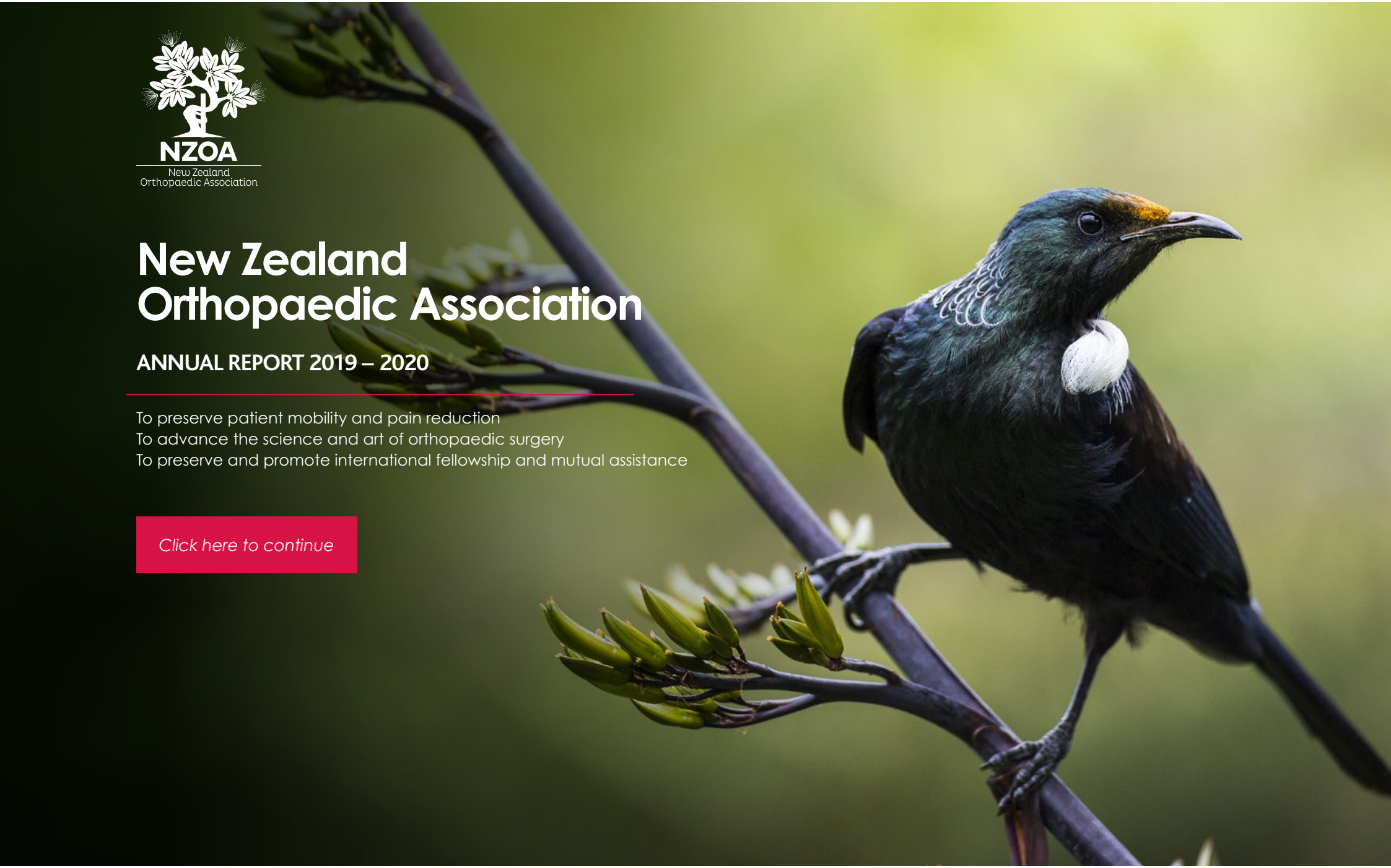

NZOA
New Zealand
Orthopaedic Association

New Zealand Orthopaedic Association

ANNUAL REPORT 2019 – 2020

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

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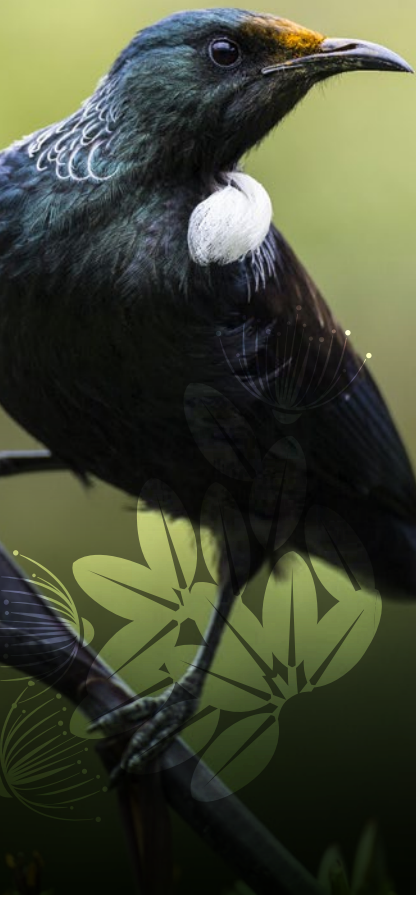

President's Report

Peter Robertson
President 2019/2020

This has been a very different year for us all – as a result of COVID-19, 2020 will be remembered as the (first) year of the Pandemic, and its affects appear to be with us for some time into the future.

COVID-19 has had a dramatic effect on New Zealand society and its economy. It has affected our ability as surgeons to care for our patients when we have been in the most severe lockdowns. Having said this the nature of our work alleviating pain and disability, means that our services will continue to be in great demand despite societal and economic difficulties. For our Association, the challenge will be to continue to provide the full array of services demanded by the profession and our patients.

The initial challenge with COVID-19 was provision of leadership and guidance around practice limitations during the most stringent times of the early lockdown. Subsequent to that, our major focus was to inform the Ministry of Health of the backlog of elective surgery, to lobby for elective surgery to restart once restrictions were initially lifted, and we were successful in this regard. COVID-19's next challenge was the reorganisation of our normal professional services at NZOA level. Meetings and education have been deferred or cancelled. Selection and the Part 2 FEX were deferred, and at the time of writing Auckland was back in lockdown due to a recurrence of the virus, so there is a constant need for rescheduling and planning for a range of scenarios. New Zealand was the envy of the world for three magic months without any community spread of the virus before its return – the mechanism of which is still the subject of much speculation. Now we are facing difficulty of virus control and the possibility of further restrictions into the foreseeable future. A highly contagious viral pandemic mixed with significant political uncertainty as we approach an election scheduled for the weekend of our ASM means that we do indeed live in very interesting times!

Looking back twelve months to Rod Maxwell's Presidential Report, we were on the verge of making considerable 'noise' in relation to the difficulties for all our patients waiting for public hospital care and elective surgery. We have been very much ready to share these concerns with the press and politicians, however the overwhelming information wave appropriately associated with COVID-19 has meant that many of these issues remain somewhat dormant – even as an election approaches. Please understand that your Association has been very active in its advocacy role, and continues to drive these issues at every opportunity.

The NZOA office continues to provide excellent service to its members, notwithstanding the difficulties of this year. From a President's perspective, the lack of issues around administration of the NZOA functions throughout this year is testament to the unity of the team at Ranchhod Tower in Wellington, and the leadership of our Chief Executive Andrea Pettett. We are fortunate that this strong group has matured as an office that provides quality administration of Education, Continuing Professional Development, Research Funding and Grant Allocation, Financial Services, Event Management, and IT infrastructure. The breadth of services covers the Association, the Trust, the Wishbone Research Foundation Trust and the National Joint Registry.

As already noted, at the time of writing, Auckland was in lockdown Level 3, and there is now some doubt if our planned Extraordinary ASM and the AGM will occur. It will be evident by the time you are reading this report. Given the possibility that a face-to-face AGM may not be able to occur, I will expand this report somewhat to clarify Presidential Line direction.

The Association continues to manage many functions, and these are highlighted in the subsequent reports. Each Committee/Trust/Registry continues to provide excellent service for the NZOA membership. I will leave each Chair to comment, but I do wish to acknowledge two fantastic contributions over the last four years as two of our 'honorary' Council Members complete their terms at this year's AGM. Perry Turner will finish his term as Honorary Secretary after four years of outstanding service to the NZOA. The commitment in this role is huge, and Perry's energy has been immense. He has been across many Committees, and his accuracy of minute taking superb. The second 'Honorary' completing his term is Antony Field – Honorary Treasurer. I have to disclose a small conflict of interest in that Antony and I are on the same team at the public hospital and he is an excellent colleague. Antony has continued the modification and the streamlining of the financial affairs of not just the Association but also the Trust, the Wishbone Orthopaedic Research Foundation and now the National Joint Registry. His term included a period of initial instability with the finance resource in the Wellington office, however Antony has worked very hard with Sharon Jansen to make our financial situation very robust. Whilst this role is somewhat less evident in the Association day-to-day affairs, Antony has made superb contributions to the running of our organisation. Perry and Antony, many thanks for your excellent work! Hopefully, you will enjoy a period of freedom from these duties – before the Association comes calling again in the future!

During last year's AGM, as required, I outlined my thoughts regarding aims for the subsequent year, over and above the routine functions of the Association. The three points that I raised were; to improve the understanding of the value that the Association provides for its membership; to improve the collegiality within our Association; and to develop a closer rather than more distant relationship between the Sub Specialty Societies and the NZOA. To an extent the last two goals are closely related. It is not appropriate for me to grade any achievement of these aims – but I can and will comment. If members have read the newsletters they should have an improved understanding of the structure and running of the NZOA, however to be fair, much of what I have wanted to 'put out there' has been side lined by the COVID-19 pandemic. This remains an area of work that can continue. The outcome of the latter two goals is yet to be seen at the time of writing. If our 'Extraordinary' ASM and AGM go ahead as planned, then hopefully we will have made a big step towards improving collegiality by harnessing the Sub Specialty Societies and their energy – an unexpected benefit from the pandemic! I am very grateful for the tremendous enthusiasm of the Societies for this meeting. All immediately agreed to participate as requested. We have a plan for ASM and Sub Specialty Society meetings in the future and our discussions around this proposal, pre-COVID, have been very collegial and enthusiastic. I strongly believe that as a small Association we need the Societies in close coordination to tackle the issues of the day. I like to think of infrastructure provided by the NZOA, and now the content and expertise lies within the Societies. Combining these together will continue the legacy of strength of representation of our orthopaedic specialty. Failure to harness the energy of the respective bodies will lead to fragmentation and weakness – and we don't have to look far to see that in other medical bodies.

As mentioned above, the Presidential Line has evolved the advocacy role further this year. This activity is facilitated by the contacts and energy of our Chief Executive Andrea Pettett, and builds upon the activities of previous Presidents. As published in previous newsletters, we are continuing to push for a re-evaluation of trauma funding by ACC, expansion of workforce to match current outputs with future needs as so clearly demonstrated by the Ministry of Health Workforce analysis, understanding of the influence of complex acute reconstruction flowing into elective surgery lists, explanation of the need for building infrastructure, and explaining the need for efficient private public partnerships to optimise care and efficiency in both sectors with a 'win/win' result. The Presidential Line have continued this advocacy role at The Orthopaedic Sector Group, at Ministerial level in Government and with appropriate equivalents in the Opposition, with the top medical roles in the Ministry of Health, and of course with the press and news outlets. Again, it has been difficult to get traction in the setting of this pandemic, but this will remain a major activity of the Presidential Line in the future.

Delays in elective orthopaedic surgery over recent months, among other evidence, have highlighted the disparity of health outcomes between Māori and non-Māori in New Zealand. Many health bodies including the RACS have responded to the issue of inequity of outcomes between ethnicities, and the Presidential Line have been approached by Māori NZOA members questioning the Association plans to address these issues. The Presidential Line has formally invited our Māori members to come back to the Association with their thoughts and recommendations to assist the NZOA to improve outcomes for Māori. This is an area of evolution. Some may find the discussions uncomfortable, but the evidence of inequity across many health frontiers is incontrovertible, and we should continue to gather evidence and work to addressing these inequities. Past reliance on equality of access has not resulted in equity of outcomes, and these concerns lead this direction and body of work. It is always worth emphasising that the first object of the NZOA is "To advance the science and art of orthopaedic surgery". It is the view of the Presidential Line that this object must apply to all New Zealanders, and where inequity of outcome is clear as for Māori, it is time for the NZOA to lead initiatives for improvement.

As many of you have commented, this year my role as President of the NZOA has been unique in that the 'representational' components of the role have essentially been cancelled. After Suzanne and I represented the NZOA at the Australian Orthopaedic Association Meeting in Canberra during October of 2019, all of the other Association and the Academy meetings were either deferred or cancelled. Missing this component of the Presidential role is obviously disappointing, however a positive viewpoint is that it has allowed more time to work on issues at home, less of a rushed and stressful year, and perhaps a greater advocacy role at home. All of the other Presidents of our sister Associations have been similarly affected although there has been some virtual meeting representation and presentations. The greatest challenge for those who follow in the Presidential Line here and overseas will be to resurrect the Presidential Carousel with its programme and traditions. As a small Association we have the most to gain from these relationships. Their importance for the future cannot be understated.

I would like to conclude with three specific notes of thanks. I want to thank Andrea Pettett for her ongoing excellence in the Chief Executive role of the Association. We are very grateful for her expertise and energy forcefully representing us in the competitive and difficult environment in Wellington. She has managed the Wellington office to a highly efficient unit of infrastructure. Andrea has been a pleasure to work with. Secondly, I wish to thank my wife, Suzanne.

I am grateful for her support and guidance, not only in relation to the Presidential role with the NZOA, but also over nearly four decades of orthopaedic and spinal care. Such support is obviously a major factor allowing any professional to work and contribute, and for this I am eternally grateful. Finally, I would like to thank both the Presidential Line and the Association membership for their support. The former is an excellent team working together with a common goal and is in very good heart for the future of the Association. The membership has been very supportive through the year and I am exceedingly thankful.

Finally, I would like to wish Peter and Judy Devane the very best for their forthcoming year – a year that may well be as unpredictable as this one!

Peter Robertson
President 2019/2020

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Chief Executive's Report

I have pleasure in writing my annual NZOA report. 2020 was certainly not the year we had planned but in many ways it has shown our resilience in adapting to a situation we had never before experienced.

Andrea Pettett
Chief Executive

Impact of COVID-19

It was quickly apparent that COVID-19 was going to affect New Zealand and our workplace, so we moved early to work remotely from home. Thankfully, due to being hacked last year, we had moved our server into the cloud so our IT provider was able to assist us remotely. Whilst there are some limitations from working from home, the NZOA team by in large coped well and did a great job as the NZOA worked through lockdown. Unfortunately, not all of the NZ Joint Registry (NZJR) staff were able to work remotely.

Our early focus was on reviewing the 2020 programme and identifying what if any of it we could continue with, what needed to be cancelled or postponed, and how best we could get refunds etc. As New Zealand moved into Level 1, we set about rescheduling the 2020 work programme and as I finalise this report we are in Levels 2 and 2.5 and we are once again rescheduling events. I suspect the rest of 2020 will be equally uncertain and possibly 2021, and we will spend much of our time adapting to this.

The early challenges for the Presidential Line and myself were understanding the Pandemic Alert Levels and their implications for orthopaedic surgeons, and the Hospital Framework and how the public hospitals and private hospitals were interpreting this. Early versions of the Alert Levels excluded elective surgery at Level 3, and we worked hard advocating with the Ministry of Health that this was unnecessary and unfair to patients and that a level of elective surgery should be permitted. We were very pleased the wording for that Alert Level 3 was revised with permissive wording which enabled the Presidential Line to develop advice to members about how we should approach elective surgery during Level 3. Because of our early focus on this, orthopaedic surgeons were able to commence surgery considerably earlier than many other surgical specialties.

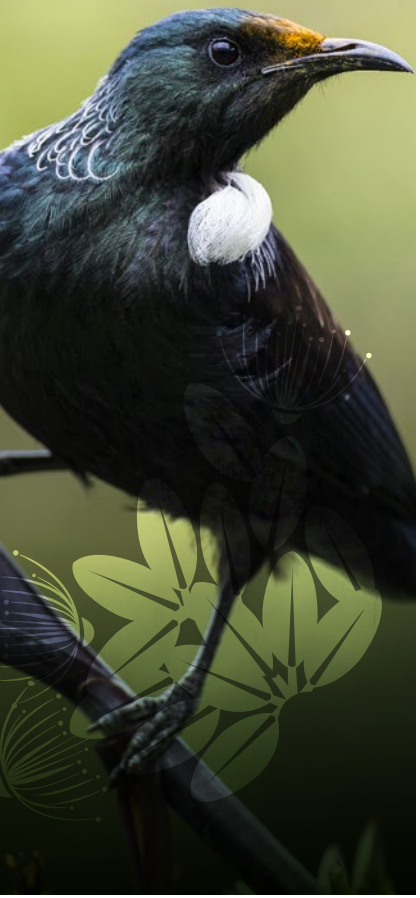
Another challenge was enabling the rapid introduction and funding for Telehealth. Whilst we had been in discussion with ACC for over six months about funding Telehealth follow-up consultations, this was not due to come into effect until the 1st July 2020. It is pleasing that health insurers and ACC promptly agreed to fund Telehealth consultations for both initial and follow-up consultations. We surveyed some of our members about the use of Telehealth services during lockdown, and the responses were very helpful and instructive. We anticipate Telehealth services are here to stay, but it is very much personal preference and dictated by the requirements of the consultation.

Education and Training

It was initially very unclear as to whether the FEX and SET Selection would be able to proceed at all in 2020. We were all very motivated to find a way to ensure both could proceed. As necessitated by the situation everybody came to the discussions with an open mind to consider different scenarios by which the FEX and SET Selection could proceed. With New Zealand in Level 1 for a sustained period, we were hopeful we could continue to SET Selection as originally planned. But New Zealand moved into Level 2 and Level 3, and we were required to consider other scenarios. A lot of learning and re-planning has taken place. The SET Selection process was modified and ran smoothly thanks to the good work by Prue, Bernice and Vanya. The FEX is underway and both SET and FEX are to the same high standards that we expect.

