

Curriculum Vitae

Mahmoud M. Nassar

M.B.B.Ch., M.Sc., Ph.D., FRCS(Glasg)

Personal Details and Contact information

Name **Mahmoud M. M. Nassar**

Home Address 8 Blackheath Court
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Date of birth 3rd of December 1976.

Nationality Egyptian

Registrations with medical regulators & Current Position:

- GMC (UK) reference no.: 6167610 Issue date: 19th of October 2007
- Egyptian Registry no.: 142079 Issue date: 13th of March 2001

Current Position:

- Consultant Ophthalmologist with special interest in pediatric ophthalmology and strabismus, Newcastle upon Tyne Hospitals NHS foundation Trust, Newcastle, UK.
- Lecturer of Ophthalmology, Faculty of Medicine, Minia University, El-Minia, Egypt.

Memberships and Societies:

1. Egyptian Medical Syndicate since 2001
2. Fellow of the Royal College Of Physicians And Surgeons Of Glasgow, since 2007
3. International Society of Refractive Surgery (ISRS), since 2010
4. American Association of Pediatric Ophthalmology and Strabismus (AAPOS), International member, since 2010
5. The Royal College of Ophthalmologists, Affiliate member, since 2014

Academic Qualifications:

1. 2009: Ph.D. in Ophthalmology; Supreme council of Universities, Egypt.

2. 2007: Diploma of fellowship in ophthalmology, F.R.C.S.(Glasg) from The Royal College of Physicians and Surgeons of Glasgow, UK.
3. 2004: M.Sc. Ophthalmology; Faculty of Medicine, Minia University, El-Minia, Egypt.
4. 1999: M.B.B.Ch. Medicine and surgery, excellent with honor degree. Faculty of Medicine, Minia University, El-Minia, Egypt.

Professional Records

1. March 2000- March 2001: House officer (training doctor) of General Medicine and Surgery, Minia University Hospital, El-Minia, Egypt.
2. March 2001- June 2004: Resident of Ophthalmology, Department of Ophthalmology, Minia University Hospital, El-Minia, Egypt.
3. June 2004 – May 2006: Assistant lecturer of Ophthalmology, Department of Ophthalmology, Faculty of Medicine, Minia University, El-Minia, Egypt.
4. May 2006 – November 2007: Occasional post-graduate student Newcastle University, School of Neurobiology, Neurology and Psychiatry, Newcastle upon Tyne, U.K.
5. November 2007 – January 2009: Clinical Fellow of Pediatric Ophthalmology and Strabismus, Claremont wing eye department, Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS trust, Newcastle upon Tyne, U.K.
6. February 2009 – October 2009: Assistant lecturer of Ophthalmology. Department of Ophthalmology, Faculty of Medicine, Minia University, El-Minia, Egypt.
7. October 2009 – to date: Lecturer of Ophthalmology, Department of Ophthalmology, Faculty of Medicine, Minia University, El-Minia, Egypt.
8. February 2010 – September 2012: Member of Egyptian Fellowship Board of Ophthalmology accreditation committee, Egyptian Fellowship Board, Ministry Of Health.
9. August 2010 – September 2012: Consultant Paediatric Ophthalmologist, Al-Nour Eye Hospital, El-Mohandesein, Cairo, Egypt.
10. October 2012– June 2014: Fixed-term Locum Consultant Ophthalmologist; Newcastle eye Centre, Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS trust, Newcastle upon Tyne, U.K.
11. June 2014 – April 2018: Fixed-term Locum Consultant Ophthalmologist with special interest in pediatric ophthalmology and adult motility, Dumfries & Galloway Royal Infirmary, NHS Dumfries & Galloway, Dumfries, UK.
12. April 2018 – March 2019: Consultant Ophthalmologist with special interest in pediatric ophthalmology and adult motility, Dumfries & Galloway Royal Infirmary, NHS Dumfries & Galloway, Dumfries, UK.

13. March 2019 – Date: Consultant Ophthalmologist with special interest in pediatric ophthalmology and strabismus, Newcastle upon Tyne Hospitals NHS foundation Trust, Newcastle, UK.

Thesis/ Dissertation involment:

1. Master of Science (M.Sc.) in Ophthalmology

- a) Thesis Title: Primary Inferior Oblique Muscle Surgery in V-Pattern Strabismus
- b) Institute: Faculty of Medicine, Minia University, Al-Minia, Egypt
- c) Period: April 2001 – January 2004
- d) Research type: Prospective case series

2. Ph.D. in Ophthalmology

- a) Thesis Title: Evaluation of predictive parameters controlling outcomes in patients undergoing squint surgery for thyroid eye disease
- b) Institute: Supreme council of Universities, Egypt.
- c) Period: August 2004 – September 2009
- d) Research type: Comparative case series with prospective and retrospective arms

Audit involment:

1. Effectiveness of new ROP screening protocol:

- a. Problem: During my paediatric Ophthalmology fellowship the current ROP screening guideline was introduced. The impact on service with extra screening sessions was a concern.
- b. Current practice and standards:
 - Retrospective case series of cases screened under old and new guidelines.
 - Old and new UK guidelines for ROP screening.
- c. Involvement: data collection, analysis & final presentation with assistance in writing up.
- d. Aim: to understand the implication of earlier ROP screening of premature babies between 24 – 26 weeks' gestational age group.
- e. Compare results of practice to standard set:
 - An additional 13 extra examinations were carried out.
 - No babies required treatment before 33/52.

