Total balance (30.09.13) £ 12,081.72

14. Future Meetings:
1) 2014 Spring Meeting (on a Friday) – Ipswich Hospital, Chair - Mr. Rohit Sharma. Subsequent to the Autumn Meeting Mr. Rohit Sharma has indicated some dates in May 2014.
2) 2014 Autumn Meeting (on a Saturday) – Peterborough Hospital, Chair - Mr Stephen Hevanga.
3) 2015 Spring Meeting (on a Friday around April) – Colchester Hospital, Chair – Miss Aban Kadva.
4) 2015 Autumn Meeting (on a Saturday around October) – Addenbrookes Hospital, Cambridge, Chair – Mr. Raj Mathur.

EAOGS team and members would continue to explore options of Joint Meetings with another Obst & Gynae Societies, and Societies of anaesthetists, radiologists and paediatricians.

15. Any other business (with Chair’s permission): Members in attendance did not raise any issue on this occasion.

16. Close: The president Dr Preston thanked every one to be part of the EAOGS business meeting and contributing to the process of consensus decision making

Mr. Siya Sharma
Secretary EAOGS
Consultant Gynaecologist & Obstetrician,
The Queen Elizabeth Hospital
Gayton Road, Kings Lynn, Norfolk PE30 4ET

E-mail: siya.sharma@qehkl.nhs.uk
Tel: 07811455677

Scientific Meeting
Miss Erika Manzo and Mr Tarang Majmudar welcomed the delegates to the EAOGS Autumn Meeting and promised for a stimulating scientific programme with versatile and acclaimed speakers. The team of consultants from Hinchingbrooke Hospital conducted the scientific sessions in a very professional and timely manner.
Autumn Meeting Programme
5th October 2013, Women’s Health Unit, Hinchingbrooke Healthcare NHS Trust
Meeting organizer - Miss Erika Manzo

A.M. Session
9:00 - 10:00 Business meeting
10:00 - 10:15 Welcome: Mr Tarang Majmudar, Clinical Unit Lead
10:15 - 10:45 Becoming an Investigator for an NIHR Clinical Research Portfolio Study - A very practical guide
   Speaker: Ms Chris Sparke, Lead Network Officer for the CLRN, Addenbrooke’s Hospital Cambridge
10:45 - 11:00 Coffee break
11:00 - 11:30 Management of uterine fibroids, Speaker Mr Valentine Akande, PhD, MRCOG Consultant Obstetrician and Gynaecologist and Honorary Senior Lecturer with the University of Bristol. Lead Clinician and Speciality director of Fertility Services Bristol Centre for Reproductive Medicine Hospital
11:30 - 12:00. Hysteroscopic sterilisation- our experience. Speaker Mr Chris Guyer, FRCOG, Consultant Obstetrician and Gynaecologist Portsmouth Hospital

12:00 - 12:30: Clinical Teaching Skills - an Introduction. Speaker Dr Mark Lillicrap, Consultant Rheumatologist, Associate Clinical Dean, Clinical Tutor at University of Cambridge, Hinchingbrooke Hospital and Addenbrooke’s Hospital.

