

# **CURRICULUM VITAE**

Mr R Morley

June 2004

## Summary

<b>Name</b>	Roland MORLEY
<b>Age</b>	45
<b>Marital Status</b>	Married
<b>Children</b>	3
<b>School</b>	Kent College, CANTERBURY
<b>Medical School</b>	St. George's Hospital Medical School, LONDON, 1977-1982
<b>Degrees and Diplomas</b>	MB BS            1982 FRCS (Eng)    May 1989 FRCS (Urol)    June 1997
<b>Accreditation date</b>	1st October 1997
<b>Honours and Distinctions</b>	Commended in Surgery
<b>Military Service</b>	Royal Navy 1982 - 1989 Rank : Lieutenant - Commander
<b>MPS No:</b>	154555
<b>GMC No:</b>	2967493
<b>Address</b>	Hunters's Moon, Blundel Lane, Stoke D'Abernon, Surrey, KT11 2SF

## **PRESENT POSITION**

**Consultant Urologist, Kingston Hospital**

**April 1998 to present**

## **Urological Training**

**Career Trainee in Urology**

October 1993 – April 1998

*St Mary's Hospital Portsmouth*

*October 1993 - December 1994*

**Mr J Vinnicombe/Mr F Abercrombie/Mr B Walmesley**

A large and very busy regional unit in a district general hospital with three Consultants. This post has provided a comprehensive initial urological training in endoscopic and open surgery under supervision with the emphasis primarily on endoscopic resection. Rotation involved all consultants. A very high workload ensured exposure to most urological problems and some experience was gained in the regional transplant unit.

*Southampton University Hospital, Dept of Urology.*

*January 1995 -June 1995*

**Mr C Smart/ Mr J Cumming/ Mr B Birch**

Continuation of basic urological training with more emphasis on open surgery, especially with reference to bladder cancer and incontinence surgery. Further experience was gained in stone surgery, in particular percutaneous techniques.

*Southampton University Hospital, Dept of Paediatric Urology*

*July - December 31 1995*

**Mr P Malone**

A busy paediatric urological unit also providing general paediatric surgical cover. The prime aim of this post was to experience paediatric urological problems that may be encountered in a busy adult urological practice and to improve technique in those areas. In addition experience has also been obtained in antenatal diagnosis, congenital abnormalities, renal disease, PUJ obstruction and significant hypospadias surgery. I have developed ambulatory urodynamics within the department.

***Royal Bournemouth Hospital  
1996***

***January 1st - December 31st***

***Senior Registrar***

**Mr J Bramble/Mr J Rundle**

Continuation of Urological training in a District General Hospital setting. Further experience gained in endoscopic procedures, particularly in stone disease. Further exposure to open surgical cases and techniques.

***Southampton University Hospital, Dept of Urology***      ***January 1997 -March 1998***

***Senior Registrar***

**Mr C Smart/ Mr J Cumming/ Mr B Birch**

Continuation of training with special emphasis on further open surgery and special interest of incontinence surgery, and urethral reconstruction.

**Visiting Travelling Fellow**

***March/April/May1997***

Hermann Incontinence Centre, University of Texas, Houston - Professor E McGuire

Professor McGuire is a world leader in urodynamics and developed the sling procedure for incontinence. Experience was gained in sling procedures, advanced urodynamics and the use of injectable materials, and urological reconstruction

Lubbock Children's Hospital, Lubbock, Texas.

W Snodgrass MD

Experience gained in the Snodgrass Procedure for Hypospadias repair.

**Visiting Travelling Fellow**

***January 1998***

Bard Travel Scholarship to:

- a) Urology and Nephrology Centre, Mansoura, Egypt with Professor M Ghonheim in reconstructive Urology.
- b) Kilimanjaro Medical Centre, Mosha, Tanzania for teaching and General Urology.

## **PAST POSITIONS**

House Officer (General Medicine): August 1982 - February 1983

*Royal Naval Hospital, Plymouth*

House Officer (General Surgery) February 1983 - August 1983

*St. George's Hospital Medical School, London*

## **SURGEON LIEUTENANT, ROYAL NAVY, 1982 - 1988**

**Surgeon Lieutenant-Commander August 1988**

### **GENERAL DUTIES:**

*Royal Naval College, Dartmouth:* September 1983 - November 1983

Naval Officer Training. Developing personal leadership qualities and aspects of naval seamanship. This was followed by two and a half years of General Duties.

*Medical Officer, HMS Cochrane, Rosyth:* December 1983 - December 1984

General Medical Duties for seamen and their families, in a general practice setting.