- Sharing experience with other centres required.
 - Relaxation of criteria to begin screening at 31/52 may be considered in Newcastle.
- f. The audit was presented in rapid fire session of ROP screening seminar held by RCOPHTH 2009.
- g. Reflect, plan & implement change: This impact on service is currently considered on a national scale and this work has been recently published in EYE journal, 2016 as a letter to the editor. Aiming to modify/ adjust current guidelines.
2. Screening for ROP in upper Egypt
- a. Problem: after finishing my fellowship, and returned to Egypt; regular screening was not instated as standard. Children were referred to ophthalmologist after discharged from Neonatal ICU.
- b. Current practice and standards.
- prospective case series.
 - Service was initiated with Neonatal ICU liaison.
 - Standards and outcomes were compared to UK guidelines 2008.
- c. Involvement: Initiation and maintenance of service, protocol setup, data collection, statistical analysis, writing up and presentation.
- d. Aim: detect the incidence of ROP in a tertiary referral neonatal ICU in Upper Egypt and to describe the obstacles faced during implementing the UK 2008 screening protocol for the first time.
- e. Compare results of practice to standard set:
- ROP in a single site in Upper Egypt appears to have comparable incidence to other areas worldwide.
 - The main screening obstacle was missing cases as patients were discharged without arranging eye clinic follow-up.
 - A modified national ROP screening protocol is required.
- f. Audit was presented as poster in International ROP congress in Chinghai, 2012, then accepted with modification in international journal of Ophthalmology, 2016.
- g. Reflect, plan & implement change: This information is currently used in an Egyptian meta-analysis to develop local guidelines.
3. Value of ERG screening in early detection of Usher Syndrome

- a. Problem: Babies who fail auditory screening and diagnosed with sensory-neural deafness in the UK are referred to paediatric ophthalmology. Outcome of this referral is often inconclusive on examination and even when referred for electrophysiology results remain inconclusive and needs to be repeated.
- b. Current practice and standards:
 - retrospective case series
 - referral of babies with sensory neural deafness is considered good practice however there is no current guidelines
 - confirming the diagnosis of usher syndrome following referral and investigation remains uncertain
- c. Involvement: Protocol setup, data collection, statistical analysis, writing up and presentation.
- d. Aim: to assess the value of ERG screening in detecting Usher Syndrome
- e. Outcome: From our results, we recommended that screening for Usher Syndrome in children under the age of 3 years can be done by clinical assessment only (including vision, refraction and fundus examination) whereas ERG testing can be deferred to the age of 3 or above to increase the probability of obtaining a conclusive electrophysiology result.
- f. Audit accepted as poster presentation in Oxford Ophthalmology Congress, 2013.
- g. Reflect, plan & implement change: The referral system for sensory-neural deafness is under revision.

4. Personal Cataract Surgery Audit for Newcastle Eye Centre

- a. Problem: after independently performing over 300 cataract procedures in Newcastle Eye Centre, auditing my results against national cataract dataset to assess areas of strength and deficiency to improve my practice.
- b. Current practice and standards:
 - Retrospective case review.
 - The Cataract National Dataset audit.
 - Cataract surgery guidelines by The Royal College of Ophthalmologists.
- c. Involvement: Single author.
- d. Aim: Assess personal outcomes along with comparison of results against published benchmark datasets/ guidelines.

- e. Compare results of practice to standard set: all collected data, apart from post-operative Cystoid Macular Oedema (CMO), were comparable to standards set by The Cataract National Dataset audit and Cataract surgery guidelines by The Royal College of Ophthalmologists.
- f. Reflect, plan & implement change: the need to assess CMO independently in relation to patient past history, density of cataract and phaco-time.
- g. Full audit cycle was completed with the following 2 audits

5. Personal Cataract Surgery Audit for Dumfries and Galloway Royal infirmary

- a. Problem: auditing personal results against national cataract dataset to assess areas of strength and deficiency to improve my practice.
- b. Current practice and standards:
 - Automated audit tool on Medisoft.
 - The Cataract National Dataset audit.
 - Cataract surgery guidelines by The Royal College of Ophthalmologists
- c. Involvement: Single author.
- d. Aim: Assess personal outcomes along with comparison of results against published benchmark datasets/ guidelines.
- e. Compare results of practice to standard set: Results were comparable to standards set by The Cataract National Dataset audit and Cataract surgery guidelines by The Royal College of Ophthalmologists.
- f. Reflect, plan & implement change: current practice is up-to national standards, with aim to re-audit once I have done 1000 patients (expected within 2-3 years).

6. Personal Audit for Post-Operative Cystoid Macular Oedema (CMO)

- a. Problem: results of first cataract audit revealed an increase of CMO incidence
- b. Current practice and standards:
 - Automated audit tool on Medisoft.
 - The Cataract National Dataset audit
 - Cataract surgery guidelines by The Royal College of Ophthalmologists.
- c. Involvement: Single author.

- d. Aim: to complete audit cycle based on results from Personal cataract surgery audit for Newcastle eye centre where incidence of CMO was found above national standards.
- e. Compare results of practice to standard set: Recommendations from previous audit was met and Results were comparable to standards set by The Cataract National Dataset audit and Cataract surgery guidelines by The Royal College of Ophthalmologists.
- f. Reflect, plan & implement change: current practice is up-to national standards, with aim to re-audit once I have done 1000 patients (expected within 2-3 years).