12:30 - 14:00 Lunch

P.M. Session
14:00 - 14:20 Anti-Müllerian hormone: serum levels and reproducibility in a large cohort of subjects suggest sample instability. Speaker Dr Obyek Rustamov, Subspecialty Registrar in Reproductive Medicine, Cambridge IVF Addenbrooke’s Hospital Cambridge University Hospitals NHS Foundation Trust.
14:20 - 14:40 Audit of Vaginal birth after Caesarean Section. Speaker Dr Rabia Zille-Huma Addenbrookes Cambridge University Hospitals NHS Foundation Trust
14:40 - 15:00 Surviving a bad start in life: A mouse model to investigate the fate of chaotic mosaic aneuploidy in the pre-implantation embryo. Speaker Dr Helen Bolton, Specialty Registrar in Obstetrics and Gynaecology, Hinchingbrooke Hospital
15:00 - 15:30 What does a maternal death confidential enquiry contribute to modern maternity care? Speaker Professor Jim Neilson. NIHR Dean for Faculty Trainees; Professor of Obstetrics & Gynaecology, Department of Women’s & Children’s Health, Institute of Translational Medicine, University of Liverpool; Joint Co-ordinating Editor, Cochrane Pregnancy & Childbirth Group; Centre for Women’s Health Research, Liverpool Women’s Hospital, Crown Street, Liverpool
15:30 - 15:45 Coffee break
15:45 - 16:15: Fertility preservation in women about to undergo gonado-toxic treatment for life threatening conditions. Speaker Professor Gedis Grudzinskas, FRCOG, Responsible Officer & CQC registered manager at La Maison Medicale, London. Current interests are Reproductive Medicine, Infertility, oocyte donation and fertility preservation. As one of the editors of Reproductive BioMedicine.
16:15 - 16:45 – Perineal Trauma after childbirth. Speaker Mr Ruwan Fernando,
Urogynaecology Subspecialist. Honorary Senior Lecturer. Imperial College Healthcare NHS Trust

16:45 - 17:00 Closing Remarks and Prize Winners: Miss Erika Manzo.
18.30 Drinks Reception at the Old Bridge Hotel
19.00 Dinner at the Old Bridge Hotel

**Close of the scientific meeting:**
Miss Erika Manzo thanked all the delegates, speakers, pharmacy sponsors and local organising team for their contribution and cooperation to make this meeting a successful event.

Mr AR Hisham, Consultant Gynaecologist and CEO of the Hinchingbrooke Hospital, presented a bouquet of flowers to Erika for her dynamic role to organise this event for the EAOGS.

On behalf of EAOGS, Dr Jane Preston extended her sincere thanks to all the members, delegates, speakers and sponsors for making this Autumn Meeting an extraordinarily successful show.

**Society’s Gala Dinner**
EAOGS Society dinner was held at the famous Old Bridge Hotel in Huntingdon. This was a lounge-suit event with a contribution of £40.00 per person. Nearly 50 guests enjoyed the fantastic food and wine in environs of British hospitality.

A toast was raised to the EAOGS and 2013 Autumn Meeting organisers. Dr Jane Preston gave a brief speech expressing her happiness for the successful organisation of 2013 Autumn Meeting and she thanked Miss Erika Manzo, Mr Tarang Majmudar and their team of consultants and admin team for organising this wonderful event.

Report prepared by:
Mr. Siya Sharma,
Secretary, EAOGS,
Consultant Gynaecologist & Obstetrician,
The Queen Elizabeth Hospital, Kings Lynn, PE30 4ET. Norfolk.
Email: siya.sharma@qehkl.nhs.uk

**Appendix** to minutes of EAOGS Autumn Meeting – October 5, 2013.
Appendix-1: Registered delegates.
Appendix-2: President’s Report - President Newsletter Autumn 2013.
Appendix-3: EAOGS Members Survey report.
Appendix-4: Summary of abstract of presentation/poster.
Appendix - 1

East Anglian Obstetrical and Gynaecological Society

www.eaogs.org.uk

President: Dr. Jane Preston
Secretary: Mr. Siya Sharma
Treasurer: Miss Aparna Gumma

EAOGS Autumn Meeting. Date: Saturday October 5, 2032. Time 09:00 – 10:00 Hours.

Venue: Education Centre, Hinchingbrooke Healthcare NHS Trust.

