New Zealand Orthopaedic Association

ANNUAL REPORT 2012-13

To preserve patient mobility and pain reduction
To advance the science and art of orthopaedic surgery
To preserve and promote international fellowship and mutual assistance
New Zealand Orthopaedic Association
Greenock House, Level 12
39 The Terrace, Wellington 6011
PO Box 5545, Lambton Quay, Wellington 6145

Phone: +64 4 913 9891
Fax: +64 4 913 9890
Email: admin@nzoa.org.nz
Web page: www.nzoa.org.nz

Presidential Line 2012-2013

Richard Lander
President

Bryan Thorn
Past President

Mark Wright
President Elect

Brett Krause
2nd President Elect

Future ASM Meeting Dates:
Tauranga – 19th – 22nd October 2014
New Plymouth – 19th – 22nd October 2015

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NZOA Council 2012 – 2013

President
Mr Richard Lander
First President Elect
Mr Mark Wright
Second President Elect
Mr Brett Krause
Immediate Past President
Mr Bryan Thorn
Honorary Secretary
Mr Hamish Leslie (elected 2011)
Honorary Treasurer
Mr Grant Kiddle (elected 2011)
Executive Committee
Mr Haemish Crawford (elected 2009)
Mr Rodney Gordon (elected 2012)
Mr John van Dalen (elected 2011)
Mr Chris Hoffman (elected 2011)
Mr Kevin Karpik
Mr Alex Rutherford
Mr Julian Ballance
Mr Simon Williams replaced by Mr Roger Paterson (elected 2013)
Dr Flora Gilkison

NZOA Trust Trustees
Mr John Calder – Chairperson
Mr Bill Sanderson
Mr Bryan Thorn
Mr Grant Kiddle
Mr Hamish Leslie
Mr Richard Lander
Mr Tony Hardy
Ron Eglinton – Independent Trustee

Wishbone Trust Trustees
The late Sir Wilson Whineray – Chairperson (retired)
Mr Bryan Williams – New chairperson
Noel Barclay – (retired)
Prof Michael Pender – New trustee
Mr Allan Panting
Mr Garnet Tregonning
Mr Hamish Leslie
Assoc Prof Jean-Claude Theis
Mr Richard Keddell
Mr Grant Kiddle

Education Committee
Chairperson
Mr Kevin Karpik (elected 2009)
Auckland
Mr Peter Poon (elected 2009)
Replacing by Mr Tom Geddes (2013)
Mr Craig Ball (elected 2010)
Whangarei
Mr Simon Hadlow (elected 2010)
Mid North Island
Mr Dawson Muir (elected 2011)
Mid North Island
Mr Tim Gregg (elected 2011)
Wellington, Hutt, Palmerston North & Wanganui
Mr Russell Fowler (elected 2010)
Dunedin & Invercargill
Mr David Templeton (elected 2009)
Centres
Mr Andrew Vincent (elected 2010)
Christchurch
Mr Hamish Leslie (elected 2011)
Honorary Secretary
Mr Julian Ballance (elected 2009)
Censor
Standing Committees of the New Zealand Orthopaedic Association 2012 – 2013

Continuing Professional Development & Standards Committee
Practice Visit Programme
Continuing Orthopaedic Education Committee
(Sub-Committee of CPD Committee)
Workforce Committee
Orthopaedic Representative on RACS Council
Orthopaedic Surgeon on the NZ Artificial Limb Services Board
Archivist

Mr Alex Rutherford (2011) - Chairperson
Mr Rod Maxwell (2011)
Mr Gordon Beadel (2013) – Chairperson
Mr Simon Hadlow (2013) – Chairperson
Mr Simon Williams (2013) replaced by Mr Roger Paterson (2013)
Mr Barry Tietjens (March 2009) [Re-appointed by the Assoc Minister of Health 2012]
Mr Alan Thurston

Ad Hoc Committees of the New Zealand Orthopaedic Association 2012 – 2013

Third Party / ACC Liaison Committee
Mr John McKie (2009) Chairperson
Mr Richard Street (2011)
Mr Richard Lander (2011)
Mr Alastair Hadlow (2005)
Mr Khalid Mohammed (2012)
Mr Mark Clatworthy (2012)
Dr Flora Gilkison

Research & Outcomes Committee
Mr Chris Hoffman – Chairperson (2009)
Mr Haemish Crawford (2008) - Secretary
Prof Gary Hooper [2008]
Assoc Prof Jean-Claude Theis (2008)
Dr Marig Pohl
Mr Simon Hadlow (Education representative)
Mr Hamish Leslie

Membership Committee
Mr Hamish Leslie – Chairperson
Mr Julian Ballance – Orthopaedic Assessor
Mr Bryan Thorn – Immediate Past President
Mr Kevin Karpik – Chair of Education Committee
Dr Flora Gilkison – CEO

Examiners Committee
Mr Tim Lyskey – Senior Examiner
Mr Mark Wright
Prof Gary Hooper
Mr Andrew MacDiarmid
Mr Sud Rao
Mr Brett Krause
Mr Bruce Hodgson

New Zealand Joint Registry Board
Professor Alastair Rothwell - Chairperson
Mr James Taylor (2005)
Mr Peter Devane (2008)
Mr Mark Wright (2004)
Mr Hamish Leslie (2011) – Secretary
Hugh Griffin (2010) – OILA Rep
Ms Toni Hobbs – Joint Registry
Dr Flora Gilkison – Ex Officio
President’s Report

As I reflect on my year as the President of the New Zealand Orthopaedics Association three aspects of change are worthy of consideration.

The first is the changing health governance environment. Previously surgeon participation in healthcare governance was actively discouraged as there was a perceived conflict of interest. Being advocates for improved patient care and the quality of that care is not a conflict of interest rather an intrinsic requirement for the decision making of health resource allocation. NZ health bureaucracies are now eager to have an increased contribution from the Association. The value of orthopaedic surgeon involvement becomes more appreciated both in terms of the improvements to the quality of care their contribution can bring aligned with associated cost efficiencies. As an Association we are being approached more frequently for involvement and active participation. I have been very pleased to see how often and how widespread we are prepared as members of the orthopaedic fraternity to step up and offer our leadership contribution to the policy makers. While mindful of the need for balancing these demands against sufficient clinical patient care time this willingness to actively contribute is important as new systems of healthcare are developed and implemented into New Zealand. My thanks go to all of you who have contributed whether on a national or regional scale.

The second aspect is how we continue “to advance the science and art of Orthopaedic Surgery” and ‘preserve and promote fellowship, mutual assistance and exchange of information amongst Orthopaedic Surgeons’. These are the first two objectives of the NZOA Constitution. I have been buoyed throughout my Presidency and attendance at overseas orthopaedic meetings to be able to confidently convey the high standard of our scientific meetings. The papers delivered are at a very high level; the contributions are from a wide range of members and are thoughtful and reflective as well as innovative and creative. I note the first Annual Scientific Meeting of the NZOA was held at Christchurch hospital in September 1950 and for over 63 years the NZOA has been actively following its Constitutional objectives, consequentially greatly contributing to the international standing and respect the Association and New Zealand orthopaedic surgeons are held. We have had representation at a number of overseas meetings. In addition to the North American, Canadian, South African, British and Australian Orthopaedic Association meetings we have had a presence at the ASEAN, SICOT, EFOORT, Thailand, Hong Kong and Chinese Orthopaedic Association meetings at minimal cost to the NZOA. As the body of orthopaedic knowledge expands and changes it has been very satisfying as the President to know how well recognised our professional and competence is and how engaged we are in the further development of the science and art of orthopaedic surgery.

The third aspect is the challenge not only orthopaedic surgery is facing but all aspects of medicine, this is the trend to move from generalist to specialist and then to sub-specialist. There is a changing of the tide currently to move away from more specialisation to embrace the generalist. Care must be taken and we as an Association must ensure our voice is heard so that the notion of a generalist is not a practitioner so diluted from specialist expertise that the expected level of quality patient care is weakened.

We can and do support the training of general orthopaedic surgeons able to cover a full range of clinical and operative care, but we should be careful of any change to scopes of practice where they become blurred on the margins and the public not able to discern who is a trained, competent and proficient orthopaedic surgeon. On the other hand to train and promote sub-speciality roles may not provide New Zealand with a full cover of orthopaedic surgery where centres of excellence are developed at the expense of regional general orthopaedic provision.

Our relationship with the College has been tested this year as we worked to sign a new Partnering Agreement. After many months of discussion a new agreement has been signed and as a consequence the Association will have its own New Zealand Orthopaedic Surgical Training Board where we will have a seat at the College BSET Board and have a liaison with the AOA which will no longer be a formal College committee.

We have endeavoured to maintain good media coverage and publicity, deal with errant surgeons and outliers and put processes into place to deal with these. We continue to enhance and develop practice visits and increase multi-source feedback and assessment tools so that the public can have confidence that we are practicing competently, ethically and professionally.

Finally I want to thank everyone who has assisted me in my Presidential year, of most note Elizabeth my wife, who has been a wonderful support and partner as we joined the International Orthopaedic Carousel. My thanks must also go to the Secretariat who do an admirable job under Flora’s leadership and Tanya’s expertise in organizing and running exceptional meetings and events.