*Medical Officer, HMS Hecla, HMS Chiddingfold:* December 1984 - May 1986

Tour of West Africa, Canary Islands, North America and South America. I obtained my Ocean Navigation Certificate.

## SURGICAL TRAINING

*Senior House Officer (General Surgery):* *May 1986 - December 1986*

***Royal Naval Hospital, Plymouth.***

General Surgery with Urology. Ample experience in general surgical techniques, cystoscopy and endoscopy.

*Senior House Officer(Orthopaedics,Casualty &Trauma): January1987- August 1987*

***Royal Naval Hospital, Plymouth.***

General Casualty and Orthopaedic experience with further experience of Orthopaedic Surgical technique, including internal fixation.

*Registrar (General Surgery):* *September 1987- February 1988*

***Royal Naval Hospital, Haslar.***

Further general surgical experience in predominantly Colo-rectal Surgery, especially with intestinal anastomosis. Good general surgical experience with Urology and General Surgery cover at night.

*Registrar (Orthopaedics):* *March 1988 - September 1988*

***Royal Naval Hospital, Haslar.***

Further general Orthopaedic experience. Civilian patients form the majority of patients referred and treated in service hospitals.

*Registrar (General Surgery and Urology):* *October 1988 - March 1989*

***Royal Naval Hospital, Haslar***

Experience on a predominantly urological firm, with general surgical cover. Further experience in urological endoscopy and surgery, improving on basic techniques already learnt.

**Registrar (General Surgery):**

*April 1989 - August 1989*

**Royal Naval Hospital, Haslar**

A busy general surgical firm with a vascular surgical interest. Further practical experience obtained at post-fellowship level.

**Locum Registrar (Paediatric Urology):**

*September 1989*

**Alder Hey Children's Hospital, Liverpool. (Teaching)**

The largest paediatric unit in the country. Good surgical experience of common paediatric surgical emergencies obtained in addition to specific paediatric urological problems.

**Senior House Officer (Obstetrics and Gynaecology):**

*October 1989 - August 1990*

**John Radcliffe Hospital, Oxford. (Teaching)**

One of the busiest units in the country with 6,500 deliveries a year. A very strong research department. New experience gained in endoscopic and laparoscopic surgery.

**Registrar (Obstetrics and Gynaecology):**

*August 1990 - February 1992*

**Princess Anne Hospital, Southampton (Teaching).**

A busy teaching hospital with nearly 7,000 deliveries a year. Two gynaecological operating sessions per week. I introduced hysteroscopy, and trans - cervical resection of the endometrium into the hospital. I developed a special interest in urogynaecology, in particular incontinence surgery and urodynamics.

**Research Registrar**

*March 1992 - October 1993*

**Department of Urology, Southampton University Hospital**

Research into Urinary Incontinence for an MS thesis.

"The neuropathology of the pelvic floor in patients with stress incontinence.

## **RESEARCH POSTS**

**Honorary Clinical Research Fellow** - University of Edinburgh  
January 1984 - December 1984

**Research Registrar** - Department of Urology, Southampton University Hospital  
March 1992 - October 1993

Research into Urinary Incontinence for an MS thesis.

"The pathophysiology of the pelvic floor and the design and use of a new vaginal and urethral pressure probe for determining the pressure and direction of force generated by the pelvic floor and ascertaining their role in the incontinence mechanism."

This post involved both research and clinical commitments with particular reference to urodynamics on a weekly basis. The department has the most modern urodynamic equipment including video-urodynamics and neurophysiological assessment. Attendance in theatre, both assisting and learning techniques (particularly TURP, TURBT and Nephrostomy placement), and also in outpatients, was required from time to time.

### **Research Interests**

Aspects of bladder physiology and pathology, with particular reference to incontinence, bladder reconstruction, and bladder neuropathy .