Conference and Events Management

The early focus was on dismantling, cancelling or postponing all conference and events with a view to minimising any legal and financial exposure. Then as New Zealand was in Level 1 we planned an ASM in Auckland, and at the time of writing this report we are busy moving the ASM to Wellington as Auckland is not feasible given the restrictions on meeting sizes. Whether 2021 enables us to proceed with any meetings remains to be seen but we are ever hopeful. Thanks to Philippa for the extra efforts made and indeed to the whole NZOA team for pitching in to assist with the ASM relocation.



Continued Professional Development

The CPD website required re-platforming to ensure it was secure and this has been completed. The CPD tool is future-proofed at least for several years, and members would not have noticed any difference in service or functionality. The Practice Visit Programme necessarily went into abeyance over lockdown and we are about to recommence with visits, but Auckland has necessarily held this up. In the meantime, we have put our energy into digitalising the PVP Programme so that the vast piles of paper-based reports and questionnaires can be eliminated. We are in the early stages of piloting this new end to end process, but are hopeful that it will be able to be rolled out to all our visitors, visitees, patients and colleagues. Thanks to Bernice and Vanya for the great work designing and testing this process.

NZOA ACC & Third Party Liaison Committee

This continues to be a very active Committee. We have formed strong relationships with ACC, Health Insurers and other Health Groups. The lockdown period provided us with extra time to conclude many of the ACC Consideration Factors that had been in progress for several years. We are pleased to have agreed Consideration Factors for Spine, Hip, Foot & Ankle and Wrist and Hand. We have also concluded and implemented the new Red List Procedures for ACC which has been a significant project. The various Sub Specialty Societies have been instrumental in working with our office to ensure that the new Red Lists are accurate and that new Applicants are endorsed and mentored to the requirements they have specified. The NZOA database is now up to date and reliable, and thanks to Karyn for her hard work and attention to detail in managing this project.

Advocacy and Stakeholder Engagement

The Presidential Line and I have worked to increase the profile of NZOA with key stakeholders. The Orthopaedic Sector Group was making some progress towards identifying the various issues around workforce planning, capacity and acutes/electives flow. However this work has stalled during COVID-19. We have prepared various media campaigns around the growth of acutes and the decline of electives in our public hospitals and have achieved some coverage of our concerns. We continue to advocate for better access for our patients. We have a productive and strong relationship with the New Zealand Private Surgical Hospitals Association (NZPSHA) whom we had regular communications with during lockdown and the early recommencement of surgery under Level 3.

The New Zealand Joint Registry

Considerable focus has gone into the New Zealand Joint Registry (NZJR) over this past twelve months now that it is formally part of the group of NZOA Entities. Last year the financial records of the NZJR were insufficient to meet the standards set by our Auditors resulting in a qualified audit across the NZOA Group. We have restructured the financial management and the invoicing methodology for all joint registry procedures, and I'm grateful to our members who have been supportive of these changes. We are hopeful that our Auditors will provide an unqualified audit this year. Thanks to Sharon for her dedicated focus in achieving this.

New Zealand Hip Fracture Registry Trust

The Australia New Zealand Hip Fracture Registry Trust (ANZHFRT) continues to make great progress with 22 DHB's now entering data into the Registry. The next period will continue to focus on improving the quality of data and promote the work of the Registry through the Hip Fests which have had to be postponed during COVID. We were very pleased to receive a further twelve months funding from ACC to assist with the ongoing viability of the Registry. Thanks to Nicola for her support of the NZHFRT.

The Wishbone Foundation

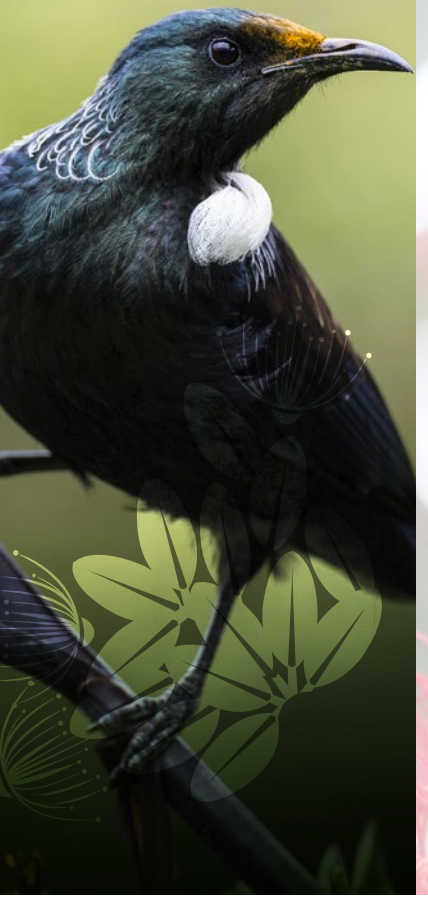
Unfortunately with COVID-19 we were unable to commence any preparations for Wishbone Walks. We will have renewed energy and enthusiasm for Walks in 2021 and hopefully we will develop a strategy with the Sub Specialty Societies to help grow our funding pipeline to support research. Thanks to Bernice and Vanya for their support for Wishbone.

Support for Sub Specialty Societies

We continue to offer as much support for Sub Specialty Societies as we are able to resource in the office. Entity management not always straightforward and we are always happy to help with this and the preparation of financial statements and AGM requirements. Thanks to Karyn and Sharon for their support of the Sub Specialty Societies.

NZOA Staff and Council

The team at NZOA have been fantastic. We have adapted to an ever-changing environment and are forever planning and re-planning our work



programme to ensure that we are as productive as we can be. I would like to thank Karyn, Prue, Bernice, Sharon, Philippa and Vanya for their unfailing commitment this year in challenging circumstances. We have used our downtime to focus on building our systems and processes and internal infrastructure. We were certainly not idle and we can be proud of our achievements during the lockdown period.

I want to thank the team at the NZJR, John, Toni, Shona and Lynley some of whom were able to continue to work during lockdown but with limited IT access.

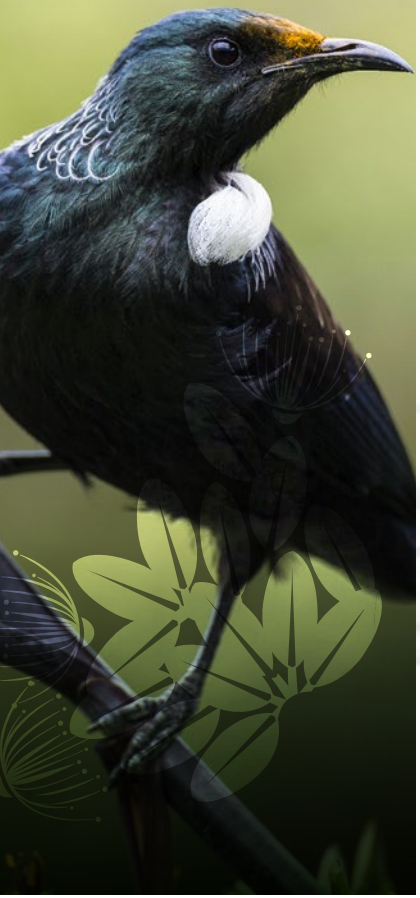
I wish to thank the NZOA Council, NZOA Trust, NZOA Joint Registry Board and Management Committee, the Education and Training Committee, the NZOA ACC & Third Party Liaison Committee and NZHFRT for all their hard work during the year. Special thanks to Antony Field (Treasurer) and Perry Turner (Secretary), whom I work closely with and whose terms expire this year. My particular thanks to the Presidential Line who communicate with me on a daily basis and whose tremendous teamwork during the COVID lockdown has been particularly rewarding. Peter Robertson in particular has provided great leadership and support during these stressful times and I can't thank him enough for this.

Andrea Pettett
Chief Executive

2020 Honorary Treasurer's Report – NZOA Annual Report

Antony Field
Honorary Treasurer

The NZOA Joint Registry Trust's 2019 financial results have been restated due to the Qualification on the Audit Report as well as other financial errors that were only discovered after the completion of the audit last year. As a result the NZOA Group results for 2019 have also been restated.



Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated
For the year ended 31 July 2020

	Group		Association	
	2020	2019 Restated	2020	2019
Revenue				
Donations, fundraising and other similar revenue	76,507	684,969	36,624	-
Fees, subscriptions and other revenue from members	709,567	632,419	709,567	632,419
Revenue from providing goods or services	1,306,409	1,536,050	877,601	1,157,214
Interest, dividends and other investment revenue	211,833	395,093	10,222	7,687
Total Revenue	**2,304,316**	**3,248,531**	**1,634,014**	**1,797,320**
Expenses				
Volunteer and employee related costs	911,452	986,061	679,858	753,687
Expense related to public fundraising	301	54,585	-	-
Costs related to providing goods or service	495,793	734,214	436,933	650,732
Grants and donations made	75,618	20,868	-	-
Other expenses	526,406	547,034	429,218	438,340
Total Expenses	**2,009,570**	**2,342,762**	**1,546,009**	**1,842,759**
Surplus/(Deficit) for the Year	**294,746**	**905,769**	**88,005**	**(45,439)**

This statement has been prepared in accordance with the Statement of Accounting Policies and Notes, and should be read in conjunction with the Audit Report.

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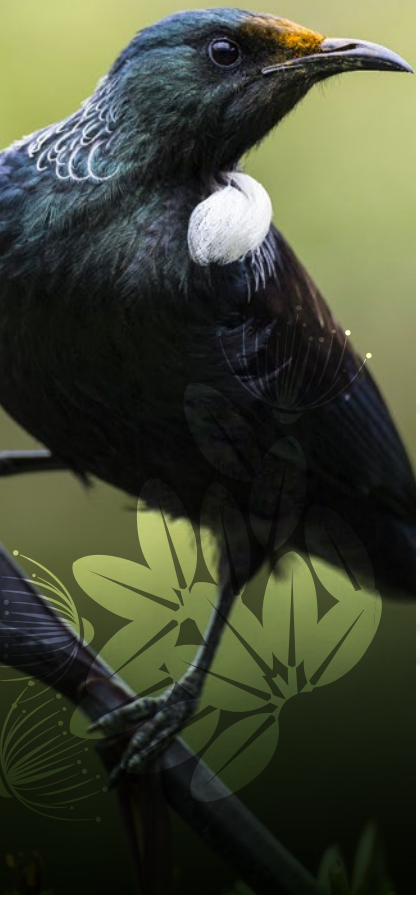


Statement of Financial Position

New Zealand Orthopaedic Association Incorporated
As at 31 July 2020

	Group		Association	
	2020	2019 Restated	2020	2019
Assets				
Current Assets				
Bank accounts and cash	900,024	847,670	520,907	488,952
Debtors and prepayments	390,105	215,369	356,815	330,188
Inventory	569	65	-	-
Investments	1,037,634	1,003,457	411,565	400,000
Work in Progress	-	154,244	-	154,244
Other current assets	41,450	137,109	7,789	-
Total Current Assets	**2,369,782**	**2,357,914**	**1,297,076**	**1,373,384**
Non-Current Assets				
Property, Plant and Equipment	30,673	43,091	27,357	36,459
Intangibles	195,959	90,776	192,864	84,586
Investments	3,666,731	3,528,496	-	-
Other non-current assets	60,167	60,167	60,167	60,167
Total Non-Current Assets	**3,953,530**	**3,722,530**	**280,388**	**181,212**
Total Assets	**6,323,312**	**6,080,444**	**1,577,464**	**1,554,596**
Liabilities				
Current Liabilities				
Creditors and accrued expenses	162,254	278,848	119,499	216,866
Income Received In Advance	215,047	191,909	215,047	191,909
Goods and services tax	65,798	24,169	21,688	12,645
Other current liabilities	50	-	150	100
Total Current Liabilities	**443,149**	**494,926**	**356,384**	**421,520**
Total Liabilities	**443,148**	**494,926**	**356,384**	**421,520**
Total Assets less Total Liabilities (Net Assets)	**5,880,164**	**5,585,518**	**1,221,080**	**1,133,076**
Accumulated Funds				
Accumulated surpluses or (deficits)	5,880,164	5,585,518	1,221,080	1,133,076
Total Accumulated Funds	**5,880,164**	**5,585,518**	**1,221,080**	**1,133,076**

This statement has been prepared in accordance with the Statement of Accounting Policies and Notes, and should be read in conjunction with the Audit Report.

NZOA ASM 2019 Report

The 2019 ASM was hosted by NZOA President Rod Maxwell, and convened by Jonny Sharr and Nick Lash. This Christchurch based team, was forced to leave home turf to find an adequate venue with Christchurch STILL unable to provide a venue large enough to cater for an event the size of an ASM.

Jonny Sharr *and*
Nicholas Lash
Convenors

With management and oversight provided by Jude Maxwell and our then newly-appointed conference co-ordinators Philippa Shierlaw and Migan Denny, we settled on hosting the meeting from the newly refurbished Dunedin Town Hall 29th September – 2nd October 2019. The theme was "Challenging Dogma".

Following the initiative introduced in Rotorua by the organisers of the 2018 ASM an Instructional Course Lecture session was held on the Sunday morning. The intention of this session is to provide up-to-date concepts for Trainees regarding a breadth of orthopaedic topics. The feedback generally was that this was an excellent session in concept and delivery with a good percentage of attendees making it to this "day before" event.

The sporting afternoon on the Sunday afternoon was a great exploration of the Dunedin environs. An enjoyable afternoon in the warmth of an Otago spring was had at St Clair Golf Club with its panoramic vista, by the mountain biking excursion chasing Chris Birks around the hills of Dunedin and an eBike Tour around the city.

The ASM itself was held at the recently refurbished Dunedin Town Hall was a relatively intimate affair for attendees with world class presentations from the international faculty, and our non-orthopaedic invited guests. We were enlightened by James Renwick (climatologist) "Climate change and the effects on our future" ,and Professor Grant Schofield (Diet expert) " Modern Diet : Low carb and high fat diet" during the first day and our John Sullivan Memorial Lecture was provided by Professor Chris Harner from Texas Health Science Centre.

The environment was suited to comfortable interaction between delegates and speakers. This feeling persisted through the course of the three days – a comfortable, collegial meeting with excellent content and quality presentations. Our International Presidents' Carousel and our invited international guests were very involved in proceedings providing multiple talks over the three days and contributing in discussion, frequently "challenging dogma". This led to several of our international guests stating it was one of the more enjoyable international meetings they have attended.

Our invited international guests were Dr Marc Studer (NZOA Trust Speaker) a medical graduate and Active Fighter Pilot Commander in the Swiss Air Force, Professor David Murray (RACS Speaker) Oxford University and Nuffield Orthopaedic Centre, and Professor Fares Haddad (BJJ Guest Speaker) University College Hospital London.

Our Presidential Carousel comprised Professor Mark Glazebrook (Canadian Orthopaedic Association), Professor Chris Harner (American Orthopaedic Association), Mr Don McBride (British Orthopaedic Association), Dr David Martin (Australian Orthopaedic Association), Dr David Halsey (American Academy Orthopaedic Surgeons), and Dr Phillip Webster (South African Orthopaedic Association). Collectively they each provided one of the highlights of a well-received programme, "Two papers that have influenced my practice the most".

There were several social occasions through the course of the meeting. The sports afternoon was a great opportunity for comraderie and friendly competition. Following the NZOA AGM on the Monday, the welcome cocktail function and sports awards were held in the Trades' Hall before the Presidents' Dinner at the beautiful Glenfalloch restaurant on Otago Peninsula, and an informal delegates and sponsors evening at Etrusco. The traditional Conference Gala Dinner on the Tuesday night was held at the magnificently presented Otago Settlers' Museum where Ben Hurley provided some very spirited dinner entertainment and the successful FRACS Trainees were presented.

Overall, the convenors were delighted with the way 2019 ASM went with respect to content, collegiality and delegate involvement. We wish to thank Phillipa and Migan for their commitment and professionalism in assisting in putting the meeting together, the NZOA members who took time from their schedules to be involved in the ASM, and the orthopaedic Industry sponsors who continue to contribute significantly to our Association meetings.

Continuing Professional Development & Standards Committee Report

Edward Yee
NZOA CPD Chair

The 2020 CPD year had barely commenced when the COVID-19 pandemic caused an unprecedented disruption. Significant changes have been made to account for these and it is anticipated that it should facilitate every member's ability to complete their CPD for this year.

CPD Committee

Edward Yee	Chair
Julian Ballance	Chair for Practice Visit Programme
Grant Kiddle	Senior Advisor
Richard Lander	EDSA New Zealand
Andrea Pettett	NZOA Chief Executive
Bernice O'Brien	Professional Development Coordinator and Website Manager

NZOA CPD Programme

NZOA Constitution has been changed making all members who have to complete CPD activities, to be enrolled in the NZOA programme.

CPD Compliance

Full compliance was achieved on 4 May 2020 for the 2019 year.

A total of 317 members due to report CPD for 2019:

- 277 operative members (Category A)
- 21 non-operative members (Category B)
- 19 members on fellowship (Category C)

Two exemptions and one abbreviated CPD report was granted for the 2019 year. For these members it was a simple matter of contacting the Association and making a request. It cements the importance of our Association retaining full control of our CPD programme, as it allows for flexibility in individual circumstances.

In recognition of the disruption COVID-19 has had on Continuing Professional Development for the 2020 year, the NZOA has decided to retain the standard reporting time frame of the calendar year, but reduce the points required for both sections 1 and 2 by 50%. This is in contrast to both RACS and AOA who has stipulated that the requirements are the same but extended the reporting timeframe by 6 months. RACS is implementing their new CPD programme in July 2021 and this will allow it to integrate easily. In addition, it coincides with the Australian annual medical registration. The AOA's move will simply align their programme with RACS.

The NZOA ASM planned for this year will attract additional CPD points. Attendees for both full days will notice that this will cover almost the annual requirements for section 2 of the CPD programme.

