



New Zealand Orthopaedic Association

ANNUAL REPORT 2025 – 2026

To preserve patient mobility and pain reduction
To advance the science and art of orthopaedic surgery
To preserve and promote international fellowship and mutual assistance

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President's Report

This report is written some eight weeks before the completion of my Presidential year and the 2026 Annual Scientific Meeting in Wellington. Some matters below will have progressed further by the time this is published; I will keep members updated through the Members' Update as events unfold.



Chris Hoffman
President 2026

I took up the Presidency at the close of a memorable ASM in Queenstown on 31 October 2025. My thanks again to Khalid Mohammed and Jacqui for a fantastic conference, and to Co-Convenors Brad Stone, Nick Lash and Richard Lloyd, ably supported by Kirsty Stratford, Prue Elwood and Louise Gibson. The theme, Complications and Complaints, reminded us that both are a normal part of practice, best met with openness and a commitment to improvement. We farewelled Simon and Jane Hadlow from the Presidential Line after four years, and welcomed Dawson and Leanne Muir.

Direct Accreditation and the Formation of ANZCOS

This has been the defining issue of my Presidential year. The due diligence programme with the AOA, exploring Direct Accreditation independent of RACS, was well advanced when I took office. Through the summer we worked through four models with the AOA and the College, including a tripartite workshop hosted by NZOA in Wellington on 11 February 2026. The completed business case clearly supported Model 3 – Direct Accreditation in partnership with the AOA via a new, independent Orthopaedic college. Council voted unanimously, with one abstention, to put this to members, and the resulting vote gave us a strong mandate to proceed, ratified by Council on 29 May 2026. I thank the large majority of members who engaged with the material and voted on such a consequential decision.

Since then, the Australia New Zealand College of Orthopaedic Surgeons (ANZCOS) has moved from concept to functioning entity – a 50/50 joint venture with three NZOA-appointed directors (Dawson Muir, Georgina Chan and myself) and three from Australia (Andrew Wines, Chris Kondogiannis, Katherine Stannage), with provision for up to three Independent Directors. The Board has met regularly since June, Terms of Reference for the Education and Training Committee are finalised, and work is underway on further committee structures and a visual identity, with Māori and Aboriginal & Torres Strait Islander design input embedded from the outset. The inaugural ANZCOS AGM will be held at the AOA ASM in Sydney in 2027.

The first formal step towards Accreditation was taken on 7 August 2026, with our initial application filed with the Australian Medical Council and the Medical Council of New Zealand for ANZCOS to become the accredited provider of Orthopaedic training in both countries. An ANZCOS Strategic Plan and Financial Plan are being finalised to support the process ahead. Relationships with the College remain constructive: a joint AOA/NZOA/RACS meeting in Sydney on 13 July 2026 produced a signed communiqué, and RACS has affirmed its commitment to a respectful ongoing relationship. This is a generational change for our profession, and I'm grateful to the Presidential Line, Andrea Pettett, Prue Elwood and our Australian colleagues for the work done to get us here.

Health New Zealand – Outsourcing and Access to Care

Outsourcing and access to care have remained constant themes. Monthly HOD Zoom meetings with Health NZ continued throughout the year, and we met Cath Cronin and Richard Sullivan, and separately Commissioner Lester Levy, Deputy Commissioner Ken Whelan and Director of Planning and Funding Dale Bramley, now Chief Executive, pressing for a nationally consistent approach with genuine clinician involvement. The MSK Pathway, integrating Advanced Scope Physiotherapists into FSA management, continued to roll out, and Health NZ's own progress report showed FSA activity outpacing referral inflow for the first time in recent years, with physiotherapists now contributing over a quarter of Orthopaedic FSAs nationally.

On 30 July 2026, the Presidential Line and Andrea Pettett met the Minister of Health, Hon Simeon Brown. We reaffirmed support for outsourcing done well, but raised concerns about Commitment Contracts sending patients out of region – in Tauranga, for example, all hip and knee outsourcing is directed out of region – without local clinical engagement, leaving local surgeons to manage complications for cases they were never offered. The Minister confirmed a longer-term strategy to expand public hospital insourcing capacity, which NZOA has long advocated. The NZOA has produced a Position Statement on this, asking that local public-affiliated surgeons be engaged first. Putting the patient at the centre of this means using all other resources that are available, including private-only surgeons who have capacity to help.

We also raised the fragile state of spine services for the upper North Island, where the Middlemore-based spinal cord injury service relies on just four surgeons sharing a 1:4 on-call roster, with one due to retire in November. The Minister has asked NZOA to lead a regional solution, which will need urgent additional resourcing.

ACC

ACC's Turnaround Plan has driven a more active case management model, and members will have felt its effects through increased scrutiny of ARTP applications; ACC's Chief Executive changed during the year. Our NZOA ACC and Third Party Liaison Committee, chaired by Alex Malone, worked hard on several fronts: highlighting inappropriate use of High-Priority (H1) requests, supporting the national rollout of Knee and Shoulder Decision Tools, and securing ACC funding for intra-articular PRP injections for early knee osteoarthritis. We opposed the proposed Elective Services Contract price increase as inadequate, and wrote formally to the Minister for ACC opposing the proposed Musculoskeletal Secondary Care Triage Service in its current form, for lacking adequate clinical governance, workforce capability and accountability.

On 30 July 2026 we also met the Minister for ACC, Hon Scott Simpson, immediately after the health meeting. Alex Malone briefed him on the ANZCOS application, and we discussed PHAS funding, confirmed by the Minister to have grown to \$1.6 billion this financial year, with a joint health-ACC review of the funding model now agreed. We recorded our disappointment that some advice the Minister had received appeared one-sided, and reiterated NZOA's constructive engagement with ACC, including new Return to Work Guidelines developed to help reduce the Elective Services claim rate. On the proposed MSK triage service, we again pressed for a pause to allow proper co-design and a test-and-learn pilot before national rollout.

Continuing Professional Development

This has been the first year requiring formal verification of CPD activities. I am aware of some difficulties surgeons have had meeting the requirements, particularly private-only surgeons and Michael Flint and his team have taken feedback on board and modified some of the requirements to better match the CPD opportunities that occur in the private sector. My thanks goes to Michael and the CPD Committee for the result: 100% compliance in the random 5% audit of our membership, a strong outcome given the scale of the change.

International Engagement and the Carousel of Presidents

This year continued NZOA's tradition of representation across the Asia-Pacific and Carousel Associations. Our 2025/2026 Travelling Fellows – Ryan Gao (ABC Fellow), Woo-Sung Kim (Hong Kong Young Ambassador), Lloyd Roffe (Korean Travelling Fellow), and Nicholas Buckley (2025 Trans-Tasman Fellow) – all represented us with distinction. Khalid Mohammed represented NZOA at the AAOS meeting in New Orleans; Peter Devane and I attended the BOA's 4th Annual 'AI in Orthopaedics' workshop in London; and Sally and I travelled to St John's, Newfoundland for the Canadian Orthopaedic Association ASM, contributing to a Carousel symposium on leadership and discussions on sub-specialisation and Carousel sustainability. We congratulate the AOA on its 90th anniversary and thank First President Elect Ed Yee for his reports from the HKOA Congress and the RACS Convocation in Perth, and Simon Hadlow for representing us at the APOA meeting in India.

Training and Education

The NZOA SET Selection interviews were held in Wellington, observed this year by Ed Yee; my thanks to the interview panel, and to Robert Rowan, David Bartle, and Prue Elwood and the NZOA team for another impeccably run day.

The Aotearoa New Zealand Orthopaedic Training Board (AoNZOTB) and Education Committee continues to develop and run the NZ Orthopaedic Training Programme to a high standard. The FRACS Fellowship Final Examination was held at Kenepuru Hospital with a combined Trans-Tasman Court, and our Trainees did well with a high number passing. The Spine COE in Auckland, themed 'Getting the Basics Right', drew a strong turnout.

I'm also delighted to congratulate Sarah Hunter on her selection as a Fulbright Scholar – to our knowledge the first New Zealand Orthopaedic Trainee to receive this award.

Annual Scientific Meeting 2026 – Wellington

Planning for our ASM at Te Papa, Wellington is well advanced. The Hip and Spine Societies meet 16-17 October, ahead of the main ASM 18-20 October 2026, themed 'AI in Orthopaedics – the Next Frontier'. Our international faculty includes Vipin Asopa, Fares Haddad, Simon Longstaff, Marcin Czyz, Nick Petrie and Peter Harris. Sunday 18 October 2026 offers a full day of sport – cycling the Remutaka Incline or golf at Morgans – before the Welcome Function, and the Black-Tie Gala Dinner at the Great Hall on Monday 19 October 2026 with guest speaker Karen O'Leary. Register and book accommodation early, as rooms and golf places are limited.

Recognition and Farewell

Thank you to Mark Clatworthy, Chair of the NZOA Health Technology Committee for the Committee's work in assisting developing Position Statements and Return to Work Guidelines with the NZOA ACC & Third Party Liaison Committee, and Stephen Parkinson, Chair of the NZOA Procurement Committee on the work he and the Committee have done on outsourcing.

I would like to acknowledge the FRACS Fellowship Examiners led this year by Senior Examiner John McKie – all great contributors ensuring the ongoing high quality of Orthopaedics in New Zealand.

Congratulations to Tim Lynskey, awarded the RACS Louis Barnett Medal – only the third New Zealand Orthopaedic surgeon so honoured, after Ross Nicholson and Harley Gray – for his outstanding contribution to Orthopaedic education, examining, research and department leadership.

We acknowledge with sadness the passing of Colin Fitzpatrick, who died in Dunedin in October 2025 aged 85 and is remembered for his gifted surgery and lifelong advocacy for disabled children, and of Professor William Gillespie. We also gathered with many colleagues for a moving memorial service for Tony Hardy. And it was with a sad heart, I report the passing of Alastair Grant on 27 August 2026 after a short illness. Al will be remembered as a passionate surgeon, pilot and published photographer who always had a great story to tell.

Closing Thoughts

The decision to seek Direct Accreditation and establish ANZCOS is the most significant structural change our Association has considered in a generation, and I'm proud of the open, evidence-based way members have engaged with it. Alongside this, the volume of advocacy work with Health NZ and ACC – on outsourcing, spine services, PHAS funding and the proposed MSK triage service – reflects an Association trusted to speak for the specialty, willing to use that voice even when it means telling Ministers things they may not want to hear. None of this diminishes the everyday work of the Association – our CPD Programme, our Registries, our Training Programme, our ASM and COE – which continues to be delivered to a high standard and underpins the trust placed in us.

My thanks to my colleagues on the Presidential Line – Ed Yee, Dawson Muir and Immediate Past President Khalid Mohammed – for their wisdom and hard work, to Alex Malone and Michael Flint for their Committee leadership, to Andrea Pettett and the NZOA office team, to our Council and Committee members, and to Khalid for his guidance as Past President. Finally, my thanks to Sally, for her constant support and for joining me on so much of this year's travel.

Chris Hoffman

President 2026

Chief Executive's Report

I have pleasure in writing my report for 2026. This year we have been focused on completing the Due Diligence and first submission for Direct Accreditation for Education and Training with the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ).



Andrea Pettett
Chief Executive

We have also been busy with advocacy, in particular Health New Zealand on Outsourcing Public Patients to Private Hospitals, MSK Pathways, and Acute Spinal Services. Our work with ACC has also ramped up and the year ahead looks busy as we anticipate the new Secondary Care Triage Service.

At the same time the NZOA core programmes have undergone development.

Direct Accreditation

Direct Accreditation Application

Following completion of the Business Case, Members were asked to vote. The results were overwhelmingly in favour of applying for Direct Accreditation with the AOA. Our first phase application for Direct Accreditation was lodged with the AMC on 7 August 2026. This was the culmination of months of work and my thanks go to Prue Elwood, Karyn Eggers, and our colleagues at the AOA Adrian Cosenza, Ally Keane and Assumpta O'Brien. Assuming our first phase submission is given the green light to progress, we expect Phase 2 will commence in the first quarter of 2027. This will be a more in-depth assessment of the ANZCOS capabilities and those at the AOA and NZOA. We have identified a number of areas where further work is required and we will focus on commencing this work programme in early 2027.

RACS

We maintain a constructive relationship with RACS, albeit with some tensions. We are meeting in November 2026 to progress earlier discussions around transition planning. We have made little progress in this area to date. RACS have, on a positive note, agreed to consider pathways for ANZCOS graduates to obtain FRACS or similar.

NZOA Committees and Core Programme

Education and Training

This year's Selection of Trainees took place at the new Southern Cross Specialist Centre Hospital facilities in Newtown, Wellington. New resources have been prepared for Trainees, including a Trainee handbook. The TIMS Protrak IT platform finally went live after numerous delays.

Thanks to David Bartle, Robert Rowan, Margy Pohl and Prue Elwood for their work in the Aotearoa New Zealand Orthopaedic Training Board (AoNZOTB) and Education Committee.

Conference and Events Management

The Combined Foot & Ankle, Shoulder & Elbow and ASM in Queenstown in 2025 was widely regarded. We also organised a successful Spine COE in Auckland and several instructional courses. My thanks to Kirsty Stratford for planning and managing these events.

Continued Professional Development

As advised last year the NZOA CPD Programme has to be accredited through RACS, with requirements specified by the AMC and MCNZ. Formal verification was randomly audited with all members passing this requirement. It was clear through this process that the guidelines needed to be updated and clarified in some areas. Any leniency shown in the 2025 year will be replaced with stricter enforcement this year, and we are hopeful members will have adjusted to these new requirements.

My thanks to Michael Flint, Bernice O'Brien and Alex Woolf for their work supporting this programme.

Membership Services and Secretariat Support

Membership Services are managed by Rachael Priest and supported by Karyn Eggers. Secretariat support and diary management is managed by Karyn who supports the Chief Executive, Presidential Line, Council and various Committees and Trusts. My thanks to Karyn and Rachael for their support in these roles.

NZOA ACC & Third Party Liaison Committee

This is a very busy Committee and has involved the Subs Specialty Societies in the development of Return to Work Guidelines for high volume ACC funded procedures. We have also worked with ACC on their research project on Lumbar Spinal Fusion and the developing business case for Secondary Care Triage Services. Next year looks to be very challenging.

My thanks to Alex Malone and Karyn Eggers for their support of this Committee.

NZOA Health Technology Committee

The Committee was requested by the NZOA ACC & Third Party Liaison Committee to develop Position Statements for the following:

- Use of Platelet Rich Plasma
- Use of Defensive Antibacterial Coating

These have been formally adopted by ACC. Thanks to Mark Clatworthy and Karyn Eggers for their support of this Committee.

NZOA Procurement Committee

The Procurement Committee was formed in 2025. It is focused on transparency and consistency in outsourcing across the four regions of the country. With the inconsistent adoption of the NZOA outsourcing principles, and the recent awarding of the large six-year high volume outsourcing contracts, this Committee has ongoing work. Thanks to Stephen Parkinson and Karyn Eggers for their support of this Committee.

Sub Specialty Societies Support

We provide a range of support for the Sub Specialty Societies, in particular group emails, collecting membership fees, providing financial management, entity management support, and managing and organising some of their meetings. This year we have had a particular focus on assisting the remaining Specialties to update their Constitutions so that they are compliant with the new Incorporated Societies Act 2022.

We have successfully proposed amendments and re-registered Constitutions for the following Societies:

- NZ Spine Society
- NZ Society for Surgery of the Hand
- New Zealand Orthopaedic Association Incorporated

Thanks to Karyn and Louise for their support of the Sub Specialty Societies.

NZOA and Related Entities

NZOA Trust

The Trust is steward for the investment funds for NZOA Trust, Wishbone Trust, and New Zealand Joint Registry Trust. The Trust has been reviewing its SIPO and will likely make some adjustments to ensure the investment weighting is in line with our expectations.

Thanks to Haemish Crawford and Karyn Eggers who supported the Trust.

The New Zealand Joint Registry

The New Zealand Joint Registry (NZJR) has implemented a new IT platform which is a modern cloud-based database, largely on time and budget. Ongoing issues with data extraction and reporting are being addressed. The Registry continues to receive an increasing number of forms each year.

Thanks to Jinny Willis, John McKie, Lynley Diggs, Donna Thomson, Shona Tredinnick and Donna-Marie Quinn for their efforts this year.

New Zealand Hip Fracture Registry Trust

The New Zealand Hip Fracture Registry Trust (NZHFR) continues to flourish, now hosting two Hip Fest meetings per year.

My thanks to Mark Wright, Sarah Hurring and Nicola Ward for their work supporting this Registry.

The Wishbone Research Foundation

We thank the following Societies for their contributions towards Wishbone:

- NZ Hip Society \$30K
- NZ Knee Society \$10K
- NZ Orthopaedic Spine Society \$20K
- NZ Orthopaedic Foot & Ankle Society \$10K

We also thank members who donated \$18,350 to Wishbone this year, and for the NZOA Medical Reviewers who donated their time and raised \$47,270 doing this.

Applications for Wishbone Research Grants are now in two tranches – March and October. Our thanks to Richard Keddell, Neville Strick and Bernice O'Brien who supported Wishbone initiatives this year.

Advocacy and Stakeholder Engagement

Head of Department (HOD) Meetings and Spine Working Group

The monthly Head of Departments Group is a valuable source of feedback from our large and small public hospitals. The agendas are varied and provide an opportunity for us to learn from each other.



The Spine Working Group was convened due to the pressures of providing acute Spine services particularly in Auckland. We recently raised our concerns with the Minister of Health who has agreed to provide assistance to support these essential services.

Health New Zealand | Te Whatu Ora

We continue to meet regularly with Health New Zealand covering numerous initiatives. Outsourcing delivery and training are now major concerns following the negotiation of the large high-volume long-term outsourcing contracts. Other initiatives include a review of National Standard X-ray Exam Protocols, MSK Pathways, FSA's, and the Clinical Harmonisation of Hip and Knee FSAs.

Meeting with the Minister of Health and the Minister for ACC

This year we met with both Ministers relevant to Orthopaedics. The NZOA is well regarded and we are fortunate to be able to meet these Ministers.

The Combined Carousel Associations CEOs Meetings

The Chief Executives of the Carousel countries have formed a close alliance and agreed to meet in-person annually and share knowledge. This year we will convene at the British Orthopaedic Association meeting in London. We have a lot to learn and share with our sister Associations. I value these meetings which contribute to my professional development.

NZOA Staff and Council

The NZOA office team is a fantastic group of skilled professionals who work well together. The teamwork and culture is superb and they all pitch in to assist each other when an NZOA programme is at its busiest. I particularly want to thank the NZOA team for a great year.

I would also like to thank the NZOA Council, NZOA Trustees, NZOA Joint Registry Trust Board and Management Committee, the AoNZ Orthopaedic Training Board, the Education Committee, the NZOA ACC & Third Party Liaison Committee, CPD Committee, the NZOA Health Technology Committee, the Procurement Committee, the New Zealand Hip Fracture Registry Trust Board, the Wishbone Orthopaedic Research Foundation Trust Board, LIONZ, and Ngā Rata Kōiwi, for their hard work during this past year. My particular thanks to the NZOA Presidential Line whom I communicate with on a daily basis. Chris Hoffman has taken our advocacy to a new level, with the pursuit of Direct Accreditation and the advocacy with Health New Zealand requiring focused engagement.