Richard Lander
President

New Zealand Orthopaedic Association: Annual Report – 2013
“We continue to enhance and develop practice visits and increase multi-source feedback and assessment tools so that the public can have confidence that we are practicing competently, ethically and professionally.”
The October ASM held in Dunedin was an excellent meeting with over 160 members attending. The calibre of the overseas speakers was very high and our Conference and Events Manager Tanya Turchie along with the ASM Convener Chris Binks produced an excellent ASM. The ASM speakers gave a resounding call to action for members to continue to be at the forefront of clinical leadership, pushing the boundaries to ensure quality improvements in orthopaedic care are adopted and that change of practice must be based on sound empirical scientific research.

Other sub-specialty meetings held during the year were a Paediatric sub-specialty and a Spine sub-specialty held in Taupo which led to rigorous discussion over the new spinal pathway.

The Research Foundation has been established with a moderate level of research proposals funded, the new website developed and launched, a new CPD programme developed and approved by the College alongside the development of a new CPD online programme. The Governance Policy manual has been redeveloped with a schedule for policy renewal underway. A new Partnering Agreement with the College has been signed whereby a New Zealand Orthopaedic Training Board is established with a seat at the College BSET Board meeting.

The CPD Triennium closed in December and after quite a few reminders to members we were able to state that we had 100% compliance for CPD.

Liaison and networking with other health stakeholders has continued with projects and participation between the NZOA and:

- The National Health Board
- Health Quality and Safety Commission
- National Health Committee
- Health Workforce New Zealand
- Medical Council of New Zealand
- ACC
- Pharmac and
- The Ministry of Health.

Meetings have been held with the NZOA Trust, Wishbone Trust and NZ Joint Registry, the Ministers of Health and ACC and the Opposition health spokesperson.

The Secretariat staff has extended to five members, three of whom are part time. Helen Glasgow has completed a year as the Education and Training Manager, she has developed a great rapport with the trainees, planned and implemented several training days and weekends, successfully conducted an excellent Paper Day for aspiring orthopaedic trainees and despite an absolute weather bomb hitting Wellington managed to get the Selection Day completed on time and at a very high standard. Tanya Turchie our ‘fantastic’ Conference and Events Manager has excelled once again this year and I know all of you who have worked with her are very grateful for her expertise. Rachel Allan joined us in January as an Accounts Administrator and thanks to her efforts we have managed to get membership fees all paid bar two. Bernice O’Brien joined the organisation after Margaret Findlay called it a day in December and has been proactive with the Practice visit Programme and taken over the CPD role from me.

My grateful thanks go to all the staff at the Secretariat for developing an open and encouraging workplace.

Flora Gilkison
Chief Executive
Honorary Secretary’s Report

Discussion surrounding membership and its vital importance to the NZOA has resulted in a more structured membership committee and meeting timetable.

The Research Foundation has been established, received applications and granted funding to five projects. Funding is provided by the profits of the ASM and COE meetings, which used to go to the NZOA Trust. A further funding round is planned for later this year.

The Constitution has again been reviewed; the focus of the latest review has been membership. There have been two areas of particular interest - senior membership and admission to full membership. With regard to senior membership, the existing definition of senior and emeritus fellows was felt to be ambiguous. In addition there is an increasing number of fellows still in active practice but, being over 65, pay no subscription fee. This was felt to be unfair. The process of admission to full fellowship has come to the fore recently with increased numbers of international medical graduates applying. These are often from smaller centres, and though the applicants are well supported and respected by their local faculty, they are often not known to the wider orthopaedic community. The tightening of the application process is outlined in the proposed Constitutional change, which has been circulated, and will be discussed at the AGM.

Council policies continue to be reviewed regularly. Discussion surrounding membership and its vital importance to the NZOA in general, has resulted in a more structured membership committee and meeting timetable. The Committee will now include the Immediate Past President, Secretary, Censor, Chair of the Education Committee, and CEO. The Committee will meet just prior to the Council meeting at the ASM, having received and vetted applications, and make recommendations to the Council for the general membership to ratify at the AGM.

Finally thanks again to Flora and the Secretariat staff in Wellington, who do an excellent job, and orthopaedic colleagues from around the country for their help and advice.

Hamish Leslie
Honorary Secretary
The process of electronic invoicing and receipting has meant faster subscription fee payment and less follow up of those who have perhaps mislaid the paper copy. The result has meant easier cash flow for the Association and increased revenue.

The accounts for the year have always looked in good shape although one is always nervous that an unexpected payment may arise.

The final year surplus is healthy especially compared with last year which included a change of Chief Executive and location. The Association receives 100% of the ASM surplus which will go to the Research Foundation as agreed to last year. Unfortunately there was no COE held in this financial year as the Paediatric COE in Queenstown was held in August 2013 – just sneaking into the new financial year. Normally 50% of the surplus from the COE would have been received by the Association. It will even out as the COE for 2013/14 is in April so the Association in the next financial year will receive funding from two COEs in the one year.

The unaudited accounts include a reasonable surplus form the Secretariat. This is above budget and will go through to the NZOA Trust.

The financial reporting process and the Association’s internal controls have again tightened this year. Variances to budget were increased professional fees, mainly from the accountant Kayleen Milner Taylor’s fees. Kayleen has brought a true level of professionalism to the accounting function. You will be interested to note that the Group – made up of the NZOA, the NZOA Trust and the Wishbone Trust now has a total income of over $1.5 million.

We are becoming an increasingly large organisation and therefore need to rely more on professionals. Other variances were from a cost overrun on the web site development. This cost more than was planned but the contractor Solnet had a change of staff and the project lost its way a little in the middle of the development, suffice to say we are using a different company for the CPD online development.

Over all costs have been managed very well without the Secretariat becoming too constrained and allowing a reasonable surplus to be generated. The working environment always seems productive with staff enjoying their roles and being on top of the situation. Much of this is down to Flora’s leadership and I would like to thank her for this.

Grant Kiddle
Honorary Treasurer
“We continue to enhance and develop practice visits and increase multi-source feedback and assessment tools so that the public can have confidence that we are practicing competently, ethically and professionally”
The last 12 months has seen the College spend significant time and energy reviewing its relationships with the 13 Specialty Societies. At the time of writing this report the majority of the Training Agreements with the Societies have been signed and hopefully by the time you read this all will have been signed!

However there has also been considerable activity in other areas. On the educational front the Council made a strategic decision, earlier this year, to move into the “pre-set” years. Prior to SET commencing in 2008 the Basic Surgical Training program gave those doctors in the early post-graduate years the experience and focus they needed when they commenced advanced surgical training. Although one of the philosophies in the development of SET was that entry into surgical training could occur after the second post-graduate year, it has been shown that this has happened infrequently and will become less frequent as each specialty is requiring increased experience before entering SET. This leaves a void in the early post-graduate years where surgical aspirants would like to gain skills that would be useful when they start in an accredited training program. The College has decided that they will develop a number of learning opportunities to facilitate this. The Generic Surgical Sciences Examination will also be able to undertaken prior to commencing SET.

At the other end of training the Fellowship Exam continues to be reviewed. The introduction of the expanded close marking system, championed by NZOA President Richard Lander, and fellow New Zealander Spencer Beasley, has allowed improvement in the validity and reliability of the exam.

The planned development of an image bank will allow the collection of medical images in a range of formats to deliver an examination that more closely aligns that of clinical experience in hospitals.

The RACS Annual Scientific Congress held in Auckland between the 6 – 10 May was an outstanding success and all credit must go to the local convenor, John Windsor and his fellow organiser. Highlights were the plenary sessions where a number of outstanding New Zealanders gave presentations highlighting Kiwi innovation and determination.

There has been College activity in a wide range of other areas – too numerous to mention in this brief report. Pertinent to both NZ and Australia are revalidation, (meetings held with International Colleges to share experience), Generalism versus Specialism (of particular interest to Government Workforce Committees), and the role of Post – Fellowship Training.

After six years of being the Orthopaedic representative on the College of Surgeons Council, I have now moved to become a Fellowship elected Councillor and therefore no longer sit on the NZOA Council. It has been my great pleasure and honour to represent the orthopaedic surgeons of New Zealand on Council and I have endeavoured to do that to the best of my ability. I wish my successor, Mr Roger Paterson, the very best and I am sure he will enjoy his association with the NZOA as much as I have enjoyed my time sitting on your Board.
Eighteen out of 24 planned Practice visits occurred in 2012/13 year. When a planned visit for some reason (e.g. clinical emergency, family member death) cannot go ahead, the PvP team needs to reschedule quickly. This is an administrative function that the NZOA is working on. Colleague peer reviews were not as extensive as the PvP Committee thought appropriate to give a wide view of a visitee. The committee recognised that there needed to be clarification around the number and roles of colleague reports. Ten colleague reports from a specified range of different health workers the visitee normally engages with are required.

Sub-specialty visits
The programme of visits for the year endeavoured to match surgeons working in specific subspecialties to allow for specific learning opportunities.

International Medical Graduates (IMGs)
The PvP could be used to better assist new IMGs who may practise in relative isolation. The visitors chosen for the IMG visit are ones who will be able to develop a mentoring and reference role for the IMG and will usually have links to larger centres. This means that if an IMG wants advice they will have a colleague in a larger centre they can go to seek advice from.

Recommendations to be implemented 2013 – 2014
The Colleague questionnaire – This is to have the number and occupation of the colleagues detailed so that a full 360 view can be completed. Responses will be expected from 10 people with whom the surgeon works closely.

Rod Maxwell
PvP Coordinator

Continual improvement has been a strong focus for the PvP. NZOA has become a recognised and respected leader in this field.
The Workforce committee has been rather quiet this year. A review of member’s current age and forecasting forward five years i.e. the time it takes for NZOA trainees to usually gain Fellowship shows that we have in general terms 51 likely retirees over the next five years and 50 trainees.