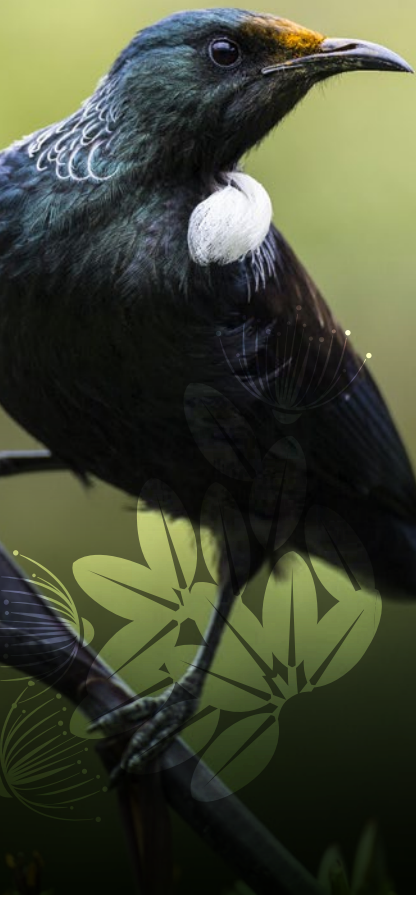
Personal Development Plan

The Medical Council of New Zealand will be requiring all doctors to have an annual Personal Development Plan. The CPD Committee is working on an appropriate template that will be incorporated into the CPD programme. The aim is to produce a user friendly, simple and fully compliant document.

The Committee is aware that introducing additional requirements often creates apprehension for members. It is often viewed as additional work required to remain compliant. When these additions are from governing bodies like the MCNZ or RACS they do have to be implemented in to our CPD programme for it to remain fit for purpose. Our members can rest assured that the most simple and unobtrusive, while remaining fully acceptable way of introducing the activity will be made.

NZJR Outlier Policy

At the time of writing the new Outlier Policy for the NZJR is still being finalised. The previous Outlier Policy was flawed. It consisted of the outlier surgeon being notified by the NZJR and he or she was expected to undertake a review of their cases. The outlier surgeon was then responsible for contacting the NZOA CPD Committee and revealing their situation along with what steps have been taken to address the problem. There was no transparency for the CPD Committee around identifying who the surgeon was, so it was impossible to know or follow up on each case. The new policy plan introduces a robust peer review system. It essentially requires each surgeon who contributes to the registry (which should be every surgeon who performs arthroplasty procedures that is captured by the registry) to nominate a peer. There has been debate on what constitutes an appropriate selection, but I am in favour of a



colleague being selected with whom one feels comfortable about having an open discussion and review of your cases. The nominated peer's name is entered in to your CPD Website Programme and this information is visible to the NZOA and NZJR. In the event that your outcomes are statistically inferior to the national average both you and your nominated peer will be sent your registry results along with the NZOA CPD Committee being notified. A meeting will need to be established for you to discuss/analyse the results with your nominated peer. Your peer will then be responsible for reporting back to the CPD Committee an explanation for the results and a plan going forward to correct the problem.

It is anticipated that this new policy will make it less intimidating for those outlier surgeons to discuss their issues and problems along with more assistance to improve their practice.

Updated Guidelines

Over the last several years there has been a number of changes to our CPD programme. Richard Lander has kindly written an up to date guide, which will be available online through the NZOA CPD portal.

Edward Yee
NZOA CPD Chair

Practice Visit Programme Report

Julian Ballance
PVP Chair

COVID-19 interrupted this year's visit programme. However, it also provided the opportunity to work on moving the programme from a paper-based one to a digital format.

As with everything else COVID-19 had a significant impact this year. Prior to lockdown 17 visits had been completed but another 12 visits had to be put on hold. Those visits will now take place in the current year along with a further 17 visits selected by the Committee this year. By the end of this year most of our members will have received a practice visit. As we do every year, the Committee has reviewed the PVP and going forward the emphasis will be on a visit after someone has been in practice 3-5 years and then being a visitor at a later stage in their career.

The other significant event this year is the digitisation of the programme. Bernice O'Brien and Vanya Schoeler have been working with Fuzion, who built the CRM, on the development of web portals for visitors and visitees. Visitees will no longer have to send their data via the office, instead they can upload it to their portals where it can viewed by their visitors. The feedback questionnaires will also be able to be completed electronically. I would like to thank Ed Yee, Simon Manners, Joe Baker and Sean van Heerden for agreeing to test the programme before the rest of this year's participants are advised of their selection.

Specialty Orthopaedic Training Board Report

The NZOA Specialty Orthopaedic Training Board has had a busy year which, like most organisations in NZ, has been in two halves.

Richard Keddell
Chairperson

Surgical training in New Zealand is administered by the RACS, but the delivery of education is assigned to the NZOA. While the programme is delivered by the Education Committee, the Training Board is the vehicle by which the governance of surgical education is directed both by the RACS and the NZOA.

The first half of the year saw the continuance of and in most areas the completion of work on our new curriculum, syllabus and training regulations. Since its redefinition in 2017, our Board has made more rapid progress than I had anticipated on the governance of our education programme and I am grateful to our members who have contributed so well to the further development of our programme from selection to graduation.

However, the second half of the year has been focussed by COVID-19 and its influence on training, the final fellowship exam and SET selection for 2021. At the time of writing, the final exam will proceed as will SET selection, albeit with some modifications. This has involved considerable liaison with the College through BSET and the Board of Education.

The next body of work for the Board in 2021 will be facilitating an increase in training numbers and its effect on our programme. This will obviously involve communication with the Council about the advice given by the Health Workforce Directorate, and liaison with the Education Committee, especially regarding the logistics of a larger programme.

My thanks to all the members of the Board especially our Cultural Advisor Ken Te Tau and our Community Representative, Kerensa Johnston. Unfortunately, Kerensa has recently resigned from the Board due to increasing work commitments. The Board currently is sourcing a replacement for Kerensa.

Finally, my special thanks to Prue Elwood for her commitment to education In New Zealand and her fantastic support of the Specialty Orthopaedic Training Board.

Education Committee Report

There has been significant disruption to the activities of the Education Committee this year. Despite this we have endeavoured to continue to provide a high level of training experiences and support to our trainees.

Tim Gregg
Chair

The greatest disruption however has been to the SET 5 trainees. It was clear that the May Part II Exams needed to be postponed which was understandably disappointing for all. We can all recall the tremendous amount of work that goes into preparing for the Part II Exam and all the planning that goes into peaking at the right time. Having the rug pulled from under their feet was difficult. I was very impressed how as a group the SET 5's were able to deal with that, re-focus to manage over the lockdown period and the subsequent plan towards sitting in September/ October 2020. Many Education Committee members commented on the leadership qualities shown by the trainees over lockdown when there were lots of changes to how we were all working.

All RACS exams were affected. That meant that trainees due to sit the OPBS exam were unable to do so. RACS has directed that no trainees will be adversely affected by changes that occur because of the pandemic. Trainees will be given extra time to achieve this requirement.

One real positive to come out of the pandemic is the development of an online teaching programme, dubbed VLE (Virtual Learning Environment), for the trainees. Currently we are running a pilot using the Zoom platform. Teaching sessions occur fortnightly usually on a Tuesday evening for 90 minutes. Sessions are interactive and aim to give a local New Zealand approach to how we manage orthopaedic problems. All trainees can be involved with usually about 30 able to attend. Feedback from trainees has been very positive. Once the pilot has finished, we will look at inviting interested NZOA members to help run sessions. The plan is to cover the curriculum over a 3-year period, so trainees get exposed to all topics.

Training Events

The SET 2-5 spring training weekend 2019 was held in Auckland and convened by Angus Don. The weekend was based at Greenlane Hospital. There was a wide variety of excellent cases available for the trainees to see along with teaching sessions from Peter Robertson and Jacob Munro. In retrospect, we were privileged to experience the accommodations of the soon to be Ellerslie Novotel quarantine hotel.

The SET 1-2 History and Examination course was run by the Whangarei Orthopaedic Department in November. The focus of this course is to revisit the basics of good orthopaedic history taking and examination.

The SET 2-5 autumn training weekend was held at Hutt Hospital and hosted by Roy Craig. Again, this was a well-run weekend with a large number of clinical cases. The sporting afternoon was an extremely competitive session of Go Cart racing/crashing.

The Registrar Paper Day took place the Thursday before the training weekend. There were 63 abstracts submitted and 33 papers selected to present. The quality of papers was high. The winning paper and several commended papers will be presented at the ASM in Auckland this year.

Unfortunately, we had to cancel the SET 1 training weekend which was to be held in Invercargill at the beginning of April 2020. It is planned for Invercargill to host again in 2021.

The Mock Exam was held in Hamilton with Jason Donovan as convenor, the weekend was well organised and focused on giving the SET 4 trainees an exam setting with a good mix of written and clinical exams.

The planned Pre-Exam course was postponed with a plan to hold this prior to the Clinical Exam in October.

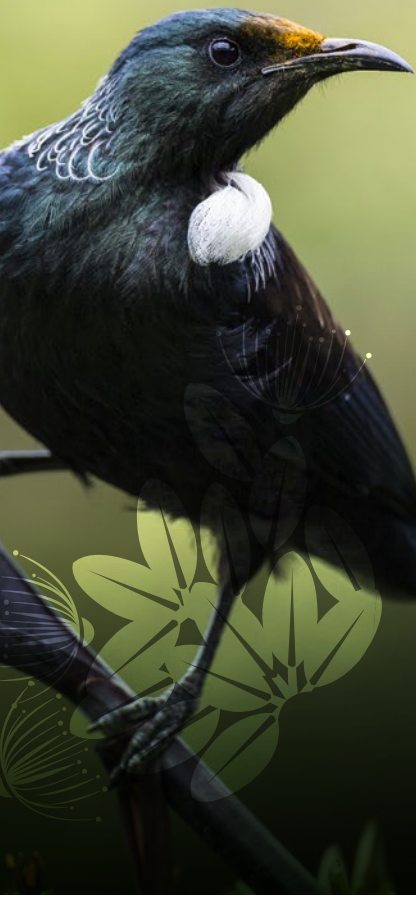
The Education Committee would like to thank all the local surgeons who volunteer their time to help out with these training events, their support is invaluable.

We also recognise Brendan Coleman and Ali Bayan who finish their time on the Committee this year and thank them for their work over the last 4 years. New members this year are Ian Galley from Tauranga, Robert Rowan from Wellington, and Martyn Sims from Rotorua as the Small Centre Representative.

Perry Turner will leave the committee in his role as Secretary. We would like to thank him for an invaluable contribution. Andrew Graydon will be replacing him on the Committee.

Selection for Entry to SET Training 2020

Selection for the training programme was significantly disrupted by COVID-19. Prior to lockdown we had essentially completed the first part of Selection by collecting the applicant's CV and gathering individual references. Selection was then suspended.



Subsequently 30 applicants were selected to interview, and composite departmental references have been obtained. As of writing, the interview and Selection day will be 4th September 2020. Ideally, we will be doing face-to-face interviews for selection if that is possible. Some Specialty Boards are doing online/video interviews, but that is not our preference. If we are unable to proceed with face-to-face interviews on the 4th September, then Selection day will be delayed.

The change to the Registrar changeover to 1st February 2021 has been helpful, we can have a delay but still complete selection 3 months prior to February 2021 which is required if newly selected trainees need to move jobs.

Trainee Information Management System

TIMS (Trainee Information Management System) includes a web-based platform and the Feedback App, along with replacing MALT with an eLog. TIMS was rolled out to all hospitals with trainees in December 2019, all consultants and trainees have access to both platforms to complete trainee assessments.

TIMS allows supervisors and trainees to maintain an overview of assessments and feedback given, this is critical to the progression of a trainee through SET as it removes the ambulance from the bottom of the cliff to the top, enabling more regular and precise feedback to be given and responded during the rotation, not just at the end.

NZOA ACC & Third Party Liaison Committee Report

Most of the work of the NZOA ACC & Third Party Liaison Committee involves representing our members in meetings with the ACC.

Khalid Mohammed
Chair

This year we have also met with the Chief Medical Officers of Southern Cross Insurance and Southern Cross Hospitals. With me on the Committee are Peter Robertson, Fred Phillips, Fiona Timms, Andrew Vincent, Chris Birks and Andrea Pettett. We are fortunate to have a Committee of motivated and capable members representing the different subspecialist and geographical regions. I thank them all for their excellent work this year.

The Red List work is up to date. Lists of Red List procedures have been drafted by the Sub Specialty Societies and then received further feedback from a more general perspective from representatives from the Smaller Centres and College Examiners. The process of applying for Red List status has been formalised and all our members have had the opportunity to apply. The lists of surgeons currently on the Red Lists has been updated. We then make recommendations to the ACC who are ultimately entitled to decide on who they contract to work to. The lists are able to be updated to respond to changes as required.

A great amount of work has gone into formulating ACC Consideration Factors for different regions of the body and this work is up to date. This year, Consideration Factors for Wrist and Hand, Hip, Lumbar Spine, Foot and Ankle, have been completed. Shoulder and Knee were completed previously. Members of the NZOA ACC & Third Party Liaison Committee, representatives of the Sub Specialty Societies, NZOA (special mention to Andrea Pettett) and the ACC have worked diligently to produce these guidelines.

"Telemedicine" has become a familiar term and concept. Last year, Fiona Timms tabled this with the ACC. Suddenly it all got traction as a consequence of COVID-19, with authorised use of Telemedicine during the lockdown. We advocated to continue responsible, appropriate use of telemedicine as an ongoing option and this has been endorsed by the ACC in their Clinical Services Operational Guidelines. The NZMC have updated their telemedicine guidelines and these are a framework for determining an appropriate consultation.

A year on from my previous report, we are still awaiting the details of the Escalated Care Pathways (ECP) projects. Until the consortiums have signed contracts, we will not be given detail on these projects. This has taken a lot longer than expected. We continue to agenda this item and the High-Tech Imaging (HTI) in primary care project. The ACC continue to express a desire to progress these despite our concerns.

After presentations and proposals from John McKie of the NZ Joint Registry and Mark Wright for the Hip Fracture Registry, continued funding has been approved by the ACC. A variety of other topics have been discussed including conferring with medical experts on entitlement issues and the Choosing Wisely programme. At our next meeting we are bringing forward concerns with the new Clinical Services Operational Guidelines.

The Committee has met on more than one occasion with Stephen Childs, Chief Medical Officer, Southern Cross Insurance. Knee Arthroscopy has been highlighted as a procedure that may be over-utilised in the context of knee arthritis. Surveillance of practice are in place and we should all be aware that funders of surgery around the world are increasingly vigilant to identify outliers and limit surgery without clear indications. We also met with Matthew Clark, Chief Medical Officer, Southern Cross Hospitals. This is a new position and Matt, a General Surgeon from Auckland, has taken this on with enthusiasm. We have fed back to him suggestions regarding the credentialing process and this is being redeveloped.

We look forward to another year of advocacy for our members. Who knows what might happen in such a changing world!

Senior Examiner's Report

Bruce Hodgson
Chief Examiner

2020 has been a very unusual year for the RACS including the Examiners Court. There has been considerable disruption to the various examination processes. This of course, is a consequence of the global COVID-19 pandemic disaster.

There has been considerable uncertainty over the freedom of movement of people throughout Australia and New Zealand.

The information available from government departments and the planning for return to "relative normality" has been somewhat fluid (to say the least). At the time of writing this, we are now in our second lockdown.

The RACS Examination Executive Court have tried to work through these difficulties with the prime aim of being able to deliver the Part II FRACS (FEX) Exam in October.

The OPBS Exam is now arranged for November. Both examination structures are mainly computer based so essentially unchanged.

However, the FEX Exam (October) will include changes to the clinical segments with introduction of Video Clinical cases presented via computer. As of the beginning of August it has been decided that there will not be real patients in the clinical segments.

We will now have video clinical cases. This is a new type of examination format and has not been trialled before. However, these are unusual times and the need to introduce these segments in the exam are unprecedented. While we accept this style of clinical examination assessment will never be as good as using patients, there are other benefits.

Firstly, it will allow us to broaden the cross section of clinical conditions candidates can be examined on. We can examine a wider range of patient related problems across the training curriculum. The emphasis will be on a delivered patient history, pertinent observed physical signs, with the candidate working towards a differential diagnosis, investigation, coherent management plan including appropriate consent. This, we hope, will enable the candidates to demonstrate "higher order thinking" and reflect what the final fellowship exam is aimed at.

Secondly, it will allow a more accurate standardisation of marking and assessment of each candidate's performance. We think this is a very exciting development and hope will enhance the assessment/examination process. However, whether the candidates enjoy this new approach remains to be seen.

The Orthopaedic Court has now developed a format for the video clinicals and have released "trial video clinicals" to the Education Committee and other trainers, such that those candidates presenting this October will be aware of the new format and what to expect.

We are very grateful that Chris Hoffman has Chaired the Committee developing the video clinicals. There has been an enormous amount of work put into the process.

We hope that New Zealand will be in a position to proceed with the final FRACS Examination this year. We certainly look forward to getting the exam underway. It has been a very trying process up to this point and we have been very aware of the strain those candidates presenting have been under.

A further change to the current FEX Exam process concerns those registrars in training.

Candidates wanting to present for FEX in 2022, will be required to pass the MCQ segment of the Fellowship Exam in November 2021 in order to be able to proceed to the May 2022 final Fellowship Exam. Those not successful, would have the opportunity to sit the final in September 2022 but once again would have to pass the MCQ segment of the September exam in July 2022 as a prerequisite to proceed.

Currently, the NZ court is very strong with 12 members. We will not require any new applicants for two years. My time as Senior Examiner finishes after the May exams in 2021 and we are delighted Sue Stott has accepted our request to become the new Senior Examiner thereafter.

Ladies in Orthopaedics New Zealand Report (LIONZ)

A fairly quiet year for the LIONZ.

Margy Pohl
Chair LIONZ

Nonetheless we remain active in continuing to support female surgeons, break down barriers and promote diversity and culture change.

We managed to hold a small but successful Stryker-sponsored student bone workshop and mentoring session for Wellington female medical students just prior to COVID lockdown, despite one of the key organisers, Terri Bidwell, being in self-isolation at the time.

This event also provided an excellent opportunity for some of our female registrars to take a leading role in teaching and inspiring future surgeons. A faculty dinner the evening prior at a fabulous Italian restaurant had us lamenting the fate of Northern Italy at that time as we consumed our handmade ravioli.

These events are proving very popular with students. It will be interesting to see over time if this exposure results in any increase in female registrar numbers.

Last year we became part of the International Orthopaedic Diversity Alliance (IODA), an international collaboration advocating for gender and cultural diversity in Orthopaedics across the globe. It has been a stimulating and thought-provoking entity to be involved with and we look forward to sharing information and ideas with this group. Our current representatives on IODA are Dulia Halliday (SET 2 trainee) and myself, but we welcome further committed members of any gender identity or culture.

We look forward to a LIONZ networking meeting at the upcoming extraordinary ASM, as an opportunity to make plans for 2021 and beyond.

