To preserve patient mobility and pain reduction
To advance the science and art of orthopaedic surgery
To preserve and promote international fellowship and mutual assistance
NZOA Council 2015 – 2016

President
Prof Jean-Claude Theis

First President Elect
Mr Richard Keddell

Second President Elect
Mr Richard Street

Immediate Past President
Mr Brett Krause

Honorary Secretary
Mr Andrew Oakley (elected 2013)

Honorary Treasurer
Mr Stewart Walsh (elected 2013)

Executive Committee
Mr Julian Stoddard (elected 2015)
Mr Bruce Hodgson (elected 2013)
Mr Sud Rao (elected 2015)

Small Centres Representative
Mr David Templeton (elected 2016)

Editorial Secretary
Mr Michael Barnes (elected 2015)

Education Committee
Mr Simon Hadlow (elected 2013)
Mr Edward Yee (elected 2015)

CPD and Standards Committee
Mr Simon Johnson (elected 2015)

Workforce Committee
Mr Greg Witherow AOA (elected 2016)

Orthopaedic Representative to RACS Council
Ms Andrea Pettett

Chief Executive
Mr Haemish Crawford

NZOA Trust – Trustees

Mr Richard Lander (Chairperson) (appointed 2014)
Mr Grant Kiddle
Mr Hamish Leslie
Mr Michael Caughey
Mr Andrew Oakley (NZOA Hon Secretary)
Mr Stewart Walsh (NZOA Hon Treasurer)
Mr Brett Krause
Mr Ron Eglinton (Independent Trustee)

Wishbone Trust – Trustees

Bryan Williams (Chairperson)
Professor Michael Pender
Mr Stewart Walsh (NZOA Hon Treasurer)
Mr Andrew Oakley (NZOA Hon Secretary)
Prof Jean-Claude Theis (NZOA President)
Mr Richard Keddell
Mrs Helen Tobin
Mr Haemish Crawford

Education Committee

Chairperson
Mr Simon Hadlow (elected 2013)

Auckland
Mr Haemish Crawford (elected 2014)
Mr Tom Geddes (elected 2013)

North Shore/Whangarei
Dr Margy Pohl (elected 2014)

Mid North Island
Mr Sandeep Patel (elected 2013)

Mid North Island
Mr Simon Johnson (elected 2015)

Wellington, Hutt
Mr Nigel Willis (elected 2014)

Palmerston North, Wanganui & Nelson
Mr Tim Love (elected 2014)

Christchurch
Mr Khalid Mohammed (elected 2014)

Dunedin & Invercargill
Mr Michael Chin (elected 2014)

Smaller Centres
Mrs Karel Chivers (elected 2014)

Honorary Secretary
Mr Andrew Oakley (elected 2011)

Censor
Mr Dawson Muir (elected 2015)
Standing Committees of the New Zealand Orthopaedic Association 2015-2016

Continuing Professional Development and Standards Committee
Mr Edward Yee (2015) (Chairperson)

Practice Visit Programme
Mr Rod Maxwell (2011)

Workforce Committee
Mr Brett Krause (2015) (Chairman)

Orthopaedic Representative on RACS Council
Mr Greg Witherow
Australian Orthopaedic Association (2016)

Orthopaedic Surgeon on the NZ Artificial Limb Services Board
Assoc Prof Alan Thurston (March 2014)
(appointed by the Assoc Minister of Health)

Archivist
Assoc Prof Alan Thurston (2004)

Ad Hoc Committees of the New Zealand Orthopaedic Association 2015-16

Third Party / ACC Liaison Committee
Mr John McKie (2008) (Chairperson)
Mr Mark Clatworthy (2007)
Mr Khalid Mohammed (2012)
Mr Peter Robertson (2015)
Mr Richard Street (2010)
Mr Alex Malone
Mr Brett Krause (Past President)
Ms Andrea Pettett (Chief Executive)

Research & Outcomes Committee
Mr Michael Barnes (Chairperson) (2015)
Mr Khalid Mohammed (2016) (Education rep)
Professor Gary Hooper (2008)
Professor Jean-Claude Theis (President) (2008)
Mr Jacob Munro
Mr David Gywnne-Jones
Professor Susan Stott

NZ Joint Registry Board
Professor Alastair Rothwell (Chairperson)
Mr Simon Young (2016)
Mr Peter Devane (2008)
Mr Khalid Mohammed (2014)
Mr Dawson Muir (2014)
Mr Andrew Oakley (2013) (Hon Secretary)
Hugh Griffin (2010), OiLA rep
Dr Peter Larmer, Arthritis NZ rep
Ms Toni Hobbs, NZ Joint Registry
Ms Andrea Pettett (Chief Executive)

Membership Committee
Mr Andrew Oakley (2011) (Chairperson)
Mr Brett Krause (2015)
(Workforce Committee and Past President)
Mr Simon Hadlow
(Char of Education Committee)
Ms Andrea Pettett (Chief Executive)

Research Foundation Funding Committee
Mr Stewart Walsh (NZOA Hon Treasurer) (Chairperson)
Mr Michael Barnes (NZOA Editorial Secretary)
Mr Andrew Oakley (NZOA Hon Secretary)
Ms Andrea Pettett (Chief Executive)

Examiners Committee
Prof Gary Hooper (2015) (Senior Examiner)
Mr Mark Wright (2004)
Mr Sud Rao
Mr Brett Krause
Mr Bruce Hodgson
Mr Kevin Karpik
Professor Sue Stott
Mrs Helen Tobin
Mr Rod Maxwell
Mr Chris Hoffman
When I took over from Brett Krause in Wellington last year I presented my action plan at the AGM and I am pleased that together with our Chief Executive and Council we have been able to take the NZOA forward to a more professional organisation.

We now have a 5-year Strategic Plan for the period from 2015 to 2020 which sets out our medium term goals including key performance indicators and an action plan. This plan will be reviewed on a yearly basis with stocktake of the progress made towards achieving these goals.

We have carried out a survey of our members and have heard their opinion on issues as for example value of membership, communication, website, ASM, relation with subspecialty societies and others. Overall the membership is happy with the organisation but there are areas where improvements can be made and we have put in place some strategies to achieve this.

Currently a website working group is looking at developing a more user friendly and professional looking site. Watch this space!

The withdrawal of Trainees from Dunedin Hospital highlighted a number of issues for our organisation related to internal and external communication with the Southern DHB and the College in this particular instance. We learned that we need clear policies, processes and reporting lines and our Chief Executive has spent a lot of time reviewing our organisational structure and updating our policies.

The 4-month elective target continues to cause headaches to many surgeons in our DHBs and the unmet need continues to attract media attention. Recent National Patient Flow data released by the Ministry of Health clearly shows that when it comes to access to Elective Clinics we are the worst amongst the surgical specialties. The overall decline rate for orthopaedics is 16% across all DHBs but there is no breakdown by individual DHB except for all surgical specialties varying from 25% to 0%. I have the impression that the orthopaedic decline rate in some DHBs is as high as 30-40%. I met with the Minister of Health during my term, and unmet need was clearly outlined to him which he acknowledged. It is clear that this is not going to go away in the future. We need to support efforts to reduce waste and the ‘Choosing Wisely’ initiative which is gathering momentum in New Zealand. We will have to look at which investigations and interventions in our specialty are of low value and this needs to be openly discussed with patients.

The implementation of the new National Orthopaedic Prioritisation tool is going well and will help us to select those who have the highest need. I believe we need to support this as it will help in measuring unmet need not just in numbers but also in assessing the level of need.

Over the last 12 months I had the opportunity to interact with surgeons from our Sister Associations but also with our colleagues from the Asia Pacific region. I am pleased to report that our organisation is held in high esteem worldwide and that New Zealanders are very lucky to have a high quality health system despite the increasing access difficulties to public elective surgical services. We have joined the Federation of the Asia Pacific Orthopaedic Association and I hope that in the future our organisation will increase its interactions and links with the Asia Pacific region.

As in sports, to win you need a good team. I have been lucky to have had the support of our Chief Executive Andrea Pettett and the office staff Helen, Tanya, Bernice and Rachel. They have done a fantastic job running our organisation and keeping the Members informed. We are in a very good financial situation and thanks to Andrea and Stu Walsh, Honorary Treasurer, our financial reports, accounting policies and investments have been reorganised and brought up to modern standards. The Council has worked very hard and I would like to thank all Council Members for their support and advice. Special thanks to Andrew Oakley, Honorary Secretary, for the outstanding service he has provided to the Council and the NZOA in general.

The various Committees have been very busy and are really the engine rooms of the organisation. I would like to thank Simon Hadlow, Chairman of the Education Committee, for running our training programme very successfully judging by the performance of our trainees in the final exam. Thanks also to all the other Committee Chairpersons.
Congratulations to the SET 5 trainees who successfully passed the final exam this year and to all those accepted onto the Training Programme. Well done!

A special mention is in order for Garnet Tregonning who has become an Officer of the New Zealand Order of Merit and Chris Dawe who has been awarded the RACS ESR Hughes medal.

Finally, I would like to thank my dear wife Virginia who has supported me every minute at home and during our overseas travels during the last 12 months. Without her I would not have been able to give all that time and effort to the New Zealand Orthopaedic Association.

To remember our Presidential year Virginia and I have donated a Pounamu Mere to the NZOA 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 we felt it would be appropriate to recognise the New Zealand Maori culture as an integral part of our organisation.
I have great pleasure in writing my first Annual Report as Chief Executive.