Andrea Pettett
Chief Executive



Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2026

I am pleased to report on the Financial Performance for the NZOA Incorporated year ending 31 July 2026.



James Blackett
NZOA Honorary Treasurer

2026 represents my final year in the position of Honorary Treasurer and 4th year overall on the NZOA Council. 2026 represents another year of stable positive financial performance for NZOA Incorporated along with the NZOA Trust and Wishbone Trust. As will be outlined below the overall financial performance for the Joint Registry Trust is positive for 2026 and there is a revision to last year's results.

Income for the NZOA comes from membership fees along with conference income, primarily from the ASM. For Education and Training, income is from the Trainee and TIMS fees. In 2026 we have seen increases in membership numbers and another financially successful ASM in Queenstown. Expenditure for the Association has increased by \$666,396 as a result of increased legal expenditure as part of the NZOA/ AOA due diligence process, along with increased staff costs and increased costs in Education and Training. Expenditure in FY26 also includes a \$300,000 donation from the NZOA Association to the NZOA Trust. Whilst this donation has pushed NZOA Incorporated into a deficit in FY26, the donation enables excess cash to be invested by the NZOA Trust and as noted below, significant revenue for future proofing of the Association is being achieved with this model.

The NZOA Trust is responsible for managing the investments for the NZOA Group. The Trust also funds grants for various Travelling Fellowships or leadership forums on an annual basis. The Trust investments are split between JBWere and Simplicity.

We have posted returns of 14.58% (before tax) from JB Were and from Simplicity 12.04% (Growth 13.67% Balanced 10.36%) in the last financial year bringing total investments with the Trust at over \$6.7 million. The NZOA Trust has a new draft SIPO (Statement of Investment Policy and Objective) for approval at this year's NZOA Trust AGM. The SIPO will apply across investments with the NZOA Trust but also includes the investments held by Wishbone Trust and the Joint Registry Trust.

The Wishbone Trust had another quiet year from a donation perspective. Despite that over \$138,000 in donations were received. Along with the investment income from invested assets of \$1.6 million Wishbone Trust has had another excellent year.

The Joint Registry has once again seen a record number of procedures recorded. After last year's financial loss further work was done to understand how this occurred. Approximately 71% of joints registered on the Registry incur a small fee. This fee is applied to any joint replacement that is paid as a "fee for service" procedure. Auditing requirements require that all Joint Registry forms must be accrued at the time they are received. Due to the lag between forms being received and being counted, an error in the income accrual occurred in 2025. After revision I'm pleased to report that in 2025 the NZJR made a surplus of \$101,776. The record number of procedures has once again seen commercial revenue increase in 2026. However, increased staffing costs and amortisation of the new IT platform has seen a big jump in expenditure.

Overall, thanks largely to investment income from the NZJR investments, a surplus for 2026 of \$31,102 has been posted.

Whilst recent capital investment in ANZCOS and ongoing expenditure around the ANZCOS application to MCNZ/AMC remains a significant expense for the NZOA, our financial position remains strong. I leave things in the very capable hands of Perry Turner, who I'm sure many of you know well. Perry has now completed a year as the Assistant Honorary Treasurer and will take over from me after this year's AGM in Wellington.

James Blackett
NZOA Honorary Treasurer

Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated Group

As at 31 July 2026

	Group		Association	
	2026	2025	2026	2025
Revenue				
Donations, koha, bequests and other general fundraising activities	138,674	66,711	-	-
Government service delivery grant/contract	150,000	156,250	-	-
Membership fees and subscriptions	1,107,813	1,051,819	1,107,813	1,051,819
Revenue from commercial activities	2,030,958	1,781,524	1,534,787	1,421,203
Interest, dividends and other investment revenue	1,119,111	742,130	14,684	26,934
Total Revenue	4,546,556	3,798,434	2,657,284	2,499,956
Expenses				
Employee remuneration and other related costs	1,704,425	1,529,346	1,175,366	1,082,123
Expenses related to fundraising	848,797	614,666	814,508	559,144
Grants and donations made	61,647	76,308	-	-
Other expenses related to service delivery	759,228	744,785	548,700	550,531
Other expenses	186,502	75,952	392,026	72,406
Total Expenses	3,560,599	3,041,058	2,930,600	2,264,204
Surplus/(deficit) for the year	985,957	757,376	(273,316)	235,752

Statement of Financial Position

New Zealand Orthopaedic Association Incorporated Group

As at 31 July 2026

	Group 2026	2025	Association 2026	2025
Assets				
Current Assets				
Cash	1,263,946	1,684,179	476,124	1,181,388
Debtors and prepayments	923,330	652,009	495,945	404,631
Inventory	587	1,480	-	-
Total Current Assets	2,187,862	2,337,667	972,069	1,586,019
Non-Current Assets				
Property, plant and equipment	22,795	34,519	16,136	23,913
Heritage Assets	37,550	60,167	37,550	60,167
Investments	9,403,104	8,337,861	-	-
Intangibles	279,004	350,008	174,279	172,737
	302,042	-	302,042	-
Total Non-Current Assets	10,044,495	8,782,554	530,007	256,817
Total Assets	12,232,357	11,120,221	1,502,076	1,842,836
Liabilities				
Current Liabilities				
Creditors and accrued expenses	270,333	363,473	122,123	284,441
Deferred revenue	291,430	316,291	291,430	316,291
Employee costs payable	156,830	136,323	122,466	99,561
Other current liabilities	226,936	130,108	226,936	130,108
Total Current Liabilities	945,529	946,195	762,955	830,401
Total Liabilities	945,529	946,195	762,955	830,401
Total Assets less Total Liabilities (Net Assets)	11,286,828	10,174,026	739,121	1,012,435
Accumulated Funds				
Accumulated surpluses or (deficits)	11,083,928	9,971,126	739,121	1,012,435
Other reserves	202,900	202,900	-	-
Total Accumulated Funds	11,286,828	10,174,026	739,121	1,012,435

Aotearoa New Zealand Orthopaedic Training Board (AoNZOTB) Report

The Aotearoa New Zealand Orthopaedic Training Board (AoNZOTB) supports the NZOA Education Committee in delivering the highest quality Orthopaedic training, developing graduates recognised for their surgical skill, professionalism, and ability to provide high-quality Orthopaedic care to the people of Aotearoa New Zealand.



David Bartle
AoNZOTB Chair

This year we have developed four strategic pillars related to our core activity.

Curriculum Innovation and Development

We continue to work closely with the Australian Orthopaedic Association on developing innovative curricula. There is considerable synergy in this work, with opportunities to learn from each other and contribute to contemporary Orthopaedic education across both countries.

The developments associated with the application for Direct Accreditation have required some adjustment to the work previously undertaken by our Association. Ultimately, however, our goal remains to develop a curriculum based on core clinical and professional competencies that is evidence-based, innovative, world-class, and targeted to the New Zealand context.

As we move forward we will continue to have a greater emphasis on the development, demonstration, and assessment of competencies throughout training. Over the coming year, this will include extending competency-based workplace-based assessment to SET 3 and further developing Essential Professional Skills Curriculum (EPiC) modules.

Our objective is not simply to change the curriculum, but to create a training environment that is efficient, encourages lifelong reflective learning and professional development.

Governance and Partnerships

Strong governance and effective partnerships are fundamental to excellence in Orthopaedic training, allowing us both to contribute to and learn from developments in surgical education.

The next few years will be critical as we consider the best environment for Orthopaedic surgical education and training. Our priority will be to provide world-class Orthopaedic education with governance arrangements that support this objective.

Fair and Transparent Selection

Selection is one of the most important activities on the education calendar. Through this process, we choose colleagues who will shape the future of our profession. We realise that getting selection right is essential. It is necessary that this process is fair to all applicants and also stands up to scrutiny from the many stakeholders and the rigour of our regulating bodies.

This year, we received 59 applications for 12 positions, with 26 applicants interviewed. I would like to personally thank all applicants and acknowledge the mahi they have invested in Orthopaedic healthcare delivery.

We are fortunate to be a specialty that continues to be highly attractive to aspiring surgeons, and it is important that we do not take this for granted.

The selection process involves two phases. During the first phase, applicants submit their CV and initial consultant workplace assessments. Applicants are ranked and then shortlisted for the second phase, which involves a composite assessment and multi-mini interview, which focuses on clinically relevant material and high-level thinking, judgement, and the attributes required of a contemporary Orthopaedic surgeon.

Variation in assessment reports across the country remains a challenge, and improving consistency of these will be the single most important step to improving the overall process. Our Education Committee will be working closely with each other and their host departments to ensure as much consistency as possible across the country.

We welcome all feedback and are constantly looking at ways to improve the process while also balancing regulatory requirements and principles of natural justice.

Quality Assurance and the Training Environment

Our fourth pillar focuses on quality assurance and the training environment. This includes ensuring that training posts meet the required standards, that relevant legal and regulatory requirements are met, and that Trainees are appropriately supported throughout their training.

Ultimately, quality assurance is about more than compliance. It is about ensuring excellent clinical environments, committed trainers, appropriate clinical exposure, meaningful assessment and feedback, and a culture that supports learning and professional development.

There are, however, significant headwinds in the current training environment, with a substantial decrease in planned care delivery across the country's hospital theatres and a strong push towards outsourcing cases significantly diminishes the opportunity for Trainees to develop their skills and expertise through hands-on elective operating. If left unchecked there is a risk of significant long-term consequences for surgical training. As a Board, we will continue to advocate for improvement in public hospital facilities to ensure that planned care delivery can continue to take place in our public hospitals. Where private hospital rotations are accredited, we will also advocate for Trainees to have appropriate opportunities to gain meaningful hands-on experience.

Acknowledgements

The work of the AoNZOTB is very much a team effort, and I would like to sincerely thank everyone who has contributed over the past year.

In particular, I would like to thank Prue Elwood, who consistently goes beyond the call of duty and works tirelessly for our Association's education programme.

I would also like to thank:

- **Simon Hadlow**, Deputy Chair of the Training Board
- **Robert Rowan** and **Margy Pohl**, Co-Chairs of the Education Committee
- **John McKee**, Senior Examiner
- **Catriona Doyle**, Community Representative
- **David Lees**, Education Support
- **Charlotte Allen**, LIONZ Representative
- **Daniel Lemanu**, Ngā Rata Kōiwi Representative
- **Emma Lacey**, Censor
- **Fiona Timms**, Education Secretary
- **Darina Gilroy**, Training Representative

I am grateful to all members of the Board, the Education Committee, and the wider Orthopaedic community for their commitment to improving training in Aotearoa New Zealand.

The years ahead will bring significant opportunities and challenges. Our focus remains clear: to provide outstanding Orthopaedic education and training and develop surgeons recognised for their surgical skill, professionalism, and ability **to provide high-quality Orthopaedic care to the people of Aotearoa New Zealand.**

David Bartle

AoNZOTB Chair

Education Committee Report

The Education Committee experienced significant change during 2026, most notably with the departure of Dawson Muir, a long-serving Committee member and Chair. We would like to acknowledge and thank Dawson for his many years of service to the Education Committee.



Robert Rowan & Margy Pohl
Education Committee Co-Chairs

During a period of increasing responsibility for the Committee, Dawson provided consistent leadership and support for Orthopaedic education and training.

2026 marks the first year that the Education Committee has operated under a Co-Chair model, with Robert Rowan chairing matters relating to SET 3-5 Trainees and Margy Pohl leading the SET 1-2 cohort.

The Co-Chair structure has supported shared leadership, broader representation across Committee activities, and continuity during a period of transition. Robert represents the Education Committee at NZOA Council meetings, while Margy joins AoNZ Orthopaedic Training Board Chair David Bartle and Prue Elwood at CSET meetings. Regular communication between the Co-Chairs ensures a consistent approach.

The involvement of representative Committee members from across the country remains a key strength of the programme. Their collective expertise and perspectives contribute to the cohesion and consistency of Orthopaedic training throughout New Zealand.

The Committee also underwent considerable membership change during the year. The Committee consists of 19 members, with representation from all training districts and additional input from Ngā Rata Kōiwi and LIONZ representatives.

We would like to acknowledge and thank the members who completed their terms in late 2025: Salil Pandit, Adam Dalglish, Pierre Navarre, John Mutu-Grigg, David Gwynne Jones, Jonny Sharr, and Lyndon Bradley. Their contributions over the previous four years are appreciated. They have been succeeded by Murali Reddy, Al Dray, Gordon Burgess, Robert Coup, Rupesh Puna, Alan Carstens and Daniel Lemanu.

Ilia Elkinson will be the only Committee member stepping down during 2026. We thank Ilia for his service and contributions to the Committee over the past four years and wish him well.

SET Selection

SET Interviews were held at Southern Cross Specialist Centre in Wellington. Congratulations to the successful applicants for the 2027 intake. Selection reflects sustained commitment to pursuing a career in Orthopaedic surgery. The successful candidates were:

- **Agnes Chu** – Wellington Hospital
- **Ben Waller** – Middlemore Hospital
- **Stephen Bayley** – Middlemore Hospital
- **Brad Atkinson** – Southland Hospital
- **Fumi Yasutomi** – Auckland City Hospital
- **Suyog Nagarkar** – Auckland City Hospital

- **Harrison Beadel** – Dunedin Hospital
- **Ja Bin Koo** – Whangārei Hospital
- **Karen Hui Qi Toh** – Tauranga Hospital
- **Po Cama** – Tauranga Hospital
- **Sai Konan** – Taranaki
- **Sam MacGill** – Hutt Hospital

The Committee continues to review and refine the Trainee selection process. Following the recent SET selection round, Committee members were surveyed and feedback reviewed. Selection processes are assessed annually to ensure they remain robust, objective, and capable of identifying candidates suited to Orthopaedic training. While only minor changes are anticipated for the 2027 intake, these will be communicated in due course.

Determining annual Trainee numbers remains an ongoing challenge. This is guided by the AoNZ Orthopaedic Training Board and depends on the availability of accredited training positions. Numbers vary according to Trainee completion rates and workforce requirements. Increasing flexibility within the programme has resulted in greater variability in training duration, making future workforce planning more complex.

The Committee remains mindful that there is a minimum five-year interval between Trainee selection and qualification as a specialist Orthopaedic surgeon. Long-term workforce planning remains an important consideration when determining future Trainee numbers.

Training Programme Update

There are a total of 75 Trainee positions. As Trainee numbers have increased, several educational events have been divided by training stage. Trainees selected this year will commence with a SET 0 training event in Whangārei in November, attending as a single-year cohort. This programme includes a dedicated cultural workshop.

SET 1 Trainees will attend EPiC (Essential Professional Skills Course) in Christchurch. SET 1-2 Trainees then participate in a combined Autumn Training Weekend, while SET 3-5 Trainees attend a separate programme. The Spring Training Weekend combines SET 2-5 Trainees as a larger group. This structure allows educational content to be tailored appropriately while facilitating interaction between junior and senior Trainees.

Education Committee members attend the Autumn SET 3-5 and Spring SET 2-5 Training Weekends. NZOA members with an interest in education and training are encouraged to express interest in attending the SET 1-2 event. In 2027, this will be held in Timaru in March.

Future Directions

The transition toward a hybrid time-and competency-based training model continues. This approach is intended to strengthen training by providing clearer evidence that Trainees achieve Sub Specialty-specific milestones and competencies throughout their training.

The new TIMS platform enables more detailed workplace-based assessments and Trainee feedback, aligned with competencies across the curriculum.

Direct Accreditation and competency-based training continue to require significant implementation work. The Committee remains focused on maintaining programme quality while these changes are progressed. The calibre of applicants, commitment of trainers, and strength of the Training Programme provide confidence in the future of Orthopaedic training in New Zealand.

Finally, we would like to acknowledge and thank the many individuals who contribute to Orthopaedic education and training. Whether through daily interactions with Trainees, formal teaching, supervision, assessment, or participation in training events, these contributions are essential to the success of the Training Programme. The Programme's continued strength reflects the commitment and expertise of the NZOA membership.

Training Events

October 2025 NZOA ASM, Queenstown

SET 5 Trainees were acknowledged at the Skyline Gondola and concluded their training activities with a final-year group dinner attended by Committee members. Kevin Karpik was recognised with the NZOA Educator of the Year Award in acknowledgement of his contribution to Orthopaedic education.

November 2025 SET 0 Training Weekend, Whangārei

SET 0 Trainees met as a cohort for their first training event in Whangārei. Danny de Lore, a paediatrician from Rotorua, delivered a cultural workshop as part of the programme.

The Whangārei team organised a broad range of patient-based sessions to provide incoming Trainees with a foundation in clinical examination skills. The programme also included the department's annual November awards on the Saturday evening.

December 2025 Practice Examination, Whanganui

Practice examinations for final-year Trainees were coordinated by Andy Thomson and the Whanganui consultants, with support from colleagues in Palmerston North and Taranaki.

December 2025 SET 1 EPiC Course, Queenstown

The inaugural EPiC (Essential Professional Skills Course) was delivered in Queenstown in conjunction with Deloitte, with support from David Bartle, Margy Pohl and Charlotte Allen. Additional contributions were provided by Jason Donovan via videoconference.

Course content included professional values, skill development, surgical leadership, communication, teamwork, complaint management, stress management and wellbeing. Sessions were aligned with the RACS competencies.

Feedback from Trainees was positive, and the course is intended to replace the RACS TiPs programme. This provides NZOA with the opportunity to deliver a programme tailored to the needs of Orthopaedic Trainees and to strengthen cohort development within the Training Programme.

March 2026 Paper Day, Auckland

Paper Day featured a strong selection of Trainee research presentations.

The winning presentation was delivered by Stephen Bayley (Middlemore Hospital), who presented a novel screw-head design intended to address cam-out failure during metalware removal through the use of an asymmetric internal capture mechanism.

Yinzhou Gao (Dunedin Hospital) was highly commended for the presentation Validity and Effectiveness of a Novel, Radiation-Free Training Tool for Freehand Insertion of Distal Locking Screws, which evaluated a simulation model for teaching the "perfect circle" technique.

Geonhoo Park (Starship Hospital) was also highly commended for the presentation Biomechanical Comparison of Acute Ankle Casting: Plaster of Paris Backslab versus Full Cast with Anterior Train Track.

March 2026 SET 3-5 Training Weekend, Tauranga

James Aiona and the Tauranga team hosted the SET 3-5 training weekend, which included a broad range of clinical teaching sessions and patient-based learning opportunities.

March 2026 SET 1-2 Training Weekend, Nelson

Angus Jennings and the Nelson team hosted the SET 1-2 training weekend. Trainees particularly valued a session from Lloyd Roffe, who reflected on his experience as a Trainee and provided practical advice for those progressing through the Programme.

The programme also included a team-based navigational exercise in the Nelson hills. The Education Committee acknowledges the assistance of Robert Coup, Robert Rowan, Al Dray for supporting the weekend.

May 2026 Pre-Examination Course, Middlemore

The Committee thanks Alpesh Patel and the Middlemore team for hosting the Pre-Examination Course for final-year Trainees.

June 2026 SET Selection Day, Wellington

SET Selection interviews were held at Southern Cross Specialist Centre in Newtown.

Candidates were welcomed with a mihi whakatau at the commencement of the day. The Education Committee met on the preceding evening to review and finalise interview questions.