Cultural Advisor Report

Ken Te Tau
Kaitohutohu mō ngā tikanga-a-iwi/Cultural Advisor to NZOA

He Apakura – A Song of Grief

Ko wai o Rewharewha i kāinga e au
I nui mai ai rā o hara ki ahau?
Nāu rawa i takakino te kiri o tāku mea;
He kiri kai māheni, nāku rawa i tangotango

Who of the Influenza Epidemic was eaten by me

that you should assail me so cruelly?

You have struck down the body of my little one;

A smooth-skinned body, oft caressed by me.

This Apakura comes from Ngāti Porou (Ngā Mōteatea 211 by A T Ngata and P. Te Hurinui). The second stanza above laments for this child, struck down by the Rewharewha, the name given to this Influenza Epidemic which afflicted Māori people, the aforementioned child never to reach manhood.

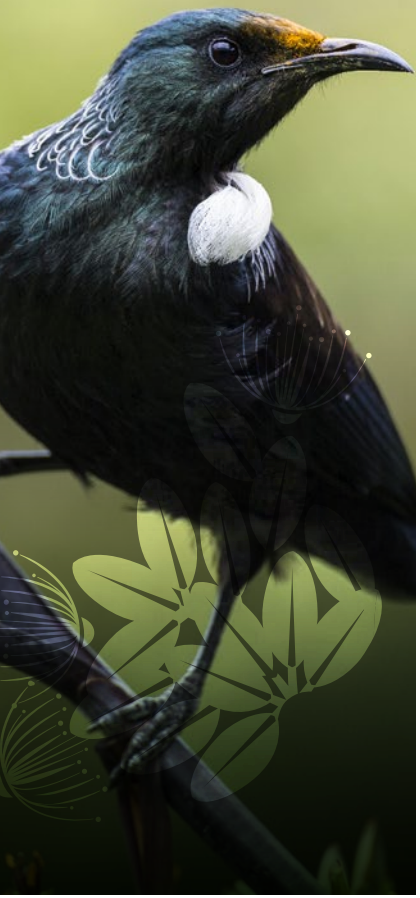
According to D.E Hanham, "The impact introduced infectious diseases in Pre-Treaty period 1790 – 1840" (2003) tens of thousands of Māori men, women and children lost their lives as wave upon wave of infectious diseases brought painful and, at the time, unexplainable deaths. Because Māori had no prior exposure to those diseases, they lacked immunity and were thus exposed to an eventual high morbidity (disease) and high mortality (death) rate. Good health did not guarantee individuals could fight infection or rapidly recover. Even survivors who built up immunity over time were still vulnerable to the influenza virus which could mutate and sweep through a community over and over again. At the time no-one knew what caused diseases, how and why they spread, and how to treat them. Pākehā, however, had some understanding of the portability of infectious diseases having witnessed in other colonial endeavours their impact on other indigenous peoples.

Many New Zealand families were affected by the 1918 influenza pandemic. In the space of about six weeks, over 6400 Pākehā died and an estimated 2500 Māori. That equals nearly half the total of New Zealand soldiers killed in the First World War. "Black Flu 1918 The story of New Zealand's worst public health disaster" (Geoffrey Rice 2017).

Hurihuri noa ana, tangotango – turning aimlessly, sorely stricken am I (Ngā Mōteatea 211)

When the novel coronavirus emerged from the Wuhan City street market in December 2019, Aotearoa/New Zealand watched as it started its global invasion, besieging nation upon nation. We witnessed the daily decimation of the elderly population in Italy, the Italian people stricken with grief and horror at the sight of masses of dead bodies piled up on the city streets, the virus eventually reaching our Island nation and unprotected border.

Even before the Novel Coronavirus first started to impact New Zealand, there were grave fears within the Māori community that Māori would be the worst affected, a self-analysis revealing genuine fears that I harboured within myself, a sentiment shared by Professor David Tipene-Leach who stated, "The iwi-led checkpoints, which helped secure areas of the Far North and East Cape, made a major difference to those vulnerable communities". He further added, "It was a wonderful course of action taken by a group of people who are living in little communities that, when you go to the urupa [cemetery] you see the big empty section there and know that it is full of people who died in the 1918 pandemic and are now in unmarked graves." (Coronavirus: Roadblocks and luck stopped Māori bearing the brunt of COVID-19 – Stuff News June 21, 2020).



He tini au te mānuka i roto ki ahau – A myriad sad memories within my breast. (Ngā Mōteatea 211)

Māori have a strong connection with the past, kia whakatōmuri te haere whakamua – I walk backwards with my eyes firmly fixed on my past. What some people would describe as "ancient history" and intimate that we as a people should "move on" invalidates our indigenous cultural lens. Our Apakura, these songs of grief are living documents for Māori reminding us of our historical journey through "Rewharewha" through introduced infectious diseases and pandemical death whereupon "a myriad sad memories" emerge within the collective breast of iwi Māori who then courageously put their own lives in harm's way by manning roadblocks to protect and insure that our loved ones are not struck down.

The Ministry of Health responded with (the Plan) establishing a framework to ensure the health and wellbeing of iwi, hapū, whānau and Māori communities is protected during the COVID-19 pandemic. The severe impact of the 1918–19 pandemic on Māori and the increased susceptibility of Māori to the 2009 H1N1 influenza A pandemic provide rationale to strengthen the Māori-specific response to COVID-19. It is evident from previous pandemic responses that the business-as-usual model previously used preferentially benefited non-Māori and failed to protect whānau, hapū, iwi and Māori communities from the worst outcomes. It is critical that the specific needs of Māori, particularly equity and active protection, are integral to the health and disability response to COVID-19. Indigenous health inequities in New Zealand Indigenous ethnic inequities in infectious diseases are marked. Māori experience higher rates of infectious diseases than other New Zealanders.

One example that highlights the ethnic difference within close-contact infectious diseases was the higher rates of hospitalisations reported for Māori and Pacific peoples, compared with other New Zealanders, during the H1N1 pandemic (Māori rate ratio (RR)=3.0, 95% confidence interval (CI) 2.9–3.2; Pacific peoples RR=6.7, 95% CI 6.2–7.1).1 (Citation: Ministry of Health. 2020. Initial COVID-19 Māori Response Action Plan. Wellington: Ministry of Health)

He aha rawa rā he wai kawa e ora ai? – What bitter waters can now revive you? (Ngā Mōteatea 211).

The recent second wave outbreak in South Auckland highlighted the ease in which COVID-19 was able to spread through the vulnerable community, Dr Matire Harwood stated, "Many residents live in overcrowded, damp homes with multiple generations. It puts them at risk of death from COVID-19 at a younger age, I'm really worried it's going to get away from us. Once you do have COVID, those people who have chronic disease – living in poor, damp homes who don't have good access to the health system – are at increased risk of dying." (Stuff News August 13, 2020).

There is now significant data to suggest that Māori have long been forced to swallow a bitter pill to go with the smoothed pillow prescribed by physician Dr Isaac Featherston in 1856. The expectation that Māori would not survive the impact of "Rewharewha" introduced infectious diseases was poignantly pointed out in 1881 by scientist Alfred Newman who pronounced "The disappearance of the race is scarcely subject for much regret. They are dying out in a quick, easy way, and are being supplanted by a superior race". (http://www.TeAra.govt.nz/en/tauporimaori).

The Ministry of Health's living document the (Plan) calls attention to the "unequal distribution and exposure to the determinants of health increases risk for Māori" through structural inequities and systemic failures.

The Ministry acknowledges that Māori also bear a greater burden of chronic diseases that increase risk of more serious outcomes from infections, such as influenza, requires the Ministry and DHBs to strike an equitable balance between resources in response to COVID-19 and maintaining adequate continuity of care that is essential to maintaining and supporting Māori health and wellbeing.

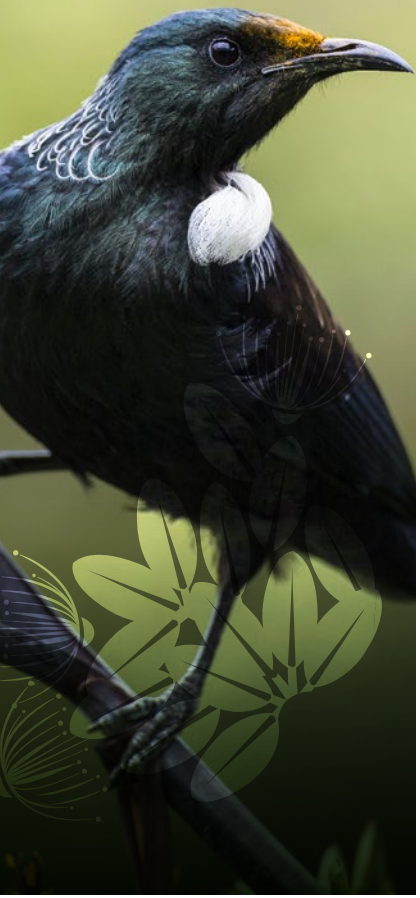
Although the Ministry's (Plan) relates to its response to Māori and COVID-19, it holistically speaks to the wider needs across all specialties to address the real disparities that exist and highlights the unequal distribution thereof.

Mō tāku mea rā, ka whai tangata rawa – because of my little one once destined for manhood. (Ngā Mōteatea 211).

The NZOA Speciality Orthopaedic Training Board that I sit on as the Cultural Advisor and Community Representative is wholeheartedly committed to creating an equitable training programme that reflects cultural and gender diversity that will ultimately address the inequitable health outcomes for all New Zealanders, and in time bring that same diversity into decision making boardrooms which for some can't come quick enough when faced with the harsh statistical realities of Māori health.

The child referred to in in the Apakura/Lament was mourned for by his mother, whānau and iwi as a reminder that he would never live to know and reach his fullest potential as a young man and future leader. The NZOA are committed to training leaders within the Orthopaedic specialty and are charged with raising rangatira who will challenge and change history and perhaps one day write a new song!

Nāku noa nā Ken Te Tau
Ngāti Kahungunu me Rangitāne i Wairarapa.
Ngāti Porou me Ngāi Tahu



Smaller Centres Report

Dave Templeton
Smaller Centre Representative

2020, as we all know has been a crazy year for all of us. From a Small Centre's perspective, the Rural Fellowship that we have been trying to set up, has unfortunately been extremely difficult because of lack of funding. This has now been put on the 'back burner' for a while.

Last year I spoke to all the trainees coming off the training programme at their training weekend, imploring them to look at work in smaller centres especially in that bridging period from finishing their training and going overseas to do their Fellowships. This was met with an excellent response with a couple of young consultants staying on and working in the rural centres. This has been a huge benefit to the local DHB's and also I think to the junior consultants.

COVID-19 which has caused huge disruption, has however had the added benefit of keeping young doctors locally, which has also resulted in it being easier for some of the provincial centres to get locum cover.

I have now finished my four-year term. Andy Meighan will taking over as the Smaller Centre's Representative after the AGM.

Trainee Representative Report

Herv Vidakovic
New Zealand Orthopaedic Trainee Representative

Whilst we have been lucky enough to be spared from the worst of the pandemic here at home, it has nevertheless had a profound impact on all aspects of life. Even though this has upset many aspects of training, it has also created new opportunities.

The lockdown period resulted in a reduced operative caseload for most trainees, but allowed us to explore and develop new skills in leadership, collaboration and crisis management.

Online teaching has come to the fore worldwide; with many organisations and industry providing webinar series covering just about every topic imaginable. Many local departments rose to the technological challenge and started providing regular teaching sessions via Zoom which have been well received. The Education Committee is now trialling a virtual learning programme pilot, with a view to covering the entire syllabus twice over the course of the training programme. This medium allows for equal, consistent, and easily accessible high-quality teaching for all trainees which should improve the overall training experience.

Following extensive consultation and discussion, the DHB's along with various stakeholders have seen this to be an opportune time to shift the start date of the registrar year to February. The perceived advantages of this are better alignment with the Australian changeover dates for bi-national training programmes and a less hectic Christmas period for hospitals across the country with more familiar staff on deck.

One of the key events disrupted by COVID is the Fellowship Exam. A significant amount of effort and planning has been put in by the college to adapt and overcome the obstacles of running an exam during a pandemic while maintaining the necessary high standards. RACS have committed to conducting the exam in a modified format this year. Our SET 5 colleagues are yet to sit the exam at the time of writing. We all wish them the best of luck.

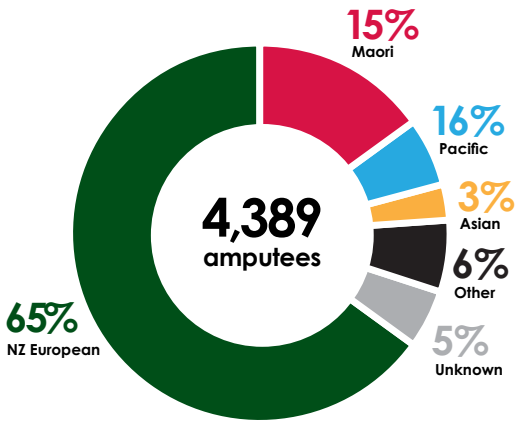
Finally, on behalf of all the trainees I would like to express our gratitude to the whole orthopaedic community for their ongoing commitment to providing the highest standards of training despite the significant challenges we face at the present time.

NZ Artificial Limb Services Report

2020 Snapshot of Peke Waihanga - Artificial Limb Service

Sean Gray,
Chief Executive Officer

Ethnicity break down



Gender mix for amputees

73% Male

27% Female

This year

414 new amputees

48% diabetes and vascular amputations

32% trauma amputations

20% congenital, cancer and infection amputations

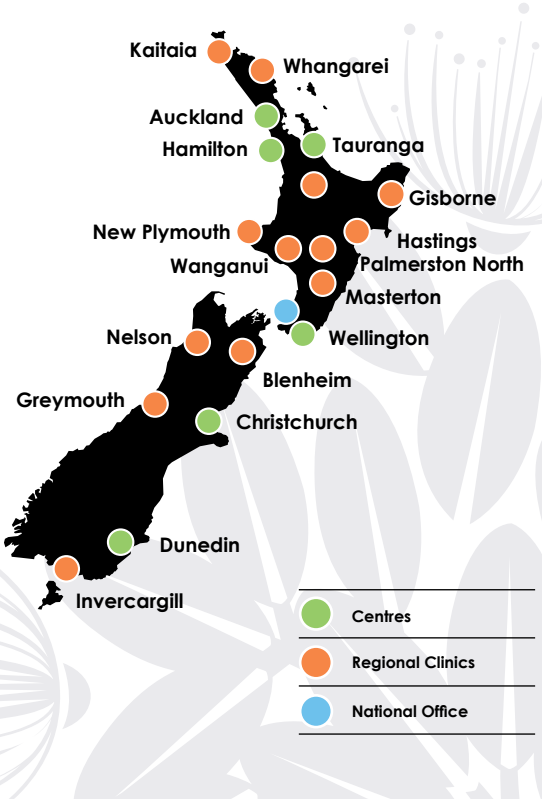
1255 days of structured and mentoring professional develpment

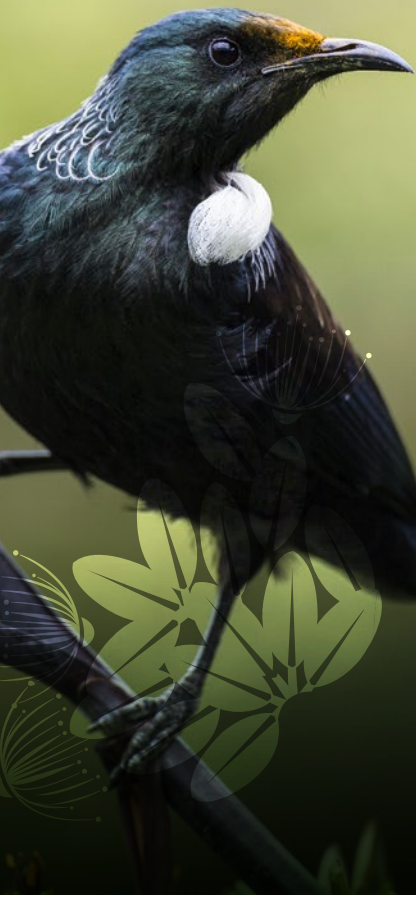
13% increase in completed jobs compared to last year

17% increase in therapy and support

Our locations

We have six Centres, located in Auckland, Tauranga, Hamilton, Wellington, Christchurch, and Dunedin, that support 14 Regional Clinic locations as shown below:





Silicone Studio

Peke Waihanga is committed to advancing best practice with innovative, bespoke manufacturing and design techniques.

In collaboration with the University of Waikato – Process Engineering School, Peke Waihanga identified the need for the HTV silicone manufacturing technology to be developed within New Zealand. This would be a niche service, developing Silicone devices to provide improved patient comfort resulting in better outcome for NZ amputees. The advantages of HTV silicone manufacturing directly within Peke Waihanga will eliminate or reduce barriers such as high cost, long or delayed delivery times due to overseas suppliers, and communication issues.

As a result, the Silicone Studio is now established in our Hamilton Centre, with product development underway and trials being conducted. The Silicone Studio has already gone beyond expectation in time frames for development and manufacturing.

With proven benefit to upper limb amputations, the local development of HTV silicone has numerous areas for growth and improvement. This includes integrating robotics and automation, 3D printing articulating internal componentry, and the printing of HTV silicone as an extruded material.

Orthotic Technician Richard Bowns shaping silicone in the Silicone Studio.

Tauranga Centre

Peke Waihanga is committed to advancing best practice with innovative, bespoke manufacturing and design techniques.

Peke Waihanga is dedicated to providing equitable service and solutions that meet the needs of our tūroro (patients) around Aotearoa. Our goal is to reduce the barriers of receiving healthcare for our tūroro, such as travel and time off work, and bring services closer to home, whilst strengthening community relationships with local healthcare providers and Iwi.

Therefore, we are delighted to announce the formation of our permanent Tauranga Centre, servicing the Bay of Plenty region for services in Prosthetics, Orthotics and Rehabilitation.

Clinical Prosthetist John Mackillop seeing a new patient in the new Tauranga Centre.

Wishbone Orthopaedic Research Foundation of New Zealand Report

The Wishbone Orthopaedic Research Foundation Trust was formed from the joining the assets of the Wishbone Trust and the NZOA Research and Outcomes Committee.