This is coarse measure and shows the Association is holding steady on numbers. It does not show the regional distribution or the sub-specialty areas, nor does it assist in predicting future demand. There is a ratio of about 1: 20 females to male orthopaedic surgeons in New Zealand and a similar amount in training and a ratio of 1: 18,000 orthopaedic surgeons per population, again this is not spread evenly across the country.

NZOA made a strong submission to Health Workforce New Zealand on possible changes to scopes of practice under the HPCA Act to deliver a more flexible workforce. The submission is on the website but the crux is that while as an Association and a body of professionals we are not averse to change; standards and quality of care must not be compromised in an effort to gain short term savings in the health labour force.

The other area of submission was to the Medical Council on the possible change to the house surgeon years where Postgraduate Year One and Two (PGY1 and PGY2) will have a set educational curriculum which must be fulfilled. The programme mooted has advantages and disadvantages. The former being trainees will now be able to sit SSE (Surgical Sciences Examination) in PGY2 instead of having to be accepted onto the training scheme. The latter being who implements and monitors the programme for each PGY 1 and 2 as they will be required to develop a personal professional development plan and must have placements in a set number of areas. Done well it could revitalize the house surgeon years. Underfunded and done poorly it will only exacerbate the current problem of house surgeons being crowded out by registrars and clinical nurse managers. This may mean they are not sufficiently exposed to different specialties to be able to make an informed choice about the direction their career will take.

Simon Hadlow
Workforce Committee

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**Workforce Report**

Workforce distribution and longevity has been a focus this year with Health Workforce New Zealand looking at different roles and scopes. The NZOA Workforce by Age 2013.
Education Committee Report

“Kevin Karpik has willingly given 15 years’ service to the NZOA Education Committee. Under his skilled leadership NZOA and the profession of orthopaedic surgery can be rightly proud of the quality of orthopaedic trainees and their high success levels in gaining RACS Fellowship.”

Kevin Karpik
Chair of the Education Committee

Education opportunities for trainees
A full calendar of training was available in the last 12 months. The spring training weekend in Dunedin followed immediately the NZOA ASM. Alan Carstens convened a heavily involved local faculty after a busy week with the ASM. An excellent training experience was had by all.

The Autumn training weekend was at Middlemore, again with extensive involvement of the local Orthopaedic Surgeons. Trainee feedback suggests a useful (albeit busy) weekend.

In April a SET 1 mini weekend was held in Timaru supervised by David Templeton. This is a great chance for the new trainees to meet their peers and hopefully develop good systems for history taking and exam. This is reinforced by the Palmerston North Oral History and Examination Training Course in October.

The mock exam was superbly organised by Dawson Muir and his colleagues at Tauranga. Following this the SET 5’s endured an intensive pre exam course at North Shore Hospital. This was overseen by Ali Bayan and the SET 5 candidates were extremely impressed with the quantity and quality of clinical material available. In June Mike Hanlon from Auckland City Hospital oversaw the biennial Pathology course. This involves two expert Pathologists and a Radiologist from the USA flying to New Zealand providing their tuition and expertise. The Committee thanks Mike Hanlon for his efforts in organising and running this course.

Selection 2014
There were 30 potential candidates applying for selection. 27 candidates were interviewed and 10 positions filled. 1 of these positions has a deferred placement subject to completing a PhD.

SET selection this year coincided with a dreadful nationwide storm. Many candidates had their flights cancelled and had to drive through the night to reach Wellington by 7 am. Three committee members were stranded in the South Island and one drove through the night from Tauranga. Nevertheless every candidate to their credit made it and the selection process remained robust. The successful candidates are:

Fellowship Exam
11 candidates sat the April/May Fellowship Examination in Wellington, 9 candidates were successful. The unsuccessful candidates will re-sit in August and September.

College Liaison
Attendance at BSET Ortho and College BSET has been maintained this year by Richard Lander particularly, Simon Hadlow and myself. The RACS / NZOA partnering agreement has recently been signed and the NZOA looks forward to working collaboratively with the College to deliver a high level of quality training to our future Orthopaedic Surgeons.

Kevin Karpik
Chair of the Education Committee

New Zealand Orthopaedic Association: Annual Report – 2013
The Royal Australasian College of Surgeons Court of Examiners in Orthopaedic Surgery acts as an external panel for the AOA and NZOA Training programmes and for International Medical Graduates who have applied for Fellowship of the Australasian College of Surgeons.

New Zealand Examiners:
Tim Lynskey
Gary Hooper
Andrew MacDiarmid
Sud Rao
Mark Wright
Bruce Hodgson
Brett Krause

Examiners numbers are currently sufficient for the numbers presenting for the Fellowship Examination – Part 2. Tim Lynskey will be retiring in 2015 and nominations for a replacement will be called for in 2014.

Meetings:
A planning meeting was held February 14-17 during which examinations for 2013 were finalised.

Examinations September 2012-August 2013:

OPBS:
Since the last report examinations have been held in October 2012 when 40 candidates sat in Australia and New Zealand. 36 were successful and in April 2013 when 22 sat and 20 were successful.

The reading list includes “Orthopaedic Basic Science Foundations of Clinical Practice”.

The Third Edition, which is currently used for the OPBS, will go out of print and will not be available after October of this year. The Third Edition will be replaced by the Fourth Edition which has been available since April of this year.

We are indebted to Ilia Elkinson who acted as the local coordinator for his efficiency and for the cases he and the Wellington consultants provided.

We are also grateful to the staff at the Boulcott Clinic for their enthusiastic support.

15 candidates sat. 11 were successful including 9 of 11 New Zealand Trainees.

This year the numbers sitting in May in Australia were capped at 40.

The examinations were held in Melbourne May 24-27 and 31 of 40 candidates were successful.

The last examinations for 2013 will be held in Adelaide September 19-23.

The future:
All examinations remain under constant review. Different methods of questioning and assessing are continually being trialled but there will be no change to the current format without notice of at least one year.

There is an intention to allow the Surgical Sciences Examination to be sat before entering SET however this is unlikely to occur until 2014.
The Autumn training weekend at Middlemore was exceptionally well run, with excellent cases and teaching from all consultants involved.

Our thanks to all involved in planning and executing the event. We are all looking forward to a similarly good experience in the Hawkes Bay for the Spring training weekend at the end of September and wish Mr Dray good luck for a smooth organisational process.

Thanks to the excellent standard of training we are privileged to receive in this country, 2013 has again seen the vast majority of Fellowship Examination – Part Two FRACS candidates pass on their first attempt.

Congratulations to those successful trainees and good luck preparing for fellowship training and the future.

As trainee representative I have attended the quarterly NZ branch of RACS meetings at Elliott House. A relevant issue from these meetings has been the desire of the College to better engage with medical students interested in a surgical career, to provide mentorship and support. I know that already most consultants are extremely supportive of keen students and I hope we trainees can learn from this example, to ensure the most able and appropriate candidates choose our specialty in the future.

2014 is likely to hold some changes for trainees. With issues filling certain training posts (despite their good quality), it is likely that more trainees will be directed by the Education committee to these centres, unless they are filled voluntarily. This will be disappointing for some trainees but is a necessary initiative to fulfil service requirements in the centres affected and so is entirely justifiable.

Finally, on behalf of fifteen years’ worth of Orthopaedic Trainees, I would like to extend special thanks to Kevin Karpik for the outstanding contribution he has made to the education committee and for the last four years as Chairman.

Phillip Insull
Trainee Representative
The NZJR continues to run smoothly and has accumulated almost 15 years of data with a total of 190,168 registered arthroplasty procedures totalling approximately 900,000 component years to 31 May 2013.

The preparation of the 14 year report is on track and should be available early November 2013.

Projects: The registry is increasingly involved with requests from overseas institutions for collaborative studies, as well as implant manufacturers, for NZJR analysed data which is putting pressure on staff resources not only re data retrieval and analyses but the time involved with contract negotiations. One of the reasons the NZJR data is so keenly sought after is because it is regarded as one of the most comprehensive and pure Registries. In addition the NZJR continues to supply data for NZ surgeons/registrars and implant suppliers.

Assistant Supervisors: In view of the above James Taylor and Khalid Mohammed have kindly agreed to become assistant supervisors and have taken over responsibility for some of the projects as well as advising on data analyses for the annual report. I am very grateful for their help and support.

NZJR Raw Data: In view of the number of requests for NZJR data it was agreed at the NZJR Board meeting in April that no raw data is to be released to anyone apart from the raw data released to individual surgeons regarding their own arthroplasty practice. However it is acceptable for data analysed by the NZJR statistician to be released.

Funding: In April the ACC renewed their funding of $25,000 per year for the next three years which is very pleasing. In addition the NZJR finance committee under chairmanship of Richard Nicol has raised further funding mainly from the implant companies.

International Meetings: The NZJR had representatives at the International Society of Arthroplasty Registries meetings in Chicago, (March) and Stratford-on-Avon (May). Richard Lander attended the former and Peter Devane the latter. I am grateful to them as I believe it is important for the NZJR to maintain and enhance its international profile.

Logo: The new logo has been well received thanks to the team at European Arthroplasty Registry. The logo was delivered in different formats and was free, gratis and for nothing!

Publications / Presentations: Based on NZJR data continued during 2013 with another 3 publications in internationally refereed journals.