At the time of writing this report I have been in the role for seven months – enough time to get an understanding of the work of the Association and have some insight into where gaps and opportunities might lie.

NZOA Office achievements

These can be summarised as follows.

NZOA Secretariat Services: I have reviewed each of the NZOA committees and related entities and reallocated resources. As a result, we have employed an additional part time staff member (Carolyn Cummins) to support delivery of our membership services.

New services offered this year include support for the New Zealand Hip Fracture Registry Trust and the Hip Fracture Registry Implementation Committee.

NZOA Office Infrastructure: The IT infrastructure has been upgraded, for both email and the website platform. A remedy to the long standing irritation around the inability to open email attachments has also been found.

NZOA Financials: We have modernised our financial management, including an upgrade of our financial package to Xero. This will provide more transparency and reporting across the Parent and NZOA Group, and less reliance on external Professional Services.

Conferences and Events: We supported six meetings in the last financial year. The NZOA Annual Scientific Meeting was held in Wellington last October with 264 registrations including all delegates, day delegates, guest speakers, sponsors and exhibitors. The New Zealand Orthopaedic Spine Society CEO Meeting was held in Taunang in May and 93 attended. We held four sub specialty society meetings: the Knee and Sports Society Meeting in Auckland in August 2015 with 57 attendees, Foot and Ankle Society Meeting held in Wanaka in September with 56 attending, the Paediatric Orthopaedic New Zealand Meeting held in Napier in March this year with 51 attendees, and the New Zealand Society for Surgery of the Hand Meeting which was held in Queenstown in July with a total of 202 attendees (this included members from the New Zealand Association of Plastic Surgeons and New Zealand Association of Hand Therapists). NZOA would like to take this opportunity to thank the sponsors for these meetings. Their continued support is appreciated.

Membership Services: Earlier this year we undertook a membership survey which has provided some guidance as to the areas where members desire some improvement. As a consequence, we have refreshed our Members Update, which should be coming to all members every fortnight. The Annual Report has been modernised and designed for electronic viewing. We will no longer print copies of the Annual Report. Other modernisation and improvements will be rolled out over the next 12 months.

Sub Specialty Societies and Related Entities: I have endeavoured to attend all of the sub specialty and related Entity meetings that have occurred since I have started in this role. I have enjoyed meeting members and gaining an appreciation of the clinical work you undertake. I have also gained some insight into the support the NZOA can offer the Sub Specialty Societies and Entities. An outline of this and a proposed Memorandum of Understanding will be promulgated for discussion with those entities who desire further NZOA support.

Advocacy and Stakeholder Management: An important role of the NZOA is to act as an advocate for orthopaedics and represent the interest of our members. We regularly meet with the Ministry of Health, ACC, Medsafe, Pharmac, Health Quality and Safety Commission, NZ Medical Council, and related specialist organisations.
The Next Twelve Months

Our focus for the membership over the next 12 months will be to support the implementation of the Strategic Plan, and to articulate our offer to provide better support to the sub specialty societies and related entities.

We will continue to upgrade NZOA infrastructure, including a refresh of the content and design of the website and a review of the CPD tool.

Advocacy issues requiring our close attention include the contracting of implant devices by Pharmac, the ACC Work Programme, and the new Therapeutic Products Regulations.

I would like to record my thanks to the wonderful NZOA team:

Rachel Allan, Finance and Office Administrator

Carolyn Cummins, Personal Assistant and Membership Services Coordinator

Helen Glasgow, Education and Training Manager

Bernice O’Brien, Professional Development Coordinator and Web Site Manager

Tanya Turchie, Conference and Events Manager

I would also like to express my gratitude to the NZOA Council, sub committees, related entities and various NZOA representatives for the significant work that they do in representing the profession.
The NZOA has completed another financial year (ending 31st July 2016) remaining within budget with a modest surplus of $48,000.00.

It is pleasing that our members have not had an increase in subscriptions since a CPI increase in the 2014 / 2015 financial year. We have set a budget for this financial year 2016/2017 based on no increase in subscriptions and hope to still be able to deliver an increased range of functions and services for our members within that budget.

On the following pages are the Statements of Performance and Position. Due to the timing of this report these are the draft unaudited accounts. Members will notice a difference to previous years in the format of these statements. This is due to the new Charity reporting standards that came into effect from 31 March 2016. Once the audit is complete Members will be able to see the full audited financial accounts on the NZOA website which will include detailed notes relating to income and expenses, including the meetings organised by Tanya Turchie, our Conference Manager, both for the NZOA and the sub specialty societies. The NZOA overhead costs have been discounted this year for sub specialty societies with them retaining any surplus from the meeting. For the COE meeting half the surplus is retained and half goes to the NZOA. Historically any surplus from the Annual Scientific Meeting is transferred to the Research and Outcomes Committee Account. $304,000 dollars currently is held in this Account.

As Treasurer of the NZOA Trust I am pleased to report that the first year of Custodial Management of our funds as outlined in last year’s report has gone well.

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Estimate Annual Income</th>
<th>Yield</th>
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</thead>
<tbody>
<tr>
<td>Supervised Assets</td>
<td>65,107</td>
<td>4.76</td>
</tr>
<tr>
<td>Cash</td>
<td>47</td>
<td>0.31</td>
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<tr>
<td>Equities</td>
<td>40,602</td>
<td>4.49</td>
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<tr>
<td>Property</td>
<td>13,396</td>
<td>6.25</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>119,152</strong></td>
<td><strong>4.76</strong></td>
</tr>
<tr>
<td><strong>Total Portfolio</strong></td>
<td><strong>119,152</strong></td>
<td><strong>4.76</strong></td>
</tr>
</tbody>
</table>

The Trust Disbursement Policy is to encourage the appropriate allocation of this income. In the financial year just completed the Trust allocated:

**Grants**
- **ASM Guest Speaker Funding** 10,000.00
- **COMOC Nominated Speaker** 10,218.73
- **Hip Fracture Registry Trust** 11,500.00
- **President’s Prize** 12,500.00
- **Research Prize** 7,500.00

**Total Grants** 51,718.73

<table>
<thead>
<tr>
<th>Tours</th>
<th>Value</th>
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<tr>
<td>ASEAN Fellowship</td>
<td>8,432.00</td>
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<tr>
<td>ABC Fellowship</td>
<td>10,000.00</td>
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<tr>
<td>Hong Kong Young Ambassador</td>
<td>2,044.00</td>
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<tr>
<td><strong>Total Tours</strong></td>
<td><strong>20,476.00</strong></td>
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</table>

This gives a total of $72,194.73 which is still less than the income derived. Members who are seeking assistance for teaching, injury prevention, outreach type programs should apply to the NZOA Trust for funds. This does not include research grants which should be sought through either the Research and Outcomes Committee or the Wishbone Trust.

On 31st July the NZOA changed over to the Xero accounting system. This was strongly encouraged by our accountant and auditors. We believe this system will improve both the efficiency and accuracy of our financial management. A huge thanks goes to Rachel Allan for her outstanding work and commitment to this changeover. Rachel’s skills and organisational knowledge have been invaluable to both myself and our new Chief Executive.
## Statement of Financial Performance
New Zealand Orthopaedic Association Incorporated
As at 31 July 2016

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<tbody>
<tr>
<td></td>
<td>Donations, Fundraising and other similar revenue</td>
<td>99,684.71</td>
<td>23,691.76</td>
<td></td>
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<tr>
<td></td>
<td>Fees, subscriptions and other revenue from members</td>
<td>537,646.19</td>
<td>543,320.81</td>
<td>537,646.19</td>
<td>543,320.81</td>
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<tr>
<td></td>
<td>Revenue from providing goods or services</td>
<td>1,328,951.43</td>
<td>1,270,098.19</td>
<td>1,323,396.43</td>
<td>1,274,593.19</td>
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<td>Interest, dividends and other investment revenue</td>
<td>244,429.54</td>
<td>125,283.16</td>
<td>11,272.16</td>
<td>23,215.11</td>
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<td>Total Revenue</td>
<td>2,210,711.87</td>
<td>1,962,393.92</td>
<td>1,872,314.78</td>
<td>1,841,129.11</td>
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</thead>
<tbody>
<tr>
<td></td>
<td>Volunteer and employee related costs</td>
<td>418,443.14</td>
<td>333,184.81</td>
<td>418,443.14</td>
<td>333,184.81</td>
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<td></td>
<td>Costs related to providing goods or service</td>
<td>1,338,044.33</td>
<td>1,317,607.72</td>
<td>1,281,209.12</td>
<td>1,293,377.08</td>
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<td></td>
<td>Grants and donations made</td>
<td>150,895.52</td>
<td>112,260.56</td>
<td>112,139.93</td>
<td>107,881.00</td>
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<tr>
<td></td>
<td>Other expenses</td>
<td>14,370.00</td>
<td>19,244.00</td>
<td>11,535.00</td>
<td>19,244.00</td>
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<tr>
<td></td>
<td>Total Expenses</td>
<td>1,921,752.99</td>
<td>1,782,297.09</td>
<td>1,823,327.19</td>
<td>1,753,686.89</td>
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<table>
<thead>
<tr>
<th>Notes</th>
<th>Surplus/(Deficit) for the Year</th>
<th>Group 2016</th>
<th>Group 2015</th>
<th>Parent 2016</th>
<th>Parent 2015</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>288,958.88</td>
<td>180,096.83</td>
<td>48,987.59</td>
<td>87,442.22</td>
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Parent is the New Zealand Orthopaedic Association
Group includes the New Zealand Orthopaedic Association, the Wishbone Trust and the New Zealand Orthopaedic Association Trust
## Statement of Financial Position
New Zealand Orthopaedic Association Incorporated
As at 31 July 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>Group</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank accounts and cash</td>
<td>4</td>
<td>2,149,035.86</td>
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<tr>
<td>Debtors and prepayments</td>
<td>4</td>
<td>227,593.05</td>
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<tr>
<td>Inventory</td>
<td>4</td>
<td>382.26</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
<td>2,377,011.17</td>
<td>4,531,880.00</td>
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<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>6</td>
<td>18,308.99</td>
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<tr>
<td>Intangible Assets</td>
<td>7</td>
<td>6,646.00</td>
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<tr>
<td>Investments</td>
<td>4</td>
<td>2,511,909.00</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>4</td>
<td>58,822.52</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td>2,595,686.51</td>
<td>88,173.00</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>4,972,697.68</td>
<td>4,620,053.00</td>
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<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and accrued expenses</td>
<td>5</td>
<td>476,070.65</td>
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<tr>
<td>Goods and services tax</td>
<td></td>
<td>46,599.75</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>522,670.40</td>
<td>458,986.00</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>522,670.40</td>
<td>458,986.00</td>
</tr>
<tr>
<td><strong>Total Assets less Total Liabilities</strong></td>
<td>4,450,027.28</td>
<td>4,161,067.00</td>
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<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
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<tr>
<td>Unrestricted Accumulated surpluses</td>
<td>4,092,891.15</td>
<td>3,902,989.00</td>
</tr>
<tr>
<td>Restricted Funds - Research Foundation</td>
<td>9</td>
<td>357,136.13</td>
</tr>
<tr>
<td><strong>Total Accumulated Funds</strong></td>
<td>4,450,027.28</td>
<td>4,161,067.00</td>
</tr>
</tbody>
</table>