Wishbone Orthopaedic Research Foundation of New Zealand

Wishbone Orthopaedic Research Foundation of New Zealand
Orthopaedic Research Committee

Richard Keddell
Chairperson

The function of the Trust is the raising of and financial management of the monetary research assets for Association. The Trust currently has $775,000 invested. Applications for research funding are reviewed by the Research Committee of the NZOA and if supported, are referred to the Trust who will fund these projects.

During the last financial year, the Trust paid $66,000 in grants. It received $41,000 in donations and received $35,000 in investment returns.

As with all charitable organisations, ongoing funding during the financial challenges brought about by COVID, can be difficult. As you will recall, the main fundraising vehicle has been the sponsored walks. These have been put on hold due to the restrictions in place, but it is our intention to revive these in 2021. Haemish Crawford, a Trustee and Walk for Wishbone National Coordinator, has gathered a team of Regional Coordinators to ensure every region has a walk in 2021. An important component of that planning is ensuring every orthopaedic patient has the opportunity to join the Wishbone Club, thus growing the data base of walkers and potential donors to the Trust and ensuring future funding for research in New Zealand.

Last year was the first time members were invited to add a donation to the Trust when paying their Association fees. $12,500 was raised with one member donating $5,000. My special thanks in particular to this member and to others who contributed. Could all members please consider this opportunity to support Orthopaedic Research again this year.

Finally, as with most medical charities worldwide, endowment funding is a major source of donations. It is hoped that with the expansion of the Wishbone Club, this will also expand. Recently, the Trust received a significant donation from a Christchurch resident who wished to support New Zealand Orthopaedic Research. My special thanks to her and her family.

As always, the Trust owes much to the NZOA support staff, especially Sharon who has enthusiastically stepped into future Wishbone activities planning.

NZOA Wishbone Orthopaedic Research Committee Report

The Wishbone Orthopaedic Research Committee is responsible for promoting research within the NZOA.

Wishbone Orthopaedic Research Foundation of New Zealand
Orthopaedic Research Committee

Gary Hooper
Chairperson Wishbone Orthopaedic Research Committee

Members

Gary Hooper
(Chairperson, Editorial Secretary)

Michael Barnes, Tom Sharpe
(Education Representatives)

Sue Stott, David Gwynne-Jones, Paul Monk, Dawson Muir

One of its primary roles is to assess applications for research funding. Funding in the past has been made available by the NZOA Council from the surpluses from the Annual Scientific and COE meetings. However any surplus from these meetings is now used to offset operational expenses and Council as well as the Research Committee have been exploring other options to both increase and sustain grant funding for the future. We believe that research is a core function of the Association and that the promotion of this research should be a priority for all members. The Committee is open to any suggestions from members on how we can improve our research funds.

This year our research funds available were capped at $35,000, which was significantly less than many other years. The Committee has recently met to assess the 2020 round of Research Grant Applications. There was a total of 8 Grant Applications received, of which 5 were recommended for full or partial funding. In all cases where funding was declined, feedback was provided by the Committee as to the merits of the project and possible future reapplication for funding pending revision. The Grant Application is a competitive process and Applicants need to make sure that the study protocol submitted follows the Application template and that the methodology is described in detail.

The Committee continues to track the progress of projects which have previously received funding. NZOA Council has approved the concept of a Research register which will be linked to the NZOA website and will allow all members to see what current research projects are underway or in the development stage. The object of this is to enable researchers to link on similar projects to improve multicentre collaboration. This register should also allow a closer follow up of funded studies.

NZOA Trust Report

The NZOA Trust continues to function well and there have been some changes that have occurred to the makeup of the Trust. Michael Caughey has finished his term on the Trust and we have appreciated his input.

Richard Street
Chair
NZOA Trust

The Independent Trustee Ron Eglington has finished his term and again he has been thanked and replaced by Wayne Hughes, a non-orthopaedic surgeon who has sound business credentials. Simon Dempsey has joined the Trust in Michael Caughey's place. Other Trust members are the NZOA Secretary and NZOA Treasurer and myself as Chair.

The Trusts biggest funding expense has been for the Trainee Information Management System and associated computer costs which has been spread over a five-year term at $60,000 per year. This rollout is progressing satisfactorily, and the expenses are covered by the Trust income.

Regular Trust expenditure for visiting Fellowships has been severely constrained in view of the COVID crisis. The ABC Tour has been postponed. We are no longer expecting the Hong Kong, Trans-Tasman, Korean or ASEAN Fellows and neither are we sending Fellows to Hong Kong or Korea. This has reduced the Trusts expenditure. The Trust continues to fund a prize for the best training registrar and also a prize for the best training registrar research. Guest speakers again are not coming to the 2020 meeting, again reducing the Trusts expenditure.

The Trust continues to have the majority of its assets managed by Craig's Investment Partners which despite the COVID crisis, have continued to produce an excellent return although the return percentage points is reduced from previous levels.

I, as Chair, would be happy to discuss any Trust issues with members.

New Zealand Joint Registry Trust Report

Over the last twelve months, the Joint Registry Trust has been involved in facilitating and monitoring the alignment of the NZJR within the NZOA group of entities.

Gary Hooper
Chairperson

Current Trustees

Gary Hooper
(Chair)

Nicholas Clark
(retired lawyer)

Rod Maxwell, Richard Keddell, Antony Field (NZOA Treasurer)

Ex officio members

John McKie
(Supervisor of the NZJR)

Andrea Pettett
(Chief Executive)

In particular, special attention has been given to addressing the concerns raised by the external auditors regarding invoicing for payments due to the NZJR. Previous invoices to members, for the joints performed in private facilities, were difficult to track and in particular contracted DHB joints performed in private hospitals for no additional fee were not easily identified. The change in accounting systems with the invoicing now occurring in the NZOA office has helped give this process greater clarity. NZOA member's payments for these joints is still the greatest contributor to the financial security of the Registry. We can truly claim "ownership" of our Registry.

The importance our "ownership" of the NZJR is underlined by the interest generated by outside agencies, especially government departments involved in the quality of service delivery. The Health Quality & Safety Commission has recently discussed ways in which the registry may be used to improve "the patient's experience". This type of activity is becoming commonplace within the Health sector and with our internationally recognised registry we are well placed to respond.

Although considerable funds are raised from the private joints performed, additional income is required to run all the registry functions. We receive regular donations from ACC, MOH and the Private Hospitals, without which the registry would not be able to function, but these are limited, and the development of a more sustainable funding stream needs to be established. This continues to be a major role of the Trust.

At the last meeting it was passed that the NZOA Treasurer should be a Trust member and that the incoming treasurer should also attend Trust meetings as an observer. To that end Antony Field has been appointed a Trustee until the end of his term.

I wish to thank all of the Trustees who give up their time to ensure that the NZRJ remains robust and viable. I especially wish to thank David Brown, who has retired as a Trustee, for all of his time and energy over the last few years. David was a Trustee and financial advisor from the inception of the Registry and his input over the years is appreciated. Finally, a big thank you to Sharon and Andrea for the smooth and professional transition of the financial management to the NZOA office.

New Zealand Joint Registry Management Committee Report

The National Joint Registry celebrated 21 years since its inception at the completion of the 2019 calendar year

John McKie
Supervisor

Introduction

At the time of reading this report the annual printed report of the Registry should be in the hands of members for review. It had been the intention of the Association to have a session at the Annual Scientific Meeting celebrating this achievement and featuring Registry activity, however, due to the COVID situation and the inability to have international guests, this has been deferred. It is hoped that this session will be able to take place in 2021.

As noted last year, the Joint Registry is now officially an NZOA entity and administrative changes that were required to align with this in terms of billing and audit requirements have now been made. I would like to take this opportunity to thank the staff in the NZOA office for their work in managing this transition and to also thank the member surgeons for paying their levies to enable the Registry to continue functioning. Following discussions last year, there is an improved compliance with surgeons signing the data entry forms and fewer emails and calls from the Registry staff to complete missing data.

I am pleased to outline a further study led by Simon Young which has been published and confirms that in excess of 95% of joint replacements are being captured by the Registry through the public hospital system when compared with other source data available through the Ministry of Health.

Audit and Continuing Professional Development

Members have now received the second years' data expressed in graphical form with the funnel plots visually showing their personal outcomes compared to the Registry as a whole. As part of the agreed CPD Outlier Policy, those surgeons whose data is outside the expected range on the funnel plot have been sent NHI numbers for revisions done in the previous 12 months to be discussed at their local audit meeting and acknowledgement of this review process will be fed through by members and their nominated mentors to the Chair of the CPD committee.

As previously, members are reminded that the Joint Registry is both an obligatory part of CPD activity and remains a protected quality assurance activity and is therefore non-discoverable. In order to maintain this status, it is imperative that all surgeons feedback to the Registry on an annual basis that their local audit discussions have taken place.

New Initiatives

All members have now received a survey monkey survey about the Registry, and I would like to thank those who have taken the time to complete this. One of the themes that came through on the survey was a question about QlikView. This is an online access to the Registry database for individual surgeons. It is accessed through the NZOA website, but does have a separate user log in and password. It is to be hoped we can demonstrate this further at the ASM in Wellington this year.

Data Entry Forms

Simon Young has led a significant piece of work on updating the Registry forms. It is proposed that these will be downloadable by the Registry Coordinators in each of the hospitals where data is gathered. Amongst the changes, this will include gathering data on hemi arthroplasties for neck of femur fractures in addition to total hip replacements. Members are also reminded that we continue to strive to get better reoperation data and any arthroplasty that has a further operation needs to have a reoperation form completed.

Future Developments

We have had very productive for early developments with both the Ministry of Health and ACC looking to digitise our primary data gathering in theatre and if this continues to progress satisfactorily, we hope this will allow primary data gathering that we need along with the billing and other demographic data which is required by the Ministry and ACC. While there is clearly a long way to go on this issue, it is one that we are very excited about and are keen to pursue vigorously.

We are also pursuing with the Ministry of Health the possibility of a levy on the initial cost of implants to fund Registry activity to provide long term product surveillance. This remains a complex issue which we will continue to pursue.

Personnel

I would like to thank the small and very dedicated group of Registry staff based in Christchurch with Toni Hobbs, the Registry Coordinator, along with Lynley Diggs and Shona Tredinnick, who enter and record all the data, Chris Frampton, Biostatistician, and Mike Walls, IT Consultant. As you can imagine, it has been a very challenging year for them with the COVID situation and I wish to thank them, as well as the Wellington based staff, for their tremendous effort.

Thank you.

NEW ZEALAND JOINT REGISTRY

New Zealand Hip Fracture Registry Trust Report

The Australian and New Zealand Hip Fracture Registry (ANZHFR) is a binational audit of all low velocity hip fractures occurring in patients over 50.

Mark Wright
Chairperson

Introduction

While the Registry data is comprehensive, with 50 data points or more on each patient, the orthopaedic data points are relatively few, and the assumption is that the surgical part of the treatment goes well.

The Registry was first considered by amongst others Shankar Sankaran, a Geriatrician at Middlemore Hospital in conjunction with Roger Harris Geriatrician at Auckland Hospital, Ian Harris, Orthopaedic Surgeon in Sydney and Jacqui Close, Geriatrician in Sydney. Having been involved with the Registry for ten years, Shankar has retired from his position as Co-Chair of the New Zealand Implementation Committee and from the NZOA Hip Fracture Registry Trust. Shankar has been a great contributor to the Registry and to other aspects of hip fracture management including the Falls Prevention Programme from the ACC, the Fracture Liaison Service and the Fragility Fracture Network. Roger Harris has stepped down from his position as Clinical Lead but remains as Co-Chair.

The Registry was first planned about ten years ago and commenced collecting data systematically six years ago. In New Zealand 22 out of 23 hospitals undertaking hip fractures are contributing. One hospital, Masterton is not contributing but most of their fractures will go to the Wellington area and be picked up there. In Australia about two thirds of all hospitals undertaking hip fracture surgery are contributing.

Structure

In New Zealand we have a NZOA Hip Fracture Registry Trust which has oversight of the registry including funding in New Zealand. Reporting to the Trust is the New Zealand ANZHFR Implementation Committee. Some members of this New Zealand Committee are also members of the Australasian Steering Committee.

Both the Implementation and Steering Committee are involved in data collection, analysis and presentation. These Committees also arrange biannual Hip Fests for data collectors and other staff involved in the Registry. These are educational meetings designed for education at a general level.

The ANZHFR also has sub-committees for Research and to maintain Data Currency. They also have published Clinical Care Standards based on current literature reviews and the UK National Institute of Clinical Excellence guidelines and the National Hip Fracture Database.

In New Zealand, we have two part-time employees, Nicola Ward, a nurse from Tauranga who is the Implementation Manager and Sarah Hurring, a Geriatrician from Christchurch who has replaced Roger Harris as the Clinical Lead for New Zealand. Most of our funding comes from the ACC. Andrea Pettett spends many hours negotiating with them on our behalf.

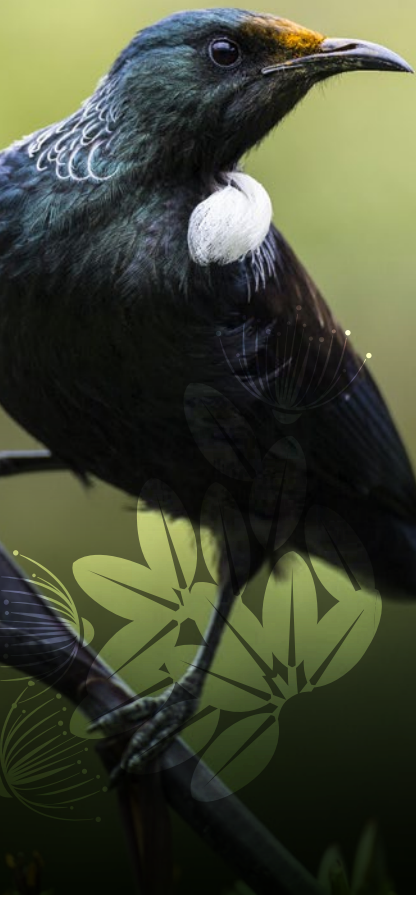
The Report

The Report has two components with separate data sets. The more simple component is a Hospital or Facilities Level Report, which audits services e.g. the presence of an Orthogeriatric Service, the presence of a Hip Fracture Pathway, the availability of nerve blocks etc. The more complex component is the patient level report which audits diverse matters including place of origin, place of destination, type of implant, surgeon seniority, ability to mobilise etc. This can be accessed on ANZNFR.org.

The Registry has just published the fifth Annual Report and this is available on ANZHFR.org. The two components, that is the Facilities Level Report and the Patient Level Report are within the same publication. The information is presented en masse and at individual hospital level.

Data Accuracy

One of the challenges facing any Registry is data accuracy. If you read the Registry for your hospital you may see some contradictory statements. For example, you may see four different ways of stabilising undisplaced subcapital fractures including hip replacement, hemi-arthroplasty, nailing and the DHS. This reflects the fact that the Data Collectors are totally dependent on the accuracy of the notes, particularly operation notes when they complete the Data Sheets. It is therefore vital that we and our registrars accurately describe the fracture and the treatment and implants used.



The Registry Data can be matched to other Datasets. For example, the National Minimal Dataset can give a comparison to see if we are picking up all of the hip fractures that occur in a given area.

Hemiarthroplasties and the Joint Register

We are about to start including hemiarthroplasty data with the New Zealand Joint Registry. This rapidly expanding dataset has been included in the Australian Orthopaedic Association Joint Registry since its inception and has been valuable, for example in the comparison of hemiarthroplasty with total hip replacement, something that has become more controversial with recent publications (THA versus Hemiarthroplasty for Hip Fracture, NEJM 2019; 381: 2199-2208 , Bhandari, M et al).

New Developments:

1. Hip Fests have been replaced by the ANZHFR Lecture Series 2020. This is available on the ANZHFR YouTube Channel with topics which include THJR versus Hemiarthroplasty, anticoagulation and eHip – a hip fracture journey. The Hip Fests have been cancelled because of the COVID-19 situation.

2. Patient Information Guides - HQSC is developing a patient and family guide which is specific for New Zealand and is in process to be completed before the end of this year.

3. The ANZHFR has developed and published a guide for patients and families: "My Hip Fracture". This is freely available, can be accessed from https://anzhfr.org/healthcare-professional-resources and can be printed and used in New Zealand.

Conclusion

The ANZHFR now has about 60,000 data sets, from the contribution of the hospitals in New Zealand and Australia and has published its fifth Annual Report.

There are over 4,000 hip fractures per year in New Zealand with a total annual cost of about $160 million dollars and hence any improvement in the services likely to be valuable not only to the patients who benefit from this improvement, but also to the country as a whole.

The orthopaedic component of hip fractures treatment is assumed to be of a high standard by the other services involved and our support of the Registry, not only with its management but particularly via the NZOA Hip Fracture Registry Trust is greatly appreciated.

New Zealand Foot and Ankle Society Report

Rhett Mason
President

Our triennial Combined Australian and New Zealand Orthopaedic Foot and Ankle Society's Meeting was held on the Gold Coast in August 2019.

We enjoy a close relationship with our Australian colleagues, the first Combined Meeting being held in Queenstown in 2004. As well as being mutually beneficial on both professional and social fronts, it has also presented more opportunities for our younger fellows to complete Foot and Ankle Fellowships in Australia. The Gold Coast meeting was well attended by a large Kiwi contingent who heard an excellent array of international speakers provide insights and evidence-based approaches to a variety of foot and ankle issues.

Like most conferences in 2020, our Annual Meeting this year scheduled for September in Wanaka was postponed until August 2021.

In conjunction with the NZOA ACC & Third Party Liaison Committee we have recently reviewed the list of those surgeons who are performing total ankle replacement, currently our only Red List procedure. We are also indebted to Chris Birks who has successfully completed a review of the clinical and radiographic ACC guidelines regarding the treatment of ankle sprains, which should help streamline management of these injuries as well as the process for specialist referral.

The NZOFAS has recently joined with the Australian and South African Societies to form the Southern Federation of Foot and Ankle Societies which has recently been accepted as an independent 5th Chapter into the International Federation of Foot and Ankle Societies. We have previously been grouped with the Asian Society and, due to our relatively small size, have frequently found ourselves on the sidelines. Membership as our own chapter will allow us access to the international Council table as well as enabling us to participate and contribute more effectively.

Our Sub Specialty Society continues to grow with increasing numbers of our trainees taking up foot and ankle fellowships and subsequently returning to consultant positions. We have Charitable Trust Status as well as a relatively healthy financial position and are therefore able to offer potential funding for foot and ankle research projects subject to approval.