NZJR Staff: As always I wish to acknowledge the untiring efforts of the Registry staff headed by Toni Hobbs. Without their dedication and attention to detail the Registry would not have such a high national/international reputation.

New Zealand Joint Registry Report

The NZJR continues to run smoothly and has accumulated almost 15 years of data with a total of 190,168 registered arthroplasty procedures totalling approximately 900,000 component years to 31 May 2013.

The new logo has been well received thanks to the team at European Arthroplasty Registry. The logo was delivered in different formats and was free, gratis and for nothing!

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New Zealand Orthopaedic Association: Annual Report – 2013

<table>
<thead>
<tr>
<th>Total Registered Arthroplasty Procedures</th>
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<tbody>
<tr>
<td>Hip primary</td>
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<tr>
<td>Knee primary</td>
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<tr>
<td>Hip revision</td>
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<td>Knee unicompartmental</td>
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<tr>
<td>Knee revision</td>
</tr>
<tr>
<td>Shoulder primary</td>
</tr>
<tr>
<td>Ankle primary</td>
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<tr>
<td>Elbow primary</td>
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<tr>
<td>Shoulder revision</td>
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<tr>
<td>Cervical disc primary</td>
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<tr>
<td>Lumbar fusion primary</td>
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<td>Lumbar disc primary</td>
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<td>Ankle revision</td>
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<td>Lumbar disc revision</td>
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<td>Cervical disc revision</td>
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<td><strong>Total</strong></td>
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New Zealand Orthopaedic Association: Annual Report – 2013
The Third Party Liaison committee has had two main streams in 2012/13. These are the ACC/NZOA and Pharmac/NZOA liaison meetings.

The Third Party Liaison committee has had two main streams in 2012/13. The quarterly ACC/NZOA meetings have continued. It has been good to see ACC begin to more effectively liaise with the subspecialty committees to develop shoulder and knee guidelines and to be open to these subspecialties to seek independent second opinions from. There is always an urgent need to work closely with ACC and to have a good channel through which to approach them. This is especially so when their decision making is inconsistent between regions and patients and when there is a strong case for advocacy. The metal on metal hip implant problems continue to arise and we are working with ACC to determine a consistent strategic policy to be applied while recognising each patient’s care must be decided on a case by case basis.

The second stream of work is with Pharmac as they move into the purchasing of all medical devices. I am grateful to the Immediate Past President for taking the lead on this and attending the meetings. While there has not been a lot of decision making by Pharmac as yet they have been in a strong information gathering mode and NZOA has been forthright in giving relevant input.

John McKie
Chairman
Third Party Liaison Committee

New Zealand Orthopaedic Association: Annual Report – 2013
I have continued to serve on the NZALS Board during 2012-2013. There has been a change in the Chair for the second time in 2 years.

The new Chairman George Reedy is a chartered accountant with a background in business, non-government organisations and the public sector. George has maintained a board focus on strategic planning to future-proof the Limb Service in the face of advancing technology and rising costs.

The NZALS remains the sole provider of artificial limbs for more than 4000 amputees through 5 limb centres. The Prosthetists also service regional clinics in another 13 centres from Kaitaia to Invercargill. The majority of new amputations are for vascular disease and/or diabetes. Traumatic amputees represent approximately 20% of new amputees but make up 50% of the amputee population requiring on-going care. Somewhat surprisingly there has been no increase in the number of new amputees requiring artificial limbs in recent years.

Prosthetic care and rehabilitation for new traumatic amputees is funded by ACC on a case by case basis to ensure optimal care. The challenge is to match this for Ministry of Health funded amputees when funding has been capped despite rising costs.

Interest in osseointegration for bone-anchored prostheses continues. The first 2 procedures in New Zealand have been carried out this year by John McKie in Christchurch.

The NZALS now has a contestable research fund. Any NZOA members who may wish to undertake research relevant to amputees in NZ should contact the NZALS CEO or me for information.

Barry Tietjens
New Zealand Artificial Limb Service Board
Editorial Secretary’s Report

The role of Editorial Secretary has increased in prominence over the 2012/13 year and as the Research Foundation develops the role will become further defined.

Two main areas have taken precedence in 2012/13:

1. The establishment of the NZOA Research Foundation and
2. The further refinements to the usage and effectiveness for research of the Bone and Joint Journal UK. The Association pays a fee of around $20,000 to the UK office of the Bone and Joint Journal to allow all members open and free access. The usage statistics show a medium use by members and I would urge you to make fuller use of this great resource.

Chris Hoffman
Editorial Secretary
The designated provincial hospitals in NZ, under the rural hospitals network, are Whakatane, Gisborne, Wanganui and Masterton in the North Island, and Blenheim, Greymouth and Timaru in the South Island.

These hospitals comprise about 10% of the orthopaedic surgical workforce.

There are unique issues that confront the above provincial hospitals; namely:

1. **Professional Isolation**

   Professional isolation, particularly for the IMGs, can occur in smaller centres. Thus the importance of networking support from tertiary centres, which I believe is readily available. This is not really so much a problem for the NZ trained surgeon but more so for the IMGs.

2. **International Medical Graduates**

   IMGs can have difficulties working through the process of vocational registration with the Medical Council. The process can be slow and seemingly lack direction.

   The hope is to coordinate this process so when IMGs commence employment they are given support and direction early on in the process of vocational registration.

3. **Surgical Competency**

   Competency can be a problem with surgeons who are credentialed to perform a certain procedure but perform a low number of cases over the course of the year for that particular procedure; for example the insertion of pedicle screws for lower lumbar spinal fusion. The case load for a particular surgeon undertaking such a procedure may only be in single figures per year. It is a known fact that the low volume surgeon has a higher complication rate.

   If such procedures are to be continued in the smaller centres then to overcome this specific problem surgeons either need to work together on such cases or be able to work in high volume centres as assistants to keep up their skills.

   The other option the smaller centres can consider is to direct cases to colleagues with a special interest within their own hospital.

4. **Inflexibility of the current surgical contract system**

   The Ministry of Health’s focus to work on a monthly contract period can potentially cause problems within the smaller hospitals, which have less flexibility in the workforce to adjust to the work load demands caused by such a system.

   Management are under considerable pressure to meet pre-set contract case weights and surgeons coaxed into meeting the quota. This puts constraints on surgeons working together and also surgeons being able to work in tertiary centres.

5. **Sabbatical**

   The current contractual environment makes it difficult for surgeons to take up their sabbatical entitlements for up skilling.

   Could a locum roster of final year trainees, or those waiting to take up fellowships, be coordinated through the NZOA administration to assist with helping to cover surgeons wishing to take up this entitlement?

John van Dalen
Rural Centre Hospitals Representative
The Triennium for CPD finished in December and it was good to see that NZOA had a very strong participation rate. This was the last year for this CPD programme and in 2013 we have had our new programme approved by the College’s Professional Development and Standards committee and by proxy the Medical Council of New Zealand. The new programme requires 70 credits per annum, 20 from areas where members will evaluate their clinical practice and 50 points from areas where members will be improving clinical knowledge and standards. The programme has a depth of rigour to it that was not part of the previous programme balanced by areas where it is easier to achieve the required points. By the AGM there should be a new web based programme able to be tested by members. I realise this has been a long gestational process complicated by RACS changing the requirements at the beginning of the year.

As Chair of the NZOA Professional Development and Standards Committee I attended two meetings of the College Board of Professional Development and Standards and I have attended the NZOA Council meetings. The Triennium process and the new CPD online development have included meetings with the secretariat staff and advising members on point allocations for a range of CPD activities.

The New Zealand Orthopaedic Association continues to be highly regarded by the College and Medical Council for its commitment to Continuing Medical Education.

Alex Rutherford
Chair
CPD Committee
Our activities over the last 12 months have been:

- working with Arthritis(NZ) and ACC to achieve fairer cover for the injured with arthritis (seminar report previously sent to NZOA)
- liaising with RNZCGP facilitating GP training in MSK
- preparation of a further paper with which to approach the Ministry and Government: to contain powerful new data relating to the growing importance of MSK diseases, particularly in Australasia contained in the Global Burden of Disease study (GBD 2010), The Lancet, 15 Dec 2012. A profound shift of the burden from communicable and life-threatening diseases to chronic non-communicable disorders, particularly MSK, is shown
- my attending the World Network Conference of the BJD (RIO, July 2013) was to network and assess the place of our NZ NAN locally and internationally: I make suggestions below for consideration by NZOA and our other NAN members.

Our NZ NAN has a declining interest from its members – I therefore believe it needs reorganisation. I suggest:

- A change to a rotating leadership
  NZOA has provided the sole leadership and major funding for the 13 years of the NZ NAN’s existence (unique, internationally, I gather). Overseas, rotation of the NAN lead organisation and coordinator provides refreshing “new blood”. The Canadian NAN has moved away from a purely orthopaedic-led group, and also Australia (the first country to have a patient advocacy group lead—is this appropriate now for NZ too?).
  I suggest a 2-yearly regular rotation (as in Norway, a similar-sized NAN to ours).
  I will be standing down as national coordinator in February 2014 after my 2 years as coordinator and NZOA representative. If the NZOA still wants me to do so, I will stay on the NAN as NZOA representative for another 12 months to provide continuity.

Future funding
A more diverse funding stream seems desirable. I recommend that organisations contribute according to their income (the UK model). On that basis, NZOA would still provide its generous substantial funding. But other ways of funding should be more vigorously explored.