1. Abdel-Rahman
2. Abisola Adeleye
3. Amita Mahendru
4. Anne Barry
5. Aparna Gumma
6. Ben Greaves
7. Bethany Revell
8. Brown
9. Camilla Gangoo
10. Cara Holtam
11. Catherine Aiken
12. Chima Ezenwa
13. Chyaya Prasannan-Nair
14. David Horwell
15. Elissa Scotland
16. Emily Gelson
17. Farol Pernet
18. Frank de Graaf
19. Gareth Thomas
20. Garima Srivastava
21. Geetha Mahindrakar
22. Edward Posser-Snelling
23. Haitham Fardoun
24. Hamilton
25. Hayser Lucena
26. Helen Bolton
27. Hilary Turnbull
28. Ivilina Pandeva
29. James Neilson
30. Jane Mac Dougall
31. Jane Preston
32. Jemina Loganathan
33. John Chalmers
34. John Eddy
35. John Williamson
36. Johnson
37. Ketan Gajjar
38. Kevin Dalton
39. Laura Minns
40. Liliana Grosu
41. Lindsay De Ganville
42. Lisa Abbott
43. Lovelina Das
44. Mahmmod Shafi
45. Majmudar
46. Malcom Griffith
47. Manzo
48. Mark Slack
49. Mary Esmyot
50. Mary McClachlam
51. Medhat Alberry
52. Montasser Mahrman
53. Mr Michele Lumb
54. Mrs Oliver
55. Mrs P Wilson
56. Mythili Nalam
57. Nosib
58. Oybek Rustamov
59. Páthak
60. Paul Simpson
61. Peter Greenwood
62. Pradhan
63. Rabia Zill-e-Huma
64. Raj Mathur
65. Ramesh Appiahanna
66. Ranti Anthony
67. Rekha Remadevi
68. Roy Husemeyer
69. Rudolf Hartwell
70. Sambita Basak
71. Samuel Marcus
72. Sarah Reynolds
73. Sasha Taylor
74. Satyam Kumar
75. Saurabh Phadnis
76. Shaker Elghannam
77. Shazia Bhatti
78. Sheila Lloyd
79. Sinha Barkha
80. Siya Sharma
81. Sonela Basak
82. Suchetta Jindal
83. Sweta Priyanka
84. Thomas Matthews
85. Um Abudoza
86. Vennila Palaniappan
87. Vladimir Revicky
88. Wendy MacNab
89. Bushra Zaeed Saaed
Appendix – 2

**EAOGS President Newsletter (Autumn 2013)**

This year as been one of great ups and downs for EAOGS, how lovely therefore, to end on a complete high with such a successful EAOGS meeting and dinner organised by the consultants at Hinchingbrooke Hospital. This was a great vote with feet with over 80 at the scientific meeting and 47 at the dinner in the evening. I would like to thank Erika Manzo and her team of committed consultants very much for the huge amount of work that went into the organisation for the day. Prior to this, the business meeting had covered many difficult issues which are minuted and will be sent round with this newsletter.

Following the cancellation of the Spring meeting (due to less than the minimum number of members required by the organisers being registered to attend), the officers including myself met and decided to send around a monkey survey to see what members wish from the society - included with the minutes are a summary of the members responses. Many of the results of this were the basis for the business meeting discussions and will help to guide direction. My feeling is that as the business meeting is not attended by many members that a monkey survey once during the 3 year term of the president would be a valuable addition with slightly different questions each time. This year we had 56 responses which I feel is reasonable coverage.

One of the outcomes of the survey was good agreement for EAOGS hospital reps and we now wish offers for such reps, some have already come in. This will help to encourage early registration for meetings which helps the organisers, it will help the treasurer to be able to confirm the details and ensure the subscriptions are collected from all members and will help us to be aware of the wishes of members for their society.

A lot of discussion at the business meeting was around the time restraints on one’s lives and the large numbers of societies that we are all members of. Whilst a suggestion was that we have one EAOGS meeting per year there was also strong support to keep 2 EAOGS meeting per year for the following reasons. With 2 meetings, one on a Friday and one on a Saturday it gives those who are not able to come to one in the year the ability to be able to come to the other. What I do request as your President is that those of you who voted for a Friday meeting to actually come to the Friday meeting if they possibly can as it appears that the numbers voting for either are approximately 50:50 whereas there are fewer actually coming to Friday meetings.

As officers, our priorities are to ensure that the treasurer’s members details and subscriptions are up to date, that we get an up to date website up and running and that we encourage members to give us their views on what they wish from their society and we are running the society for the members not for ourselves.

Please note from the business meeting minutes that we are now looking for nominations for the President of EAOGS. Any nominations should be through the secretary Mr Siya Sharma (siya.sharma@qehkl.nhs.uk). The nominations will be announced at the Spring meeting 2014, voting will take place between the Spring and Autumn meeting and new President will take over during the Autumn meeting.