New Zealand Hip Society Report

Jacob Munro
President

The Hip Society has had a quiet twelve months since the last ASM due to the COVID-19 pandemic. Our scheduled scientific meetings are scheduled biennially, and so, with good fortune, we will be on track to run our usual meeting in Queenstown next year.

AGM and Future Meetings

We will of course be supporting the NZOA October meeting running one of the Sub Specialty sessions. Pete Misur is putting together a dinner on the Monday and if numbers are sufficient will conduct the AGM immediately prior. Pete is also convening the Queenstown meeting for May 2021.

Our recent advances in joining our sister Societies have been put to the back-burner with the COVID-19 pandemic. We will look to reinitiate plans for a combined meeting with the Australians after 2021.

ACC Related Matters

Criteria for approval to the ACC Red List for hip surgery were finalised last year. The procedures were simplified to include only arthroscopic procedures. We have now completed the list of approved specialists. At the AGM this year we will start discussion on criteria to maintain Red List approval. Those in the Knee Society will be familiar with the requirements under that system and a similar set of requirements will be established.

Prior to the Society meeting in Queenstown last year, a group met with ACC to clarify some of the definitions and process around ACC claims for hip related injuries, specifically labral pathology. While not perfect in all eyes, the final outcome has been positive for our patients with the recent agreement on ACC Hip Labral Tear Consideration Factors finalised by Andrea and the team at the NZOA.

Interestingly, ACC have recently fixed pricing for hip arthroscopy, the prior procedures having been Complex Non-Core procedures. This will no doubt spark some feedback at the next meeting.

Status of the Society as a Charitable Trust

We continue to progress towards formalising the Constitution as a Charitable Trust with the assistance of Andrea and the NZOA. Several documents need to be ratified at the AGM to complete this.

Finances

The cash reserves of the Society remain healthy. On the agenda for the AGM this year are ways to get this money moving. The financial reports for 2020 will be ratified at the October ASM.

Officers of the Hip Society

There have been no changes in the executive, rotation of positions due in 2021 as intended. A new incoming President will need to be elected at the meeting in 2021.

New Zealand Knee & Sports Surgery Society Report

Like all Sub Specialty Societies, the Knee and Sports Surgery Society has had a somewhat tumultuous time since the last annual report.

NEW ZEALAND KNEE & SPORTS SURGERY SOCIETY

Bruce Twaddle
President

Initially we continued on going from strength to strength with our annual meeting for 2019 being held in Queenstown 23rd-25th August 2020 with Alan Getgood from London Ontario being the invited guest speaker, continuing the strong association between London and New Zealand.

He gave a series of excellent presentations in what was a meeting that was well attended and covered a number of the topical controversies and allowed New Zealanders to present a good selection of local research as well.

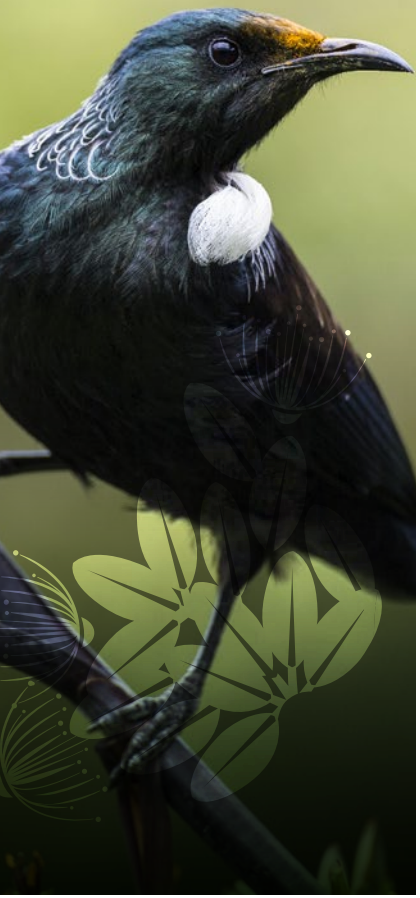
The ACL registry continues to grow and be generally well supported by both ACC and members of the NZOA although sadly there are still a number of the wider membership who choose not to have their cases recorded. It is hoped that changes in ACC funding and processing will eventually make it an integral part of receiving ACC funding for an ACL reconstruction to be recorded in the registry database. There was discussion and general agreement to have a trial of an osteotomy registry, but due to lack of support, the pilot has been abandoned. Thanks as always to Hamish Love and his staff for his work on keeping this project up and running.

The current year has been disrupted by COVID as all meetings have, but especially for the Knee and Sports Surgery Society as the group designated to run the NZOA COE for this year this disruption has been an even greater set-back for planning and organisation. Fortunately, all the invited speakers have agreed to return if the meeting is held in 2021 with this meeting being planned for August 2021 in Queenstown. A synopsis of some of the topics scheduled for this meeting will be presented at the abridged NZOA meeting in October.

The Sub Specialty Society meeting was intended to be part of a combined meeting of Knee Societies planned for Oxford, England around the Easter break of this year, but unfortunately this too was cancelled.

Despite these disruptions the Knee and Sports Surgery Society continues to be well supported by numbers and ongoing research and projects from its members. Liaison with ACC continues to be strong with a number of Extended Care Pathways being trialed by a number of our members in various parts in New Zealand. How this translates into ongoing practice and service requirements for surgeons remains to be seen but will no doubt be continued to be discussed as part of the ongoing relationship with ACC. There also have been additional knee codes added from 1st July 2020 for Antero-lateral ligament reconstruction and meniscal root repair reflecting the increased numbers of these procedures.

With all the disruption created by the pandemic and the ramifications for education and meetings it is inevitable there will be adaptation and discussion of what can be done to continue to give out members access to the latest advances and education and trainees the opportunity to receive Sub Specialty training in the future. No doubt this will shape how our organisation adapts and grows in the future.



New Zealand Shoulder & Elbow Society Report

Gary McCoubrey
Secretary
NZSES

Charitable Trust Status

The New Zealand Shoulder & Elbow Society is planning on working through the process of gaining charitable trust status over the upcoming year.

Red Listing

Red List procedures and surgeon status for Shoulder and Elbow surgery has been updated over the past year in collaboration with the NZOA.

Education and Conferences

The next NZ Shoulder & Elbow Society Meeting will be held in the Hilton Hotel in Queenstown from the 25th to 29th July 2021. The Convenor for this meeting is Andy Stokes.

New Zealand Society for Surgery of the Hand Report

Bruce Peat
President NZSSH

The Annual General Meeting of the NZSSH was held in conjunction with the Geoff Coldham symposium at Middlemore Hospital on Wednesday 28th August 2019. The Executive Committee remains unchanged from the previous year since the term of the appointments is for 2 years.

Executive Committee

President: Bruce Peat

Secretary/Treasurer: Wolfgang Heiss-Dunlop

President-Elect: Tim Tasman-Jones

Secretary Elect: Sandeep Patel

Immediate Past-President: Richard Morbey

Immediate Past-Secretary/Treasurer: Fiona Timms

Minuted NZSSH Executive meetings were held on 21st February 2020 and 31st July 2020.

The 4th Annual Geoff Coldham Symposium was organised by Dr Karen Smith. The invited guest speaker was Prof Dr Kevin Chung, Chief of Hand Surgery for Michigan Medicine, and Professor of Surgery at Michigan School of Medicine, USA. This was a very successful meeting with an excellent speaker.

The NZAPS Meeting at Hilton Hotel Queenstown 30th August-1st September 2019 had a strong hand component, with Professor Chung the invited speaker. An Advanced Hand Surgery Workshop was provided on Friday afternoon 30th August. Our thanks are extended to the Manchester Trust for sponsoring Professor Chung's visit. Our thanks are expressed to Professor Chung for his visit to NZ. He is now President of the American Society for Surgery of the Hand.

In line with the practice of the Orthopaedic Association, Plastic Surgeons are now able to pay their NZSSH membership fees at the same time as they pay their NZ Association of Plastic Surgeons fees. There are now 100 members of NZSSH, almost equally split between those trained in orthopaedic surgery and those trained in plastic surgery.

Mr Sandeep Patel was nominated by NZSSH and he successfully undertook the ASSH Travelling Fellowship in 2019. He will report on this experience at the next AGM. The executive supports the idea of a sponsorship for future successful applicants to this fellowship up to an amount of $NZ3,000. This will be presented for a vote to the membership at the upcoming AGM.

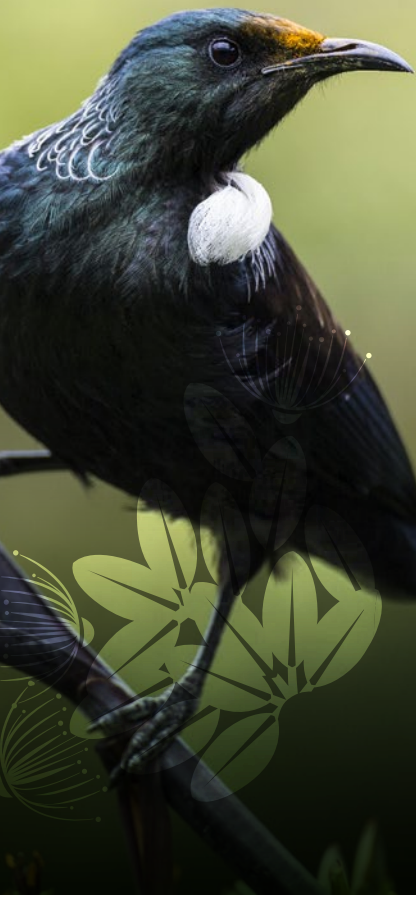
The 12th Asia Pacific FSSH meeting was held in Melbourne on 11th-14th March 2020. Unfortunately, the week prior to this meeting most of the New Zealand District Health Boards cancelled overseas conference leave due to the COVID-19 pandemic. This therefore prevented most of the NZ members from attending this conference in person. The meeting went ahead in an altered format with some attendees and some presentations given by video. These videos are now all available to view online.

The possibility of establishing a Registry for Wrist and Hand implants has been raised. There exists an NZOA registry since 1998 (the first English-based orthopaedic registry). Further discussion is required regarding the purpose, method and funding for a registry for hand surgery. One proposal is for two separate registries, one for PIPJ, MCPJ and base of thumb arthroplasties and another for wrist and DRUJ arthroplasties. This will be discussed at the AGM.

A NZSSH Website is envisaged. This will be discussed with the IT expert who is upgrading the NZOA website. The NZSSH website will have links to NZOA and NZAPS websites. The executive envisages that the website will have a public and members-only component. It will provide a directory of members and advertise upcoming meetings and conferences and applicable fellowships. Educational content may also be added.

ACC is looking at the introduction of ACC Rapid Approval codes. This is being requested by some of the other Sub Specialty surgeons. It would be a process by which certain ACC trauma cases could be promptly treated in the private sector, thereby bypassing the mandatory treatment of all trauma cases in the public sector during the first week after injury. Members are reminded that, currently, approval for surgery can be expedited by calling the Dunedin Elective Surgery Unit. This will be discussed at the AGM.

The American Association of Hand Surgery has expressed an interest in holding a research and education conference in conjunction with one of our hand meetings in New Zealand in the next few years. This contact comes through Loree Kalliainen who has worked previously at Hutt Hospital and is now an



Associate Professor at Brown University. They would have no problems finding surgeons from Canada and US who would be very keen to participate and they could focus the panels on topic(s) of our choice. A favourable reply has been sent to the AAHS. We now need to work out some more details, which is difficult in this time of COVID.

On 3rd October 2019 a letter was received from Peter Robertson, President of NZOA, regarding the potential of combining selected and varied Sub Specialty Meetings with the NZOA Annual Scientific Meeting. A favourable reply was sent, indicating some of the factors involved. These include the need to cater for both the orthopaedic and plastic surgery trained hand surgeons, and at times the hand therapists.

The executive support the payment of an APFSSH membership fee. The amount of this contribution will be discussed at the next AGM.

ACC Clinical Services and a subcommittee of NZSSH (Fiona Timms, Chris Taylor, Tim Tasman-Jones and Wolfgang Heiss-Dunlop) worked together on the document "Enabling rapid surgery decisions on cover and entitlement for wrist and hand injuries consideration factors". This draft document was circulated to members of NZSSH for comment on 5th May 2020. Minor revisions were made following member submissions. NZOA endorsed this document on 31st July 2020 and this will now be published by ACC. Thank you to the members for their work on this matter.

On 21st May 2020, a letter was received from ACC and NZOA, fine tuning the Red List Application Process for orthopaedic surgeons wishing to be approved by ACC to do Red List procedures. A flow diagram explains this process for orthopaedic surgeons.

The NZOA Annual Scientific meeting will be held on 19th-20th October 2020 at the Hilton Hotel Auckland. Contributions to this meeting will be made by orthopaedic members of NZSSH.

ACC guidelines were published in November 2019. Where additional time is required for procedures beyond the stated guideline, members can apply for an extra 30 minutes using ESR01 code on the ARTP. This is important to apply for, since, apparently, the hospital will apply for this for themselves, but will not apply on behalf of members or pass on the additional revenue to members.

An NZOA Sub Specialty Societies breakfast will be held at the NZOA Annual Scientific Meeting on 20th October 2020 which will be attended by one of the NZSSH executive members.

Planning is underway to hold a one-day NZSSH Hand Surgery meeting on Thursday 26th November 2020 at the Hotel Intercontinental, Wellington, immediately preceding the NZAPS meeting. The AGM of the NZSSH will be held at the conclusion of this meeting. A President-elect and Secretary-elect will need to be voted at this meeting. Whether this meeting will physically proceed will depend on any lockdowns imposed by the Government in response to COVID-19.

The next IFSSH meeting will be held in London in 2022. The BSSH has sent a questionnaire with the following questions:

1. Does your Society support members performing voluntary surgical work in low to middle income countries?
2. If yes, would your Society like to contribute to London 2022?
3. If yes to both, please provide name and contact details of your nominated person to work with BSSH in developing the global surgery part of the London 2020 programme.

These questions will be addressed at the next AGM.

The 2022 NZSSH meeting will be convened by Tom Sharpe, based in Christchurch.

New Zealand Orthopaedic Spine Society (NZOSS) Report

New Zealand Orthopaedic Spine Society

Kris Dalzell
Secretary NZOSS

The NZOSS remains an active forum for ongoing discussion of issues relevant to orthopaedic spine surgery including FRACS trainee expectations and our ongoing interactions with ACC.

A combined meeting with the Spine Societies of Canada and Australia was held in Queenstown in September 2019 and was a tremendous success with excellent attendance and presentations of an extremely high standard.

This year has been very difficult due to the COVID-19 pandemic. The NZOSS meeting scheduled for March 2020 has now been rescheduled for 13th-15th November 2020. There will be some restrictions related to international speakers and therefore the most likely format will only include New Zealand speakers. We look forward to making the best of the current circumstances and hopefully in 2021 we will return to more international interaction.

The NZOSS continues to support ongoing education and mentorship for all surgeons but especially those beginning their specialist spinal surgeon careers.

New Zealand Orthopaedic Spine Society

The Paediatric Orthopaedic Society of New Zealand Report

The Paediatric Orthopaedic Society of New Zealand remains in good heart. Unfortunately, this year, the combined meeting with the Australia Paediatric Orthopaedic Society had to be postponed due to COVID-19.

Haemish Crawford
President

This meeting is now going to be held in Perth on 23rd-29th August 2021. This will be in combination with the Paediatric Orthopaedic Society of North America visiting lecturers of which we have six fantastic educators already lined up. The combined meeting will be immediately following the Registrar Instructional Course Lecture Programme. The visiting surgeons from POSNA will be there for the entire time, so it promises to be an excellent meeting.

POSNZ welcomes 5 new members: Nicki Hooper and Ramez Ailabouni (Christchurch) Anand Segar (Starship), Suren Senthi (Middlemore), Jillian Lee (Hamilton). All 5 surgeons have done amazing overseas fellowships in Paediatric orthopaedics and will be an asset to the New Zealand Orthopaedic Association.

POSNZ strongly supports combining our annual meeting with the ASM of the NZOA on a regular basis, and we look forward to initiating that at in 2023. We also strongly support transferring some of our funds to the New Zealand Wishbone Research Trust as we feel this is the best vehicle for research to be assessed for appropriate funding.

Finally, we congratulate Dr Stephanie Van Dijck (Starship) who has been awarded the Asia Pacific Paediatric Orthopaedic Society (APPOS) travelling fellowship this year. This prestigious fellowship supports a 3-week tour of North American Paediatric Orthopaedic Centres culminating in the POSNA meeting. It has been postponed this year however the plan is for the 3 fellows to undertake this trip in 2021.

2019 ASEAN Fellowship Report

The ASEAN orthopaedic travelling fellowship was a wonderful opportunity to continue our ongoing association with the nations of South East Asia.

Rupesh Puna
2019 ASEAN
Travelling Fellow

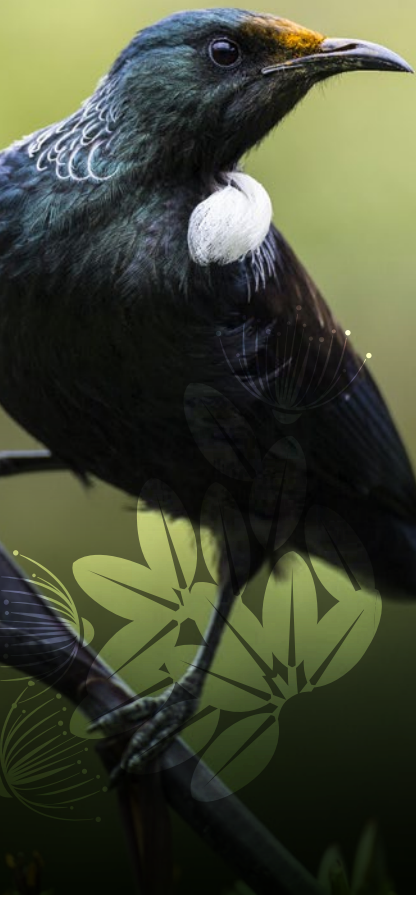
I was fortunate enough to travel with two other friendly and enthusiastic Australian fellows, both from Melbourne. It was a pleasure to spend 16 days with Juliette Gentle and Alvin Pun, both of whom I have no doubt will go on to contribute a great amount to the Australian Orthopaedic Association. It was an honour to represent the New Zealand Orthopaedic Association. This year's fellowship circuit involved Brunei, Myanmar, Malaysia and Indonesia where the fellowship concluded with the 21st Indonesian Orthopaedic Association and 39th AOA congress in Jakarta. We also travelled with six other fellows from Myanmar, Indonesia, Philippines, Singapore, Thailand and Malaysia.