Increasing interest in our NAN
There are many imaginative ways used by overseas NANs (outlined in my conference report to NZOA). Giving member organisations more say, and encouraging their action in specific projects seems to work overseas.

Russell Tregonning
National Coordinator, BJD NAN (NZ)
The 2013 ASEAN Travelling Fellowship was the second for Australia but the first time New Zealand was included. The Fellowship was over a period of two weeks visiting Ho Chi Minh City (Vietnam), Singapore and finished with the ASEAN/Malaysian Orthopaedic Meeting in Kuching, Sarawak, East Malaysia.

I left on Friday evening 24 May for Singapore via Auckland and onto Ho Chi Minh City (HCMC) arriving late morning on Saturday 25 May and meet up with the other two ASEAN Fellows over the next day. Just before landing one could see the Mekong delta with all its waterways where every inch of the land was cultivated with houses tightly lined up along the canals. It looked like the main traffic in the area was by boat rather than car.

We cleared immigration and customs without any delay and were picked up by 2 young orthopaedic surgeons who were obviously selected to look after us and who spoke reasonable English although it took me a few days to get to grips with their accent. The first thing which caught my attention was the sheer volume of motorbike traffic; it looked like a continuous river of bikes flowing down the streets with very little interruption.

We were accommodated at the Bong Sen Hotel right in the city centre and given the rest of the day as free time.

I had a quick reconnaissance tour around the hotel where I noticed quite a number of French looking buildings dating back from the French colonial time including the opera house, a magnificent building, which looks like it has been transplanted there directly from Paris. My first real excitement was when I withdrew money from an ATM becoming an instant quadruple millionaire. The Vietnam currency, the Dong, has an exchange rate of 16.000 for one New Zealand dollar so a cup of coffee will cost you around 60.000 Dong!!

In the evening Richard and myself had our first Vietnamese meal in the form of a set menu which comprised a total of 7 dishes including dessert. We also tasted our first local beer with the name of 333.
The next day we had an early start for a day’s sightseeing of the Mekong Delta and we all boarded a van which took us on a 90 minutes’ drive south of HCMC to one of the many arms of the Mekong River which comes from a high plateau in China and flows through Laos, Cambodia, and Vietnam before ending in the South China Sea. We arrived at the river and boarded a boat which took us to 3 different islands in the middle of the Mekong River about 60kms upstream from the sea.

On the first island we were introduced to honey tea which includes honey, lime and sprinkles of pollen from the bees. There were stores selling all sorts of local fruit like for example dragon fruit, rambutan, lychee, mango, durian etc. We all had our photo taken with a python wrapped around our neck and then we were off to another island to taste some coconut candy and snake wine.

The drive back to the hotel was uneventful and we had a short break before going to dinner to meet the senior orthopaedic surgeons from HCMC. We were greeted by Dr. Thong, President of the HCMC Orthopaedic Association and Past President of the Vietnamese Orthopaedic Association. The dinner was attended by the President of the Vietnamese Orthopaedic Association and Past President of the HCMC surgeons from HCMC. We were greeted to dinner to meet the senior orthopaedic and we had a short break before going later for the orthopaedic treatment. Andrew then gave a talk on ankle arthroplasty after which we were taken on a tour of the hospital including the operating rooms. HTO is a purely trauma hospital which was built by the Chinese 20-30 years ago and has become too small as a result of the population growth of HCMC which currently stands at around 8-9 million. The hospital is very crowded and there are people everywhere. I think the hospital was built for 100-200 beds but regularly caters for 400-500 patients. Most wards have patients on trolleys lined up in the corridors and rooms which normally would have 4 beds will take up to 10-12 patients. Family members who look after the patients have to lie under the beds because there is no room for them to stand or sit.

We saw a lot of patients in skeletal traction waiting for surgery and others with external fixators. The hospital is organised into different departments according to speciality; upper limb, lower limb, spine, paediatrics, and micro/hand surgery. There is an emergency department but no ICU facilities and patients with head and or abdominal injuries have to be transferred elsewhere and they normally come back later for the orthopaedic treatment. They have a lot of visiting teams from overseas mainly US, Singapore, France etc. and scoliosis surgery is supported by James Weinstein who visits regularly. They seem to have most implants available and I saw Xrays of scoliosis cases with pedicle screws in the thoracic and lumbar spine. The hospital has an MRI scan but no CT which is an issue considering the amount of trauma going through the hospital. They have 9 operating theatres of which 3 run 24hrs a day. It appears that they do around 100 theatre cases per day. There is a large recovery area and no shortage of staff with nurses and theatre technicians everywhere. They don’t use disposable drapes and still have the old radiography films. Their work is mainly trauma, arthroplasty, and spine but they also do arthroscopy, scoliosis, microsurgery and tumours. Most cases of internal fixation were well done using contemporary implants.

The outpatient clinic is very busy and looks chaotic from the outside but it appears that the system works and that people get seen. Despite the overcrowding of the wards and long waiting times for surgery and in outpatients nobody seems to complain and patients are obviously used to this.

After the hospital visit we escaped the crowds by retreating to a nice coffee shop for further discussions with Xuan who was looking after us most of the time. This was followed by lunch and in the afternoon we visited the University Hospital which has a brand new building recently opened.

This hospital was the complete opposite to the one we visited in the morning. Modern, clean, spacious, and all the mod cons. We didn’t visit the operating rooms but the wards and clinics were just like a NZ hospital and probably better.

We then met the head of orthopaedics and his staff, and Andrew and myself gave a presentation which generated a very good discussion.

In the evening the staff from the hospital took us out for dinner to a sea food restaurant where we ate all sort of sea creatures including snails and shell fish I had never seen let alone eaten before. This was all washed down with a lot of local beer and toasts of ‘yols’.
The next morning we were taken back to the HTO for the morning meeting and Richard gave 2 presentations related to the shoulder and wrist. This was followed by a further visit to the hospital including the plaster room where orthopaedic technicians reduced simply fractures, as for example distal radius fractures, using haematoma blocks. They are well organised to deal with the number of cases and have the Chinese finger traps lined up to carry out the reductions.

After that we went to a local orthotic shop opposite the hospital where we all purchased locally made Vietnamese finger traps!

As we had some time available before lunch we visited the War Museum which certainly reminded me of the atrocities of this conflict and the suffering of the Vietnamese people. It certainly brought back memories from the 60’s and 70’s when I was at high school and the Vietnam War was in the news most days. It gave me the opportunity to learn more about the background of the war and the influence on life in Vietnam up to this day. The exhibits were very informative including the display of the different torture techniques used during the conflict.

This was followed by lunch and a visit to Cho Ray Hospital in the afternoon.

Cho Ray is a very busy General Hospital of 1000 plus beds again with an orthopaedic ward overflowing with patients. Rooms for 4 beds had up to 16 patients with barely any room to move. Again we saw a lot of patients in traction and also locally made external fixators. It appeared that this hospital was dealing mainly with acute trauma and very little elective surgery. We met a number of mainly junior orthopaedic surgeons who showed us a number of interesting trauma cases which generated a good discussion.

That evening we had dinner at a very nice restaurant located in an old colonial home which had been restored very tastefully and gave an atmosphere of French colonial times. The food was very tasty and the company excellent.

Our last working day again started at HTO with a talk by myself on periprosthetic hip fractures and Andrew on Lisfranc injuries. Both talks generated a lot of interest and good discussion. We then met the Medical Director of HTO who gave us an overview of the patient throughput of the hospital which appears to have doubled over the last 10 years.

On the last evening in HCMC we were taken out for dinner by the Director of HTO and all the senior surgeons at an exclusive restaurant not open to the public. The food again was excellent and the Director brought along 2 bottles of very expensive whisky to share which made everybody very happy. There were many glasses raised as well as the usual 1,2,3 yols and we felt that we had made very good friends for life. After the usual group photo we left to be taken by Xuan, one of the younger surgeons, to a bar called Carmen. They had live Mexican and Latin music with some very talented local performers. The first cocktail we tasted was called a B52 and I struggled with this as the instructions were unclear. This was followed by tequila and ..... we got back to the hotel at 1.00 am.

The next morning we had just time to pack our luggage and bid our final farewells before being taken to the airport for our flight to Singapore.

We were sad to leave our Vietnamese friends who had been so welcoming and had looked after us so well over the 4 days. All the surgeons were so kind to us and interested in our countries and health systems. They were very generous of their time and made sure that we didn’t go without food for more than a couple of hours. We certainly enjoyed their company and admire their ability to do excellent work in difficult circumstances and a never ending stream of patients in a hospital constantly bursting at the seam. The residents and young surgeons are very keen to learn advanced orthopaedic techniques and most of them get to go to the US or France.
We certainly have made important contacts in Vietnam to allow the NZOA to develop Educational Visits and Fellowships for Vietnamese surgeons to spend some time in our country and more formalised links between our associations. A returning Travelling Fellowship to Australia and New Zealand next year would be an excellent start.

The next part of the Fellowship was spent in Singapore. After we unpacked at the hotel we were hosted for dinner by Dr Lim Mui Hong, Honorary Secretary of the Singapore Orthopaedic Association at a restaurant with a wonderful view of the Marina Sands and surrounding area.

The next day we spent the morning at Singapore General Hospital with A/Prof Denny Lie, shoulder surgeon, and watch him in theatre doing arthroscopic shoulder surgery. SGH is a large hospital complex which evolved over the years from the general hospital built by the British in the 19th century. The hospital is undergoing continuous extension to keep up with the demand of a growing Singapore population (currently around 5 million). The ground floor looks like an airport departure lounge with shops and computerised self-check in desks for patients. Everything looks very organised to the last detail. Front desk staff wear uniforms and white coats are still in fashion!!