7. Personal ROP Screening Audit for Dumfries and Galloway Royal Infirmary

- a. Problem: to assess service of ROP screening in Dumfries and Galloway including screening times, follow up and communication with SCBU.
- b. Current practice and standards:
 - Retrospective Data collection on neonates admitted in Dumfries and Galloway.
 - UK ROP screening guidelines 2008.
- c. Involvement: Single author.
- d. Aim: To assess the numbers of eligible babies for ROP screening, appropriate timing for screening and number of babies requiring treatment.
- e. Compare results of practice to standard set: 32 (12.5% of all admissions) babies were screened and treatment was not indicated in this case series. 100% of babies having their first ROP screening whilst they are still admitted in Dumfries SCBU are timely screened. Overall 79.2% of babies have their first ROP screening in Dumfries at a timely manner. Only 4 out of 9 babies (44%) discharged from the SCBU before their first ROP screening, were offered timely outpatient appointments and were screened within the recommended timeframe. The remaining 5 babies were offered delayed outpatient appointments of which 2 babies (40%) were further delayed by patients failing to attend or moving their appointment. Overall 20.8% of babies had delayed first ROP screening; all of them were discharged from SCBU before screening.
- f. Audit presented in regional audit meeting, Solway eye group audit meeting.

- g. Reflect, plan & implement change: Improved communication between SCBU and paediatric ophthalmology outpatients is needed specially following discharge of patients from SCBU.

8. Termination of Amblyopia treatment audit

- a. Problem: following termination of amblyopia treatment there is inconsistency of service until the patient is discharge with variable duration of follow up
- b. Current practice and standards:
 - Retrospective Data collection of children discharged following amblyopia treatment in Dumfries and Galloway.
 - RCOPHTH paediatric subcommittee guidelines.
 - PEDIG studies on recurrence.
- i. Good medical practice and internal orthoptic protocols.
- c. Involvement: First author.
- d. Aim: Identify inconsistency in follow up aiming to adjust internal protocol.
- e. Compare results of practice to standard set: 40 patients were identified with a mean age 4.2 (+1.6) years. Patients had an average of 16.4 (+13.9) visits over 30.2 (+21.4) months. 70% had occlusion only and 30% in combination with Atropine. All but three patients had improved vision, with mean letters gained 13.3 (+8.7) LogMAR. The improvement in vision was statistically significant $p < 0.005$ and patients were further followed without treatment for 9.7 (+13.4) months over 5.0 (+6.5) visits. The mean final vision at discharge was not significantly different from vision at termination ($p = 0.68$) and there was no significant recurrence.
- f. Reflect, plan & implement change: Due to current inconsistency the need for a unified discharge protocol to properly assess outcomes, diagnose visual regression and reduce number of visits.
- g. Audit accepted as poster presentation in annual RCOPHTH meeting, Birmingham, 2016.
- h. Re-written for journal and accepted for publication in the British Irish orthoptic journal.

9. Beta- Blocker audit

- a. Problem: Cataract and glaucoma patient monitored during cataract surgery was found to have sever brady-arrhythmia. The patient was using topical B-blocker despite known to have syncopal attacks.
- b. Current practice and standards:

- Automated Data collection from primary care.
 - NICE guidelines on glaucoma treatment.
 - BNF.
- c. Involvement: First author; idea, protocol setup, descriptive statistics and writing up.
 - d. Aim: To assess the incidence of prescribing topical B-blockers in patients with known systemic contra-indications.
 - e. Compare results of practice to standard set: Among the 49,816 patients registered with the four primary health care providers, there were 798 (1.6%) above 35 years old with a diagnosis of primary open angle glaucoma. Of these, 279 (35%) were prescribed topical beta-blockers; 260 (93.2%) of whom had no systemic contra indications. 6.8% of patients with systemic contraindications were prescribed TBB despite alerts from EMR. Furthermore, these patients were not made aware of the potential risk.
 - f. Reflect, plan & implement change: Systemic side effects of topical beta blockers can be avoided by increased awareness and improved communication between primary and secondary care. There is a need to improve patient shared decision-making on polypharmacy and comorbidity. Furthermore, if an alert is generated by EMR, reasons for over-riding it should be documented.
 - g. Audit accepted for poster presentation in Annual congress of the Royal College of Ophthalmology, Liverpool UK, 2018.
10. Wet AMD referral pathway audit
- a. Problem: to assess service of wet AMD in Dumfries and Galloway
 - b. Current practice and standards:
 - Retrospective Data collection of new wet AMD referrals in Dumfries and Galloway and timing of clinic appointment.
 - RCOPHTH AMD management guidelines 2013.
 - c. Involvement: Single author.
 - d. Aim: To audit the effectiveness of referral pathway for wet AMD by identifying the waiting time between date of referral and date of clinic appointment at Dumfries and Galloway Royal Infirmary from Jan 2015 to December 2015.
 - e. Compare results of practice to standard set: During 2015, 226 patients were referred to macula clinic, average age was 74.6 ± 13.1 SD. Only 40 patients (17.7%) were diagnosed with Wet AMD and had their first treatment in macular clinic in the form of Intravitreal Lucentis injection.

- f. Reflect, plan & implement change: Waiting time between date of referrals and date of appointment was 11 days for Wet AMD patients. A set of recommendations have been suggested:
- New referrals for wet AMD were highlighted in red as “urgent” in our electronic Referral Management System (RMS).
 - Introduction of dedicated wet AMD/ Injection clinics including nurse led injections to reduce waiting times.
- g. Audit presented in regional audit meeting, Solway eye group audit meeting, Dumfries, UK, 2016.

