



Manchester Medical Society

Registered Charity No 222800

Annual Report and
Accounts for
2022-2023

MANCHESTER MEDICAL SOCIETY

Registered charity No 222800



Professor Jaswinder Singh Bamrah CBE
FRCPsych, MHSM, FIIOPM

President 2023—2024

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**Office-bearers & Council Member
2023-2024**

PRESIDENT

Jaswinder Singh Bamrah

IMMEDIATE PAST PRESIDENT

Stavros Michael Stivaros

PRESIDENT ELECT

Ruth Gottstein

CHAIRMAN

Josanne Holloway

HONORARY SECRETARY

Gareth Hughes

HONORARY TREASURER

Indraneel Banerjee

MEDIA TRUSTEE

Christopher Worth

INVESTMENT TRUSTEES

Alison Jane Elizabeth Qualtrough
Raymond Francis Thomas McMahon

REPRESENTATIVES OF THE UNIVERSITY

Peter E Clayton
Mary Felicity Stewart

ELECTED MEMBERS OF COUNCIL

Fiona Lecky
Vikas Kapoor

The above thirteen are the Trustees of the Manchester Medical Society

PRESIDENTS OF SECTIONS

| | |
|-------------|-------------------|
| MEDICINE | Sally Dewsbury |
| SURGERY | Karen Telford |
| PATHOLOGY | Philip Unsworth |
| ANAESTHESIA | Paul Dark |
| ODONTOLOGY | - |
| PAEDIATRICS | Sandeep Dharmaraj |
| PSYCHIATRY | Jane Whittaker |
| IMAGING | Caroline Parkin |

TRAINEE REPRESENTATIVE ON COUNCIL

Richard Boyle

DEAN OF POSTGRADUATE MEDICAL STUDIES

Jane Mamelok

DIRECTOR OF UNDERGRADUATE MEDICAL STUDIES

Margaret Kingston

STAFF

| | |
|------------------|-------------------------|
| Fiona Lamb | Administrator |
| Sara Raw | Assistant Administrator |
| Janet Hall | Secretary |

Will Fellows and Full Members please inform the Administrator when they retire, change their position, their address or gain additional qualifications.

All communications should be addressed to:-

Manchester Medical Society, c/o Room 4.54 Simon Building,
Brunswick Park, Manchester, M13 9PL
Telephone: 0161-711 0520
Email address: admin@mms.org.uk
[Http://www.mms.org.uk](http://www.mms.org.uk)

General Information

The Society's office is located in Room 4.54 in the Simon Building on the main University of Manchester campus. The office is normally open Monday – Thursday 0830 –1630 and 0830-1430 on Friday, but if making a special journey to visit the Secretariat it is advisable to telephone in advance on 0161 711 0520.

Car Parking:

The University of Manchester recommends visitors using public transport where possible. Parking is limited and we cannot guarantee a space on campus. However, the following limited parking is available:

- Booth Street West (SATNAV M15 6AR) (nearest to the MANDEC), please note this car park does not accept American Express cards or £20 notes as payment.
- Cecil Street (SATNAV M15 6GD)
- Dilworth Street (SATNAV M15 6JA)
- Booth Street East (SATNAV M13 9SS)

The prices for all car parks from 1st April 2023 are as follows:

| Monday to Sunday | |
|------------------|--------|
| Up to 1 hour | £2.20 |
| Up to 2 hours | £4.40 |
| Up to 3 hours | £6.60 |
| Up to 5 hours | £7.70 |
| Up to 6 hours | £8.80 |
| Up to 8 hours | £9.90 |
| Up to 10 hours | £11.00 |
| Up to 24 hours | £16.50 |

Public parking tariffs (payable by cash, debit or credit card)

Blue Badge Holders can park free of charge. In order to access the disabled bays, please take a ticket on arrival and visit the Attendants lodge with your Blue Badge in order for the ticket to be validated, or use the intercom (where you may need to give details of your Blue Badge).

Subscriptions (from the 1st January 2024)

The annual subscription is an allowable expenses for income tax purposes. Please note that if you agree to the Society reclaiming the tax on your subscription under Gift Aid, it is our understanding that you cannot also claim the subscription as an allowable expense for income tax purposes (see pages 92-93 for details on Gift Aid).

A new membership structure is being introduced, and membership will be based on the following salary bands:

| Salary Band | Rate £ |
|--------------------------|--------|
| £89,000 or more | 98.00 |
| £65,000 - £89,000 | 78.40 |
| £40,000 - £65,000 | 39.20 |
| £40,000 or less | 19.60 |
| Retired or over 65 years | 26.00 |
| Students | 0.00 |

Telephone Numbers:

Office 0161-275 711 0520
Email Address admin@mms.org.uk
Web address [Http://www.mms.org.uk](http://www.mms.org.uk)

The University of Manchester Library

Lending Support 0161-275 3717
Library Cards / Customer Services 0161-275 3716
Document Supply 0161-275 3741
Reference & Information Desk (Blue 1) 0161-275 3751
Teaching & Learning Team 0161-275 3508 or
uml.teachingandlearning@manchester.ac.uk

Medical Library Information

Access and Membership

To gain access to The University of Manchester Library (previously known as the John Rylands University Library) and take advantage of its services, Fellows of the Society must have a current University of Manchester Library Card. It is important to bring this card on each visit as it is required for entry and without it some services, eg book loans, will not be available. Fellows who do not have a current card should contact a member of staff of the Manchester Medical Society **before** visiting the Library. It is also advisable to ring the Library Cards/Customer Services desk in advance of your visit to check that library card services are available. However, Library cards can normally be made up from 9.00 am to 6.30 pm Monday—Friday and by arrangement at weekends throughout term time; vacation library card service times may vary.

Resources and Services

Most of the medical books are now housed on Blue 2. All journals are housed on a single floor, Green 1, and the sequence is called the Clinical Sciences Journals sequence. Current journals in all disciplines are now to be found with the back issues so again these will be found on Green 1. A small reference collection including research & medical directories, and some printed abstracts & indexes is located on Blue 2. Material in related scientific or social disciplines are also available to Fellows in other areas of the Library.

The University of Manchester Library Card

The University of Manchester Library Card enables Fellows to borrow up to 50 books for a period of one semester at a time. If no-one has requested the books these can be renewed for another semester and so on. Journals are generally reference only. Self service photocopying facilities and document supply services are available at reasonable cost. An inter-library loan service is available to Fellows at a reduced cost of £7.

Please note that access to electronic journals and printing is available through the walk-in user service at the Blue Ground Customer Services Desk.

You may access the University of Manchester Library's integrated search tool, which enables you to search the Library's electronic and physical resources – books, journals, articles, images, manuscripts, video – using a single search box. The **Library search** option is located on the front page of the University of Manchester Library website at <http://www.library.manchester.ac.uk/>

To access your Library Account you will now require a username and password rather than the previous PIN number. To receive a username and password please contact a member of Library staff at Customer Services/Reception on the ground floor. Please see the Library website for further information about Library services, current opening times and contact details. <http://www.library.manchester.ac.uk/>

For current opening times visit <https://www.library.manchester.ac.uk/locations-and-opening-hours/main-library/>

Report of the Council of the Society for the year ended 31st March 2023

Reference and administrative information

Charity Registration No: 222800

Registered Office and
Operational address: Room 4.54, Simon Building
University of Manchester
Brunswick Park
Manchester, M13 9PL

Trustees

The Council, who are the trustees of the Society, are elected annually at the Annual General Meeting. Trustees who served during the year and up to the date of this report were as follows:

| | |
|--------------------------|--|
| Mr D Jones | Past President |
| Dr E W Benbow | President (up to 9 th November 2022) |
| Professor S Stivaros | President (from 9 th November 2022) |
| Professor J S Bamrah CBE | President-elect (from 9 th November 2022) |
| Dr J Holloway | Chairman |
| Mr J G Mosley | Honorary Secretary |
| Professor I Banerjee | Honorary Treasurer |
| Dr A J E Qualtrough | Investment trustee |
| Professor R F T McMahon | Investment trustee |
| Dr C Worth | Media Trustee |
| Professor P E Clayton | Representatives of the Council of the University of Manchester |
| Professor F Stewart | Representatives of the Council of the University of Manchester |
| Professor F Lecky | |
| Dr V Kapoor | |

Principal Staff

| | |
|------------|-------------------------|
| Fiona Lamb | Administrator |
| Sara Raw | Assistant Administrator |
| Janet Hall | Secretary |

Independent Examiner

Catherine Hall FCCA DChA
Slade & Cooper Ltd
Beehive Mill
Jersey Street, Ancoats
Manchester, M4 6JE

Investment Managers

Brown Shipley
No 1 Spinningfields
1 Hardman Square
Manchester
M3 3EB

Bankers

| | |
|---|---|
| National Westminster Bank plc 19 Market Street Manchester M1 1WR | COIF Charities Deposit Fund One Angel Lane London EC4R 3AB |
|---|---|

Report of the Council of the Society

The trustees present their report and the unaudited financial statements for the year ended 31st March 2023.

Reference and administrative information set out on page 8 forms part of this report. The financial statements comply with current statutory requirements, the charity's constitution and the Statement of Recommended Practice - Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Objective and activities of Manchester Medical Society

Objectives

The cultivation and promotion of all branches of Medicine and of all related Sciences including the continued support of the Medical Library founded by the original Manchester Medical Society and presented to the Victoria University in 1930.

Aims

In pursuance of its objectives the Society arranges, with the assistance of the Councils of the Sections, a comprehensive programme of meetings and seminars during the University of Manchester academic year. In addition the Society promotes and supports a number of meetings in collaboration with other bodies on subjects, which fall within the remit of its objectives. The majority of educational meetings are approved for Continuing Medical Education.

Activities undertaken for public benefit in relation to objects

The trustees review the aims, objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to help. The review also helps the trustees ensure the charity's aims, objectives and activities remained focused on its stated purposes.

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives that have been set.

Manchester Medical Society is a major provider of continuing medical education (CME) in the region providing high quality meetings with speakers of national and international renown locally and therefore providing an opportunity for significant savings within the NHS.

The Society organises an annual Christmas lecture for young people, aged approximately 15 - 18 years old to introduce them to medicine. These lectures are always popular and well attended by schools in the area.

The Society in collaboration with The University of Manchester Medical School organises an annual Medical Careers Fair to which all medical students are invited. Its aim is to: improve the medical student experience whilst at the University of Manchester; expose medical students to some of the current eminent World-renowned Manchester based clinicians and

research specialists and to provide them with career guidance. The feedback following each event has been extremely positive and it is hoped this will continue to be an annual event.

Achievements and performance

The charity's main activities and who it tries to help are described below. All its charitable activities focus on continuing medical education (CME) and are undertaken to further Manchester Medical Society's charitable purposes for the public benefit.

Chairman's Report

The objective of the Manchester Medical Society, which was established in 1834, is to cultivate and promote all branches of medicine and related sciences and to support the Medical library which was originally founded by the Manchester Medical Society and presented to the Victoria University in 1930.

In order to achieve its objectives, that council and sections of the society organise a programme of meetings and seminars, sometimes in collaboration with other societies, the majority of which are approved for Continuing Medical Education. We have had a number of very successful face to face and zoom meetings form both society and sectional meetings. We have agreed that a social element increases the success of face to face meetings.

Following the COVID pandemic, we have upgraded our website.

Despite a healthy membership, we are not recruiting new younger generation doctors to the society and membership fees are not covering the running costs of the society which means that we are gradually using capital from our investments to cover the running costs. We have over the past year been discussing how best to ensure the sustainability of this long running society. We agreed to allow all professionals working in health to be members of the society and agreed that all disciplines would be treated equally, we agreed that there would be a series of fees on a sliding scale that would apply to all members.

A small task and finish group hope to be able to make some proposals to look at fee structure and required changes in the Bye-laws in order to achieve our membership objectives.

Last but not least, I would like to thank Fiona Lamb, Sarah Raw and Janet Hall their contribution to the continued success of the Society and to thank Fiona Lamb for her support of the committee meetings and in providing the financial report.

Dr Josanne Holloway
Chairman

Review of activities

Wednesday 9th November 2022

An afternoon symposium held in the Manchester Dental Education Centre (MANDEC) on 'Abusive Head Trauma In Children: Distilling Fact From Fiction And The Importance Of Medical Evidence In The Judicial Process'

Sadly, abusive head trauma (AHT) is the leading cause of fatal head injuries in children younger than 2 years of age. The identification of a child who has suffered such abuse is vital to prevent the potential for escalation of injuries within the home setting and ensuring the safety of other family members in such an environment. To this end, a multidisciplinary team approach to diagnosis is essential. One that spans both community, hospital and tertiary level services. This process is based on assessment of clinical narrative, physical examination, ophthalmological assessment, imaging and laboratory findings. It is important that such assessments are mindful of potential medical mimics of AHT to ensure that whilst children are protected, cases where there may be an underlying medical cause are rightly identified.

Whilst there is no controversy concerning the medical validity of the existence of AHT, the courtroom has sadly become a forum for speculative theories which have no underlying accepted medical evidence base, either within the literature or within routine medical practice. Similarly attempts are still made to rely upon the "Triad" of medical findings of subdural haemorrhage, encephalopathy and retinal bleeding as representing a pattern recognition based approach to the diagnosis of AHT. In addition to these diagnostic challenges, the Court process is one that is found to be exceptionally stressful to the medical practitioners and allied health and social care professionals, involved in the management of these children. Colleagues across multiple disciplines both within the community as well as within the hospital environment. This level of stress is then escalated in those called to Court in an Expert Capacity and also those who are Professional Witnesses, having provided care to these children acutely.

This symposium brought together national experts in the cross-cutting domains of Paediatrics, Paediatric Radiology, Paediatric Ophthalmology, Paediatric Neuroradiology and Paediatric Neurosurgery, with over 100 years of combined experience in the field of child protection both nationally and at an international level. They discussed the differing findings that suggest AHT within their domains of expertise and also touch upon areas where there is no reliable evidence of causation. Discussing alternate diagnoses which are still presented to the Court on the basis of speculation or indeed prior legal findings, which it must be stressed are not clinical evidence or borne out by the literature.

Symposium speakers:

Mr Ian Kamaly-Asl, Professor of Paediatric Neurosurgery at the Royal Manchester Children's Hospital. With particular expertise on the management of children with accidental head injury

William Newman, Consultant Paediatric and Neuro-ophthalmologist, Manchester Royal Eye Hospital. Honorary Clinical Lecturer at the Universities of Manchester and Liverpool

Professor Amaka Offiah, Chair of Paediatric Musculoskeletal Imaging and Honorary Consultant Paediatric Radiologist. Faculty Director of Wellbeing, Equality, Diversity & Inclusion, (Medicine,

Dentistry & Health), University of Sheffield. Convenor, Skeletal Dysplasia Group for Teaching and Research. Paediatric Radiology Managing Editor (Outside Americas)

Dr Neil Stoodley, Consultant Paediatric Neuroradiologist, Bristol Children's Hospital. Member of the Family Division Working Group Committee on Expert Medical Evidence.

Dr Sarah Dixon, Consultant Paediatrician. Designated Doctor, Safeguarding Children, Manchester. Co-founder of the North of England Abusive Head Injury Peer Review.

Miss Sally Howes KC, Barrister, Law Chambers, London

Annual General Meeting and Presidential Address

The Annual General Meeting of the Society took place following the symposium and this was followed by the Presidential Address of **Professor Stavros Stivaros** entitled 'Seeking Patterns: A Radiological Story'.

To quote the American Science Writer, Dr Michael Schermer, "Humans are pattern-seeking story-telling animals, and we are quite adept at telling stories about patterns, whether they exist or not." Nowhere is this more exemplified in medical practice, than in imaging. From the inception of medical photography through the advent of x-ray and magnetic resonance based imaging, pattern recognition has been at the forefront of imaging diagnosis in clinical practice. This lecture examined the global origins of medical imaging, origins that have a firm footing in Manchester and the Northwest. Professor Stivaros then explored the evolution of the specialty and looked at where pattern recognition has taken us, discussing whether we should leave such pattern-seeking behind, as we move forwards in the 21st Century.

Wednesday 7th December 2022

The 16th Hon Dorothy Wedgwood OBE Annual Christmas Lecture for Young People

"Understanding and managing emotions"

Professor Steve Peters is a Consultant Psychiatrist, who specialises in mental health and the functioning of the human mind.

Professor Peters explained why and how the mind creates emotions. He took the audience on a journey through the brain and explained how our minds are structured and function. Specifically, he looked at why managing and utilising our emotions can be a key to a happy and successful life. Some suggestions were offered to help the audience to use the neuroscience in a practical way in their own lives.

A return to face-to-face lectures captivated an audience of over 300 students who attended from NorthWest schools and colleges.

Wednesday 16th November 2022

Medico-legal Lecture organised by the Manchester District Medico-Legal Society and held at the Midland Hotel.

Professor Dame Carol Black DBE FRCP

"Drug Dependency Services Intolerably Weak – Making Them World Class?"

Part 2 of Professor Dame Carol Black's 2021 review of drugs focused on how to improve the funding, commissioning, quality and accountability of drug prevention, treatment and recovery services in England.

The findings were disturbing, even shocking. Funding cuts have left treatment and recovery services on their knees. Commissioning has been fragmented, with little accountability for outcomes, and partnerships between local authorities, health, housing, employment support and criminal justice agencies have deteriorated. The workforce is depleted, especially of professionally-qualified people, and demoralised. Vital services have been cut back, particularly inpatient detoxification, residential rehabilitation, specialist services for young people, and treatment for cannabis and stimulant users.

Areas of the country with the highest rates of drug death, or the poorest treatment services, are the very areas where the need to 'level up' is greatest. Effective action is urgently needed to tackle the violent drugs market, alongside purposeful efforts to rebuild treatment services and recovery support, so that people can get the help they require.

Wednesday 22nd February 2023

13th Medical Careers Fair

This is a collaboration of the Manchester Medical Society and the University of Manchester Medical School. Medical students from years 1-5 are invited to attend. This year it returned to Whitworth Hall on the main University of Manchester campus. Student numbers were lower than usual, possibly due to the University not requiring students to pre-book in advance and this will be reviewed next year. Those students who did attend enjoyed the opportunity to meet and chat about their future career. We are grateful to all those who gave up their time during a busy and difficult time within the NHS and academia.

Wednesday 21st June 2023

Telford Memorial Lecture

This year's Telford Memorial lecture was delivered by: **Professor Sir Jonathan Van-Tam, MBE, FRCPath FRSB FMedSci**

Professor Jonathan Van-Tam served at the heart of the UK Government during the recent SARS-CoV-2 (Covid-19) pandemic. In this lecture he reflected on how, science, public health policy, and politics were, of necessity, in the room at the same time as the UK navigated the crisis. He explained the gradual journey from a frightening new virus in humans, to one that is now liveable with, in a society that is gradually returning to normal. This was not a 'kiss-and-tell' lecture; instead, one that thoughtfully charted one man's journey through the worst public health crisis of a lifetime.

Medical Archive Collection

The University of Manchester Library medical archives is a particularly rich and important resource for the study of the medical history of the Greater Manchester region since the mid-eighteenth century.

The collections include the Manchester Medical Collection, archives of regional medical societies, including the Manchester Medical Society, and personal papers of eminent Manchester doctors. These have considerable potential for broader interdisciplinary social, economic, cultural and intellectual histories of a city that was in the forefront of modern industrial development and was home to a leading university medical school and several nationally important hospitals.

Membership

Membership stands at 1,018 and the breakdown of categories is shown below:

| Membership Breakdown | <u>2022</u> | <u>2023</u> |
|--|--------------------|--------------------|
| Honorary Fellows | 4 | 4 |
| Life Fellows/Full Members (not being Honorary Fellows) | 147 | 143 |
| Fellows | 539 | 486 |
| Retired Fellows | 176 | 170 |
| Out-of-area Fellows | 28 | 22 |
| Full & Retired Members (Non-Medically qualified) | 30 | 29 |
| Members of Sections | 2 | 2 |
| FY1-2 Doctor/Dentist | 70 | 63 |
| Specialty Trainee | 110 | 99 |

Staff Update

I am pleased to report that the staff team remains the same with Fiona Lamb (Administrator), Sara Raw (Assistant Administrator) and Janet Hall (Secretary). Their excellent work is an essential component of the continuing success of the Society and is greatly appreciated by the Officers and Council of the Society and its individual sections.