Parent is the New Zealand Orthopaedic Association
Group includes the New Zealand Orthopaedic Association, the Wishbone Trust and the New Zealand Orthopaedic Association Trust
Continuing Professional Development Report

This is my first report as Chair of the Continuing Professional Development (CPD) Committee and it has been an interesting and busy year. CPD is seen by both the NZOA and RACS as a critically important part of one's professional career. The role of the Chair is to oversee the programme and ensure all members are compliant.

The task of ensuring all members were compliant for the 2015 year proved to be challenging. In January this year a staggering 64% of members were non-compliant but this fortunately improved to 6% non-compliant by May. Full compliance was achieved in July. It had taken seven months into this CPD year to accomplish this.

As a result of this less than satisfactory performance, a graduated response over a specified timeframe has been formalized to address future non-compliant members. It is a uniform and fair process and will be available on the NZOA website. Those that remain non-compliant are reported to the Medical Council of New Zealand at the discretion of the NZOA President. It could result in restricted practice or loss of annual practicing certificate.

The CPD web based program for the entry of activities continues to generate complaints from members. We are aware of its shortcomings and it is in the process of being updated to make data entry easier. A number of requests have been made for a smartphone app. This has been explored but the cost is unfortunately excessive.

Discrimination, bullying and sexual harassment (DBSH) have been major topics for the RACS this year. An online e-learning module called Operating with Respect has been released and completed by a few of our members. The feedback is that it is very good and is likely to become a mandatory part of our CPD programme. However, it is only available to those who are fellows of the RACS. The NZOA will need to negotiate access for any non-RACS fellows if it becomes part of our requirement.

RACS has chosen to change the categories in their CPD programme. A reduction in category 3 (equivalent to our B) by 10 points (will move from 60 to 50) and setting up a new category called “Reflective Practice” which will be worth 10 points. From our viewpoint it is an exercise already well covered by the Practice Visit Programme and by participation in the New Zealand Joint Registry. At the time of this report it is under Council consideration.

The reporting of the annual audit meeting examining and evaluating the NZJR data has been disappointing to date. As an integral part of the CPD programme, letters have been sent to all heads of departments highlighting the importance of this activity and the expectation is for a far better response this CPD year.

The NZOA Practice Visit Programme is highly endorsed by the RACS. No other specialty has managed to implement such a comprehensive review process. The programme continues to grow with more visits planned for the future. The full policy and outline of the programme will be made available on the NZOA website.

The aim for the coming year is for all members to be compliant with their CPD without the difficulties experienced this year to achieve it. The proposed improvement to the online CPD program will hopefully help, along with more streamlined notification of non-compliant members. Our relationship with the RACS remains a positive one and minor changes to our CPD programme may occur as a reflection of this.
Practice Visit Programme Report

The Practice visit Programme continues to grow and develop. During the 2015 to 2016 period 42 members participated in the programme and a further 52 will be involved in the coming year. This will take overall participation to more than 75% of members in surgical practice.

Participants have provided valuable feedback to the PVP Committee and both visitors and visitees report gaining benefit from their involvement. The programme continues to evolve and is proving to be a valuable tool in providing collegial support and encouragement to members who may need extra assistance in maintaining their practice.

Members are reminded that there is considerable effort required to organise the visits and it is most helpful if the surgeons to be visited are proactive in setting dates because it is the visiting surgeons who are taking two days out of their practice.

Initially participants in the programme were selected on a random basis. The selection process has now been refined. Younger surgeons selected as visitors are paired with an experienced surgeon to help build collegiality and networks. Wherever possible the geographical location of participants is also considered to avoid unnecessary time away from their practice.

There are three situations whereupon a Practice Visit is initiated:

1. As part of the annual allocation.
2. In response to concerns raised by a member or group of members regarding a colleague’s practice. These requests are forwarded to, or should be initially directed to, the Presidential line, which then after consideration, decides if a Practice Visit is appropriate and if so, directs the PVP committee accordingly.
3. As part of the NJR outlier policy, if a member does not respond as required, a Practice Visit will be enforced. The Outlier Policy is overseen by the CPD committee in conjunction with revision data supplied by the Registry. The policy was established 2009 and is included here.

NZJR Outlier Policy

1. Highlight in individual NZJR reports results which statistician identifies are “of concern”.
2. In the report, offer assistance from Registry with further data and/or interpretation. Surgeon encouraged to reflect on his/her practice armed with the best data the Registry can offer.
3. Insist these issues be discussed and advice, if needed, be sought in local Peer Review Audit setting.
4. The surgeon must notify the CPD Committee Chairperson that data has been analysed and remedial action taken.
5. NZJR monitors the progress of outliers annually, and if the revision rate continues to rise, the CPD committee and Subspecialty Chairman are notified. The option of a compulsory Practice Visit is then enforced.
6. If the outcome is unsatisfactory e.g. refusal to allow visit or dangerous practice behaviour found, refer to College Underperformance Protocol.
Education Committee Report

The Education Committee continues to work hard to ensure the best training opportunities for NZOA trainees. The committee continues to have excellent support from Helen Glasgow, Training and Education Manager.

Education Opportunities

The Spring SET 2-5 training weekend, convened by Khalid Mohammed, was held in Christchurch and it was the first training weekend to be held in Christchurch since the earthquakes. This was a very successful weekend, combining an interesting patient mix with full faculty attendance. The Autumn SET 2-5 training weekend, convened by Ali Bayan, was in the North Shore and was also a highly successful training event. The Spring SET 0/1 training weekend was held in New Plymouth, with an emphasis on Orthopaedic History and Examination teaching, and will be held there for two more years. The Autumn SET 1 training weekend was again held in Gisborne, and Karel Chivers and her team hosted a very enjoyable training event.

The training weekends remain pivotal to the training programme, not only through exposing trainees to more unusual orthopaedic pathology and concentrated consultant teaching, but by allowing direct observation, by the faculty members, of each Trainee’s clinical progress, which can be constructively fed back to them following the training weekend.

The Mock Examination was convened in Whanganui by Simon Dempsey in November, and once again provided exam-like conditions for the SET 4 Trainees approaching their Fellowship examination.

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Selection 2016

Twenty one candidates were interviewed at the Boulcott Clinic in June; the nine successful candidates were Alex Carslaw, Liam Dunbar, Ryan Gao, Tim Goodwin, Daniel Lemanu, James Recordan, Tim Roberts, Earle Savage, Marinus Stowers, Herv Vidakovic. I would like to take this opportunity to thank all the consultants who provide referee reports for the applicants. This is an essential part of the Selection process and we do appreciate the time and thought you take when providing a referee report for candidates.

Fellowship Exam 2016

Congratulations go to the following candidates who have successfully passed the Fellowship Examination.

• Ramez Alabouni
• Jerome Bentley
• James Blackett
• David Kieser
• Jillian Lee
• Tom Maxwell
• Mumraiz Naqshband
• Surendra Senthil
• Che Siu Lim
• Francis Ting

Dunedin

I am pleased to report that Dunedin was reinspected in March 2016 and the inspectors have recommended that trainees be reinstated to Dunedin at the end of 2016.

Surgical Supervisors Compulsory Training

As part of the work RACS is doing following the Expert Advisory Group report they have developed an Action Plan; Building Respect, Improving Patient Safety. As a result of the action plan RACS is making changes to a number of its training policies. Of particular note is the policy regarding Surgical Supervisors. In the proposed new policy Surgical Supervisors will have to complete mandatory training – they will have to complete the Foundations Skills for Surgical Educators course plus the Operating with Respect face to face course.