11. Re-audit of wet AMD pathway (full-cycle)

- a. Problem: to assess service of wet AMD following implementation of recommendations in first audit.
- b. Current practice and standards:
- Retrospective Data collection of new wet AMD referrals in Dumfries and Galloway and timing of clinic appointment.
 - RCOPHTH AMD management guidelines 2013.
- c. Involvement: Single author.
- d. Aim: complete audit cycle.
- e. Compare results of practice to standard set: 67 patients were referred to macula clinic, 38 were females and 29 were males. Waiting time between date of referrals and date of appointment ranged between 0 to 47 days (mean 18.9 days, +14.9 SD). 8 patients (11.9%) waited over the national bench mark of 2 weeks. RMS referral and case notes of these patients were reviewed; all 8 patients were noted on our system as “patient unavailability” indicating the offered appointment was declined by patient. These patients all were seen between 3-4 weeks.
- f. Reflect, plan & implement change: Implementing recommendations from first audit as well as introducing nurse led injections clinics have significantly affected the new wet AMD referral time.

12. Toric IOL outcomes in Dumfries & Galloway

- a. Problem: to assess 3 years of Toric IOLs in Dumfries for high corneal astigmatism
- b. Current practice and standards:
- Retrospective Data collection (Medisoft) of Toric IOLs in Dumfries and Galloway.
 - RCOPHTH guidelines.

- c. Involvement: Single author.
- d. Aim: Prevalence and outcomes.
- e. Compare results of practice to standard set: 102 patients were identified, electronic search criteria was SN6ATx lens on Medisoft. Data collected was peri-operative V/A, Sphere, Cylinder, axis and Spherical equivalence. Along with IOL power, deviation from refractive aim and complications including the need for axis re-alignment. The significance of reported change was:
 - V/A: $t=13.188$, $p<0.005$
 - Sphere: $t=0.837$, $p<0.4$
 - Cylinder: $t=-7.835$, $p<0.005$
 - Spherical Equivalence: $t=-3.926$, $p<0.005$
- f. Reflect, plan & implement change: Significant improvement in V/A, cylinder and spherical equivalence support the need of astigmatic correction during cataract surgery. Future audit should include patient reported outcomes (VF-14).

Journal Publications:

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1. Ahmed M Eid, Laila M Hammouda and **Mahmoud Nassar**. "Evaluation of Primary Inferior Oblique Muscle Surgery In V-Pattern Strabismus", EL-MINIA MED., BULL., VOL. 16, NO. 1, JAN., 109-115, 2005.
<http://mu.minia.edu.eg/medicine/jornal/jan2005/686.doc>
 - a) Research Type: Retrospective case review.
 - b) Involvement: Protocol setup, data collection, statistical analysis.
 - c) Publication: Not peer reviewed.
 2. Wendy E. Adams, Helen Haggerty, **Mahmoud Nassar**, Jane Dickinson, Michael P. Clarke "Improvements in BSV following squint surgery in Grave's ophthalmology", J AAPOS; Volume 11, Issue 1, Page 83, February 2007.
[http://www.jaapos.org/article/S1091-8531\(06\)00692-6/pdf](http://www.jaapos.org/article/S1091-8531(06)00692-6/pdf)
DOI: <https://doi.org/10.1016/j.jaapos.2006.11.069>
 - a) Research Type: Prospective case series.
 - b) Involvement: Part of PhD research.
 - c) Publication: Peer reviewed, IF: 1.175.
 3. **Mahmoud M. Nassar**, A. Jane Dickinson, Christopher Neoh, Christine Powell, Deborah Buck, Ezzeldin Galal, and Michael P. Clarke. "Parameters predicting outcomes of strabismus surgery in the management of Graves' ophthalmopathy", J AAPOS; Volume 13, Issue 3, Pages 236-240, 2009.
[http://www.jaapos.org/article/S1091-8531\(08\)00451-5/abstract?cc=y](http://www.jaapos.org/article/S1091-8531(08)00451-5/abstract?cc=y)

DOI: <https://doi.org/10.1016/j.jaapos.2008.11.007>

- a) Research Type: Prospective, randomised.
 - b) Involvement: Part of PhD research.
 - c) Publication: Peer reviewed, IF: 1.175.
4. Hossam Eldin Mohammad Moharram, **Mahmoud Mamdouh Nassar** and Ezz Eldin Galal, "Posterior capsulotomy and anterior vitrectomy in paediatric cataract: anterior vs. posterior approach", J Egypt Ophthalmol Soc, 2011;104(2):203 - 205. <http://www.jeos.eg.net>
- a) Research type: Prospective comparative.
 - b) Involvement: Protocol setup, data collection, statistical analysis, writing up and presentation in regional meeting.
 - c) Publication: Peer reviewed, Publisher MedKnow, <http://www.jeos.eg.net>
5. Mohamed Shweel, Ahmad Elshafie, Raafat Mohy Eldin AbdelRahman and **Mahmoud Nassar**, "Evaluation of lacrimal drainage system obstruction using combined multidetector CT and instillation dacryocystography"; The Egyptian Journal of Radiology and Nuclear Medicine, Volume 43, Issue 3, Pages 413-420, 2012. <http://www.sciencedirect.com/science/article/pii/S0378603X1200040X>
- DOI:** <https://doi.org/10.1016/j.ejnm.2012.04.005>
- a) Research type: Prospective case series.
 - b) Involvement: Protocol setup, statistical analysis and writing up.
 - c) Publication: Peer reviewed, Publisher ELSEVIER.
6. Clarke M, Hogan V, Buck D, Shen J, Powell C, Speed C, Tiffin P, Sloper J, Taylor R, **Nassar M**, Joyce K, Beyer F, Thomson R, Vale L, McColl E, Steen N. "An external pilot study to test the feasibility of a randomised controlled trial comparing eye muscle surgery against active monitoring for childhood intermittent exotropia [X(T)]"; Health Technol Assess 2015;19(39). **DOI:** <http://dx.doi.org/10.3310/hta19390>
- a) Research type: Prospective, Multicentre, RCT.
 - b) Involvement: Co-investigator and Statistical analysis of subgroups.
 - c) Publication: Peer reviewed, IF: 4.058.
7. K Merchant, **M Nassar**, A Shafiq and D Cottrell. "Effectiveness of the present ROP screening protocol"; Letter to editor, Eye 30, 1524 (November 2016) <https://www.nature.com/articles/eye2016167>