Mr John Mosley
Honorary Secretary
For and on behalf of the Council, 5th July 2023

Media Trustee Report

Focus on the finalization and publication of a brand new MMS website

The focus for the society has been on the finalisation and publication of the new MMS website; a project worked on tirelessly by the previous Media Trustee, Indi Banerjee. Working with the development company LightMedia, we have been able to offer a modern and easy to use website which serves the needs of a modernising MMS. Multiple iterations of the website were tried and, thanks to an intuitive editing system, members of the MMS board were able to design and edit the website prior to its release. The new website should offer members the ability to better understand how the society is formed and functions and events that are happening through various channels. Work is ongoing to create dynamic and regularly changing content to keep members updated and engaged.

We expect to engage more with junior doctors and medical students via the new website and social media developments to ensure the MMS continues to be a relevant force in the North West

medical community. Medical student representatives have been engaged to work on student engagement of the MMS and our social media presence.

Social media

Social media messages are being pushed out as before. We are planning to link the new website with social media updates and periodic “takeovers” from sections of the society and the wider medical community.

Dr Chris Worth
Media Trustee

Financial review

Honorary Treasurer’s Report

Total income for the period 2022-23 was £73,497 compared with £82,275 in 2021-22. The apparent reduction is a consequence of the absence of legacy income received in previous years (£10K in 2021-22 and £150K in 2020-21). However, given an average inflation of around 10% over 2022-23, the current income represents a significant downturn in real terms.

Expenditure was £129,606, similar to that in 2021-22 (£124,319). There had been a reduction in expenditure in 2019-20 (£109,455) due to a reduction in in-person meetings during the pandemic. At present there is a choice of both Zoom and in-person meetings. The main bulk of the annual current expenditure is staff costs (£95,343) with other costs such as office expenditure, meeting expenditure and service charges for MANDEC remaining largely similar.

The net expenditure arising from the balance of income and expenditure stated above (before net loss on investments) was £56,109 in 2022-23, compared to £42,044 in 2021-22. There was significant net loss on investment in 2022-23 at £62,014 (compared to £12,024 in 2021-22). Therefore, the net loss for 2022-23 was £118,123, which is greater than in previous years (£54,068 in 2021-22). This greater than anticipated loss has led to major reduction in total funds from £750,164 to £632,041. A similar or accelerated rate of reduction in total funds and an imbalance of income/expenditure is likely to be unsustainable in the longer-term.

Council has discussed simplification and alternatives for member reorganisation which may possibly increase income from membership by a modest margin. A paper describing the current membership breakdown and proposed models of member fees is presented separately.

I would like to thank Fiona Lamb and her colleagues for their continued efficient running of the Society’s finances and administration.

Dr I Banerjee
Honorary Treasurer

Reserves Policy

Manchester Medical Society needs to be able to fulfil its objective. This includes its commitment to promote all branches of medicine and related sciences and support the Medical Library.

It is important that the Society maintains reserves as a third of the income to run the Society comes from the investment income and without it, subscription fees for Fellows and Full Members would have to be greatly increased. The surplus is invested in accordance with the Society's investments and financial reserves policy. We aim to maximise interest by prudent investment and to also ensure effective cash flow.

Principal funding sources

Income derives principally from two sources—subscription income and income from the dividends on investments.

Investment policy and objectives

The investment objective for the Manchester Medical Society is to have a balanced portfolio which will maximise overall return and will protect the funds' income and capital against inflation, subject to satisfying the funds' income requirements.

Manchester Medical Society has delegated investment management to Brown Shipley Investment Managers. Brown Shipley has discretionary powers within the terms of this policy. Council are in agreement that no investment may be made in any company that derives 10% or more of its income from alcohol, tobacco or tobacco-related products.

The performance of the portfolio will be measured against the FTSE 100, FTSE All Share and FTSEA All Government Stocks.

Investment Trustees Report

As at close of business on 1 June 2023, the portfolio was valued at £553,939 with an estimated annual yield of 2.3%. At the start of the period, 1 April 2022, the portfolio was valued at £691,336 and £70,253 was withdrawn during this time. During this difficult period for the majority of asset classes, the portfolio produced a negative return of 9.8%.

The portfolio continues to be managed in accordance with the Brown Shipley Balanced Mandate to achieve returns from a combination of capital appreciation and income via an appropriate exposure to various asset classes in keeping with a medium risk profile.

The breakdown of the portfolio compared to the Brown Shipley Balanced Mandate is as follows:

| Asset Class | Brown Shipley Balanced Mandate | | Manchester Medical Society (%) |
|---------------------------|--------------------------------|-------------|--------------------------------|
| | Minimum (%) | Maximum (%) | |
| Equity | 50.0 | 75.0 | 57.0 |
| <i>UK</i> | | | 2.0 |
| <i>International</i> | | | 55.0 |
| Fixed Income | 10.0 | 35.0 | 20.8 |
| Alternative Assets | 0.0 | 25.0 | 20.2 |
| Cash | 0.0 | 20.0 | 2.0 |

We remain comfortably within tolerance levels for all asset classes.

The current estimated yield of the portfolio is 2.3% and over the period 1 April 2022 – 1 April 2023, £15,253 of income was withdrawn. Two capital sums totalling £55,000 were also withdrawn in May and June 2022.

We have increased the portfolio's yield through some of the transactions we have implemented over the last 12 months. For example, we have increased exposure to infrastructure offering potential returns positively correlated to inflation and steady and robust yields.

The portfolio is subject to a flat fee of 0.85% + VAT charged quarterly in arrears. The fees charged over the period were £6,067 (including VAT).

During the period, the portfolio underperformed its benchmark. One factor that led to this underperformance was our bias towards 'quality growth' companies which did underperform during the period, given the high inflation environment and interest rate rises, which typically result in value investments outperforming. Despite this, we still believe in focusing on companies that lead their respective industries and who have the potential for above-average returns on invested capital, alongside balance sheet strength providing greater portfolio insulation against external shocks over the long-term.

Secondly, the portfolio's tilt towards sustainable investments has also dragged on performance. During 2022, one of the only asset classes to generate a positive return was oil and energy companies, an area these sustainable investments do not have exposure to. The war in Ukraine triggered this oil price increase and whilst it has contributed to short-term underperformance, we are confident that over the long-term focusing on renewable energy sources and sustainable investments will benefit the portfolio.

Markets

2022 was an extremely challenging year for risk assets across the board. Stocks had their worst year since 2008, and bond prices also fell as inflation reached a four-decade high.

The period began with the mass rewinding of Covid policies and restrictions across the globe, with the exception of China, whose draconian measures stayed in place. This hampered their economy, and their economic cycle began to lag behind the West's.

As normality resumed in the western world, the negative effects of the large influx of capital from governments during Covid started taking hold. Inflation was at the forefront of the issues. Initially labelled as 'transitory', it became stickier than governments had hoped. The root cause of this stickiness was not purely due to the delayed effects of free money stimulus during Covid, but was largely driven by commodity price surges, as a result of the Russian invasion of the Ukraine.

The impact on markets from the unsteady footing meant that volatility ensued and remained for most of 2022. In an almost unprecedented manner, both government bonds and equities fell in lockstep.

Government bonds fell in value as the remedy for inflation was introduced - namely, tightening of monetary policy. Gilt prices on average fell c24% during 2022, as interest rates increased 8 times. (Source: Lipper). The correlation between bonds and equities meant that mainstay diversification tactics did not provide much safety.

As the 'cost of living' crisis reached full momentum in Q4 2022, the FTSE 100 performed particularly well, bolstered by banks and oil companies, with the latter posting record profits. In Europe, the US and Asia, recovery following a large sell off of risk assets during Q2 and Q3 was gathering momentum after the imminent recession fears subsided.

2023 began more optimistically than expected with risk assets performing strongly in January. This was quickly overshadowed by the banking turmoil in March with the biggest collapse of a bank since 2008. Both UBS and HSBC came to the respective rescue of Credit Suisse and Silicon Valley Bank (SVB) following their failures. The banks were purchased at very attractive valuations; however, the failures created 'contagion' fears across the banking sector, which resulted in their share prices falling and wider market volatility. The Suisse and US banking troubles did not trigger a 2008-esq crisis, but did send ripples through markets.

Portfolio

Following strong UK equity performance, towards the end of 2022, we took profits and increased our focus on investing more globally. Financial markets are global in nature and we believe that by investing more globally we are able to access as many sources of return as possible. Focusing on companies that lead their respective industries and who have the potential for above-average returns on invested capital, provides greater portfolio insulation against external shocks.

Following one of the worst years in recent memory for fixed income markets during 2022, high-quality government bonds are rebounding and now offer attractive yields for relatively lower levels of risk. As yields began to look more attractive, we took the opportunity to increase exposure to UK government bonds.

We have also added high dividend and low volatility equities to the portfolio. Minimum volatility equities have historically shown a positive relationship with bond prices. In line with our expectation that bond yields are close to peaking, we found this a compelling equity allocation which should benefit from falling yields. However, we remain aware of the fact that recession risks remain elevated. In such an environment, we believe the defensive nature of lower-volatility equities is attractive.

A less hawkish Federal Reserve and lower rates should also increase the present value of future dividends. History has shown this to be the case with high dividend stocks performing strongly 6-12 months after a peak in rates. However, with the market expectations of dividend cuts into 2023-24, we focus on high quality dividend payers. These companies, with a history of consistently paying dividends, could become scarcer and garner a premium until growth uncertainty abates.

We have further diversified the portfolio, by increasing exposure to infrastructure offering potential returns positively correlated to inflation and steady and robust yields.

Looking forwards, we are focusing on major long-term themes that are likely to drive economies and our lives in the future. For example, with 60% of small companies in the US having suffered a cyberattack for example, cyber security has become an inescapable issue. As more systems, data and people connect digitally, vulnerability is on the rise and, therefore, we feel this theme has a long growth runway and have recently added exposure.

Expect to see greater focus on themes, such as cyber-security, robotics, hydrogen and artificial intelligence.

Future Outlook and Summary

Within developed markets, growth looks set to weaken further while inflation is moving past the peak – bringing the end of central banks’ rate rises in sight. In emerging markets, we think the Asia-Pacific region should benefit from China’s reopening. Chinese inflation is low, and Beijing is stimulating the economy.

Inflation is stubbornly persisting, but there are some signs that it may have peaked. Although the sharp interest rate rises of 2022 will have helped, there is a lag effect. We may, therefore, see higher inflation for longer than we would have hoped.

Having hiked interest rates aggressively in order to slow activity and bring down inflation, there is signalling that rates might be peaking soon. With US inflation data easing, we believe this will give the US Federal Reserve room to hold interest rates unchanged at the current level for the rest of 2023. In contrast, the Bank of England looks set to hike interest rates for a while longer as inflation remains high.

Uncertainty remains regarding global interest rate policy which will continue to add to market volatility.

In summary, it has been a challenging time for investments, but we remain committed to long-term investment horizons and believe that quality growth equities and investment in future global themes can produce inflation-adjusted returns. Volatility will provide concern and opportunities, but the best investments will continue to provide the best returns over the long term.

Dr Alison Qualtrough & Professor Ray McMahon
Investment Trustees

Plans for the future

The focus for the society has been on the development of the new website and the society has invested in software to ensure that our on-line provision is of a high quality. The website looks more modern and will improve functionality and communication with members.

Despite a healthy membership, we are not recruiting new younger generation doctors to the society and membership fees are not covering the running costs of the society which means that we are gradually using capital from our investments to cover the running costs. We have over the past year been discussing how best to ensure the sustainability of this long running society.

Multi-disciplinary provision of health care has been a significant and welcome development and as a society with a rich history in promoting medicine and related sciences we believe that our society should be open to all our colleagues in the allied health professions. Though colleagues in the allied health professionals have always been welcome we would like to extend to all health professionals the same membership opportunities.

The Bye-laws have been updated in order to achieve our membership objectives and we plan to introduce a new fee structure in 2024.

Structure, governance and management

Governing document

The Society was formed in 1834 and is an unincorporated charity which was registered with the Charity Commission in January 1961. It is constituted in accordance with By-Laws which were adopted in 1950 when the original Society amalgamated with the Pathological Society of Manchester, the Manchester Surgical Society, the Manchester and District Society of Anaesthetists and the Manchester Odontological Society. The Section of General Practice was formed in 1951 (in 1999 the name was changed to the Section of Primary Care), the Section of Paediatrics in 1964, the Section of Psychiatry in 1970, and the Section of Community Medicine in 1976. In 1992 the Section of Paediatrics and the Manchester Paediatric Club amalgamated. In 2000 the Section of Imaging was formed and at the Annual General Meeting on the 23rd October 2013 the formation of a new Section of Emergency Medicine was approved.

Trustee selection methods

Trustees are elected at the Annual General Meeting from Fellows and Life Fellows of the Society. Trustees are elected for a term of three years but are eligible for re-election at the end of each term. No trustee shall serve in the same post for more than two terms of office.

The trustees are members of the Society, but this entitles them only to voting rights. The trustees have no beneficial interest in the Society.

All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the Society are set out in note 12 to the accounts.

Organisational structure

The Council function as the management committee and as charity trustees have control of the Society and are responsible for its property and funds. The Council consists of: president, immediate past president, president-elect, chairman, honorary secretary, honorary treasurer, media trustee, two investment trustees, two ordinary members of council and two members nominated by the Council of the University of Manchester.

Related parties and relationships with other organisations

The Council considers the Catherine Chisholm Lecture Fund to be a connected charity. The principal contact address and administration are located at the offices of the Manchester Medical Society.

Remuneration policy for key management personnel

The key management personnel of the charity comprise the trustees, who receive no emolument.

Risk management

Council Members are responsible for the management of risks faced by the Society. Risks are identified, assessed and controls established throughout the year. A formal review of the Society's risk management process is reviewed on a regular basis.

The key controls are:

- Formal agendas for all Society Council and Section Council meetings.
- Detailed regulations for all Section Councils.
- Strategic planning, budgeting and financial planning.
- Clear financial authorisation procedures.

Through the risk management process Council is satisfied that appropriate plans are in place to manage any identified risks.

Statement of responsibilities of the trustees

Law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the charity's financial activities during the period and its financial position at the end of the period. In preparing financial statements giving a true and fair view, the trustees should follow best practice and:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees (Council of the Society) are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees (Members of the Council of the Society), are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



Dr Josanne Holloway
Chairman

Independent examiner's report
to the members of
Manchester Medical Society

I report to the charity trustees on my examination of the accounts of the charity for the year ended 31st March 2023 which are set out on pages 19 to 35.

Responsibilities and basis of report

As the charity's trustees you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the charity's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the Act;
or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Catherine Hall FCCA DChA

Slade & Cooper Limited
Chartered Certified Accountants
Beehive Mill
Jersey Street
Manchester
M4 6JG

Manchester Medical Society
Statement of Financial Activities
for the year ended 31 March 2023

| | Note | Unrestricted funds £ | Restricted funds £ | Total funds 2023 £ | Total funds 2022 £ |
|--|------|-------------------------|-----------------------|--------------------------|--------------------------|
| Income from: | | | | | |
| Donations and legacies | 3 | 4,201 | 125 | 4,326 | 14,896 |
| Charitable activities: | 4 | 54,012 | 850 | 54,862 | 55,060 |
| Investments | 5 | 14,100 | 209 | 14,309 | 12,319 |
| Total income | | 72,313 | 1,184 | 73,497 | 82,275 |
| Expenditure on: | | | | | |
| Raising funds | 6 | 6,396 | - | 6,396 | 7,295 |
| Charitable activities: | 7 | 120,867 | 2,343 | 123,210 | 117,024 |
| Total expenditure | | 127,263 | 2,343 | 129,606 | 124,319 |
| Net income/(expenditure) before net gains/(losses) on investments | | (54,950) | (1,159) | (56,109) | (42,044) |
| Net gains/(losses) on investments | | (62,014) | - | (62,014) | (12,024) |
| Net income/(expenditure) for the year | 9 | (116,964) | (1,159) | (118,123) | (54,068) |
| Transfer between funds | | 2,678 | (2,678) | - | - |
| Net movement in funds for the year | | (114,286) | (3,837) | (118,123) | (54,068) |
| Reconciliation of funds | | | | | |
| Total funds brought forward | | 731,027 | 19,137 | 750,164 | 804,232 |
| Total funds carried forward | | 616,741 | 15,300 | 632,041 | 750,164 |

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

Manchester Medical Society

Balance Sheet
as at 31 March 2023

| | Note | 2023 | | 2022 | |
|--|------|---------------|----------------|---------------|----------------|
| | | £ | £ | £ | £ |
| Fixed assets | | | | | |
| Tangible assets | 13 | | 21,387 | | 8,903 |
| Investments | 14 | | 563,304 | | 692,477 |
| | | | <hr/> | | <hr/> |
| Total fixed assets | | | 584,691 | | 701,380 |
| Current assets | | | | | |
| Debtors | 15 | 12,050 | | 9,706 | |
| Cash at bank and in hand | 16 | 58,957 | | 58,753 | |
| | | <hr/> | | <hr/> | |
| Total current assets | | 71,007 | | 68,459 | |
| Liabilities | | | | | |
| Creditors: amounts falling due in less than one year | 17 | (23,657) | | (19,675) | |
| | | <hr/> | | <hr/> | |
| Net current assets | | | 47,350 | | 48,784 |
| | | | <hr/> | | <hr/> |
| Total assets less current liabilities | | | 632,041 | | 750,164 |
| | | | <hr/> | | <hr/> |
| Net assets | | | 632,041 | | 750,164 |
| | | | <hr/> <hr/> | | <hr/> <hr/> |
| Funds of the charity: | | | | | |
| Restricted income funds | 19 | | 15,300 | | 19,137 |
| Unrestricted income funds | 20 | | 616,741 | | 731,027 |
| | | | <hr/> | | <hr/> |
| Total charity funds | | | 632,041 | | 750,164 |
| | | | <hr/> <hr/> | | <hr/> <hr/> |

The notes on pages 22 to 35 form part of these accounts.

Approved by the trustees on __/__/2023 and signed on their behalf by:

.....
Professor Indi Banerjee (Treasurer)

.....
Dr Josanne Holloway (Chair)

Manchester Medical Society
Statement of Cash Flows
for the year ending 31 March 2023

| | Note | 2023 £ | 2022 £ |
|--|------|-----------------|-----------------|
| Cash provided by/(used in) operating activities | 22 | (62,836) | (43,793) |
| <i>Cash flows from investing activities:</i> | | | |
| Dividends, interest, and rents from investments | | 14,309 | 12,319 |
| Proceeds from sale of tangible fixed assets | | - | - |
| Purchase of tangible fixed assets | | (18,428) | (6,143) |
| Proceeds from sale of investments | | 556,797 | 660,363 |
| Purchase of investments | | (489,638) | (667,637) |
| Cash provided by/(used in) investing activities | | 63,040 | (1,098) |
| Increase/(decrease) in cash and cash equivalents in the year | | 204 | (44,891) |
| Cash and cash equivalents at the beginning of the year | | 58,753 | 103,644 |
| Cash and cash equivalents at the end of the year | | 58,957 | 58,753 |

1 Accounting policies

The principal accounting policies adopted, judgments and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

a Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), second edition - October 2019 (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006 and UK Generally Accepted Accounting Practice.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 (as updated through Update Bulletin 1 published on 2 February 2016) rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

Manchester Medical Society meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

b Preparation of the accounts on a going concern basis

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern.

There are no key judgments which the trustees have made which have a significant effect on the accounts.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next reporting period.

c Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of a provision of a specified service is deferred until the criteria for income recognition are met.

Notes to the accounts for the year ended 31 March 2023 (continued)

d Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the Bank.

e Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of charity.

Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose.

Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

f Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprise the costs of commercial trading and their associated support costs.
- Expenditure on charitable activities includes the costs undertaken to further the purposes of the charity and their associated support costs.
- Other expenditure represents those items not falling into any other heading.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

g Tangible fixed assets

Individual fixed assets costing £250 or more are capitalised at cost and are depreciated over their estimated useful economic lives on a straight line basis as follows:

| | |
|-------------------------------|-----|
| Office fixtures and equipment | 20% |
| Website | 20% |

h Fixed asset investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

The Charity does not acquire put options, derivatives or other complex financial instruments.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

Notes to the accounts for the year ended 31 March 2023 (continued)

i Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

j Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

k Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

l Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

m Pensions

The charity participates in the Universities Superannuation Scheme. With effect from 1 October 2016, the scheme changed from a defined benefit only pension scheme to a hybrid pension scheme, providing defined benefits (for all members), as well as defined contribution benefits. The assets of the scheme are held in a separate trustee-administered fund. Because of the mutual nature of the scheme, the assets are not attributed to individual institutions and a scheme-wide contribution rate is set. The charity is therefore exposed to actuarial risks associated with other institutions' employees and is unable to identify its share of the underlying assets and liabilities of the scheme on a consistent and reasonable basis. As required by Section 28 of FRS102 "Employee benefits", the charity therefore accounts for the scheme as if it were a wholly defined contribution scheme. As a result, the amount charged to the profit and loss account represents the contributions payable to the scheme. Since the charity has entered into an agreement (the Recovery Plan) that determines how each employer within the scheme will fund the overall deficit, the charity recognises a liability for the contributions payable that arise from the agreement (to the extent that they relate to the deficit) and therefore an expense is recognised.