The proposal is that all new supervisors appointed will need to have completed these courses and for those who are already supervisors there will be a transition period until 31 January 2018 to complete the courses. This will affect a number of our members who work in public hospitals with trainees.

Finally I would again like to acknowledge and thank my colleagues throughout the country whose time, effort and enthusiasm for training continues to be reflected in the quality of the educational experience our Trainees are exposed to.
Senior Examiner’s Report

This year the NZ fellowship exam was conducted in May at the Manukau Super Clinic, Auckland under the supervision of Brendan Coleman and his superb team. This venue, the standard of facilities and patients for the examination were again excellent.

All of the examiners were complimentary to the local orthopaedic group and wished to thank them for supplying patients and giving up their time to make the examination such a success. There were 15 candidates who presented for the examination of which 10 were successful. Congratulations to the 8 New Zealand candidates who passed (Ramez Allabouni, Jarome Bentley, James Blackett, David Kieser, Che Siu Lim, Thomas Maxwell, Suren Senthi and Francis Ting).

The Australian May examination was held in Brisbane with 56 candidates presenting, the largest number ever for an Orthopaedic examination, of which 32 were successful. The September examination was held in Sydney with 36 candidates. Congratulations to our two New Zealanders, Mumraiz Naqshband and Jillian Lee who were successfully passed.

The ongoing trend of increasing candidates presenting for the examination is not going to change in the immediate future and continues to place considerable pressure both on facilities and the Orthopaedic Court. The Court recognises the significant pressure that these increasing numbers of candidates place on the local orthopaedic group running the examination, and is very appreciative of the ongoing commitment to produce excellent clinical examinations.

One of the options to help even out the numbers presenting at the two May examinations is to try and increase the number attending the New Zealand exam, however there has been resistance from Australian candidates to sit the fellowship in our country. The time may come when they will be directed to an examination site.

As I mentioned last year, within New Zealand we are going to have to look at increasing the number of sites used and Christchurch should be returned to the rotation in the near future. Other centres need to be considered, such as Hamilton, Tauranga and Dunedin, to be bought on line to help alternate with Auckland and Wellington.

The suggestion to ‘split’ the written and oral examination, so that only those that have scored sufficiently in the written will proceed to the orals, was not accepted at the last executive meeting and so the examination will continue in its current format for the foreseeable future.

With the success of taking the Orthopaedic Principles and Basic Science (OPBS) and the current fellowship MCQs online there will be a progression to having all the written in electronic format. This means that all fellowship candidates will be expected to answer MCQs, OSAWEs and Essays on line by the end of 2017. The pass rate for the OPBS exam at the April 2015 sitting was 93% which is consistent with previous years.

The increasing number of candidates has required a significant increase in examiners and we anticipate requiring three new examiners from New Zealand next year. The applications for these positions will be advertised by the College later in the year and I encourage all to consider applying. As I mentioned last year, we would encourage all who are interested in becoming an examiner to communicate with current and past examiners to get an understanding of what is required. Although there is a significant time commitment in being an examiner, this is offset by the collegiality and educative experience offered by the Court, as well as the friendly rivalry between the two countries. The Court attempts to maintain a widespread of specialty interest to enable a broad base for setting examinations, and the timing of appointments is often determined by the spread of specialties on the Court at that time. Those that wish to become examiners should not be discouraged if their appointment is deferred for a period of time. If you are interested please let me know. We welcome Chris Hoffman as our most recent examiner.

Finally, on the behalf of the Association I would like to thank all the current examiners for their continued commitment to ensure that the highest standards of orthopaedic surgery are met and that our graduating fellows continue to be some of the best worldwide.
Trainee Representative Report 2016

This is my second and final year as the orthopaedic trainee representative. I would like to thank all those who have helped me in the last two years.

My post serves dual roles, being the New Zealand Orthopaedic representative and the New Zealand College Trainee Association (RACSTA) representative. My role within the NZOA is to advocate for trainees with the training committee and on the education board. My National RACSTA role sees me represent all New Zealand trainees across all specialities, both locally at the New Zealand RACS National Board and in Melbourne at the RACSTA board meetings.

There have been no major developments within orthopaedics from a trainee perspective this year. We continue to enjoy our training environment and the expert mentoring from our senior colleagues throughout the country. Our pass rate in the first sitting of the Fellowship Exit exam remains very high at 80% but unfortunately two colleagues were not successful in their first attempt. However, they were successful at the September exam. I would like to extend my humble thanks to everyone who has been involved in training orthopaedic registrars. Your cumulative efforts result in our well rounded experience and prepares us well for the future.

My representation on the College board has been very fulfilling. The College has continued to show its determination to affect a change in surgical culture in light of the Discrimination, Bullying and Sexual Harassment (DBSH) issues from last year. A lot of my time has been occupied by an HDC complaint finding that implicated surgical training in a complication with an ophthalmology patient. The response to this via the College Board locally is still being developed but the case highlighted a couple of important points. First, it is crucial for doctors to be aware of their hospital policies regarding teaching and the documentation of such in your consent procedures. Patients should be aware of who is performing their surgery therefore trainee involvement should be openly discussed and documented. Secondly, the terminology “trainee” is actually confusing to patients as it does not adequately reflect the many years of experience and specialised training we undertake. It is much clearer to use “Senior Registrar” or “Senior Doctor”.

I found my time as both representatives thoroughly educational and enjoyable. In the coming year, we will be splitting the role into two positions. These will be elected from the orthopaedic registrar group by the current trainees at the upcoming Spring Training Weekend. The aim is to get the orthopaedic trainee representative involved in the wider College at an earlier stage to allow them to get involved with the RACSTA executive and its affiliated committees. It also reduces the workload for the NZ National Representative during the pivotal SET 4 and 5 years in the lead up to the Fellowship exams. I am sure that the orthopaedic community will continue to support the new representatives in their leadership roles.
New Zealand Joint Registry Report

Sixteen Year Report

The 16-year report which was available in record time was the largest yet and received good feedback from a number of overseas registries. It was also pleasing to note the Minister of Health’s positive comments regarding the Registry in his address to the meeting of the Association of Bone and Joint Surgeons in Auckland.

Seventeen-year Report

Preparation is well underway for the 17-year report and will include new analyses such as revision rates for “mixed prostheses”, Oxford scores for major implants, revision rates for different bearing surfaces for the same hip prosthesis combinations, survival curves for BMI groupings and different unicompartmental prostheses.

The total number of registered joint arthroplasties at 31st of December 2015 was 239,726, which had been performed on 166,094 individual patients, of which 32,163 (19%) have died during the 17-year period.

The number of observed component years (ocys) contained within the Registry is now well in excess of one million. The increase of 19,870 registered joints for 2015 compared to the 19,190 in 2014 represents an overall annual gain of 3.5%, compared to the percentage gain of 5.5 in 2014. When compared to 2014 primary registrations the big gains were for elbow (58%), shoulder (22%) and unicompartmental knees (14%). A small increase for hips (0.3%), no change for ankles and a 2.1% decrease for knees.

New Ankle and Elbow questionnaires

It was agreed at the October meeting that Dawson Muir and the Ankle Society be asked to undertake a validation of the Oxford derived ankle score which has been used by the NZJR since 2000. After discussions with Chris Frampton and Jennifer Dunn, our representative on the ISAR PROMS committee, it was agreed that it was more logical and internationally acceptable to implement the already validated Manchester-Oxford foot and ankle questionnaire. At the same time, it was also agreed to implement the new validated Oxford elbow questionnaire. These are both now in use but there will be no questionnaire data for analyses in this year’s report. The data from the now outdated questionnaires will be kept in the hope that they may be useful in the future for comparisons with the data from the new questionnaires.

Qlik View Update

Mike Wall (NZJR IT consultant) demonstrated the Qlik view software to the NZJR Board at its May meeting. He described it as “Excel on steroids”. Members will be able to directly access NZJR data via a link from the NZOA website and compare all aspects of their own data with national data. The Board members were very impressed with the potential of the system noting that boundaries will need to be determined to protect the privacy of surgeons and patients. Currently there are three licenses and it was agreed that Peter Devane, Simon Young, and Dawson Muir would allow their data to be loaded so they could trial the software and report back on ease of use and layout etc at the next Board meeting in September.

It was also agreed that Simon Young would give a demonstration of Qlik View at the Registry Symposium at the Combined ASM in Cairns.

Ministry of Health Contract Renewal

The MOH contract expired at the end of June and the NZJR has gained an extension for just one further year as the MOH believes it does not gain any benefit from financially supporting the Registry. The Board were surprised and disappointed with the view of the Ministry and will have to investigate alternative avenues of funding as a matter of urgency.

ACC Contract

The ACC contract has also expired and promising negotiations are currently underway to secure a further three years of funding.
Staff

Once again I would like to take this opportunity to thank the staff including Toni Hobbs, (Registry Co-ordinator) Mike Wall, (IT consultant) and Chris Frampton, (statistician), for their continued hard work and dedication without which the NZJR could not continue to function so efficiently.