DOI: <http://doi.org/10.1038/eye.2016.167>

- a) Research type: comparative study, service improvement.
- b) Involvement: Data collection, writing up.
- c) Publication: letter to the editor, Peer reviewed, Journal of RCOPHTH.

8. **Mahmoud M Nassar**. "Screening for retinopathy of prematurity: a report from upper Egypt"; International Journal of Ophthalmology, Volume 9, Number 2 , 2016, publishing ID: 16-2-15.

http://www.ijo.cn/en_publish/2016/2/20160215.pdf

DOI: <http://doi.org/10.18240/ijo.2016.02.15>

- a) Research type: Prospective, case series.
- b) Involvement: Single author.
- c) Publication: Peer reviewed, IF: 1.189

9. **Nassar MM**, AttaAllah HR. Refractive stability of low-cost intraocular lens following Nd:YAG capsulotomy. J Egypt Ophthalmol Soc [serial online] 2016 [cited 2017 Mar 22];109:16-20.

<http://www.jeos.eg.net/text.asp?2016/109/1/16/192745>

DOI: <http://doi.org/10.4103/2090-0686.192745>

- a) Research Type: prospective case series.
- b) Involvement: Protocol setup, statistical analysis and writing up.
- c) Publication: Peer reviewed, Publisher MedKnow, <http://www.jeos.eg.net>

10. **Nassar, M.M. & Mitchell, F.C.**, (2018). The Need for a Unified Protocol for Termination of Amblyopia Treatment. British and Irish Orthoptic Journal. 14(1), pp.20–24.

DOI: <http://doi.org/10.22599/bioj.109>

- a) Research Type: Retrospective case series.
- b) Involvement: Protocol setup, statistical analysis and writing up.
- c) Publication: Peer reviewed, Publisher White Rose University Press

11. **Mahmoud Nassar**, Mohamed Ali, Nicholas Bennett, (2019). Cardiovascular and Respiratory Considerations with Topical Betablockers: Is it Really Old News?. Delta Journal of Ophthalmology 2019, 20:121–124

<file:///C:/Users/thena/Desktop/my%20papers/Beta%20blockers.pdf>

DOI: http://doi.org/10.4103/DJO.DJO_27_19

- a) Research Type: Retrospective case series
- b) Involvement: Protocol setup, statistical analysis and writing up
- c) Publication: Peer reviewed, publisher MedKnow <http://www.djo.eg.net>

12. Hossam M Moharram, Shaaban abdel-Hamid Mehany Elwan, **Mahmoud Nassar** and Mohamed F AbdelKader, (2020). Triple Procedure for Dense Cataractous Neovascular Glaucoma Patients. **Accepted for publication** in Journal of Ophthalmology.
 - a) Research type: Prospective, case series.
 - b) Involvement: Protocol setup, writing up
 - c) Publication: Peer reviewed, IF: 1.580.

On Going Projects with evidence

1. Haptic vision project with Newcastle university school of Biomedical Engineering.
 - a) Research Type: Prospective, Multicentre/ Multi-national project with Newcastle University (UK) and Helwan University (Egypt).
 - b) Involvement: Protocol setup, patient trials and writing up.
 - c) Project has been awarded its funding by the Newton fund, 2016 via the British council.
2. Claire McEntee, Helen Cameron, Michael Harmsworth and **Mahmoud Nassar**.
“Inverse occlusion: does it still have a place in the 21st century orthoptics”.
 - a) Research Type: Multicentre case series with prospective and retrospective arms.
 - b) Involvement: Protocol setup, statistical analysis and writing up.
 - c) Publication: under peer review by the Journal of Strabismus.
3. ROP telemedicine screening project with Newcastle university school of Biomedical Engineering.
 - a) Research Type: Prospective, Multicentre/ Multi-national project with Newcastle University (UK) and Helwan University (Egypt).
 - b) Involvement: Protocol setup, patient trials and writing up.
 - c) Project is funding has been applied for.

Conference and meeting Presentations:

- i. Medial Rectus Muscle Abnormalities in strabismus surgery, Oral presentation; the 6th Annual Conference of Upper Egypt Universities; Assyut, Egypt 2003.
- ii. Parameters predicting outcomes of strabismus surgery in the management of Graves' ophthalmopathy, Poster presentation; AAPOS, Seattle, USA 2007.
- iii. Improvements in BSV Following Strabismus Surgery in Graves Ophthalmopathy, Poster presentation; AAPOS, Seattle, USA 2007.