There were contributions outstanding/(prepaid) at the balance sheet date of £2,315 (2022:£2,104).

2 Legal status of the charity

The charity is an unincorporated charity, registered as a charity in England & Wales.

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

3 Income from donations and legacies

| Current reporting period | Unrestricted £ | Restricted £ | Total 2023 £ |
|----------------------------------|-------------------|-----------------|-----------------|
| Donations | 4,201 | 125 | 4,326 |
| Total | 4,201 | 125 | 4,326 |
| Previous reporting period | Unrestricted £ | Restricted £ | Total 2022 £ |
| Donations | 4,796 | 100 | 4,896 |
| Legacies | 10,000 | - | 10,000 |
| Total | 14,796 | 100 | 14,896 |

4 Income from charitable activities

| Current reporting period | Unrestricted £ | Restricted £ | Total 2023 £ |
|----------------------------------|-------------------|-----------------|-----------------|
| Subscriptions | 49,650 | - | 49,650 |
| Meeting income | 4,362 | - | 4,362 |
| Awards and prizes | - | 850 | 850 |
| Total | 54,012 | 850 | 54,862 |
| Previous reporting period | Unrestricted £ | Restricted £ | Total 2022 £ |
| Subscriptions | 54,610 | - | 54,610 |
| Awards and prizes | - | 450 | 450 |
| Total | 54,610 | 450 | 55,060 |

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

| 5 Investment income | | | |
|----------------------------------|-------------------|-----------------|-----------------|
| | Unrestricted £ | Restricted £ | Total 2023 £ |
| Current reporting period | | | |
| Income from bank deposits | 485 | 209 | 694 |
| Dividends received | 13,615 | - | 13,615 |
| | <hr/> | <hr/> | <hr/> |
| | 14,100 | 209 | 14,309 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |
| Previous reporting period | Unrestricted £ | Restricted £ | Total 2022 £ |
| Income from bank deposits | 5 | 5 | 10 |
| Dividends received | 12,309 | - | 12,309 |
| | <hr/> | <hr/> | <hr/> |
| | 12,314 | 5 | 12,319 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |
| 6 Cost of raising funds | 2023 £ | 2022 £ | |
| Investment management costs | 6,396 | 7,295 | |
| | <hr/> | <hr/> | |
| | 6,396 | 7,295 | |
| | <hr/> <hr/> | <hr/> <hr/> | |

All expenditure on cost of raising funds is unrestricted.

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

7 Analysis of expenditure on charitable activities

| Current reporting period | Total 2023 £ | |
|----------------------------------|---------------------------|---------------------------|
| Staff costs | | 95,343 |
| Office Expenditure | | 5,298 |
| Prizes | | 2,125 |
| Direct Debit Service | | 474 |
| Depreciation | | 5,944 |
| Meeting Expenses | | 4,140 |
| Service Charge to MANDEC | | - |
| Professional Fees | | 6,492 |
| Rent for use of library | | - |
| Section Meetings | | 994 |
| Governance costs (see note 8) | | 2,400 |
| | | <hr/> 123,210 <hr/> <hr/> |
| Previous reporting period | Total 2022 £ | |
| Staff costs | | 92,757 |
| Office Expenditure | | 5,632 |
| Prizes | | 870 |
| Direct Debit Service | | 456 |
| Grant to library | | 7,500 |
| Depreciation | | 1,030 |
| Meeting Expenses | | 785 |
| Service Charge to MANDEC | | 3,000 |
| Professional Fees | | 3,114 |
| Rent for use of library | | 500 |
| Governance costs (see note 8) | | 1,380 |
| | | <hr/> 117,024 <hr/> <hr/> |
| | 2023 | 2022 |
| | £ | £ |
| Restricted expenditure | 2,343 | 870 |
| Unrestricted expenditure | 120,867 | 116,154 |
| | <hr/> 123,210 <hr/> <hr/> | <hr/> 117,024 <hr/> <hr/> |

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

8 Analysis of governance and support costs

| Current reporting period | Basis of apportionment | Governance £ | <i>Total 2023</i> £ |
|----------------------------------|------------------------|-----------------|------------------------|
| Accountancy services | Governance | 2,400 | 2,400 |
| | | 2,400 | 2,400 |
| | | 2,400 | 2,400 |
| Previous reporting period | Basis of apportionment | Governance £ | <i>Total 2022</i> £ |
| Accountancy services | Governance | 1,380 | 1,380 |
| | | 1,380 | 1,380 |
| | | 1,380 | 1,380 |

9 Net income/(expenditure) for the year

| This is stated after charging/(crediting): | 2023 £ | 2022 £ |
|---|-----------|-----------|
| Depreciation | 5,944 | 1,030 |
| Examiner's remuneration - accountancy fees | 1,240 | 1,150 |
| Examiner's remuneration - payroll bureau fees | 284 | 227 |
| Independent examiner's fees | 760 | 700 |
| | 9,228 | 3,107 |

10 Staff costs

Staff costs during the year were as follows:

| | 2023 £ | 2022 £ |
|-----------------------|-----------|-----------|
| Wages and salaries | 76,614 | 74,356 |
| Social security costs | 2,168 | 2,600 |
| Pension costs | 16,561 | 15,801 |
| | 95,343 | 92,757 |
| | 95,343 | 92,757 |

No employees has employee benefits in excess of £60,000 (2022: Nil).

The average number of staff employed during the period was 3 (2022: 3).

The average full time equivalent number of staff employed during the period was 2.5 (2022: 2.5).

The key management personnel of the charity comprise the trustees. The total employee benefits of the key management personnel of the charity were £Nil (2022: £Nil).

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

11 Trustee remuneration and expenses, and related party transactions

Neither the management committee nor any persons connected with them received any remuneration or reimbursed expenses during the year (2022: Nil).

No members of the management committee received travel and subsistence expenses during the year (2022: £Nil).

Aggregate donations with conditions from related parties were £Nil (2022: £Nil).

No trustee or other person related to the charity had any personal interest in any contract or transaction entered into by the charity, including guarantees, during the year (2022: nil).

12 Corporation tax

The charity is exempt from tax on income and gains falling within Chapter 3 of Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects. No tax charges have arisen in the charity.

13 Fixed assets: tangible assets

| Cost | Office equipment £ | Office equipment £ | Office equipment £ |
|-------------------------|----------------------------------|----------------------------------|----------------------------------|
| At 1 April 2022 | 12,038 | 6,142 | 18,180 |
| Additions | - | 18,428 | 18,428 |
| Disposals | - | - | - |
| | <hr/> | <hr/> | <hr/> |
| At 31 March 2023 | 12,038 | 24,570 | 36,608 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |
| Depreciation | | | |
| At 1 April 2022 | 9,277 | - | 9,277 |
| Charge for the year | 1,030 | 4,914 | 5,944 |
| Disposals | - | - | - |
| | <hr/> | <hr/> | <hr/> |
| At 31 March 2023 | 10,307 | 4,914 | 15,221 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |
| Net book value | | | |
| At 31 March 2023 | 1,731 | 19,656 | 21,387 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |
| <i>At 31 March 2022</i> | <i>2,761</i> | <i>6,142</i> | <i>8,903</i> |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

14 Investments

| | 2023 £ | 2022 £ |
|---------------------------------------|-------------|-------------|
| Market value at the start of the year | 692,477 | 697,227 |
| Add: additions to investments at cost | 489,638 | 667,637 |
| Disposals at carrying value | (556,797) | (660,363) |
| Add net gain/(loss) on revaluation | (62,014) | (12,024) |
| | <hr/> | <hr/> |
| Market value at the end of the year | 563,304 | 692,477 |
| | <hr/> <hr/> | <hr/> <hr/> |
| Investments at fair value comprised: | | |
| Equities | 322,787 | 427,881 |
| Fixed interest securities | 124,810 | 163,776 |
| Alternative Investments | 115,707 | 100,820 |
| | <hr/> | <hr/> |
| | 563,304 | 692,477 |
| | <hr/> <hr/> | <hr/> <hr/> |

Investments are all carried at fair value and are all traded in quoted public markets.

15 Debtors

| | 2023 £ | 2022 £ |
|--------------------------------|-------------|-------------|
| Income tax receivable | 4,226 | 4,560 |
| Trade debtors | 350 | 168 |
| Prepayments and accrued income | 7,474 | 4,708 |
| Other debtors | - | 270 |
| | <hr/> | <hr/> |
| | 12,050 | 9,706 |
| | <hr/> <hr/> | <hr/> <hr/> |

16 Cash at bank and in hand

| | 2023 £ | 2022 £ |
|--------------------------|-------------|-------------|
| Cash at bank and on hand | 58,957 | 58,753 |
| | <hr/> | <hr/> |
| | 58,957 | 58,753 |
| | <hr/> <hr/> | <hr/> <hr/> |

Notes to the accounts for the year ended 31 March 2023 (continued)

17 Creditors: amounts falling due within one year

| | 2023 £ | 2022 £ |
|------------------------------|-------------|-------------|
| Trade creditors | 18,123 | 13,719 |
| Other creditors and accruals | 5,534 | 5,956 |
| | <hr/> | <hr/> |
| | 23,657 | 19,675 |
| | <hr/> <hr/> | <hr/> <hr/> |

18 Pension

The total pension cost charge for the year was £16,561 (2022: £15,801). The contributions outstanding at the balance sheet date were £2,315 (2022: £2,104).

The latest actuarial valuation of the scheme was at 31st March 2020 (the valuation date) which was carried out using the projected unit method. Since then funding updates have been performed for 2021 and 2022.

Since the institution cannot identify its share of USS Retirement Income Builder assets and liabilities, the following disclosures reflect those relevant for those assets and liabilities as a whole.

The 2020 valuation was the sixth valuation for the scheme under the scheme-specific funding regime introduced by the Pensions Act 2004, which requires schemes to have sufficient and appropriate assets to cover their technical provisions. At the valuation date, the value of the assets of the scheme was £66.5 billion and the value of the scheme's technical provisions was £80.6 billion indicating a shortfall of £14.1 billion and a funding ratio of 83%.

The key financial assumptions used in the 2020 valuation are described below. More detail is set out in the Statement of Funding Principles (uss.co.uk/about-us/valuation-and-funding/statement-of-funding-principles).

| | |
|--|--|
| CPI assumption | Term dependent rates in line with the difference between the Fixed Interest and Index Linked yield curves less: 1.1% p.a. to 2030, reducing linearly by 0.1% p.a. to a long-term difference of 0.1% p.a. from 2040 |
| Pension increases (subject to a floor of 0%) | CPI assumption plus 0.05% |
| Discount rate (forward rates) | Fixed interest gilt yield curve plus: Pre-retirement: 2.75% p.a. Post retirement: 1.00% p.a. |

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

The main demographic assumption used relates to the mortality assumptions. These assumptions are based on analysis of the scheme's experience carried out as part of the 2020 actuarial valuation. The mortality assumptions used in these figures are as follows:

| | 2020 valuation |
|----------------------------------|--|
| Mortality base table | 101% of S2PMA "light" for males and 95% of S3PFA for females |
| Future improvements to mortality | CMI 2019 with a smoothing parameter of 7.5, an initial addition of 0.5% p.a. and a long-term improvement rate of 1.8% pa for males and 1.6% pa for females |

The current life expectancies on retirement at age 65 are:

| | 2022 | 2021 |
|-----------------------------------|-------------|-------------|
| Males currently aged 65 (years) | 23.9 | 24.6 |
| Females currently aged 65 (years) | 25.5 | 26.1 |
| Males currently aged 45 (years) | 25.9 | 26.7 |
| Females currently aged 45 (years) | 27.3 | 27.9 |

A new deficit recovery plan was put in place as part of the 2020 valuation, which requires payment of 6.2% of salaries over the period 1 April 2022 until 31 March 2024, at which point the rate will increase to 6.3%.

19 Analysis of movements in restricted funds

| Current reporting period | Balance at 1 April 2022 £ | Income £ | Expenditure £ | Transfers £ | Balance at 31 March 2023 £ |
|---------------------------------|------------------------------------|-------------|------------------|----------------|-------------------------------------|
| Restricted Funds | | | | | |
| K Bloor Memorial Fund | 3,470 | 46 | (1,500) | - | 2,016 |
| A Hunter Memorial Fund | 8,899 | 253 | - | - | 9,152 |
| J Steward Memorial Fund | 1,968 | 35 | - | 3 | 2,006 |
| Paediatric Fund | 2,681 | - | - | (2,681) | - |
| Anaesthesia Prize Fund | - | 850 | (843) | - | 7 |
| Psychiatry | 963 | - | - | - | 963 |
| Imaging Prize Fund | 100 | - | - | - | 100 |
| | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| | 18,081 | 1,184 | (2,343) | (2,678) | 14,244 |
| | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| Endowment Funds | | | | | |
| Cooper Bequest | 1,056 | - | - | - | 1,056 |
| | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| | 1,056 | - | - | - | 1,056 |
| | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| Total | 19,137 | 1,184 | (2,343) | (2,678) | 15,300 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

| Previous reporting period | Balance at 1 April 2021 £ | Income £ | Expenditure £ | Transfers £ | Balance at 31 March 2022 £ |
|----------------------------------|------------------------------------|-------------|------------------|----------------|-------------------------------------|
| Restricted Funds | | | | | |
| K Bloor Memorial Fund | 3,469 | 1 | - | - | 3,470 |
| A Hunter Memorial Fund | 8,796 | 103 | - | - | 8,899 |
| J Steward Memorial Fund | 1,967 | 1 | - | - | 1,968 |
| Paediatric Fund | 2,801 | - | (120) | - | 2,681 |
| Anaesthesia Prize Fund | - | 350 | (600) | 250 | - |
| Psychiatry | 963 | - | - | - | 963 |
| Imaging Prize Fund | 150 | - | (50) | - | 100 |
| Surgery Prize Fund | - | 100 | (100) | - | - |
| | 18,146 | 555 | (870) | 250 | 18,081 |
| Endowment Funds | | | | | |
| Cooper Bequest | 1,056 | - | - | - | 1,056 |
| | 1,056 | - | - | - | 1,056 |
| Total | 19,202 | 555 | (870) | 250 | 19,137 |

Name of restricted fund **Description, nature and purposes of the fund**

Memorial Funds:

Kenneth Bloor - established in 1986 to provide scholarships to assist surgeons in training to travel to other centres.

Andrew Hunter - established in 1992 to provide financial assistance for trainee anaesthetists to travel to other centres.

Jake Steward - transferred to the charity in 1995 following the amalgamation with the Manchester Paediatric Club. The income arising is used to finance a triennial lecture on a subject related to paediatric oncology.

Prize funds:

Money donated to fund prizes in specific areas.

Other funds:

Paediatric Club - This represents funds allocated separately by the Paediatric section of the society and spent on that section's activities.

Psychiatry - in October 2019 the Section of Psychiatry received £963 from funds left over when the Affective Disorders Group NW dissolved. The funds are to be made available to the Psychiatry Section and used for the general purposes of the section, including symposia and external speaker expenses.

Endowment fund:

The Cooper Bequest was established in 1991 as an endowment fund, the capital of which must remain intact. The income arising is used to purchase books for the medical library.

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

20 Analysis of movement in unrestricted funds

| Current reporting period | Balance at 1 April 2022 £ | Income £ | Expenditure £ | Gains/ (losses) on investment £ | Transfers £ | As at 31 March 2023 £ |
|----------------------------------|------------------------------|---------------|------------------|------------------------------------|----------------|--------------------------|
| General | 698,938 | 69,113 | (96,697) | (62,014) | 551 | 609,891 |
| Surgical | - | 1,700 | (1,094) | - | (100) | 506 |
| Anaesthesi | 154 | - | - | - | (154) | - |
| Imaging | 125 | - | (75) | - | - | 50 |
| Paediatric Club | - | 1,500 | (1,803) | - | 2,381 | 2,078 |
| Website and digital presence | 31,810 | - | (27,594) | - | - | 4,216 |
| | 731,027 | 72,313 | (127,263) | (62,014) | 2,678 | 616,741 |
| Previous reporting period | Balance at 1 April 2021 £ | Income £ | Expenditure £ | Gains/ (losses) on investment £ | Transfers £ | As at 31 March 2022 £ |
| General | 744,676 | 81,660 | (115,124) | (12,024) | (250) | 698,938 |
| Surgical | - | 60 | (60) | - | - | - |
| Anaesthesi | 154 | - | - | - | - | 154 |
| Imaging | 200 | - | (75) | - | - | 125 |
| Website and digital presence | 40,000 | - | (8,190) | - | - | 31,810 |
| | 785,030 | 81,720 | (123,449) | (12,024) | (250) | 731,027 |

Name of Description, nature and purposes of the fund

| | |
|------------------------|---|
| General Fund | The free reserves after allowing for all designated funds |
| Other Designated Funds | Surpluses on sectional dinners have been designated by the Council for use by the section of the society where the excess was generated |

Manchester Medical Society

Notes to the accounts for the year ended 31 March 2023 (continued)

21 Analysis of net assets between funds

Current Reporting Period

| | General fund £ | Designated funds £ | Restricted funds £ | Total £ |
|--|-------------------|-----------------------|-----------------------|-------------|
| Tangible fixed assets | 21,387 | - | - | 21,387 |
| Fixed asset investments | 563,304 | | | 563,304 |
| Other net current assets/(liabilities) | 25,200 | 6,850 | 15,300 | 47,350 |
| | <hr/> | <hr/> | <hr/> | <hr/> |
| Total | 609,891 | 6,850 | 15,300 | 632,041 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

Previous Reporting Period

| | General fund £ | Designated funds £ | Restricted funds £ | Total £ |
|--|-------------------|-----------------------|-----------------------|-------------|
| Tangible fixed assets | 8,903 | - | - | 8,903 |
| Fixed asset investments | 692,477 | - | - | 692,477 |
| Other net current assets/(liabilities) | (2,442) | 32,089 | 19,137 | 48,784 |
| | <hr/> | <hr/> | <hr/> | <hr/> |
| Total | 698,938 | 32,089 | 19,137 | 750,164 |
| | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> | <hr/> <hr/> |

22 Reconciliation of net movement in funds to net cash flow from operating activities

| | 2023 £ | 2022 £ |
|--|-------------|-------------|
| Net income/(expenditure) for the year | (118,123) | (54,068) |
| Adjustments for: | | |
| Depreciation charge | 5,944 | 1,030 |
| (Gains)/losses on investments | 62,014 | 12,024 |
| Dividends, interest and rents from investments | (14,309) | (12,319) |
| Decrease/(increase) in debtors | (2,344) | 3,352 |
| Increase/(decrease) in creditors | 3,982 | 6,188 |
| | <hr/> | <hr/> |
| Net cash provided by/(used in) operating activities | (62,836) | (43,793) |
| | <hr/> <hr/> | <hr/> <hr/> |

Section of Medicine

Office-bearers and Members of the Council for the Session 2023-2024

PRESIDENT
Sally Jewsbury

IMMEDIATE PAST PRESIDENT
Gareth Edwards Hughes

PRESIDENT ELECT
VACANCY

HONORARY SECRETARY
Simon Borg-Bartolo

COUNCIL
Sahena Haque
James Lilleker
Scott Mather
Laurence Pearmain

REPRESENTATIVE OF THE RCP REGIONAL ADVISOR (*ex officio*)
James Andrew Robinson

STUDENT REPRESENTATIVE
Emily Tiffney

Report for the Session 2022-2023

Two zoom symposia were held this session on Core Topics. The first symposium was held in October and opened with the Presidential Address of Dr Gareth Hughes (Consultant in Intensive Care and Respiratory Medicine, Bolton NHS FT & Honorary Lecturer, University of Manchester) who spoke on 'The Aftermath of Covid-19'. Dr Hughes reviewed the current understanding of pathophysiology, treatment options for COVID-19 along with the natural history of recovery and the challenges posed by interstitial lung disease following infection.