The selection process consisted of seven interview stations, each lasting eight minutes, with panels of three Committee members assessing candidates at each station.

The interview process proceeded smoothly, and the Committee reconvened that evening to review outcomes and undertake final selection discussions. Following consideration of all candidates, twelve applicants were selected for entry into the Training Programme.

Following concerns raised in 2025 regarding premature disclosure of outcomes, an embargo process was introduced. This ensured applicants received formal notification before results became more widely known.

September 2026 SET 2-5 Training Weekend, Hamilton

At the time of writing, this event has not yet occurred. We acknowledge the planning undertaken by Stephen McGrath and the Hamilton team in preparation for the programme, which will include 60 Trainees and a range of educational and social activities

Robert Rowan & Margy Pohl
Education Committee Co-Chairs

Trainee Representative Report

Year after year the exceptionally high quality of the education we receive rings true in our Fellowship examination successes, and we are all extremely grateful to the Orthopaedic community for the uncountable hours given up by so many in the name of training.



Darina Gilroy
New Zealand Orthopaedic
Trainee Representative

However, the environment in which we train has changed substantially in recent years.

Outsourcing has reached new heights, with the development of the first long-term private contracts in recent months without any clear provision for training or Trainees. While timely delivery of patient care is of utmost importance, we must also ensure that we continue to develop systems that sustain our high quality of surgical training and produce skilled surgeons who will deliver this care in future. Advocacy by the NZOA in these negotiations is imperative given the magnitude of the direct impact this will have on surgical training over the next decade.

Further changes to the landscape have come in the form of the NZOA / AOA pursuit of Direct Accreditation following the members' survey in April. It was wonderful to see the Trainee group engaging widely with 70% of Trainees using their vote. Many of the transformations that may come with Direct Accreditation, in particular the proposed variations in the use of post-nominals and the structure of training, will have the greatest impact upon future Trainees. I have been attending combined meetings of the NZOA, AOA and RACS throughout the year and while the conversations have not always been easy, all organisations are committed to ensuring continued excellence in Orthopaedic surgical education and training throughout this process.

In the theme of continued improvements in our Training Programme, the Curriculum Review Working Group, a combined NZOA / AOA group was established with its first meeting in July this year. This group is comprised of surgeons, Trainees, surgical educators and patient advocates and its aim is to review the NZOA SET curriculum and AOA 21 and respond to recommendations from the AOA 21 Review and our respective Medical Councils.

The 2025 SET 1 group attended the inaugural Essential Professional Skills Course (EPiC) in Tāhuna Queenstown in December. This new mandatory addition to our curriculum focuses on professionalism, communication, leadership and wellbeing and is intended to flow on to ongoing professional growth throughout the Training Programme.

As part of the increased Medical Council requirements for Trainee representation at an organisational level, we have expanded to include a second Trainee representative, Christine Zhang, for the SET 1-2 group. As the Training Programme has grown in numbers, necessitating a division into 'junior' and 'senior' groups for Training Weekends, it is important that the SET 1-2s have a mechanism to ensure their voices and concerns are heard. As part of her new role, Christine has also taken up a position on the New Zealand Hip Fracture Registry Advisory and Management Committee.

The long-awaited upgrade to the Trainee Information Management System (TIMS) went live in the second quarter of the year. While some encountered technical issues, we are now successfully up and running. Thank you to those who provided extra tech support to your colleagues along the way.

Selection in June saw 12 new Trainees accepted on to the Orthopaedic Training Programme. We congratulate them and look forward to the contributions that this diverse and hard-working group of individuals will make to our community. We also bid farewell to those finishing training and wish them all the best in their fellowships and future careers.

Whilst we may sometimes feel that we are on shifting sands with new challenges arising all the time, we can be confident that Orthopaedic surgical training and education for future generations in Aotearoa New Zealand remains secure thanks to the care, hard work and dedication of the members of the Aotearoa New Zealand Orthopaedic Training Board (AoNZOTB) and Education Committee, NZOA Education and Training Manager, Prue Elwood and the entire NZOA staff who work behind the scenes to support us.

Darina Gilroy
New Zealand Orthopaedic Trainee Representative

Senior Examiner's Report

Fellowship examinations have taken place at the traditional times this year with the viva voce components occurring in Wellington and Melbourne in May and the third exam in Sydney in September.



John McKie
Senior Examiner

Roy Craig and Rachel Price and their Wellington colleagues did a superb job hosting the exam and providing great cases for the clinical segment.

Now that the exam has only one segment with live patients (the other clinical segment uses videos), the demand for large numbers of examination cases has reduced. This eases the logistics and enables a more curated suite of suitable clinical cases.

All bar one of the presenting SET 5 Trainees from New Zealand passed and will be awarded the Fellowship when their training is completed.

The pass rate across both May exams remains at approximately 75%.

The New Zealand exam will be in Christchurch next year.

As flagged last year, the exam will move to a complete uncoupling of the written from the viva voce component in 2028. Candidates will need a clear pass in the written segment (similar to the medical colleges) and when successful, will have a defined period to complete the viva voce (probably two years).

Next year the exam will continue in the same format as this year with candidates needing a clear pass in at least one of the two written components to be eligible to sit the vivas. There will be altered timing with the written component brought forward to create a larger marking window before the vivas.

This year the court farewellled Chris Taylor and Julian Ballance after the May exams in Wellington and have welcomed Tom Sharpe who, after observing in May has examined in Sydney in September.

Thanks to the retiring Examiners for their service and commitment to the court with significant contributions over many years.

While the relationship between our Association and the College has at times been strained over recent years, it continues to evolve and change.

Whatever the final ending point that is reached, ultimately it will be the same group of surgeons who will assess the competency of the next generation of surgeons to move into independent unsupervised practice irrespective of the overlying administrative structure.

Applications for new examiners are open during October and November and are considered at the February workshop. Full details are available on the College website. Generally appointed candidates have had at least ten years consultant experience and registrar training involvement. As much as possible attempts are made to have a balance across the court re type of centre, Sub Speciality expertise and diversity. The commitment is for nine years with initial training and three yearly refresher courses.

Members should feel free to approach me, or any of the court if they have questions or are interested in applying. All examiners will attest that the role of an examiner is the best and most rigorous CPD activity you will ever do during your career.

John McKie
Senior Examiner

Continuing Professional Development (CPD) & Standards Committee Report

2026 has seen the review of the CPD Programme changes introduced last year as well as continuing engagement with RACS as it seeks re-accreditation by NZMC / AMC.



.....
Michael Flint
CPD and PVP Chair
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The makeup of the CPD Committee has also been modified to better reflect the diversity of Orthopaedic practise in New Zealand.

CPD Committee

Michael Flint	Chair
Craig Ball	Committee Member
Kate Ball	Committee Member
Chris Birks	Committee Member
Hamish Leslie	Committee Member
Bernice O'Brien	CPD Advisor – Ex Officio
Alex Woolf	CPD & Education and Training Support – Ex Officio
Andrea Pettett	Chief Executive – Ex Officio

The CPD Committee has undergone a couple of changes this year.

There are an increasing number of our colleagues in full-time private practise and it has been acknowledged that the CPD Programme has historically been geared more towards those members who work in both private and public practise. Craig Ball has been appointed to the Committee as a private only surgeon representative. His contribution already has been valued as efforts to modify the CPD Programme to more accurately reflect the differing practises in New Zealand continue.

Hamish Leslie has also joined the Committee to replace Grant Kiddle.

Alex Woolf has been a welcome addition to the office and her previous experience in the CPD area has been great help to Bernice O'Brien and myself, particularly with the ongoing interaction with the regulatory bodies and RACS this year.

Thank you again to Andrea Pettett who has been extremely helpful in dealing with the many regulatory requests through the year from RACS.

This Committee would not be able to function without the services of Bernice O'Brien whose institutional knowledge and dedication to her role makes all of our lives easier.

CPD Compliance

As 2025 was the first year where verification of activities was necessary to achieve compliance, the CPD Committee took a fairly lenient approach to this area due to the changes and time required for some members to get accustomed to the new format. This enabled us to report to MCNZ via RACS that all members bar one had achieved compliance for the year.

For 2026 members are reminded of the verification policies and tips published on the website. This will be enforced more rigorously for future compliance reporting.

As always there were a number of members who had to be notified of their failure to achieve compliance by the set date. This involves a lot of work for the office staff and Committee members to help get these members over the line. I therefore remind everyone of their obligations as members of NZOA and the necessity to achieve CPD compliance to maintain their vocational registration to continue practicing as an Orthopaedic surgeon in New Zealand.

NZOA CPD Programme Changes

The Committee has received a lot of feedback from members following the programme changes in 2025. In response to these concerns the Committee has further clarified the verification policies and these are freely available on the website.

Further development is underway to renew the reconsideration, review and appeals policies that will need to be formalised for Direct Accreditation.

The MCNZ / AMC continue to change the goal posts with what they believe to be relevant for CPD, therefore I predict our Programme will have to go undergo further modification to comply with these ever-changing standards. Given our past interactions with the regulatory bodies I expect that members will have plenty of time to adjust to any further necessary changes and the CPD Committee will endeavour to keep you as informed as possible.

Registries

At the time of writing we are yet to receive the surgeon reports from the NZJR, however I believe these will be available before the AGM. This should allow plenty of time to hold a meeting to comply with member's CPD mandatory reporting. If for some reason the data is not available before October the CPD Committee has elected to waive the NZJR reporting for 2026.

The NZ ACL Registry has adopted a new audit policy that is along similar lines to the NZJR and has been approved by the CPD Committee. All participants in this Registry will need to comply with these new standards to achieve CPD compliance.

RACS / ANZCOS

The NZOA membership voted overwhelmingly in favour of pursuing Direct Accreditation through ANZCOS for surgical training and continuing professional development. This will obviously lead to changes in the way our CPD Programme is administered.

Currently with RACS, as the licence holder for our CPD Programme, undergoing re-accreditation we have had to make a number of submissions to clarify how the NZOA Programme complies with the regulators.

This has to be done through RACS as the intermediary and communication with them has been challenging with unrealistic deadlines being placed on us and then a lack of feedback as to the compliance / non-compliance of our submission. For this process the CPD Committee has elected to prepare a comprehensive submission as we feel this will prove beneficial in the future as a template when Direct Accreditation through ANZCOS is granted.

Practise Visit Programme (PVP)

The PVP is a unique and highly valued part of our CPD Programme. This is looked on extremely favourably by MCNZ. Currently 18 to 20 surgeons are visited per year and Presidential Line has requested that we increase the numbers of surgeons visited over the next few years, with the expectation that this will be looked upon favourably by the regulators with respect to our Direct Accreditation submission. This will obviously increase the number of members requested to be involved as visitors per year and I encourage all members to look upon this favourably as both a collegial and an educational experience.

The NZOA CPD Programme continues to be held in high regard both in New Zealand and Australia and it is only through the ongoing efforts of all members to participate, support and volunteer their time that allows the Programme to remain so.

Thank you

Michael Flint

CPD and PVP Chair

NZOA ACC & Third Party Liaison Committee Report

This has been another busy year for your Committee. Following the appointment of Scott Simpson as Minister for ACC, the release of ACC's Turnaround Plan and Statement of Intent 2026–2030, ACC has embarked on an ambitious programme of reform focused on financial sustainability, reducing Earnings-Related Compensation (ERC), and returning injured New Zealanders to work sooner.



Alex Malone
NZOA ACC & Third Party
Liaison Committee Chair

It's renewed emphasis on timely, clinically sound care, evidence-based commissioning, transparency and Scheme sustainability is closely aligned with NZOA's position.

We have remained actively engaged with ACC, advocating for meaningful specialist input into policy development and providing robust challenge where proposals risk unintended consequences for patients, providers and the wider health system. We continue to encourage ACC to use the NZOA relationship as a source of early specialist clinical input capable of improving quality, implementation and value for money, rather than for token consultation after service models have been designed.

This year we published the Return to Work Guidelines to improve consistency in postoperative recovery advice, along with Position Statements to support evidence-based funding decisions for emerging technologies, including platelet-rich plasma (PRP) and rotator cuff augmentation. We have also seen expansion of the Shoulder and Knee Decision Tools, which are reducing decision times for eligible cases. Overall ARTP timeliness, however, remains a concern, with decision times increasing substantially during 2026 despite additional resourcing. Decline rates have also risen as ACC places greater emphasis on ensuring eligibility and cover decisions reflect Scheme boundaries. ACC had attributed some delays to inappropriate H1 urgency applications, but a Tauranga audit found that most cases identified

as inappropriate were either correctly prioritised or had been miscoded within ACC. They have acknowledged limitations in current reporting and expect electronic ARTPs to improve accuracy. We will continue to monitor decision timeliness and decline rates closely through more granular monthly reporting.

A major focus has been ACC's proposed Musculoskeletal Secondary Care service. While we support the objective of getting the right patient to the right clinician earlier, reducing unnecessary specialist assessment and facilitating earlier return to work, we have raised significant concerns regarding clinical governance, accountability, workforce capability, credentialing, specialist integration, patient choice, imaging access, causation and entitlement decision-making, conflicts of interest, and the limited evidence supporting nationwide implementation.

Committee members have invested considerable time through the Musculoskeletal Secondary Care Clinical Advisory Group, direct engagement with senior ACC leadership, and collaboration with a number of national provider organisations. There has been strong alignment around the need for robust national clinical governance before procurement, meaningful specialist involvement and consideration of staged regional implementation. The Clinical Advisory Group will continue to provide input, with NZOA advocating for specialist involvement to be

embedded within the pathway, clear escalation and accountability arrangements, protection of patient choice, appropriate management of conflicts of interest, and outcome measures based on recovery and return to work rather than simply reduced specialist utilisation.

The Committee met with the Minister for ACC in July. This included a frank discussion about ACC's financial position, the proposed Secondary Care pathway, imaging utilisation, vertical integration and perceived conflicts of interest within private healthcare. NZOA emphasised the existing professional and governance requirements around conflicts of interest, the benefits of competition and timely access, and the importance of avoiding policy responses that create unintended consequences for quality or patient choice. The Minister confirmed a substantial increase in Public Health Acute Services (PHAS) funding, from approximately \$1.05 billion to \$1.6 billion. This was welcomed after sustained advocacy, although the question remains as to how much of the additional funding will reach frontline trauma services.

The Committee has provided strong feedback on ACC's programme assessing whether surgical interventions meet the "necessary and appropriate" threshold under Schedule 1 Clause 2 of the Accident Compensation Act. The lumbar fusion work generated substantial concern regarding methodology, clinical framing and the timing of specialist engagement.

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ACC has agreed to further discussion on unresolved issues and committed to earlier engagement as work on knee arthroscopy for meniscal injury progresses.

The 0.77% increase to the Elective Services Contract for 2026 raised concern given actual workforce and hospital cost pressures. ACC is now undertaking a broader refresh of the contract, including clearer service objectives, performance measures, quality reporting, implant funding and pricing methodology. NZOA has emphasised that performance measures must reflect factors genuinely within provider control and that under-pricing risks reducing private-sector capacity for ACC patients, particularly as Health New Zealand increases its use of long-term private hospital outsourcing contracts. Changes to the ACC Clinical Services Contract have also required ongoing input to balance provider protection, operational flexibility and software sovereignty requirements.

Imaging has been another significant workstream. We have contributed to Health New Zealand's national radiology and X-ray guideline work, supporting appropriate standardisation while ensuring minimum imaging remains clinically safe and practical. We have also raised concerns with ACC that future MRI procurement must consider image quality, appropriate protocols and reporting expertise rather than focusing solely on price and throughput.

Our Third Party work with Southern Cross Health Insurance has included spinal procedure coding and surgical fees, with approximately two-thirds of spinal procedures now mapped to ACC-equivalent codes and further informatics work underway. We have also begun a broader review of the NZOA

ACC Red List process, including removal of the historical grandparent pathway, consideration of an independent appeal mechanism, procedure-specific approval, fellowship and referee requirements, and options for maintaining Red List status over time. We have proposed that the Red List could also provide hospitals and insurers with a practical indicator of recognised Sub Speciality expertise for credentialing purposes.

I would like to thank all members of the Committee for their commitment, expertise and generosity in contributing their time, in particular to Bruce Twaddle who has handed Knee Society responsibility over to Richard Peterson, and Khalid Mohammed who has dedicated many years of service to the association and this Committee; ACC also made note and thanked him for his contributions at our last meeting. We were also pleased to welcome Jonny Sharr as the Committee's inaugural Trauma Society representative. The breadth of experience across every Orthopaedic Sub Speciality remains one of our greatest strengths when engaging with external stakeholders.

Finally, I would like to thank our Chief Executive, Andrea Pettett, and President, Chris Hoffman, for their continued leadership and support throughout another exceptionally busy year. The Committee exists to represent the interests of both our patients and NZOA members, and I encourage members to contact me with any issues or suggestions.

Alex Malone

NZOA ACC & Third Party Liaison Committee Chair

NZOA Health Technology Committee Report

The Committee's project this year was to engage with Southern Cross Insurance to assess new technology approval for their patients.



Mark Clatworthy
NZOA Health Technology
Committee Chair

This was instigated by Southern Cross not allowing the use of robotic technology for converting a unicompartmental knee replacement to a revision knee replacement unless the procedure was funded as a primary total knee arthroplasty (TKA).

Further investigations revealed that no surgeons are involved in Southern Cross insurance decision making in adopting new technology. We therefore have offered that our NZOA Health Technology Committee could help them assess ongoing approval for new Orthopaedic technologies. We have had positive feedback and hope to progress this.

Mark Clatworthy
NZOA Health Technology Committee Chair

NZOA Procurement and Outsourcing Committee Report

The last 12 months have been a significantly evolving landscape for the outsourcing of publicly funded patients for surgery in the private sector.



Stephen Parkinson
NZOA Procurement and
Outsourcing Committee
Chair

The monthly Heads of Department meetings have provided an excellent channel of communication for this to be an agenda item. This has kept the Presidential Line Executive and myself as Chair frequently updated and provided a forum for discussion.

At the May NZOA Council meeting in 2025, it was tabled to format an NZOA position statement on outsourcing of patients. This was ratified at the July 2025 Council meeting and published in August 2025 and is available in full on the NZOA website.

In broad terms, it highlighted the support for outsourcing, the delivery of timely surgery, and for patients to ideally be treated locally and avoid significant out-of-region provision of surgery. We advocated for patients to follow the public-appointed surgeons who placed the patients on the waiting list to undertake the surgery in the private sector. However, where capacity dictated, there are pathways for private-only surgeons to be involved.

The rationale for this is multifaceted and highlighted by:

1. Continuity of care.
2. Clear pathways for pre-assessment, follow-up and managing complications.
3. Maintenance of registrar training, which is the responsibility of the public hospital.
4. The preservation of the surgeons' skill level and elective case mix, which enhances their provision of acute and trauma care in the public hospital.

5. Public hospital appointments to remain attractive to the next generation of surgeons. This speaks to the sustainability of the public hospitals.

Front and centre in this document is the best interest of the patients.

In November 2025, we completed a poll with the Heads of Department. This demonstrated an 80% rate of positive engagement with management.