## **Conferences**

BAUS ,Bournemouth 1992

BAUS, Harrogate, 1993

IUGA, Nimes , 1993

Urological Research Society Meeting 1994

AUA, San Francisco, 1994

BAUS, Birmingham, 1994

ICS, Prague, 1994

SUI, Sydney, 1994

Urological Research Society Meeting 1995

BAUS, Brighton, 1995

ICS, Sydney, 1995

BAUS, Edinburgh, 1996

ICS, Athens, 1996

EAU, Paris, 1996

AUA, New Orleans, 1997

BAUS, Bournemouth, 1997

BAUS Harrogate 1998

ICS Jerusalem 1998

ICS UK Oxford 1999

BAUS Glasgow 1999

AUA Dallas 1999

BAUS Birmingham 2000

ICS Finland 2001

AUA California 2001

ICS Heidelberg 2002

BAUS Glasgow 2002

ICS UK Leicester 2003

AUA Chicago 2003

BAUS Manchester 2003

ICS Florence 2003

ICS UK Bournemouth 2004

BAUS Harrogate 2004

## **Courses**

Basic Sciences in Urology Course, London 1995

Paediatric Urology Course, Cambridge, 1995

Lasers in Urology Symposium, Bristol, 1995

Institute of Urology, Neurourology Course, 1996

BAUS Andrology and Infertility Course, London, 1996

BAUS Transplant Urology Course, Oxford, 1997

Paediatric Urology Symposium, Liecester, 1997

Advanced Female Urology Course , New York 1999

Advanced Surgical Trauma Skills Course , London, 2002

Paediatric Advanced Life Support Course 2003

Basic Urological Laparoscopy Course, Edinburgh, 2002

Advanced Urological laparoscopy Course, Strasbourg, 2003

Advanced Retroperitoneal Laparoscopy Course, Aarhus, 2003

Neuromodulation Course, Maastricht, 2003

Training the Trainer's Course, London, 2004

## **HOBBIES AND INTERESTS**

Modern Pentathlon	British Junior Team – reserve 1977
Cross Country Running	I) School Cross Country Team Kent County Team 1975 – 1976
Athletics	iii) School 800 Metres Record Holder University London Team 1500 metres 1978 – 1980
Road Walking	Kent Team. 4 <sup>th</sup> in Nationals 1976 British Junior reserve
Diving	Trained Royal Navy and BSAC Diver
Fencing	I) School Captain Royal Navy Scottish Command Runner Up 1984
Skiing	
Horse Riding	
Tennis	
Clay Pigeon Shooting	
Golf	My main interest at present
Vintage Motors	Presently restoring a 1928 De Soto
Good Food and Travel	

## **SOCIETIES**

British Medical Association  
Royal Society of Medicine  
British Association Of Urological Surgeons  
International Continence Society  
European Association of Urology  
Reserve Volunteer Forces  
Royal Society for the Protection of Birds  
The National Trust

## **Publications**

*Flexible Cystoscopy in Men :Is topical anaesthesia with Lignocaine Gel worthwhile??*

B Birch, R Morley, P Ratan, C Smart J Jenkins, J Cumming

British Journal of Urology , 1994 (73): 155 – 159

*Morphology of the Levator Ani muscle in patients with stress incontinence.*

R Morley, J Cumming, R Weller

Neurourology and Urodynamics. 1994. 13(4); 377 –379

*The social implications of lower urinary tract reconstruction performed during childhood*

R Morley, E Williams, P Malone. ICCS Monograph Series No 1. 1995; 167 –169

*Pelvic floor neuropathy and surgical outcome in patients with stress incontinence*

R Morley, J Cumming, R Weller. Neurourology and Urodynamics. 1995. 14(5); 495 – 497

*Evaluation of functional multidrug resistance in primary urothelial cancer explants by confocal microscopy.*

AJ Cooper, MC Hayes, PM Duffey, R Morley, J Primrose. SRS Oxford January 1996. BJS, 1996. 83(5); 701

*The Morphology and Neurophysiology of the pelvic floor in patients with stress incontinence.*

R Morley, J Cumming, R Weller. Int Urogynecol J.1996;7:3 –12

*Drug Induced Cystitis: The need for vigilance*

R Morley, FJ Bramble. Br J Urol . 1997; 79: 3 –7

*Iatrogenic Polydipsia: A rare cause of iatrogenic Polydipsia in Urology*

EO Olaopa, R Morley, EKN Ahiaku, FJ Bramble Br J Urol 1997; 79 : 488-489

*Drug induced cystitis with Allopurinol – A case report*

R Morley, FJ Bramble.Br J Urol . 1997; 79: 816 –817

*Morphology of connective tissue and collagen typing in patients with stress incontinence.*

R Morley, J Cumming

Neurourology and Urodynamics – in press

*Morphological Changes of the Pelvic Floor in women with stress incontinence.*

R Morley, J Cumming, R Weller

British Journal of Urology – in press

## **PRESENTATIONS**

### **Oral**

#### **South West Urological Meeting, November 1992**

The Morphology of the Pelvic Floor in Patients with Stress Incontinence.

#### **Wessex Surgeons Meeting, May 1993**

Antibiotic Prophylaxis in Patients undergoing Flexible Cystoscopy – Is it Needed?