Dr Hughes Address was followed by Dr Joseph Sharif (Consultant Haematologist, Manchester University NHS FT) who gave an 'Overview of Sickle Cell Disease'. Following a short break the audience heard Dr Jennifer Ruddlesdin (Consultant Orthogeriatrician and Associate Foundation Programme Director, Bolton NHS FT) speak on 'Osteoporosis and secondary fracture prevention'. Fragility fractures are a cause of significant morbidity and mortality, placing considerable burden on the NHS as a whole and are frequently a life-changing event for the individual. There is

increasing awareness of how we can identify and assess patients at risk of fragility fractures in order to improve outcomes and maintain independence in mid to older age. In this talk, Dr Ruddlesdin looked at osteoporosis and other contributors to fracture risk, methods for fracture risk assessment, and what we can do in ourselves and others to reduce our risk of fractures in the future.

Dr Susana Marinho (Consultant Allergist and Clinical Lead for Allergy Service, Manchester University NHS FT) then spoke on Anaphylaxis – what’s new?

The final speaker for the afternoon was Dr Laura Cove-Smith (Consultant in Medical Oncology, The Christie NHS FT) who spoke about ‘Oncological emergencies in lung cancer’.

The second symposia on Core Topics in February heard Dr Francesco Rainone (Consultant Nephrologist and Honorary Lecture, Salford Care Organisation (NCA) speak about ‘Dysproteinemic renal diseases – clinical cases and approach to management’. This talk was on a disease related to paraproteins. It outlined current approach to diagnosis and treatment with some cases from real-world experience.

Dr Shuayb Elkhalfifa (Consultant Allergist and Immunologist and Associate Professor in Immunology, Cleveland Clinic Abu Dhabi and Honorary Lecturer at the University of Manchester) covered ‘When to suspect an immunodeficiency?’ Shuyab illustrated this with clinical cases from his own practice to explain the concept of SPUR – Severe, Persistent, Unusual or recurrent infections. He discussed the outline of diagnostic workup of suspected immunodeficiencies and finally briefly discussed the overall principles of management of patients with immunodeficiencies.

The final speaker for this symposium was Dr Simon Borg-Bartolo (Consultant Luminal Gastroenterologist, Manchester University NHS FT) who spoke on ‘Inflammatory Bowel Disease – what the general physician needs to know’. In his talk Dr Borg-Bartolo aimed to cover common themes related to managing patients with IBD and suspected IBD that may be encountered on by non-IBD specialists.

The final meeting in May was an opportunity for Foundation Trainees, Internal Medicine Trainees, ACCS Trainees, Specialty Trainees and Clinical Fellow / Trust Grade doctors to submit an abstract on a Clinical Case or Quality Improvement Project for presentation at this meeting.

Eighteen case presentation abstracts were submitted and the best seven invited to give an oral presentation at this face-to-face meeting. It was an extremely tight competition. Amy Hardy was judged the winning presentation with Nadia Kathrada first runner-up and Abidur Reza Chowdhury second runner-up.

Eight Quality Improvement Projects abstracts were submitted and the best three selected for presentations. Adam Maskrey was judged to have given the winning QIP presentation.

The judges commented that the content and delivery of all presentations was excellent and that everyone should be proud. All who presented during the afternoon received a certificate for their portfolio.

Membership stands at 221.

The full programme for the 2022/2023 session was:

2022**OCTOBER 4th**

DR G HUGHES

Presidential Address

The Aftermath of Covid-19

Symposium – “General Internal Medicine – Core Topics”

DR J SHARIF

Overview of Sickle Cell Disease

DR J RUDDLESDIN

Osteoporosis and secondary fracture prevention

DR S MARINHO

Anaphylaxis – what’s new?

DR L COVE-SMITH

Oncological emergencies in lung cancer

2023**FEBRUARY 28th**

DR F RAINONE

Symposium – “General Internal Medicine – Core Topics”

Dysproteinemic renal diseases – clinical cases and approach to management

DR S ELKHALIFA

When to suspect an immunodeficiency?

DR S BORG-BARTOLO

Inflammatory Bowel Disease – what the general physician needs to know

MAY 16th

Ananya Chowdhury

Rajish Shil

Clinical Case Presentations

Tuberculosis peritonitis: A case of diagnostic dilemma

A rare case of opsoclonus myoclonus syndrome following Covid-19 illness

Nadia Kathrada

A case of eosinophilic myocarditis secondary to EGPA vasculitis

Yun Xin Koh

The unlikely culprit of opioid toxicity – loperamide

Abidur Reza Chowdhury

Cardiac amyloidosis masquerading as atrial fibrillation

Amy Hardy

Case of clinical interest: Congenital central hyperventilation syndrome complicated by a superior vena cava thrombus

Yahia Metwally

Atypical haemolytic uraemic syndrome

Quality Improvement Presentations

Debkumar Chowdhury

Introduction of Major Haemorrhage Protocol (MHP) and Major Trauma Team Activation (MTTA) protocol at a large teaching District General Hospital

Zeinab Diab

Prasugrel as first-line therapy for stemi patients undergoing PPCI

Adam Maskrey

Allopurinol monitoring in primary care

Section of Surgery

Office-bearers and Members of the Council for the Session 2023-2024

PRESIDENT
Karen Telford

VICE PRESIDENTS
Vikas Kapoor (President 2024/2025)

IMMEDIATE PAST PRESIDENT
Aali Jan Sheen

HONORARY MEMBERSHIP SECRETARY
Nick Heywood

COUNCIL
Emma Crosbie
Joshi George
Aziz Gulamhusein
Tasadooq Hussain

TRAINEE REPRESENTATIVES
Sahil Mhaisane

STUDENT REPRESENTATIVE
Evelyn Wong

Report for the Session 2022-2023

The first meeting was held jointly with the NW Uro-Oncology Group and Professor Vijay Sangar organised the meeting which was an excellent opportunity for trainees (Urology & Oncology) across the Northwest to present their work face to face to consultants and their peers from across surgical specialities in the region. There was a £100 prize awarded to the winner, Leah Brooks.

Professor Aali Sheen, Consultant Surgeon & Hon Clinical Chair in Surgery, University of Manchester gave his Presidential Address in November entitled "What it takes to keep going - surgical career in the 21st century". Professor Sheen booked a table at Zeugma in Didsbury village for those wishing to join him for a meal after the meeting.

February's meeting was held over zoom and enabled us to invite Professor B Todd Heniford, Chief, Gastrointestinal and Minimally Invasive Surgery Director, Carolinas Hernia Center, USA.

The theme for the evening was Abdominal Wall Reconstruction and Professor Heniford spoke on 'Why we need specialist surgeons in AWR'. He spoke on how the interest in abdominal wall reconstruction has never been greater. This has been propelled by our rapid acquisition of true science in the field, improvement in pre-operative, operative and post-operative patient management, brisk growth in technology and technical skills, and the better understanding of

what is required for success in these operations. These factors along with the measurement in outcomes have emphasized the escalation in knowledge and technical requirements to be an AWR surgeon. This progression in the field has brought to light the difference that a specialist may bring not only to the complex hernia patient but also those first-time hernia patients.

Mr Srinivas Chintapatla, Consultant General & Colorectal Surgeon, York & Scarborough Teaching Hospitals NHS FT spoke about 'How to set up an AWR service in the UK'. His talk looked at how they developed an Abdominal Wall Reconstructive service at York and outlined the principles and delivery of care from the Complex Abdominal Wall Hernia patient.

Finally, Mr Alastair Windsor, Consultant Surgeon to HCA, UK spoke on 'Whom do I not operate on for AWR and why?' With the evolution of hernia surgery from the 'operation at the end of the list' to the subspecialty of Abdominal Wall Reconstruction, we have learned a huge amount about how to improve the outcome of these operations. There has been a fundamental change in surgical ethos that now mandates delivering the right operation, to the right patient at the right time and increasingly having it done by the right surgeon. Mr Windsor explored the concepts of 'optimisation' in hernia surgery and looked at some of the up-to-date techniques that allow repair of some very complex defects. In so doing he touched on that very difficult issue of risk/benefit and looked at patients who we should perhaps not offer surgery to.

This year the number of submissions for the Trainee Presentation Evening was disappointing. The date of the meeting had to be re-scheduled at short notice due to the junior doctors strike and the audience attendance was very poor. Sarah Martin and Helen Clarke were both judged to have given the best presentations on the night.

The final meeting in April was a MDT style meeting with a urologist, gynaecologist and general surgeon preparing two cases for discussion with mesh implants that may or may not require removal.

Membership currently stands at 123. The full programme for 2022/2023 was as follows:

2022

SEPTEMBER 29th

DR A HUDSON

Joint Meeting with the Uro-Oncology Group

Update on Adjuvant Therapies in Bladder Cancer

Regional Trainees Uro-Oncology Presentations

LEAH BROOKS

Prostate Magnetic Resonance Imaging Delta-Radiomics in the Dominant Intraprostatic Lesion during Image-Guided Conventional Fractionation and Stereotactic Ablative Radiotherapy

GRACE BENNETT

Use of PSA in 2 week wait clinic

HOLLY EGAN

Bring on BCON! The unmet need of bladder cancer patients unsuitable for chemoradiation treated with radical radiotherapy alone: a single institution retrospective case note review.

FOWZ AZHAR

PDL-1 Expression and Tumour Associated Macrophages in Penile Cancer: N0 vs N+

THOMAS LEE

Introduction and experience of Transurethral Laser Ablation (TULA) for bladder cancer

| | |
|--------------------------------|--|
| HANNAH MUSGRAVE | Is it time to include CT brain scans in high-risk renal cell carcinoma follow-up? |
| YUHAO ZHANG | The impact of low- versus high-intensity cystoscopic follow-up in intermediate risk NMIBC |
| SABINE UGUZOVA | Improving prostate cancer care in Lancashire: updates and challenges |
| CRAIG JONES | Evaluation of fractures and falls in men with advanced or metastatic prostate cancer treated with novel androgen receptor signalling inhibitors: a systematic review and meta-analysis of randomised controlled trials |
| NOVEMBER 8th | <i>Presidential Address</i> |
| PROF A SHEEN | What it takes to keep going - surgical career in the 21st century |
| 2023 | |
| FEBRUARY 7th | <i>Abdominal Wall Reconstruction</i> |
| MR S CHINTAPATLA | How to set up an AWR service in the UK |
| PROF B T HENIFORD | Why we need specialist surgeons in AWR |
| MR A WINDSOR | Whom do I not operate on for AWR and why? |
| MARCH 30th | <i>Surgical Trainees Prize Presentations</i> |
| JAMES PILKINGTON | Can Procollagen I and Procollagen III serve as predictive biomarkers for incisional hernia recurrence? |
| SAYAN BISWAS | The Sheen Paajanen groin Recommended Treatment 'SPoRT' score for groin pain |
| SARAH MARTIN | Patient Satisfaction with Long-Term Sacral Neuromodulation for Faecal Incontinence: Experience from a Single Tertiary Centre |
| MOHAMMAD SALEEMI | Essential torticollis from degenerative cervical spine disease which has got better with physio |
| HELEN CLARKE | A randomised controlled trial for the prevention of breast and endometrial cancer using total diet replacement (PROBE-TDR study) |
| APRIL 25th | <i>Mesh MDT</i> |
| DR K WARD | |
| MR R MONTAGUE | |
| MR F CURRAN | |

Section of Pathology

Office-bearers and Members of the Council for the Session 2023-2024

PRESIDENT

Philip Francis Unsworth

VICE PRESIDENT/PRESIDENT ELECT

VACANCY

VACANCY

IMMEDIATE PAST PRESIDENT

Luisa Motta

HONORARY SECRETARY

VACANCY

COUNCIL

Amal Asar

Angelia Sing Yee Ong

Hamed Sharaf

Laura Shepherd

TRAINEE REPRESENTATIVES

Emma Raynor

STUDENT REPRESENTATIVE

Rosalind Walsh

Report for the Session 2022/2023

A series of educational lunch-time webinars proved popular again.

Mr David Jones, Medical Examiner in Manchester University NHS FT after a career as a Consultant General and Colorectal Surgeon at Wythenshawe Hospital spoke in November about the purpose and function of the Medical Examiner system.

In January, Dr Nicholas Machin, Clinical Lead for Virology at UK HSA Laboratory Manchester and Manchester University NHS Foundation Trust gave the first of two lectures about Epstein Barr Virus. Dr Machin's talk covered the Virology of Epstein-Barr virus, covering its discovery, classification and structure, epidemiology, clinical features and diagnosis.

The second lunch and learn webinar on EBV later in January was given by Dr Richard Byers, Consultant Pathologist, Manchester University NHS FT and Reader in Pathology, Manchester. Dr Byers covered pathogenesis and histopathology of EBV driven cancers, with a focus on haematological cancers, including implications for treatment.

The March and April webinars were given by Mina Patel, Finance Director –Diagnostics & Pharmacy, Northern Care Alliance NHS FT. During the first webinar Mina looked at funding flows, high level financial planning and financial governance. The second part in April Mina discussed the considerations required when creating a business case. During both webinars Mina included practical examples applicable to Pathology.

An all-day face-to-face was organised for May and held in the Manchester Dental Education Centre. Dr Liezel Griffin, Consultant Dermatologist, Salford Royal NHS FT, gave the first talk on 'Visual literacy and dermatology'.

Dr Claire Evans, Consultant Pathologist, Honorary Clinical Senior Lecturer, University of Glasgow, Associate Postgraduate Dean NES National Diagnostics Specialties gave her lecture remotely, and this was on 'Allowing postgraduate medical trainees to be the doctors that they are supposed to be'. The talk covered progressive autonomous practice for postgraduate medical trainees and specifically progressive independent reporting for Histopathology trainees. How independent reporting fits into the 2021 curriculum requirements, where to find information and some information on implementation.

Professor Ronan McMullan, Consultant Microbiologist, Belfast Health & Social Care Trust; Professor at Queen's University, Belfast also gave his talk remotely on the topic 'Excellence by Design – implications for curricula in Pathology specialties'. Professor McMullan provided an overview of how medical curricula, particularly in pathology specialties, have been updated to meet the requirements of 'Excellence by Design', as set out by the GMC.

Following a short break there were three excellent presentations from trainees, all of whom received a certificate for their portfolio.

In the afternoon Dr Sheri Scott, Senior Lecturer and course leader for the IBMS accredited BSc Applied Biomedical Science, Nottingham Trent University spoke on 'Embedding sustainability into clinical laboratory practice and the patient pathway'. Dr Scott discussed the relationship between climate emergency and public health, sustainability and the concepts of SusQI in relation to Healthcare Science, the clinical laboratory and the patient pathway.

Professor Anne-Marie Kelly, Consultant Chemical Pathologist, Manchester University NHS FT and Honorary Chair (Medical Education) University of Manchester talked about 'What's new in Clinical Biochemistry'. Recent changes in lipid management, changes in methodology in routine biochemistry including the use of mass spectrometry and quality assurance of interpretative comments.

Dr Clare McGenity, ST3 registrar in Histopathology, Leeds and Miss Jane Ganeshalingam, MBPhD student at UCL explored how pathologists can attract interest in histopathology training from students and junior doctors. They discussed histopathology recruitment in the UK and reviewed their own experiences as a trainee and medical student respectively in discovering pathology. As representatives of The Pathological Society of Great Britain and Ireland, they highlighted the many supportive initiatives available to students and trainees, especially to those with an interest in histopathology research.

The final talk was given by Mrs Vivienne Parry OBE is a science writer and broadcaster. Patient engagement and patient involvement are complementary but different activities. She discussed

how patient involvement should be considered as an essential part of clinical research and its development, even in traditionally non patient facing clinical specialties and how research translation is much more likely if patients have been involved.

Membership stands at 73. The full programme for the session was:

2022

NOVEMBER 15th

MR D J JONES

The role of a Medical Examiner: reflections on an interesting career change

2023

JANUARY 11th

DR N MACHIN

Virology of Epstein-Barr Virus

JANUARY 25th

DR R BYERS

The pathology of EBV driven cancers

MARCH 15th

MINA PATEL

What medics need to know about finances on pathology and the NHS

APRIL 19th

MINA PATEL

What medics need to know about business cases on pathology and the NHS

MAY 9th

DR L GRIFFIN

DR C EVANS

All-Day Meeting

Visual literacy and dermatology

Allowing postgraduate medical trainees to be the doctors that they are supposed to be

PROF R MCMULLAN

Excellence by Design – implications for curricula in Pathology specialties

Audit, Quality Improvement or Case Presentations

RADHIKA SUDHIR

Acne Agminata: A case study

AEMAN KHALID

Facial Granulomatous Pyoderma gangrenosum: an uncommon and often missed differential of cutaneous suppurative granulomata

ANNA UZZELL

Think outside the breast! An uncommon presentation of lupus mastitis

DR S SCOTT

Embedding sustainability into clinical laboratory practice and the patient pathway

PROF A M KELLY

What's new in Clinical Biochemistry

DR C MCGENITY &

MISS J GANESHALINGAM

Attracting interest in pathology training & support from The Pathological Society

MRS V PARRY OBE

Patient involvement: win, win, win

Section of Anaesthesia

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Doone Boorman

Eilis Fitzgerald

Report for the Session 2022-2023

The first meeting of this session was held virtually over zoom and included the Presidential Address of Dr Liz Thomas, Consultant in Anaesthesia & Intensive Care Medicine, Stockport NHS FT who spoke on 'ICU leadership - leading through the pandemic and beyond'. She discussed the importance of good medical leadership and reflected on her own leadership opportunities.

Dr Peter Alexander, Consultant in Anaesthesia and Intensive Care Medicine, Manchester University Hospital NHS FT went on to discuss the value of point of care ultrasound in assessing the Critically unwell and unstable patient. He looked at the evolution of training and the risks and governance surrounding the use of ultrasound.

Professor Gary Mills, Consultant in Anaesthesia and Intensive Care Medicine, Sheffield Teaching Hospitals; Honorary Professor of Critical Care Medicine and Perioperative Medicine, Sheffield

University talked about the types of errors we all can make and what lies behind them, including both safety 1 and 2 approach. Professor Mills discussed how well we avoid errors and incidents for most of the time and the human role in that. He described common and recurrent errors and the areas of practice that they occur in together with potential efforts to reduce them, including a Specific Safety Campaign on recurrent themes.

Dr Lisa Wee, Consultant anaesthetist at MFT. Stimulation lead for MRI Anaesthesia and Clinical Director for Quality and Safety MRI Anaesthesia gave a summary of evidence and guidance behind simulation based education. Lisa described the types of simulation that can be used. How simulation can be used to improve patient safety as well as used as a tool for education.

The second meeting in February was an all-day face-to-face meeting held in the Manchester Dental Education Centre (MANDEC). The opening lecture was given by Dr Catherine Doherty, Paediatric Anaesthetist, RMCH, Dr Daniel Mallaber, Obstetric Anaesthetist, St Mary's Hospital and Mr Neil Bateman, Paediatric ENT Surgeon, RMCH on 'EXIT: An MDT approach'.

Dr Sarah Thornton, Consultant in Anaesthesia and ICM, Bolton NHS Foundation Trust; Head of School of Anaesthesia HEE Manchester and Mersey then spoke on 'How to give constructive feedback - how to help people learn and progress'.

Dr Cliff Shelton, Consultant Anaesthetist, Wythenshawe Hospital then went on to discuss hip fractures which are a major public health concern. Around 70,000 cases per year occur in England, they are the most common cause of trauma-related mortality, and they lead to more occupied hospital bed-days than all other orthopaedic and trauma admissions combined. They tend to occur in elderly, multi-comorbid patients, who have a high risk of peri-operative complication. A key aspect of the management of hip fractures is timely surgical repair, but this presents numerous anaesthetic challenges connected to uncertainty, age, morbidity and cognition. Dr Shelton drew on primary research, medical literature, and experience of working in a busy hip fracture centre to discuss how best to manage this common - but often stressful - anaesthetic scenario.

Dr Will Brady, Consultant Anaesthetist, Wythenshawe Hospital described the challenges faced with anaesthetising neurodiverse patients, anxious children and adult patients who lack capacity. The rules have changed with this latter group of patients, and he described a Best Interests Clinic run at Wythenshawe. Dr Brady described what to expect if you've never run a Best Interests meeting, and how to get the most from it. Hopefully providing some "tricks of the trade" of how to manage these challenges.