In regards to satisfaction with the process of outsourcing, the results were:

- Yes – 66%
- Equivocal – 15%
- No – 19%

Further in-depth interviews with the Heads of Department highlighted the issues being:

- Significant out-of-region outsourcing being undertaken by management.
- Management making stand-alone independent decisions to outsource.
- The expectation on local hospital clinicians to manage complications or dissatisfied patients that had had their surgery several hundred kilometres away.
- Lack of ongoing involvement by the out-of-region operating surgeon.

Further interviews with Heads of Department from the larger metropolitan areas raised the following concerns:

- Lack of equitable distribution of patients to all available private hospitals resulted in some Health New Zealand surgeons having little or no access to outsourced patients.
- High proportion of comorbid patients who were not suitable for outsourcing, with only 35% to 40% suitable for outsourcing.
- Lack of funding in this hospital for adequate staff recruitment to provide insource surgery to these comorbid patients.

In April 2026, we were informed of a smaller regional hospital delivering the entirety of its outsourced work to a single private-only surgeon.

Our National Children's Hospital highlighted that there was no outsourcing funding stream available for children's surgery and raised the inequity of this.

These concerns were raised in depth with Dr Richard Sullivan, Executive National Director Clinical Lead, and Cath Cronin, Executive Regional Director, in meetings on 19 February and 13 April 2026.

1 July 2026 – Commitment Contracts

On 1 July 2026, we saw the commencement of the Commitment Contracts. This is a variation on the panel agreements that involves contracted guarantees on volume provision and delivery. There are financial penalties for either party that does not deliver on their contract. These are longer-term contracts of three to five years, with right of renewal. Invitation for tendering on these Commitment

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Contracts commenced on 12 February 2026 and closed on 6 March 2026.

Successful contract holders are:

1. Southern Cross Hospitals New Zealand
2. Allevia Hospitals
3. Mercy Dunedin

Other hospitals have maintained panel agreements that rely on local Health New Zealand managers to review and distribute on a quarterly basis, with a variable volume of outsourced work.

Other significant large hospitals and hospital groups have not received either Commitment Contracts or panel agreements. The consequence of this distribution has included:

- A large regional city has been precluded from providing any outsourced work for their patients.
- The above patients will have to travel to two other centres for surgery, approximately 100km away.
- Widespread throughout New Zealand, there are multiple examples of Health New Zealand surgeons who do not work at the approved hospitals and will have no access to operate on their patients or to take part in outsourced work.
- The Commitment Contracts awarded to Southern Cross Hospitals have resulted in this hospital group redirecting the surgical care of patients to a different centre, approximately 600km from the patient's place of residence.

These concerns have been highlighted to the Minister of Health in late July by the Presidential Line and Chief Executive.

As stated, an evolving 12 months has occurred that necessitates the NZOA's ongoing engagement and providing advocacy for our patients and all our members.

Stephen Parkinson

*NZOA Procurement and Outsourcing
Committee Chair*

Smaller Centres' Report

It is my pleasure to submit the Smaller Centres' report for 2026. I feel that significant progress has been made in two areas.



Amir Sandiford
Smaller Centres'
Representative

The first is in establishing a definition of smaller centres. A statement has been formed which aims not only to categorise these centres based on their size but also highlights their vulnerabilities and those of the staff working in these regions. It aims to be specifically relevant to the New Zealand context.

The second area is in trying to help the NZOA to understand why these centres and their staff, and ultimately the patients treated in these regions, have specific vulnerabilities and why careful consideration must be given to, in particular, maintenance of appropriate SMO staffing levels. This is a major challenge currently and for the foreseeable future in some units. Some smaller centres have no New Zealand trained Orthopaedic SMO's on staff. Mechanisms have been proposed to address this.

If you would like a copy of the detailed documents, please contact the NZOA.

These issues have generated healthy and productive debate and have set the stage for taking definitive action to help and support these centres. I am certain that the future of our smaller regional centres is a positive and bright one.

I would like to express sincere thanks to the NZOA, its Presidential Line and our colleagues on the Council for their support with this initiative and for their desire to help. In particular, I would like to thank Dr Jenny Hicks for her help and guidance.

Amir Sandiford
Smaller Centres' Representative

New Zealand Joint Registry Trust Report

I have much pleasure in welcoming Georgina Chan as a new Trustee, replacing the NZOA Honorary Secretary. I am sure that she will be a valuable member of the Joint Registry Team.



**NEW ZEALAND
JOINT REGISTRY**

Gary Hooper
NZ Joint Registry Trust Chair

Current Trustees

Gary Hooper	Chair
Rod Maxwell	Trustee
Richard Keddell	Trustee
Georgina Chan	Trustee
James Blackett	NZOA Honorary Treasurer

Ex Officio Members

John McKie	Supervisor of the NZJR
Andrea Pettett	Chief Executive

Last year I commented on the IT upgrade of the Registry and how pleasing it was to see that it was coming in on time and budget. Unfortunately, not all good things last and there have been considerable delays in the final stages of the upgrade. The major problems that have led to delays recently have been largely due to the perceived cybersecurity risk and potential for data breaches of personal information. Health NZ (Te Whatu Ora), following their major breach earlier in the year, have understandably become very sensitive about the exposure of patient information and have increased their requirements for those requesting this information.

The NZJR has two main areas that are exposed to a possible data breach. The inclusion of the NHI number in the patient's records, although beneficial in accessing wider patient information for research, is also a risk of exposure to wider confidential information.

Using the NHI number to access information was one of the main reasons to proceed with the upgrade and we were assured that this should be possible, maintaining the appropriate security. This has proved to be more demanding than previously thought and has required an extra layer of security which is currently being addressed.

The other area of concern was moving the NZJR database from the Canterbury District Health Board to the NZOA site. At the time it seemed reasonable to have all NZOA data, including the NZJR data base, in one area, however, the domain used by NZOA has proven not to be secure enough for this level of personal data, necessitating the development of a separate domain to house the NZJR. This domain has been established, and we are now awaiting the appropriate testing to show that it is secure to attack. Once this has been established the Registry should be able to move ahead rapidly.

Obviously these two problems have been a major concern and are the primary reason why the Registry upgrade has been delayed. The Trustees are confident that we have the reassurance from our IT advisors that these problems should be rectified in the next few months and we are keeping a very close eye on the progress.

These delays have put Jinny and her staff under immense pressure, and it is a tribute to their professionalism that data entry has continued as before. However, it will be obvious to all that extra work, such as data extraction for research, is very

difficult at this stage and I ask all to be patient over the next few months while the upgrade is completed. This also has implications for supplying surgeons with their own revision data for audit purposes. We have a commitment from staff to supply the revision rates and individual data for the last year but detailed analyses, such as funnel plots, will be unlikely. Again, we ask your patience.

Jinny Willis and her staff have done an exceptional job in maintaining the Registry in this disruptive time, and we are grateful for their hard work. Our Chief Executive, Andrea, continues to work hard in generating funding from various Government agencies and has enabled the smooth running of the Registry from the Wellington office.

I wish to thank all of the Trustees who give up their time to ensure that the NZJR remains robust and viable and all the Registry staff who work tirelessly to maintain your Registry.

Gary Hooper
NZ Joint Registry Trust Chair

New Zealand Joint Registry Management Committee Report

The Joint Registry has had a very challenging year. At the time of writing last year's report, we were at the point of migrating the Registry data to a new platform and staff were undergoing training in the new system.



John McKie
Joint Registry Supervisor

The staff have adapted well to the new entry format and procedures and have made great progress entering the increasing data volumes.

Our annual registrations are now in the order of 35,000 per year.

While the platform is a modern cloud-based database which is stable, we still don't have the necessary search and reporting functions required to appropriately interrogate the database and produce the necessary reports.

This is extremely disappointing and has limited the Registry's ability to produce the funnel plots and "snail trails" for this year's CPD reporting.

The Trustees and Governance Committee are aggressively working with the vendor to sort a pathway to core functionality so we can produce the necessary reports for the annual report, CPD and research activities. This will mean that surgeons will get the historical tabular data as previously, but unfortunately, we will not be able to provide the visual information in the form of the funnel plots and "snail trails" for CPD review this year.

The outlier review will continue as usual and when available will be distributed.

Assuming the ongoing issues are eventually resolved, we hope to be able deliver the information and service again next year.

It is refreshing that the number of members I have to chase up regarding levy payment is now very small, although it is an ongoing concern that some of our colleagues seem unable or unwilling to spend a few seconds checking that Registry forms are correctly completed.

For the Registry to have enduring value, the data needs to be accurate. Staff are receiving scores of forms every week with missing information. This not only includes things like diagnosis or approach, but also lack of any implant labels or occasionally even no patient identification label!

This consumes a large amount of staff time and leads to inevitable delays in data entry.

Please spend a few seconds completing and checking your forms, and if you are contacted by the staff because you have not completed them completely, please promptly and accurately correct and complete your entries. The data entry staff are not clinical and cannot guess what you did or the reasons.

Jinny Willis has borne the brunt of the frustrations of the ongoing upgrade issues. Please be aware that any delays in getting information from the Registry at present is not because of any lack of effort on her part, but rather the lack of any current meaningful reporting capacity from the new database. She has done a stellar job managing the staff to achieve the things under their control, while repeatedly shining a light on the deficiencies in the upgrade process.

It is to be hoped that the resolution of the current issues occurs quickly!

John McKie
Joint Registry Supervisor



Wishbone Orthopaedic Research Foundation of New Zealand Trust Report

The Wishbone Trust has continued to maintain a strong financial position during the year, with total Net Assets now standing at \$1,842,563.



 Wishbone Orthopaedic Research Foundation of New Zealand

Richard Keddell
Wishbone Trust Chair

The Trust paid out \$27,279 in grants and has outstanding grant commitments of \$90,762.

Revenue increased significantly to \$332,875, compared with \$177,582 in the previous year. This included donations of \$135,620, comprising:

- **\$18,350** from members of the Association — an increase of \$60 on the previous year.
- **\$70,000** from Sub Speciality Societies, including Hip \$30,000, Knee \$10,000, Spine \$20,000, and Foot & Ankle \$10,000. This represents a substantial \$35,000 increase in support from the Sub Speciality Societies.
- **\$47,270** from proceeds of the Medical Reviews. My special thanks to those involved in these reviews for their kind donations.

Fundraising activity was more limited this year, with the Auckland Waka Ama event being the principal fundraising initiative. This generated \$3,054 for the Trust. However, a major initiative the Trust is the development of a QR code which links directly to a donations page. Our intention is to provide a summary of Trust activities which includes this code and can be displayed in hospital and specialist waiting rooms. Most major medical related Trusts seek significant support from endowments, and this is a step towards that.

Overall, the year has been positive for The Wishbone Trust. The substantial increase in revenue, particularly the stronger support from the Sub Speciality Societies and income from the Medical Reviews, has strengthened the Trust's capacity to support its grant-making activities and continue its work in the coming year.

My thanks to Andrea and the NZOA secretariat, the Wishbone Trustees and the members of the Association for their support of the Trust during the year.

Richard Keddell
Wishbone Trust Chair

Wishbone Orthopaedic Research Committee Report

The Committee continues to support a wide range of Orthopaedic research projects across New Zealand. Most applications received are funded, and members are encouraged to submit eligible projects for consideration.



 Wishbone Orthopaedic
Research Foundation
of New Zealand
Orthopaedic Research Committee

Neville Strick
*Wishbone Orthopaedic
Research Committee Chair*

To maximise the reach and impact of available funding, the Committee has maintained two funding rounds each year and continues to apply the funding rules developed in previous years.

The Joint Registry database remains a significant source of research data. It offers a rich evidence base, although recent upgrades to the core Registry database have created some challenges with data extraction and delayed several projects.

Applicants are also encouraged to check whether similar work has already been completed using Registry data, as a small number of recent applications have shown substantial overlap with existing projects.

The Committee membership continues to be drawn from nominations by the Sub Speciality Societies, ensuring a broad spread of expertise and perspectives.

At the October 2025 meeting we partially or fully approved 8 out of 11 applications. At the March meeting we only received 6 applications, 5 which were funded. The successful applications were fully funded. The next Committee meeting is in early November 2026.

I would like to express my sincere thanks to Bernice O'Brien for her patience, dedication, and energetic commitment to the administration of the Committee.

Neville Strick
*Wishbone Orthopaedic Research
Committee Chair*

Microbial Resistance Patterns in Periprosthetic Joint Infection of the Knee – A 20-Year Longitudinal Study

Dr Ruikang Guo (on behalf of the rest of the research team)

It is with our utmost gratitude that we acknowledge the Wishbone Orthopaedic Research Foundation's generous support of the research project, "Microbial Resistance Patterns in Periprosthetic Joint Infection of the Knee – A 20-Year Longitudinal Study."

We are delighted to share that the findings of this project have recently been published in the prestigious Journal of Bone and Joint Surgery and presented at several renowned international conferences, including the annual meetings of the American Association of Hip and Knee Surgeons (AAHKS) and the Japanese Orthopaedic Association (JOA).

This retrospective study investigated pathogen prevalence and antibiotic susceptibility profiles in first-episode knee periprosthetic joint infections (PJIs) across three tertiary hospitals in the Auckland region over a 24-year period. The primary objective was to establish an evidence-based foundation for developing regional and national guidelines for empiric antibiotic treatment of knee PJIs, with the ultimate aim of reducing associated morbidity, mortality, and treatment failure.

Our findings demonstrated high rates of antimicrobial resistance and polymicrobial infection, particularly in early periprosthetic joint infections of the knee. These results supported our hypothesis that first-generation cephazolin alone provides insufficient coverage for acute knee PJIs. Importantly, the study's recommendations regarding empiric antibiotic therapy have already been adopted by multiple centres in New Zealand and incorporated into local clinical guidelines.

The successful completion and dissemination of this research represent a significant achievement, with the study making a meaningful contribution to the Orthopaedic scientific community and having important implications for the management of periprosthetic joint infection.

We are sincerely grateful to the Wishbone Foundation and its members for their generous support. Your contribution played a pivotal role in enabling the successful completion of this important research project and in facilitating its impact on clinical practice. We greatly appreciate your commitment to advancing Orthopaedic research and improving patient care.

A Qualitative Study Exploring Pacific People's Perspectives and Experience in Accessing Publicly Funded Elective Hip and Knee Replacements in Aotearoa New Zealand

Dr Atua Fuimaono Asafo, Professor Vili Nosa and Dame Teuila Percival

There are ethnic inequities in the provision of publicly funded total hip and knee arthroplasty in Aotearoa New Zealand. Although Pacific peoples have the highest age standardised rates of total knee arthroplasty, their disproportionate exposure to osteoarthritis risk factors and inequitable access to health services make this difficult to interpret. Pacific peoples have the lowest age standardised rates of total hip replacements, which is also unlikely explained by a lack of need. This study aims to explore the experiences of Pacific peoples in Aotearoa New Zealand in accessing publicly funded hip and knee arthroplasty. The analysis of these perspectives will provide a deeper understanding on the ethnic inequities in arthroplasty provision and the impact it has on Pacific communities.

A qualitative approach using talanoa, a Pacific research methodology, was employed to collect data through narrative inquiry rather than rigidly structured interviews. A total of 15 talanoa were incorporated in the final analysis. The talanoa revealed that personal experiences of fear and mistrust were leading factors limiting Pacific peoples' willingness for arthroplasty surgery. Knowledge on surgery was conveyed through storytelling and testimonies by family and friends, often trusted over information provided by health professionals. Systemic barriers including prolonged waitlists, difficulty optimising comorbidities and challenging interactions with health professionals also impeded their journey to surgery. These challenging experiences caused delays in care, prolonged pain and disability for the participants, with subsequent impact on their families. Pacific values such as family, love, reciprocity and connectedness enabled the participants to overcome these barriers and acquire surgery.

Teu le vā, characterised by relationality, is a Pacific framework illustrating the significance of the many relationships and stakeholders in health, which influence access to publicly funded surgery. This study recommends that clinicians and policymakers adopt a holistic approach when addressing barriers to surgery, for Pacific peoples. Health professionals should practice cultural safety to recognise the influence of privilege and limitations of applying Western health models for Pacific peoples. Culturally grounded interventions, facilitated by Pacific communities and health professionals, are essential to mitigate these barriers in accessing this life-changing surgery.

The experiences of Pacific peoples derived from the talanoa in this study, demonstrate ethnic inequities in the provision of arthroplasty in Aotearoa New Zealand. The literature describing ethnic disparities in arthroplasty provision in Australia and the USA, attribute these trends to socioeconomic factors, differences in cultural attitudes towards health services and Institutional racism. Conversely, institutional racism is omitted from New Zealand literature describing inequities in the provision of publicly funded hip and knee surgery.

The talanoa and the literature illustrate the pervasive nature of institutional racism creating barriers at multiple points within the health system. These barriers are reflected in inequitable access to the social determinants of health, which are shaped by government agencies and influenced by systemic racism. This cultivates deep seated fear and mistrust of the health system reported by Pacific peoples and ethnic minority groups. This has led to poor engagement with health services while delaying health care to seek alternative treatments, ultimately causing poor health outcomes.

It is evident that Orthopaedic care is not just provided by Orthopaedic surgeons within Orthopaedic departments but is the responsibility of many stakeholders. Addressing inequities in arthroplasty provision requires a holistic and systems-based approach, rather than individual targeted efforts along the pipeline. Through the lens of *teu le vā*, the complex and interconnected nature of inequities becomes clearer, enabling a more nuanced understanding of the roles and responsibilities of multiple stakeholders. This extends to government agencies whose policies and decisions influence socioeconomic conditions and the allocation of health funding, as well as to the broader network of services within the health system.

This includes, but is not limited to, committees that determine surgical eligibility criteria, general practitioners, nurses, physiotherapists, members of the allied health workforce, surgeons, and interpreters.

Western systems established through colonial settler regimes fundamentally conflict with Indigenous systems, including Pacific values and worldviews. Therefore, in theory, there is limited capacity to “*teu le vā*” within the constraints of Western systems, given they are inherently designed to stay fragmented and disadvantage marginalised groups.

Cultural safety should be taught and integrated into education curriculums for training programmes of health professionals to minimise the harm of unconscious bias which disproportionately impacts Indigenous peoples and ethnic minority groups. Our hesitancy to acknowledge institutionalised racism will hinder our ability to fully address ethnic inequities and may even reinforce them. This is mirrored by the participants in the talanoa, who were reluctant to label unpleasant and discriminatory experiences as racist. This reflects the pervasive nature of institutionalised, interpersonal and internalised racism in upholding these systems which disadvantage Pacific, Indigenous and ethnic communities.

The literature regarding health inequities, advocate for better incorporation of Pacific values within health services to improve engagement and outcomes for ethnic minorities and Pacific peoples. However, mainstream services struggle to authentically integrate cultural values to achieve this due to the conflicting principles of Western and non-Western cultures. This results in superficial and performative efforts which do not address the underlying driving factors for these inequities. Instead, these interventions perpetuate inequities under the false guise of implementing change.

Adopting Indigenous systems which implicitly incorporate Pacific values, will not result in disadvantage or reverse discrimination of any particular groups. By matter of virtue, Pacific culture and Indigenous systems are built on connectedness and inclusiveness. They are founded on reciprocity, love, community and differ in the way they incorporate hierarchy and power structures.

These systems incorporate a holistic appreciation of people, the land, ancestors and spirituality. It is this relationality and interdependence which ensures altruistic sustainability. Colonisation disrupted these indigenous systems, replacing it with Western models and power structures, which are fragmented and effectively maintain inequities.