After lunch we visited Changi Hospital, a medium sized general hospital, and were greeted by the head of department and all the medical staff of his department which I thought was a nice gesture. After a quick look around the hospital there was a small presentation to the residents by Andrew and Richard.

In the evening we had dinner at a very nice Chinese seafood restaurant hosted by A/Prof Paul Chang, President of the SOA, who was getting ready to run the Singapore marathon that night. We also met a wonderful lady Dr Kanwaljit Soin, Vice-President of the SOA, who is 71 and still practising hand and spine surgery. She was previously a member of parliament and able to outline to us the politics in Singapore which was an eye opener to us. She is such a vivacious and energetic person that Andrew gave her the nickname of ‘tornado’. After the dinner we went on the Singapore Flyer which is a large Ferris wheel with beautiful views over Singapore by night.

The next day was Saturday and we were taken back to SGH for a registrar teaching lesson and presentations by the 3 of us. This was attended also by a few consultants.

Our last working day in Singapore was spent at the National University Hospital were we met Prof Hee Kit Wong and his staff who took us on a very comprehensive visit of the Hospital, Medical School and Research facilities. NUH and NUS must be amongst the top hospitals and medical schools in the world. One can sense the money available for patient care and research.

We were asked to enter our name into the visitor’s book which went back to the 1950’s when the Medical School was based at SGH and it had the names of the who’s who in orthopaedics in it including Judet and others. I was surprised to find an entry from 2 Dunedin visitors, Alan Alldred and Bruce McMillan who visited in the 70’s and 80’s. Well now my name also features in the book!!

Following lunch we were given a free afternoon for shopping which seems to be the main past time of Singaporeans. The day concluded as usual with dinner this time at a Chinese dumpling restaurant with Michelle Choy, secretary of SOA.

The last part of the trip was to Sarawak, East Malaysia, to attend the combined ASEAN and Malaysian Orthopaedic Association Meeting in Kuching. For the first time in 2 weeks we had some time to relax and do things on our own. We took the opportunity to do some sightseeing before the start of the meeting and visited a wildlife sanctuary for the rehabilitation of orang utans.

The theme of the meeting was the arthritic joint and ran over 3 days with mainly Malaysian speakers and a few overseas
hosts. The programme covered hip, knee, shoulder, elbow, foot and ankle etc, based mainly around instructional course lectures and 2 daily sessions of free papers.

The last morning of the meeting was reserved for a charity bicycle ride. There were about 400 riders and the money raised goes towards hip and knee replacements for poor patients in Sarawak. This is something the NZOA could consider at the annual NZOA Meeting to raise money for orthopaedic research with the money donated by surgeons and industry unlike the hip walk where the money raised comes from patients.

I left on Sunday 9 June to return to NZ via Singapore.

In summary this was an excellent Travelling Fellowship which gave me insight into Asian orthopaedics including education, training and research. I would recommend this fellowship to NZ orthopaedic surgeons who want to experience different health systems and those interested in international orthopaedic issues.

Jean-Claude Theis
ASEAN Fellow
I was privileged to attend as New Zealand’s young Ambassador. The hospitality was excellent throughout the meeting. The theme was Arthroplasty and the large international faculty made for a high quality meeting. I presented on the prevalence and early sequelae of ceramic and metal acetabular liner unseating. Like the “carousel” attend the New Zealand meeting numerous Asian Association presidents attend along with young Ambassadors from countries throughout the Asian and English speaking orthopaedic world helping to build future linkages. Hong Kong is centrally located in the Asia-Pacific region which is the world’s most populous (4.2 billion people in 2011). Despite English being a minority language the HKOA specifically conduct their meeting in English. This is a privilege for those of us from the English speaking world. The general themes are very similar to those of our own meeting but with some notable differences related to Asian populations (eg a lot more knee than hip arthritis). As an alternative to our own meeting for a New Zealand Surgeon it would offer similar CME value but with a more international flavour. This will become more relevant with the gradual shift in world power and populations across the Asia-Pacific region.

Matthew Debenham
Hong Kong Young Ambassador

Hong Kong Young Ambassador to the Hong Kong Orthopaedic Annual Scientific Meeting – November 2012

32nd Annual congress of the HKOA, December 1 – 2 2012. Hong Kong Conference and Exhibition Centre.
Tony gave an insightful lecture on the development of orthopaedic surgery with a precis of Hamilton Russell and his contribution to the College notably as the first Censor-in-Chief.

Robert Hamilton Russell (1860-1933) was one of the founders of the College and its first censor-in-chief. He was a farmer’s son, born at Chartham near Farningham in Kent. He received his medical training at King’s College Hospital, where in 1883-1884 he became the last house surgeon to serve under Sir Joseph Lister. After several years in a number of hospitals in England and on the continent, he gained his Fellowship of the Royal College of Surgeons (FRCS) in 1889, and migrated to Australia for health reasons.

In 1901 he was appointed to the surgical staff of the Alfred Hospital. Here he did the work for which he is best remembered, on the treatment of fractures, particularly of the long bones. He devised a simple but ingenious method of traction for fractures of the femur. He remained an honorary surgeon to the Alfred Hospital until 1920. He then returned to the Children’s Hospital as honorary consultant, and joined the Melbourne Hospital as consultant of fractures.

He was President of the Medical Society of Victoria in 1903, and in 1920 he convened the Surgical Association of Melbourne. He was one of the signatories to the “Foundation Letter” of 19 November 1925, and contributed greatly to the foundation of the College by convincing the Surgical Association of Melbourne to disband in favour of the new organisation.

He was elected to the original Council of the College of Surgeons of Australasia. He was appointed first Director-General, then Censor-in-Chief, of the College, retaining this position until his death. On 30 April 1933 he died of injuries received when his car collided with a centre-road lamp post. Russell thus has claim to being the College’s earliest road trauma victim.

The lecture was founded by the College in 1935 to perpetuate his memory. The College President Assoc. Professor Michael Holland presented the Hamilton Russell medal to Tony.
Wishbone Trust Report

The Wishbone Trust recognised the sterling work completed by the late Sir Wilson who passed away this year. Sir Wilson was an excellent long standing Chair of the Wishbone Trust. His thoughtful contributions and wide understanding of how research is needed to promote the work of orthopaedic surgery in New Zealand meant the grants approved through the Wishbone Trust significantly contributed to the growth of the art and science of orthopaedic surgery in New Zealand.

Sir Wilson Whineray was a great raconteur and the Trustees will miss his entertaining tales of both the rugby and the business worlds. The Wishbone Trust meets annually to distribute research grant funding, receive research reports, and to review Wishbone activities held around the country, of most note the biannual Joint Effort Walk. The Trustees are very appreciative of the efforts of orthopaedic surgeons and their staff around the country to organise and participate in these works.

The two long standing trustees the late Sir Wilson Whineray and Noel Barclay retired last August. Two new trustees have been appointed and the NZOA is very pleased to welcome Bryan Williams, who has just retired as Chairman of the NZRPU and Mick Pender, Professor of Engineering at Auckland University. The Wishbone Trust distributed $55,000 in grants last year to 6 parties.

NZOA Trust Report

In October 2012 John Calder took on the role as Chair of the Trust, replacing Mr Bill Sanderson who stood back from the Chair role after doing a very good job but remains on the board. Mr Alan Isaac the independent trustee, after many years of sterling service retired from the board and has been replaced by Mr Ron Eglinton who has an accounting practice in Palmerston North.

The NZOA Trust was established in 1983 with the first section of the Trust Deed devoted to the intentional use of Trust funds.

“Whereas one of the objects of the Society is to act as a Trustee of property for the purpose of advancing the science and art of Orthopaedic Surgery and another to undertake any work which may appear to the Society to be in accordance with its objects and to do such things as are incidental or conducive to the attainment of the objects of the Society.”

Through good stewardship over the last 30 years the Trust has amassed a considerable sum. Research grants have been made and in 2012 these totalled $44,753 to five parties. The Trust Board have seriously considered the purchase of property and are of the opinion that this should be done to house the NZOA Secretariat with the proviso that not all monies should be apportioned to said purchase and that a conservative approach needs to be taken. The Secretariat currently spend around $50,000 on rental and the NZOA Trust Board feel that this money could be coming back to the trust in rental. A suitable property is still being sought, most likely in Wellington and would obviously need to be of a very high seismic rating.

Mr John Calder
Chairperson
Throughout his professional career he stood out as a dominant man of high ideals. He never hesitated to state his case clearly and use all his considerable energy to achieve his ends. He worked tirelessly to ensure that New Zealanders had access to Orthopaedic Services of the highest order of excellence. As a result of his endeavours he attained an International reputation not equalled by any other New Zealand Orthopaedic Surgeon. At the same time he established a place for New Zealand Orthopaedics in the global order and opened many doors in Orthopaedic Centres of excellence for younger New Zealanders. He was always totally committed to the well-being of his patients. He expected the same commitment from the junior staff who worked for him. If such was not forthcoming he would let the individual concerned know of his dissatisfaction. But when this issue was settled he was a wonderful surgical teacher always allowing the junior to function at their highest possible level and develop to their maximum potential.

