



New Zealand Orthopaedic Association

ANNUAL REPORT 2017 – 2018

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



NZOA Council 2017 – 2018

President	Mr Richard Street
First President Elect	Mr Rod Maxwell
Second President Elect	Mr Peter Robertson
Immediate Past President	Mr Richard Keddell
Honorary Secretary	Mr Perry Turner (elected 2017)
Honorary Treasurer	Mr Antony Field (elected 2017)
Executive Committee	Mr Julian Stoddart (elected 2015) Mr Sudhindra Rao (elected 2015) Dr Margy Pohl (elected 2017) Mr David Templeton (appointed 2016)
Small Centres Representative	Mr Michael Barnes (elected 2015)
Editorial Secretary	Mr Tim Gregg (elected 2017)
Education Committee	Mr Edward Yee (appointed 2015)
CPD and Standards Committee	Mr Brett Krause (appointed 2015)
Workforce Committee	
Orthopaedic Representative to RACS Council	Mr Greg Witherow AOA (appointed 2016)
Chief Executive	Ms Andrea Pettett

Education Committee

Chairperson	Mr Tim Gregg (appointed 2017)
Honorary Secretary	Mr Perry Turner (appointed 2017)
Auckland	Mr Brendan Coleman (appointed 2017)
Auckland	Mr Angus Don (appointed 2017)
Mid North Island	Mr Jason Donovan (appointed 2017)
North Shore/Whangarei	Mr Ali Bayan (appointed 2016)
Hawkes Bay/Tauranga	Mr Simon Johnson (appointed 2015)
Wellington, Hutt	Mr Nigel Willis (appointed 2014)
Central	Mr Tim Love (appointed 2014)
Christchurch	Mr Tom Sharpe (appointed 2017)
Dunedin & Invercargill	Mr Chris Birks (appointed 2017)
Orthopaedic Assessor	Mr Dawson Muir (appointed 2015)
Chief Executive	Ms Andrea Pettett
Education & Training Manager	Ms Prue Elwood

NZOA Trust – Trustees

Mr Richard Lander (Chairperson) (appointed 2014)
Mr Grant Kiddle
Mr Hamish Leslie
Mr Michael Caughey
Mr Perry Turner (NZOA Hon Secretary)
Mr Antony Field (NZOA Hon Treasurer)
Mr Ron Eglinton (Independent Trustee)
Mr Richard Keddell
Andrea Pettett, CEO

Wishbone Trust – Trustees

Bryan Williams (Chairperson)
Professor Michael Pender
Mr Antony Field (NZOA Hon Treasurer)
Mr Perry Turner (NZOA Hon Secretary)
Mr Haemish Crawford
Prof Jean-Claude Theis
Mrs Helen Tobin
Mr Richard Keddell
Andrea Pettett, CEO

Specialty Orthopaedic Training Board

Richard Keddell (Chair)
Tim Gregg
David Lees
Margy Pohl
Perry Turner
Ken Te Tau
Kerensa Johnston
Sud Rao
Dawson Muir
Andrea Pettett (Chief Executive)
Prue Elwood (Education and Training Manager)

Ad Hoc Committees of the New Zealand Orthopaedic Association 2017-2018

Third Party / ACC Liaison Committee

Mr Khalid Mohammed (2017) (Chairperson)
Mr Andrew Vincent (2017)
Mr Peter Robertson (2015)
Mr Chris Birks (2017)
Mr Richard Street (Presidential Line) (2017)
Mr Fred Phillips (2017)
Mr Richard Morbey (2017)
Ms Andrea Pettett (Chief Executive)

Research & Outcomes Committee

Mr Michael Barnes (Chairperson) (2015)
Mr Simon Johnson (2017) (Education rep)
Professor Gary Hooper (2008)
Professor Jean-Claude Theis (2008)
Mr Jacob Munro
Mr David Gwynne-Jones
Professor Sue Stott
Ms Andrea Pettett (CEO)

Membership Committee

Mr Perry Turner (2017) (Chairperson)
Mr Richard Keddell (2017) (Past President)
Mr Tim Gregg (Chair, Education Committee)
Ms Andrea Pettett (Chief Executive)

NZ Joint Registry Board

Mr John McKie (Chairperson)
Mr Simon Young (2016)
Mr Peter Devane (2008)
Mr Dawson Muir (2014)
Mr Brendan Coleman (2017)
Mr Perry Turner (2017) (Hon Secretary)
Mr Chris Frampton (Statistician)
Hugh Griffin (2010), OSIG rep
Dr Peter Larmer, Arthritis NZ rep
Ms Toni Hobbs, NZ Joint Registry
Ms Andrea Pettett (Chief Executive)

Research Foundation Funding Committee

Mr Antony Field (NZOA Hon Treasurer) (Chairperson)
Mr Michael Barnes (NZOA Editorial Secretary)
Mr Perry Turner (NZOA Hon Secretary)
Ms Andrea Pettett (Chief Executive)

Examiners Committee

Mr Sudhindra Rao (2017) (Senior Examiner)
Mr Mark Wright (2004)
Mr Rod Maxwell
Mr Chris Hoffman
Mr Bruce Hodgson
Mr Kevin Karpik
Professor Sue Stott
Mrs Helen Tobin
Mr Brett Krause

Education and Training Working Party

Richard Keddell (Chairperson)
Tim Gregg (Education Committee Chairperson)
David Bartle (Education Specialist)
Margy Pohl (Female Orthopaedic Surgeon Representative)
Sud Rao (Senior Examiner)
Perry Turner (Honorary Secretary)

David Lees (Trainee Representative)
Ken Te Tau (Cultural Adviser)
Kerensa Johnston (Consumer Adviser)
Andrea Pettett (Chief Executive)
Prue Elwood (Education and Training Manager)

Standing Committees of the New Zealand Orthopaedic Association 2017-2018

Practice Visit Programme

Mr Rod Maxwell (2011) (Chairperson)

Workforce Committee

Mr Brett Krause (2015) (Chairperson)

Orthopaedic Representative on Mr Greg Witherow

RACS Council

Australian Orthopaedic Association (2016)

Orthopaedic Surgeon on the Assoc Prof Alan Thurston (March 2014)

NZ Artificial Limb Services Board (appointed by the Assoc Minister of Health)

Archivist

Assoc Prof Alan Thurston (2004)

Continuing Professional Development and Standards Committee

Ed Yee (Chairperson)

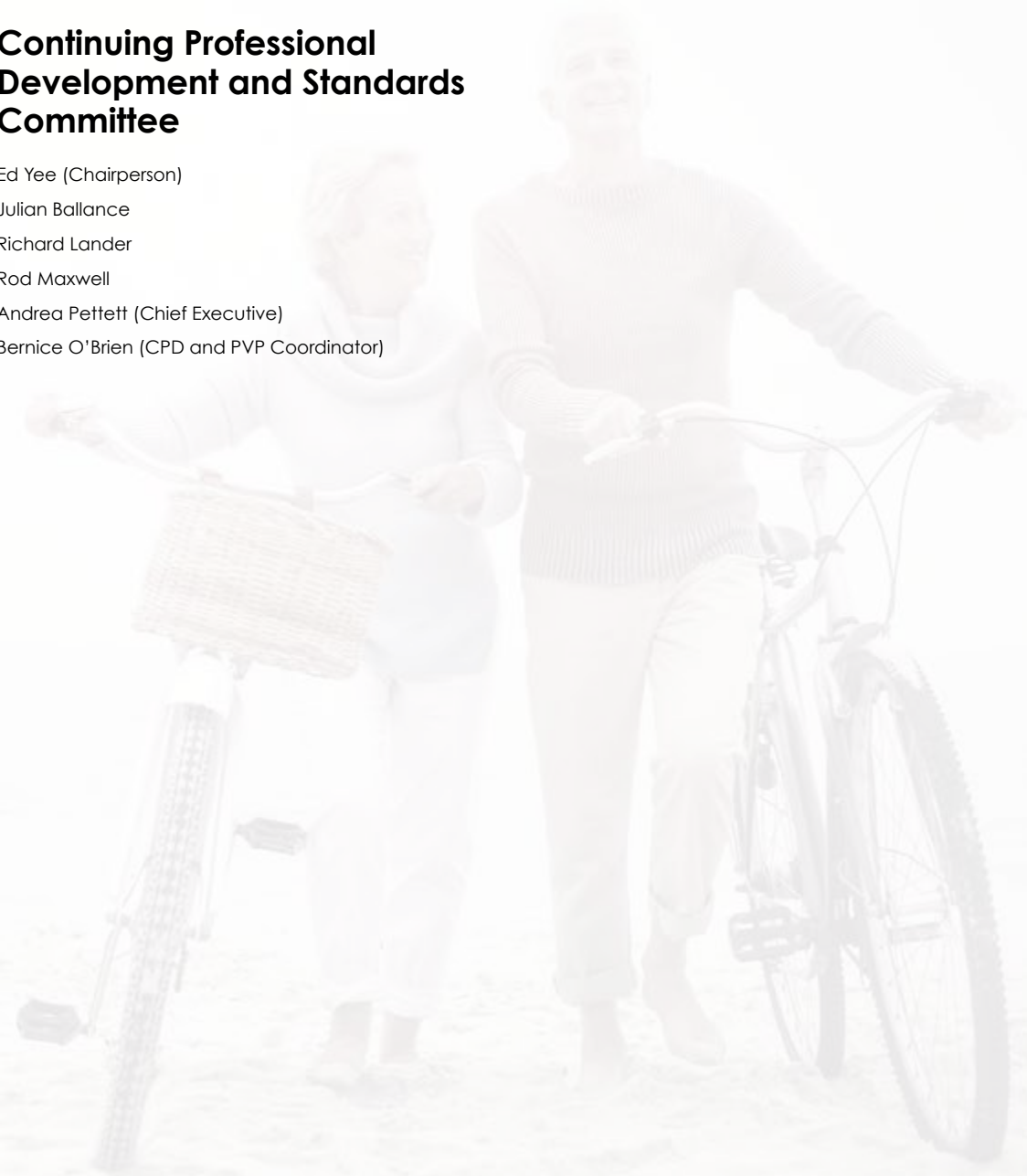
Julian Ballance

Richard Lander

Rod Maxwell

Andrea Pettett (Chief Executive)

Bernice O'Brien (CPD and PVP Coordinator)



President's Report

Dear Members,

It has been an honour to serve you all as President of NZOA for the last year. I've enjoyed the many challenges that were presented over this period of time and have worked to enhance relationships between the many bodies that we interact with at home, as well as with the international orthopaedic societies. I've been very ably assisted by my wife, Jenny.



Richard Street
President

There are many areas that the New Zealand Orthopaedic Association has been working on, which I will highlight briefly, and further information will be provided in some of the reports from the committee chairs.

Research

We have identified that while many excellent pieces of research are being done by our members, the funding available, particularly for the more expensive research projects and multicentre studies is limited. Orthopaedically, we fund research to only 1% of the level of the New Zealand Heart Foundation. In order to lift our research output and increase requisite funding, we have amalgamated the Wishbone Trust, as well as the NZOA Research and Outcomes Foundation. The assets of both bodies are now combined. We have employed a Fundraiser for the Wishbone Orthopaedic Research Foundation who started at the beginning of August. Her role will be to significantly increase fundraising, and it is recognised that in order to improve income for the Foundation, some expense is required. We wish Diana Dobinson success in her new role. Future possibilities, if the fundraising process is as successful as we hope, will be to improve funding for the likes of national research coordinators, statisticians, etc. It is envisioned that the

previous Wishbone Trustees would work with Diana in fundraising and the other arm of the Foundation. The Research Committee led by Mr Michael Barnes, would be based on evaluating research projects and assisting the researchers in their endeavours.