Sorry if you missed the great Hinchingbrooke meeting – do come to the next one – I wish you a good rest of the year and Happy Christmas, hope to see you at the Spring Meeting

Jane Preston, President EAOGS
Appendix – 3

EAOGS results so far  56 responses

1) We need to know which day for a meeting you would be more likely to attend, Friday (realising would need annual or study leave), Saturday, either or neither? Tick any box that applies

<table>
<thead>
<tr>
<th>Day</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Fri</td>
<td>29.1%</td>
</tr>
<tr>
<td>Sat</td>
<td>36.4%</td>
</tr>
<tr>
<td>Either</td>
<td>32.7%</td>
</tr>
</tbody>
</table>

No reply 1 person

2) We need to know whether you would prefer to pay more for membership each year and less (or none) to register for each meeting you attend or the same for membership (just increased to £20 annually) and more for each meeting you attend?

I would rather pay increased yearly membership and less (or none) to register for each meeting I attend  15.6%

I would rather pay the same for membership (£20) and more to register for each meeting I attend  84.6%

No reply 4

3) Do you feel that a local EAOGS representative (named consultant) in each hospital would help you keep up to date and encourage you to be active members of the society?

<table>
<thead>
<tr>
<th>Yes local rep</th>
<th>Percentage</th>
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<tr>
<td></td>
<td>69.1%</td>
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<table>
<thead>
<tr>
<th>No local rep</th>
<th>Percentage</th>
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<tr>
<td></td>
<td>30.9%</td>
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No reply 1

4) We need to know whether you would like the meetings to be generally based to cater for all interests or whether speciality based at different meetings

<table>
<thead>
<tr>
<th>General varied topics</th>
<th>Percentage</th>
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<tbody>
<tr>
<td></td>
<td>63.6%</td>
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</table>

<table>
<thead>
<tr>
<th>Specialty based topics</th>
<th>Percentage</th>
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<tbody>
<tr>
<td></td>
<td>14.5%</td>
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Any topics  27.3%

No reply 1

5) We would like to know if you are likely to come to an evening dinner and if so what dress code would you be comfortable with?

<table>
<thead>
<tr>
<th>Black tie</th>
<th>Percentage</th>
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<tr>
<td></td>
<td>29.6%</td>
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</table>

<table>
<thead>
<tr>
<th>Lounge suits</th>
<th>Percentage</th>
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<tbody>
<tr>
<td></td>
<td>31.5%</td>
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</table>

Would not come either way  40.7%

No reply 2

6) We need to know whether you wish copies of the minutes of the meetings sent out by e-mail or whether you would prefer to go to the EAOGS website to see the minutes

I would like to receive a copy of the minutes of the business meeting by e-mail  56.4%

I would like to receive a copy of the minutes of the scientific meeting by e-mail  38.2%

I am happy to see all the minutes of the meetings on the EAOGS website  40%

No reply 1

7) We would like to know whether you would find a President's newsletter yearly, after each meeting of not at all, useful?

<table>
<thead>
<tr>
<th>Yearly</th>
<th>Percentage</th>
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<tr>
<td></td>
<td>37%</td>
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| After each meeting | Percentage |
|                   | 44.4%      |

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Percentage</th>
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<tbody>
<tr>
<td></td>
<td>18.5%</td>
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No reply 2

8) Following the need to cancel the recent EAOGS meeting due to reduced anticipated attendance we would value any other comments you have regarding either the meetings or the society generally

No reply 28

Replies 28 – see below
As previously stated, EAOG is an outdate society which really serve no function in the modern era. In the good old days it was an old boys network to meet colleagues from other units in the region and catch up. Now there are too many other more relevant meetings to attend as part of CPD etc to bother with something like EAOGS. The region has become too big and no one knows anyone anymore. The contents of the meeting are not varied enough and are mainly just about what a unit does. There are a lot of people out there in the country who have something worth hearing about and not just from our own speciality. If you want a decent attendance make it a more interesting varied educationally valuable meeting.