<table>
<thead>
<tr>
<th>Total Registrations to 31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip primary                      112233</td>
</tr>
<tr>
<td>Knee primary                     87888</td>
</tr>
<tr>
<td>Hip revision                     16525</td>
</tr>
<tr>
<td>Knee unicompartment              9804</td>
</tr>
<tr>
<td>Shoulder primary                 7533</td>
</tr>
<tr>
<td>Knee revision                    6878</td>
</tr>
<tr>
<td>Ankle primary                    1291</td>
</tr>
<tr>
<td>Shoulder revision                582</td>
</tr>
<tr>
<td>Elbow primary                    486</td>
</tr>
<tr>
<td>Cervical disc primary            319</td>
</tr>
<tr>
<td>Ankle revision                   181</td>
</tr>
<tr>
<td>Lumbar disc primary              154</td>
</tr>
<tr>
<td>Elbow revision                   82</td>
</tr>
<tr>
<td>Reoperation                      12</td>
</tr>
<tr>
<td>Lumbar disc revision             6</td>
</tr>
<tr>
<td>Cervical disc revision           2</td>
</tr>
<tr>
<td><strong>TOTAL</strong>                        <strong>243976</strong></td>
</tr>
</tbody>
</table>
The Committee continues to meet with ACC quarterly and by the time of the Annual Meeting the September meeting will have occurred.

The composition of the Committee, in addition to the Chairperson, has representatives from following Societies: the Knee, Spine, Shoulder and Elbow, and Foot and Ankle Hand Society.

The principal role of the Committee in the past year has been liaising with ACC on issues of mutual concern and to provide advice, insight and clinical explanation and context on any areas of interest, concern or proposed change.

The Committee has a delegated role from the NZOA Council. A key role is to ensure that ACC follows agreed practice with any changes, namely that they are submitted to the relevant subspecialty society for comment/approval before being formally agreed to. This process inevitably leads to robust debate regarding the motivation for changes and the likely and unintended consequences.

Progress continues to be made with the fast tracking of surgical approvals with agreed consideration factors for surgery. These have been largely sorted with meniscal injury in locked knees and rotator cuff tears, but there is still some further work to be done with hip arthroscopy and labral tears.

ACC from time to time requests second opinions with respect to 1) causation and 2) the necessity and appropriateness of requested surgery. Subspecialty societies have nominated members who will provide these second opinions and a remuneration package for this is being developed. The agreed process is that where ACC has concerns relating to either the causation or necessity and appropriateness of surgery, in the first instance they will contact the index referring surgeon outlining their concerns and, if these concerns are not resolved, will then use the services of one of the agreed second opinion reviewers.

We continue to advocate for the responsible use of imaging and raise the issues regarding high usage in some areas of ultrasound scanning for knee injury, and continue to oppose non-specialist access to MRI scanning. This may become more of an issue in the future as ACC explores using GPs with a special interest and/or other non-specialist providers in an attempt to potentially shorten the time between injury and assessment/intervention leading to rehabilitation.

The Red List is a topic that is currently being discussed and debated. There has been very little in the way of feedback from Association members through the year regarding the future of the Red List. The broad feeling of the Committee is that there is a role for the Red List as an additional credentialing tool to regulate complex surgery or practitioners with inadequate skills or training to safely and competently carry out such surgery. There are ongoing challenges with the changing nature of surgery and also timely credentialing of new practitioners for the Red List to remain contemporary and appropriate. The Committee continues to welcome feedback regarding the Red List and is likely to be making formal recommendations by the end of the year.

I would like to thank my fellow Committee members for their ongoing dedicated work and commitment throughout the past year on this Committee.
I have recently taken over the role of the Small Centres Representative on the NZOA from John Van Dalen. The aim of this role is to be a voice for the smaller provincial centres in the country, which have their own unique issues.

My intent is to further develop and establish the Rural Fellowship Post which John initiated. The aim of this post is to create a position for New Zealand graduates to be able to work in New Zealand, during that bridging time after finishing their time on the Training Program and heading overseas to do their Fellowships.

I was involved in initiating the first Small Centres meeting nearly 10 years ago, but since then, we have only managed to have one further meeting. I would like to encourage these Small Centre meetings to happen on a regular basis, probably on a three to four-yearly basis. Having the meetings in a central location such as Wellington, would make the travel to and from the provincial centres around New Zealand much easier. We all know how important it is to meet and network on a regular basis with our colleagues from around the country. We need collegial support to try and facilitate this, especially with those from the smaller centres.

Recruitment to the smaller centres is always a major issue and another one of my major aims is to try and promote the benefits of working in a smaller centre.

The New Zealand Hip Fracture Registry Trust has been developed to govern the New Zealand arm of the Australian and New Zealand Hip Fracture Registry (ANZHFR). The Registry will allow for better analysis of national data, and improve quality and consistency of the care of hip fracture patients through the use of a set of key quality indicators. New Zealand clinicians have developed indicators using guidance from other international registries, notably the Swedish and UK’s hip fracture registries.

With links to the ANZHFR, an Australasian Governance Board has been developed with Jacob Munro (orthopaedic surgeon) and Roger Harris (geriatrician) as the New Zealand representatives. A pilot study was completed by the four northern DHBs and the registry team hopes to engage with all NZ hospitals and achieve national participation by all DHBs in the NZ Registry.

The ACC, Ministry of Health, Health Quality and Safety Commission, Osteoporosis NZ and the New Zealand Orthopaedic Association support the clinically led programme. ACC, NZOA Trust, Health Quality Safety Commission, ONZ and Services for Older People Research Fund Middlemore have provided funding for this initiative, in year one.

Progress so far includes Australasian consensus guidelines, draft Clinical Care Standards, employment for a registry coordinator and a high performing IT platform. Some DHBs have already begun submitting data to the registry.

Annual reports will become available as the Registry gains momentum.

Current Trustees of the Hip Fracture Registry Trust are Richard Lander (Chair), Mark Wright, Roger Harris and Shankar Sankaran. Logistical support is provided by NZOA.
Hong Kong Young Ambassador

Godwin Choy
Hong Kong Young Ambassador

In November, I had the privilege of attending the Hong Kong Orthopaedic Association 35th Annual Congress as the NZOA Young Ambassador.

As in previous years, this was held at the Hong Kong Convention and Exhibition Centre, which is a vast complex overlooking Victoria Harbour. Several events were running in conjunction – unfortunately my pass for the HKOA Congress did not include admission to the Hong Kong International Wine and Spirits Fair which was also being held at the time.

I presented a paper entitled ‘Periprosthetic fracture torque for short versus standard cemented hip stems’ which I had worked on during my arthroplasty fellowship in Brisbane with Prof. Ross Crawford.

The Congress doubled as the 50th Anniversary celebrations of the HKOA and was appropriately themed ‘Return to roots, pursue our future’. During the meeting snippets of Hong Kong orthopaedic history and the development of the various subspecialties in the region were presented to represent the past while the scientific content, including presentations on minimally invasive, computer navigated and robotic surgery certainly emphasized a pursuit of the future.

This theme had a particular personal relevance. Having spent a large number of my formative years in Hong Kong I certainly felt like I was returning to my roots. With the emergence of South East Asia both economically and scientifically, coupled with the changing demographic of the New Zealand population, I believe our future lies in fostering collaborative efforts with this region, as well as maintaining our more traditional ties with Britain, North America and Australia. Certainly attending the HKOA Congress and more recently ‘Spineweek’ in Singapore has highlighted to me the increasing relevance and impact of this region. I would strongly recommend this meeting to other surgeons, and would encourage younger fellows looking at overseas fellowships to consider Hong Kong or Singapore as alternatives to our more traditional destinations.

I wish to thank the New Zealand Orthopaedic Association for the opportunity to attend the Congress, as well the Hong Kong Orthopaedic Association, particularly Dr Bobby Ng (HKOA president) and Terry Leung (congress secretary) for their hospitality and exemplary organisation.

Research and Outcomes Committee

The Primary function of The Research and Outcomes Committee is to review and rate Grant Applications made to the Research Foundation, to assist the Funding Committee in disbursing Research Foundation funds to worthy Research Projects.

A secondary and more challenging purpose is to support the aims of the Research Foundation in promoting Orthopaedic and related Research in New Zealand and elevating its quality.

Progress has been made this year towards ring fencing what is now a significant sum of money (see Annual Financial Report) that is derived from the Annual Scientific Meeting profits and potentially other sources, as originally envisaged.

The Committee has met by Teleconference twice this year to consider seven Grant Applications, with four Projects deemed suitable for funding. Committee Members have been allocated to track the progress of approved projects and provide any appropriate input.

There have been significant personnel changes this year with new faces added to provide Academic input from a variety of Centres. Departing after many years of service are Chris Hoffman and Haemish Crawford.

A face to face Planning Meeting of the Committee is scheduled to take place at the Combined NZOA/AOA ASM Meeting in Cairns. Chris Hoffman will summarise progress to date with Multicentre Randomised Clinical trials.

While the Research Foundation supports appropriate Registrar Research through seeding grants, it aspires to fund Multicentre RCT’s and other high level research to address some of the big questions which a tightly knitted NZ Orthopaedic Community should be well positioned to answer, perhaps better than it has done in the past. The ongoing challenge of achieving this goal will be discussed at the Cairns meeting.
The ASEAN Orthopaedic Association sponsors three travelling Fellows from Australia and New Zealand on alternate years. In the intervening years the Australian and the New Zealand Orthopaedic Associations host Fellows from ASEAN countries.

2015 ASEAN Travelling Fellowship
(Myanmar, Indonesia & Singapore)

The ASEAN countries include: Singapore, Malaysia, Thailand, Philippines, Vietnam, Indonesia, Myanmar and Brunei. Cambodia and Laos are yet to be admitted to the ASEAN Orthopaedic group.