Relationships

Early in 2018, we met with Mr John Batten, the President of the Royal Australasian College of Surgeons, and their new CEO, Mary Harney. We expressed the need for a relationship that was less based on rules and that recognised the many activities that NZOA does, that in other Associations is normally done by RACS. We pointed out that the cost of education and our CPD programs in particular are largely borne by NZOA members with limited funding from the College. We have prepared a Partnering Agreement with the College, but so far have been frustrated by the lack of progress. Your Association has taken on board the recommendations of the Australian Medical Council, a body that oversees all surgical training in Australia and New Zealand, and has been working towards compliance with all of their issues. We also have a constructive relationship with the New Zealand Medical Council who feels NZOA is leading the way with our Practice Visit Program as well as with our Training Selection.

Education

Some of you have expressed worries with the change to the Trainee Selection process and have been concerned regarding the presence of cultural and community representatives. These changes though have been very carefully conceived by a group headed by your Past President, Mr Richard Keddell, with the very able support of Tim Gregg, Margy Pohl, David Bartel, and Prue Elwood. This process is now compliant with the AMC and NZMC requirements. It has been well-accepted by the applying Registrars who have been anonymously surveyed and have found the changes to their liking. The process is one that will be continuously refined and I want to assure you that all candidates have been selected on their own merits – there is no affirmative selection. At this year's selection, we now have 27% of our 2019 Set 1 trainees who are Maori and the same number who are female. Both gender and ethnic diversity have been a topic at all of the international meetings and we are doing very well by a process of encouragement and mentorship rather than a process of race or gender-based bias.

Advocacy

We have met with the Minister of Health, Dr David Clark, the Director General and other members of the Ministry of Health to push for increasing resources for Orthopaedics. We have pointed out that the growth in Orthopaedics is considerably faster than in any other surgical specialty and the number of trauma admissions is increasing greater than the growth in population. The growth in joint replacements continues again at a faster rate than population growth with a progressively older demographic. It has been pointed out to the Minister that this will require an increasing number of orthopaedic surgeons to deliver this work and that increased number has been independently verified by Health Workforce New Zealand. A working group is being established with the Ministry of Health, DHBs, and ACC to try and achieve certainty with future employment – we have no wish to over-train as has happened in Canada. Advocacy continues with ACC who, earlier in the year, asked for proposals regarding a so-called Escalated Care Pathway. It appears that they have grasped the concept of value-based purchasing but we will continue to try to achieve practices that allow you all to continue to deliver the care to your patients as you would prefer, but the road ahead is somewhat uncertain. Also of concern with ACC is that they appear to be dispensing with a number of their doctors and medical direction is required to produce the best outcomes. We have also met with Pharmac and they have not yet changed their purchasing behaviour, but I think it is fair to say that there may be some changes developing over the next 18 months. We have continually expressed the need for them to fund logistics, support, consignment stocks, and education.

Registries

We are completing a process of change with the New Zealand Joint Replacement Registry which is now ably led by Mr John McKie. A change in the Trust structure has occurred which will allow more protection for the Trust and Committee members. It should not affect your annual reports or the information that you receive from the registry. The Hip Fracture Registry continues to grow, again with the efforts of Mr Mark Wright and others. The funding of that registry was looking untenable, but we now have a promise from the CEO of ACC to fund at appropriate levels that should ensure its long-term viability. We would encourage everyone to submit material to the Hip Fracture Registry.

New NZOA Office Holders

This year, we have had the first election that I can recall for the NZOA Second President Elect. As a growing association, each year we will have many more members who have the skills and perhaps desire to hold leadership positions in the association. Most large international societies have developed Nomination Committees. The Nomination Committees are a democratic way of helping to select future office holders such as the President, Secretary, and Treasurer. The Presidential Line is keen to develop a similar concept for NZOA as there have been concerns by some members that there is an old boys club making those decisions. This concept will be discussed at the AGM.

Secretariat

I'd like to acknowledge the excellent efforts of Andrea Pettett and her team at NZOA. Andrea's professional approach and legal background have significantly enhanced the structure of many of our entities and she has superb contacts amongst many of our sector partners in Health. She continues to promote and develop NZOA very well. Prue Elwood has been doing a fantastic job in the Education role and has been pivotal in many of the changes with selection, and will also work on incorporation of the AOA21 Educational Process. Tanya Turchie, as you all know, does a superb job with organising our conferences and her efforts are highly appreciated. Bernice O'Brien continues to work really well on our CPD and Practice Visit Program – well done. We have unfortunately had changes in our Finance role and are in the process of employing a new Finance person. Carolyn Cummins, as Personal Assistant and Membership Coordinator, continues to do a great job in her role. Welcome also to Diana Dobbins, the new Fundraising and Marketing Manager for the Wishbone Foundation

Thank you also to members of the Presidential Line, particularly to Mr Richard Keddell who now finishes his term on the Presidential Line. Dick's contribution has been stellar. Thank you also to the many members of all of our committees – many of you contribute countless hours and your efforts are highly appreciated.

Chief Executive's Report

I have pleasure in writing my third NZOA Annual Report. The last 12 months have been a busy and satisfying period during which the various work programmes approved by NZOA Council have progressed through the agreed structural reforms. A brief summary of the key activities follows below:



Andrea Pettett
Chief Executive

Education and Training

With the establishment of the Education and Training Working Party considerable progress has been made with development of a new governance structure which includes new Terms of Reference for the New Zealand Specialty Orthopaedic Training Board, the Education Committee, and a new Appeals process. A revised RACS NZOA Partnering Agreement has been developed with our lawyers and we are awaiting RACS support to progress this.

The Trainee Selection process has been fully reviewed with changes made to the interview day and improved Regulations and assessment process. We now need to invest in IT infrastructure to support the proposed curriculum, trainee registration and management, to take our education and training programme into the modern era.

Consolidation of NZOA Research Entities

For some time two separate NZOA research entities have existed. The NZOA Research Foundation has now merged with the Wishbone Trust to create a consolidated entity now called the Wishbone Orthopaedic Research Foundation of New Zealand (The Wishbone Foundation). Diana Dobbinson has been appointed as the Marketing and Fundraising Manager to provide support for the Foundation and especially to grow the funding base.

New Zealand Joint Registry

It was identified that the New Zealand Joint Registry Trust needed to be modernised and hence the new New Zealand Orthopaedic Joint Registry Trust Board has been established. This Joint Registry Trust Board now belongs in the NZOA group of entities and will receive enhanced NZOA support. The assets, intellectual property and employees from the former NZJR have been transferred to the NZOAJR.

Continued Professional Development

The revised CPD tool is now fully operational and free from defects. This process took longer than we had initially planned for, but we hope members are satisfied with the optimised tool and its ease of use. A revision of the CPD Programme has also been undertaken to ensure it continues to be relevant and to a high standard.

NZOA ACC & Third Party Liaison

This Committee has ramped up its activities and proactively brings issues to the attention of ACC. Meetings have also been held with key stakeholders such as the College of Radiologists, Southern Cross Insurance, and Physiotherapy NZ.

Support for Sub Specialty Societies

We have provided support for the New Zealand Hip Society and the New Zealand Society for Surgery of the Hand. In particular assistance with their Constitution and the process for applying for incorporation as a Registered Society. Next steps are applying for Charitable Status if desired. We will be providing some financial management support on a cost recovery basis in due course. The Shoulder and Elbow Society have also requested some support for managing their financial records. We are pleased to provide support for the Sub Specialty Societies.

New Zealand Hip Fracture Registry Trust

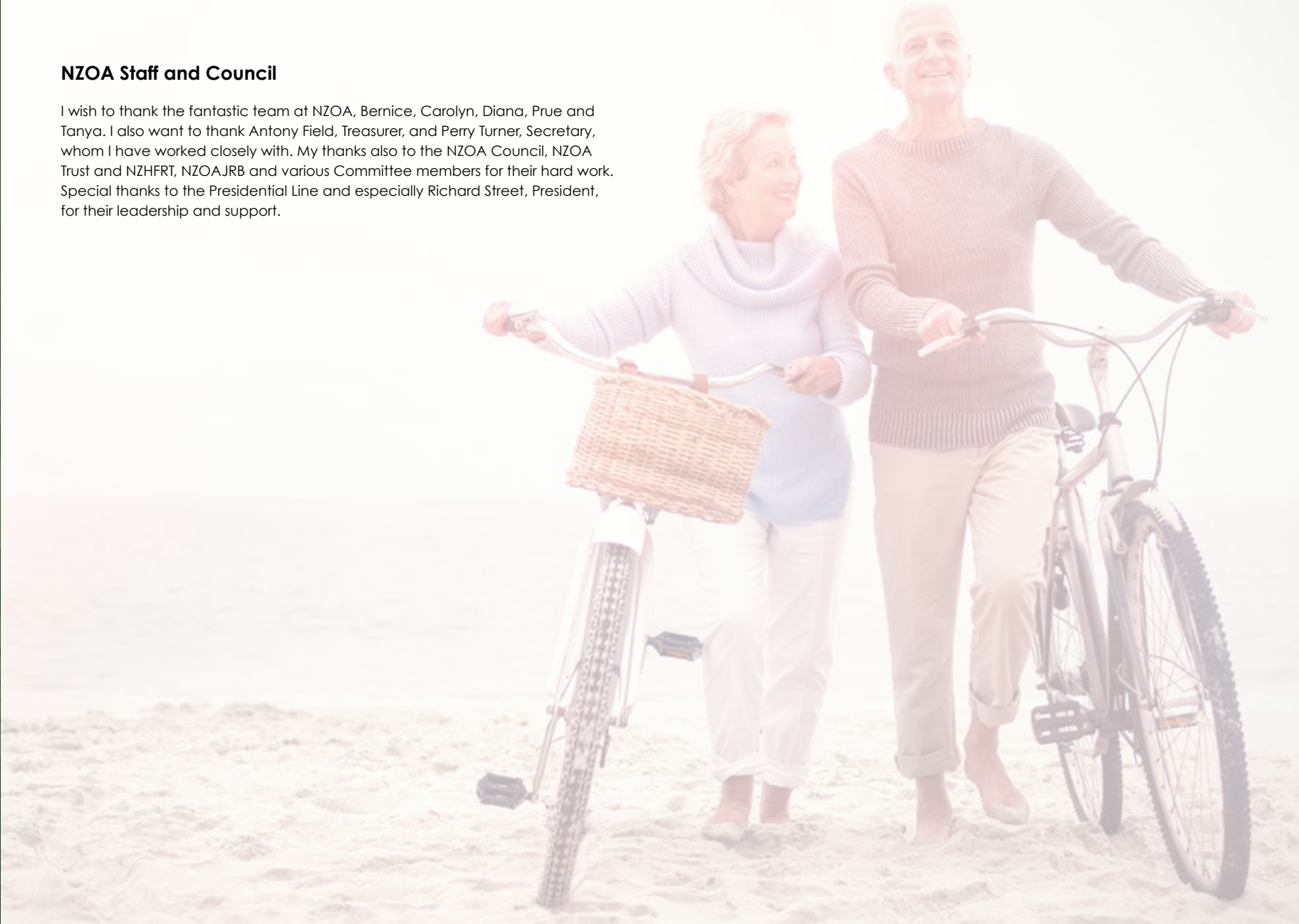
We continue to actively seek continued funding for this Registry, and hope that ACC will commit to long term funding to ensure the Registry is sustainable.

Stakeholder Engagement

The Presidential Line and I regularly meet with key stakeholders such as the Minister of Health, Director General of Health, Minister of ACC, and Health Quality and Safety Commission. Meetings with other agencies continue to ensure our relationships are strong and our voice is heard.