#### **British Association of Urological Surgeons, Harrogate, June 1993**

The Morphology of the Pelvic Floor in Patients with Stress Incontinence.

#### **International Uro – Gynaecological Association, Nimes, September 1993**

Morphological changes in the Pelvic Floor in Patients with Stress Incontinence.

Collagen Immunohistochemistry in patients with Stress Incontinence

#### **South West Urological Meeting, November 1993**

Collagen changes in patients with Stress Incontinence

#### **International Continence Society, Prague, August 1994**

Morphological changes in the Pelvic Floor in Patients with Stress Incontinence.

**Societe Urologique Internationale, Sydney, September 1994**

The histomorphology of the Pelvic Floor in Patients with Stress Incontinence.

**International Continence Society, Sydney, October 1995**

Surgical outcome in patients with pelvic floor neuropathy.

**International Childrens' Continence Society, Sydney, October 1995**

The social implications of urinary tract reconstruction in childhood

**Wessex Urological Association, November 1996**

Transitional Zone PSA Density: A more sensitive predictor for carcinoma of the prostate?

**Wessex Urological Association, November 1996**

Shared care in the community: Rationale for treatment and outcome in Dorset

**American Urological Association, New Orleans. April 1997**

Transitional Zone PSA Density: A more sensitive predictor for carcinoma of the prostate?

**British Association of Urological Surgeons, Bournemouth, June 1997**

Salvage Hypospadias Repair: A successful outcome for a difficult problem

**ICS UK, Belfast 2000**

2 year follow up with in situ vaginal wall sling stress incontinence repair

**BAUS Birmingham 2001**

2 year follow up with cadaveric fascia lata sling stress incontinence repair

**EAU Birmingham 2003**

Intermediate term follow up with cadaveric fascia lata sling stress incontinence repair

**SW Thames Urology Meeting, Kingston, May 2003**

Audit of TURP pathway outcome

**BAUS Harrogate 2004**

A database for MDT oncology management.

**SW Thames Urology Meeting, Eastbourne, May 2004**

Audit of case note deficiency in urological note keeping

**POSTERS**

**British Association of Urological Surgeons, Harrogate, June 1993**

Antibiotic Prophylaxis in Patients undergoing Flexible Cystoscopy – Is it Needed?

Encrustation Patterns in Ureteric Stents

**American Urological Association Meeting, San Francisco, May 1994**

The morphology and histochemistry of the pelvic floor in patients with stress incontinence(2 papers).

**British Association of Urological Surgeons, Birmingham, June 1994**

Pelvic floor pressure profiles in patients with Stress Incontinence

Anthracycline uptake modulation by free fatty acids in Bladder Cancer Cells using Flow cytometry

**International Continence Society, Prague, August 1994**

Immunohistochemical Collagen Typing in Patients with Stress Incontinence

Pelvic pressure profiles in patients with Stress Incontinence

**Societe Urologique Internationale, Sydney, September 1994**



Pelvic pressure profiles in patients with Stress Incontinence

**British Association of Urological Surgeons, Brighton, June 1995**

Multidrug resistance in Carcinoma of the bladder

**European Association of Urology – Barcelona, April 1998**

Transitional Zone PSA Density: A more sensitive predictor for carcinoma of the prostate?

**International Continence Society, Heidelberg, August 2002**

2 year follow up with cadaveric fascia lata sling stress incontinence repair

**International Continence Society. Paris, August 2004**

Randomised, controlled trial for sling surgery for stress incontinence, comparing, TVT, autologous fascia lata and pelvicol

## **Video Presentations**

### **Podium**

**British Association of Urological Surgeons, Bournemouth, June 1997**

Tips and Techniques in Laparoscopic Colposuspension

## **Clinical Experience**

*I am a national figure in sling incontinence surgery, and lecture widely on this subject, both nationally and internationally. My clinical practice is now subspecialised, and about fifty percent of my practice is now related to female urology and benign reconstruction. Much of my surgical practise is redo incontinence surgery. I run dedicated services in Single Stop Continence Clinics, standard and videourodynamics, and ambulatory urodynamics. I run a full service for patients with interstitial cystitis, including inferential therapy and electromotive drug administration. I have just commenced Botulinum Toxin therapy for refractory detrusor hyperactivity, and have trained in neuromodulation. I am involved with , and have recently completed eight clinical trials including new drug therapies and surgical treatments.*

*Although trained in urethral reconstruction, my practice in a busy DGH, has meant that this procedure has not been performed in high volume , although my continued interest in hypospadias surgery has kept the skill base up. Bladder reconstruction has continued in my current clinical setting.*