Dismantling these systems and power structures that inherently disadvantage marginalised groups, while undoubtedly a radical undertaking, represents a necessary pathway toward achieving equitable health outcomes. Decolonising approaches are necessary to address systemic racism, inherent biases and the power dynamics sustained by these systems which harm vulnerable communities. Systems and interventions based on Indigenous values to achieve equity will not instinctively disadvantage other ethnic or minority groups. When undertaken in genuine partnership with Indigenous communities, decolonising methodologies and approaches position researchers, public health physicians, and health providers to lead meaningful discussion and interventions toward achieving equity.

NZOA Trust Report

The NZOA Trust has had another successful year financially. Our investments remain equally allocated in the JBWere and Simplicity Growth funds.



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Haemish Crawford
NZOA Trust Chair
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In 2022 the NZOA Trust introduced a new Strategic Investment Policy Objective (SIPO) and diversified the investments to 2 separate investment funds at JBWere and Simplicity. It was decided at the initiation of this decision that a formal review of that strategy would be carried out three years after its inception. This year we had an independent review carried out that reinforced that the Trust is performing very well financially. Further recommendations were made to make minor adjustments to the SIPO to allow investments that could improve returns without increasing risk. The NZOA Trust members have reviewed the revised SIPO that was prepared by the Forsythe Barr philanthropic division (free of charge) and agree the new SIPO will allow improved investment opportunity. At the same time the new SIPO has maintained the ethical investment principles the NZOA members agreed on.

The NZOA Trust has funded the following activities in 2025/2026

1. ABC Fellow to USA and Canada – **Ryan Gao**
2. NZOA Korean Travelling Fellow – **Lloyd Roffe**
3. ASEAN Travelling Fellows in NZ
4. Hong Kong Young Ambassador – **Woo Sung Kim**
5. NZOA Guest Speaker Fund
6. Trainee President's Award – **Caitlin Bodian**
7. Trainee President's Research Award – **Mark Zhu**
8. NZOA Trans-Tasman Fellow – **Nic Buckley**
9. AOA Emerging Leaders Forum – **Georgina Chan, John Mortimer and Lloyd Roffe**
10. Past President APOA participation – **Simon Hadlow**
11. Asia Pacific Orthopaedic Association affiliated membership
12. Registrar Paper Day Winner – **Stephen Bayley**

I wish to thank the NZOA Trustees for their ongoing work in managing the funds not only of the NZOA but also the Wishbone Trust and Joint Registry Trust. We welcome Perry Turner and Anand Segar who will join the Trust after the AGM as the new Treasurer and Secretary respectively of the NZOA. A huge thank you to Joe Baker and James Blackett who rotate off this year. We also greatly appreciate the support we receive from Andrea and the staff at NZOA office who make our job enjoyable and seamless.

Haemish Crawford
NZOA Trust Chair

Hip Fracture Registry Trust Report

The ANZHFR has published the 11th Annual Report which demonstrates the ongoing collaboration and commitment of all those involved in the care of older people who have a low trauma hip fracture.



Mr Mark Wright
Hip Fracture
Registry Trust Chair



Dr Sarah Hurring
NZ Implementation
Committee, ANZHFR
Clinical Lead and
Co-Chair



Nicola Ward
NZ National Hip
Fracture Registry
Coordinator, ANZHFR

The report highlights the results that can be achieved when all the involved services, including geriatric, Orthopaedic and other staff, including nursing staff and physiotherapists work together and draws attention to opportunities for improvement at local, regional and national levels. It demonstrates that adherence to the Hip Fracture Clinical Care Standards results in better outcomes for patients.

In 2025, New Zealand hospitals collected 3,820 patient care episodes, the highest annual count to date. We have maintained an ascertainment rate of 90%, full national coverage and near complete data. The development of inbuilt data checks has ensured a high level of data accuracy. The Registry dataset for New Zealand, now stands at over 32,000 records, making this a valuable source of health information for clinicians, health managers and researchers.

The demographic of this patient cohort remains similar. Most people who break their hips are older with an average age of 82 years and only 3.7% identify as Māori. 73% of people live at home and a third of patients have dementia.

Our patients report that a key, and often memorable part of their hospital stay is the management of their pain. This report shows a growing role for ambulance services who provide early pain relief for just over half of the patients. This is important as a third of patients wait longer than 30 minutes after presentation to receive analgesia in the Emergency Department.

The median length of stay in the emergency department has reduced slightly to six hours but there continues to be wide variation across the country with hospital systems likely to be a major factor. The report, which is available online, will show you the waiting times, not only in ED but also for surgery in your hospital.

A nerve block is a very effective way to manage pain while waiting for an operation. The use of these has grown over time and in 2025 was given to 84% of patients. Patients who are transferred from a regional hospital receive these in 76% of cases demonstrating greater confidence and knowledge in this analgesic technique in smaller rural settings. A sprint audit completed last year will provide further insights into how hospital services are providing this treatment.

The gold standard of treatment is to receive hip surgery within 36 hours, and NZ hospitals are achieving this in 66% of cases. Looking at the data further, half of all patients have their operation within 25 hours. Theatre availability continues to be the main barrier with this documented as the reason for delay 56% of the time. The Registry has been observing a change in recent years in the type of anaesthetic provided to patients with general anaesthetic now the preferred method in 83% of cases.

The focus after surgery is to start walking as soon as possible but this was only achieved for 48% of people. Lifting this rate is an area of focus with management of post-operative pain, delirium prevention and nutrition support likely to be important factors.

There is a strong evidence base demonstrating the value of orthogeriatric services, but many regional areas continue to have limited or no geriatrician support available.

Once a hip fracture has been treated, attention turns to recovery and prevention of another fracture. Half of patients are transferred to an inpatient rehabilitation service, although access varies across the country. Most patients are able to return home but only 51% return to their usual walking ability at four months. At this point 59% of patients have received bone protection medication with fracture liaison services contributing valuable input to this outcome.

We would like to thank our patients whose experiences provide important and valuable insights to clinicians and researchers and demonstrate to us that our work needs to continue. We encourage hospital teams to look at their own data and identify where opportunities to improve exist. Further information is available on our website including detailed reports, consumer resources and educational material. [ANZHFR](#)

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There remains some difficulty with disconnects between the mode of treatment and the type of fracture. This detail is taken from the clinical record by the Data Collectors and therefore the accuracy of the operation notes and diagnosis that we give is vital. A multicentre study is underway in Australia to assess this problem.

This report is only possible because of the ongoing exceptional efforts of the teams involved in hip fracture care across Australia and New Zealand. We extend our sincere thanks to all our stakeholders and those involved in Registry activities and are grateful for the support of ACC, the New Zealand Orthopaedic Association and the New Zealand Health Quality and Safety Commission - Te Tāhū Hauora.

Mr Mark Wright, *Hip Fracture Registry Trust Chair*

Dr Sarah Hurring, *NZ Implementation Committee, ANZHFR Clinical Lead and Co-Chair*

Nicola Ward, *NZ National Hip Fracture Registry Coordinator, ANZHFR*

Ladies in Orthopaedics New Zealand (LIONZ) Report

LIONZ continues to grow from strength to strength, advocating for educational opportunities, cultural recognition and collaboration.



Emma Lacey & Jillian Lee
LIONZ Co-Chairs

LIONZ Forum 2026

We brought the LIONZ 2026 forum to Auckland and it was extremely well received. We had a record 155 attendees including 43 medical students.

The talks on the first day started with Dr Tony Fernando; focusing on sleep health, burnout, calming the 'crazy' mind and management of relationships throughout training. This followed on with Dr Kate Stannage discussing how to 'balance' it all and she certainly is an eminent leader balancing many roles. Dr Lianne Bissell talked very personally about her experience of being a surgeon in the patient's shoes. We concluded with Dr Maiko Smith who gave us an overview of breast cancer diagnosis, risks, and latest evidence for treatment. We are very grateful to our speakers for providing a highly educational and entertaining session.

Our sawbones workshop was well attended and received excellent feedback with 10 stations.

We are grateful for industry sponsorship across the whole event (Arthrex, Smith and Nephew, Stryker, DePuy Synthes, Life Healthcare, DBM Medical, Endosport, Ethicon, Enztec, Medtronic, Fisher and Paykel Healthcare, Enovis, ORB Medical and Southern Cross Healthcare) for facilitating this.

The forum dinner was held at Culpit where Sandeep Patel was presented with the 'Mane Award' for his advocacy and support of diversity and Karen Smith was presented with the 'Legends Award'. Both gave very humbling and entertaining talks.

We have advocated for our juniors to access funding to attend our forum and we are grateful to Chris Hoffman for the letter of support provided for this. We strive to get this as a recognised forum. We are also extremely grateful to the student sponsorship we received enabling nine students to attend the forum (Tim Love - Love LIONZ Award, Christchurch Orthopaedic Services, Ōtautahi Orthopaedics and LIONZ). There is great interest in further student sponsorship for next year too already which is excellent.

Other News

In March last year, LIONZ celebrated the first Māori Wahine Orthopaedic Surgeons Dr Ruth Tan and Dr Teriana Maheno.

This year we were extremely proud to celebrate Dr Ailsa Wilson as the first Pasifika Wahine Orthopaedic Surgeon, presented with a korowai with Daniel Lemanu overseeing proceedings with her Whanau. This was a really special occasion held within the forum and the public interest and press coverage, even including a radio interview has been quite astounding.

We were pleased to see the 2027 intake of Trainees included two females and we congratulate you all on your success. Congratulations go to the following who were selected for the 2027 training year; Karen Hui Qi Toh and Agnes Chu.

We ran a basic arthroscopy course for early SET Trainees in conjunction with Arthrex in early November. This was very well received, and we look forward to planning this as an annual event.

Plans for the LIONZ forum 2027 in Christchurch are underway – this year will be the 10th anniversary of LIONZ. It is fantastic to now see the expanding female SMO numbers and the future of LIONZ looks very bright indeed with such enthusiastic members coming through.

Emma Lacey & Jillian Lee
LIONZ Co-Chairs

Ngā Rata Kōiwi (NRK) Report

2026 has been another year of continued progress for Ngā Rata Kōiwi (NRK), with a particular focus on developing the Māori Orthopaedic workforce, strengthening our governance, and ensuring that Māori perspectives are represented within the changing landscape of Orthopaedic surgery in Aotearoa.



Ryan Johnstone
Ngā Rata Kōiwi (NRK)
Representative

A significant highlight has been the continued success of Pūhoro, a programme that supports Māori secondary school students to pursue STEM careers, including medicine and surgery. It is particularly encouraging that we are now beginning to see the results of this investment, with medical graduates coming through who can directly identify Pūhoro as having influenced their decision to pursue medicine.

NRK would also like to acknowledge Cherelle George and Kyla Matenga, who have both been appointed as Trainee representatives to the Māori Health Advisory Group of the Royal Australasian College of Surgeons (RACS). Their appointments provide an important opportunity for the next generation of Māori doctors to contribute directly to discussions around Māori health, training and workforce development.

Leadership and governance

This year marks the completion of John Mutu-Grigg's four years on the NZOA Council. NRK would like to formally acknowledge and thank John for his significant contribution during this time. His leadership has been instrumental in establishing a stronger Māori voice within NZOA governance and in progressing the interests of Māori orthopaedic surgeons and Trainees.

John will continue in his role as Chair of Ngā Rata Kōiwi, providing continuity of leadership for the rūpū and supporting the next phase of its development.

As part of this transition, Ryan Johnstone has taken on the NRK representative role on NZOA Council, while Daniel Lemanu has joined as the NRK representative on the NZOA Education Committee. These appointments provide an opportunity for NRK to maintain strong representation across NZOA governance, education and training, while also developing the next generation of Māori leadership within the specialty.

NZOA has asked NRK to formalise its organisational structure, and the group is currently working on a Governance Charter.

In developing this, NRK has taken inspiration from the National Iwi Chairs Forum, considering a Governance Charter rather than a traditional Constitution. This approach is intended to better reflect tikanga Māori and the way the rūpū wishes to operate, while still providing clarity around roles, representation and decision-making.

This remains a work in progress, with further discussion and engagement with the wider NRK membership required before the structure is finalised.

NZOA Cultural Advisor

NRK would like to acknowledge and sincerely thank Ken Te Tau for his important contribution during his time as NZOA Cultural Advisor. Ken has provided valuable cultural advice to the organisation and has played an important role in supporting NZOA to uphold tikanga Māori and an Ao Māori perspective in its work and engagement.

His contribution has helped strengthen the organisation's cultural capability and understanding, and provided an important connection to Māori values, perspectives and ways of working. NRK acknowledges Ken's commitment to this role and thanks him for the time, guidance and support he has provided to NZOA during his tenure.

With Ken's retirement from the role, NRK has been involved in the process of appointing a new NZOA Cultural Advisor. Interviews have been undertaken, with consideration being given to the cultural requirements of NZOA and the emerging Australia and New Zealand College of Orthopaedic Surgeons (ANZCOS) environment.

There is recognition that these may represent different roles and responsibilities, and NZOA is considering the most appropriate structure to provide effective cultural leadership and advice. NRK will continue to contribute to this process to ensure that cultural capability, tikanga Māori and Māori perspectives remain appropriately represented within the organisation.

ANZCOS

The development of ANZCOS represents a significant change for the specialty and an important opportunity for NRK to ensure that Māori perspectives are considered from the outset.

NRK has been involved in the early development of ANZCOS, including representation on the working group considering its identity and branding. The proposed organisation is intended to bring together the Orthopaedic profession across Australia and Aotearoa New Zealand, with a strong emphasis on partnership, education, training, innovation, inclusivity and equity.

It is important that the development of any new binational organisation recognises the unique position of Aotearoa New Zealand and the importance of Māori health, Māori workforce development and Te Tiriti o Waitangi. NRK will continue to engage constructively as this work develops.

Te ORA – 30 years

2026 also marks the 30-year celebration of Te ORA – Māori Medical Practitioners Association. This is a significant milestone for Māori health and Māori medical leadership.

The 30-year celebration provides an opportunity to acknowledge those who have paved the way for Māori doctors and health professionals, to reflect on the progress that has been made, and to consider the challenges that remain.

The theme, “**Titiro whakamuri, kōkiri whakamua**” – Look back and reflect, so we can move forward, is particularly relevant to NRK. The progress we are now seeing in the Māori medical and surgical workforce has been built on the work of those who came before us. Our responsibility is to continue that work and create opportunities for the next generation.

Looking forward

NRK remains committed to increasing Māori participation in Orthopaedics, supporting Māori Trainees and surgeons, promoting cultural capability within the profession, and advocating for improved outcomes for Māori patients.

The growing success of programmes such as Pūhoro, the emergence of Māori medical graduates influenced by these initiatives, and the increasing participation of Māori Trainees in leadership roles demonstrate that long-term change is possible.

As we look forward, NRK acknowledges the foundations laid by those who have gone before us while continuing to build a stronger future for Māori in Orthopaedic surgery.

Titiro whakamuri, kōkiri whakamua.

Ryan Johnstone

*Ngā Rata Kōiwi (NRK) Representative
Rongowhakaata | Te Aitanga-a-Māhaki |
Ngāi Tāmanuhiri*



The New Zealand Orthopaedic Foot and Ankle Society Incorporated (NZOFAS) Report

NZOFAS this year began with our annual meeting in Queenstown in October 2025, organised by Carrie Lobb and Charlotte Allen. This coincided with the NZOA ASM, and some wild deep south weather welcoming participants to the Southern Lakes



Brad Stone
NZOFAS Secretary

Executive Committee

Tony Danesh-Clough	President
Brad Stone	Secretary
Rhett Mason	Immediate Past President
Chris Birks	Immediate Past Secretary

Guest speakers Anish Kadakia from Chicago, Murray Penner from Vancouver and Brian Martin from Sydney presented on a range of topics from complex ankle arthroplasty and failure of union to Charcot neuropathy, which were well received and promoted wide discussion. Local presenters added further excellent presentations to these and other sessions on deformity and instability.

The NZOFAS AGM was held on the Saturday evening. The establishment an inaugural EFAS travelling fellow, which would alternate between southern hemisphere and northern hemisphere fellows, was discussed and agreed upon. Subsequent to the meeting, and following several high-quality applications, May Mak from Waikato was chosen to be New Zealand's representative for the coming year. Thanks go to Orb Medical, who have provided financial assistance for this Fellowship. Ongoing financial support for the Wishbone Trust was ratified, and the establishment of a nationwide diabetic footcare pathway was discussed and supported. The AGM was followed by

a combined dinner at Arthurs Point with the Shoulder and Elbow Society membership.

The meeting was preceded by another excellent registrar instructional course afternoon, run once again by Suren Senthil, with a wide gamut of didactic Foot and Ankle presentations by local and international presenters, and small group breakout sessions for case study discussion. This course continues to provide a fantastic educational experience for the training registrars and will continue to be attached to the annual meeting.

At the time of writing the triennial combined meeting of the Australian and New Zealand Orthopaedic Foot & Ankle Societies is currently being organised and will be held in Singapore from 13-16 August 2026. This event will bring together ours and the Foot & Ankle Societies from Britain, South Africa and Singapore, and has an exciting and broad-ranging programme. Good attendance from the New Zealand contingent is anticipated.

Growth persists in our Society numbers, but with commensurate increase in regional and national demand, we must continue to encourage and advocate for our junior colleagues to consider a career in Foot & Ankle surgery. We have renewed our Charitable status and maintain a healthy financial position, which enables us maintain our IFFAS membership and to offer research funding to the

NZOA Wishbone Orthopaedic Research Trust, as well as individual research projects.

The year ahead is another exciting one for the Society. The American annual meeting and IFFAS 9th biennial meeting is in Seattle in September. Our AGM will be held in October this year via Zoom, due to the difficulty of achieving attendance requirements at international meetings. The NZOA Orthopaedic Foot & Ankle COE is being held in Christchurch on 18-19 March 2027, with the theme 'Shaking It Up'. Please mark this in your diaries and consider attending and presenting, as we bring contemporaneous Foot & Ankle practices to a wider Orthopaedic audience. The Society remains a vibrant and collegial one, reflecting the growth and maturity of the Sub Speciality on the whole.

Brad Stone
NZOFAS Secretary



New Zealand Hip Society Incorporated Report



Vaughan Poutawera
NZ Hip Society President

Executive Committee

Vaughan Poutawera	President
Pierre Navarre	Past President
Vaughan Poutawera	President Elect
Mike van Niekerk	Secretary
Nicholas Gormack	Treasurer

Combined Australian Arthroplasty and International Hip Society Meetings

Some of our Australian Orthopaedic colleagues hosted the International Hip Society meeting in March 2026 to run alongside their own annual Arthroplasty Society meeting. Both meetings are of a closed nature, and attendance is by invitation only. The combined meeting was a very special event with the Friday programme including many talks from the pre-eminent surgeon members of the prestigious International Hip Society which includes our own Gary Hooper and Peter Devane who were in attendance representing New Zealand. Pierre Navarre and I represented the NZ Hip Society, and attended what was a very enjoyable and informative meeting. The social events included a round of golf and a combined dinner at the Melbourne Club.

AGM and Future Meetings

The next AGM is planned during the upcoming Hip Society meeting in Wellington in October 2026.