NZOA Staff and Council

I wish to thank the fantastic team at NZOA, Bernice, Carolyn, Diana, Prue and Tanya. I also want to thank Antony Field, Treasurer, and Perry Turner, Secretary, whom I have worked closely with. My thanks also to the NZOA Council, NZOA Trust and NZHFRT, NZOAJRB and various Committee members for their hard work. Special thanks to the Presidential Line and especially Richard Street, President, for their leadership and support.



Honorary Treasurer's Report

Transfer of NZOA research funds totalling \$286,791.85 from NZOA to the newly formed Wishbone Orthopaedic Research Fund has contributed to a headline loss of \$230,562.03 in the financial year to 31st July 2018.



.....
Antony Field
Honorary Treasurer
.....

These funds were not the Association's but have been required to appear on our balance sheet until now, somewhat obscuring NZOA's financial position historically.

Revenue is also down slightly this year as the final instalment of our RACS partnering agreement funding had not been received by our year end. The Association is in discussion with RACS over ensuring that this agreement reflects the services NZOA provides members and trainees on behalf of RACS.

Over the course of this year the Association has undertaken a much-needed refit of the office. The Association has re-signed a lease for its current premises on The Terrace for a further three years with effect from 1st September 2017. Looking forward over the next year we do anticipate some increased costs associated with necessary IT upgrades.

Budgeting for the next financial year indicates that the practice of not increasing membership fees over the last five years cannot continue. We will need to raise membership fees in line with inflation since the last increase.

Within the office we have seen the departure of our previous finance manager Rachel Allan in January. Unfortunately, her replacement left in July, meaning that our accountants have stepped in to cover in the interim. A new finance manager has signed a contract and will be starting in late October. I am very grateful to Andrea and her team who have ably stepped into the breach as well during this gap.

Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2018

	Group		Parent	
	2018	2017	2018	2017
Revenue				
Donations, Fundraising and other similar revenue	1,276	70,260	110,000	-
Fees, subscriptions and other revenue from members	561,772	552,879	561,772	552,879
Revenue from providing goods or services	1,422,292	1,011,390	1,417,078	1,006,770
Interest, dividends and other investment revenue	299,289	191,121	32,803	38,757
Total Revenue	2,284,630	1,825,650	2,121,653	1,598,406
Expenses				
Volunteer and employee related costs	546,593	504,015	546,593	504,015
Costs related to providing goods or service	1,539,733	1,109,493	1,470,983	1,063,100
Grants and donations made	70,839	42,514	314,792	881
Other expenses	22,672	44,697	19,847	9,851
Total Expenses	2,179,836	1,700,720	2,352,215	1,577,847
Surplus/(Deficit) for the Year	104,793	124,930	(230,562)	20,559

The complete Financial Report can be viewed here:

<http://nzoa.org.nz/system/files/NZOA%20Signed%20Financials%20with%20Audit%20Report.pdf>

Statement of Financial Position

New Zealand Orthopaedic Association Incorporated

As at 31 July 2018

	Group		Parent	
	2018	2017	2018	2017
Assets				
Current Assets				
Bank accounts and cash	1,008,248	621,778	913,000	475,024
Debtors and prepayments	269,494	302,844	278,782	304,620
Income Tax Receivable	-	-	-	-
Inventory	161	878	-	-
Investments	728,809	1,178,788	728,809	1,178,788
Total Current Assets	2,006,713	2,183,563	1,920,591	2,037,708
Non-Current Assets				
Property, Plant and Equipment	35,608	15,833	35,608	15,833
Intangible Assets	102,063	3,323	102,063	3,323
Investments	3,225,162	3,027,654	-	-
Other non-current assets	60,167	60,167	60,167	60,167
Total Non-Current Assets	3,422,999	3,106,977	197,838	79,324
Total Assets	5,429,712	5,290,540	2,118,429	2,117,030
Liabilities				
Current Liabilities				
Creditors and accrued expenses	335,040	307,593	524,991	299,963
Income Received in Advance	388,880	352,590	388,880	352,590
Goods and services tax	26,044	55,400	26,044	55,400
Total Current Liabilities	749,963	715,583	939,915	707,953
Total Liabilities	749,963	715,583	939,915	707,953
Total Assets less Total Liabilities	4,679,750	4,574,957	1,178,515	1,409,077

The complete Financial Report can be viewed here:

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Statement of Financial Position

New Zealand Orthopaedic Association Incorporated

As at 31 July 2018

	Group		Parent	
	2017	2016	2017	2016
Accumulated Funds				
Unrestricted Accumulated surpluses				
Wishbone Trust Accumulated surpluses	571,089	572,098	-	-
NZOA Trust Accumulated surpluses	2,653,354	2,593,782	-	-
Association	1,178,515	1,052,822	1,178,515	1,052,822
Restricted Funds - Research Foundation	286,792	356,255	-	356,255
Total Accumulated Funds	4,689,750	4,574,957	1,178,515	1,409,077

The complete Financial Report can be viewed here:

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Continuing Professional Development Report

This has been a busy year for the NZOA Continuing Professional Development Committee. Significant changes have been made to our CPD programme and the online platform, which it operates on.



Edward Yee
NZOA CPD Chair

CPD Committee

- Edward Yee Chair
- Julian Ballance Chair for Practice Visit Programme
- Richard Lander EDSA New Zealand
- Andrea Pettett NZOA CEO
- Bernice O'Brien Professional Development Coordinator and Website Manager
- Rod Maxwell Past Chair for Practice Visit Programme

The 2018 CPD year started with the introduction of a new online tool and a revised programme. The most striking and important change to the programme was the adoption of a single peer review audit annually as the minimum audit requirement. This change aligned the NZOA CPD Programme with that offered by RACS and was seen by a number of our members as almost a step backwards. The change was intended to facilitate our members who work only in private to fulfill their audit requirements.

Members on fellowship are now also required to participate in the CPD programme. This requirement has been introduced by the RACS and our programme has incorporated this change. In the past, a member who had successfully completed the training scheme and was on fellowship was exempted from participating in the CPD programme until they started their practice. Last year the College of Surgeons changed the requirement and all members on fellowship will need to participate in a CPD programme, whether it is the NZOA or RACS one. This has resulted in the NZOA establishing a

third category of members for the CPD programme, specific only for those on fellowship. The requirements are very simple, acquisition of 50 points from Section 2 (Maintenance of Knowledge and Skills), which should be easily achievable for someone on fellowship.

The new CPD online tool has simplified entry of activities and the feedback has been complimentary. The program was upgraded at a significant expense and there were some technical issues, which have been addressed. Improvements will be progressively added to enhance it.

The NZOA Council has decided to proceed to notifying the Medical Council of New Zealand members who continue to be non-compliant with their CPD despite ample warnings and generous time frames for completion. This will free the NZOA of any regulatory obligations. These members obviously fail to understand it is a clear breach of the code of conduct expected by both the NZOA and RACS. The public rightly demands that the orthopaedic surgeon they consult is competent, current and safe. As a professional body it is critical that we convey this type of reassurance and we only have our CPD programme as the means to do so. Vocational registration in New Zealand is dependent on fulfilling annual CPD requirements. Currently the MCNZ only requires an acknowledgement that one is participating in an approved CPD programme and no proof is required. It performs a random audit annually to try and identify the fraudulent doctors and also expects the governing organisations to

report these individuals. In the past the NZOA has been lenient regarding this. The penalties from the MCNZ can range from restrictions placed on practice to loss of one's APC.

Changes to the NZ Joint Registry data analysis and outlier policy are currently in progress. At present only total hip and knee replacement data is analyzed for the purpose of identifying outlying performers. The CPD Committee has requested that Total Shoulder Joint Replacements (including reverse), Total Ankle Replacements and Uni-compartmental Knee Replacements are also added. This will broaden the ability to identify sub-optimally performing surgeons. The policy regarding outliers is also to be changed. Currently the process involves the Registry Chair and the Practice Visit Programme Chairperson meeting with the statistician and identifying the outlying performers. A number represents these surgeons and their identity is unknown. The information is passed on to the Joint Registry Co-coordinator who will formally identify these individuals. These surgeons are then sent a letter advising them of their registry results along with instructions to write to the CPD chair explaining their outcomes. With this present process there is no knowledge on who is supposed to report back raising the possibility of clandestine under performers. There is no proposal to change the way the registry reviews the data but only with the reporting. The surgeons that are recognized as outliers will be formally identified at the time and this information is passed on to the CPD Committee. The CPD Committee will then contact the person of interest.

Some of our members have yet to complete the RACS online OWR module. It was concluded that this is a College initiative and although the Association is in full support of the activity, the NZOA CPD Committee has no plans to regulate its completion.

The Practice Visit Programme did not produce any "B" grade visits last year. However, one visit did generate a report of "B" grade performance but his visitors awarded the member an "A" grade in conclusion. The Committee felt in certain situations it might challenge the final grade if the Report and final grade were discordant.

Currently a RACS representative, the Executive Director for Surgical Affairs New Zealand, holds one of the positions in the CPD Committee. Mr Richard Lander presently holds that position. It is acknowledged how fortunate the Committee has been that the current and previous EDSA (Mr Alan Panting) were orthopaedic surgeons from the NZOA. The next EDSA could be a surgeon from any other speciality and may not be as beneficial to the way the Committee presently runs. The proposal is to appoint another NZOA member to serve in place of the EDSA member once Mr Richard Lander retires from his position.

A proposal to change the CPD requirements for Category B (non-operative members) is currently under council review. The RACS have a more rigid and elaborate CPD requirement for their Category B members and it was concluded that changes were needed to better align our CPD programme with the College's. Currently the requirements are to accrue 50 points from section 2 (Maintenance of Knowledge and Skills) and for members in medico-legal practice they must attend an approved medico-legal workshop or a medico-legal programme, either at the RACS ASC or the NZOA ASM annually. The revised category B will be better defined and the current proposal is awaiting council approval. This is the proposed requirement:

Category B:

Non-Operative in hospitals or day surgery units including medico-legal practice.

Sub Categories:

1. Clinical consulting/triaging/surgical assisting only, no report-writing
2. Report-writing for ACC/HDC etc. NZ generated reports only
3. Report-writing for Australian jurisdictions only, no NZ generated reports
4. Report-writing both NZ/Australian jurisdictions
5. Engaged in clinical consulting/triaging/surgical assisting along with report writing
6. Engaged in a teaching capacity only (university, hospital or College)

Requirements:

1. Undertake an annual peer review audit. Minimum of one peer reviewer and can be either a regional or national colleague. A report of the meeting is to be written and submitted to the NZOA CPD Committee. The report will contain the date of the meeting, the location, who is present, the type of reports/assessments reviewed and the outcome including any proposed changes to practice.
 - For the non-report writing members, a record of the number of cases seen and any complaints or HDC investigations.
 - For report writing in New Zealand, an audit on the number of reports and for which organisation along with the outcome and a peer review of 15 randomly selected reports.
 - For report writing in Australia, verification of auditing from Australian jurisdictions.
 - For those engaged in teaching, confirmation of involvement from the university or institution.

2. Accrue 50 points from section 2 (Maintenance of Knowledge and Skills).
3. Members in medico-legal practice must attend an approved medico-legal workshop or a medico-legal programme either at the RACS ASC or the NZOA ASM annually.

It is obvious the change is the addition of an annual Peer Review Audit and the Reporting Guidelines are similar to those required by the NZ Joint Registry.

The role of the CPD Committee and the complicated topic of the failing colleague has been considered by the Council. It was concluded that when a failing member is identified; particularly in the areas of competency or ethical/behavioral issues the matter is best addressed through the Presidential Line, not the CPD Committee. In the situation of employment or jurisdiction issues this will be referred to either the MCNZ or employer.