Following a break for lunch the trainees' prize presentations took place. This year seven papers were presented and Dr Mark Brown was awarded first prize (£250) and Dr Simon Mackie awarded the runners-up prize (£100 each). We are grateful to the NorthWest School of Anaesthesia for continuing to generously support this meeting.

Due to the ongoing rail strikes, the Invitational Lecture was given remotely by Dr Rosie Baruah, Consultant in Critical Care Medicine and Anaesthesia, Western General Hospital, Edinburgh on 'But I treat everyone the same' - uncomfortable truths about bias and microaggressions in healthcare teams. In this lecture Dr Baruah defined microaggressions and gender bias in the context of healthcare teams, giving examples of how gender bias and microaggression may appear in feedback. She described ways in which individuals may use active bystander techniques to counter negative effects of microaggressions and bias-driven behaviors.

Liverpool Society of Anaesthetists organised the joint meeting in March which was held at the Park Royal Hotel, Warrington. This was an all-day meeting incorporating the LSA Trainees Prize in the morning session.

The final meeting of the session in May was the biennial meeting with the Yorkshire Society of Anaesthetists, organised by YSA, and held remotely.

Membership of the Section stands at 214. The full programme was as follows:

2022

NOVEMBER 10th

DR P ALEXANDER
PROF G MILLS
DR L WEE

Symposium "Lessons from ICU: Sonography, Safety and Simulation" & Presidential Address

Point of Care Ultrasound in the Critically Ill
Safety and recurrent incidents in critical care
Delivery of Simulation Based Education

Presidential Address

DR E B M THOMAS

ICU leadership - leading through the pandemic and beyond

2023

FEBRUARY 9th

DR C DOHERTY}
DR D MALLABER}
MR N BATEMAN}

Symposium "Safety Aspects of Anaesthesia (Obstetrics & Frailty)"

EXIT: An MDT approach

DR S THORNTON

How to give constructive feedback - how to help people learn and progress

DR C SHELTON
DR W BRADY

Anaesthesia for hip fracture repair: not if, not when, but how!
The uncooperative kidult

Papers for the Trainees' Prize

Dr M TAN

Healthcare Resilience: A meta-narrative systematic review and synthesis of reviews

Dr M BROWN

Creating a toolkit: a secondary analysis of intervention implementation from the Improving Tracheostomy Care Quality Program

Dr B SHAHID

Cricoid Chondroma – a Clinical Conundrum

Dr L BAIRKDAR

Do you need us? An analysis of the neurology admissions to Salford Royal Hospital (SRH) ICU in 2021

Dr D HASLAM

Midodrine For The Prevention And Treatment Of Orthostatic Intolerance After Total **Hip** Arthroplasty (MIHIP Study)

Dr S MACKIE

What factors influence Anaesthetists decision making when deciding to trust or reject evidence and guidelines – a qualitative study

Dr V STOKES

Critical care, maternal and neonatal outcomes of SARS-Co-V2 pregnant patients admitted to eight intensive care units across the north-west of England – A retrospective review

INVITATIONAL LECTURE

DR R BARUAH

But I treat everyone the same' - uncomfortable truths about bias and microaggressions in healthcare teams

MARCH 23rd

Joint meeting with the Liverpool Society of Anaesthetists "TIVA in the 2020s"

PROF D BUGGY

Can anaesthetic technique during cancer surgery influence risk of recurrence?

DR D CASTILLO

BIS in our Time

DR S JHANJI

The VITAL Study – 'Volatile versus Intravenous Anaesthesia in major non-cardiac surgery, a pragmatic RCT 2020-2025: NIHR 130573'

TIVA – Day to Day Solutions'

DR P MULLEN

TIVA for elderly patient with Fracture Neck of Femur

DR M ENTWISTLE

TIVA for Obstetric Anaesthesia

DR N GOH

TIVA for Paediatric day-case surgery

DR P GROOM

TIVA for Head and Neck cancer surgery

DR P MULLEN

TIVA Miscellaneous & Q/A (Rapid Sequence Induction, High BMI, ...)

MAY 11th

Joint meeting with the Yorkshire Society of Anaesthetists Airway Theme and Prize presentations

DR T LAWSON

Airway education for anaesthetists

DR A QUIN

The challenges and achievements of the airway leads at HUTH

DR M BROWN

Creating a toolkit: a secondary analysis of intervention implementation from the Improving Tracheostomy Care Quality Program

The role of airway ultrasound and THRIVE in difficult intubation

DR S MACKIE

What factors influence Anaesthetists decision making when deciding to trust or reject evidence and guidelines – a qualitative study

K NEWTON, A HAINES & M BOYLAN

Energy use out of hours in theatres

Regional Anaesthesia

DR S SHANMUGANATHAN

Motor sparing lower leg block

PROF A HORMIS

Ambulatory Spinal anaesthesia

DR T BOTTOMLEY &

Dealing with failed blocks

DR S WEST

The Debate - "The thoracic epidural is an obsolete pain relief modality"

DR H MURGATROYD

For the proposition

DR S MAY

Against the proposition

Section of Odontology

Office-bearers and Members of the Council for the Session 2023-2024

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Laura Ewbank

STUDENT REPRESENTATIVE

VACANCY

Report for the Session 2022-2023

The first symposium in November was held over zoom. Dr Mohsan Ahmad, Chair, Greater Manchester Local Dental Network, spoke on Dental recovery post-Covid - Opportunities for the profession to build back better or will we always be stuck in a position of recovery? A primary care perspective. He discussed the unique challenges the pandemic posed to our profession in primary care. Could recovery be the catalyst to create a NHS contract that truly puts prevention at the core of its strategy and values the dental professionals that continue to provide it.

Dr Jenny Headey, Clinical Lead, Manchester Community Dental Services, discussed the issues facing the community dental service in Manchester but also across the UK.

The last speakers, Mrs Jane Roylance, Chief Executive, Eye & Dental Services, University of Manchester NHS FT and Dr William Newman, Medical Director, Eye & Dental Services, University of Manchester NHS FT gave an overview of the challenges and opportunities affecting the University Dental Hospital Manchester as we recover from the Pandemic's grip on our profession.

The March meeting was held face-to face. Dr Vidya Srinivasan (President of the Section of Odontology of the Manchester Medical Society) invited Mr John Howarth, who was secretary of the Trust Board and a past President of the Section (1986-97) and a friend of Alan Hilton, to say a few words about Alan Hilton before the oral presentations took place.

Shreeya Patel, the winning name, will be added to the Alan Hilton Winners Board situated on the first floor of the Manchester Dental Hospital (Coupland Street entrance). During the afternoon several posters were viewed and first placed poster was awarded to Florence Woodward-Moor and joint second placed posters were awarded to Shreeya Patel & Avantika Sood.

The second part of the meeting was a symposium on ‘Symposium ‘Seamless Transition in Dentistry – Reality or Wishful Thinking?’ Dr Lucy McClean, Consultant in Paediatric Dentistry, University Dental Hospital of Manchester, Dr Johanna Leven, Consultant in Restorative Dentistry, University Dental Hospital of Manchester, Dr Victoria Elton, Consultant in Orthodontics, University Dental Hospital of Manchester and Janice Fauset-Jones, WellChild Specialist Practitioner and Transition Nurse for Complex Needs and Long-Term Ventilation, Manchester University NHS FT discussed the challenges of transition as we grapple through the pandemic, delays in service provision & geographical local service provision of specialist care at the secondary and tertiary levels.

The final meeting of this session, held in May, was given by Professor Julian Yates, Professor of Oral and Maxillofacial Surgery and Implantology/Consultant Oral Surgeon, University of Manchester. Professor Yates gave a brief synopsis of the regulations and standard relating to the provision of conscious sedation. He briefly detail the pharmacology of conscious sedation and its application to managing the anxious patient. He went on to discuss patient selection in terms of evaluating patient anxiety, medical suitability and physical assessment. Finally he highlighted developments in terms of new sedation techniques. This meeting was again held face-to-face.

Membership now stands at 84.

The programme for the 2022/2023 session was as follows:

2022

NOVEMBER 2nd

Symposium “Dental Recovery: Reality or a Myth? An overview of the challenges and opportunities in Primary and Secondary care”

DR M AHMAD

Dental recovery post-Covid - Opportunities for the profession to build back better or will we always be stuck in a position of recovery? A primary care perspective

DR J HEADEY

Apthous ulceration and Behcet’s disease Manchester Community Dental Service- challenges and opportunities post Covid

MRS J ROYLANCE &
DR W NEWMAN

An overview of the challenges and opportunities affecting the University Dental Hospital Manchester as we recover from the Pandemic’s grip on our profession

2023

MARCH 1st

SHREEYA PATEL

Alan Hilton Presentation

Temporal artery biopsies – audit of histopathological criteria outcomes

ELISE MORLEY

Use of custom silicone putty device for nasal tube stabilisation in orthognathic surgery to minimise alterations in nasio-labial angle, inter-alar width, and nasal septal distortion, as an alternative to submental intubation

STEPHANIE LIM

Ophthalmological outcomes in patients referred for and proving positive on temporal artery biopsies for temporal arteritis

Symposium 'Seamless Transition in Dentistry – Reality or Wishful Thinking?'

DR L MCCLEAN

DR J LEVEN

DR V ELTON

DR M MARSHALL MBE

MAY 2nd

PROF J YATES

Conscious sedation – the long and short of anxiety management

**Section of Paediatrics
(known as the Manchester Paediatric Club)**

Office-bearers and Members of the Council for the Session 2023-2024

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Louise Turnbull (*ex officio*)

REPRESENTATIVES OF THE SCHOOL OF PAEDIATRICS

Sunil Bagewadi (*ex officio*)

STUDENT REPRESENTATIVES

Isabella Kressel

Ashley Ng

Report for the Session 2022-2023

The first meeting of this session was the all-day annual meeting held on the 12th October 2022 in the MANDEC face-to-face. The morning session heard eight presentations. Shifa Ward was announced as the winner and awarded a prize of £50. Dr Rhianna Netherton came second and was awarded £30 and Jasmine Spinks came third and awarded £20.

The symposium was held in the afternoon and Professor Simon Kenny, National Clinical Director for Paediatrics, Alder Hey Children's Hospital NHS FT spoke first on 'Improving CYP services in the NHS'.

Dr Mike McKean, RCPCH Vice President for Health Policy, Respiratory Consultant, Newcastle shared his initial thoughts on what he thinks are the three most challenging areas facing our children and young people: health inequalities, poor mental health and the climate crisis. He shared some key information and also introduced some of the work occurring in these key areas. He ended by sharing the work on health inequalities occurring in the Northeast & North Cumbria.

Dr Carol Ewing, Consultant Paediatrician, (retired from clinical practice) at the Royal Manchester Children's Hospital and Clinical Adviser to the Greater Manchester and Eastern Cheshire Strategic Clinical Network (GMEC SCN), NHS Greater Manchester Integrated Care gave her Presidential Address reflected on the changing picture of child health over her decades of training and as a Consultant and how we need to work differently to improve child health outcomes mainly by way of 3 approaches(3 Cs - co -production, collaboration and clinical leadership).

Dr Ian Sinha, Consultant Respiratory Paediatrician, Alder Hey Children's Hospital NHS FT discussed child poverty in the UK, mechanisms of how this leads to health inequality, and strategies that paediatricians can use to make the situation better.

The final speaker was Dr Mars Skae, Consultant Paediatric Endocrinologist & Clinical Director of CSU Children's Medicine 2, Manchester University NHS FT who highlighted current changes in the management of paediatric obesity, the current challenges facing those experiencing excess weight and how these may be impacting outcomes in tackling this condition. Current rates of complications from excess weight in children and its implications on wider aspects of health was also explored. Example cases highlighted how networked wider system approaches are required to facilitate thought on how this can be achieved in a time of economic crisis and if this is indeed possible.

The remaining two symposia were held over zoom.

The March meeting opened with two speakers on the topic of 'Medically Unexplained Symptoms: Perspectives from paediatric neurology and child psychiatry'. Dr Gary McCullagh, Consultant Paediatric Neurologist, Manchester University NHS FT discussed the neurological experience and approach and Dr Louisa Draper, Consultant in Child & Adult Mental Health, Alder Hey Children's NHS FT the psychiatric experience and approach.

Dr Allison Ward, Consultant Paediatrician, Community Paediatrics, Royal Free London NHS Foundation Trust gave an information talk on RESPOND: Clearing the path to better health for asylum-seekers.

Dr David Ochando, Clinical Lead for the MFT community eating disorders service (CEDS) for children and young people and the Greater Manchester NHS Integrated Care System. Quality Improvement Lead at the RCPsych Faculty of Eating Disorders and a clinical adviser for the Quality Network for Eating Disorders spoke on ARFID (Avoidant Restrictive Food Intake Disorder). He outlined the definition and diagnostic criteria, factors that drive ARFID and therapeutic approaches.

The third symposia in June was the Regional Meeting. Professor Bernadka Dubicka, Professor of Child and Adolescent Psychiatry HYMS University of York; Honorary MAHSC Professor University of Manchester discussed the changing context of CAMH, with high prevalence and demand, together with lack of workforce; the need for new models, i thrive systems thinking, and her new trial in depression, BAY (Behavioural Activation for Young People), which uses an online blended approach to upskill newer CAMHS clinicians.

Dr Kathy Leadbitter, Research Fellow, Division of Psychology & Mental Health, University of Manchester spoke on 'The neurodiversity movement and its implications for autism interventions'. She discussed the aims of the neurodiversity movement and how the autism intervention landscape is changing and how to consider ways to make your practice more neurodiversity-affirmative.

Dr Senthil Senniappan, Consultant Paediatric Endocrinologist & Clinical Director for Endocrinology, Alder Hey Children's Hospital spoke about 'Management of Hypoglycaemia in Neonates & Children'. His talk looked at how to approach and manage hypoglycaemic episodes in neonates and children, the common causes of hypoglycaemia and the various treatment options for conditions causing hypoglycaemia, and when to escalate and refer the patients for further input from specialist teams.

The final speaker Dr Jane Whittaker, retired Consultant Child and Adolescent Psychiatrist gave a historical overview of eating disorders and what the past can teach the physicians of today in 'Looking back to look forward: what physicians of the past can teach us about eating disorders'.

The Manchester Paediatric Club remains popular with all professionals interested in the medical welfare of children, and membership now stands at 122.

The programme for the 2022/2023 session was as follows:

2022

OCTOBER 12th

RHIANNA NETHERTON

Research and Audit presentations

UniteHER- using a population health approach to improve adolescent engagement with professionals through sport and learning activities

ANANTHA PABATHI

Locating sites of expression of *hepatocyte nuclear factor 1B*, a gene implicated in a kidney malformation syndrome, in human development

SHIFA WARD

Insights into the biology of a genetic kidney and pancreas disease, by seeking sites of expression of *HNF1A* in human development

HOLLY EGAN

Evaluation of outcomes of the 'Synagis® Clinic' at Royal Preston Hospital

JASMINE SPINKS

Improvements in asthma outcome following paediatric asthma nurse led clinic review

KATE DELANY

Presence of moral distress in perinatal healthcare professionals attending periviable predelivery discussions

| | |
|--|---|
| AISHA NOOR-UL-HUDA | Did the Covid-19 lockdown contribute to an increase in cases of symptomatic vitamin D deficiency presenting to Royal Manchester Children’s Hospital? |
| USMAN NASIR | Nutritional rickets occurring in the absence of vitamin D deficiency (defined by serum 25-hydroxyvitamin D >30 Nmol/L) may not be uncommon |
| PROF S KENNY DR M MCKEAN | <i>Symposium</i> Improving CYP services in the NHS Key challenges across child health and wellbeing: a policy & ground-up approach |
| DR C EWING | <i>Presidential Address</i> Working together to improve child health in Greater Manchester – can we make ‘integrated care’ a reality? |
| DR I SINHA | Child poverty – a driver of lifelong respiratory illness and an infringement of Children’s rights |
| DR M SKAE | Success with childhood obesity – is it just pie in the sky? |
| 2023 | |
| MARCH 29th | <i>Symposium</i> |
| DR G MCCULLAGH & DR L DRAPER DR A WARD | Medically Unexplained Symptoms: Perspectives from paediatric neurology and child psychiatry RESPOND: Clearing the path to better health for asylum-seekers |
| DR D OCHANDO | ARFID (Avoidant Restrictive Food Intake Disorder) |
| JUNE 14th | <i>Symposium “Regional Meeting”</i> |
| PROF B DUBICKA DR K LEADBITTER | Youth Mental Health: adapting to a changing world The neurodiversity movement and its implications for autism interventions |
| DR S SENNIAPPAN DR J WHITTAKER | Management of Hypoglycaemia in Neonates & Children Looking back to look forward: what physicians of the past can teach us about eating disorders |

Section of Psychiatry

Office-bearers and Members of the Council for the Session 2023-2024

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TRAINEE REPRESENTATIVE

Sukra Ercan

Amy McCulloch

STUDENT REPRESENTATIVES

Kiran Bhandal

Jennifer Mooney

Report for the Session 2022-2023

The section held four symposia this session. The first in September was held face-to-face in the Manchester Dental Education Centre (MANDEC). Unfortunately, one of the speakers had to drop out at short notice, fortunately Professor Steve Peters, Consultant Psychiatrist, who specialises in mental health and the functioning of the human mind, was able to give a second lecture. His first presentation gave an insight into the world of elite sport and the particular problems that can present and their possible solutions. Many of the principles can be applied to any organisation or group of people. The talk was a mixture of insights, information, explanation and offered some personal challenges to those attending.

Professor Peters second lecture was on Chronic fatigue and relationship to overtraining, and we are grateful to him for providing this at very short notice.

The second speaker during the afternoon was Hayley Jarvis, Head of Physical Activity, MIND who gave an introduction to Mind and how sport and physical activity is being used to build resilience, support and enable mental health recovery and tackle stigma. Adam Folkard, a service user, attended and between them gave an exploration of the barriers people with mental health problems experience in moving more for better mental health and why there are complexities between the relationships between physical activity and mental health. Hayley went on to give an overview of physical activity programmes such as Get Set to Go which are supporting people to use physical activity to stay well and live well with mental health problems in the community. She also introduced resources and tools to support professionals to introduce the benefits of physical activity.

The theme for the meeting in November was 'Trauma and Global Mental Health' and took place over Zoom. Professor Dennis Ougrin, Consultant Child and Adolescent Psychiatrist, Institute of Psychiatry at King's College London; Visiting Professor of Child and Adolescent Psychiatry and Global Mental Health spoke on 'Working with Ukrainian Children Affected by the War'. His talk covered how to recognise symptoms of war-related trauma in Ukrainian children, learning about Cultural aspects of war-related trauma in Ukraine and the principles of treatment based on Teaching Recovery Techniques, a manual developed by the Children and War Foundation.

Professor Nasim Chaudhry, Chief Executive Officer, Pakistan Institute of Living & Learning and Associate Director, Manchester Global Mental Health & Cultural Psychiatry Group discussed how in Pakistan, prevalence of post-traumatic stress disorder (PTSD) is high both due to natural disasters and ongoing conflicts. Children of trauma survivor parents are at increased risk for mental and physical illnesses. Parental PTSD is associated with difficult parent-child relationships, trauma symptoms, depression and behaviour problems in children. A recently completed trial has assessed the acceptability, feasibility and indications of the effectiveness of group integrated parenting intervention: Learning through play plus trauma-focused cognitive behaviour therapy (LTP Plus TF-CBT) for parents experiencing PTSD (n = 300).

Professor Rachel Calam, Professor Emerita, Psychology & Mental Health, University of Manchester in her talk 'Protecting the mental health of children living through armed conflict and displacement: how can we help?' spoke how parents and caregivers play a vital role in protecting children and adolescents through war and displacement. Their own experiences and mental health, the changes they see in their children and how the parenting they provide can have a profound effect on children's reactions and trajectories. These in turn are related to the experiences and contexts they encounter. Pyramids of resources, from universally available psychoeducational materials through to specialised forms of trauma-informed interventions allow for screening and provision of appropriate levels of assistance. Given the scale of need, digitally available interventions that can be shared widely are of particular importance. Professor Calam shared the experience of building pyramids of inter-linked, evidence-based, trauma-informed resources and interventions. These have been developed in collaboration with international agencies, primarily UNODC, and with families and practitioners experiencing life through contexts of military conflict, displacement and resettlement.

The final speaker for this symposium was Dr Fabian Devlin, Clinical Researcher and Psychiatrist, leading the Psychedelic Research Unit at MAC Clinical Research who gave an overview of the renaissance in psychedelic research, highlighting recent developments, current challenges including regulatory and ethical considerations, and how it may lead to novel approaches to working with those who have experienced trauma.