- iv. Effectiveness of new ROP screening protocol, Oral presentation in rapid fire session, Retinopathy of Prematurity Seminar, The Royal College of Ophthalmologists, London, UK 17/03/2009.
- v. Posterior Capsulotomy and Anterior Vitrectomy in Paediatric Cataract: anterior vs. posterior approach", Oral presentation; Egyptian Ophthalmological society, summer meeting, Alexandria, Egypt 2009.
- vi. Paediatric Progressive Myopia, What Do We Know and What Do We Think We Know, Oral presentation; Upper Egyptian Universities Meeting, Egyptian Ophthalmology Society, Al-Minia, Egypt 2010.
- vii. Screening for Retinopathy of Prematurity: The first report from Upper Egypt, Oral presentation; World ROP Congress III, Shanghai, China, 2012.
http://www.prorop.com/files/arg_ptg_6_2_938.pdf
- viii. Value of ERG screening in early detection of Usher Syndrome, Poster presentation; Oxford Ophthalmological congress, Oxford, UK, 2013.
- ix. ROP screening in Minia University hospital, Oral presentation; Conjoint Scientific Day of Ophthalmology departments (Cairo & Minia Universities) 2014.
- x. Predictors of Failure of Primary Surgery for Congenital Nasolacrimal Duct Obstruction, Poster presentation; Annual Royal College of Ophthalmology Congress, Birmingham, UK, 2014.
- xi. A scope for improvements in the amblyopia treatment service, Poster Presentation at the Annual Royal College of Ophthalmology Congress, Birmingham, UK, 2016.
- xii. Visual and motor deterioration in Asperger's Syndrome – a case report, poster presentation; Moving in Autism Seminar, Glasgow. 2nd June 2016.
- xiii. Cardiovascular and Respiratory Considerations with Topical beta-blockers: Is It Really Old News? Poster Presentation at the Annual Royal College of Ophthalmology Congress, Liverpool, UK, 2018.

Continuing Professional Development (CPD) Activities:

- 1. Initiation and Maintaining ROP screening in Minia University Hospital, Al-Minia, Egypt, 2009.

2. Specialized Pediatric Ophthalmology service improvement (introduction of standardised clinic and operative sheets and standardised assessment protocol) in Minia University Hospital, Al-Minia, Egypt, 2009
3. Charity work with True Light Society, local not for profit service for the blind and vision impaired, 2009
4. Egyptian fellowship Board: Active member of the accreditation team, in liaison with The Royal College of Surgeons of Ireland; including Ophthalmology curriculum re-writing, MCQ bank setup, Examination Blueprinting, 2010.
5. Clinical Research and Audit activity
6. Roaa LASIK Centre, Clinical service setup and management (November 2009 – July 2010): Private Refractive surgery unit, Al-Minia, Egypt
7. Ad Hoc Reviewer, Journal of refractive surgery, Clinical ophthalmology journal and International Ophthalmology, 2013 – to date.
8. NHS training & CPD courses:
 - a) Adult support and protection (Level one)
 - b) Aggression and Violence
 - c) Child protection
 - d) Fire and safety
 - e) Infection control
 - f) Information governance and security
 - g) Moving and handling
 - h) Resuscitation Skills Training
 - i) Equality and Diversity
 - j) Conflict Management
 - k) Continuous Improvement and design
 - l) Presentation Skills
 - m) Stress management
 - n) Adverse Event Reporting
 - o) Data Collection tools
 - p) Safe information handling
9. Management and Leadership Courses and workshops:
 - a) Effective Management of Crisis, 5 – 6 March 2006
 - b) Course Design, 5 – 6 March 2006
 - c) Effective Presentation, 2 – 3 April 2006
 - d) Quality Standards in Teaching, 16 – 17 June 2009
 - e) Communication Skills, 28 – 29 July 2009

- f) Decision Making and Problem Solving, 12 – 13 April 2014
 - g) Strategic Planning Program, 14 – 15 April 2014
10. Teaching Courses:
- a) Assessment development workshop, Joint by Higher Council of Medical Specialities, Egyptian Fellowship, Ministry of Health and Royal College of Surgeons in Ireland, 2010
 - b) Royal College of Surgeons in Ireland Train the Trainer Programme for Doctors, 2011
 - c) Royal College of Ophthalmologists annual congress 2014, Train the trainers day
 - d) GMC Trainer recognition and approval workshop, Faculty of development alliance, Training for Trainers, NHS Education for Scotland (NES), 2015
 - e) Trainer workshop, Faculty of development alliance, Training for Trainers, NHS Education for Scotland (NES), 2015

Conference attendants:

A. Regional:

- The Annual Assiut Vitreoretinal Meeting, Assiut, Egypt, 9 January 2003.
- The 6th Annual Conference of Upper Egypt Universities, Assiut, Egypt, 18 – 19 December 2003.
- The 12th Annual Conference of Upper Egypt Universities, Assiut , Egypt, 17 – 18 December 2009.
- Conjoint Scientific Day of Ophthalmology departments, Kasr El-Ainy Hospital, 17 April 2014.
- All Solway Eye Group meetings, Dumfries and Galloway Royal Infirmary, 2014 to 2018.

B. National:

- All Egyptian ophthalmological society Conference, Cairo, Egypt 2001- 2005.
- British Isles Strabismus Association Conference, Newcastle upon Tyne, UK, 13 – 14 October 2006.
- British Isles Strabismus Association Conference, Brighton, UK, 18 – 19 October 2007.

C. International

- The Second International Congress on Glaucoma Surgery, Luxor, Egypt, 6 – 7 February 2003.