The year has been busy with many changes to enhance and simplify our CPD programme. I believe we have a very fair and comprehensive programme for all orthopaedic surgeons in New Zealand and improvements are continually added to refine it.

Practice Visit Programme Report

This is my final report as the Practice Visit Programme Chair. I am grateful to Julian Ballance who has agreed to take over this role from 2018.



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Rod Maxwell
PVP Chair
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At the AGM, 12th October 2011, the NZOA formally adopted the Practice Visit Programme, designed and piloted by the CPD Committee, as a compulsory stand alone component of the NZOA CPD Programme, funded by a subscription increase. This was put to the vote and unanimously carried. Over 240 members have now participated with the majority having been both visitor and visitee. We are endeavouring to complete 30 visits each year which involves 60 members of the organisation annually. The programme has been running now for eight years and it is looking likely that we will manage a full membership rotation of approximately ten years, given that the membership continues to grow. The catalyst for initiating the PVP was an anticipation that recertification from outside agencies was inevitable. This programme I believe is robust enough that we can justify this as an in-house recertification programme such that we are able to rebuff advances from outside agencies. I have made submissions on behalf of our Association to the Medical Council that our Practice Visit Programme is a recertification equivalent and although they as yet have not formally acknowledged this, certainly in an informal way there is acceptance that our programme stands alone as the standard for recertification and my hope is that it remains robust and well supported by the Association. Because we own and control it, we can make adjustments as needed.

The PVP Committee meets annually and makes minor adjustments to the programme, the latest of which include de identifying patient data and the patient questionnaire identifying whether patients are responding from their experience in the surgeon's private or public practice. Ultimately, we aim to have the operation managed paperless.

My thanks to Bernice for her great work running the Programme; to Ed Yee, Andrea, and Richard Lander who comprise the PVP committee, and to all the members who have participated. We appreciate the effort and time that goes into participating in this programme and it is testament to the collegial collective attitude of our organisation that this important CPD activity runs as effectively as it does.

Education Committee Report

The hard work of the Education Committee continues to ensure that our trainees are receiving excellent training opportunities and are well supported.



.....
Tim Gregg
Chair
.....

The Committee were pleased to welcome Prue Elwood as the Education and Training Manager who has provided fantastic support to the Committee and the trainees.

The Education Committee are working with the Education and Training Working Group to implement improvements to the selection process including the development of competency-based questions, introduction of a formal Maori welcome and for introduction in 2019 a revised application process. The Curriculum is currently under review to ensure we continue to provide a high standard of training focused on competency-based training. We look forward to the introduction of IT infrastructure to support trainee information management from 2019. The Terms of Reference for the Education Committee and the Specialty Orthopaedic Training Board have been rewritten to better define both the Committee and Board roles.

Training Events

The spring SET 2-5 training weekend was held at the Manukau Super Clinic. Brendan Coleman hosted the weekend. There was an emphasis on clinical cases with an excellent case mix. The Education Committee Faculty was well supported by local Auckland surgeons. The Autumn Training weekend was held in Dunedin. The Registrar Paper Day preceded the Training weekend. There were 60 abstracts submitted and 42 papers presented by pre SET trainees. Many

of these were of high quality, with the best paper being presented at this year's NZOA ASM. It is encouraging that currently there is a large number of non-trainees considering Orthopaedic Training. Chris Birks hosted the Dunedin Training weekend. Clinical cases were supplemented with a session on Scoliosis and a session on Prosthetics. Choosing Curling as the afternoon sports event was a real talent leveler!

Martyn Sims organised the Autumn SET 1 mini Training weekend in Rotorua. This was also a successful training event with a number of good teaching clinical cases. The History and Examination course will be held in Whangarei later in the year.

The Mock Exam was held in Invercargill and was convened by Pierre Navarre and Emma Lacey. Several previous examiners were involved, with the mock exam running very much like the real thing. Set 4 Trainees get an excellent exposure to exam like conditions leading up to their Part II Fellowship exam.

Tom Sharpe ran the Pre-exam course in Christchurch. This week-long course takes a lot of organising and provided excellent clinical cases just prior to the Fellowship Exam.

There are many Training events in the year. The Education Committee Faculty would like to thank all the local surgeons who volunteer their time to help out at these events.

Selection for entry to SET Training 2019

Selection for SET training took place on 29th June at Boulcott Specialist Centre, Lower Hutt. There were 43 applications for SET training, 37 met the criteria to attend on the day for an interview. Fifteen applicants were selected for SET training. Congratulations to those selected - Lewis Agius, Kenan Burrows, Dulia Daly, Robert English, Joshua Knudsen, Jessica Mowbray, Bryden Nicholas, Lincoln Nicholls, Lloyd Roffe, Marla Ross, Mustafa Saffi, Vahe Sahakian, Neil Stewart, Richard Storey and Ruth Tan.

A Maori welcome (mihi whakatau) was led by our Cultural Advisor, Ken Te Tau. This gave a sense of occasion to what is an important day for the candidates. Prepared structured interview questions were directly linked to RACS competencies. The 18 interviewers included 4 independent (non-NZOA) panellists.

Fellowship Exam 2018

Ten candidates presented for the May Fellowship examination in Auckland. Nine were successful in passing the Fellowship Examination. Congratulations to Shavantha Rupasinghe, Paul Phillips, John English, Ridzwan Namazie, Seung-Min Youn, Woosung Kim, Charlotte Allen, Neal Singleton and Heath Lash.

Workforce Report

Following the survey done last year, there was no need to repeat this exercise so soon. Last year's survey showed 15 members actively considering retirement within the next 5 years.



Brett L Krause
Workforce Committee

While Health Workforce NZ consider we should be increasing our training by double, there is evidence that we should be increasing our trainee numbers.

While we or HWFNZ have no control over hospital job numbers we still need to keep the Canadian experience of unemployed orthopaedic surgeons in our minds.

As a result, it was recommended to the Education Committee that the number of trainees accepted onto the scheme be increased. This number to be decided by the education committee depending on the quality of Applicants.

As an Association, we are rightfully proud of our training scheme and its reputation of producing high quality graduates. The balancing act of numbers versus quality is one that will be increasingly demanding in future, together with the available number of consultant jobs in the public sector.

Senior Examiner's Report

The Orthopaedic Court of the RACS, in particular the NZ Court, continues to function as a very vital element of the Fellowship Exam (FEX).



Sudhindra Rao
Senior Examiner

Over the past year NZ candidates have continued to perform well in both the OPBS, as well as the FEX. My congratulations to those successful in the OPBS this year, as well as those passing their FEX, which included, Charlotte Allen, John English, Woosung Kim, Heath Lash, Paul Phillips, Mohamed Ridzwan Namazie, Shavanta Rupasinghe, Neal Singleton and Seung-Min Youn.

The Examinations Department continue to pursue changes to the way the examinations are delivered and marked. Electronic delivery of the exam already exists in a number of the other specialties but has yet to gain traction in General Surgery and Orthopaedics. The Orthopaedic Court has been, successfully, conducting the MCQs electronically. There is a strong move to have all sub-specialty exams delivered electronically within the next 2-3 years.

I was delighted to be invited, as Senior Examiner, to be part of the NZ Specialty Orthopaedic Training Board, chaired by Richard Keddell. This, relatively newly established entity, has been responsible for important (and necessary) changes to many aspects of Orthopaedic Training and selection, the details of which will, no doubt, be furnished by the Chair of the Education Sub-committee in his report. My

thanks to the very talented team and in particular to Prue Elwood for co-ordinating the activities of this committee.

The NZ Court of Examiners continue to be an eclectic group with a wide range of skills and personalities. My sincere thanks to all of them for their knowledge, wisdom, contribution and commitment. This year we welcomed John McKie and Julian Ballance to the NZ Court. I am certain that they, like others, will make significant contributions in the future. Brett Krause retired as Examiner this year after a 9 year spell. My sincere thanks to Brett for his endeavours. Special thanks also to Sue Stott for the unenviable task of managing and setting the OPBS exams.

Trainee Representative Report

On behalf of all the New Zealand trainees, I would like to extend our thanks and appreciation to the Orthopaedic community who continue to support us in our training.



David Lees
(New Zealand
Orthopaedic trainee
representative)

As a group, we receive excellent training and mentorship from the Orthopaedic community. This has been reflected in the analysis of regular trainee surveys and also the success of our trainees in their fellowship exams.

In-training assessments and curriculum

There continue to be both challenges and opportunities on the horizon for our training and training environment. While little has fundamentally changed this year with training, substantial progress is being made towards improving future systems for in-training assessment. It is hoped that, in the near future, in-training assessments will shift from being a single set of paper assessments completed each run, to using an online assessment tool. This will aim to encourage trainees and supervisors to engage in more regular structured feedback and allowing better tracking of skill development and assessment of foundational competencies. There is also an ongoing discussion amongst the subspecialty societies, looking at the current AOA curriculum, with a view also to update our current training curriculum.

The tension between training and service provision

A continued challenge for all centres is balancing the tension between teaching and service provision. Many hospitals appear to be experiencing an increasing gap between limited resources and rising demands. Creating time and opportunities for

teaching and learning, when clinics are overbooked and available theatre time limited, is a challenge. We appreciate the continued support and advocacy from senior colleagues, and also at times hospital management, in protecting time and opportunities for training in our busy services.

Flexible training

Avenues for flexible training remain a work in progress. Around 15% of trainees report an interest in pursuing flexible training, though we are yet to have many successful worked examples of this. The following current training centres have recently identified they are willing to support trainees with flexible training: Whangarei, Palmerston North, Middlemore, Waikato and Starship. This not an exhaustive list, with more units likely to be added in the near future. As more examples of successful flexible training come to light, barriers to pursuing this (perceived or real) will be reduced.

Schedule 10 roster changes and STONZ

Roster changes to comply with schedule 10 of the RDA MECA have started to be introduced in some centres this year. The main changes involve limiting RMOs from working more than ten consecutive days or four consecutive night shifts. In some centres, this has dramatically changed how services can be covered. Given concern about the unintended negative consequences of these changes, both for patient welfare as well as the impact on training,

some trainees have resolved to form a separate union (STONZ). This union hopes to provide an alternative option for those preferring a different work contract from the RDA MECA, but still wishing to have the protection of being a part of a union.

Below is a brief update from the chairman of STONZ (Heath Lash) about the developments.

"Despite repeated letters to the RDA, STONZ has failed to resolve the issues schedule 10 has imposed on trainees, namely dilution of training, complex handovers and the ability to staff rosters. The union STONZ has progressed. DHB's agree in principle with our MECA and are keen to "invest" in our union. The DHB's have been formally approached and negotiations of a MECA will be underway in September. STONZ will be supported by the PSA union whilst we establish. Currently, we have 50 members (mostly trainees), we aim to have 100 by the end of the year. There are 4000 RMO's, the RDA's numbers fluctuate around the 1800 mark but a significant proportion of these are trainee interns."

New Zealand Foot and Ankle Society

The Foot and Ankle group has had a busy year and continues to grow robustly. Salil Pandit did a superb job in organizing the NZOA COE meeting in March in New Plymouth which was very well attended.



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Matthew Tomlinson
President
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Mark Glazebrook from Canada and Greg Berlet from the USA were the guest speakers and were both very well received, contributing significantly to the programme with their insights into the latest evidence based approaches to Foot and Ankle problems and new technologies from their part of the world. Our next meeting will be the triennial combined meeting with the Australian group in 2019.

There has been a considerable rewrite of the ACC codes with major input from society members and I thank Tony Danesh-Clough and Chris Birks for their work on this project. There are many new codes which reflect more accurately the work we do and allow for different levels of complexity. There is potential to tweak the codes in the future and feedback is welcome.