The 2015 ASEAN Travelling Fellows were myself, Matt Evans from Melbourne and Adam Watson from Geelong.

The following is a summary of our visit to Myanmar, Indonesia and Singapore.

Day 1 Myanmar

We arrived in Myanmar on 4 October on the last day of the 47th annual scientific meeting of the Myanmar Orthopaedic Society. The theme of the meeting was “Advanced Trauma Care, Technology, Innovation, Improving Quality and Safety”. The meeting was held at the Sky Star Hotel in Yangon.

Myanmar has a population of 50 million people and is served by 440 orthopaedic surgeons of whom around two thirds were present at the annual scientific meeting. Myanmar has recently opened up to western visitors. The orthopaedic services are in their infancy but thanks to Professor Myint Thaung and other progressive leaders, Orthopaedic surgery is beginning to flourish.

The last day of the meeting consisted of resident’s paper presentations. Each of the residents in the orthopaedic training programme is required to present a 10 min research project annually. There were a variety of papers ranging from simple topics such as trigger finger through to more complex audits of surgery for cervical myelopathy. We were pleased to see that most of the papers were of high quality and audits were comparing their own surgical outcomes with those in the international literature. Most were prospective audits with good use of statistical methods. Overall the quality of the presentations was good and equivalent to that of what we would expect from New Zealand trainees. Although most were audits, there were few comparative studies showing the difference between treatment options. Particularly interesting papers were those on the burden of paediatric trauma secondary to road traffic accidents and another on intimate partner violence against women in Myanmar.

That evening, despite us being moderately jetlagged we were taken out to dinner at one of the local hotels and hosted by some of the senior faculty from the University of Medicine in Yangon. Our primary host was Prof Myint Thaung, Immediate Past President of the Myanmar Orthopaedic Society.

Day 2 Myanmar

Day 2 in Myanmar was a relaxing day where Dr Myo Min Oo, Chief Resident of the Yangon Orthopaedic Hospital collected us from our hotel and took us on a guided tour of Yangon. We visited the Shwedagon Paya pagoda in central Yangon. Given that we were wearing shorts we were issued with the traditional skirt-like “longyi” Myanmar men wear. After our visit to the pagoda we were driven around central Yangon and then out to the countryside and the delta town of Thanlyin. We visited the Yele Paya pagoda located on an island in the centre of the Yangon River. We reached the Yele Paya pagoda by boat. The pagoda is one of the few places where you can feed the massive catfish found in the River. We learnt after being ferried back to dry land that a nearby crocodile farm had been flooded recently and all the crocodiles had escaped into the river.

On the way back from Thanlyin we visited the Yangon Orthopaedic Hospital in central Yangon. The British built the facilities in the 1940s before they withdrew from Myanmar. The buildings had obviously not been maintained adequately since they were built...
and were in disrepair. The wards and theatres were typical of those found in a Third World country. The staff were extremely friendly and welcoming. A visiting Japanese surgical team was occupying one of the 3 operating theatres and undertaking a kyphoplasty using cement and image intensification. We were pleased to see that they did have image intensifiers that were functional, a new anesthetic machine, a portable ultrasound for doing regional blocks and an arthroscopy stack. Apparently there are only 2 arthroscopy stacks for the whole country. The workload is predominantly trauma, sepsis, and arthoplasty. It was encouraging to hear that despite the Third World facilities the infection rate was less than 5%. The wards were Nightingale style with very little patient privacy.

In the evening we were taken out to dinner by our host Prof Aung Swe and our guide for the day Dr Myo Min Oo. We had a delightful time at a local restaurant.

Day 3 Myanmar

We were collected from our hotel by one of the junior residents of the Yangon University of Medicine (2) and taken to a local hospital where we were hosted by Prof Christopher San Ah Maung and his team. The 2014 Myanmar ASEAN Travelling Fellow Associate Prof. Soe Naing who came to NZ last year for our Annual Meeting was there and it was great to catch up with him on his home turf. We were first taken through a list of cases that had been admitted the day before and there was general discussion over the management of each case. The admitting team had admitted 5 acute cases and had operated on 12 elective cases in the preceding 24-hours. One of the senior orthopaedic staff then gave a presentation on Myanmar demographics and orthopaedic services. We were also shown a number of interesting cases that they had operated on in the last few months. Some of the cases were very sophisticated and complex. Many of them related to severe trauma and some were complex congenital abnormalities and tumour reconstructions.

Matt Evans gave a presentation on the current management of displaced clavicle fractures and displaced fractures of the proximal humerus. Adam Watson gave a talk on slipped capital femoral epiphysis and I gave a talk on the principles of musculoskeletal biopsy. This was followed by a brief tour of the hospital. The facilities were very similar to that of the Yangon Orthopaedic Hospital we had visited the day before. The hospital was on the university campus and catered for a number of medical specialties.

Following lunch we were taken to one of the local private hospitals. The OSC Hospital is privately owned and is a more modern facility than the public hospitals. The senior staff in the public sector often held clinics and operating sessions at the private hospital in the evenings. The funding in private came directly from the patient’s pocket, as there is no medical insurance cover in Myanmar at this time. After this visit we returned to the University Hospital for resident teaching. One of the residents had prepared a summary of fracture management and presented this for about three quarters of an hour. We took the residents through a number of cases of interest for about three quarters of an hour. We took the residents through a number of cases of interest ranging from congenital spinal abnormalities through physical growth arrest and cases of tumours, both benign and malignant.

We returned to our hotel mid-afternoon for a break and then were hosted a dinner at a local Chinese restaurant.
Day 5 Transit to Indonesia

Traffic is busy in Yangon early morning with people commuting to work and school. Motorcycles have been banned from the central city because of the high accident rate and instead people travel by car making the roads congested and gridlocked at certain intersections. Drivers are, on the whole polite but cheeky. The beep of the horn was king! Our taxi from the hotel to the airport took a roundabout backstreet route and on one occasion had to backtrack after coming to a dead end. We arrived in plenty of time.

Before we checked into our Hotel in Jakarta we were taken for a dinner at a local Indonesian restaurant and hosted by the President of the Indonesian Orthopaedic Association, Luthfi Gatam and hand & shoulder surgeon Dr Iman Widya Aminata. A great start to the Indonesian leg of our journey.

Day 6 Indonesia

We were the guests at the Fatmawati Hospital in Jakarta today. Fatmawati is one of the biggest general hospitals in Jakarta. There is a large orthopaedic department headed by the President of the IOA, Dr Luthfi Gatam. The morning was spent in the operating theatre with Matt helping with a shoulder replacement in an ankylosing spondylitis patient and me assisting with a hip replacement in a man with a long-standing trochanteric non-union. Lunch was served in the orthopaedic department. We exchanged cards and gifts with Dr Luthfi and then spent an hour and a half teaching the orthopaedic residents. I talked on the principles of musculoskeletal biopsy. Matt on acromioclavicular injuries and Adam in DDH. The residents were appreciative and interactive.

Late in the afternoon one of the residents took us sightseeing to the central mosque and the National Monument followed by another spectacular Indonesian dinner.

Day 7 Indonesia

We were collected early from our hotel in Jakarta by one of the residents from Bandung, a city approximately 150 km from Jakarta and the second-biggest city on Java island. Little did we know that this was going to be a very memorable trip. As we left the hotel we were joined by a police highway patrol car compliments of the Indonesian Orthopaedic Association that escorted us all the way to Bandung. Lights flashing and the siren going when needed, a journey which would have taken 4 hours on a Saturday was reduced to 3 as we cut up the inside of busy traffic lanes and made shortcuts to bypass some of the very heavy traffic. At times we were doing 100 km/h while the other traffic was at a crawl. There were some hair-raising moments but we arrived safely at our destination at the largest hospital in Bandung. The police car left us and returned to Jakarta. The residents gave us a brief tour of the hospital including the emergency department, wards and the operating theatre, which were not too busy on a Saturday.

In the afternoon we went to one of the local malls and each purchased a batik shirt to wear to the dinner that night. Prof Bambang who had previously been the president of the ASEAN Orthopaedic Association and President of the Indonesian Orthopaedic Association hosted us. Dr Hermawan, a senior arthroplasty Surgeon, also joined us. The restaurant called “The Peak” overlooked Bandung city whose lights were flickering in the distance.

Day 8 Indonesia

Day 8 was a Sunday. The orthopaedic department has a regular motorcycle-touring club and Sunday is their day for an outing. Nineteen of the orthopaedic department staff with their motorcycles and support car headed off to a local active volcano. The three ASEAN travelling fellows rode pillion. An hour and a half out of town we reached the rim of the active volcano and sat down in a Cafe overlooking the crater drinking ginger tea and eating local snacks.

After coming down from the volcano we headed for a resort with some hot springs but only paid a brief visit because of the crowds. A short distance from the resort were some beautiful tea plantations where we stopped off for lunch at one of the local restaurants. To finish we rode a short distance back down into the town and stopped off for Kopi Luwak Coffee. The civets were quite friendly and the whole process fascinating and bizarre at the same time.

After buying some coffee to bring home we travelled from Bandung to Saung Angklung Udjio for a spectacular local dance and musical performance by children using classical Indonesian bamboo musical instruments. There was also audience participation with the help of a local expert artisan.