- American Association of Paediatric Ophthalmology and Strabismus Conference, Seattle, USA 2006.
- Research Institute of Ophthalmology 5th International Meeting update in Pediatric Ophthalmology, Cairo, Egypt 20 – 21 January 2011.
- Fifth International Symposium of Pediatric Ophthalmology, Ain Al-Sokhna, Egypt, 2012.
- The Royal College of Ophthalmologists Annual Congress, Bermingham, UK, 20 – 22 May 2014.
- The Royal College of Ophthalmologists Annual Congress, Liverpool, UK, 18 – 21 May 2015.
- The Royal College of Ophthalmologists Annual Congress, Liverpool, UK, 21 – 24 May 2018.

Medical Course Attendance:

1. IOL fixation course & wet-lab, Royal College of Ophthalmologists, London, UK, 2018
2. Improving outcomes, Biometry course- Basic & Advanced, H-S Training Facility, Harlow, UK, 2018
3. How to get research funded and published, Royal college of Ophthalmologists, London, UK, 2017
4. Research changes lives, Royal college of Ophthalmologists, London, UK, 2017
5. Neuro-ophthalmology course, Royal college of Ophthalmologists, Glasgow, UK, 2016
6. Ocular Ultrasonography course and wet-lab, Royal college of Ophthalmologists, Hull, UK, 2016
7. Emergency Ophthalmology Course, Royal college of Ophthalmologists, Edinburgh, UK, 2016
8. Cornea course and wet-lab, Royal college of Ophthalmologists, London, UK, 2016
9. Electro-physiology and diagnostics, Moorfields eye hospital, London, UK, 2016
10. Cerebral Visual Impairment Lecture, Professor Gordon Dutton, Dumfries, UK, 2015
11. Eye movements' day, The Royal College of Ophthalmologists Annual Congress, Liverpool, UK, 2015
12. Retina sub-speciality day, The Royal College of Ophthalmologists Annual Congress, Bermingham, UK, 2014.
13. Laser Safety, National Institute of Laser Enhanced Science (NILES), Cairo University, Cairo, Egypt, 23rd June, 2010.

14. Laser Applications in Ophthalmology, Medical Laser Center (MLC) and National Institute of Laser Enhanced Science (NILES), Cairo University, Cairo, Egypt, 11th – 14th June, 2010.
15. Hands-on wet lab, course and certification program on the Excimer laser Visx S4IR, Abbott Medical Optics Company, Allied Medical International Co. Cairo, Egypt, 6 – 9 December 2009.
16. Newcastle Course on Orbital and Neuro-imaging, Newcastle upon Tyne Hospitals NHS trust, 1 October 2008.
17. Growing Points in Paediatric Ophthalmology Course, Moorfields Eye Hospital and Great Ormond Street Hospital for Children, London, UK, 23rd – 26th October 2006.
18. Multidisciplinary Update in Thyroid Eye Disease, James Cook University Hospital, Middlesbrough, UK, 12th July 2006.

Teaching and Training Course Attendance:

1. Trainer workshop, Faculty of development alliance, Training for Trainers, NHS Education for Scotland (NES), 20/01/2015
2. GMC Trainer recognition and approval workshop, Faculty of development alliance, Training for Trainers, NHS Education for Scotland (NES), 19/01/2015
3. Train the Trainers day, The Royal College of Ophthalmologists Annual Congress, Birmingham, UK, 2014.
4. Train the Trainer Programme for Doctors by The Royal College of Surgeons of Ireland, Nasser institute, Cairo, Egypt 16 – 20 May, 2011.
5. Assessment Development Workshop, Joint by Higher Council of Medical Specialities and The Royal College of Surgeons of Ireland, National Training Center, Cairo, Egypt, 11 – 13 April 2010.

IT Course Attendance:

1. Data handling and spreadsheet workshop, Medical School, Newcastle University, UK, November 2006.
2. Overview of Statistical packages workshop, Medical School, Newcastle University, UK, November 2006.
3. Statistical methods - MINITAB (series of sessions), Medical School, Newcastle University, UK, October 2006 – January 2007.
4. Beginners Endnote workshop, Medical School, Newcastle University, UK, November 2006
5. Advanced Endnote workshop, Medical School, Newcastle University, UK, January 2007
6. Thesis Writing, Medical School, Newcastle University, February 2007.

7. SPSS Beginners Workshop, Medical School, Newcastle University, UK, February 2007
8. SPSS Advanced Workshop, Medical school, Newcastle University, UK, February 2007.
9. Managing Longer Documents, Medical school, Newcastle University, UK, July 2007.
10. Scientific Writing (postgrads), Medical School, Newcastle University, UK, September 2007.

Teaching Activities:

Lectures

1. 2003 – 2006: Demonstrator of undergraduate clinical rounds in Ophthalmology for Fourth Year Medical Students, Faculty of Medicine, El-Minia University, El-Minia, Egypt.
2. Summer 2008: Lecturer in the Neuroscience Course for Term 2 Medical Students, St George's International School of Medicine (affiliated with the University of Northumbria in Newcastle upon Tyne, U.K.)
3. 2007 – 2008: General teaching session in Ophthalmology, Hospital based practice, for Third Year and Final Year Medical Students, Faculty of Medical Science, Newcastle University, U.K.
4. Winter 2008: Northern Regional Postgraduate Teaching of Ophthalmology, Newcastle upon Tyne Hospitals NHS trust, UK.
5. 2009 – to date: Undergraduate Lecturer of Ophthalmology for Fourth Year Medical Students, Faculty of Medicine, El-Minia University, El-Minia, Egypt.
6. 2009 – to date: Post-graduate lecturer for M.Sc. ophthalmology candidates, Faculty of Medicine, El-Minia University, El-Minia, Egypt.
7. 2010 – 2012: Trainer and Lecturer of paediatric Ophthalmology for Egyptian Fellowship of Ophthalmology students, Egyptian Fellowship Board, The Higher Committee of Medical Specialties, Ministry of Health, Egypt.
8. September 2013: GP teachers' workshop (train the trainers) GP training on Ophthalmology - teaching a clinical skill, School of Medical Science Education Development, Newcastle University, UK.
9. December 2014: Departmental talk on errors of refraction aimed for ophthalmology nurse training and development, Ophthalmology department, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK.
10. March 2015: Departmental Lecture on the eye in pregnancy and early visual developmental milestones aimed for ophthalmology nurse training and development,

Ophthalmology department, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK.