I recently had the opportunity to attend the American Foot and Ankle Society meeting in Boston and attend the Presidents dinner which is a great opportunity to improve ties between the international societies and increase our international profile. A group of our surgeons are planning to attend the Canadian meeting in 2019 and closer ties with these societies can only be a positive thing for all.

Our society is keen to be involved in supporting research and education in Foot and Ankle surgery and so if anyone needs support for a project in this area, please feel free to contact either myself or Dawson Muir for more information.

New Zealand Orthopaedic Spine Society Report



The Spine Society met at Black Barn (Hawkes Bay) in June 2017.

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Rowan Schouten
Secretary NZOSS
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A large turnout enjoyed talks from our international guests including Dan Riew (NY, USA), Rob Kuru (Australia) and Mac Lukhele (South Africa). At Cape Kidnappers Grahame Inglis was victorious, winning the golf competition in a play-off and like most other sporting trophies in NZ the Geoff Coldham Cup will reside in the South Island for another year. The NZOSS 2018 meeting is scheduled for Noosa (Australia) on Oct 4th to 6th. Topics due for discussion at this year's AGM include a reevaluation of the Spine Red list procedures and processes. Otherwise few major issues face the NZOSS at present.

NZ Society for Surgery of the Hand Report

A very successful New Zealand Society for Surgery of the Hand biennial meeting was held in Queenstown from 23-25 July 2018.



Bruce Peat
(FRACS)

The meeting was convened by Mr Mike Foster and held in conjunction with the NZ Hand Therapists.

At the AGM associated with this meeting, a new Constitution was adopted which incorporates the NZ Society for Surgery of the Hand. The Constitution states that the purposes of the Society are to:

- Provide a professional network and support for surgeons who maintain an interest in hand surgery;
- Promote surgical education and excellence in all aspects of hand surgery;
- Promote and encourage clinical and basic research as it relates to hand surgery,
- Improve patient care for those undergoing treatment for hand conditions.

The NZSSH has agreed that the Executive committee will consist of 6 members, voted biennially, who are currently:

President:	Mr Bruce Peat
Secretary:	Mr Wolfgang Heiss-Dunlop
President elect:	Mr Tim Tasman-Jones
Secretary elect	Mr Sandeep Patel
Past President:	Mr Richard Morbey
Past Secretary:	Ms Fiona Timms

At least one of these 6 members shall always be a Plastic Surgeon.

Over the last 2 years, members of the NZSSH have been working with ACC to revise the ACC codes and payments. This work is expected to be finalised by the end of this year.

A Memorandum of Understanding has been agreed with the NZ Orthopaedic Association to use their salaried staff to organise meetings and share their expertise for matters such as accounting and legal information.

The next biennial NZ Hand Surgery meeting will be held in Melbourne on 11 March 2020 as part of the Asia Pacific Federation of Societies for Surgery of the Hand.

Membership of the NZSSH will be available as an option when paying either the NZ Association of Plastic Surgeons annual subscription or the New Zealand Association of Orthopaedic Surgeons annual subscription.

This report was presented to the New Zealand Association of Plastic Surgeons at their AGM held in Auckland on 4th August 2018.

New Zealand Shoulder & Elbow Society Report



Peter Poon
President

ACC:

Rotator Cuff Tear consideration factors

This is intended to be an educational tool for ACC Case Managers and has been endorsed by the NZOA ACC & Third Party Liaison Committee. ACC have agreed that NZSES will audit the use of this tool. The document pdf is now available online on <https://www.acc.co.nz/assets/provider/ACC7881-Rotator-cuff-tears-May2018.pdf>

You can also find it on the www.acc.co.nz website when you put 'rotator cuff' in the search box.

Red listing of Surgeons

NZSES has compiled a list of surgeons to be red listed for complex shoulder and elbow surgeries. This consists of all members of the NZSES and a few hand surgeons who do elbow surgery.

GP Initiated MRI

Escalated Pathway of Care

The above are 2 recent initiatives from ACC. NZSES has requested a meeting with ACC to discuss and better understand what is involved and implications for our patients. To date, we have not had any engagement from ACC.

Education and Conferences:

NZSES Scientific meeting 15-19 July 2019, Noumea, New Caledonia

Alex Malone is the convener. We have confirmed an excellent International Faculty in Matthew Provencher, Vail, USA; Darren Drodoswech, London, Canada; Alex Laedermann, Geneva, Switzerland; Lionel Neyton, Lyon, France; David Stanley, Sheffield, UK. We will also have local Australasian faculty providing Current Concepts talks. Please save the date and plan to submit your original research papers for presentation at our meeting.

ICSES, September 17-20 September 2019, Buenos Aires

We will have a combined SESA/NZSES (ANZAC) speciality day scientific meeting at the start of the ICSES meeting. We look forward to receiving your abstracts for presentation at this Inaugural meeting.

New Zealand Knee and Sports Surgery Society Report

The Knee Society continues to have a large and strong membership. it is supported by a combination of sub specialist knee and sports surgeons and many others with a more general practice.



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Andrew Vincent
President
.....

Over the last two years we have benefited from combined meetings in Port Douglas and Noosa with our Australian colleagues. Both of these meetings have had a very strong scientific and social program which our members have enjoyed.

This year we have our meeting in New Zealand which will be in Taupo. We have two very distinguished overseas guests joining us as faculty. These are Robert LaPrade and John Bartlett. They will be ably supported by a number of excellent local surgeons who continue to produce scientific work of a very high standard.

In 2019 we will once again be having a combined meeting with the Australian Knee Society and this will be hosted in New Zealand. The Australian and New Zealand Knee Societies have formed a strong collegial relationship over the last few years and both societies feel that our meetings are enhanced by combining regularly. I anticipate this continuing through the next decade.

The Knee and Sports Surgery Society have a strong working relationship with ACC. Mark Clatworthy and I continue to advocate for knee surgery on behalf of our members and anticipate continuing dialogue with other 3rd parties in the next year. Thanks to Mark in particular for his hard work in this role. Thanks also to Ian Penny who continues as Treasurer, a role he takes on unopposed each year.

New Zealand Hip Society Report

It's my pleasure to report on several significant milestones that have been achieved for the Society in the last 18 months.



.....
Tony Lambertson
President NZ Hip Society
.....

We held a successful Scientific Meeting in Queenstown August 2017 which was very well attended by around 65 members and enjoyed excellent industry support. This will be a biennial event going forward.

The Society has now been formally registered as the New Zealand Hip Society, with Rules published, and a formal Election of Officers due at the 2019 meeting.

In line with the new Society Rules, a short AGM will be held this year at the NZOA ASM in October with a key item of business to choose a President-Elect. A formal notice will follow, together with a call for nominations.

We look forward to next year's Scientific Meeting and AGM planned for 2-4 August 2019 in Queenstown.

As a Society we provided a submission on behalf of members on the Dental Association Code of Practice on Antibiotic Usage, which should prove a useful clinical and medico-legal guide for the future.

Through the Expert Faculty Group for Surgical Site Infection Improvement program, I have hopefully contributed on behalf of the Society.

We have welcomed hip arthroscopists and formally incorporated this discipline into the Hip Society, including a specific section at the scientific meeting and formalised a peer-review process for evaluating applications for ACC Red Listing.

Many thanks to all committee and society members and their departments who have contributed to the above.

The Society has a very inclusive culture and on behalf of the Executive Committee I encourage all NZOA members who practice adult hip surgery to consider membership and we welcome your contributions.

I look forward to seeing you at the 2018 AGM and 2019 Scientific Meeting.

The Paediatric Orthopaedic Society of New Zealand Report

The Paediatric Orthopaedic Society of New Zealand (POSNZ) held their annual meeting in Wellington, March 16-17th 2018. The meeting was hosted by Koen DeRidder.

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Tim Gregg
President POSNZ
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Jason Donovan
Secretary POSNZ
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The meeting was timed to be one week prior to the AusACPDM meeting in Auckland which meant we were able to attract three international speakers. Michael Aiona, from Portland OR, Benjamin Shore and Travis Matheney, from Boston, all made significant contributions to the meeting. Talks covered management aspects of Cerebral Palsy, DDH and included discussion on posttraumatic stress disorder in paediatrics and how to measure outcomes in paediatric orthopaedics. A session was set aside for a discussion with representatives of the paediatric

anaesthetic group. There was constructive discussion around ongoing support for paediatric anaesthesia for orthopaedic surgery in the regional hospitals.

In June members of POSNZ met with the Ministry of Health to discuss prioritisation in paediatric orthopaedics. NZOA President, Richard Street, also attended. The MOH have indicated that all patients undergoing surgery will require some form of prioritization, including paediatric patients. Members of POSNZ had a number of concerns with the planned application of the tool that had been developed.

Concerns included restriction of paediatric patients to elective surgery and difficulties with the Impact on Life questionnaire being relevant to the breadth of paediatric patients. We were reassured that the proposed prioritization tool was developed with the understanding that all children undergoing prioritization would get surgery. Changes have been made to the IoLq. The tool is also different than the adult tool. A score on the adult tool cannot be compared to a paediatric score. We have agreed to trial the prioritisation score over a number of centres in order to gather more data. It remains to be seen whether this tool will be useful in practice.

The Paediatric ICL was held in Noosa at the end of August. This instructional course, mainly for trainees, runs over a two year cycle. The Australian Paediatric Orthopaedic Society and POSNZ now jointly run the ICL. It is pleasing to see that there is a large representation of NZ faculty on this course. It was also pleasing to see that NZ trainees took out all the top prizes for the 'Top Gun' skills session!

POSNZ also donated funds to help 4 Pacific Island Orthopaedic trainees to attend the ICL in both Queenstown in 2017 and Noosa 2018.

The next POSNZ meeting will be in Waitangi 21-23rd March 2019, hosted by Lyndon Bradley

Ladies in Orthopaedics New Zealand Report



LIONZ (Ladies in Orthopaedics New Zealand) is a forum to advocate for and support women in orthopaedics in New Zealand.

Current LIONZ initiatives are focussed on exploring and understanding barriers and impediments for women in pursuing a career in orthopaedics, with an aim to improve gender diversity; as well as supporting and encouraging those demonstrating an interest in orthopaedics. This year LIONZ instigated mentoring for a number of female registrars, with positive feedback and plans are afoot to expand this in 2019.

Despite the recent increase in female trainees, RACS data from the last 10 years shows our training scheme to have the lowest percentage of female trainees. Research exploring the multitude of factors behind the low numbers of females has been undertaken this year by registrars Ruth Tan and Jessica Mowbray.

A very successful hands-on workshop and networking meeting for a select group of female medical students with an interest in orthopaedics was held in Auckland in August, organised by Terri Bidwell and supported by Stryker. Female registrars from Auckland and Northland were instrumental in running the day, showing the students realistic role models, demonstrating sound teaching skills, and speaking candidly to the students about the challenges and rewards of a career in orthopaedics. Feedback from the students has been overwhelmingly positive and future workshops are planned for 2019.

A LIONZ meeting will be held at the ASM in Rotorua to network and plan future events.

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Margy Pohl
Chair LIONZ
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New Zealand Joint Registry Report



John McKie
Supervisor NZJR

Introduction

The NZOA AGM in Rotorua this year will mark the 21st anniversary of the formal agreement to set up a National Joint Registry in New Zealand. Notwithstanding the fact that a number of senior members of the Association at the time were skeptical that such a Registry could be developed and provide useful data, the 1997 AGM unanimously approved the proposal put forward by the then President and founding Registry Supervisor, Alastair Rothwell, to develop a National Joint Registry. After initial trialling in Canterbury and successive roll out to other centres throughout New Zealand, ultimately the Registry became operational nationally by April 1999.