25/4/2013 15:53 View Responses
I was both dismayed and disillusioned when I heard that the Spring Meeting scheduled to be held in Cambridge had to be cancelled at the last moment because of lack of interest. When I was appointed as Consultant in Ipswich my predecessor Mr F R Stansfield told me that I MUST join the EAOGS and attend as often as possible. He commended the Society very highly and certainly over the 30 years I practiced in East Anglia I found it a very rewarding and happy Society. I truly hope that it can be restored to its former glory John A Chalmers

16/4/2013 16:30 View Responses
I am relatively new to the region, found it difficult to become a member (why do I need signature of two colleagues etc ), then very difficult to deposit money - always send by cheque - when many people prefer to use debit cards. I also feel there is almost no communication from EAOGS - as to what’s going on - no regular interaction in any form, positions are taken to boost personal egos - I do not see any ground work done by elected people. EAOGS should target to make meetings more general - more social, aim to provide networking platform.

16/4/2013 16:12 View Responses
I am now retired well and truly and spend quite a lot of my time out of the country, particularly in April and October. I have not completed the survey because I am no longer actively involved in the specialty. I feel that EAOGS provides an excellent cost-effective service for constituent members and I feel sorry that it proved necessary to cancel the last meeting, especially when it was at the regional centre.

15/4/2013 12:02 View Responses
Very sad that the meeting had to be cancelled. I suspect that the problem was that it was a Friday meeting - my understanding is that it’s increasingly difficult for both consultants and trainees to cancel hospital commitments. It will be interesting to see what other feedback you get. To de-anonymise: Kind regards, David Horwell

9/4/2013 21:25 View Responses
As we approach difficult times in the NHS it would be good if we could stand united. It is always easier to ask for advice or transfer a patient when we know the clinician at the end of the phone. I see EAOGS as good for patient care and not just a social club.

9/4/2013 16:08 View Responses
Unfortunately, I fear that the recent cancellation is a sad reflection of the time pressure faced by many members.

9/4/2013 12:32 View Responses
Programme has to be excellent and consultants should be encouraged to bring along their trainees

9/4/2013 11:16 View Responses
There seems to be a creeping apathy towards EAOGS and other local society meetings. There used to be much more enthusiasm to attend!

9/4/2013 11:11 View Responses
I think this just reflects the fact they everyone has so many pressures on their time.

9/4/2013 10:17 View Responses
The recent cancelled meeting was too expensive, too obstetric orientated and too many topics were covered by local speakers. I would prefer a mixture of speakers and topics both in obs and gynae. Not sure why the meeting came to such cost when the venue was in the hospital.

8/4/2013 20:25 View Responses
It was very annoying to cancel; you should have done that earlier as my clinics were cancelled

8/4/2013 20:13 View Responses
Could not attend due to targets

8/4/2013 18:28 View Responses

I'm not sure in light of poor attendance at the last meeting that this is the right time to increase membership costs. I suspect this is going to do nothing to encourage new members nor keep old. I personally am greatly saddened that the Cambridge meeting was cancelled. I wonder if we should have polled members on why they were unable to attend. Could it be something as simple as severe traffic congestion leaving Cambridge on a Friday??

8/4/2013 18:25 View Responses

About fifteen years ago a proposal to move the meetings to Fridays was soundly defeated. I am not surprised that a meeting planned on a working day failed with the Trusts' current financial position. Meetings on Saturdays are more likely to be well attended. As a previous President and before that long term secretary (7 years) I would be sad to see meetings suffer, but it may be that an annual meeting is the only way to secure the Society's future.

8/4/2013 17:46 View Responses

Regret rather too busy at present. Unlikely to come for some time.

8/4/2013 16:18 View Responses

Yearly scientific meeting

8/4/2013 16:04 View Responses

Cancelling weekday commitments gets harder and for me a Saturday is preferable.

8/4/2013 15:57 View Responses

Fridays are difficult when one is working.