We had a short break before heading out for an evening meal hosted by some of the senior staff that had been with us earlier in the day on their motorcycles.
Day 9 Transit to Singapore

Up early this morning. After his early morning ward round one of the residents picked us up from the hotel for the road trip back to Jakarta. What was a 3-hour trip to Bandung with Police escort turned into a 5-hour return due to the heavy traffic and no escort. One of the tolls took half an hour to transit. Twenty lanes of traffic into two on the toll exit! Another detour due to heavy traffic in the centre of Jakarta, took us via the port. Arrived with a few minutes to spare thanks to the expertise of the resident, local knowledge and an iPhone map that calculated the traffic density on the run. Brief 1.25-hour flight from Jakarta to Singapore where we were met and entertained by A/Prof Yeo Seng Jin, Vice President, SOA and his wife Jacqueline.

Day 10 Singapore

Half-day hospital visit and half a day of rest. We were collected early from our hotel and taken to the Tan Tock Seng Hospital in central Singapore. Tan Tong Seng Hospital is one of the three big hospitals in Singapore, first established in 1844. The hospital is spacious, modern and very progressive by western standards and far above any facility I have visited in Australasia. The hospital is well equipped, clean and well staffed. Most impressive. We saw well-organized and spacious outpatient facilities with superb staff.

Day 11 Singapore

Early start again with a visit to the Singapore General Hospital, the biggest hospital in Singapore. We were welcomed by the whole department and asked to give talks to the assembled staff. Adam talked on arthroscopic repair of HAGL lesions of the shoulder and Matt gave a talk on a new glenoid component for shoulder arthroplasty. I talked again of the prevention of surgical site infection and the talks were well received. We toured the hospital but not the operating theatres because of the red tape involved. SGH has a superb simulation unit with various surgical simulators, a whole mock theatre set-up and a mock ICU with interactive dummies to simulate various critical ICU and theatre situations. They have a very large cadaver lab for practicing surgical procedures on body parts imported locally and from the US.

Lunch was at the Straits Kitchen at the Grand Hyatt Hotel. A local landmark.

The afternoon was spent at the Sentosa Island Aquarium before returning to the conference Hotel for the Faculty dinner. The local surgeons were keen to know about the latest RACS issue of discrimination, bullying and sexual harassment so a lively discussion was had over dinner.

Day 12-14 Singapore

Day 12 was the first day of the Singapore Orthopaedic Association Annual Meeting. I met up with a lot of old friends from previous visits to Southeast Asia. The theme of the SOA meeting was “Trauma for All Ages”. The meeting was the 38th Annual Scientific Meeting of the SOA, the 35th ASEAN Orthopaedic Association Congress and the 3rd ASEAN Society for Sports Medicine and Arthroscopy (ASSA) Annual Meeting. There was a variety of local and international speakers from Canada, the US and Germany.

In one of the parallel sessions the Travelling Fellows, both from the ASEAN countries and the AOA & NZOA group gave their presentations to a small select audience as most of the delegates were in the main room listening to the international speakers. I gave my talk on Non-Technical Errors in Surgery, Matt his talk on the Laterjet Procedure and Adam on Coracoid Morphology & Subscapularis Tears. The Junior ASEAN Travelling Fellows gave a variety of interesting talks.

The evening banquet dinner was an enjoyable affair albeit somewhat raucous. The ASEAN President handover and the introduction of the recent graduates from the training program were part of the program.

The final day of the program was an AO symposium with the highlights being a presentation by Joe Schatzker on mentoring and Michael McKee on the reliability of published literature.

The ASEAN Travelling Fellowship was both rewarding and informative and it was a privilege to be part of the group. Both the Australian and New Zealand Orthopaedic Associations should continue to support this venture and to host ASEAN Fellows in our own respective countries.
The ABC Fellowship is one of the NZOA’s oldest and proudest traditions. Earlier this year, I was fortunate enough to represent the NZOA on the 2016 ABC tour to North America.

Established in 1948 by RI Harris, the ABC Traveling Fellowship (American-British-Canadian) was originally intended to foster relationships between the US and post-war UK. Amongst the first tourists to board the Queen Mary in 1948 were (the later Sir) John Charnley and John Fairbank. The tour proved such a resounding success that it was followed in 1949 by a group of US surgeons visiting the UK. The subsequent pattern was then established of North American tourists traveling in odd years and UK surgeons traveling in even years.

In the 1950s South Africa, Australia and New Zealand were added to the UK tourist section. Ross Nicholson was the first NZ tourist in 1956 with John Morris following in 1962. In all a total of 22 NZ Orthopaedic surgeons have had the privilege of joining the ABC club, including many past and present leaders of our association.

Our tour began in London at a dinner hosted by Tim Wilton (BOA president) and Fares Haddad (BJJ editor) at the Royal Society. Here we met the other tourists and had the “rules” of the tour explained to us including expected behavior. For all its traditions, the ABC tour is still an immense responsibility of representation, and after meeting the other tourists I certainly felt humbled to be touring with them. They were an exceptionally talented group of surgeons and young men.

The other 2016 ABC tourists were;
- Mr Cameron Anley – Upper Limb Surgeon (SOA)
- Mr Will Eardley – Trauma Surgeon (BOA)
- Mr Michael McAuliffe – Lower Limb Surgeon (AOA)
- Mr Ajay Malviya – Hip Surgeon (BOA)
- Mr Johnathan Miles – Arthroplasty Surgeon (BOA)
- Mr Sam Oussedik – Knee Surgeon (BOA)
From London we went on to Houston to commence the tour proper. The tour is hosted by the American and Canadian Orthopaedic Associations and due to the vast size of North America is divided into sections. The 2016 tour concentrated on the Midwest. The 2018 tour will be the Pacific and West section and then in 2020 it will return to the Eastern seaboard. Hosting the ABC is a huge honour for the various institutions and they compete fiercely in terms of program schedule and general hospitality. The tourists are the willing beneficiaries of such competition!

The 2016 host institutions and hosts were;
- MD Anderson Cancer Centre Houston – Valarae Lewis and Robert Satcher
- Campbell Clinic – Jim Beaty and Terry Canale
- Washington University in St Louis – Bill Ricci and Regis O’Keefe
- University of Iowa – Larry Marsh, John Callaghan and Stu Weinstein
- Cleveland Clinic – Joe Iannotti and Brian Donley
- University of Chicago – Hue Luu and Rex Harper
- Northwestern University – Alpesh Patel and Terrence Peabody
- Mayo Clinic – Sanjay Kankar, Rob Trousdale and Bernard Morrey
- University of Calgary – Paul Salo and Kevin Hildebrand
- COA in Quebec City
- University of British Columbia – Kishor Mulpuri and Bas Masri
- AOA in Seattle

In general each institution followed the same schedule. We would be met at the airport by a former ABC fellow and/or Head of Department and transported to the hotel. From there we would have a combination of academic programme activities where we would present our work and the host institution would present some of theirs. The standard and volume of academic and clinical work that we saw was staggering. In the evenings we would invariably have a hosted dinner and the next day either further academic work or a local activity. This was varied. For example we visited NASA in Houston.
(hosted by two astronauts), went to baseball in Minneapolis, hiked in the Rockies, toured Graceland and went shooting in St Louis. The Midwest hospitality never failed.

Particular highlights were the academic sessions in each institution. The ability to share thoughts and discussions with some of the famous names in Orthopaedics was truly astounding. In addition to this was the chance to talk informally with these people. I will never forget dinner sitting with Stu Weinstein discussing politics, and a personal lunch with Bernard Morrey as he told me how he would do things if he was a 40 year old surgeon starting again. It was also immensely instructive to see the variety of healthcare systems in the US. Some places were fully private (Cleveland, Northwestern) whilst others had more egalitarian care (Iowa). It was interesting to listen to and participate in discussions in Canada as that country wrestles with the issue of whether to legalise private medicine.

What I didn’t appreciate at the start is that the ABC tour doesn’t teach you much medicine. What it does is to teach how to make decisions, lead and the importance of collegiality and peer support. An example of a typical ABC discussion was Dan Berry at the Mayo Clinic spending breakfast with us discussing how to deal with a difficult colleague. The tour also made me immensely proud. For all the riches and resources of North America, the standard of our training, quality of our work and collegial support of our surgeons is at least equal to everything I saw.

There are dangers ahead however. In a way, we do not know how unique and lucky we are with our public/private funding, ACC and insurance status. Our British colleagues now face a 7-day working week, $500 surgical fee for THA, and insurance costs of $50,000 pa. As I sat next to Marc Swionkowski (JBJS chief editor) at dinner one night, I asked him the biggest challenge to American Orthopaedics. His answer was the insurance firms. Our American colleagues have specified appointment durations, and often can no longer choose investigations because of directives from managed care providers. Operations are increasingly not the surgeon’s choice, but the funder’s ones. He described it as “a race to the bottom”. If this does not serve as a warning to us, then nothing will.

It was with this backdrop that we finished at the AOA in Seattle, coincidentally staying at the same hotel as Barack Obama. For those who have not attended, the AOA seeks to engage surgeons in discussions about issues facing the profession rather than instructional clinical sessions. I believe that this is the way forward for associations such as the NZOA. The successful engagement of our membership in addressing the important issues facing our profession locally, would be the most effective way to both protect the unique situation we have and to influence the future to our advantage.