At the time of writing, the Registry now contains data relating to almost 300,000 joint replacements and continues to be an evolving and increasingly valuable asset in the management of patients with prosthetic joints and associated research.

The Joint Registry is extensively quoted in research and scientific presentations both in New Zealand and around the world.

Structure

Since the previous report to members, the underlying structure of the Joint Registry has changed. Initially the Registry was set up as a separate standalone trust. However, recent legal review has suggested this trust is no longer fit for purpose and created some potential legal vulnerabilities.

The Registry is now formally and officially owned by the New Zealand Orthopaedic Association and now has a robust underlying structure which should serve it well in the years to come.

With the retirement of Professor Alastair Rothwell, a new Supervisor has been appointed and this has also enabled a review of how the Registry operates and also assessing potential vulnerabilities going forward.

Annual Report

The 18th Annual Report was distributed to members in the past year and the data for the 19th Report is currently being analysed and publication of the hard bound volume will occur towards the end of this year.

Proposed Changes

The Registry Board strives for continuous improvement in the Registry both in terms of quality and quantity of data and analysis contained and provided. To that end, a number of changes are currently in progress.

1. **Forms:** Work is currently underway on revision of the data entry forms. There are concerns that some of the data sets are incomplete, particularly around revision and re-operation rates for infection which may not involve removal or replacement of prosthetic implants. Revisions of the data forms will be circulated to subspecialty societies for comment and consideration, but the thrust is that all patients with prosthetic joints who undergo subsequent surgical procedures on their prosthetic joints will have a re-operation form completed whether components are exchanged or not.
2. **Consent:** Currently patients are signing consent forms allowing their data to be stored and managed. We are proposing to align our Registry with the way the Australian Registry operates with an opt off option which, when instituted, will involve the patients being given an information

sheet prior to their arthroplasty with an 0800 number to opt off if they don't wish their data to be retained. This system has been very effective in Australia, but will require a further application to the Ethics Committee and so until such time as this has been received, it is imperative that existing consent forms are still used.

3. **Annual Report:** The annual report that is currently being prepared will remain in the historical format for the 19th report, but we hope for the 20th report, which will be prepared next year, to make significant changes. The Board is mindful about the delay between collection of data and the publication of the hard copy report and with the advent of the Qlik View system of electronic access, we are keen to promote its use and will look to present a potentially more slimmed down printed report containing clear instructions and guidelines for the use of Qlik View, as well as having commentary and analysis by subspecialty experts in each of the joint arthroplasty areas.

Feedback from members is always welcome on the structure and presentation of the report.

Protected Quality Assurance Activity

The Joint Registry is a protected non discoverable quality audit. In order to maintain the status, which is vital for the collection of complete and accurate data, an exemption needs to be given by the Minister of Health. Members are reminded that participation in the Joint Registry is an essential and obligatory part of our CPD Programme and all members must present and discuss their Joint Registry reports with their colleagues in an appropriately constituted audit meeting. Members are also obligated to report

back to the Registry acknowledging that these audit meetings have taken place. Any concerning results or outlier activity also needs to be reported to the Registry along with remedial action that has been considered or implemented.

Budget

The Registry continues to be in a sound financial position with revenue modestly greater than expenditure. Revenue is received from levies paid by Surgeons, The Ministry of Health and ACC.

Since its inception, the Registry has been run on a very lean shoestring budget with some of its costs potentially being transferred to 3rd parties. In order to future proof the Registry, the Board is very keen to make sure the Registry remains soundly and robustly financed and to that end is looking at ways we may derive income from providing appropriate and relevant information to industry.

It is disappointing that collecting levies from some of our members remains challenging and wastes a lot of staff time.

As previously, I would like to acknowledge all the staff who make the Registry work, led by Toni Hobbs, the Registry Coordinator, Mike Wall, IT Consultant and Chris Frampton, Biostatistician, along with the data inputting staff who do all the valuable behind the scenes work to make the Registry the wonderful resource that it has become.



New Zealand Hip Fracture Registry Trust Report

The New Zealand Hip Fracture Registry Trust is a Registered Charitable Trust established in 2016 with the mission and purposes to establish and maintain a Hip Fracture Registry in New Zealand.



Richard Lander
Chairperson

The New Zealand Registry is an arm of the bi-national Australia and New Zealand Hip Fracture Registry (ANZHFR).

The New Zealand Hip Fracture Registry Trust is governed by a Board of Trustees. The current Trustees are Richard Lander (Chair), Mark Wright, Sankar Sankaran (Geriatrician) and Roger Harris (Geriatrician). Support and secretariat services are provided by the New Zealand Orthopaedic Association.

The purpose of the Trust is to:

1. To establish and maintain a nationwide Hip Fracture Registry
2. To promote and improve the services available to the people of New Zealand with regard to hip fractures including; prevention, surgery and after care including rehabilitation and osteoporosis management.
3. To research and establish programmes and services either in or outside hospitals or other medical facilities for hip fractures in general.

4. To deal and collaborate with health institutions, government departments, universities or health related bodies in relation to any project, scheme or other matter or thing in New Zealand or overseas which may be calculated to promote research in Hip Fracture Prevention and Care in New Zealand.
5. To raise funds through sponsorship, fundraising, donations, contractual arrangements or other means whatsoever for the purposes of supporting and promoting the foregoing objects and purposes

The main source of Trust's funding comes from a contract with ACC, which is near expiry. Other funding sources are constantly being sought. We are negotiating with ACC for a new Funding Contract.

To date the majority of DHBs are contributing data to the Registry and a large number have developed fracture liaison services. This is extremely encouraging and the HFR is meeting its targets as outlined in its contract with ACC.

The Annual ANZHFR Report is available on <http://anzhfr.org/2017-annual-report/>

NZOA & ACC Third Party Liaison Committee Annual Report

The NZOA Third Party Committee comprises Chris Birks, Richard Morbey, Peter Robertson, Fred Phillips, Andrew Vincent, Khalid Mohammed (Chair) Andrea Pettett and Richard Street (Presidential line).



Khalid Mohammed
Chair

We meet four times a year and have communication between times on issues as they arise. Our meeting consists of a morning meeting of our group at the NZOA followed by an afternoon meeting with representatives from the ACC. The group of surgeons provide diversity in their representation of different regions of orthopaedics and geographical regions. At the NZOA morning meetings we sometimes meet with representatives of other organisations, for example Australasian College of Radiologists, Southern Cross Health Insurance and Physiotherapy New Zealand. Sometimes this is to reaffirm collaboration and sometimes there are other issues that need to be discussed. Both Southern Cross and ACC have requested help from the NZOA for credentialing specialist scopes of practice. In the ACC this is the "red list" and this is quite an extensive process that the NZOA is still working through with the subspecialist societies. Southern Cross insurance will be seeking similar guidelines. Another area that both Southern Cross and ACC are pushing ahead with is surgeon "dashboards". Like many businesses Southern Cross seeks feedback from its customers and are trying to optimise the "patient experience" and learn from this feedback. They report they are very happy with the feedback that they have had to date but we must make sure that inappropriate information is not gathered or published.

The main work of the Third Party Committee interacting with the ACC. Overall there is a spirit of cooperation and I believe increasing trust, amongst many of the people who are regular attendees of the meeting. There have been some areas of definite progress. The new wrist and hand codes are complete. We have advocated for funding for the hip fracture registry. There is a willingness on both sides to have research collaboration and to use the large amount of data collected by the ACC in a meaningful way for research and improvement of patient care.

There are some serious matters arising that we have repeatedly expressed concerns about. The ACC have conducted two "proof of concept" trials and on the basis of what they felt were positive results will be implementing policies from these trials nationwide. One trial was an ACL trial packaging standardised rehabilitation with the surgery. This trial was done in Christchurch and has been successful in providing good standardised rehabilitation care without extra cost to the patients resulting in optimal recovery and shorter period of disability. The other trial was conducted in Auckland giving access to a group of general practitioners to order MRI scans. This concept has been opposed by the NZOA and the musculoskeletal radiologists. The ACC report that the trial was successful with on average 16 days

less waiting time for a patient to get to the stage of being reviewed with an MRI by a surgeon. Although we have provided evidence from overseas studies that primary ordering MRI scans results in increased costs and inefficiencies, and there have been great concerns expressed by the musculoskeletal radiologists, the ACC plan to implement this nationwide. The next stage of the proof of concept trials has been invitations for expressions of interest (EOI) for new ideas on how to deliver patient care in better ways. Although this initially looked like an opportunity for people with energy and ideas to be able to help the ACC, it now has more clearly become a tendering process where healthcare providers must form legal entities, take financial responsibility and essentially tender for contracts.

Change is inevitable and we should continue to be at the forefront of leading positive changes. However, we must approach new structures with caution and continue to be collaborative and inclusive. I would like to thank all the members of the NZOA third party committee for their commitment and expertise in representing our members in 2018.

Provisional Centres Report



.....
Dave Templeton
.....

From a Provisional Centres perspective, the highlight of last year was Mr Bill Taine being awarded the Rural Surgeons Award from the Australasian College of Surgeons at their Annual Meeting in Queenstown. Bill had been nominated two years earlier for his services by the NZOA.

The Rural Fellowship position is still a work in progress. Unfortunately obtaining appropriate financial support for this is proving to be difficult, although there looks to be quite significant headway coming through in the near future.

In the provincial centres, recruitment and succession planning is an ongoing issue, as we are seeing an increasing workload in the provincial centres due to a disproportionate older population compared to the some of the urban centres. Hopefully in the future with the increasing number of trainees coming through the system, it will make staffing of the smaller centres easier.

ANZAC Travelling Fellowship

It was a privilege to be awarded the 2017 ANZAC fellowship. I attended AOA annual scientific meeting, which was held in Adelaide, South Australia from the October 8th to 12th 2017. The theme of the meeting was 'Transforming Leadership'.



.....
Hogan Yeung
.....

The meeting was very well organised and had a great mix of sessions including education, case-based discussions, plenaries on topical subjects, presidential debates, as well as the usual scientific presentations. There were often 3 or 4 sessions running concomitantly and the hardest part was deciding which to attend. For me, the highlight was a presentation on leadership by James P. Bagian, from Michigan, USA. It was interesting to hear his perspective as he is not only a physician, but also engineer and former NASA astronaut.

AOA 21 is a topic that I found particularly relevant to the NZOA training program. AOA 21 is an education and training initiative. It is already underway in Australia and the main changes are a revised curriculum as well as a shift towards competency-based training. I believe it will eventually make its way across the ditch, since we share the same fellowship exam and college.

I thoroughly enjoyed my experience in Adelaide and I would like to thank the NZOA for the opportunity.

Wishbone Trust Report

The 2018 year has been a busy one for the Wishbone Trust. Most notably, has been the governance work involved in amalgamating the Trust with the NZOA Research Foundation.



.....
Sir Bryan Williams
Chairman
.....

From 1 August 2018 both entities will be brought together with one primary focus to foster the art and science of orthopaedic surgery through funding research.

This innovative move presents huge opportunities and benefits going forward. We also anticipate the consolidation of these entities will help simplify the process for Applicants making orthopaedic research grant funding requests.

At the NZOA Council's March 2018 meeting this merger was approved, and \$286,791.85 was subsequently transferred from the NZOA Research Foundation to the Wishbone Trust in support of the Wishbone Orthopaedic Research Foundation on 31 July 2018.

The NZOA Research Foundation ceased operation, and the role of its Research and Outcomes Committee will be transferred to the Wishbone Foundation during the next reporting period.

The Wishbone Trust is in a good financial position, which will enable us to strengthen our future activities. Investments made through Craig's Investments has grown from \$519,561 in the year ending July 2017 to \$566,971 in 2018, an increase of \$47,410 or 9.1 per cent. This is a satisfying result reflecting the establishment of our 2016 Investment Policy and Contract with Craig's Investments.