8/4/2013 15:32 View Responses

I was not attracted by the programme. It was too heavily biased towards obstetrics, and the talk on meshes I'd heard recently.

8/4/2013 15:09 View Responses

Geography is difficult for our region. Fridays have become hopeless although they are more family friendly.

8/4/2013 15:07 View Responses

This year's meeting did not offer an exciting programme. The likelihood of trainees attending is based on interesting talk/talks from renowned speakers and opportunities for trainees to present. Of course it is a shame because lots of research goes on in Cambridge and it would have been interesting to hear about it.

8/4/2013 14:27 View Responses

Perhaps we need to radically consider the role of EAOGS. It might be worth looking at more joint meetings with other societies including the student societies in both our universities.

8/4/2013 13:48 View Responses

I think that the society should not have cancelled the meeting even though numbers were low.

8/4/2013 13:37 View Responses

I was very much looking forward to going to this meeting as an O+G trainee starting ST1 this summer but was unable to get the time off when I was working in O+G as the higher trainees got priority. This is my reason. Very sorry.

8/4/2013 13:03 View Responses

As trainees we use up most of our study leave on courses and regional teaching. If it can be made part of our regional teaching requirements, and we get ticks inboxes for both the autumn and spring meetings, I feel greater trainees would always attend. And trainees shouldn't moan about costs £20 is nothing! I always enjoy the meetings and was sad to be unable to attend this time.

8/4/2013 12:40 View Responses

First meeting I recall having to pay to attend.

8/4/2013 12:35 View Responses

Meetings still must go ahead irrespective of numbers.

25/3/2013 12:30 View Responses
Appendix – 4

East Anglian Obstetrical and Gynaecological Society

www.eaogs.org.uk

President: Dr. Jane Preston
Secretary: Mr. Siya Sharma

Treasurer: Miss Aparna Gumma

EAOGS Autumn Meeting.
Date: Saturday October 5, 2032. Time 09:00 – 10:00 Hours.
Venue: Education Centre, Hinchingbrooke Healthcare NHS Trust.

Abstracts submitted and made available by organisers:
1. Becoming a Principal Investigator for an NIHR Portfolio Study- a very practical guide.
   Christian Spark, Lead Network Office, West Anglia CLR,
   Christian.spark@addenbrookes.nhs.uk
   Aims: Talk request: “as practical as possible”, Overview of NIHR portfolio research in West Anglia CLRN, Concentrate on Principal Investigators in non commercial studies, Constructive appraisal of challenges, Learning lessons and moving forward, Information and data: West Anglia but transition is underway, Personal views & experiences are also included.
   How We Can Help? – Senior Manager & CLRN Executive Plus Teams including Research Management & Governance e.g.: permissions / research passports, Contracts and Finance, Research Facilitator Team e.g.: Feasibility / Set Up / Study Specific Information (SSI), Research Teams – Study delivery (Adult & Paediatrics), Industry Managers – Commercial Research e.g.: Site identification & Set Up, Communications Manager – meetings / publicity / newsletters, Pharmacy Manager, Patient and Public Involvement (PPI) Officer, Information Management – e.g.: Recruitment data, Training & CPD – GCP/Informed Consent/Integrated Research Application Service (IRAS), and Lead Network Officer – Co-ordinated Network Support Service (national).

2. TEACHING IN A CLINICAL SETTING and CLINICAL TEACHING SKILLS.
   Dr Mark Lillicrap
   Starting to plan teaching sessions - Triad of concepts; before - what you need to think about beforehand? During - What you do during the session?, End - How do you finish off?
   Good teachers motivate students to use their learning - Learning: Deep v. superficial, Superficial learning: memorizing “learning the words”, Deep learning: comprehending “understanding the material”. How you structure your teaching will determine how your students learn.
   Agenda Led Outcome Based Analysis (ALOBA) - 1) The feedback process starts before the activity by discovering and recording the learner’s agenda, 2) The activity takes place and is observed with reference to the learners agenda, 3) Self-assessment
by learner according to the stated agenda, 4) The group is invited to add ideas and a range of suggestions of ways to improve are created, and 5) The learner selects from the range of suggestions what they would like to try next time. Unlike Pendleton this process focuses on the learner’s needs but cannot be spontaneous.