In closing the ABC fellowship has profoundly influenced my view of Orthopaedics and my work/life balance. I would like to thank the NZOA for the opportunity to participate in the tour, my colleagues at Starship and Eastwood for looking after my patients whilst I was away, my fellow tourists and friends, and above all my family for putting up with my absence and supporting me during the tour. It may be a long time away from your nearest and dearest, but I would wholeheartedly recommend the ABC tour to anyone considering it.
The Wishbone Trust met in November 2015 in Auckland. It was sad to farewell Alan Panting and Grant Kiddle, who have made a fantastic contribution to the Wishbone Trust. They will be replaced on the Trust by Helen Toblin and Haemish Crawford. At our meeting in November grants were made for eight projects with $55,750 being allocated. The standard of applications to the Wishbone Trust remain high.

At our meeting the Treasurer was requested to explore the option of investing Trust funds through a custodial investment policy. Over the course of the year, Bryan Williams and Treasurer Stu Walsh worked with Craig Investments in establishing an Investment Policy and Contract by using Craig Investments. We would get an advantage of lower fees as they also manage the NZOA Trust funds. Funds have recently been transferred to this investment account with funds also being maintained for our outgoings.

Income from Hip Walks has been $97,685.00 and Wishbone Trust reserves remain healthy.

Members are encouraged to continue to approach the Wishbone Trust with worthwhile research options.
The NZOA Annual Scientific Meeting for 2015 was held at Te Papa, Wellington from 18th to 21st October.

The program was similar to past meetings, with the Presidents reception and dinner on the Sunday, the official opening on the Monday, and Gala dinner on the Tuesday evening.

After much discussion, the organizing committee of Tanya Turchie, Hamish Leslie, Ryan Johnstone (Chair), Tim Gregg, Brett and Michelle Krause kept to the Tauranga model of having the sports day on Sunday allowing more time for scientific endeavour. This helped increase the number of papers accepted and was met with general approval. Having sports on the Tuesday splits the conference with many going home rather than playing sport or attending scientific sessions.

Our guest speakers were an outstanding success with Prof Fares Haddad (UK) as Presidential speaker, Prof Michael Daubs (Las Vegas USA), the RACS sponsored speaker, Dr Andy Sands (NY, USA) as the NZOA Trust sponsored guest. All participated fully in the program.

Prof David Watters (RACS President) opened the meeting. An outstanding address by Supt Tusha Penny (NZ Police) held most of the audience spellbound with real tales of domestic disorder in NZ. We have made a donation to her Foundation (Avivi (Charitable Trust) Family Violence Services) as thanks for her superb address as she could not accept personal payment. I have rarely seen Orthopaedic audience held riveted at an address before. Joanna Lenaghan (AOA Melbourne) was the inaugural ANZAC guest, reinitiated by John Tuffley and myself as a reinnovation of a lapsed position.

All Carousel Presidents (American Academy absent due to other commitments) played their part in the program, continuing the important international links our associations value so much.

Highlight of the academic program was the Trauma symposium, organized by Tim Gregg, on the Wednesday morning, due for a repeat soon.

Always as valuable as any other part of the meeting was the opportunity to meet and mingle in several different forums over the three days.

In conclusion, another successful, scientific, financial and social occasion.

Thanks to all who came and organized.
Tributes to Past Members

Peter Grayson
1923 – 2016

Peter Grayson, the 16th President of our Association passed away on 18th February. A service was held on 22nd February 2016 at St Mathews on a beautiful Hastings afternoon.

A graduate of Otago, he undertook postgraduate orthopaedic training in the UK from 1952 to 1955. In 1956 he was appointed to Palmerston North Hospital as an orthopaedic surgeon, a position he held for thirty-two years until his retirement.

During his presidency he saw the ABC Fellowship extended to include a greater New Zealand participation and the establishment of the ANZAC Fellowships. He was also involved in the formative years of the NZOA training programme, served in various capacities in the NZOA and as a RACS Committee member.

Peter had a great love for golf - he scored a hole in one at Bridge Pa last December.


John Talbot
1940 - 2015

John was a highly respected member of the orthopaedic community both as a surgeon and a mentor to his colleagues. He had also been a medicolegal examiner in Australia. From the time of his return from Fellowship training in 1977 until his retirement from surgery, he provided a valuable contribution in the fields of hip and knee surgery and the management of trauma. He is sorely missed by his medical colleagues at MLCOA.

Extract from Colin Hooker’s book.

Tom Taylor
2016

Professor Thomas (TKF) Taylor passed away recently in Sydney, Australia. Tom was the inaugural Professor of Orthopaedics at the University of Sydney and practiced at the Royal North Shore Hospital in Sydney. Tom was a paediatric spine and spinal deformity surgeon, and headed a very strong orthopaedic department, with particular expertise in spine. In recent decades several New Zealand trainees spent fellowship time with Tom and his team, and all benefitted greatly from the experience.

Tom’s accomplishments were vast including establishment of an Orthopaedic Science Laboratory, a Biomechanics Laboratory, an excellent student education program, and the establishment of the SpineCare Foundation for paediatric spinal cord injured patients.

Tom was a great friend to the New Zealand Orthopaedic Community. He was a close associate of Ross Nicolson, and a keen fishing colleague of Brian Otto. Many of his ‘Kiwi’ Fellows have remained close friends over the years. He was a regular visitor and contributor to the NZOA ASM – particularly if it was located in the Central North Island close to good fly-fishing rivers! A keen golfer, he was a regular supporter of Trans Tasman golfing encounters donating the prize for the Bleedslow(sic) Trophy, hotly contested between the Kiwis and the Aussies at the annual scientific meeting of the Spine Society of Australia.

Tom had a unique style, sense of humour and was a self confessed ‘conservative’. He was demanding, yet all who had the good fortune to work for and with him were better for the experience.

Victor Hadlow
1930 - 2016

Victor Hadlow, a much respected senior member of the NZOA, died in February 2016.

Following orthopaedic training in London, Victor returned to New Zealand in 1964 to take up a role as orthopaedic surgeon in New Plymouth. Not only did he develop the orthopaedic unit at Taranaki Base Hospital, but he also took over orthopaedic care in outlying areas of the province which had previously been served from Wanganui and Wellington while at the same time establishing his private practice.

Victor Hadlow was the twentieth president of the Association, serving for two years, 1988 and 1989. He also took an active part in Medical Association affairs and was a negotiator with ACC on behalf of the NZOA. Throughout his career he worked to raise the standard of patient care and to minimise the influence of bureaucrats and administrators.

Victor is survived by his widow Cecilie and his children Sarah, Alastair, Simon and Jim and their families.
The inaugural meeting held in Wellington on 17 February 1950 agreed to form the New Zealand Orthopaedic Association. The first Annual General Meeting was held in Christchurch on 20 September 1950. Mr Renfrew White was made Patron.

The following is a list of Foundation Members:

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

Past Presidents of the New Zealand Orthopaedic Association

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<tr>
<td>1950-51</td>
<td>Sir Alexander Gillies</td>
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<td>Mr J L Will</td>
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<td>Mr H W Fitzgerald</td>
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<td>Mr R H Dawson</td>
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<td>Prof A J Alldred</td>
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<td>Mr B M Hay</td>
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<td>Mr J R Kerker</td>
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<td>Mr H G Smith</td>
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<td>Mr A B MacKenzie</td>
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<td>Mr P Grayson</td>
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<td>Mr O R Nicholson</td>
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<td>Mr C H Hooker</td>
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<td>1986-87</td>
<td>Mr G F Lamb</td>
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<td>Mr V D Hadlow</td>
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<td>Mr P D G Wilson</td>
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<td>Mr R O Nicol</td>
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<td>Mr J C Cullen</td>
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<td>Professor A K Jeffery</td>
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<td>Mr C J Bossley</td>
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<td>Mr B J Thorn</td>
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<td>Mr M S Wright</td>
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<td>2014-15</td>
<td>Mr Brett Krause</td>
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Compendium of Awards

Gillies Medal Recipients

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<td>Mr D C W Muir</td>
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<td>Mr G P Beadel</td>
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<td>2014</td>
<td>Mr B Coleman</td>
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<td>Mr Andrew Graydon</td>
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President’s Award

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<td>2006</td>
<td>Mr David Clews &amp; Mr Allan Panting</td>
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<td>2007</td>
<td>Professor Keith Jeffery</td>
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<td>2008</td>
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<td>Mr Ross Nicholson</td>
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<td>Mr Richard Street</td>
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<td>Mr Kevin Karpik</td>
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<td>2014</td>
<td>Mr Richard Lander</td>
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<td>Mr Tim Lynskey</td>
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ABC Fellows

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<td>Mr H A Crawford</td>
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<td>2004</td>
<td>Mr C M Ball</td>
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<td>2006</td>
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Hong Kong Young Ambassador

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</tr>
<tr>
<td>2005</td>
<td>Angus Don</td>
</tr>
<tr>
<td>2010</td>
<td>John Fergusson</td>
</tr>
<tr>
<td>2011</td>
<td>Vaughan Poutawera</td>
</tr>
<tr>
<td>2012</td>
<td>Matthew Debenham</td>
</tr>
</tbody>
</table>

ASEAN Fellowship

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Alpesh Patel</td>
</tr>
<tr>
<td>2014</td>
<td>Philip Insull</td>
</tr>
<tr>
<td>2015</td>
<td>Godwin Choy</td>
</tr>
</tbody>
</table>

Queens Birthday Honour

Garnet Tregonning appointed a Member of the New Zealand Order of Merit

ESR Hughes Award – RACS

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Chris Dawe</td>
</tr>
</tbody>
</table>

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CONTENTS
### 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.

#### 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.

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