Clinical Harmonisation Expert Advisory Group

Thank you to the Hip Society members who have volunteered to contribute to Health New Zealand's Clinical Harmonisation Expert Advisory Group for Hip and Knee arthroplasty FSAs. Thanks also to those members who review applications for Red List ACC status and continue to contribute and support the Hip Society meetings.

Charitable Status

The Hip Society maintains its charitable status.

Finances

The Hip Society's financial status remains healthy. The Hip Society continues to donate annually significant funds to the Wishbone Orthopaedic Research Foundation in order to support Orthopaedic research in New Zealand.

Vaughan Poutawera
NZ Hip Society President

New Zealand Knee Society Incorporated Report

The New Zealand Knee Society's 2025 annual meeting was held in Wellington.



Simon Young
NZ Knee Society President

Professor Michael Dunbar was an outstanding invited speaker, while Rachel Haggerty provided an insightful perspective on the challenges and future direction of New Zealand's public health system. The function at Parliament before the All Blacks test was also memorable. The meeting was a clear success, even if the rugby was not.

The Society is now focused on hosting the 2026 Combined Orthopaedic Knee Societies (COKS) Meeting at Millbrook Resort, Queenstown, from Friday 30 October to Sunday 1 November 2026. The meeting brings together the Australian, British, South African, and New Zealand Knee Societies under the theme "Tradition, Precision, and Progress: The Future of Knee Surgery."

The response from all four Societies has been outstanding, and registrations have now closed after the venue reached capacity. A broad scientific programme is planned across sports knee surgery and arthroplasty, and we are delighted that Sir Ian Taylor will join us as the guest speaker. There will also be a varied social and partner programme showcasing Queenstown and providing plenty of opportunity for discussion and collegiality outside the lecture theatre. We are very excited about the meeting and look forward to welcoming colleagues from across the four Societies in October.

The Society also continues to support knee research and training in New Zealand. At the 2025 AGM, members confirmed an annual \$10,000 donation to the Wishbone Trust and a \$5,000 Fellowship grant to support a New Zealand Trainee undertaking an accredited knee fellowship before returning to practise in New Zealand.

Simon Young
NZ Knee Society President



New Zealand Shoulder and Elbow Society Incorporated (NZSES) Report

This report is really to acknowledge the enormous contributions made by members of the Society on behalf of the wider membership.



NZSES
NEW ZEALAND SHOULDER AND ELBOW SOCIETY

Andrew Stokes
NZSES President

Executive Committee

Andrew Stokes	President
Carl Jones	Secretary
Marc Hirner	Past President
Adam Dalglish	President Elect
Warren Leigh	2nd President Elect

Firstly, on behalf of the NZSES Membership, I would like to thank our Past President, Marc Hirner, for his work, not only for the NZSES but for the wider Orthopaedic community. Marc has contributed in a number of Orthopaedic centres, until recently working in public at Whangarei Base Hospital. He has now resigned from clinical Orthopaedics, taking up a role heading Medical Education for Arthrex Asia Pacific, based in Singapore. We wish Marc and Desi all the very best.

Since our last bi-annual NZSES meeting at Millbrook organised by Ryan Gao, we held a further meeting preceding the NZOA in Queenstown. The MasterCase Shoulder Summit was superbly organised by David Lees, and contributed to by our wider society and Invited Faculty, with Jeff Hughes and Sumit Raniga stepping up to round out a program enjoyed by the wider NZOA community.

This year we have continued with our annual Registrar teaching with the second bi-annual Fundamentals of Shoulder Arthroscopy cadaveric lab. This was supported by Arthrex and held at their Auckland offices incorporating a Cadaver Facility. Thank you to our contributing Faculty - Marc Hirner, Adam Durrant and Ritwik Kejriwal as well as Rob Greer and the team at Arthrex for his organisation and exceptional facility.

Before the NZOA AGM in Wellington, the Society will be represented in Vancouver, Canada at the 16th International Congress of Shoulder and Elbow Surgery. We have contributions prior to the meeting organised by Ritwik Kejriwal for the Asia Pacific session and in the Oceania Symposium shared with our Australian SESA colleagues.

Plans are well underway for our bi-annual NZSES meeting, being ably organised by Lizzie Bond with the meeting to be held at the Sofitel Conference Centre in Denarau, Fiji. Lizzie has organised an exceptional International Faculty from the United States, United Kingdom, Europe, Asia and Australia. This promises to be a world-class event with a range of opinions and ability to debate current issues as well as catch up with colleagues. We are looking forward to this greatly.

Finally, thank you to all who contribute to our Society and NZOA in other roles, in particular to Ian Galley and Alex Malone for their work on the NZOA ACC and Third Party Liaison Committee which supports our clinical practice, and to Andrea and the team at NZOA for their service. It is much appreciated.

Andrew Stokes
NZSES President

NZSES

New Zealand Society for Surgery of the Hand Incorporated (NZSSH) Report

Since the last report we had a successful one-day meeting in Queenstown in 2025 organised by Emma Lacey, Jenny Hicks and Tanya Turchie. It was preceded by an AI workshop from our visiting speaker Vaikunthan Rajaratnam, which was timely given the explosion of AI in our professional and personal lives since then.



Jeremy Simcock
NZSSH President

Executive Committee

Jeremy Simcock	President
Allen Cockfield	Secretary
Chris Lowden	Past President
Robert Rowan	Past Secretary
Simon Chinchawala	President Elect
Jennifer Hicks	Secretary Elect

This year we look forward to combining with the Hand Therapy Society for a two-day meeting preceding the NZOA ASM in Wellington on 17th/18th October.

We have made plans to coordinate with our international colleagues in 2028 – we are having a joint meeting with AHSS on the Gold Coast in March 2028 and the next IFSSH-IFSHT triennial congress is coming to Singapore in October 2028.

Locally, our AGMs have traversed the usual topics of discussion with an overall goal of improving patient access to hand surgery across the country. In addition, we have updated and approved the NZSSH Constitution in line with the statutory changes for Incorporated Societies. We are in a healthy financial position and continue to support both Orthopaedic and plastic surgery research via the Wishbone and Manchester Trusts.

Unfortunately, over the last year we have made little progress on our priorities with ACC despite active representation from our representative Anthony Cheng. ACC are somewhat focussed on their own change agenda currently.

I'd like to thank the members of the Society for their comments and ideas and the Executive for their work throughout the year.

Jeremy Simcock
NZSSH President



New Zealand Orthopaedic Spine Society Incorporated (NZOSS) Report

NZ Spine Society has educationally had a busy year, with organisation of the Spine COE, held in Auckland this year, being well attended, including SET 5 Trainees preparing for the clinical component of the Part 2 exam. Thanks to Otis Shirley, Simon Manners and Kirsty Stratford for their hard work towards a very well-run event.



Johnny Manson
NZOSS President

Further preparation is currently underway for the NZ Spine Society meeting in October in Wellington, immediately prior to the NZOA, with more thanks owed to the above.

In 2025 Dave Ardern drew attention to the challenges around national acute spine care; these challenges continue. Increased recognition of the problem is yet to result in agreed acute spine cover arrangements for many regions of the country.

NZ Orthopaedic Spine Society will continue to work towards improving this and other aspects of spinal care and providing collegial support for its members.

Johnny Manson
NZOSS President



New Zealand
Orthopaedic
Spine Society

The Paediatric Orthopaedic Society of New Zealand Incorporated (POSNZ) Report

During the last week of August, the combined Australian, New Zealand, and North American Paediatric Orthopaedic Society meeting in Queenstown was held.



Ian Galley
POSNZ President

This included the yearly instructional course lectures, covering half the syllabus required for Trainees over two days. It was well-supported with around a hundred attendees from New Zealand and Australia. Many thanks to all the local and Australian speakers and contributors to this meeting.

A half-day meeting was held on the Friday morning, utilising the considerable knowledge and skill from our North American colleagues, including John Schenecker, Nashville; Eric Edmonds, president of POSNA, San Diego; and Kishore Mohari, BC Children's Hospital in Canada.

A full-day scientific meeting was held on the Saturday. The presentations from house surgeons, registrars, and our faculty were superb.

The conference dinner was at Walter Peak Station, and it was fascinating to see how excited Orthopaedic surgeons are watching a working steam engine on the Earnslaw. The food and entertainment were superb, despite the obligatory sheep jokes from our Australian colleagues.

Koen de Ridder (Wellington) has been elected President for 2027, supported by Pierre Navarre, as Secretary (Invercargill). It is gratifying to see several new consultants with an interest and passion in Paediatric Orthopaedic surgery.

This year we have supported the CP Registry and the excellent research being performed by Sue Stott and others in this area. We were also able to support three Pacific Island colleagues from American Samoa, Samoa and Fiji to attend the meeting. We plan to contribute to Wishbone Trust and support further education in Paediatric Orthopaedics, with travelling Fellowships, registrar and paediatric nurse and physiotherapy education and further support for our Pacific Island colleagues.

Future meetings are planned in 2027 as part of the NZOA meeting in Auckland. The NZOA COE will be planned in the Wellington region in 2028, and for those with a sense of adventure the next meeting will be held in Stewart Island in early 2029.

Ian Galley
POSNZ President



New Zealand Orthopaedic Trauma Society Incorporated Report

The Trauma Society hasn't had any specific activity this year. Having reached the significant event of registering the Society last year, we will be looking to more activity over the next 24 months.



Jonny Sharr
NZ Trauma
Society President



Alex Lee
NZ Trauma
Society Secretary

This month the Orthopaedic Trauma Association meeting is being held in Nashville. Many of our Society members had their Orthopaedic Trauma Fellowships in North America. Some of our members will be attending and looking to re-establish contacts with our North American colleagues.

The OTA have an international Association that has been in development over the last decade and there has been an invitation extended for our Association to join the IOTA. We're looking to formalise this relationship and expect there will be many benefits to both current and future NZ Orthopaedic Trauma surgeons.

Thank you to our Society Office Holders and thank you to the various NZOA office staff that provide support to our Society.

Jonny Sharr
NZ Trauma Society President

Alex Lee
NZ Trauma Society Secretary

New Zealand Sarcoma Society Incorporated Report

The New Zealand Sarcoma Society has continued to develop strongly over the past year, with a focus on consolidating the national framework for sarcoma care and supporting education and collaboration across the New Zealand Sarcoma community.



Josh Kempthorne
NZ Sarcoma Secretary

The Society's next national meeting will be held in Auckland in November 2026. The programme will have a particular focus on the emerging role of artificial intelligence in healthcare, alongside multidisciplinary case discussions and review of selected Sarcoma conditions to support the ongoing development and refinement of our national clinical guidelines. We are particularly pleased to be able to bring together clinicians from across the country for this meeting and have offered complimentary Society membership to attendees as part of an initiative to broaden and strengthen our membership.

The Complex Surgical Pathway and Optimal Clinical Care Pathway for Sarcoma are currently undergoing review and endorsement through Health New Zealand. Following completion of this process, an important priority for the Society will be the establishment of a Sarcoma Advisory Group. We envisage that this group will provide an ongoing national mechanism for maintaining and updating these documents, while also supporting the continued development and delivery of high-quality, equitable sarcoma care throughout New Zealand.

The Society remains in a strong financial position. This has enabled us to support the wider clinical Sarcoma community, particularly through educational activities and the development of our national meeting. As the Society becomes more established, we hope to use this position to further support education, collaboration and service development.

The Society's Board and members have met on two occasions during the year. At our most recent meeting, Dr Michael Flint announced that he would not seek re-election as President at the forthcoming AGM. Michael has been an invaluable inaugural President, serving two terms and playing a fundamental role in establishing the Society and its relationship with the NZOA. His leadership and support have been instrumental in developing the Society's educational activities and establishing the organisation as a strong national clinical body in a relatively short period of time. We are extremely grateful to Michael for his considerable contribution.

Looking ahead to 2026/27, the Society's key priorities will be to establish and develop the Sarcoma Advisory Group following Health New Zealand endorsement of the national pathways, and to progress the development of a national Sarcoma database. A national database would provide a mechanism to better understand the incidence and management of Sarcoma in New Zealand, monitor service delivery and outcomes, support service development, and facilitate collaboration with international sarcoma networks.

The Society remains committed to working collaboratively with the NZOA, Health New Zealand, Te Aho o Te Kahu and our wider clinical community to improve the consistency, quality and equity of sarcoma care throughout Aotearoa New Zealand.

Josh Kempthorne
NZ Sarcoma Secretary



Orthopacifix Charitable Trust Report

This year, 37 NZOA members donated to the Trust. We thank these NZOA members for their ongoing support. We remain grateful also to the various Orthopaedic companies that continue to contribute funds and support our projects. We would particularly like to thank Life Healthcare and Stryker.

Stryker has continued to strongly support the charity and provide stipends for registrars to experience Orthopaedic practice in the Pacific Islands. Orthopacifix has been working towards being able to supply hip hemiarthroplasty equipment to Samoa for the treatment of femoral neck fractures for the last couple of years and recently, Stryker have very kindly donated a significant quantity of new implants and equipment for this mission. We look forward to starting hip hemiarthroplasty surgery in Samoa. Life Healthcare also continues to support the Trust strongly with regular donations for which we are very grateful.

In the past year the Trust has again supported the Pacific Islands Orthopaedic Association (PIOA) training modules. We have also undertaken visitations to Samoa and American Samoa to visit previous Pacific Ambassadors Drs Shaun Mauiliu, Areta Samuelu and Naseri Aitaoto. American Samoa was a new experience and with the support of the USA, the LBJ Tropical Medical Center has significantly better material resource than a lot of the other Pacific island hospitals. In contrast, the main hospital in Apia, TTM Hospital, is currently suffering with severe resource limitations, with the local liquid oxygen plant and surgical sterilisation units currently out of action and compromising the ability to get through the surgical load.

We look forward to hosting Dr Agnes Auto as our Pacific Ambassador at the NZOA ASM in Wellington in October. Agnes is a Solomon Islander Orthopaedic registrar who works at the National Referral Hospital in Honiara and is completing her training with the PIOA. We encourage members to consider whether their hospital department may be able to accommodate a Pacific surgeon in a non-trainee registrar role. Please contact any one of us to discuss any of the above or with other queries.

Further information on the Trust can be found online via the NZ Charities Commission website (Trust number CC53594). Updates on Trust activities are posted on our website www.orthopacifix.kiwi and on our Facebook page.

Nga mihi, yours sincerely

**Vaughan Poutawera, Andrew Vane,
David Bartle, James Aoina**
Orthopacifix Charitable Trust Trustees



Vaughan Poutawera
Orthopacifix Charitable
Trust Trustee



2025 Trans-Tasman Travelling Fellow Report

It was my great privilege to attend the 85th Australian Orthopaedic Association Annual Scientific Meeting as the NZOA Trans-Tasman Fellow.



Nic Buckley
Trans-Tasman Fellow

The meeting was held at the Hotel Grand Chancellor in Hobart, Tasmania, from 12–16 October 2025, bringing together Orthopaedic surgeons, Trainees and invited guests from across Australasia, the Asia-Pacific region and around the world under the theme “Connection”. A stimulating programme of plenary, Sub Speciality and free paper sessions was facilitated here with Hobart’s stunning waterfront a short walk away.

The opening ceremony set the tone for the meeting, with AOA President Scott Fletcher emphasising the diversity and collegiality of the Orthopaedic community. A young patient provided a moving account of her journey with Perthes disease, refocusing delegates on the patient perspective that underpins our specialty. Sessions on training and education, leadership and management, and guest speaker Professor Flavia Senkubuge’s address on navigating complexity highlighted the importance of purpose, trust and humanity in modern Orthopaedic practice.

The leadership addresses conveyed a palpable sense of optimism regarding the future direction of Orthopaedic training and professional representation in Australasia. Reflections on closer collaboration between the Australian and New Zealand Orthopaedic communities, and on the opportunities afforded by greater autonomy in shaping our Specialty, resonated strongly and aligned well with the meeting’s theme of connection.

I took particular interest in the presentations of the Asia Pacific Orthopaedic Association, which provided a valuable international perspective. While advances such as artificial intelligence, machine learning and 3D printing in some of the presenting countries promise to transform Orthopaedic care, the marked variation in access to even basic musculoskeletal services—let alone these technologies—highlighted the persistent disparities that remain across many rural and remote regions of the Asia-Pacific.

A memorable keynote presentation was delivered by Dr Jorian Kippax, who recounted the remarkable rescue of a Lithuanian white-water rafter trapped on the Franklin River. His account illustrated the extraordinary courage, leadership and teamwork required when responding to life-threatening situations in treacherous environments. Those unfamiliar with the story may enjoy seeking out the documentary produced by the Australian Broadcasting Corporation.

I was honoured to present my work, “Scapulothoracic Fusion for Facioscapulohumeral Muscular Dystrophy: Early Surgical Lessons” and greatly appreciated the thoughtful discussion that followed. I am grateful to Mr Chris O’Meeghan and Ms Jillian Lee for their support of this work. I also enjoyed the strong representation of New Zealand surgeons throughout the meeting and the opportunity to see more of the outstanding research being generated on our side of the Tasman.

The social programme provided excellent opportunities to strengthen existing relationships and establish new ones. The OWL Soirée was a particularly enjoyable occasion to reconnect with longstanding mentors and friends, forge new professional connections and celebrate the contributions of women leaders within Australian Orthopaedics.

I am sincerely grateful to the New Zealand Orthopaedic Association and the Australian Orthopaedic Association for supporting the Trans-Tasman Fellowship and to the AOA staff for their warm hospitality. The meeting was an inspiring and memorable experience, and I would strongly encourage future fellows to embrace this outstanding opportunity.

Nic Buckley
Trans-Tasman Fellow

2025 Hong Kong Young Ambassador Travelling Fellow Report

I had the privilege of attending the Hong Kong Orthopaedic Association (HKOA) 45th Annual Congress as the New Zealand Orthopaedic Association (NZOA) Young Ambassador.



Woo-Sung Kim
Hong Kong Young
Ambassador

The Congress was held at the Hong Kong Convention and Exhibition Centre, an iconic venue situated on the waterfront of Victoria Harbour in Wan Chai, Hong Kong. My travel was funded by the NZOA, while the HKOA very generously provided accommodation close to the Convention Centre. I am sincerely grateful to both organisations for making this opportunity possible.

Also representing New Zealand was NZOA First President-Elect, Mr Edward Yee. Mr Thin Hong attended the meeting as an invited international guest speaker.

This year's Congress was particularly significant as it celebrated the 60th Anniversary of the Hong Kong Orthopaedic Association. The meeting attracted more than 700 delegates from across Asia-Pacific and beyond, making it one of the largest HKOA Congresses held to date.

The scientific programme ran over two full days and was of an exceptionally high standard. The Congress theme, "From Roots to Innovative Technologies, Artificial Intelligence and Beyond," reflected the balance between traditional Orthopaedic principles and the exciting advances shaping the future of our profession. Sessions covered a wide range of topics across all Orthopaedic Sub Specialties, including trauma, arthroplasty, sports surgery, spine, paediatric Orthopaedics, oncology, and hand surgery. There was also considerable discussion on emerging technologies, robotics, navigation, artificial intelligence, and digital health.