The February meeting started with the Presidential Address of Professor Professor Nusrat Husain, Professor of Psychiatry, University of Manchester; Honorary Clinical Professor, University of Liverpool and Director Research & Innovation and Global Centre for Research on Mental Health Inequalities, Honorary Consultant Psychiatrist – EIS Mersey Care NHS Foundation Trust.

This was followed by Professor David Kingdon, Emeritus Professor of Mental Health and care Delivery, University of Southampton and Honorary Consultant at Southern Health NHS Trust who spoke on ‘CBT for psychosis: what works for whom?’ Professor Kingdon outlined the state of the evidence for positive and negative symptoms, different phases and presentations of psychosis and use for specific indications, eg compliance with medication, comorbid substance misuse and paranoia. He discussed the potential place of new developments using Virtual Reality and Avatars, phone apps and trauma therapy and described techniques for use by psychiatrists and CMHTs.

Professor Dan Joyce, Academic Psychiatrist researching how data science, artificial intelligence and machine learning can be applied to mental health, University of Liverpool spoke on ‘Measurement and Personalisation in Digital Mental Health (with a Focus on Psychosis)’. Clinicians want tools to help improve the lives of people living with mental illness. People living with mental illness want treatments that help them with their specific constellation of symptoms and consequent difficulties. Technologies, especially data-driven methods like contemporary artificial intelligence and machine learning, are frequently cited as the solution. Professor Joyce began by briefly discussing the history of these methods in psychiatry. He then argued for a more prosaic approach whereby we lower our ambitions by focusing on a foundational approach to actionable data as the starting point for measurement-based care in the service of improving people’s treatment.

Professor James H MacCabe, Professor of Epidemiology and Therapeutics, Kings College London gave the final talk of the afternoon on ‘Treatment resistant Psychosis: why is Evidence Based Medicine failing to deliver?’.

The May meeting on ‘Clinical Psychopharmacology: An Update’ was held face-to-face in the Manchester Dental Education Centre (MANDEC) and included eight posters displayed during registration and the afternoon coffee break. Delegates voted on the best poster and this was awarded to Lauren Cocking and Niklas Auth for their poster entitled ‘The transfer of patients from physical to mental health wards: an audit of handover practices’. All those who displayed a poster at the meeting received certificate for their portfolios.

Membership of the section stands at 159.

The full programme held during the session was as follows:

2022

SEPTEMBER 28th

PROF S PETERS

PROF S PETERS

HAYLEY JARVIS &

ADAM FOLKARD

Symposium – “Sport, Exercise and Mental Health”

An insight into working with elite athletes

Chronic fatigue and relationship to overtraining

Moving for better mental health: exploring what works and the complexities of the so called ‘miracle cure’

NOVEMBER 23rd

PROF D OUGRIN
PROF N CHOUDHRY

PROF R CALAM

DR F DEVLIN

Symposium – “Trauma and Global Mental Health”

Working with Ukrainian Children Affected by the War

Do trauma focused parenting interventions work in low resource settings? A cluster randomised control trial

Protecting the mental health of children living through armed conflict and displacement: how can we help?

Psychedelic Research: Innovations, Challenges, and New Ways to Approach Trauma

2023

FEBRUARY 8th

PROF N HUSAIN

PROF D KINGDON

PROF D JOYCE

PROF J H MACCABE

Symposium – “Psychosis”

Presidential Address

Addressing Mental Health Treatment Gap: Focus on Psychosis

CBT for psychosis: what works for whom?

Measurement and Personalisation in Digital Mental Health (with a Focus on Psychosis)

Treatment resistant Psychosis: why is Evidence Based Medicine failing to deliver?

MAY 10th

PROF S FAROOQ

PROF J F W DEAKIN

PROF R DRAKE

DR I QURASHI

Symposium – “Clinical Psychopharmacology: An Update”

Switching antipsychotic medication to improve physical health comes-evidence based approach

Neuroimmunology and treatment of psychosis

Can We All Be Precision Prescribers?

Review of the evidence base for psychopharmacological treatments for borderline personality disorder: NICE guidance of clinical practice

Section of Imaging

Office-bearers and Members of the Council for the Session 2023-2024

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Michelle Ooi

Katy Szczepura

VACANCY

VACANCY

FOUNDATION YEAR REPRESENTATIVE

Zeeshan Kazmi

Ghazn Khan

STUDENT REPRESENTATIVE

VACANCY

Report for the Session 2022-2023

The first meeting of this session was the Presidential Address of Dr Emma Reid, Consultant Radiologist, Stockport NHS FT whose Address 'How do we inspire and motivate current and future generations in Radiology?' hoped to give the audience an understanding of what inspires people at different ages in their careers choice and gain an understanding of tailoring case presentations to different audiences.

The *Ian Young Memorial Lecture* was given in November and held in Wigan. Dr Benjamin Layton, Consultant Radiologist, East Lancashire Hospitals Trust gave 'A historical tour of abdominal pathology: Tying up quirks of the abdomen using modern imaging and historical yarns.' Dr Layton meandered through the centuries, meeting an assortment of well-known figures and dissecting their accomplishments and deaths through the lens of modern-day imaging. The characters encountered help to give an understanding of the intra-abdominal pathologies seen today which are often underappreciated or overlooked and the oddities which are misinterpreted or ignored.

The January to April 2023 meetings were all held over zoom.

January head Dr R Magennis, Consultant Radiologist, REALM Lead, Wythenshawe Hospital speak on 'Optimising Human Factors to promote the learning in radiology'. The aim of her talk was to facilitate a better understanding of human factors in REALM and to emphasise the power of learning and feedback for individuals, teams and patients. Rachel also highlighted the importance of positive behaviours, leadership and culture.

In February November radiology registrars were invited to submit an abstract of an interesting case and the lessons learned. Five were invited to present and the judges awarded Deevia Kotecha £50 as the winner, and Nathan Baguley £25 as runner-up.

Dr Richard Dobrashian, Consultant Radiologist, East Lancashire Hospitals NHS Trust gave the March lecture. This lecture showed how to review MRI and CT scans of the brain to ascertain if a dementia is present radiologically and if so what subtype of dementia it is and what contribution vascular changes may have. It was a pictorial lecture showing the memory areas of the brain and how dementia, in particular Alzheimer's disease affects these areas and how with specific focus routine imaging can assist in the diagnosis of dementia. Dr Dobrashian discussed the visual rating scales for atrophy in these memory areas and how to incorporate these into the radiology review including pitfalls.

There was a mini symposium in April when Mr Paul Venguedasalon, Consultant Radiographer and Ms Joleen Kirsty Eden, Consultant Radiographer (Breast Imaging) from East Lancashire Hospitals NHS Trust outlined the journey of a Radiographer into Advanced and Consultant Practice. They discussed their two individual pathways within the various specialisms of Radiology and outlined what the role requires but also how differences in service needs can influence change. They went on to identify the opportunities and constraints whilst relating this to the continuous workforce challenges. They aimed to explore and educate on the possibilities for Advanced Practice to improve clinical activity and patient outcomes.

The final meeting in May heard Professor Johan G. (Hans) Blickman, Emeritus Professor of Radiology and Paediatrics, URM, Rochester NY USA speaking on how to do clinical research. Professor Blickman discussed how to engage in clinical imaging research, how to begin, develop and bring to a conclusion a scientifically asked and answered clinical question and how to avoid pitfalls in bringing a manuscript to publication. This lecture was held face-to-face in the Manchester Dental Education Centre (MANDEC) and we are grateful to Paul Wheeler at Atlas Diagnostics for sponsoring this meeting which allowed delegates to enjoy a buffet and network after the lecture.

Membership of the section stands at 92.

The 2022/2023 full programme was as follows:

2022

OCTOBER 20th

DR E REID

Presidential Address

How do we inspire and motivate current and future generations in Radiology?

NOVEMBER 16th

DR B LEYTON

Ian Young Memorial Lecture (Wigan)

A historical tour of abdominal pathology: Tying up quirks of the abdomen using modern imaging and historical yarns

2023

JANUARY 19th

DR R MAGENNIS

Optimising human factors to promote the learning in radiology

FEBRUARY 16th

DR A BURNETT

DR D KOTECHA

DR J PANCHOLI

DR N BAGULEY

DR S SIVAKUMAR

Specialty Trainees Presentations

Just Another PE?

Leather Bottles in the Rectum

Thinking Outside the Box

An Unusual Effusion

Hiding in Plain Sight

MARCH 16th

DR R DOBRASHIAN

Interpretation of routine neuroimaging from a dementia perspective. What the general radiologist needs to know

APRIL 20th

MR P VENGUEDASALON

MS J K EDEN

Mini symposium 'Advanced and Consultant Practice: 21st Century Radiology'

MAY 18th

PROF J G BLICKMAN

A primer on how to do clinical research, definitions and approach from a results perspective

Honorary Fellows

The names of those deceased are printed in bold

JUDITH ELIZABETH ADAMS, MBBS MRCS FRCR FRCP

Professor Sir **DOUGLAS BLACK, MD FRCP**

JOHN CHARLES BROCKLEHURST, CBE MB ChB MD FRFPGS FRCP MSc (Hons)

DAVID FREDERICK COOK, MA DipArchAdmin DipLib

LESLIE DOYLE, MB BCh BAO FRCPI DCH RCPSI

HAROLD FOX, MB ChB (Hons), FRCPath, FRCOG

ALAN HADFIELD GOWENLOCK, BSc MSc MBChB PhD FRCPath FRSC

DAVID LLOYD GRIFFITHS, BSc MBChB FRCS MBE

Sir MILES HORSFALL IRVING, MB ChB MSc MD ChM DSc FRCS

IAN ISHERWOOD, CBE MD FRCP FRCR FFR RCSI

JOHN CHRISTOPHER LOWRY, CBE FRCS FDSRCS

Sir NETAR PRAKASH MALLICK, DL MSc MB ChB FRCP FRCP(Ed) FRCP(I) FRCS (Ed)

JOHN PAUL MILLER, MA BM BCh DPhil FRCP

JAMES ALFRED MORRIS, MA MB BChir FRCPath

Sir DUNCAN NICHOL, CBE MA FHSM DipHSM

Lord TURNBERG of Cheadle, MB ChB MRCP MD FRCP PRCP

JOHN FREDERICK WILKINSON, MD MSc PhD FRCP DSc FRCS

Past Presidents of the Society

The names of those deceased are printed in bold

Elected

| | | |
|-----------|-------------|-----------------------------------|
| SEPTEMBER | 1834 | JOHN HULL, MD |
| OCTOBER | 1838 | JAMES LOMAX BARDSLEY, MD |
| | 1843 | WILLIAM JAMES WILSON, FRCS |
| | 1845 | JAMES LOMAX BARDSLEY, MD |
| | 1848 | THOMAS RADFORD, MD |
| | 1849 | THOMAS ASHTON, MD |

Office of President abolished Oct., 1850; the Treasurer of the Society to be ex officio Chairman of its Meetings

OCT. 1850 to DEC. 1858

TREASURER: **JOHN WINDSOR, FRCS**

Office of President re-established January, 1859

| | | |
|---------|-------------|---|
| JANUARY | 1859 | JOHN WINDSOR, FRCS |
| | 1860 | SAMUEL CROMPTON, MRCS |
| | 1861 | CHARLES CLAY, LRCS |
| | 1862 | LOUIS BORCHARDT, MD |
| | 1863 | EDWARD LUND, FRCS |
| | 1864 | DANIEL NOBLE, MD |
| | 1865 | WILLIAM ROBERTS, MD |
| | 1866 | THOMAS WINDSOR, MRCS |
| | 1867 | HENRY BROWNE, MD |
| | 1868 | THOMAS MELLOR, FRCS |
| | 1869 | HENRY SIMPSON, MD |
| | 1870 | JAMES OGDEN FLETCHER, MD |
| | 1871 | JOHN THORBURN, MD |
| | 1872 | JOHN GALT, FRCS |
| | 1873 | DAVID LLOYD ROBERTS, MD MRCP |
| | 1874 | JOHN EDWARD MORGAN, MD FRCP |
| | 1875 | ARTHUR RANSOME, MD |
| | 1878 | FREDERICK ASHTON HEATH, MRCS |
| | 1880 | DAVID LITTLE, MD |
| | 1881 | EDWARD LUND, FRCS |
| | 1883 | DANIEL JOHN LEECH, MD FRCP |
| | 1885 | WALTER WHITEHEAD, FRCS |
| | 1886 | JAMES HARDIE, FRCS |
| | 1888 | JULIUS DRESCHFELD, MD FRCP |
| | 1889 | JAMES ROSS, MD FRCP |
| | 1891 | THOMAS JONES, BS FRCS |
| | 1892 | ALFRED WILLIAM STOCKS, MRCS |
| | 1893 | CHARLES EDWARD GLASCOTT, MD |
| | 1894 | JOHN DIXON MANN, MD FRCP |
| | 1895 | FREDERICK ARMITAGE SOUTHAM, FRCS |
| | 1896 | HENRY ASHBY, MD FRCP |

| | | |
|---------|---------|---|
| | 1897 | GRAHAM STEELL, MD FRCP |
| | 1898 | GEORGE ARTHUR WRIGHT, MB FRCS |
| | 1899 | WILLIAM JAPP SINCLAIR, MD MRCP |
| JANUARY | 1900 | THOMAS CARLTON RAILTON, MD MRCP |
| | 1901 | ALFRED HARRY YOUNG, MD FRCS |
| | 1902 | THOMAS HARRIS, MD FRCP |
| | 1903 | ABRAHAM MATTHEWSON EDGE, MD |
| | 1904 | JUDSON SYKES BURY, MD FRCP |
| | 1905 | WILLIAM THORBURN, FRCS |
| | 1906 | SAMUEL BUCKLEY, MD |
| | 1907 | SIEGMUND MORITZ, MD MRCP |
| | 1908 | ARTHUR THOMAS WILKINSON, MD FRCP |
| | 1909 | Sir WILLIAM COATES, CB, LRCP MRCS |
| | 1910 | EDWARD STANMORE BISHOP, FRCS |
| | 1911 | ABRAHAM EMRYS JONES, MD |
| | 1912 | ERNEST SEPTIMUS REYNOLDS, MD FRCP |
| | 1913 | JOSHUA JOHN COX, MD |
| | 1914-18 | ARCHIBALD DONALD, MD FRCP |
| | 1919 | JOHN WILLIAM SMITH, FRCS |
| | 1920 | ROBERT BRIGGS WILD, MD FRCP |
| | 1921 | THOMAS ASHTON GOODFELLOW, CBE, MD |
| | 1922-23 | Sir WILLIAM MILLIGAN, MD |
| MAY | 1923-24 | EDWARD MANSFIELD BROCKBANK, MBE, MD FRCP |
| | 1924-25 | GEORGE REDMAYNE MURRAY, MD FRCP DCL |
| | 1925-26 | ARTHUR HENRY BURGESS, MSc FRCS |
| | 1926-27 | ALFRED ALEXANDER MUMFORD, BSc MD |
| | 1927-28 | JOHN GRAY CLEGG, MD BS FRCS |
| | 1928-29 | RICHARD WALTER MARSDEN, BSc MD MRCP |
| | 1929-30 | ALBERT RAMSBOTTOM, MC MD FRCP |
| | 1930-31 | JOHN HOWSON RAY, ChM FRCS |
| | 1931-32 | JOHN SEBASTIAN BACH STOPFORD, MBE, MD FRS |
| | 1932-33 | EVELYN DAVISON TELFORD, MA MSc FRCS |
| | 1933-34 | CHARLES PAGET LAPAGE, MD FRCP |
| | 1934-35 | ERNEST BOSDIN LEECH, MA MD FRCP |
| | 1935-36 | ARNOLD GREGORY, MRCS LRCP |
| | 1936-37 | GARNETT WRIGHT, FRCS |
| | 1937-38 | WILLIAM FLETCHER SHAW, MD FRCP FRCOG |
| | 1938-39 | HENRY STANLEY RAPER, CBE, MD DSc FRS |
| | 1939-43 | THOMAS HERBERT OLIVER, MA MD FRCP |
| | 1943-44 | CATHERINE CHISHOLM, CBE, BA MD |
| | 1944-45 | FREDERIC WOOD JONES, MB DSc FRCS FRS |
| | 1945-46 | WILSON HAROLD HEY, FRCS |
| | 1946-47 | DANIEL DOUGAL, MC MD FRCOG |
| | 1947-48 | JOHN MORLEY, ChM FRCS |
| | 1948-49 | GEOFFREY JEFFERSON, MD FRCS FRS |
| | 1949-50 | ARTHUR HILLYARD HOLMES, MD FRCP |

The Society was reconstituted in 1950

MAY

1950-51 WILSON HAROLD HEY, FRCS
1951-52 Sir WILLIAM FLETCHER SHAW, MD FRCP FRCOG
1952-53 JOHN CRIGHTON BRAMWELL, MA MD FRCP
1953-54 JOHN MORLEY, ChM FRCS
1954-55 HUGH PATRICK FAY, MB ChB
1955-56 WILLIAM BROCKBANK, MD FRCP
1956-57 JOHN FREDERICK WILKINSON, MD MSc DSc PhD FRCP FRSC
1957-58 ROBERT LEECH NEWELL, MD FRCS LRCP
1958-59 FERGUS ROBERT FERGUSON, MD FRCP
1959-60 CHARLES ERNEST SYKES, TD FFA RCS
1960-61 WALTER SCHLAPP, MB ChB MSc PhD
1961-62 HARRY TEESDALE SIMMONS, MD FRCS
1962-63 Lord PLATT, MSc MD FRCP
1963-64 VICTOR FRANCIS LAMBERT, MD FRCS ChM
1964-65 GEORGE ARCHIBALD GRANT MITCHELL, OBE TD MB ChM DSc
1965-66 ERIC DUFF GRAY, MA MD DMRE FFR
1966-67 RONALD EPEY LANE, CBE, MD FRCP
1967-68 DENIS SMITH POOLE-WILSON, CBE BA MCh FRCS FRCSI
1968-69 ALAN HOWARD HILTON, LDS FLS
1969-70 ARTHUR MORGAN JONES, MSc FRCP
1970-71 ALEXANDER COLIN PATTON CAMPBELL, MSc FRCP FRCPATH
1971-72 WILLIAM FRANCIS NICHOLSON. MBE MA MD FRCS
1972-73 MARTIN CYRIL GORDON ISRAELS, MSc MD FRCP
1973-74 ARON HOLZEL, MD FRCP
1974-75 THOMAS MOORE, MD FRCS
1975-76 HENRY TAYLOR HOWAT, CBE, MD FRCP
1976-77 PATRICK SARSFIELD BYRNE, CBE, MSc FRCGP
1977-78 AMBROSE JOLLEYS MD FRCS
1978-79 ANDREW RENNIE HUNTER, MD DA FFARCS FRFPS FRCS
1979-80 SAMUEL OLEESKY, MSc FRCP MD
1980-81 ALAN HADFIELD GOWENLOCK, MSc PhD FRCPATH FRCS
1981-82 NORTHAGE JOHN DE VILLE MATHER, MA MB ChB DPM FRCPsych
1982-83 JOSEPH REGINALD MOORE, OBE MDS MSC FDSRCS
1983-84 RHYS TUDOR WILLIAMS, MB BChir FRCP
1984-85 SYDNEY WILLIAM STANBURY, MD MB ChB FRCP
1985-86 IAN ISHERWOOD, CBE, MD, FRCP FRCR FFR RCSI
1986-87 RICHARD WAYWELL BURSLEM, MD FRCOG
1987-88 ERNEST ALWYN SMITH, CBE MB ChB PhD MSc DPH FRCP FFCM FRCGP
1988-89 CLIFFORD RALPH KAY, CBE, MD PhD FRCGP
1989-90 JOHN FAIRMAN DARK, BSc MB ChB FRCS
1990-91 JOHN CHARLES BROCKLEHURST, CBE, MD FRCP
1991-92 HAROLD FOX, MD FRCPATH FRCOG
1992-93 WILLIAM IVOR NEIL KESSEL, MA MD DPM FRCP FRCPsych
1993-94 IAIN ERSKINE GILLESPIE, MD MSc FRCS
1994-95 COLIN GARTON GEARY, MA MB FRCP FRCPATH
1995-96 JOHN HAROLD JONES, MD FFDRCSI FRCPATH
1996-97 RODNEY HARRIS, MD MB ChB DTM FRCP FRCPATH
1997-98 PETER HAROLD ADAMS, MSc PhD MB BCh FRCP
1998-99 IAN BRIERCLIFFE HOUSTON, MB ChB FRCP DCH Eng