Ross’s paternal grandfather had enjoyed a successful career in the law and civic politics in Auckland City. His parents farmed at Maraitai on Auckland’s Hauraki Gulf. His primary education was at the local country school. He went on to attend Auckland Grammar School from where he matriculated and embarked on a medical career at the University of Otago. He returned to Auckland for his sixth year of training and graduated in 1947. He stayed on in Auckland completing his house officer years and commencing his surgical training. He then made two excursions to the United Kingdom to advance his specialty training. It was in the course of these years working in Britain, for much of which he was stationed at London’s Royal National Orthopaedic Hospital, that he first established his place in the minds of those with influence in British Orthopaedics. So far as they were concerned Ross Nicholson had exceptional talent and his opinions were to be canvassed and respected.

In 1956 Ross was appointed as New Zealand’s first ABC Travelling Fellow. He used this time travelling around North America’s finest Orthopaedic Centres to secure for himself the reputation among American and Canadian Orthopaedic leaders he already enjoyed with the British. Ross Nicholson is the only New Zealander to have been accorded the honour of corresponding Membership of the American Orthopaedic Association.

He was appointed as a Consultant Orthopaedic Surgeon to Middlemore Hospital in 1957 and retained this post until 1987. Until the day he retired from Middlemore he took responsibility for those patients with orthopaedic injuries admitted on Friday each week. In retrospect these were hugely productive years. He soon established a Scoliosis Unit, based at Middlemore, offering National coverage. In the sixties the late John Morris and Ross worked together and introduced modern Hip Replacement Surgery, as practiced by Sir John Charnley, to Auckland. It was also about this time he was the driving figure behind the establishment of the Auckland Orthopaedic Society Charitable Trust. At the same time he was working with others in the New Zealand Orthopaedic Association and the Royal Australasian College of Surgeons to establish the New Zealand Orthopaedic Training programme, enabling New Zealanders to train as Orthopaedic Surgeons in their own country. Largely as a result of Ross Nicholson’s work Sir William Stevenson made an endowment enabling the creation of an academic Unit in Auckland with Harley Gray being appointed Professor of Orthopaedic Surgery in 1975. In 1977 the Otara Spinal Trauma unit, another of Ross’s projects, was opened. Throughout this time Ross held every office of the New Zealand Orthopaedic Association, including that of President in 1982-3. In addition to working on the Education Board he served as an examiner for the Royal Australasian College of Surgeons.

Oliver Ross Nicholson, a great New Zealand surgeon, died at Auckland City Hospital on July 13th 2013 near the end of his ninety first year.
In 1991 he was awarded the Louis Barnett Medal and in 1999 the Hamilton Russell Medal by this College. He travelled widely as an invited guest Professor and Speaker. He served as President of the New Zealand Medical Association in 1981. In 1976 he was awarded the OBE.

Pauline de Stacpoole was widely considered to be the most beautiful young lady in Hawke’s Bay when she came to Auckland to train as a nurse at the Mater Misericordiae Hospital. At the time Ross was working at the hospital as a Junior Medical Officer. The couple were married in 1950. Pauline predeceased Ross by two years. At her funeral Monsignor Arahill related how the romance had proceeded in the hospital and cloistered residence for nurses along fairy tale lines but with classical propriety. Caroline their much loved only child is happily married to Mike Thorburn. This couple have two adult sons whose progress Ross followed with great pride.

One of Ross Nicholson’s great strengths was his enthusiasm to familiarise himself with technological advances as they occurred. He was always evaluating new surgical techniques and instruments from the most to the least complicated. As computing technology evolved he delighted in keeping abreast of these developments and at the time of his final illness was using the latest advances on his computer and Ipad. He was no Luddite. However in his surgical practice it was always the best science and not commercial factors which led him to make change.

Ross had interests other than work and family, but never allowed pursuit of these to dominate his life. In the late nineteen-forties he played rugby for the Grammar Club in Auckland. He had the physique of a prop forward and that is where he played. In his time playing for the club’s senior team he combined with an All Black hooker and an outstanding Auckland provincial representative. For many years he served as an Honorary Surgeon of the Auckland Racing Club, of which his grandfather had been President. However it was on the squash court where he got his most strenuous exercise throughout the course of his career as a consultant surgeon. His weekly Friday evening match with the late Dr Ed Peterson was always keenly contested. He also crewed for Ed for summer sailing holidays on the Hauraki Gulf. Ross became a member of Auckland’s Northern Club in 1957. His long service as a Committee Member culminated in the presidency from 1981-83. After this he served the Club as a Trustee for nearly twenty years. Like his father and grandfather before him Ross was an active member of the Masonic Order and contributed greatly to the running of the Masonic Village in Auckland.

Our kind thanks go to Tony Hardy for writing this obituary.
History of the New Zealand Orthopaedic Association

The inaugural meeting held in Wellington on 17 February 1950 decided to form the New Zealand Orthopaedic Association. The first Annual General Meeting was held in Christchurch on 20 September 1950. Mr Renfrew White was made Patron.

The following is a list of Foundation Members:

Mr M Axford
Mr R Blunden
Mr J Cunninghame
Mr R Dawson
Mr J Elliott
Mr H Fitzgerald
Sir Alexander Gillies
Mr G Jennings
Dr G Lennane
Mr A MacDonald
Mr S Morris
Mr G Williams
Mr J L Will

Past Presidents of the New Zealand Orthopaedic Association

<table>
<thead>
<tr>
<th>Year</th>
<th>President</th>
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<tbody>
<tr>
<td>1950-51</td>
<td>Sir Alexander Gillies</td>
</tr>
<tr>
<td>1952-53</td>
<td>Mr J L Will</td>
</tr>
<tr>
<td>1954-55</td>
<td>Mr M Axford</td>
</tr>
<tr>
<td>1956-57</td>
<td>Mr H W Fitzgerald</td>
</tr>
<tr>
<td>1958-59</td>
<td>Mr A A MacDonald</td>
</tr>
<tr>
<td>1960-61</td>
<td>Mr J K Elliott</td>
</tr>
<tr>
<td>1962-63</td>
<td>Mr R Blunden</td>
</tr>
<tr>
<td>1964-65</td>
<td>Mr W Parke</td>
</tr>
<tr>
<td>1966</td>
<td>Mr R H Dawson</td>
</tr>
<tr>
<td>1967</td>
<td>Mr W Parke</td>
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<tr>
<td>1968-69</td>
<td>Prof A J Allsop</td>
</tr>
<tr>
<td>1970-71</td>
<td>Mr B M Hay</td>
</tr>
<tr>
<td>1972-73</td>
<td>Mr J R Kirker</td>
</tr>
<tr>
<td>1974-75</td>
<td>Mr H G Smith</td>
</tr>
<tr>
<td>1976-77</td>
<td>Mr W A Liddell</td>
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<td>1978-79</td>
<td>Mr A B MacKenzie</td>
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<tr>
<td>1980-81</td>
<td>Mr P Grayson</td>
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<td>1982-83</td>
<td>Mr O R Nichelson</td>
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<td>1984-85</td>
<td>Mr C H Hooker</td>
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<td>1986-87</td>
<td>Mr G F Lamb</td>
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<td>1988-89</td>
<td>Mr V D Hadlow</td>
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<tr>
<td>1990-91</td>
<td>Mr P D G Wilson</td>
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<td>1991-92</td>
<td>Mr J C Cullen</td>
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<td>1992-93</td>
<td>Mr J D P Hopkins</td>
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<td>1993-94</td>
<td>Professor A K Jeffery</td>
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<td>1994-95</td>
<td>Mr C J Bossley</td>
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<td>1995-96</td>
<td>Mr G F Farr</td>
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<td>1996-97</td>
<td>Professor A G Rothwell</td>
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<td>1997-98</td>
<td>Professor D H Gray</td>
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<td>1998-99</td>
<td>Mr A L Panling</td>
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<td>1999-00</td>
<td>Mr M C Sanderson</td>
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<td>2000-01</td>
<td>Mr G D Tregonning</td>
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<td>2001-02</td>
<td>Mr A E Hardy</td>
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<td>Professor J G Horne</td>
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<td>2003-04</td>
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<td>2005-06</td>
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<td>2006-07</td>
<td>Mr M R Fosbender</td>
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<td>2007-08</td>
<td>Mr J Matheson</td>
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<tr>
<td>2008-09</td>
<td>Mr D R Atkinson</td>
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<td>2009-10</td>
<td>Mr J A Calder</td>
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<td>2010-11</td>
<td>Assoc Prof G J Hooper</td>
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<tr>
<td>2011-12</td>
<td>Mr B J Thorn</td>
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<tr>
<td>2012-13</td>
<td>Mr R O Lander</td>
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Deceased Members Recognised

Mr O R Nicholson
Deceased Wishbone Trust Trustees recognised Sir Wilson Whineray
## Compendium of Awards

### Gillies Medal Recipients

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
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<tbody>
<tr>
<td>1965</td>
<td>Prof A J Alldred</td>
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<tr>
<td>1966</td>
<td>Mr G B Smallie</td>
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<tr>
<td>1969</td>
<td>Prof A J Alldred</td>
</tr>
<tr>
<td>1971</td>
<td>Mr O R Nicholson</td>
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<tr>
<td>1974</td>
<td>Mr H B C Milson</td>
</tr>
<tr>
<td>1974</td>
<td>Mr S M Cameron</td>
</tr>
<tr>
<td>1977</td>
<td>Mr V D Hadlow</td>
</tr>
<tr>
<td>1978</td>
<td>Mr C H Hooker</td>
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<tr>
<td>1979</td>
<td>Mr H E G Stevens</td>
</tr>
<tr>
<td>1980</td>
<td>Prof D H Gray</td>
</tr>
<tr>
<td>1982</td>
<td>Mr A W Beasley</td>
</tr>
<tr>
<td>1993</td>
<td>Dr N S Stott</td>
</tr>
<tr>
<td>2001</td>
<td>Mr S J Walsh</td>
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<td>2008</td>
<td>Assoc Prof Sue Stott</td>
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### ABC Fellows