The Wishbone Trust held two meetings in the year ending July 2018. Over this period, the Trust considered nine research grant applications, with six grants awarded totalling \$57,049. An additional \$17,000 was awarded to the second phase of an existing research project. This compares to 2017 where five applications were considered, with three awarded totalling \$16,815 for orthopaedic research. It was very pleasing to note the high calibre of research projects continue.

We also welcomed two new members to the Board – Antony Field (Honorary Treasurer) and Perry Turner (Honorary Secretary). Antony and Perry replaced Stewart Walsh and Andrew Oakley, respectively, who finished their Honorary roles and resigned as Trustees.

Sadly, we farewell Jean-Claude Theis who resigned at the end of this financial year. Over the last 10-plus years Jean-Claude has made a significant contribution to the Wishbone Trust and the New Zealand Orthopaedic Association, recognising his role as NZOA Past President. We wish Jean-Claude the best for his future pursuits and hope he continues his interests in orthopaedic surgery research.

Finally, I would like to take this opportunity to thank my fellow Board of Trustees: Haemish Crawford, Antony Field (Honorary Treasurer), Richard Keddell, Michael Pender, Jean-Claude Theis, Helen Tobin and Perry Turner (Honorary Secretary) for their tremendous efforts over the past year. I would also like to acknowledge the support of the New Zealand Orthopaedic Association, particularly Chief Executive Andrea Pettett who has attended our meetings and provided guidance as we transition through our exciting new phase of work under the Wishbone Orthopaedic Research Foundation of New Zealand.

NZOA Trust Report

The Trust manages a corpus of funds of the Association for the advancement of Orthopaedic Surgery in New Zealand



Richard Lander
Chairperson

The Trustees are currently: Richard Lander (Chair), Hamish Leslie, Grant Kiddle, Michael Caughey and Ron Eglinton (Independent Trustee). Ex-officio are Perry Turner as NZOA Secretary, Anthony Field as Treasurer and Dick Keddell as Past President. The Trustees have met throughout the year to discuss matters pertaining to the Trust and to approve disbursements.

Annually there are fixed disbursements from the Trust including: the Top Trainee Prize, the Trainee Research Prize, and funding of the NZOA ASM Speaker. Funding of the ASEAN Travelling Fellows and to support a Pacific Islands Ambassador programme which is intended to facilitate an orthopaedic trainee from the Pacific Islands attend the NZOA Annual Scientific Meeting. This year the Trust has underwritten the majority of the costs of the new NZOA CPD web-based program.

The current Trust investments are in a Craig's Investment Partners managed fund and to date the portfolio performance since inception (31 August 2015) has been 6.9% with a forecast income yield of approximately 5%.

NZOA Research and Outcomes Committee



Michael Barnes
Chairperson Research and Outcomes Committee

Committee Members

Michael Barnes (Chair), Gary Hooper, Jean-Claude Theis, David Gwynne-Jones, Sue Stott, Jacob Munro, Simon Johnson.

The merging of the Research Foundation and The Wishbone Trust has been well flagged elsewhere, with the result that the ROC met on only one occasion in the last 12 months.

5 Grant Applications were considered, with funding recommended for 2 of these, which were ultimately approved by the Funding Committee.

Mr Brendon Coleman and his team received funding for a Study to determine the perceptions of Orthopaedic Surgery among women in the early stages of their medical career to identify barriers that may impact negatively on choosing Orthopaedics as a career.

Mr Haemish Crawford, Prof Susan Stott and Dr James Recorden are performing a Clinical and Gait Analysis review at 15 years of a Cohort of 86 patients with CTEV(Clubfoot)treated at Starship Hospital with either a Surgical Release or Ponsetti Casting, and last reported in 2010.

It is perhaps timely that a similar level of funding was sought from and granted also by The Wishbone Trust. This reduplication will be eliminated in the future by the restructuring and merging of the 2 entities.

Jean-Claude is leaving the Committee after many years of service on both Wishbone and ROC-his contribution over many years was greatly appreciated.

Simon Johnson has joined as the Education Committee representative.

It is envisaged that going forward the existing ROC will serve as the Scientific Committee to evaluate Grant Applications to the new entity, obviating the need for what was formerly The Funding Committee.

Report on the NZOA ASM, 2017

The 2017 NZOA ASM was held at the Langham Hotel in Auckland, from October 15th to 18th.

Andrew Graydon and
Jacob Munro

Over the years, there has been a significant investment by the NZOA in the development of the specialty societies, which has successfully led to the COE programme and its educational benefits. In addition, there are many competing overseas conferences that provide comprehensive ongoing CME opportunities.

With this in mind, the committee of Richard Keddell, Andrea Pettett, Jacob Munro and Andrew Graydon sought to organize a meeting that would focus on the challenges that our profession faces rather than the traditional ASM model: Orthopaedics in Perspective - facing up to the challenges.

To help with this theme we invited international speakers that we felt brought more than just their orthopaedic knowledge to the meeting. Lt Col Will Eardley from the UK opened the meeting with a fascinating discussion on modern warfare and then shared his trauma experience. Dr Stuart Weinstein discussed his thoughts on the lessons from his practising career before lecturing on current Paediatric Orthopaedics, and Prof Tim Briggs from the UK led symposia on the issues of consent and clinician governance with the background of being the UK Prime Minister's advisor on Health.

The Carousel Presidents were a welcome addition to the meeting and also participated in the discussions and presentations. Experts in their own fields, and immensely respected internationally, we were very fortunate to have them agree to present and contribute their associations' views to the discussions.

In addition to some wonderful overseas speakers, we invited respected speakers from elsewhere

in the NZ Health sector. Speaking individually, or contributing to various symposia were;

- **Andrew Connolly** – Chairman NZMC
- **Jill Lane** – MOH, Director Service Commissioning, Ministry of Health
- **Anthony Hill** - HDC Commissioner
- **Hamish Kynaston** – Partner Buddle Findlay and Employment Specialist
- **John Batten** – RACS, President

Of course, the entire ASM depended on the engagement and participation of the NZOA members, and we were certainly not disappointed in either the turnout or the level of support during the meeting. We would like to thank all of the members who spoke, presented or simply discussed the issues that were brought up during the meeting. As an Association, we are only as strong as our members, and only if we engage in addressing the issues that we face.

The social and sports programmes were well attended, and importantly contribute to the unique NZOA ASM character. For many of us, this meeting is a time to catch up with colleagues in a relaxed environment, and the sports programme of the NZOA is certainly unique amongst the Combined Orthopaedic Associations.

In summary, the meeting certainly achieved its goal of stimulating discussion about the challenges facing our profession. This is maybe not a theme or model to attempt every year, but may have value as a periodic reminder of the strengths of our Association as a group of people who care about our profession.

Thank you to all who attended and participated and, a special thanks to Tanya Turchie and the NZOA staff for their expert organisational assistance. We look forward to seeing you in Rotorua in 2018.



2017 ASEAN Travelling Fellowship

(Thailand, Philippines, Singapore & Vietnam)

24th September 2107 – 9th October 2017

The ASEAN Orthopaedic Association sponsors travelling Fellows from Australia and New Zealand on alternate years. In the intervening years the Australian and the New Zealand Orthopaedic Associations host Fellows from ASEAN countries.



Warren Leigh
NZOA Travelling
Fellow 2017

The ASEAN Orthopaedic Association is composed of 8 active National Orthopaedic Associations namely Brunei, Indonesia, Malaysia, Myanmar, Singapore, Thailand, Vietnam and the Philippines. These countries continue to have orthopaedic collaboration through Annual AOA Meetings hosted alternately.

The 2017 ASEAN Travelling Fellows were Christine Castle from Sydney and myself.

Thailand Monday 25th- Wednesday 28th

In Thailand we attended Ramathibodi University Hospital. Teaching rounds including trauma cases with an internet link to another hospital outside Bangkok. We were hosted in Thailand by Professor Banchong Mahaisavariya and Assoc Prof Dr Patarawan Woratanarat and Dr Panithan Tuntiyatorn and his colleague Dr Pat, who showed us around the institution, through the University where we attended theatre with six Orthopaedic theatres running and seeing a variety of cases including, Rotator cuff surgery, pelvic osteotomy and complex knee replacements.

The afternoon was an anatomy teaching lab on joints with 350 medical students, and cadavers. Buddhism is the dominant religion of the country and donation of bodies is very common resulting in a large number of cadavers to use for teaching.

The next day we had an amazing visit to Ayutthaya the historic capital and summer residence of the King. A number of historic sites, that included very impressive temples and lying Buddha's.

Dinner was with the President of the Royal College of Orthopaedic Surgeons of Thailand Professor Aree Tanavalee and Secretary General Kongkhet Riansuwan.

A visit to Chulalongkorn Hospital and hosted by Assoc Professor Somsak Kuptniratsaikul and his staff. This was a brand new hospital building with orthopaedic wards on 19th and 21st floors having sweeping vistas over all of Bangkok.

Morning meeting with registrar teaching followed by our presentations, Christine presented Asset Course Surgical Teaching in Myanmar and I presented results from the New Zealand Rotator Cuff Registry – information they were very keen on and were hoping to set up something similar.

We visited the medical teaching facility – a group of Koreans surgeons doing knee replacements and general surgeons doing transplant training. The facility can cope with 25 cadavers being used at one time.

An afternoon visit to Jim Thompson's house the man responsible for the revival of the Thai silk industry who mysteriously disappeared in the Malaysian highlands.

Dinner at the Dusit Thani Hotel famous steak house restaurant with the Orthopaedic department. All subspecialties were represented and a great night was had.

Philippines Thursday 28th - 1st October

Plane cancellation and changes and eventually a flight to Manilla, landing into stifling heat followed by traffic after been meet by Mike, Moises and Tony. 2.5 hours to travel to hotel, traffic in Manila is very heavy.

Pick up at hotel 7am and visited the Philippine Orthopaedic Centre and we were hosted by Dr Gabrielle. We attended a teaching meeting for department with a visiting surgeon from PGH, doing a talk on congenital hand deformities, which sounds like a very common problem in the Philippines. Christine presented Asset Course Surgical Teaching in Myanmar and I presented results from the New Zealand Rotator Cuff Registry

A hospital tour followed. The hospital is been renovated. The traction ward is amazing to see. Bed upon bed of traction with steinmann pins in tibias and femurs all awaiting surgery only if families can afford the surgery. It is practice for patients with eg a femoral neck or shaft fracture to be put in traction and fixed at 3-4 weeks once family have come up with the money and the purchased implant to be used by the patient arrives. A very different economic model used in this country. The spinal unit has patients ventilated and no signs of any other facility to transfer out

and some patients have been there for years. They make all their own braces and equipment on site. Across the road shops sell wheel chairs and crutches. Outpatients is in a converted gym with queues down the street. No air conditioning and was very hot.

Best coffee so far at Drip across the road from the hospital. Meeting with other consultants and Dr Raphael Angelo C Jurilla (Raj) several young surgeons.

Transfer to Philippine General Hospital. Traffic again terrible and a 15 minute trip was approx 1.5 hours. Lunch next to hospital with Mike and then a visit to the PGH Orthopaedic Department with teaching and our papers presented again. We attended the trauma meeting and learnt about Jeepney's there converted war jeeps that are turned into taxis which along with motorbikes result in amazing trauma. Dinner at the Philippines Orthopaedic Association Staff and several surgeons.

We attended knee and arthroscopy teaching at POH with Raj. I gave an ACL talk, Christine did a proximal hamstring talk. There we used an arthroscopy model and undertook skills teaching and examination teaching with the residents.