OCTOBER

| | |
|----------------|---|
| 1999-00 | MILES HORSFALL IRVING, MB ChB MSc ChM DSc FRCS |
| 2000-01 | JUDITH ELIZABETH ADAMS, MBBS MRCS FRCR FRCP |
| 2001-02 | JOHN FRANCIS WILLIAM DEAKIN, PhD FRCPsych FMedSci |
| 2002-03 | ARUP KUMAR BANERJEE, JP OBE, FRCP |
| 2003-04 | JOHN PAUL MILLER, MA, BM, BCh, DPhil, FRCP |
| 2004-05 | JOHN CHRISTOPHER LOWRY, CBE, FRCS FDSRCS |
| 2005-06 | NETAR PRAKASH MALLICK, DL MSc MBChB FRCP FRCS |
| 2006-07 | JAMES ALFRED MORRIS, MA MB, BChIR, FRCPath |
| 2007-08 | FRANCIS HUNTER CREED, MD FRCP FRCPsych FMed Sci |
| 2008-09 | PAUL NELSON DURRINGTON, MD FRCP FRCPath F Med Sci FAHA |
| 2009-10 | MARK WILLIAM JAMES FERGUSON, CBE BSc BDS FFD FMedSci PhD |
| 2010-11 | MALCOLM LEON CHISWICK, MD FRCP, FRCPath DCH |
| 2011-12 | ASHLEY ARTHUR WOODCOCK, OBE MD BSc MB ChB FRCP FMedSci |
| 2012-13 | DAVID KENNETH WHITAKER, FRCA, FFPMRCA, FFICM, FCARCSI (Hons) |
| 2013-14 | PHILIP HIRST, MB ChB FRCS Dip Biomechanics |
| 2014-15 | JENNIFER JAYNE SHAW, MB ChB FRCPsych PhD |
| 2015-16 | KIERAN JOHN MORIARTY, CBE MA (Cantab), MB BChir, MD, FRCP, FRCPI |
| 2016-17 | RAY F T MCMAHON, MB BCh BSc MD FRCPath FFPPath RCPI PFHEA |
| 2017-18 | ANTHONY DAMIEN REDMOND OBE, MBChB MD DSC (Hon) FRCP FRCSEd FRCEM FIMCRSEd DMCC HonMFPH |
| 2018-19 | CHRISTOPHER GRIFFITHS OBE, MD FRCP FMedSci |
| 2019-20 | SHIRLEY REMINGTON, MB ChB (Hons) FRCA |
| 2020-21 | DAVID JOHN JONES, MB ChB FRCS |
| 2021-22 | EMYR BENBOW, BSc MB ChB FRCPath |

Past Honorary Secretaries

The names of those deceased are printed in bold

| | |
|-----------|---|
| 1834-35 | JOHN WALKER, LFP and S |
| 1834-38 | JOSEPH PEEL CATLOW, MRCS |
| 1835-38 | PHILIP HENRY HOLLAND, MRCS |
| 1838-39 | DANIEL NOBLE, MD |
| 1838-40 | JOHN WALKER, LFP and S |
| 1840-41 | HENRY W KER, MRCS |
| 1840-43 | MICHAEL SATTERTHWAITE, MD |
| 1841-43 | THOMAS FREDERICK BROWNBILL, FRCS |
| 1843-44 | SAMUEL CROMPTON, MRCS |
| 1843-45 | THOMAS DORRINGTON, MRCS |
| 1844-46 | ISAAC A FRANKLIN, MRCS |
| 1845-50 | FRANK RENAUD, MD |
| 1846-50 | HENRY REID, MD |
| 1850-53 | EDWARD LUND, MRCS |
| 1853-56 | RALPH WORTHINGTON LEDWARD, MRCS |
| 1856-58 | SAMUEL CROMPTON, MRCS |
| 1859 | THOMAS WINDSOR, MRCS |
| 1859-63 | WILLIAM ROBERTS, MD |
| 1864-67 | JOHN THORBURN, MD |
| 1868-71 | WILLIAM HEATH, MRCS |
| 1872-73 | CHRISTOPHER CURRIE RITCHIE, MD |
| 1874-78 | WALTER WHITEHEAD, LSA FRCS |
| 1879-84 | CHARLES JAMES CULLINGWORTH, MRCS MRCP |
| 1885-89 | FREDERICK ARMITAGE SOUTHAM, FRCS |
| 1890-93 | THOMAS CARLETON RAILTON, MD MRCP |
| 1894-98 | WILLIAM COATES, CB, LRCP MRCS |
| 1899-1901 | ERNEST SEPTIMUS REYNOLDS, MD FRCP |
| 1902-05 | JOHN EDWARD PLATT, FRCS |
| 1906-07 | RICHARD WALTER MARSDEN, MD MRCP |
| 1908-10 | EVELYN DAVISON TELFORD, FRCS |
| 1911-18 | ERNEST BOSDIN LEECH, MD (assisted by CHARLES POWELL WHITE, MD FRCS) |
| 1919-20 | WILSON HAROLD HEY, FRCS |
| 1920-24 | ROBERT GIBSON, MD |
| 1924-26 | ARTHUR HILLYARD HOLMES, MD FRCP |
| 1926-28 | JOHN CRIGHTON BRAMWELL, MD FRCP |
| 1928-30 | ALEXANDER GRAHAM BRYCE, MD FRCS |
| 1930-32 | FERGUS ROBERT FERGUSON, MD FRCP |
| 1932-34 | DONALD MCKAY SUTHERLAND, MD FRCS |
| 1934-36 | WILLIAM BROCKBANK, MD FRCP |
| 1936-47 | REGINALD ELLIS, MD FRCP |
| 1947-49 | GEORGE GEOFFREY EVANSON SMYTH, MD FRCP |
| 1949-50 | HENRY TAYLOR HOWAT, FRCP FRCPE |
| 1950-54 | WILLIAM BROCKBANK, MD FRCP |
| 1954-57 | HENRY TAYLOR HOWAT, FRCP FRCPE |
| 1957-59 | DOUGLAS ANDREW KILGOUR BLACK, MD FRCP |

1959-63 EDWARD GEOFFREY WADE, MD FRCP
1963-66 SAMUEL OLEESKY, MSc MD FRCP
1966-70 GEOFFREY HOWITT, MD FRCP
1970-74 HAROLD FRANK McGHIE BASSETT, FRCS
1974-78 DONALD GRAHAM DUNLOP DAVIDSON, FFARCS
1978-85 WILLIS JOHN ELWOOD, MB BCh BAO FFCM DPH
1985-88 BARRY ANTHONY ENOCH, MB ChB FRCP
1988-91 RORY FRANCIS McCLOY, MD BSc MB BS FRCS MRCS LRCP
1991-99 JAMES ALFRED MORRIS, MA MB Chir FRCPATH
1999-2006 RAYMOND FRANCIS THOMAS McMAHON, MBBCh BAO BSc MRCPATH MD
2007-12 JOSANNE HOLLOWAY, MB ChB FRCPsych
2012-18 CHRISTOPHER DALY, MB ChB MSc FRCPsych
2019-20 RICHARD JOHN BYERS, BSc MSc MB ChB
2021-23 JOHN GRAHAM MOSLEY, BSc MBChB MD MRCP FRCS

Past Honorary Treasurers

The names of those deceased are printed in bold

| | |
|-----------|---|
| 1834-41 | THOMAS RADFORD, MD |
| 1841-42 | SAMUEL BARTON, FRCS |
| 1842-49 | THOMAS ASHTON, MD |
| 1849-58 | JOHN WINDSOR, FRCS |
| 1859 | DANIEL NOBLE, MD |
| 1860-62 | JOHN WINDSOR, FRCS |
| 1863-65 | LOUIS BORCHARDT, MD |
| 1866-72 | EDWARD LUND, MRCS |
| 1873-78 | JOHN THORBURN, MD |
| 1879 | DAVID LITTLE, MD |
| 1880-81 | FREDERICK ASHTON HEATH, MRCS |
| 1882-86 | DAVID LITTLE, MD |
| 1887-1900 | CHARLES EDWARD GLASCOTT, MD |
| 1901-07 | JOHN WILLIAM SMITH, FRCS |
| 1908 | SIMEON HOLGATE OWEN, MD |
| 1909-18 | RICHARD WALTER MARSDEN, MD MRCP |
| 1919-25 | FRANK EDWARD TYLECOTE, MD FRCP |
| 1925-30 | JOHN FORBES WARD, MD MRCP |
| 1930-35 | EDWARD STANLEY BRETNALL, FRCS |
| 1935-39 | ALEXANDER ROBERT SOMERFORD, MD |
| 1939-46 | REGINALD ELLIS, MD FRCP |
| 1946-50 | ALEX LOMAX KENYON, FRCS |
| 1950-52 | JAMES KENNETH HOLT, MSC FDSRCS DDS |
| 1952-57 | CHARLES ERNEST SYKES, DA FFA RCS |
| 1957-65 | ANDREW RENNIE HUNTER, MD DA FFARCS FRFPS FRCS |
| 1965-69 | ANTHONY REX ANSCOMBE, FRCS |
| 1969-73 | ALAN HADFIELD GOWENLOCK, MSc PhD FRCPATH FRSC |
| 1973-76 | JOHN TERENCE PATTON, RD FRCR |
| 1976-85 | JOHN GRAHAM BUCHANAN RUSSELL, MB ChB FRCR FFR DMRD DCH DObst RCOG |
| 1985-88 | WILLIS JOHN ELWOOD, MB BCh BAO FFCM DPH |
| 1988-91 | CAROLYN MARY JOHNSON, MSc MB BS |
| 1991-95 | JOHN HARWOOD KEEN, MB BS FRCP DObst RCOG DCH |
| 1996-2006 | JOHN LANCELOT BURN, MB ChB FRCP FRCPCH DCH DCCH |
| 2006-12 | KIERAN JOHN MORIARTY, CBE, MA (Cantab), MB, BChir, FRCP, FRCPI |
| 2012-15 | JOHANNES JACOBUS VAN NIEKERK, MB ChB (South Africa) MRCPsych |
| 2015-21 | JOHN GRAHAM MOSLEY, BSc MBChB MD MRCP FRCS |

Past Chairmen

| | |
|-----------|--|
| 1997-2001 | JOHN PAUL MILLER, MA, BM, BCh, DPhil, FRCP |
| 2001-06 | JAMES ALFRED MORRIS, MA MB Chir FRCPATH |
| 2006-12 | RAYMOND FRANCIS THOMAS McMAHON, MBBCh BAO BSc MRCPATH MD |
| 2012-18 | EMYR WYN BENBOW, BSc MB ChB FRCPATH |

Past Honorary Librarians

The names of those deceased are printed in bold

| | |
|-----------|---|
| 1954-55 | WILLIAM BROCKBANK, MD FRCP |
| 1955-57 | DAVID LLOYD GRIFFITHS, MBE, BSc MB ChB FRCS |
| 1957-60 | WILLIAM BROCKBANK, MD FRCP |
| 1960-63 | DAVID LLOYD GRIFFITHS, MBE, BSc MB ChB FRCS |
| 1663-66 | WILLIAM BROCKBANK, MD FRCP |
| 1966-69 | DAVID LLOYD GRIFFITHS, MBE, BSc MB ChB FRCS |
| 1969-72 | WILLIAM BROCKBANK, MD FRCP |
| 1972-73 | DAVID LLOYD GRIFFITHS, MBE, BSc MB ChB FRCS |
| 1973-76 | WILLIAM BROCKBANK, MD FRCP |
| 1976-78 | ANDREW RENNIE HUNTER, MD DA FFARCS FRFPS FRCS |
| 1978-83 | RHYS TUDOR WILLIAMS, MB BChir FRCP |
| 1983-86 | TREVOR BANNISTER STRETTON, MB ChB FRCP |
| 1986-94 | ANNE FÉLICITÉ TUXFORD, MB ChB MD |
| 1994-97 | LESLIE DOYLE, MB BCh BAO FRCPI DCH RCPSI |
| 1997-2010 | IAN ISHERWOOD, CBE, MD FRCP FRCR FFR RCSI |
| 2010-16 | JOHN FRANCIS WILLIAM DEAKIN, PhD, FRCPsych, FMedSci |
| 2016-17 | JUDITH ELIZABETH ADAMS, MBBS MRCS FRCR FRCP |

Society Guest Lectures

| | | |
|---------|------------------------------|--|
| 1950-51 | Dr W RUSSELL BRAIN | Some literary diagnosis |
| 1951-52 | Dame Hilda LLOYD | Twins |
| 1952-53 | Professor D M DUNLOP | Changing fashions in treatment |
| 1953-54 | Sir Heneage OGILVIE | The future of surgery |
| 1954-55 | Dr A H DOUTHWAITE | Drug Addiction |
| 1955-56 | Dr T F FOX | The Medical Empire |
| 1956-57 | Professor W MANSFIELD COOPER | Professions in a changing society |
| 1957-58 | Sir Eric JAMES | The education of the scientist |
| 1958-59 | Professor M L ROSENHEIM | A medical visit to the Antipodes |
| 1959-60 | Mr A B SCOTT | Parliament, the Civil Service and Hospital Administration |
| 1960-61 | Sir Eric ASHBY | The export of universities to under- developed countries |
| 1961-62 | Dr Charles FLETCHER | Medicine and television |
| 1962-63 | Professor J N MORRIS | Social medicine, to-day and tomorrow |
| 1963-64 | Mr T G WILSON | Swift and the doctors |
| 1964-65 | Sir Arthur PORRITT | Medicine and sport |
| 1965-66 | Professor R E STEINER | A radiologists view of the heart |
| 1966-67 | Professor R S F SCHILLING | Hazards of deep sea fishing |
| 1967-68 | Mr K OWEN | Renal transplantation |
| 1968-69 | Professor J L HARDWICK | Man's teeth and diet through the ages |
| 1969-70 | Dr M F OLIVER | A metabolic cause for arrhythmias during acute heart attacks |
| 1970-71 | Sir John McMICHAEL | The history of Digitalis |
| 1971-72 | Mr J M POTTER | Head injuries through the ages |
| 1972-73 | Dr D CROWTHER | Recent developments in the treatment of malignant disease |
| 1973-74 | Professor J M TANNER | Diagnosis and treatment of growth hormone deficiency |
| 1974-75 | Mr Warpole LEWIN | Medicine in society |
| 1975-76 | Sir John RICHARDSON, BART | The future in our hands |
| 1976-77 | Professor Marshall MARINKER | The Chameleon, the Judas Goat and the Cuckoo |
| 1977-78 | Professor C O CARTER | The effects of genetic counselling |
| 1978-79 | Professor J W SEVERINGHAUS | Modern monitoring of blood cases |
| 1979-80 | Sir Cyril CLARKE KBE | The medical services study group the first three years |
| 1980-81 | Professor V MARKS | The choice between discretionary and profile testing, or, is your test really necessary? |
| 1981-82 | Professor Malcolm CAMERON | The medico-legal interpretation of the Turin shroud |

| | | |
|---------|-----------------------------|---|
| 1982-83 | Professor Bertram COHEN | Dental caries in retrospect and in prospect |
| 1983-84 | Professor G A ROSE | Can doctors prevent coronary heart disease! |
| 1984-85 | Professor L A TURNBERG | The molecular biology of diarrhoea |
| 1985-86 | Professor G K RADD | Biochemistry in clinical medicine - a new approach through Nuclear Magnetic Resonance |
| 1986-87 | Professor C R WHITEFIELD | Watercasting, pisseprophecy and the foetus |
| 1987-88 | Professor E A SMITH | How feasible is prevention |
| 1988-89 | Dr M MARINKER | Medicine and metaphors (thinking the unthinkable) |
| 1989-90 | Mr John WALLWORK | Progress in heart-lung transplantation |
| 1990-91 | Professor T H ARIE | Women and old age: a double helix? |
| 1991-92 | Professor N A WRIGHT | Clinical research: alive or dead? |
| 1992-93 | Sir Robert KILPATRICK CBE | In the public interest |
| 1993-94 | Professor D G CHISHOLM | The role of the colleges in the new training environment |
| 1994-95 | Professor J S LILLEYMAN | Paranoia, politics and pathology |
| 1995-96 | Professor Sir Duncan NICHOL | Health care – 2000 and beyond |
| 1996-97 | Professor John BURN | Crystal Ball or Pandora's Box? |
| 1997-98 | Dr R SMITH | Brittle bones – inherited and acquired |
| 1998-99 | Sir S Roy MEADOW | Munchausen, Medicine and Murder |

Renamed the John F Wilkinson Memorial Lecture

**Dr John Frederick Wilkinson
(1897 - 1998)**

Born in Manchester, he was one of the founders of haematology as a clinical speciality in Britain. He initially trained as a chemist, his undergraduate studies being interrupted by the First World War. Within a year of graduation he was a lecturer in medicine at the University of Manchester and Director of the new department of clinical investigation at Manchester Royal Infirmary. He held honorary posts at the Christie Hospital and Holt Radium Institute. He carried out much early research into pernicious anaemia and malignant blood diseases and was a pioneer of the use of nitrogen mustards in treating lymphomas and chronic leukaemia. He wrote many papers, was co-founder of the British Society of Haematology, a president of the European Haematology Society, and a life councillor of the International haematology Society.

He had a large private practice. On working days his Rolls-Royce would be parked outside his consulting wing adjacent to the private wing of the Royal Infirmary so that he had easy access to his hospital department, NHS wards, and private patients. He retired from the NHS in 1962, but patients were still being referred to him in his 90s.

Outside medicine his interests were scouting, animals (he was director and vice chairman of Chester Zoo), and old pharmacy jars, which are now housed in a special gallery in the Thackray Medical Museum in Leeds.

Dr John Frederick Wilkinson who died on the 13th August 1998, at the age of 101 served the Society as President in 1956 and served as Honorary Editor from 1956 onwards.

John F Wilkinson Memorial Lecture

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|---------|--------------------------|---|
| 1999-00 | Professor P FRILEUX | Anglo-French medical interactions. Highlights from the past and views on the present and the future |
| 2000-01 | Professor S M SHALET | Pituitary disease—modern diagnosis and management |
| 2001-02 | Professor S WESSELY | Gulf War Syndrome: Something old, something new, something borrowed, something blue |
| 2002-03 | Sir Donald IRVINE CBE | The Public and Doctors: Towards a new settlement |
| 2003-04 | Professor P N DURRINGTON | Coronary heart disease: the radical response |
| 2004-05 | Professor C MORTON OBE | The future of the medical and clinical workforce—more of the same or a revolution? |
| 2005-06 | Sir John LILLEYMAN | The conquest of childhood leukaemia—a remarkable story |
| 2006-07 | Prof Sir Michael MARMOT | Status syndrome—how social standing affect health and life expectancy |
| 2007-08 | Professor A STEIN | The influence of parental depression on mother-infant interaction and child development in the context of adversity |
| 2008-09 | Professor A M HEAGERTY | Fat cells, your arteries and your fate |
| 2009-10 | Dr G POSTE | The convergence of clinical medicine, engineering and computing: new horizons in healthcare delivery |
| 2010-11 | Professor A H V SCHAPIRA | Parkinson’s disease – cause and cure |
| 2011-12 | Professor A BURNS | Dementia and Alzheimer’s disease - prospects for treatment and prevention |
| 2012-13 | Professor J R SNEYD | What kind of doctors, what kind of health service? |
| 2013-14 | Dr P REDMOND | Generational science: generation Y, digital natives and the new world of work |
| 2014-15 | Professor D NUTT | Putting medicine at the centre of drug |

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|---------|------------------------|--|
| 2015-16 | Professor C O'MAHONY | and alcohol policy Sexually transmitted diseases – from AIDS to ZIKA |
| 2016-17 | Sir Michael DEEGAN CBE | GM Devolution: part of the problem or part of the solution? |

John F Wilkinson Memorial Lecture

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| 2017-18 | Brigadier T J HODGETTS CBE | To Manchester and back: transferring military lessons to benefit civilian healthcare |
| 2018-19 | Professor Dame Sally DAVIES | The global challenge of antimicrobial Resistance |
| 2019-20 | <i>Cancelled due to Covid-19 pandemic</i> | |
| 2020-21 | Professor M BHUTTA | Modern slavery and child labour: worker rights abuse in healthcare supply chains |
| 2021-22 | Professor S LUCAS | What has been achieved with the autopsy, historically and recently: 'a lot more than you know' |
| 2022-23 | Professor C Brookes | |

Professor Evelyn Davison Telford (1876-1961)

He was born in Middlesbrough on June 16th, 1876 and educated at Manchester Grammar School from where he obtained a scholarship at Caius College, Cambridge. He returned to the Old Infirmary for his clinical work at a time of great surgical interest. The first operation for acute appendicitis, the first closure of a perforated gastric ulcer, and the first gastroenterostomy dated from that time marking the hesitant fumbling change from antiseptic to aseptic technique.