One of the most impressive aspects of the meeting was the large number of free paper presentations. Local Orthopaedic Trainees and medical students presented a diverse range of clinical and basic science research projects. The quality of these presentations was outstanding and demonstrated the strong academic culture that exists within Orthopaedic training in Hong Kong. It was encouraging to see such enthusiastic participation from younger colleagues and the emphasis placed on research and innovation.

Beyond the scientific programme, the Congress provided an excellent opportunity to build international relationships. I had the pleasure of meeting local faculty members as well as Young Ambassadors, Travelling Fellows, and delegates from the United Kingdom, Japan, Thailand, Malaysia, Australia, and other countries across the Asia-Pacific region. It was fascinating to discuss differences in training pathways, healthcare systems, clinical practice, and the common challenges faced by Orthopaedic surgeons in different countries. These conversations were one of the most rewarding aspects of the meeting and highlighted the importance of international collaboration within our profession.

The social programme was equally memorable. The Congress Banquet brought together delegates from around the world in a relaxed and welcoming atmosphere. We enjoyed a traditional ten-course Chinese banquet featuring a variety of local dishes. Entertainment included an impressive Bian Lian (face-changing) performance, a traditional Chinese art form in which performers change elaborate masks almost instantaneously. It was undoubtedly one of the highlights of the evening and was followed by musical performances from members of the HKOA, creating a warm and enjoyable atmosphere for all attendees.

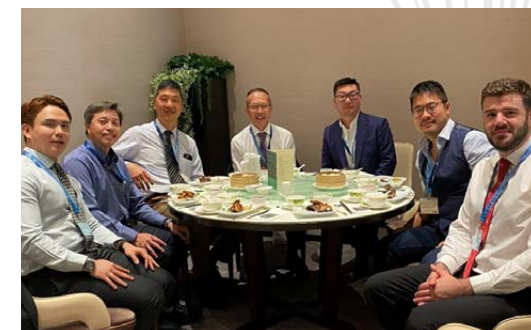


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Throughout the Congress, the hospitality shown by the HKOA was exceptional. Every aspect of the meeting was organised to an extremely high standard, from the scientific sessions and industry exhibition to the social events and arrangements for international guests. The friendliness and generosity of the organising committee made all overseas delegates feel genuinely welcome.

Overall, attending the HKOA Annual Congress was an extremely rewarding experience, both professionally and personally. The opportunity to represent the NZOA, learn from internationally recognised experts and develop friendships with colleagues from across the Asia-Pacific region was invaluable.

I would like to express my sincere thanks to the New Zealand Orthopaedic Association for supporting my attendance and to the Hong Kong Orthopaedic Association for their outstanding hospitality. I am particularly grateful to the organising Committee for delivering such an exceptional meeting and for making all international delegates feel so welcome. I look forward to maintaining the connections established during the Congress and hope to continue strengthening the relationship between the NZOA and HKOA in the years ahead.

Woo-Sung Kim

Hong Kong Young Ambassador

2025 Korean Travelling Fellow Report

A Boeing 787 main wheel requires replacement approximately once every 400-500 landings – statistically about as frequent as a periprosthetic joint infection following total hip arthroplasty.



Lloyd Roffe
Korean Travelling Fellow

Unfortunately, my flight to Tokyo experienced its own mechanical complication, resulting in an unplanned 24-hour layover in Japan. While not the smoothest start, it did provide an unexpected opportunity to evaluate Japan's airport logistics and culinary standards, both of which remain excellent.

Despite the delay, I was able to deliver my presentation at a revised time and was grateful for the warm reception it received. The Korean Orthopaedic Association meeting itself was outstanding. Korea is at an early stage in adopting robotic-assisted surgery - with approximately 4% of surgeons currently utilising such technology - but there is significant enthusiasm to understand its clinical and economic value. The level of scientific discussion and curiosity was impressive, and it was clear that Korean surgeons are approaching this evolution with the same rigour and innovation that have characterised their broader surgical advancements.

I was struck by both the quality and diversity of presentations, many of which reflected the depth of Korea's Orthopaedic research. Engaging with colleagues from across Asia reinforced the importance of extending our academic and professional networks beyond the English-speaking world. As advances in neural machine translation continue to remove linguistic barriers, collaboration and shared learning across regions will only become easier.

I would like to express my sincere gratitude to the NZOA and the KOA for sponsoring this Travelling Fellowship. The hospitality shown by our Korean hosts was remarkable. This was exemplified when, through an unfortunate lapse in situational awareness, I boarded the wrong tour bus and was gently redirected by a very understanding group of locals. Their kindness and patience were greatly appreciated, and my listening skills that day, I am told, mirrored those occasionally noted by my partner.

In summary, the experience was academically rewarding, culturally enlightening, and a valuable reminder of the global nature of our profession. I returned with a renewed appreciation for international collaboration, a deeper respect for the logistical reliability of aircraft maintenance, and a strong sense of pride in representing the NZOA abroad.

Lloyd Roffe
Korean Travelling Fellow

ABC Travelling Fellow Report

I wish to start by expressing my sincere gratitude to the NZOA Presidential Line and Committee members for the honour of representing the NZOA on the 2026 ABC Fellowship.



Ryan Gao
ABC Travelling Fellow

It was a privilege to be selected, and the experience has been one of the most memorable and professionally formative of my career to date. The Fellowship provided far more than an opportunity to visit Orthopaedic centres across North America. It offered exposure to outstanding clinical practice, innovative academic departments and world class surgical teams. Furthermore, the Fellowship created time and space to reflect on leadership, mentorship, innovation and the type of contribution we each hope to make over the course of our careers.

One of the most striking aspects of the experience was the strength of the ABC community, both in New Zealand and internationally. Prior to departing on the tour, I was grateful to be hosted by members of the NZOA ABC alumni at the Northern Club in Auckland. It was a special evening, and I was grateful for the opportunity to hear first-hand from many of those who had gone before me. Their stories conveyed not only the history and prestige of the Fellowship, but also the responsibility that comes with it. I left that evening with a deep sense of pride, gratitude and obligation to represent the NZOA as well as I could (Figure 1).

It would be tempting to describe the Fellowship simply as an itinerary – a sequence of cities, hospitals, hosts and academic sessions. However, that would not fully capture its value. The ABC Fellowship is not merely a tour. It is an intense and immersive journey built around collegiality, shared learning, professional challenge and friendship. Over six weeks, I travelled with six Orthopaedic surgeons from the United Kingdom, Australia and South Africa through renowned academic centres on the West Coast of the United States and across Canada.

The tour became a remarkable blend of education, humour, reflection and camaraderie.

The group itself was central to the experience. We arrived as strangers, each with different backgrounds, Sub Speciality interests, personalities and perspectives. Within a short time, those differences became one of the great strengths of the tour. Living and travelling together so closely for six weeks could easily have been difficult. Instead, it produced a highly supportive, cohesive and entertaining group. We learned from one another, challenged one another, looked after one another and at times, shared more openly than is usual in professional life. By the end of the Fellowship, each of my co-fellows had become a lifelong friend.

Starting alphabetically, Alexander Aarvold, a paediatric surgeon from Southampton, brought enormous enthusiasm and insight to the group. His work on minimally invasive pelvic osteotomies and guided growth of the femoral head was inspiring. And his academic contributions were matched by a willingness to embrace every opportunity for adventure in the wilderness. His humour, generosity and ability to put others at ease were constant features of the tour.

Sanjay Gupta, an oncology surgeon from Glasgow, provided a very different but equally important presence. Thoughtful, disciplined and quietly principled. Sanjay demonstrated a level of professional commitment that was deeply impressive. His work mentoring oncology surgeons in some of the world's most resource-limited settings were humbling. Entire communities have benefited from his willingness to share expertise in places where specialist care is

often scarce. His example was a reminder that global Orthopaedics is not an abstract concept, but a practical commitment to improving care where it is most needed.

Jeya Palan, an arthroplasty surgeon from Leeds, brought energy and warmth to the group. Jeya's pioneering and innovative research in periprosthetic joint infection and periprosthetic fracture has influenced practice internationally, but he is equally gifted in building relationships. It often seemed that Jeya was separated from any Orthopaedic surgeon in the world by no more than one degree. He had a remarkable ability to connect people, represent the group with eloquence and ensure that the social programme never lacked momentum. Jeya's toasts at formal dinners were always delivered with grace, humour and just the right amount of theatre.

Jurek Pietrzak, an arthroplasty surgeon from South Africa, was an inspiring colleague. His work on HIV and arthroplasty is unique and thought provoking. And his decision to remain in South Africa and contribute to the development of Orthopaedic care there despite the many challenges, reflects real courage and commitment. He spoke movingly about his country's journey including the role of rugby in reconciliation and his presentations left a lasting impression.

Geraint Thomas, from the Robert Jones and Agnes Hunt Orthopaedic Hospital, combined formidable intellect, humour and a healthy appetite for debate. His work on non-discriminatory short-stay arthroplasty was one of the most clinically thought-provoking aspects of the entire Fellowship. He challenged many

assumptions around patient selection, perioperative pathways and what is possible when systems are aligned around a clear purpose. Geraint's comments were often witty, occasionally provocative and always grounded in a simple but important principle: 'without data, you are just another person with an opinion'.

Tom Ward, an arthroplasty & trauma surgeon and biomedical engineer from the Australian National University, was another remarkable over achiever. His career path, including a Rhodes Scholarship, doctoral work at Oxford, and experience with McKinsey prior to medicine was impressive enough before he even began discussing his current work. His research using AI and robotics in complex trauma was genuinely innovative and something that I've subsequently become involved in after returning home. Tom also brought great humour, kindness and steadiness to the group and I'm proud to call him a great friend.

Together, this group made the fellowship far richer than any itinerary alone could have done. At every stop, we engaged fully with the academic, clinical and social opportunities offered by our hosts. The tour began with the American Orthopaedic Association meeting in Albuquerque. There were many memorable sessions, including a presentation by Nick Petrie, a Kiwi and former professional rugby player, who spoke about strategies to reduce burnout, including avoiding rumination and reframing pressure as privilege.

Our first visit was to Phoenix, where we were graciously hosted by Cliff Jones at Creighton University. He provided fascinating insights into the establishment of a new residency programme. And his perspective as a trauma Fellow at Harbourview added considerable depth to the visit. Phoenix itself gave the impression of a city at the centre of extraordinary technological growth, with major semiconductor investment visibly reshaping the region. Cliff also very kindly entrusted us with his car for a visit to the Grand Canyon, which proved to be a spectacular experience and one of many unforgettable social highlights of the tour

(Figure 2). Our visit with Cliff was followed by further engagements with the CORE Institute and Banner Health. We were hosted by Mike McKee and his team, both at his home and in the operating theatre and clinics. The academic and social highlights included memorable operating room visits, as well as a baseball game between the Arizona Diamondbacks and the Colorado Rockies at Chase Field. On a personal note, J. T. Tokish made a special effort to ensure that I had the opportunity to visit the Mayo Clinic in Arizona and I was genuinely struck by the breadth and quality of the calibre of research as well as his clinical proficiency in the operating theatre. J. T. and I also shared some memorable conversations about non-academic topics and work life balance. I was particularly impressed to learn that his son was in the final stages of BUD/S training to become a Navy SEAL in San Diego, which was fittingly our second ABC stop.

In San Diego, Salil Upasani hosted with tremendous energy and style, including transport in a modified pearl white Mercedes Sprinter straight out of the MTV show 'Pimp My Ride'. The Mercedes Sprinter came complete with fully tinted windows, bright neon lights, LCD screens and subwoofers that quickly created the atmosphere of a travelling karaoke lounge. We were also fortunate to visit the USS Midway, an extraordinary museum ship and a powerful reminder of the scale, organisation and human endeavour behind naval aviation (Figure 3). The UCSD department Chair Susan Bukata gave a particularly memorable talk on the importance of being 'mission driven' rather than 'rule driven' emphasising that people are often at their most innovative when united by purpose rather than constrained by process (Figure 4).

San Francisco was another personal highlight of the Fellowship. We were generously hosted by Dr Ben Ma, Chair of the Department of Orthopaedic Surgery at UCSF and an internationally renowned sports, shoulder and knee surgeon. Dr Ma exemplified leadership by example and it was notable that a significant number of his current colleagues had previously trained under him as residents or Fellows.

This spoke clearly to the esteem in which he is held by his peers, and to the importance of collegiality and teamwork in the delivery of world class clinical care. Our visit also included a memorable trip to Alcatraz and an unforgettable hike around the Bay Area. In addition, San Francisco offered a compelling glimpse into the future. Travelling to and from hospital visits in self-driving Waymo vehicles was particularly striking. It is one thing to read about autonomous vehicles; it is quite another to sit in one and experience first-hand the speed with which such technology is moving from novelty to normality. It was a powerful reminder that the substitution of human tasks by machines is no longer theoretical, it is already occurring.

Utah was one of the most memorable stops of the Fellowship. The landscape was spectacular, and hiking was interspersed with outstanding sessions on leadership, innovation and research translation. The University of Utah demonstrated what can be achieved when a department has a clear long-term vision and a deliberate pathway from clinical problem to research idea, and from research idea to implementation or commercialisation. Darrel Brodke spoke about the importance of anchoring goals in a clear 'why'; when values are shared, people are far more likely to unite behind a common purpose. Utah was also especially meaningful for me because of its strength in shoulder and elbow surgery. I was fortunate to spend time in theatre and clinic with Bob Tashjian and Peter Chalmers, both of whom are international leaders in the field. Their clinical insight, academic productivity and generosity with their time made a strong impression on me and have already influenced my own practice and academic direction.

At every North American institution we visited, the scale of philanthropy and investment in innovation was striking. Compared with many Commonwealth systems, the North American model has a different relationship with fundraising, philanthropy and the commercialisation of research.

At the University of Toronto, Dr Nizar Mohamed described raising more than \$150 million in his career for Orthopaedic research, with surgeons initially contributing seed funding themselves to demonstrate commitment and credibility to potential donors.

The ambition and scale of this approach were impressive. From an academic perspective, I was very excited to spend quality time in the operating room with my friends and fellow upper extremity surgeons including Patrick Carroll, Amr Elmaraghy and Ujash Sheth at St. Joseph's Hospital and the University of Toronto.

In Edmonton, Gord Goplen, a former Olympic speed skater, led our visit with extraordinary organisation and attention to detail. We later learned that he had even done many practice runs to ensure the timing of the programme worked smoothly. The Canadian hosts were outstanding throughout. With encouragement from COA President Sukhdeep Dulai, karaoke again became a feature, culminating in the creation of a short leadership themed film about how meaningful change often begins with one person, but truly gains momentum when the first follower joins.

Not everything went precisely according to plan, and some of the best memories came from the unexpected. On arriving at Toronto airport for our flight to the Canadian Orthopaedic Association meeting in St John's, Newfoundland, we discovered that our tickets had mistakenly been booked to Saint John, New Brunswick which is a very different destination, thousands of kilometres from where we were meant to be. Unfortunately, this meant we missed the ABC spotlight session at the COA meeting. However, the disappointment was softened by extra time in Toronto where we enjoyed some Dom Perignon on the rooftop. When we eventually made it to St John's, we thoroughly enjoyed the academic and social programme of the COA. A particular highlight was reconnecting with our respective presidents, including our NZOA president Mr. Chris Hoffman and Mrs. Hoffman and being formally 'screached in' as honorary Newfoundlanders (Figure 5).

One of the most meaningful moments of the tour occurred in Toronto, where our group took time to reflect honestly on one another. We spoke about what we admired, what we had learned and where each of us might continue to grow. It is not something groups of men often do, but perhaps it should be. It was a powerful reminder that professional development is not only about acquiring new technical skills or academic ideas; it is also about self-awareness, relationships and the willingness to receive honest feedback from people who want the best for you (Figure 6).

The fellowship reinforced several important lessons for me. The first is that technical learning, while valuable, is only one part of a travelling Fellowship. The deeper value lies in being exposed to different systems, cultures and ways of thinking. The tour challenged my assumptions about perioperative care, research infrastructure, innovation pathways and mentorship. It also forced me to consider how I want to contribute to Orthopaedics in New Zealand over the coming decades.

The research and innovation infrastructure we encountered in North America was inspiring and, at times confronting. It highlighted the need for us in New Zealand to continue aiming higher. A more coordinated research pathway for registrars and Fellows would be of enormous value. Peter Rose from the Mayo Clinic, editor of JAAOS, made the important point that it is often better to involve trainees in a meaningful component of a substantial project than to have them complete multiple small projects with limited impact. This resonated strongly with me and has already influenced the way I approach research supervision with registrars since returning home.

Mentorship was another recurring theme. At every institution I was struck by the depth of relationships between senior surgeons, residents and Fellows. North American residency structures often involve less rotation between centres than ours, which may reduce breadth in some respects, but it also allows mentoring relationships to develop over time.

The gratitude expressed by trainees towards their mentors was genuine and often moving. It has made me reflect on how I can be more deliberate and generous in my own mentorship of junior colleagues.

A final, and the most personal lesson was the importance of family. On several occasions, highly accomplished senior surgeons reflected on their careers with pride, but also with some regret that they had not spent enough time with their families along the way. These conversations were sobering. Professional achievement is meaningful, but it is not the only measure of a life well lived. The fellowship reminded me that success must be defined broadly enough to include the people closest to us. And I would like to take this opportunity to thank my parents Rosie and Stephen, my brother David, my wife Joanne and my babies Harrison and Imogen for their sacrifices and their unwavering support.

For the rest of my career, I look forward to hosting future ABC fellows in New Zealand and maintaining the friendships formed during this tour. I return home with renewed enthusiasm, new ideas, stronger international connections and a clearer sense of responsibility to contribute to our profession. I am deeply grateful to the NZOA, the ABC alumni, The Bone & Joint Journal, AOA, COA, our hosts, my co-Fellows and everyone who made this Fellowship possible. It was a privilege to take part in this extraordinary tradition. I hope the lessons I have learned will positively shape the next phase of my career. In the years to come, I also hope to share these reflections with future ABC Fellows as they begin their own journeys.

Ryan Gao
ABC Travelling Fellow



Figure 1. 2026 ABC Alumni Dinner. The Northern Club. Auckland



Figure 4. University of California San Diego. Dr. Susan Bukata and Dr. Salil Upasani



Figure 2. The Grand Canyon



Figure 5. Kiwis at The COA Meeting. St. Johns. New Foundland



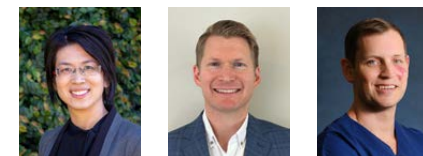
Figure 3. The USS Midway. San Diego Bay



Figure 6. ABC Fellows 2026. COA. St. John's New Foundland

AOA Emerging Leaders Forum Report

NZOA was well represented at the AOA Emerging Leaders Forum in Sydney by George Chan (Tauranga), John Mortimer (Wellington) and Lloyd Roffe (Nelson) on 18-20 June 2026.



George Chan, John Mortimer, Lloyd Roffe
AOA Emerging Leaders Forum Representatives

Attending this forum was a valuable experience for all of us and a well-timed opportunity to reflect on what it means to lead within our departments and Societies. The programme reinforced that effective leadership requires self-awareness (to remain "regulated"), making connections ("how to make friends"), resilience, creating culture, and the ability to influence positive change within our teams (depending if you're a 'rebel' or a 'troublemaker!'). We also did an insightful personality test to help us understand our behaviour patterns (note: one of us is a psychopath).