<table>
<thead>
<tr>
<th>Year</th>
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<tbody>
<tr>
<td>1956</td>
<td>Mr O R Nicholson</td>
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<tr>
<td>1962</td>
<td>Mr J B Morris</td>
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<tr>
<td>1968</td>
<td>Mr A R McKenzie</td>
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<td>1972</td>
<td>Prof A K Jeffery</td>
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<td>1976</td>
<td>Prof D H Gray</td>
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<td>1980</td>
<td>Prof A G Rothwell</td>
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<tr>
<td>1982</td>
<td>Mr A E Hardy</td>
</tr>
<tr>
<td>1984</td>
<td>Mr B R Tietjens</td>
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<td>1986</td>
<td>Mr A J Thurston</td>
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<td>1988</td>
<td>Mr R O Nicol</td>
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<td>1990</td>
<td>Mr G J Hooper</td>
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<td>1994</td>
<td>Mr M J Barnes</td>
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<td>1996</td>
<td>Mr P A Robertson</td>
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<td>1998</td>
<td>Mr P A Devane</td>
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<td>2000</td>
<td>Mr K D Mohammed</td>
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<td>2002</td>
<td>Mr H A Crawford</td>
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<td>2004</td>
<td>Mr C M Ball</td>
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<td>2006</td>
<td>Mr M M Hanlon</td>
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<td>2008</td>
<td>Mr P C Poon</td>
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<td>2010</td>
<td>Mr D C W Muir</td>
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<td>2012</td>
<td>Mr G P Beadel</td>
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### President's Award

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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2005</td>
<td>Professor Alastair Rothwell</td>
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<tr>
<td>2006</td>
<td>Mr David Clews and Mr Allan Panting</td>
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<tr>
<td>2007</td>
<td>Professor Keith Jeffery</td>
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<tr>
<td>2008</td>
<td>Mr Chris Dawe and Mr John Cullen</td>
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<tr>
<td>2009</td>
<td>Mr Ross Nicholson</td>
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<tr>
<td>2011</td>
<td>Christchurch Orthopaedic Surgeons</td>
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<td>2012</td>
<td>Mr Richard Street</td>
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### Hong Kong Young Ambassador

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<th>Year</th>
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<tbody>
<tr>
<td>1993</td>
<td>Alastair Hadlow</td>
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<tr>
<td>1994</td>
<td>Peter Devane</td>
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<tr>
<td>1995</td>
<td>Peter Devane</td>
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<td>1996</td>
<td>Stewart Hardy</td>
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<td>1997</td>
<td>Kevin Karpk</td>
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<td>1998</td>
<td>Geoff Coldham</td>
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<td>1999</td>
<td>Hugh Blackley</td>
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<td>2000</td>
<td>Matthew Tomlinson</td>
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<td>2001</td>
<td>David Gwynne-Jones</td>
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<tr>
<td>2002</td>
<td>Terri Bidwell</td>
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<td>2003</td>
<td>Ian Galley</td>
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<td>2004</td>
<td>Perry Turner</td>
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<td>2005</td>
<td>Angus Don</td>
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<td>2010</td>
<td>John Ferguson</td>
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<td>2011</td>
<td>Vaughan Poutawera</td>
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<td>2012</td>
<td>Matthew Debenham</td>
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### ASEAN Fellowship

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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2013</td>
<td>Assoc Prof Jean-Claude Theis</td>
</tr>
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</table>
Awards and Memorabilia of the NZOA

**Presidential Jewel**
The jewel of the office is worn by the President at meetings of the New Zealand Orthopaedic Association and on other official occasions. It was presented to the Association by Her Majesty Queen Elizabeth, the Queen Mother, at the Combined Meeting of the English Speaking Orthopaedic Associations in London in 1952. In view of the intrinsic value of this jewel a replica is worn by the President when attending meetings overseas.

Replica of Presidential Jewel – made by Leslie Durbin who created the original – donated in 1987 by Mr & Mrs G F Lamb.

**Presidential Miniatures**
Miniature jewels are worn by the Past Presidents. These are made from a die prepared from the American Orthopaedic Association’s Presidential jewel and are presented to the President at the end of his terms of office.

**President’s Wife’s Brooch**
A gold brooch modelled on the tree of Andry was presented to the Association by Mr & Mrs Harman Smith (President 1975-76). It is worn by the wife of the President during his term of office.

**Past President’s Wife’s Brooch**
Silver brooches are presented to the wives of Past Presidents. These are made from a die prepared from the New Zealand Orthopaedic Association’s Past President’s jewel and are presented to the President at the end of her annual competition.

**President Elect Medallion**
The President Elect’s Medallion is worn by the President Elect at official NZOA meetings and when the President Elect is representing the Association at international meetings.

**Sterling Silver Bleeding Bowl**
This was presented by the British Orthopaedic Association in the occasion of the Pre-Conference Meeting in Auckland before the Fifth Combined Meeting of the English Speaking Orthopaedic Associations in Sydney in 1970.

**Sterling Silver Paul Revere Jug**
This was presented by the American Orthopaedic Association on the occasion of the Pre-Conference Meeting in Auckland before the Fifth Combined Meeting of the English Speaking Orthopaedic Associations in Sydney in 1970.

**Minute Book**
This was presented by the Canadian Orthopaedic Association on the occasion of the Pre-Conference Meeting in Auckland before the Fifth Combined Meeting of the English Speaking Orthopaedic Associations in Sydney in 1970.

**London Emblem**
This symbolic sculpture of the tree of Andry was presented by the British Orthopaedic Association to each of the Presidents of the Associations at the Sixth Combined Meeting of the English Speaking Orthopaedic Associations in London in 1976.

**Wall Tapestry**
This was presented by the South African Orthopaedic Association on the occasion of the Seventh Combined Meeting of the English Speaking Orthopaedic Associations in Cape Town in 1982. This measures approximately 1.5 x 2m in size and represents the jewel of office if the Association.

**Sterling Silver Salver**
A sterling silver salver was presented to the Association by Dr and Mrs Leonard Marmor in 1973 when Dr Marmor was guest speaker at the Annual Meeting.

**Gavel**
This was made by Mr R Blunden (President 1962-63) and presented by him at the Annual General Meeting in 1977.

**New Zealand Orthopaedic Association Golf Cup**
This was presented to the Association by Sir Alexander Gillies (President 1950-52) for annual competition.

**Kirker Salver**
This was presented by Mr J R Kirker (President 1972-73) as a trophy for the winner of the annual Ladies Golf Competition.

**Thomson Memorial Trophy**
This was presented by Mrs E H Thomson in 1983 to be presented annually to the winner of the Trout Fishing competition.

**Hadow Trophy for Tennis**
This was presented by Victor and Cecile Hadow in 1989 at the conclusion of two years as President NZOA and is competed for at the Annual Scientific Meeting and presented to the winner of the Tennis Competition in the format the Meeting organisers arrange.

**Black and White Paintings (x4) by Ansel Adams**
These were presented by the American Orthopaedic Association on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

**Harold Lane Painting**
This was presented by the Australian Orthopaedic Association on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

**Silver Bowl - Scottish Quaich**
This was presented by the British Orthopaedic Association on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

**Wood Carving**
This was presented by the South African Orthopaedic Association on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

**Wood Tapestry – Kokanee**
This was presented by the Canadian Orthopaedic Association on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

**Wood Tapestry - High Air Selkirks**
This tapestry was presented by the Canadian Orthopaedic Foundation on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

**Old Bison Bone**
The Old Bison Bone was presented by the American Academy of Orthopaedic Surgeons on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

New Zealand Orthopaedic Association: Annual Report – 2013
NZOA Annual Scientific Meeting Awards

Sir Alexander Gillies Medal
This medal was presented to the Association in 1964 by the New Zealand Crippled Children’s Society in recognition of the work of Sir Alexander Gillies. The Gillies Medal is presented to the author of the best paper presented at the NZOA Annual Scientific Meeting on crippling conditions of childhood. The Paper should be substantially the work of the person presenting the paper although some outside assistance is permissible. The Paper must be read at the Annual Scientific Meeting.

Trainee Prizes (Funded By The NZOA Trust)
- Presidents Prize for Best overall Trainee
- Research Prize for Best Research for a final year trainee

David Simpson Award
- for best exhibit at ASM Industry Exhibition

Trainee Awards
2009    Michael Rosenfeldt – Best Scientific Paper
2009    Simon Young – Paper of Excellence at the ASM
2009    Andrew Graydon – President’s Prize for Best Overall Trainee
2009    Jacob Munro – Research Prize for Best Research for a Final Year Trainee
2010    Albert Yoon – President’s Prize for Best Overall Trainee
2010    Fraser Taylor – Research Prize for Best Research for a Final Year Trainee
2011    Simon Young – President’s Research Prize
2011    Nicholas Lash & Simon Young – Joint Winners – President’s Trainee Award
2012    Matthew Boyle – Research prize for Best Research for a Final Year Trainee and President Trainee Award