11. April 2015: Lecture on Cataract and local pathways aimed for optometrists, NES (NHS Education for Scotland) optometry training programme, CET accredited.

Participation in Assessment

1. Undergraduate examiner of Ophthalmology for Fourth Year Medical Students, Faculty of Medicine, El-Minia University, El-Minia, Egypt.
2. Post-graduate examiner for M.Sc. ophthalmology candidates, Faculty of Medicine, El-Minia University, El-Minia, Egypt.
3. The Egyptian Fellowship, Ophthalmology Curriculum, Contribution to the curriculum development as subject matter expert
<http://www.egyfellow.mohp.gov.eg/fileupload/Ophthalmology.finished.01.11.2011.pdf>
4. Egyptian Fellowship Board of Ophthalmology, Letter of participation in examination (setup, providing MCQs to bank, Oral & clinical examiner and marking of short essay) Letter provided previously under participation in teaching.
5. Member of the Education Committee representing Ophthalmology, Director of Medical Education, NHS Dumfries and Galloway.
6. Examiner in Ophthalmology, Diploma of Fellowship in Ophthalmology; FRCS(Glasg) , Royal College of Physicians and Surgeons of Glasgow.

Management Experience:

Throughout my training, I have worked in a multidisciplinary environment. I have developed skills in the appropriate management of time, staff, patients and resources. I have improved my skills in delegating responsibility and managing both clinical and non-clinical support staff, I have been helpful for the day-to-day running of the firm and on-call rota, supervising junior staff and organizing clinic, theatre list and discharge summary. I have honestly responded and managed to any complaints that have arisen from patients or team members during my training and practice.

Teamwork is essential within medicine and I have always worked well within a team environment both in research and as part of clinical units. I feel I have good communication skills that helped me to relate to both colleagues and patients in difficult and stressful situations.

During my clinical work, I have been responsible for the supervision of junior team members. I have always tried to ensure that they felt part of the team and have endeavored to be as approachable as possible and encourage them to ask for help at any time.

I was appointed as the medical manager of Roaa Lasik Centre (private centre for refractive surgery) from November 2009 to July 2010, during which I was responsible for Quality Assurance and safety of the medical service for patients and staff, Training medical and non-medical staff on laser safety, Administrative role (time table setting and patient circulation) and Service improvement.

Management and leadership experience

1. Management and leadership course attendance
2. Management and development of Roaa Lasik centre
3. Senior Management Team (SMT) meeting, Ophthalmology Department development work plan, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK, 01/10/2014
4. Visual Ascertainment panel (VAP) meeting, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK, 10/11/2014
5. Supporting Children with Visual Impairment (SCVI) clinic development meeting, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK, 18/12/2014

Working in multidisciplinary teams

1. Involvement in multidisciplinary thyroid eye disease clinic, Newcastle Eye centre, Newcastle upon Tyne Hospitals NHS trust
2. Involvement in ROP screening with Neonatal intensive care unit
3. Joint publication with Radiology department
4. Involvement in joint ophthalmology/ Paediatric Rheumatology clinics
5. Involvement in Supporting Children with Visual Impairment (SCVI) clinic, Multidisciplinary clinic involving community paediatrician, community teachers, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK
6. Working with charity organisation (True Light Society) for visual screening, low visual aid and support for the blind in Minya Governorate, Egypt

Service Improvement and clinical governance meetings:

1. Initiation and Maintaining ROP screening in Minia University Hospital, Al-Minia, Egypt, 2009.
2. Specialized Pediatric Ophthalmology service improvement (introduction of standardised clinic and operative sheets and standardised assessment protocol) in Minia University Hospital, Al-Minia, Egypt, 2009
3. Senior Management Team (SMT) meeting, Ophthalmology Department development work plan, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK, 01/10/2014

4. Visual Ascertainment panel (VAP) meeting, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK, 10/11/2014
5. Supporting Children with Visual Impairment (SCVI) clinic development meeting, Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway, UK, 18/12/2014
6. Split site work flow protocols, pathway development between Mauntain Hall treatment centre and Dumfries & Galloway Royal infirmary, NHS Dumfries & Galloway, UK 2018

Extra Activities:

1. Egyptian Fellowship Board of Ophthalmology: curriculum writing, blue printing for exams, examination setup and marking along with giving lectures.
2. Charity Working with True Light Society, local not for profit service for the blind and vision impaired: lectures for staff, out-patient consultation and surgical interventions

Computer and Language Skills:

1. Microsoft Office- Internet: Achieved; ICDL tests (International Computer Driving license).
2. Arabic; Mother tongue.
3. Fluent in English:
 - a) TOEFL IBT (Internet based) exam; Score: 103.
 - b) IELTS (academic module) exam; Band score: 8.

Current research projects:

Retinopathy of prematurity, Pre-school Visual screening and Amblyopia

Interests:

Pediatric ophthalmology and strabismus, Medical research and Education.