8 -11 November Brunei

The first stop on the fellowship was Brunei. On the north coast of the island of Borneo, gaining independence in 1984, with a population of 442,000, Brunei had total of 15 orthopaedic surgeons. Due to the population demographic, there was no need for Subs Specialists with everyone sharing a wide range of general orthopaedic practice. All were required to have good handle on basic trauma and arthroplasty, which made up a large part of the work.

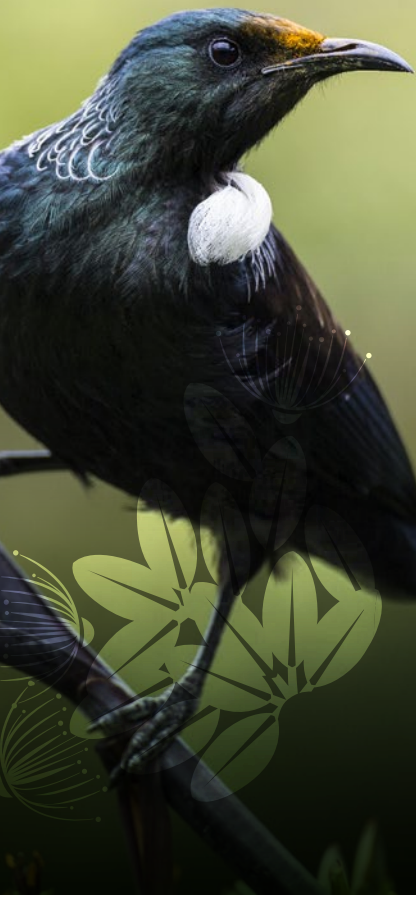
On the day of arrival, we were fortunate enough to tour around the Jerudong Park Medical Centre, a private institution where the majority of surgeons shared their time. The inpatient facilities were of the highest standard and gave a good representation of the financial resources available to the delivery of health care in Brunei. The medical centre was right next door to the polo grounds, where the Sultan and his family regularly participated in their own polo league.

We were entertained by Dr Ketan Pande, head of orthopaedics in Brunei, and his wife Sonali, the only female orthopaedic Surgeon in Brunei.



Over the weekend we were treated to a tour of various national monuments around Bandar Seri Bagawan, the capital of Brunei. The major attractions included the Empire Hotel of Brunei, and the two national mosque's in honour of the 28th and 29th Sultan's of Brunei: Omar Ali Saifuddien Mosque and Jame' Asr Hassanil Bolkiah Mosque.

The following day, we visited the Royal Regalia Museum, which housed regalia of the current Sultan, as well as commemorations of the silver and golden jubilee celebrations of Sultan Hassanal Bolkiah's rule of Brunei. The last two stops on the tour of the capital were the Kampong Ayer (water village), and the Istana (palace). Kampong Ayer was a cluster of traditional stilt villages on the Brunei River. Although a major historical site representing the heritage of Brunei, there is increasing concern about the survival of the water village with persistent issues of floating rubbish and sewage. The population has fallen to approximately 9,000. The Istana was home to the current Sultan and consisted of some 1070 rooms.



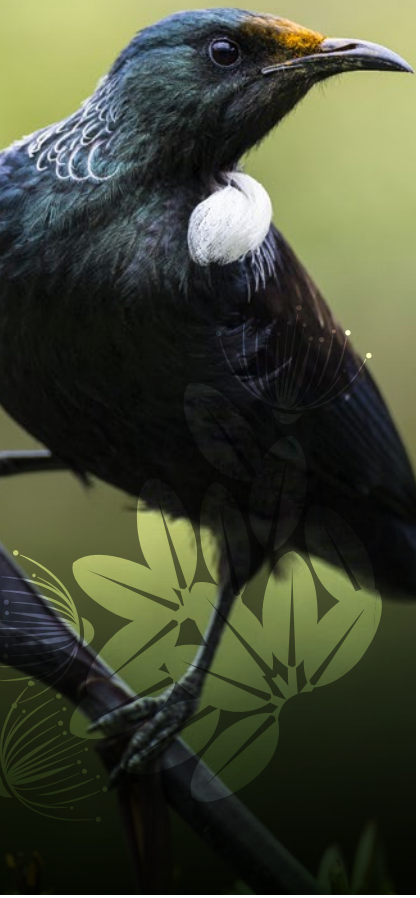
The final day of our time in Brunei was spent visiting two medical facilities. In the morning, we attended Pusat Kesihatan Berakas, one of 14 medical centres in Brunei. Open from 7 am to 9 pm, the medical centre delivered a wide range of services including Ophthalmology, general practice, women and childrens' health, podiatry and dental care. In the afternoon, we visited RIPAS Hospital, which was one of four, and the largest government hospital in Brunei. There were 12 Orthopaedic surgeons who worked at the hospital. In terms of services, orthopaedics was required to share an acute room every day with all surgical specialties, although there was a designated theatre for orthopaedic trauma every week, which meant the vast majority of trauma was carried out on "arranged" lists.

12-15 November Kuala Lumpur

We departed Brunei for Kuala Lumpur on the 12th of November. The journey from the airport took quite a long time due to the traffic congestion. A quiet evening enjoying the local street food made for a relaxing start to our time in Malaysia. We enjoyed the evening at the Rooftop Heli Bar which took in amazing views of the Kuala Lumpur night lights. During the day it functions as a helicopter pad, but by night it turns into a popular bar.

The following day, a tour of Kuala Lumpur was arranged. The two highlights of the tour were the Batu Caves and the Royal Selangor Pewter Factory. The Batu Caves were an iconic and popular tourist attraction in Selangor. It consisted of a limestone hill comprising three major caves and a smaller one; it is considered an important religious landmark by Hindus. Monkey's frolic around the caves and it is popular also for climbing enthusiasts. The other notable stop was the Royal Selangor Pewter factory. Pewter, made of three elements including tin, copper and antimony, was started by Yong Koon in 1885. He arrived in Kuala Lumpur from the Chinese port town of Shantou and founded what is now the world's foremost name in quality Pewter. We were hosted for dinner in the evening by Dr Sharifah Roohi, the President Elect of the Malaysian Orthopaedic Association.

The next day we began the first of our two university hospital visits. We spent the morning at UKM (Hospital University of Kebangsaan Malaya). The department was made up of 22 surgeons. We were fortunate enough to spend the morning at their weekly academic teaching session. We all gave a short presentation during the course of the morning.



The final day of our time in Kuala Lumpur was at the University of Malaya. This was an impressive institution made up of 33 surgeons. The university had its own tissue engineering centre as well as a strong academic programme that engaged in registrar education twice a week. The silent mentor programme was another notable resource of the university. It allows people to willingly donate their bodies for surgical dissection and teaching of medical students. We concluded with lunch where we were hosted by Dr Sharifah Roohi and Dr Azlina Abbas, two highly regarded surgeons, who were together embarking on writing a curriculum for orthopaedic training in Malaysia.

16-19 November Yangon

We departed for Yangon from Kuala Lumpur and arrived to extremely hot weather. Myanmar's political struggles have been well documented with the previous military led government and house arrest of the current State Counsellor. Whilst the situation was very much more controlled, the tension was still apparent and as a result we had a personal escort everywhere. On the day of arrival, we were taken on a tour around the centre of Yangon where we visited the local markets and the impressive

Shwedagon Pagoda, the most sacred Buddhist pagoda in Myanmar. In the evening, we were hosted for dinner by Professor Christopherson Ah Maung, president of the Myanmar Orthopaedic Society.

The following day, we were taken on a day trip to Bago, which was approximately 90 kilometres north east of Yangon. We were grateful to Dr Winnie Koh and Zin Thu Thein for spending the day with us. On the way to Bago, we stopped at a private Elephant sanctuary which broke the journey up. Bago was a popular tourist destination away from the hustle of Yangon. The notable attractions included the Kanbawzathadi palace, which was originally built for King Bayinnaung in 1556. Unfortunately, it was burned down in 1599, but then subsequently reconstructed in 1990. We were also taken by the Shwe Mawdaw Pagoda, the tallest Pagoda in Myanmar, and also the impressive Mya Tha Lyaung reclining buddha, another popular tourist destination. On the way back from Bago, we stopped for dinner at Shwe Pyi Resort, where we were also able to enjoy taking in the sunset as we cycled around the resort lake. Finally, the day ended with a quiet drink at Yangon, one of the only rooftop bars in Yangon offering 360-degree views of the city.

The first of our academic days in Yangon was spent at Yangon General Hospital. We were welcomed for their morning trauma rounds dedicated to teaching of their residents. A tour of the hospital followed. The general hospital shed a rather dim light on the resources available to the delivery of orthopaedics in Yangon. The trauma ward was extremely overcrowded with anywhere up to 50 people per day waiting for surgery. The vast majority of trauma work was due to an alarmingly high rate of road trauma. This was reflected in three theatres per day being dedicated to deal with the trauma load. There was also a dedicated ward area for patients with tuberculosis which seemed to be quite prevalent. Following lunch, we each gave a short presentation and then were taken through the orthopaedic spine unit, which was independently funded, and quite different from the remaining hospital. The spine theatres had state of the art equipment available which was of the highest standard. We were given a short presentation at the end of the day on the SIGN programme which many of the surgeons participate in. SIGN, which stands for Surgical Implant Generation Network, is the work of Lewis G. Zirkle Jr., who founded the organisation in 1999. In essence, the organisation makes available to those who need intramedullary nails and the means to implant them at no cost. One of the great barriers to receiving orthopaedic care in Myanmar relates to the cost of the implants required, which patients are required to come up with on their own; the SIGN programme allows a small subset of these patients to receive their surgery without having to get through this barrier.

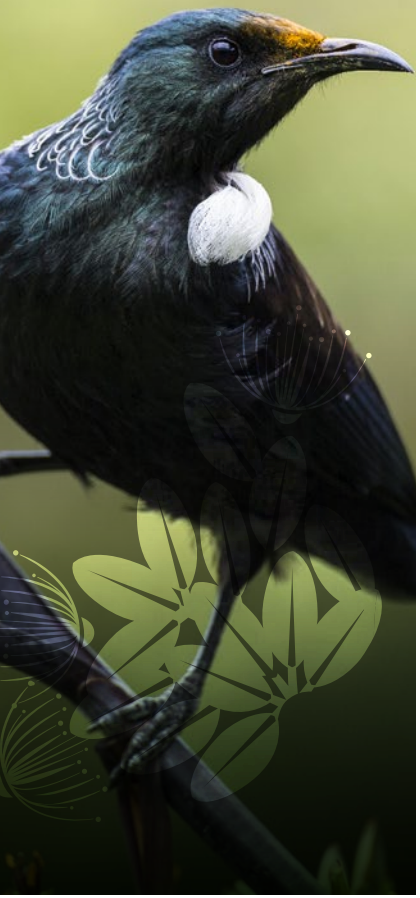
The final day in Yangon was spent at the Yangon Children's Hospital which was a short drive from the general hospital. Again, unfortunately the hospital was extremely overcrowded and demonstrated the gross lack of resources available. There was a large incidence of untreated clubfoot which was particularly noticeable with a large number of older paediatric patients undergoing fine-wire correction. The distance required to travel to one of the major hospitals and the financial stresses pose quite a barrier to most families, with parents often having to move away from home to remain with their children in hospital.

20-23 November Jakarta

We departed for Jakarta the following day. It ended up being quite the long day arriving late at night into Jakarta as we had to transit through Kuala Lumpur. On the first day, we had an arranged guided tour of Jakarta with an entertaining tour guide. We were taken to the National Museum of Indonesia in Central Jakarta, as well as the Wayang Museum, which displayed an extensive collection of Javanese puppetry, including puppets, dolls, sculptures and paintings. In the evening, all the fellows were invited to the presidential dinner at the Shangri-La Hotel restaurant where we were able to meet the various presidents of the ASEAN orthopaedic associations, as well as the invited overseas presidents.

The following morning was the opening ceremony of the Indonesian Orthopaedic/ASEAN Congress meeting. The ceremony was characterized by a vast array of impressive local entertainment which allowed Indonesia to showcase its local culture. The inauguration ceremony for the newly graduated local Orthopaedic surgeons followed.

After a short break for lunch, the meeting commenced. The meeting was centred around the topic of Orthopaedic trauma and gave a number of in-depth instructional course lectures and scientific papers on the current pressing issues in Orthopaedic trauma as well as a number of formative case discussion. Every subspecialty was covered and the content was first class. The conference dinner was held in the evening and very well attended. Again, there was a vast array of impressive local entertainment.



The highlight of the following day was the fellowship review where we were presented with our fellowship certificates. Each of the fellows was required to give a brief report on their experience and in particular discuss what we could take away from the fellowship. For me, I can now say that I've met eight new colleagues that I'm proud to say I can call friends. We thoroughly enjoyed each other's company such that we're still all regularly in touch via social media. Sharing this common bond is something that will be with us for the rest of our lives. The diverse nature of each other's practice was also a highlight as each of us had different interests. However, despite this, it seems we all face similar challenges of being able to cope with increasing demand due to modern medicine and ageing populations. I look forward to hosting the ASEAN fellows when they are next able to travel to New Zealand and hope they may find their fellowship as enjoyable as I did mine.

2019 Trans-Tasman Fellowship Report

I had the pleasure of attending the 2019 Australian Orthopaedic Association (AOA) Annual Scientific Meeting in the nation's capital, Canberra.

Dr Anthony Maher
Trans-Tasman Fellow
AOA ASM

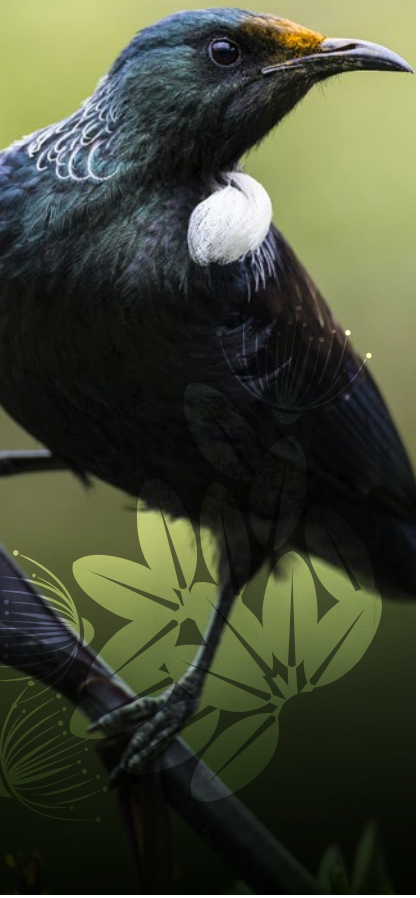
This was as the invited Trans-Tasman Fellow. The meeting and accommodation was kindly sponsored by The Australian Orthopaedic Association, and the flights kindly sponsored by the New Zealand Orthopaedic Association.

We forget at times that Australia is over five times the size of New Zealand, and with that five times the need for orthopaedic surgery leadership and innovation. Attendance seemed to be high with both local and international surgeons. It was an interesting contrast with the NZ Orthopaedic Association meeting a week prior, in particular the size of the industry room. However, I also had the pleasure of attending the American Academy meeting in Las Vegas, and there is still a way to come to compete with the AAOS industry room.

The highlight for me without a doubt was the gala dinner. This was held at the National Arboretum. This architectural masterpiece sits on a 250-hectare piece of land overlooking Canberra. Large bushfires devastated this area in 2001 and 2003, and so this has now become a national collection of rare and endangered trees.

During the day I also enjoyed a number of clinical and non-clinical presentations during the meeting. Most notably the leadership plenary session where we listened to some very inspirational surgeons and non-surgeons from around the world.

Thank you to Dr David Martin and his AOA team for their generous hospitality. I would hope to pay it forward to them in the future.



Tributes to Past Members

Robert Gordon (Bob) Dykes
12 November 1925 – 18 February 2020

Bob Dykes graduated from Otago University in 1949 before going on to train in Orthopaedic surgery in Dunedin, London and Oswestry.

On the 1st July 1958 he became the first Orthopaedic surgeon to be appointed in Southland. He remained a sole practitioner there for about 10 years before being joined by Paul Wilson. They continued to provide the Orthopaedic service for another 10 years before further surgeons joined the department to provide a comprehensive orthopaedic service for the region.

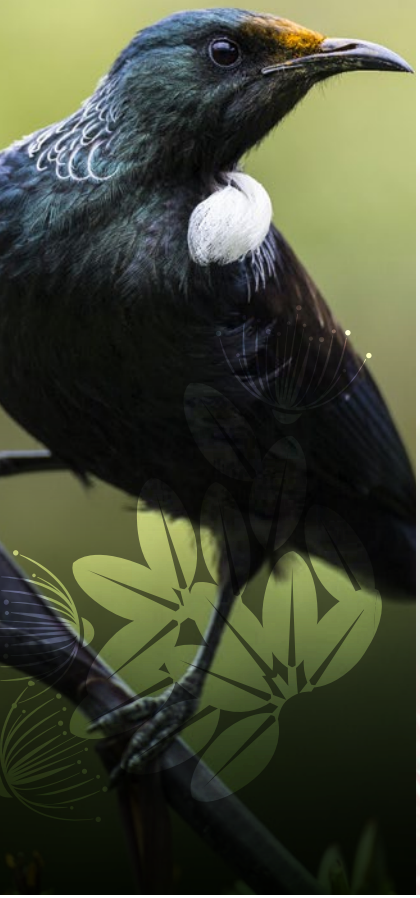
Bob is remembered by his colleagues as a quiet but firm leader in the surgical area who supported his colleagues and expanded the Orthopaedic service to fit the needs of Southland. House surgeons, registrars (including those in training) and nurses recollect him as a quiet and pleasant boss, teacher and mentor, making work in Southland a pleasurable experience. His patients remember him as a caring, careful clinician.

Bob was actively involved with the NZOA. From 1983-1986 he served as vice-president. He also served on the Executive, the Education Committee and the Workforce(?) man-power Subcommittee.

In 1991 Bob retired from hospital service. With his wife Olwyn he retired to Alexandra where he pursued his interest in outdoor activities, became a chrysanthemum expert including being a show judge and did classes in geology.