*I have been instrumental in developing the nurse practitioner role at Kingston hospital, and we now have 4 urological specialist nurses. We have changed from a general urological service to a specialist service, and now have four consultants with special interests in oncology, incontinence, stones and andrology. I run specialist clinics in Female Urology and Oncology, and other colleagues have clinics in oncology and andrology. Nurse led clinics are run in incontinence, prostate cancer, erectile dysfunction, and lower urinary tract dysfunction*

*We have recently been successful in a national bid for “ACTION ON UROLOGY”, in a joint venture with St. George’s Hospital, to provide general urological devices, as a “one stop shop” at Queen Mary’s Hospital, thus enhancing the patients experience,*

*and improving their pathway, by reducing the overall waiting time. This will be the first of its kind in the country.*

## **Teaching Experience**

I have always had an interest in teaching and in particular, teaching urological trainees. I have been the Urological trainees representative on committees and have played a prominent part in ensuring that training implementations of “Calmanisation “ are met. I ensure that teaching for trainees takes place on a weekly basis and that internal audit and formal interdisciplinary meetings take place. I have been actively involved with teaching medical students for many years. I have been instrumental in getting the Southampton Urological Research Programme started.

*I am presently involved with teaching medical students from St George’s Medical School, and the American University of the Caribbean. I am on the interview panel for prospective medical students at St George’s Medical School. I am the Urological Trainer at Kingston Hospital for the urological SPR’s, and deputy programme director for the South Thames Urological Training Programme. I am presently an examiner on the institute of Urology FRCS (urol) exam.*

*I presently teach on the BAUS Office of Education, Female urology and benign reconstruction module, and have done so for the past three years.*

## **Other Experience**

I was the European representative for the Urological Senior Registrars’ Group, and was also the Wessex representative on that group. I was recently Chairman of the Junior Doctors’ Committee in Southampton, which also involved my attendance and participation at Medical Board and Negotiating Committee meetings. I am a good

organiser of people, and I recently organised the National Senior Registrars' Urological Meeting in Southampton in March 1998.

*I am presently the Secretary of the Section of Female and Reconstructive Surgery at the British Association of Urological Surgeons. I sit on the New Devices Committee that reports to NICE, and coordinate the research programme for national incontinence surgery trials. I am a council member of the Royal Society of Medicine Section of Urology.*

## **Management Course**

I have attended the Wessex Management Course held in Bournemouth in November 1997, and the Kingston Hospital Management Course in 1999.

## **Management Experience**

I am presently lead clinician on the Phase 5 rebuild programme at Kingston Hospital. I am a lead clinician on the Action on Urology national programme for which Kingston hospital was successful in bidding for. I am a member of the LNC at Kingston hospital, together with the Audit and IT Committees.

I am an Appraiser for the surgical department.

I am a committee member of the Urology Section of the Royal Society of Medicine, And secretary of the BAUS Section of Female Urology and Reconstruction.

## **Clinical Changes at Kingston Hospital**

I have been instrumental in developing the nurse practitioner role at Kingston hospital, and we now have four urological specialist nurses. We have changed from a general urological service with two consultants and no trainees, to a specialist service, and now have four consultants with special interests in oncology, incontinence, stones and

andrology. I run specialist clinics in Female Urology, Paediatric Urology and Oncology, and other colleagues have clinics in oncology and andrology. Nurse led clinics are run in incontinence, prostate cancer, erectile dysfunction, and lower urinary tract dysfunction..

We have weekly MDT meetings in Oncology. I run a twice monthly female urology clinic, and a monthly paediatric urology clinic. I have a monthly combined female urology/urogynaecology clinic and operating list, and provide a dedicated laparoscopic urological service.

We run a monthly clinical governance meeting, and monthly teaching/journal club. Audit is a central part of the department. Almost eighty percent of our urological surgery is provided as a day case service. Low risk recurrent bladder tumours are treated on a day case basis, using flexible cystodiathermy. Many stones, some incontinence surgery, and bladder tumours are treated on a day case basis.

We have two specialist registrars, and Kingston is a popular choice for trainees.

## **Referees:**

Mr J Cumming ChM FRCS  
Consultant Urologist  
Southampton University Hospital  
Tremona Road  
Southampton  
SO16 4XY

Mr J Dick MRCP FRCS  
Consultant Urologist  
Kingston Hospital  
Galsworthy Road  
Kingston  
KT2 7EB

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Consultant Urologist  
Kingston Hospital  
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