He qualified in 1899 being head of the list in the Final examination at Cambridge, won his FRCS in 1903 and was eventually appointed to the Honorary Surgical staff at the Manchester Royal Infirmary in 1908 holding the post until his retirement in 1941. He was the first surgeon to open up S2 when the New Infirmary was brought into use in December 1908. He was a first class but conservative general surgeon, of the old school in some ways; surprisingly modern in others. He had a simple straightforward technique that avoided unnecessary cutting. He used remarkably few instruments. He was so meticulous that he appeared to be slow, but in fact he was a quick operator. His opinion on a case was always carefully weighed, concise and invariably correct.

He took great interest in children and for most of these years worked at various homes for crippled children. It was a great experience for his students to visit the wards at Swinton House Residential School to see something of this immensely valuable work. Keen students on his Unit were used as dressers, a privilege which happened no where else. His hour's lecture invariably finished in forty minutes and was a clear, concise exposition of the subject. Some surgeons thought he over simplified but his words remained in the memory. He well merited election to the Chair of Systematic Surgery in 1922.

Telford made important contributions to surgery mainly on sympathectomy for thrombo-angiitis obliterans. His interest in crippled children led him to look into the question of the nervous control of blood vessels in the limbs in an endeavour to do something to improve the circulation in abnormally cold hands and feet. Working with Professor Stopford of the Anatomy Department they devised an operation for cutting the sympathetic nerve fibres. This allowed the affected arteries to dilate and bring more blood to the part, an operation that has been highly successful in warming cold limbs in young and old alike.

In addition he did original work on the prognostic value of spinal anaesthesia in vaso-spastic disease of the lower limbs and the thoracic inlet syndrome.

When he retired in 1941 the Infirmary lost one of its best surgeons, finest lecturers and most respected personalities. He was called back to help the hospital during the Second World War and finally retired in 1945. He was an authority on mezzotints and had a remarkable collection of Early English watercolours. As a gardener he specialised in auriculas. These and walking were his hobbies. He and his wife knew the Yorkshire dales, the hills of Derbyshire and the mountains of North Wales. He retired to Prestatyn and it was there he died on March 26th, 1961. His wife survived him a short time. In his will there was a munificent bequest to the Manchester Medical Society.

Telford Memorial Lectures

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|---------|--------------------------------------|--|
| 1964-65 | Sir James LEARMOUTH | Surgery in a developing society |
| 1965-66 | Dr F H C CRICK | The genetic code |
| 1966-67 | Dr Richard DOLL | The geographical distribution of cancer |
| 1967-68 | Professor E B CHAIN | Biochemical research and progress in medicine |
| 1968-69 | Professor J Z YOUNG | Logic and language in relation to brain structure |
| 1970-71 | Sir Solly ZUCKERMAN | Two Manchester anatomists |
| 1971-72 | Sir Derrick DUNLOP | The problem of modern medicines and their control |
| 1972-73 | Hon Sir Joseph CANTLEY | Treatment of the offender |
| 1973-74 | Professor Dorothy HODGKIN | Insulin |
| 1974-75 | Dr H YELLOWLEES | To promote the establishment of a comprehensive health service |
| 1975-76 | Dr R Y CALNE | The current state of organ transplantation |
| 1976-77 | Professor W S PEART | The kidney as an endocrine organ |
| 1977-78 | Sir Rodney SMITH | The patient with cancer and his doctor |
| 1978-79 | Sir Douglas BLACK | Medicine and Society |
| 1979-80 | Sir Alec MERRISON | Patient and provider: the idea of a health service |
| 1980-81 | Professor Alan EMERY | Medical genetics-the preventive medicine of the future |
| 1981-82 | Professor John A DAVIS | The past, present and future of neonatology |
| 1982-83 | Professor Sir William TRETHOWAN, OBE | Growing old gracefully |
| 1993-84 | Professor J B WEST | Human physiology on the summit of Mount Everest |
| 1984-85 | Professor Sir FRED HOYLE | Life as a cosmic phenomenon |
| 1985-86 | Dr E D ACHESON | Public Health - yesterday, today and tomorrow |
| 1986-87 | Sir Cyril CLARKE, KBE | Longevity: nurture versus nature |
| 1987-88 | Professor J M BLISS | The discovery of insulin |
| 1988-89 | Professor Sir Geoffrey SLANEY, KBE | Six centuries of surgeons |
| 1989-90 | Lord WALTON of Detchant | Professional responsibility |
| 1990-91 | Dr Bernadette MODELL | Genetics and the human race - disaster or salvation? |
| 1991-92 | Professor W B JENNETT | Ethics and economics |

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| 1992-93 | Sir Walter BODMER | Cancer genetics and the human genome |
| 1993-94 | Professor Sir David WEATHERALL | Genetics and common diseases |
| 1994-95 | Professor D J P BARKER | The maternal and infant origins of disease in later life |
| 1995-96 | Professor Sir Philip RANDLE | Insulin: yesterday's ideas and diabetes today |
| 1996-97 | Sir Donald H IRVINE, CBE | The performance of doctors |
| 1997-98 | Sir Keith PETERS | Science and practice in renal medicine: from machines to genes; a personal view |
| 1998-99 | Sir Cyril CHANTLER | How to treat doctors: the role of doctors in the delivery of health care |
| 1999-00 | Professor J GABBAY | Is an evidence-based NHS a realistic possibility? |
| 2000-01 | Professor S GREENFIELD | How the brain might generate consciousness |
| 2001-02 | Professor S DUNNETT | Cell transplantation for neuro-degenerative disease: current status and future prospects |
| 2002-03 | Professor G P MULLEY | Gait Assessment—A clinician's guide |
| 2003-04 | Lord TURNBERG of CHEADLE | Trust and mistrust in medical science |
| 2004-05 | Professor A HALLIGAN | The challenges ahead |
| 2005-06 | Professor P RONCO | Membranous nephropathy: from Hemann nephritis to allo-immunization |
| 2006-07 | Professor A H WYLIE, FRS | Apoptosis: cell death in health and disease |
| 2007-08 | Professor C HAM, CBE | Reforming the National Health Service: What has been achieved and where next? |
| 2008-09 | Professor Sir George ALBERTI | Metabolic syndrome – Do we need it? |
| 2009-10 | Professor M De LUCA | Epithelial stem cells and regenerative medicine |
| 2010-11 | Professor A LUCAS | A counter-intuitive adventure in early nutrition |
| 2011-12 | Professor A COMPSTON | Multiple sclerosis: A model disease for experimental medicine |
| 2012-13 | Dr D ZIDEMAN | Emergency medical cover for the London 2012 Olympic Games |
| 2013-14 | MR D JOHNSON | Biological solutions for Osteoarthritis of the knee |
| 2014-15 | Professor Sir Robin MURRAY | What drives people mad? – genes, cannabis, and northern cities |

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|---------|--------------------------------|--|
| 2015-16 | Professor R HORTON | Dogs of hell and wasteful furies: can medicine save our species? |
| 2016-17 | Professor I CURRAN | Paradigms, paradoxes and paragons – in pursuit of professional excellence |
| 2017-18 | Sir David NICHOLSON CBE | Messing about masquerading as action? A history of health reform in the NHS |
| 2018-19 | Professor Sir Munir PIRMOHAMED | Personalised medicine: developing a long-term realistic proposition |
| 2019-20 | Mr J ROUSE | A different way: Lessons from the GM Devolution journey |
| 2020-21 | Dr C MOULTON | GIRFT for Emergency Medicine: The unsustainable effects of unwarranted variation |
| 2021-22 | Mr C MELVILLE | Assessment: the (w)hole and the sum of the parts |
| 2022-23 | Professor Sir Jonathan VAN-TAM | Science, policy and leadership during the SARS-CoV-2 pandemic |

Christmas Lectures for Young People

| | | |
|---------|----------------------------------|---|
| 1975-76 | Dr S OLEESKY | Medicine and history |
| 1976-77 | Professor I ISHERWOOD | Radiology in history and antiquity |
| 1977-78 | Dr G W BOWEN Dr J C FRANKLAND | Medicine on the highest and lowest planes - the story of mountain and cave rescue |
| 1978-79 | Professor IE GILLESPIE | Decisions, decisions |
| 1979-80 | Professor E A SMITH | What can we do about cancer? |
| 1980-81 | Dr M LONGSON | Viruses and man - a cloak and dagger story? |
| 1981-82 | Professor I ISHERWOOD | Twentieth-century man - the inside story |
| 1982-83 | Professor R M CASE | Disease: lessons for science and society |
| 1983-84 | Professor R HARRIS | Genes and the future of medicine |
| 1984-85 | Professor M IRVING | Coping with catastrophe |
| 1985-86 | Dr D ROWLANDS | Heart disease - the modern plague |
| 1986-87 | Dr E TAPP Mr R NEAVE | Heads and Tales |
| 1987-89 | Dr D DONNAI | Myths and malformations |
| 1988-89 | Professor W I N KESSEL | Madmen and geniuses |
| 1989-90 | Dr J B GARLAND | The Grand Duke and after: Manchester, medicine and industry in the 19th century |
| 1990-91 | Mr J F DARK | Heart surgery - what it is and how it developed |
| 1991-92 | Mr S R PAYNE | Stones ancient and modern |
| 1992-93 | Dr L DOYLE | Consumption: 'The Captain of the Men of Death' |
| 1993-94 | Miss C M DOIG | Cornelia's jewels |
| 1994-95 | Professor A P READ | Tinkering with genes - Pandora's box? |
| 1995-96 | Professor M W J FERGUSON | The healing wound: ulcers, scars, embryos and tattoos |
| 1996-97 | Professor K GULL | Third World parasitic disease – the last frontier |
| 1997-98 | Mr S J WALKER | Will surgeons be needed by the end of the 21 st century? |
| 1998-99 | Dr F P RYAN | The return of the plagues |
| 1999-00 | Mr M K H CRUMPLIN | Surgery at the Battle of Waterloo |
| 2000-01 | Professor A J FREEMONT | From 'Cornwell' to Event horizon— Forensic Pathology in the 21st and 25th Century |

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|---------|-----------------------------|---|
| 2001-02 | Mr R A NEAVE | Beneath the surface |
| 2002-03 | Professor D K WHITTAKER | Forensic dentistry in the investigation of serious crimes |
| 2003-04 | Dr K J MORIARTY CBE | Alcohol—the good, the bad and the ugly |
| 2004-05 | Professor A O MANSFIELD CBE | You too can be a surgeon |
| 2005-06 | Mr R W G JOHNSON | Transplantation—A gift of life |
| 2006-07 | Professor J A LIU YIN | Gene targets in leukaemia |

**Renamed the Hon Dorothy Wedgwood OBE
Annual Christmas Lecture for Young People**

| | | |
|---------|--------------------------------|---|
| 2007-08 | Prof Dame Nancy ROTHWELL, FRS | A stroke of bad luck. A story of discovery from the lab to the patients |
| 2008-09 | Professor D EISNER | The heart – not just any old muscle: how does it work; why does it break and how can we fix it? |
| 2009-10 | Professor Lord Robert WINSTON | Manipulating reproduction |
| 2010-11 | Dr I A LAING | Intensive care of premature babies |
| 2011-12 | Professor A D REDMOND OBE | Earthquakes and war zones – delivering emergency medical aid in a disaster |
| 2012-13 | Dr T H CLUTTON-BROCK | How safe is safe? Patient safety today and tomorrow |
| 2013-14 | Professor D NUTT | Drugs without the hot air |
| 2014-15 | Professor I S D ROBERTS | Death investigation in the 21 st Century: will post mortem imaging kill the autopsy? |
| 2015-16 | Professor Sir Ian GILMORE | Alcohol and Society – a troubled Relationship |
| 2016-17 | Professor S CARLEY | Time critical and information light. Life and death in the resus room |
| 2017-18 | Professor W NEWMAN | Genomics – transforming the way we practice medicine |
| 2018-19 | Professor B COX, FRS | Exploring the Universe: From the beginning to the end of Time |
| 2019-20 | Professor D GEORGE MBE FIET | The Avalanche Experience |
| 2020-21 | Professor N PEEK & Dr L HASSAN | AI in Medicine: Hope, Hype or Horror? |
| 2021-22 | Professor A USTIANOWSKI | Covid & Vaccines – ‘Why’ and ‘How’ |
| 2022-23 | Professor S PETERS | Understanding and Managing Emotions |

Medico-Legal Lectures

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|---------|---|--|
| 1999-00 | Mr R PANNONE | Medicine, the law and the millennium |
| 2000-01 | Professor J T REASON | Coping with the human and organisational risks in healthcare |
| 2001-02 | Dr J KEOWN | Euthanasia, ethics and public policy |
| 2002-03 | Professor M L CHISWICK | Birth at the margins of viability: ethical challenges |
| 2003-04 | Dr J HICKEY | Claims for compensation—the thin end of the wedge |
| | Mr A KENNEDY | Medical manslaughter |
| | Professor A SCOTLAND | The National Clinical Assessment Authority— |
| | Dr G PANTING | Promoting confidence in doctors and dentists |
| | Mr F SCOTT | No publicity is good publicity |
| 2004-05 | Professor Sir ROY MEADOW | View from the GMC |
| | | The problem of giving evidence in cases of alleged Child Abuse |
| 2005-06 | Miss C SHELLEY Meadow | Expert evidence in the light of Roy Meadow |
| 2006-07 | Dr W SQUIER | Shaken baby syndrome: Hypotheses on trial |
| 2007-08 | Professor J J SHAW & His Hon Judge Robert ATHERTON | Preventing violence amongst the mentally ill—could we do more? |
| 2008-09 | Dr A GROUNDS | Psychological effects of miscarriages of justice |
| 2009-10 | Dr C BASS | Illness, deception and malingering |
| 2010-11 | Prof Sir Sabaratnam ARULKUMARAN | Medical negligence – lessons Learned |
| 2011-12 | Mr C LLOYD | An overview of head injury and the eye in children |
| 2012-13 | Professor A A WOODCOCK OBE | Global health: the impact of the Environment |
| 2013-14 | Hon P WHALEN | The Court of Bosnia and Herzegovina – the legacy of Nuremberg |
| 2014-15 | HH G ASHTON OBE | Access to justice for people with Disabilities |
| 2015-16 | Mr M MCGHEE | Issues surrounding the police Taser Case |
| 2016-17 | Mr S WINNARD | Healthcare enabled fraud – a medico-legal problem |
| 2017-18 | Dr M SAUNDERS | Clinical trials and the Ethics Committee |

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| 2018-19 | Dr D C ANDERSON | The psychopathology of unjust Prosecutions |
| 2019-20 | Chief Superintendent U KHAN | The role of today's police |
| 2020-21 | <i>Not held due to Covid-19 pandemic</i> | |
| 2021-22 | Professor R BENNETT | Should all pregnant women be routinely screened for alcohol use |
| 2022-23 | Sir Paul NURSE | What is Life? |

Make a Charitable Donation

Did you know that Manchester Medical Society is a charity?

The Charitable Object of the Manchester Medical Society, as presented in the By-Laws, states:

“The cultivation and promotion of all branches of medicine and of all related sciences including the continued support of the Medical Library founded by the original Manchester Medical Society and presented to the Victoria University in 1930”.

The Manchester Medical Society is a charity registered in England and Wales (number 222800). You may not be aware but we rely on your support to exist. As an unincorporated association and registered charity we fund our development initiatives and sector advocacy through income generated via our membership subscriptions, donations and chargeable events.

All of Manchester Medical Society’s activities require some level of resource. We do not receive any funding from government or other agencies. This means that all our activities, which enhance and develop the role of medical and dental professionals, are primarily funded by our members and by surpluses generated from investment.

By supporting the Manchester Medical Society you can help us to carry on the work that we do.

Reasons to donate to Manchester Medical Society:

- Further support a cause you are already a part of
- The important role that Manchester Medical Society plays as a major provider of continuing medical education (CME) within the North West
- The social impact you want to achieve
- Your personal experience of the Manchester Medical Society
- Your personal and career goals and how Manchester Medical Society has helped you reach them
- Donating to Manchester Medical Society is the perfect opportunity for you to make a difference to the work that we do

Giving

Don’t just think about how much you want to give, but how you will give it. No matter how large or small the amount and whatever your reason for giving, your money helps your chosen charity to advance in their work and better help those it works for. All charities regardless of their size are competing for your donations and therefore taking the time to think about choosing a charity worthy of your donation can be a hard but rewarding decision to make.

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Miles A Rucklidge

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Michael Painter

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Gifts to charity are exempt from all Inheritance Tax, Capital Gains Tax and Income Tax so Manchester Medical Society benefits from the full value of your gift. There are three main ways of leaving a bequest:

Residuary Bequest: A share of your estate; the most valuable bequest as it is not eroded by inflation.

Pecuniary Bequest: A fixed sum of money. In order to preserve its value, this should be index linked.

Specific Bequest: The value of your house or of other possessions.

The following form of bequest may be used if you wish to remember Manchester Medical Society in your will:-

I give unto the "Manchester Medical Society" (Registered Charity No 222800) the sum of £ which I direct to be paid to the Treasurer of the said Society, and to be applied for the purposes of Manchester Medical Society in such a manner as the Trustees therefore may determine.*

***Note:** Any special directions or conditions which the donor may wish to be attached to the donation should be added here.

Gift Aid

The gift aid system started on the 6 April 2000. All cash donations made by a UK taxpayer, whether large or small, regular or one-off, can qualify for gift aid. There is no longer any minimum or maximum limit. **By completing the form the Society can reclaim tax on your annual subscription under the Gift Aid system. NB: It is our understanding that those Fellows who agree for their subscriptions to be Gift Aided will not also be able to claim back tax paid at the standard rate of income tax, but should be eligible where applicable to claim the difference between the standard and higher rate.**

A donation made under gift aid is treated as a net amount, which will allow the Society to reclaim tax at the basic rate (currently 20 per cent) which works out to a tax refund of just over 25 pence for every pound given. Provided the donor is a taxpayer with an overall tax bill of at least the amount the charity reclaims, then it does not matter whether that tax is basic rate tax, the lower 10 per cent rate, higher rate tax or capital gains tax. Higher rate taxpayers can claim further tax relief by entering the details on their tax returns.

If you decide to make a donation to Manchester Medical Society, please complete the Gift Aid Declaration form and return this with you donation (where applicable) to the Administrator, Manchester Medical Society, c/o Room 4.54 Simon Building, Brunswick Park, Manchester, M13 9PL.

Notes

1. If your declaration covers donations you may make in the future:
 - please notify the charity if you change your name or address while the declaration is still in force
 - you can cancel the declaration at any time by notifying the charity—it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.
2. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 25p for each £1 you give).
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration (see note 1).
4. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid tax relief ask your local tax office for leaflet IR113 *Gift Aid*.



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MANCHESTER MEDICAL SOCIETY

Simply by completing this form, the Manchester Medical Society can reclaim the tax that you pay on your donations, **including your subscription**. This will effectively increase the value of your gift by over a quarter - *and it costs you no extra* (UK taxpayers only).

Please treat as Gift Aid donations all qualifying gifts of money made

Today in the past 4 years in the future

Please tick all boxes you wish to apply

GIFT AID NOTICE I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax that I give on or after 6 April 2008.

| | | |
|---|-------------------|----------------|
| <i>Title (Prof, Dr, Mr, Mrs, Miss, Ms or title)</i> | <i>First name</i> | <i>Surname</i> |
| <i>Full Home Address</i> | | |
| | | |
| <i>Postcode</i> | | <i>Date</i> |
| <i>Signature</i> | | |

Please notify the Manchester Medical Society if you:

- *Want to cancel this declaration*
- *Change your name or home address*
- *No longer pay sufficient tax on your income and/or capital gains.*

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| <p>Manchester Medical Society Room 4.54 Simon Building, Brunswick Park. Manchester, M13 9PL E-mail: admin@mms.org.uk Tel: 0161 711 0520 Web : www.mms.org.uk Registered charity No 222800</p> |
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