The afternoon was spent touring the old town fort downtown. Fascinating history since first discovered by the Spanish in 15th Century and after Spanish rule, American rule and finally independence. Manilla has an amazing history. An early 5:30 am- pick up to try and miss traffic and down to port. Fun run on in port area with thousands of runners!

A boat trip to Corregidor Island in the centre of WW2 history of this area. Philippines is made up of 7641 Islands. Amazing WW1 guns and mortars used in WW2 by Americans until overrun by Japanese. In the end the Americans returned and General MacArthur secured liberation and then Independence in 1946.

Singapore 2nd – 4th October

Arrival in Singapore after negotiating more Manilla traffic, we had dinner with Dr Poon Boon and Dr Naresh Kumar and Fellow Dr PuahKen Lee.

We attended Singapore General Hospital. Hosted by A/P Danny Lie. Teaching undertaken with our talks. TA great tour of the hospital and teaching and laboratory facilities. Meeting with 2 medical students from NUHS Duke University that are engineers and one doing research on strain in ligaments of the knee using a porcine model and cadaver model after ACL and repair. Looking at loads through other ligaments. Second student did biomechanics degree and looking at shoulder ROM using globe model and modifying this with motion analysis. Both interesting and getting great support to undergo their research year. Lunch was amazing with the signature dish of century old egg porridge.

Dr Poon Boon then meet at Alexandra Hospital and tour, a lovely garden setting but moving to Sang Keng new hospital next year. The afternoon was spent at Sentosa Island seeing great audiovisual live show on the history of Singapore and then Madame Tussauds Wax Museum.

The next day we were hosted by A/P Wilson Wang HOD and Dr Naresh Kumar hosted us at a teaching meeting. Hand Trauma teaching at the NUHS University Hospital. We then gave our talks, which were well received. A tour of the Biomechanics laboratory which has great facilities. At lunch we were joined by A Prof Fareed Kagda from Jurong Health where we discussed trauma his area of expertise.

Dinner was with another Spine Surgeon Dr Aravind from one of the Northern hospitals. Chilli crab, Pepper crab and Jade Crab sitting on the foreshore made for a lovely evening. An amazing number of cargo ships sitting off Singapore anchored in the Bay. Ken informed me that with the drop in oil prices they are just parked as storage at present.

Hanoi 5th – 8th October

The ASEAN congress in Hanoi was an amazing experience. There was an international faculty and some fascinating lectures. President of the ASEAN DR. Sukit Saengnipanthkul and local congress Dr Nguyen Van Thach and Prof Ellewellyn Pasion showed us an amazing time.

There was a tour to the local hospital venue to watch live surgery and a series of case discussions from local and invited faculty.

The Presidential dinner was a highlight with traditional Vietnamese dancing, singing and musical instruments. Dinner in the traditional Hanoi restaurant was also an amazing experience with interesting flavours, amazing arrays of taste sensations and bizarre experiences.

I wish to thank the New Zealand Orthopaedic Association for the opportunity and the ASEAN Orthopaedic Association for their hospitality and the amazing experience.

The ASEAN Travelling Fellowship was both rewarding and informative and it was a privilege to be part of and I would encourage other fellows to apply to have this amazing experience. Both the Australian and New Zealand Orthopaedic Associations should continue to support this venture and to host ASEAN Fellows in our own respective countries.



Hong Kong Young Ambassador 2018

It was a privilege to represent the New Zealand Orthopaedic Association as the Young Ambassador at the 37th Hong Kong Orthopaedic Association Annual Congress, held on the fourth and fifth of November 2017.

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David Bartle
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The Hong Kong Orthopaedic Association is a vibrant association that has developed many connections with our own membership over the years. The main hospitals are closely aligned with local universities allowing them to be involved with a wide range of research. The theme of the 37th Annual Congress was Minimally Invasive Orthopaedic Surgery. It was fascinating to hear the range of perspectives on this topical issue.

My own presentation was on how we can use simulation in orthopaedic surgery, and I believe this will become increasingly important as more minimally invasive techniques are developed.

I am extremely grateful to Dr Yiu Chung Wong as the President of the Hong Kong Orthopaedic Association and the Co-Chairmen of the organizing committee Dr Kwai-ming Siu and Dr Yau-bun Wong for their warm welcome and hospitality during the meeting. I was grateful for the opportunity to renew old friendships and make new friendships with colleagues in the Asia Pacific region and across the globe.



Tributes to Past Members



Brian Kingsford Otto
19/8/38 - 4/10/17

Brian graduated MBChB from Otago University in 1962. He spent his House Surgeon years at Auckland Hospital then studied for 3 years in England, returning to Middlemore Hospital

in 1972 where he worked as a Full-time Consultant for 3 years. His career took him down the Spinal path after spending 1976 as a Fellow in Perth under the renowned Sir George Bedbrook.

For the next 23 years Brian made his name as an Orthopaedic Surgeon with a particular interest and expertise in the treatment of Spinal Injuries and Adult Spine Surgery in general.

Brian could always be relied upon to give sage advice on clinical matters, collegial relationships and investment decisions. He was a founding Member of the NZ Spine Society and a regular

contributor to NZOSS and also the NZOA. His interests included fishing, NZ native orchids and NZ flora and fauna in general, and finance. He is survived by his wife Dot, his 2 sons Christopher and Simon and one grandchild.

The Inaugural Meeting

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 G C Jennings
Mr R Blunden
Dr G A Q Lennane
Mr J K Cunninghame
Mr A A MacDonald
Mr R H Dawson
Mr S B Morris
Mr J K Elliott
Mr G Williams
Mr H W Fitzgerald
Mr J L Will
Sir Alexander Gillies

Past Presidents of the New Zealand Orthopaedic Association

1950-51	Sir Alexander Gillies	1996-97	Professor A G Rothwell
1952-53	Mr J L Will	1997-98	Professor D H Gray
1954-55	Mr M Axford	1998-99	Mr A L Panting
1956-57	Mr H W Fitzgerald	1999-00	Mr M C Sanderson
1958-59	Mr A A MacDonald	2000-01	Mr G D Tregonning
1960-61	Mr J K Elliott	2001-02	Mr A E Hardy
1962-63	Mr R Blunden	2002-03	Professor J G Horne
1964-65	Mr W Parke	2003-04	Mr B R Tietjens
1966	Mr R H Dawson	2004-05	Mr R O Nicol
1967	Mr W Parke	2005-06	Mr R J Tregonning
1968-69	Prof A J Alldred	2006-07	Mr M R Fosbender
1970-71	Mr B M Hay	2007-08	Mr J Matheson
1972-73	Mr J R Kirker	2008-09	Mr D R Atkinson
1974-75	Mr H G Smith	2009-10	Mr J A Calder
1976-77	Mr W A Liddell	2010-11	Assoc Prof G J Hooper
1978-79	Mr A B MacKenzie	2011-12	Mr B J Thorn
1980-81	Mr P Grayson	2012-13	Mr R O Lander
1982-83	Mr O R Nicholson	2013-14	Mr M S Wright
1984-85	Mr C H Hooker	2014-15	Mr Brett Krause
1986-87	Mr G F Lamb	2015-16	Prof Jean-Claude Theis
1988-89	Mr V D Hadlow	2016-17	Mr Richard Keddell
1990-91	Mr P D G Wilson		
1991-92	Mr J C Cullen		
1992-93	Mr J D P Hopkins		
1993-94	Professor A K Jeffery		
1994-95	Mr C J Bossley		
1995-96	Mr G F Farr		

Compendium of Awards

Gillies Medal Recipients

1965	Prof A J Alldred
1966	Mr G B Smaill
1969	Prof A J Alldred
1971	Mr O R Nicholson
1974	Mr H B C Milson
1974	Mr S M Cameron
1977	Mr V D Hadlow
1978	Mr C H Hooker
1979	Mr H E G Stevens
1980	Prof D H Gray
1982	Mr A W Beasley
1993	Dr N S Stott
2001	Mr S J Walsh
2008	Assoc Prof Sue Stott
2009	Mr O R Nicholson
2016	Tim Lynskey

ABC Fellows

1956	Mr O R Nicholson
1962	Mr J B Morris
1968	Mr A R McKenzie
1972	Prof A K Jeffery
1976	Prof D H Gray
1980	Prof A G Rothwell
1982	Mr A E Hardy
1984	Mr B R Tietjens
1986	Mr A J Thurston
1988	Mr R O Nicol
1990	Mr G J Hooper
1994	Mr M J Barnes
1996	Mr P A Robertson
1998	Mr P A Devane
2000	Mr K D Mohammed
2002	Mr H A Crawford
2004	Mr C M Ball

2006	Mr M M Hanlon
2008	Mr P C Poon
2010	Mr D C W Muir
2012	Mr G P Beadel
2014	Mr B Coleman
2016	Mr Andrew Graydon
2018	Mr Michael Rosenfeldt

President's Award

2005	Professor Alastair Rothwell
2006	Mr David Clews & Mr Allan Panting
2007	Professor Keith Jeffery
2008	Mr Chris Dawe & Mr John Cullen
2009	Mr Ross Nicholson
2011	Christchurch Orthopaedic Surgeons
2012	Mr Richard Street
2013	Mr Kevin Karpik
2014	Mr Richard Lander
2015	Mr Tim Lynskey
2016	Mr James Burn
2017	Professor Alastair Rothwell

Hong Kong Young Ambassador

1993	Alastair Hadlow
1994	Peter Devane
1995	Peter Devane
1996	Stewart Hardy
1997	Kevin Karpik
1998	Geoff Coldham
1999	Hugh Blackley
2000	Matthew Tomlinson
2001	David Gwynne-Jones
2002	Terri Bidwell
2003	Ian Galley
2004	Perry Turner

2005	Angus Don
2010	John Ferguson
2011	Vaughan Poutawera
2012	Matthew Debenham
2013	Alpesh Patel
2014	Phillip Insull
2015	Godwin Choy
2017	David Bartle

ASEAN Fellowship

2013	Prof Jean-Claude Theis
2015	Mr Richard Lander
2017	Warren Leigh

ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
2017	Hogan Yeung

ANZAC Fellow

2016	Simon Young
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ESR Hughes Award – RACS

2015	Chris Dawe
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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 modeled on the tree of Andre 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 of the New Zealand Orthopaedic Association emblem presented by Mr & Mrs W A Liddell (President 1976-77).

Sterling Silver Bleeding Bowl

This was presented by the British 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.

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 Andre 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 of 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.

Hadlow Trophy for Tennis

This was presented by Victor and Cécile Hadlow in 1989 at the conclusion of two years as President of NZOA and is competed for at the Annual Scientific Meeting and presented to the winner of the Tennis Competition in the format the meeting organizers arrange.

Black and White Paintings (x 4) 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.

Pounamu Mere

The Pounamu Mere was donated to the NZOA in 2016 by Prof Jean-Claude Theis and his wife Virginia in recognition of their Presidential year. It is to be handed over by the outgoing President to the incoming one at the time of the transfer of the Jewel of Office. A Mere symbolises the authority of a Maori Chief and it is appropriate to recognise the New Zealand Maori culture as an integral part of our Association.

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** 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's Trainee Award
- 2013** Stephanie van Dijck, President Trainee Award. No research prize was awarded.
- 2014** Nicholas Gormack, President Trainee Award, Michael Wyatt best Research for a final Year Trainee
- 2015** Gordon Burgess, President Trainee Award, Rupesh Puna best Research Award
- 2016** David Keiser, President Trainee Award, President Research Prize
- 2017** Tom Inglis, President Trainee Award



NZOA

New Zealand
Orthopaedic Association

Ranchhod Tower, Level 12,
39 The Terrace, Wellington 6011,
PO Box 5545,
Wellington 6140
New Zealand

www.nzoa.org.nz