3. Anti-Müllerian hormone: serum levels and reproducibility in a large cohort of subjects suggest sample instability
Oybek Rustamov, Department of Reproductive Medicine, St Mary’s Hospital, Central Manchester Foundation Trust, Manchester M13 0JH, UK.

Abstract

Introduction Anti-mullerian hormone (AMH) has replaced FSH and antral follicle count as the primary predictor of ovarian performance, as a marker for tailoring gonadotrophin dosage in cycles of IVF/ICSI and in other routine clinical settings. Thus a robust, reproducible and sensitive method for AMH analysis is of paramount importance. The Beckman CoulterGen II ELISA for AMH was introduced to replace earlier DSL and Immunootech assays but the assays have not previously been compared in a clinical setting. This study compares the Gen II and DSL AMH assays in over 5000 subjects in a routine IVF setting and investigates possible explanations for observed discrepancies.

Methods Two groups were studied: an unselected group of 5007 women referred for fertility problems and a subgroup of women who had AMH measured using both DSL and Gen II assays at different times. AMH values for the two assays were compared using a regression model in log (AMH) with a quadratic adjustment for age. Reproducibility of the assays was determined in women having repeated measurements using an age-adjusted mixed model. Laboratory experiments used anonymised serum samples following routine AMH determination.

Results In contrast to published laboratory comparisons, in clinical practice Gen II AMH values were ~20% lower than those generated using the DSL kit in both groups. Both assays displayed high within-subject variability (Gen II assay CV=59%, DSL assay CV =32%). In serum from 48 subjects incubated at RT for up to 7 days, AMH levels increased progressively in the majority of samples (58% increase overall). Pre dilution (x2) of serum prior to assay, gave AMH levels up to twice those of neat samples. Pre-mixing of serum with assay buffer prior to addition to the microtitre plate gave higher readings (72%) compared to sequential addition. Samples stored at -20ºC for 5 days had 23% higher AMH levels than fresh samples.

Conclusions Our data suggests that AMH may not be stable under some storage conditions and this may be more pronounced with the Gen II assay. The published conversion factors between the GenII and DSL assays appear to be inappropriate for routine clinical samples. Further studies are urgently required to confirm our observations and determine the cause of the instability. In the meantime, caution should be exercised in the interpretation of AMH levels in the clinical setting.

Key Words: Anti-Müllerian hormone; Müllerian inhibitory substance; AMH; AMH Gen II ELISA; DSL Active MIS; AMH ELISA; sample stability.

4. Audit of Vaginal birth after Caesarean section
Author: Dr Rabia Zill-e-Huma, Current post: ST6 O&G, Addenbrookes Cambridge University Hospitals NHS Foundation Trust, Cambridge, CB2 0QQ
Audit performed at Ipswich Hospital NHS Foundation Trust, Aug 2011

Objectives: To determine the rate of successful and unsuccessful VBAC in the unit. To determine the difference in success of VBAC in spontaneous and induced labour
which will help in counselling the women in our unit. To determine if unsuccessful trial of scars requiring emergency c/sec were managed appropriately and if obstetricians bailed out prematurely because of their fears surrounding this mode of delivery. To determine the risk of uterine rupture/dehiscence in our unit as this is major concern of obstetricians and women while offering and accepting TOS.

**Conclusions:** Major flaws in recording cases of VBAC in delivery book which need to be addressed urgently. Success rate of VBAC in women attempting TOS in our unit was 90%. Interestingly Instrumental delivery rate was more among spontaneous labourers than induced. (7 cases vs. one). Successful VBAC rates are better than in national guidelines. Risk of scar dehiscence was in accordance with national figures. No significant co-relation between BMI>30 and unsuccessful VBAC in our audit. Wide variation seen while going through notes how women were counselled about VBAC and methods used for IOL, for example, awaiting spontaneous labour till 40 weeks, term +10 to 13 otherwise c/sec booked, few women did not want to be induced in antenatal period but when offered IOL after SROM, they accepted it. Most had ARM for IOL, while vaginal PGE2 is recommended even for inducing women wishing to have TOS. Whether this practice reflects fears of obstetricians using PGE2 for IOL/risk of scar rupture. Most of the labours with TOS were managed very well but still more confidence and support is needed in these cases.