Bob is survived by Olwyn, his children Susan, Cam and five grandchildren.

Acknowledgement: *Orthopaedics in New Zealand, Murray Fosbender*



NZOA Council & Committees: Composition

NZOA Council 2019 – 2020

President	Mr Peter Robertson
First President Elect	Mr Peter Devane
Second President Elect	Mr John McKie
Immediate Past President	Mr Rod Maxwell
Honorary Secretary	Mr Perry Turner (elected 2016)
Honorary Secretary Assistant	Mr Andrew Graydon (elected 2019)
Honorary Treasurer	Mr Antony Field (elected 2016)
Honorary Treasurer Assistant	Mr Angus Wickham (elected 2019)
Executive Committee	Dr Margy Pohl (elected 2017)
	Mr Richard Peterson (elected 2019)
	Mr Stephen McChesney (elected 2019)
Small Centres Representative	Mr David Templeton (elected 2016)
Editorial Secretary	Mr Gary Hooper (elected 2019)
Education Committee	Mr Tim Gregg (elected 2017)
CPD and Standards Committee	Mr Edward Yee (appointed 2015)
Orthopaedic Representative to RACS Council Association (elected 2016)	Mr Greg Witherow Australia Orthopaedic
Chief Executive	Ms Andrea Pettett

Specialty Orthopaedic Training Board

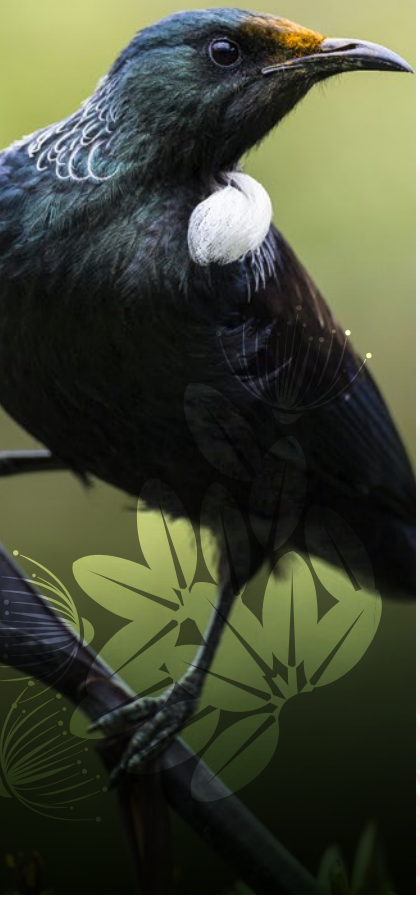
Mr Richard Keddell (Chairperson) (appointed 2017)
Mr Tim Gregg (appointed 2017)
Mr Herv Vidakovic (appointed 2018)
Dr Margy Pohl (appointed 2018)
Mr Perry Turner (elected 2016)
Mr Ken Te Tau (appointed 2018)
Ms Kerensa Johnston (appointed 2018) (resigned 2020)
Mr Bruce Hodgson (appointed May 2019)
Mr Dawson Muir (appointed 2017)
Mr David Bartle (co-opted 2019)
Ms Andrea Pettett (Chief Executive)
Ms Prue Elwood (Education & Training Manager)

Education Committee

Chairperson	Mr Tim Gregg (appointed 2017)
Honorary Secretary	Mr Perry Turner (elected 2016)
Auckland	Mr Angus Don (appointed 2017)
	Mr Brendan Coleman (appointed 2017)
North Shore/Whangarei	Mr Ali Bayan (appointed 2016)
Mid North Island	Mr Jason Donovan (appointed 2017)
Hawkes Bay/Tauranga	Mr Ian Galley (appointed 2019)
Wellington/Hutt	Mr Roy Craig (appointed 2019)
Wellington	Mr Robert Rowan (appointed 2019)
Central	Mr Simon Dempsey (appointed 2019)
Christchurch	Mr Tom Sharpe (appointed 2017)
Dunedin & Invercargill	Mr Chris Birks (appointed 2017)
Regional Small Hospital Rep	Mr Martyn Sims - (appointed 2020)
Chief Executive	Ms Andrea Pettett
Education & Training Manager	Ms Prue Elwood

Continuing Professional Development and Standards Committee

Mr Edward Yee (Chairperson) (appointed 2015)
Mr Julian Ballance (PVP Chair) (appointed 2018)
Mr Richard Lander (appointed 2015)
Mr Grant Kiddle (appointed 2019)
Ms Andrea Pettett (Chief Executive)
Ms Bernice O'Brien (CPD and PVP Coordinator)



NZOA ACC & Third Party Liaison Committee

Mr Khalid Mohammed (Chairperson - 2017) (appointed 2008)
Mr Andrew Vincent (appointed 2017)
Mr Peter Robertson (appointed 2015)
Mr Chris Birks (appointed 2017)
Mr Fred Phillips (appointed 2017)
Dr Fiona Timms (appointed 2017)
Ms Andrea Pettett (Chief Executive)

Membership Committee

Mr Perry Turner (Chairperson) (appointed 2017)
Mr Tim Gregg (Chair of Education Committee) (appointed 2017)
Mr Richard Street (Past President) (appointed 2018)
Ms Andrea Pettett (Chief Executive)

NZOA Related & Associated Entities: Composition

NZOA Trust

Mr Richard Street (Chairperson) (appointed 2018)
Mr Andrew Oakley (appointed 2019)
Mr Simon Dempsey (appointed 2019)
Mr Perry Turner (NZOA Hon Secretary) (elected 2016)
Mr Antony Field (NZOA Hon Treasurer) (elected 2016)
Mr Wayne Hughes (Independent Trustee) (appointed 2019)
Ms Andrea Pettett, Chief Executive

Wishbone Orthopaedic Research Foundation Trust

Sir Bryan Williams (Chairperson) (appointed 2013)
Mr Richard Keddell (Chairperson appointed 2019) (appointed 2011)
Professor Gary Hooper (Chairperson of Wishbone Orthopaedic Research Committee, elected 2019) (appointed 2008)
Professor Michael Pender (appointed 2013)
Mr Perry Turner (NZOA Hon Secretary) (elected 2016)
Mr Antony Field (NZOA Hon Treasurer) (elected 2016)
Mr Haemish Crawford (appointed 2016)
Dr Helen Tobin (appointed 2016)
Ms Andrea Pettett (Chief Executive)

Wishbone Orthopaedic Research Committee

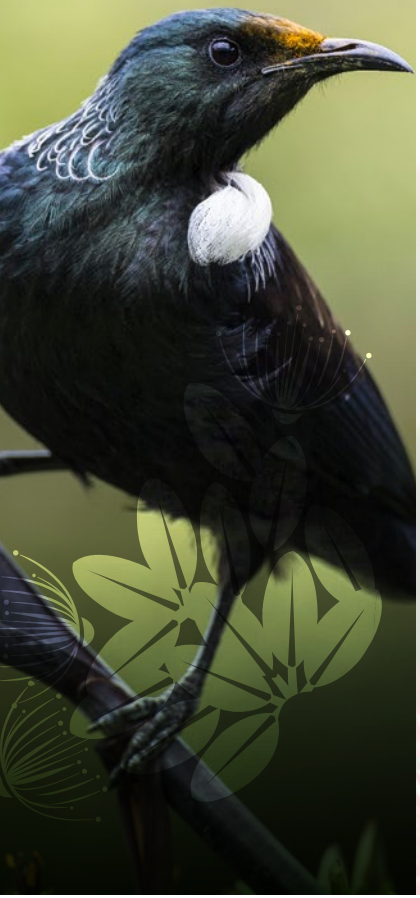
Professor Gary Hooper (Chairperson elected 2019) (appointed 2008)
Mr Tom Sharpe (appointed 2019)
Mr Paul Monk (appointed 2019)
Assoc Prof David Gwynne-Jones (appointed 2015)
Professor Sue Stott (appointed 2016)
Ms Andrea Pettett (Chief Executive)

NZOA Joint Registry Trust Board

Prof Gary Hooper (Chairperson) (appointed 2018)
Mr Rod Maxwell (appointed 2018)
Mr Richard Keddell (appointed 2018)
Mr James Taylor (appointed 2018)
Mr Nick Clark (appointed 2018)
Ms Andrea Pettett (Chief Executive)

NZOA Joint Registry Management Committee

Mr John McKie (Supervisor) (appointed 2018)
Mr Simon Young (appointed 2016)
Mr Peter Devane (appointed 2008)
Mr Perry Turner (elected 2016)
Mr Dawson Muir (appointed 2014)
Mr Brendan Coleman (appointed 2017)
Mr Chris Frampton (appointed 2017)
Mr Tony Lamberton (appointed 2019)
Mr Hugh Griffin (appointed 2010)
Mr Philip Kearney (Arthritis NZ) (appointed 2020)
Ms Toni Hobbs (Coordinator)
Ms Andrea Pettett (Chief Executive)



Hip Fracture Registry Trust

Mr Mark Wright (Chairperson - appointed 2019) (appointed 2016)

Mr Shankar Sankaran (appointed 2016) (retiring October 2020)

Mr Roger Harris (appointed 2016)

Ms Helen Tobin (appointed 2019)

Ms Andrea Pettett (Chief Executive)

Hip Fracture Registry Implementation Committee

Mr Mark Wright – Co-Chair/NZOA/ADHB (appointed 2015)

Mr Shankar Sankaran – Co-Chair/ANZSGM/CMDHB (appointed 2015) (retiring October 2020)

Mr Roger Harris – ANZHFR Board (appointed 2015)

Ms Sarah Hurring – CDHB & ANZHFR Clinical Lead (appointed 2020)

Ms Min Yee Seow – ANZSGM/WDHB (appointed 2020)

Mr Angus Jennings – NZOA/Orthopod Nelson DHB (appointed 2020)

Ms Kim Ferguson – FLNNZ (appointed 2019)

Mr Phil Wood – MOH (appointed 2015)

Ms Janine Ryland & Mr Thomas Jackson – ACC (appointed 2019)

Ms Susan Melvin – HQSC (appointed 2020)

Mr Paul Mitchell & Ms Christine Gill – Osteoporosis NZ (appointed 2015)

Mr Stewart Fleming - SO3 IT Consulting (appointed 2015)

Ms Jenny Sincock – Orthogeriatrics Nurse CDHB (appointed 2019)

Ms Rebbecca Lilley – Research Otago University (appointed 2019)

Ms Liz Binns – Physiotherapy NZ (appointed 2019)

Ms Andrea Pettett (Chief Executive) – NZ Orthopaedic Association

Ms Nicola Ward (National Coordinator) (appointed 2019)

Orthopaedic Representative to RACS Council

Mr Greg Witherow – Orthopaedic Surgeon from Australian Orthopaedic Association (appointed 2016)

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

Assoc Prof Alan Thurston (retired 2019). Replacement to be appointed after 2020 General Election

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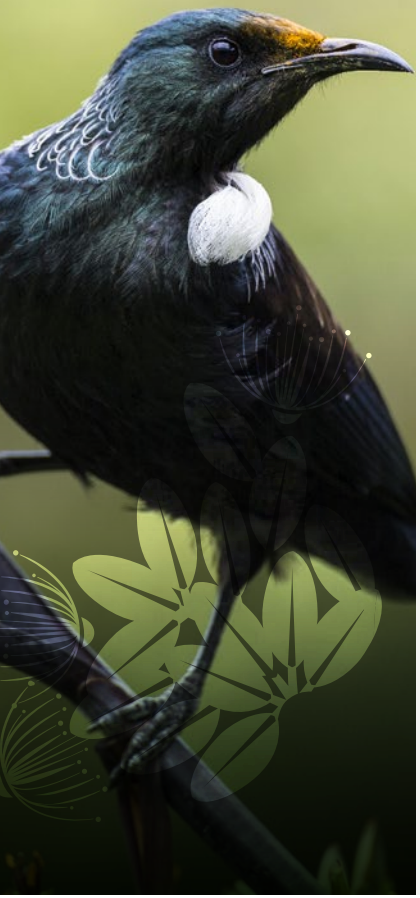

The Inaugural Meeting

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 AxfordMr G C Jennings
Mr R Blunden
Dr G A Q Lennane
Mr J K Cunninghame
Mr 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
1952-53	Mr J L Will
1954-55	Mr M Axford
1956-57	Mr H W Fitzgerald
1958-59	Mr A A MacDonald
1960-61	Mr J K Elliott
1962-63	Mr R Blunden
1964-65	Mr W Parke
1966	Mr R H Dawson
1967	Mr W Parke
1968-69	Prof A J Alldred
1970-71	Mr B M Hay
1972-73	Mr J R Kirker
1974-75	Mr H G Smith
1976-77	Mr W A Liddell
1978-79	Mr A B MacKenzie
1980-81	Mr P Grayson
1982-83	Mr O R Nicholson
1984-85	Mr C H Hooker
1986-87	Mr G F Lamb
1988-89	Mr V D Hadlow
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
1996-97	Professor A G Rothwell
1997-98	Professor D H Gray
1998-99	Mr A L Panting
1999-00	Mr M C Sanderson
2000-01	Mr G D Tregonning
2001-02	Mr A E Hardy
2002-03	Professor J G Horne
2003-04	Mr B R Tietjens
2004-05	Mr R O Nicol
2005-06	Mr R J Tregonning
2006-07	Mr M R Fosbender
2007-08	Mr J Matheson
2008-09	Mr D R Atkinson
2009-10	Mr J A Calder
2010-11	Assoc Prof G J Hooper
2011-12	Mr B J Thorn
2012-13	Mr R O Lander
2013-14	Mr M S Wright
2014-15	Mr Brett Krause
2015-16	Prof Jean-Claude Theis
2016-17	Mr Richard Keddell
2017-18	Mr Richard Street
2018-19	Mr Rod Maxwell

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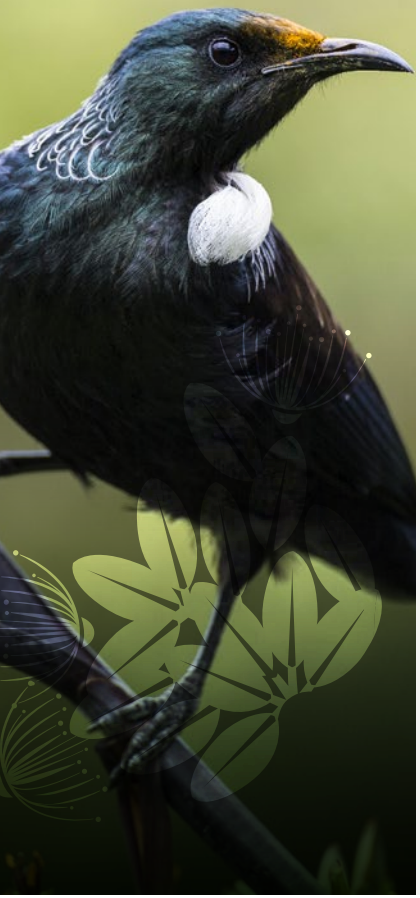

Compendium of Awards

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
2019	Mr Edward Yee

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
2018	Michael Wyatt
2019	Matthew Boyle

ASEAN Fellowship

2013	Prof Jean-Claude Theis
2015	Mr Richard Lander
2017	Warren Leigh
2019	Rupesh Puna

Korean Orthopaedic Association Travelling Fellow

2018	Seung-Min Youn

ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
2017	Hogan Yeung

ANZAC Fellow

2016	Simon Young

Trans-Tasman Fellow

2019	Anthony Maher

ESR Hughes Award – RACS

2015	Chris Dawe
2017	John Matheson
2019	Peter Robertson

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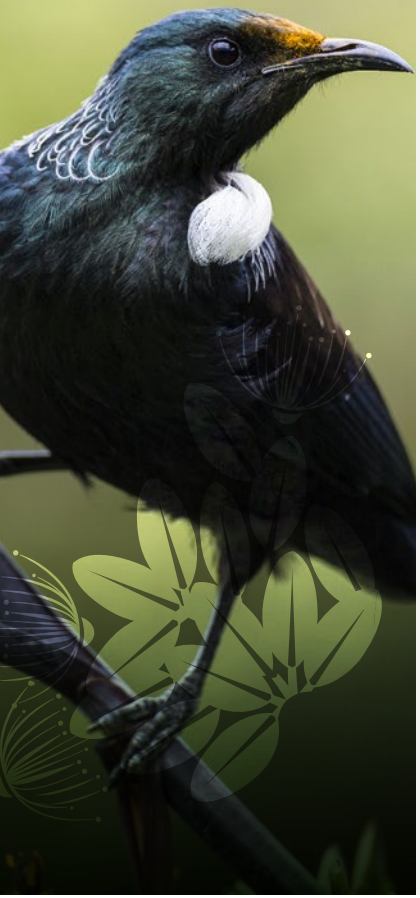


Awards and Memorabilia of the NZOA

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 brooch modelled 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

A brooch is 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

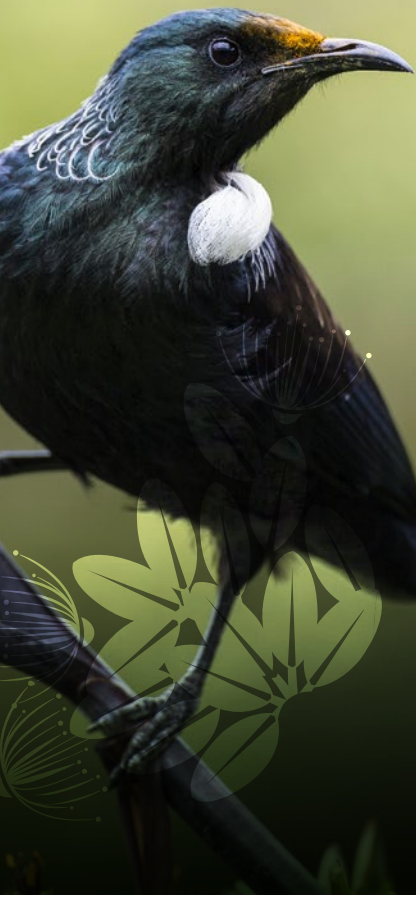
This was presented by Victor and Cécile Hadlow in 1989 at the conclusion of two years as President of NZOA and is competed for at the Annual Scientific Meeting and presented to the winner of the Tennis Competition in the format the meeting organizers arrange.

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
2018	Paul Phillips, Presidents Trainee Award
2018	Neal Singleton, Research Prize for final year Trainee

New Zealand
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