5. Surviving a bad start in life: a mouse model to investigate the fate of chaotic mosaic aneuploidy in the pre-implantation embryo

**Helen Bolton**, BSc MRCOG Specialty Registrar in Obstetrics and Gynaecology, Hinchingbrooke Hospital

The majority of human pre-implantation embryos created through in vitro fertilization (IVF) are mosaics, as they are constituted of a mixture of diploid and aneuploid cells. Chromosome abnormalities are widely believed to contribute towards the relatively low success rates of IVF treatment. Consequently major efforts have been undertaken to develop effective tools to aid the selection of embryos with minimal abnormalities with the aim of improving clinical outcomes. These approaches have been disappointing. However, the ultimate fate of mosaic embryos is not known. Human embryo research is limited by practical and ethical constraints, and relevant animal studies are sparse.

To circumvent many of these limitations, a novel mouse model for pre-implantation mosaicism was developed. This model was then used to investigate the fate of abnormal cells within the developing pre-implantation embryo, and the ultimate developmental outcome of mosaic embryos.

High resolution time-lapse imaging of developing embryos revealed that cells with chromosome abnormalities became progressively depleted during blastocyst maturation; inner cell mass (ICM) cells exhibited higher rates of apoptosis, while in the trophectoderm lineage effects on the cell-cycle predominated. Depletion of aneuploid cells continued throughout post-implantation development. Significantly, the presence of a critical number of normal diploid blastomeres within the embryo could rescue the early post-implantation lethality that occurred in embryos containing high rates of abnormalities. Moreover, embryos that contained abnormal cells had higher developmental potential than equivalent embryos with a lower cell number that contained no abnormalities, suggesting that abnormal cells play a significant role as ‘carrier cells’ which could boost developmental potential.
These findings thus show, for the first time, that mosaic embryos are capable of achieving full developmental potential, and that abnormal cells are progressively depleted as development proceeds. The results also suggest that removal of abnormal cells from the embryo may be detrimental to developmental potential. These findings may be of potential significance for IVF treatment, and may explain why cleavage stage biopsy and pre-implantation aneuploidy screening failed to improve IVF outcomes. The findings from this first animal study also provide further support that blastocyst trophectoderm biopsy may be a better screening test to aid selection of embryos with the highest developmental potential. This approach is currently the focus of many clinical studies.

6. Fertility preservation in women about to undergo gonado-toxic treatment for life threatening conditions.
Professor Gedis Grudzinskas, FRCOG, Responsible Officer & CQC registered manager at La Maison Medicale, London.

UK situation – only 6 centers are licensed to procure and process ovarian tissue (London, Bourn, Edinburgh, Southampton). No centre is licensed to auto-transplant ovarian tissue. There has been no ovarian tissue auto-transplanted since ~2000.

Criteria for ovarian tissue banking - 1) Age: under 37 years (may be individualized based on the status of ovarian reserve), 2) Ovarian function: premenopausal by FSH, antral follicle count (AFC) or AMH, 3) Communication with oncologists: cancer treatment plan, prognosis.

Cryopreservation of ovarian tissue - Advantages: Available on a short notice, Preserves the functional unit of the ovary – the follicle, preserves potentially a large number of follicles, and only option available for prepubertal girls

Limitations: Experimental and the efficacy is unknown, Risk of transplanting the original disease, and Functional duration of the transplants.

Conclusion: Ovarian cryopreservation, including transportation, is now a clinical option, Transplanted frozen/thawed tissue restores ovarian function with high efficacy and maintain function for periods of time a lot longer than expected, This procedure is important to women and we don’t do harm by taking out ovarian tissue, Transplanted tissue restore fertility but the efficacy is probably not high, but perhaps refinements are slowly being developed, and Results are encouraging for a continued effort.