The forum brought together delegates from different Sub Specialties from across Australasia and featured inspiring speakers from surgeons, healthcare management, researchers, and influential members of the wider community. The programme was interactive, which encouraged open discussion and challenged us to consider different perspectives, as well as providing us with practical tools to take back to our workplaces. Equally valuable was the networking with colleagues, which fostered new connections and highlighted the common challenges we all face.

We all came away with fresh perspectives on leadership and a renewed enthusiasm to contribute beyond our individual clinical roles. The forum also served as a timely reminder that leadership is not defined by formal positions but by the everyday actions and behaviours that shape our teams and ultimately improve patient care.

We are grateful to the AOA for hosting such a high-quality programme and to NZOA for supporting us. The knowledge gained, connections established, and the inspiration drawn from the speakers will continue to influence our professional development and, in time, contribute positively to the future of Orthopaedics in New Zealand.

George Chan, John Mortimer, Lloyd Roffe
AOA Emerging Leaders Forum Representatives



Asia Pacific Orthopaedic Association (APOA) Report

Theme: Honouring the past, treasuring the present, shaping the future.



Simon Hadlow
Past President

The Asia Pacific Orthopaedic Association held their 25th Congress at the Marriott, Jaipur from 4 - 7 February 2026. Jaipur is famously celebrated as the Pink City and is the capital of Rajasthan, the largest state in India.

The meeting was well-organised with a nice balance of international Plenary and Keynote Speakers (including Jean Charles Lehuuec, Matt Costa, Ned Amendola, Sebastien Lustig and Mohit Bhandari, Editor-in-Chief JBJS), symposia, workshops and scientific sessions covering all Orthopaedic Sub Specialties, with all presentations and discussions in English. There were also sessions dealing with leadership, inclusion and diversity, Young Surgeons and Young Ambassadors forums and AI in Orthopaedics among others.

The meeting was well attended, by Indian and international delegates including a large contingent of surgeons from Taiwan, and numerous international society Presidents (including AAOS, AOA, BOA, EFORT and SICOT). In general, the content was relevant to contemporary NZ Orthopaedic practice across the Sub Specialties with regards to techniques and utilisation of technology such as robotics and AI, with the proviso that the systems of Orthopaedic care delivery and training vary tremendously across the geographic range of the APOA member countries, which stretch from Turkey to Japan and number 65,000 Orthopaedic Surgeons.

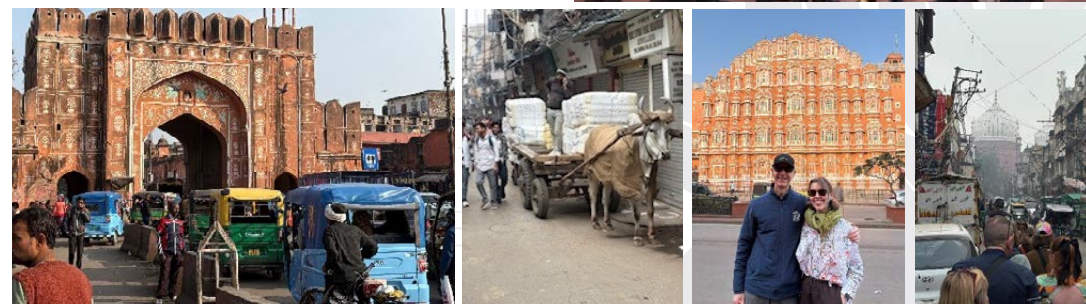
The APOA President Nicolaas Budhiparama (Netherlands/Indonesia) addressed the challenges facing this style of all-encompassing Orthopaedic congress in his Presidential address, emphasising that keeping the meeting's educational content relevant

to younger surgeons was crucial to the ongoing viability of this format; in Jaipur the first day of the meeting was dedicated to workshops across the Sub Specialties. To further this aim, the second strategy he outlined was for the APOA to cement relationships with AO and other established educational institutions.

Orthopaedic services are continuing to expand in scope and complexity, albeit at differing rates, across the wider Asia Pacific region and our Association should continue to expand educational and training engagement with the region both on the individual and wider institutional level. The APOA Congress in 2027 will be in Taipei where the NZOA will be again represented by the Immediate Past President Chris Hoffman.

Simon Hadlow

*On behalf of Khalid Mohammed,
Immediate Past President*



Peke Waihangā Artificial Limb and Orthotic Service Report

Kia ora everyone,

It has been another positive year for Peke Waihangā, with continued investment in our people, facilities and innovation to ensure more New Zealanders can access high-quality prosthetic and orthotic services, now and into the future.



Peke Waihangā
Artificial Limb Service
Orthotic Service

Sean Gray
Peke Waihangā
Chief Executive

This report highlights some of the progress made over the past year and reflects our ongoing commitment to improving access, embracing new technologies and delivering the best possible outcomes for the people we serve.

Growing Our Capacity to Deliver Care

Investing in Modern Facilities

Peke Waihangā has expanded and upgraded facilities across Aotearoa to strengthen service delivery, support innovation and meet growing demand for prosthetic and orthotic services.

A major \$6 million redevelopment of the Auckland Artificial Limb Service centre has transformed the facility into a modern, purpose-designed space for both patients and staff. Officially opened on 20 May 2025, the refurbished centre includes expanded clinical areas, a larger workshop, improved reception and waiting spaces, and additional office facilities. The redevelopment has added a second storey and 285 square metres to the centre. This additional space provides the capacity to meet growing demand, while helping to future-proof prosthetic services for the Northern region for many years to come.



The refurbished Auckland Artificial Limb Service centre at 7 Horopito Street



New spacious waiting area.

Entrusted to Deliver South Island Orthotic Services

Health New Zealand / Te Whatu Ora awarded Peke Waihangā the contract to deliver orthotic services across the entire South Island, marking a significant milestone for Peke Waihangā and expanding access to specialist care for communities across the region. As part of this expansion, a new centre was opened in Nelson, bringing both orthotic and prosthetic services closer to home for people in the Nelson-Tasman and Marlborough regions. The new clinic reduces travel for patients and their whānau while supporting greater continuity of care.



Peke Waihangā Chief Executive Sean Gray, with Tim Wood from Health New Zealand



A Dedicated Home for Innovation

Peke Waihanga also established a dedicated Product Development & Commercialisation facility in Hamilton, providing a purpose-built environment for research, 3D printing, silicone manufacturing and product development. The new space supports collaboration and innovation, enabling the team to continue developing technologies and products that enhance patient care.

Together, these investments strengthen our ability to deliver high-quality services today while building the capacity and capability to meet the future needs of the communities we serve.

Leading Best Practice in Digital Prosthetics

Following strong interest generated at the Australian Orthotic Prosthetic Association (AOPA) conference, Associate Professor Anthony Francis from La Trobe University – ranked among the world's top one per cent of universities – visited New Zealand as part of a global review of best practice in prosthetics and orthotics. During his visit, he praised the organisation's innovative approach to digital prosthetic design, robust certification processes and strong focus on quality, safety and ethical data management. Mr Francis described Peke Waihanga as demonstrating 'exceptional leadership' in the safe clinical application of emerging technologies and identified opportunities for future collaboration between La Trobe University and Peke Waihanga in education, research and clinical innovation.

Sean Gray

Peke Waihanga Chief Executive



Isaac Naker (Technician), Miranda Chapman (Clinical Prosthetist/Orthotist) and Dr Juan Schutte (Research & Development Engineer), from the Product Development & Commercialisation Team at Peke Waihanga



Tributes to Past Members



Colin Fitzpatrick

26 October 2025

Our colleague and friend Colin Barrett Fitzpatrick died in Dunedin on 26 October 2025 aged 85.

Colin worked in Dunedin Hospital, in private practice and as a Senior Clinical Lecturer at Otago University Medical school since 1972.

Although a general Orthopaedic surgeon he had a special interest in Paediatric Orthopaedics. He was a naturally very gifted surgeon who transformed the lives of many disabled children and supported them through to adulthood. His advocacy and support for the disabled community and their families was outstanding.

Colin was instrumental in setting up regional Orthopaedic clinics in Central Otago and Maniototo in the 1970s which he serviced monthly until his retirement in 2010.

He served on the Mercy Hospital Dunedin Board for several years.

Colin had a strong faith and following retirement fulfilled many roles in the Presbyterian church. He was actively involved in support networks for disadvantaged youth and rehabilitation of prisoners at the Otago Corrections Facility.

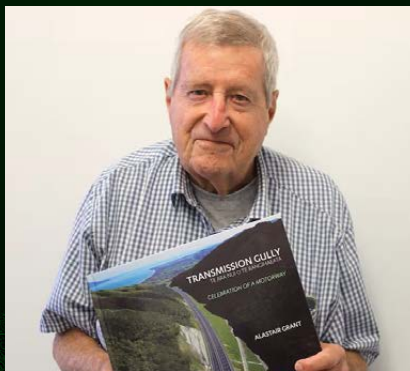
Colin was an expert apiarist and skilled fly fisherman.

He was highly respected by his colleagues and the Otago community.

*Written by, John Matheson
Orthopaedic Surgeon*



Tributes to Past Members



Alastair (Al) William Grant

17 September 1938 - 27 August 2026

Alastair was the oldest of four children born to Francis William a bank officer and Vera Jessica Grant (nee Cooke) a teacher in Oamaru. At the age of 12 Francis gave Alastair a kodak camera which started a lifelong interest. Alastair attended Waitaki Boys High where he was Dux and achieved scholarship. He then progressed to Otago University encouraged to study subjects to support an application for an American Aeronautical Scholarship. This being unsuccessful a family friend introduced Alastair to surgery following which he completed medical intermediate, medical school and graduated 1964. Eighteen months after graduation Alastair completed a six-month posting to Vietnam with the New Zealand surgical team, a visit he was to repeat in 1972. In 2003 he was awarded with NZGSM and NZOSM medals recognising his service.

Working in Tauranga Alastair met his future wife Carol, nee Cassels, with whom he departed to the UK to pursue a surgical career and passed FRCS Edinburgh 1970.

Returning to Auckland Alastair, among other positions, acted as the temporary Medical Superintendent at Auckland Hospital. Following a convivial NZOA AGM evening with Vic Hadlow and David Ludbrook a move to Taranaki occurred in 1973 where he remained until 2003.

Contributions to NZOA included Education and Manpower Committees. In a public health system undergoing centralisation of services with changing management structures and demands Alastair provided wisdom, leadership, and direction. He founded Taranaki Orthopaedics Ltd to ensure continuing Orthopaedic service to outlying areas.

His hobbies were numerous and included horticulture, aviation and photography.

With Carol they converted a 27-acre block to mixed Avocado, kiwifruit and pine conveniently located near to the airport where Al shared a Cessna aeroplane with a local undertaker Howard Vosper. Allowing for a slight aroma of formalin this proved reliable transport to visit outreach clinics.

His photography was such that the National Library preserves a major collection. He has published books of photographs including Harbour 2002, Wandering Wellingtons Waterfront 2015, and Transmission Gulley the Motorway where he was the official photographer.

In 2003 at the age of 63 Alastair exited the public system and moved to Wellington where he worked at the Mana clinic. His continuing

Orthopaedic interests included development of hip arthroscopy. After ceasing active surgical practice, he consulted at an acute clinic at Adelaide Road until 2024.

Alastair lived to eighty-seven without ever seeming to be interested in becoming old perhaps because his curiosity never did. He read widely, was an independent thinker and sought out interesting people. He possessed a dry sense of humour which sometimes challenged boundaries however they seldom appeared transgressed perhaps because of the quality of the humour. That complexity was part of his appeal.

Alastair is survived by his wife Carol and sons Jamie and Lachlan and four grandchildren.

Written by, Simon Hadlow and Tim Lynskey
Orthopaedic Surgeons

NZOA Council & Committees: Composition

Council 2025 – 2026

President	Mr Chris Hoffman
First President Elect	Mr Ed Yee
Second President Elect	Mr Dawson Muir
Immediate Past President	Mr Khalid Mohammed
Honorary Secretary	Mr Joe Baker (elected 2022)
Honorary Treasurer	Mr James Blackett (elected 2022)
Honorary Editorial Secretary	Mr Neville Strick (elected 2023)
Small Centres' Representative	Mr Amir Sandiford (elected 2024)
AoNZ Orthopaedic Training Board Chair	Mr David Bartle (co-opted 2025)
Education Committee Chair for Senior Trainees	Mr Robert Rowan (elected 2025)
Education Committee Chair for Junior Trainees	Ms Margy Pohl (elected 2025)
CPD and Standards Committee Chair	Mr Michael Flint (elected 2023)
NZOA ACC & Third Party Liaison Committee Chair	Mr Alex Malone (co-opted 2024)
Ngā Rata Kōiwi Representative	Mr Ryan Johnstone (appointed 2025)
LIONZ Representative	Ms Jenny Hicks (co-opted 2024)
Councillors	Mr Ritwik Kejriwal (elected 2025) Ms Georgina Chan (elected 2023) Mr Stephen Parkinson (elected 2023)
Chief Executive	Ms Andrea Pettett

AoNZ Orthopaedic Training Board

Mr David Bartle (Chair) (appointed 2025)
Ms Darina Gilroy (Trainee Representative) (appointed 2025)
Ms Emma Lacey (NZOA Censor) (appointed 2023)
Ms Fiona Timms (Education Secretary) (elected 2023)
Mr John McKie (Senior Examiner) (appointed 2025)
Mr Robert Rowan (Chair of Senior Trainees) (appointed 2025)

Ms Margy Pohl (Chair of Junior Trainees) (appointed 2025)
Mr David Lees (Educational Specialist) (co-opted 2025)
Ms Charlotte Allen (LIONZ Representative) (co-opted 2023)
Mr Daniel Lemanu (Ngā Rata Kōiwi Representative) (appointed 2025)
Ms Catriona Doyle (Consumer Advisor) (appointed 2022)
Ms Andrea Pettett (NZOA Chief Executive)
Ms Prue Elwood (NZOA Education & Training Manager)

Education Committee

Mr Robert Rowan (Chair of Senior Trainees) (appointed 2025)
Ms Margy Pohl (Chair of Junior Trainees) (appointed 2025)
Ms Fiona Timms (Education Secretary) (appointed 2023)
Ms Charlotte Allen (Co-opted Female Representative) (co-opted 2023)
Mr Daniel Lemanu (Ngā Rata Kōiwi Representative) (co-opted 2025)
Ms Emma Lacey (NZOA Censor) (appointed 2024)
Mr Rupesh Puna (Auckland City Hospital) (appointed 2025)
Mr Alpesh Patel (Middlemore Hospital) (appointed 2023)
Mr Josh Sevaio (North Shore Hospital) (appointed 2024)
Mr Rob Coup (Whangarei Hospital) (appointed 2025)
Mr Steve McGrath (Waikato Hospital) (appointed 2025)
Mr James Aoina (Tauranga Hospital) (appointed 2023)
Mr Al Dray (Hawke's Bay Hospital) (appointed 2025)
Mr Murali Reddy (Palmerston North Hospital) (appointed 2025)
Mr Ilia Elkinson (Wellington Hospital) (appointed 2022)
Mr Angus Jennings (Nelson Hospital) (appointed 2025)
Mr Gordon Burgess (Christchurch Hospital) (appointed 2025)
Mr Sean van Heerden (Timaru Hospital) (appointed 2024)
Mr Alan Carstens (Dunedin Hospital) (appointed 2025)
Ms Prue Elwood (NZOA Education & Training Manager)

Continuing Professional Development (CPD) & Standards Committee

Mr Michael Flint (Chair) (appointed 2023)
Mr Hamish Leslie (appointed 2025)
Mr Craig Ball (appointed 2025)
Ms Kate Ball (appointed 2024)
Mr Chris Birks (appointed 2024)
Ms Andrea Pettett (NZOA Chief Executive)
Ms Bernice O'Brien (NZOA Continuing Professional Development Advisor)
Ms Alex Woolf (NZOA CPD & Education and Training Support)

NZOA ACC & Third Party Liaison Committee

Mr Alex Malone (Chair) (appointed 2024)
Mr Richard Peterson (appointed 2026)
Mr Ian Galley (Shoulder and Elbow Representative) (appointed 2024)
Mr Tony Danesh-Clough (Foot and Ankle Representative) (appointed 2023)
Mr Warren Leigh (Hip Representative) (appointed 2023)
Mr Anthony Cheng (Wrist and Hand Representative) (appointed 2025)
Mr Antony Field (Spine Representative) (appointed 2023)
Mr Jonny Sharr (Trauma Representative) (appointed 2026)
Mr Khalid Mohammed (Presidential Line Representative) (appointed 2025)
Ms Andrea Pettett (NZOA Chief Executive)

NZOA Health Technology Committee

Mr Mark Clatworthy (Chair) (appointed 2023)
Mr Ramez Ailabouni (Hip/Knee Representative) (appointed 2023)
Mr Nicholas Lash (Hip/Knee Representative) (appointed 2021)
Mr Paul Monk (Hip/Knee Representative) (appointed 2021)
Mr John Scanelli (Hip/Knee Representative) (appointed 2021)
Mr Matthew Walker (Hip/Knee Representative) (appointed 2021)
Mr Marc Hirner (Shoulder and Elbow Representative) (appointed 2021)
Mr Anand Segar (Spine Representative) (appointed 2023)
Mr Brad Stone (Foot and Ankle Representative) (appointed 2025)
Mr Allen Cockfield (Hand/Paediatric Representative) (appointed 2023)
Mr Lloyd Roffe (AI Expert) (appointed 2025)
Ms Andrea Pettett (NZOA Chief Executive)

NZOA Procurement and Outsourcing Committee

Mr Stephen Parkinson (Chair) (appointed 2025)
Mr Kevin Karpik (Northern) (appointed 2025)
Mr Neville Strick (Midland) (appointed 2025)
Mr Fred Phillips (Central) (appointed 2025)
Mr Jonny Sharr (Southern) (appointed 2025)
Ms Andrea Pettett (NZOA Chief Executive)

Membership Committee

Mr Joe Baker (Chair and Honorary Secretary) (appointed 2022)
Mr Robert Rowan (Chair of Senior Trainees) (appointed 2025)
Mr Khalid Mohammed (Immediate Past President) (appointed 2025)
Ms Andrea Pettett (NZOA Chief Executive)

NZOA Related & Associated Entities: Composition

NZOA Trust

Mr Haemish Crawford (Chair) (appointed 2023)
Mr Angus Wickham (appointed 2023)
Mr Helen Rawlinson (appointed 2025)
Mr Joe Baker (NZOA Honorary Secretary) (elected 2023)
Mr James Blackett (NZOA Honorary Treasurer) (elected 2023)
Mr David Cleal (Independent Trustee) (appointed 2024)
Ms Andrea Pettett (NZOA Chief Executive) (ex officio)

Wishbone Orthopaedic Research Foundation Trust

Mr Richard Keddell (Chair) (appointed 2011 and 2019)
Mr Joe Baker (NZOA Honorary Secretary) (elected 2023)
Mr James Blackett (NZOA Honorary Treasurer) (elected 2023)
Mr Haemish Crawford (appointed 2016)
Mr Ian Galley (appointed 2024)
Ms Andrea Pettett (NZOA Chief Executive)

Wishbone Orthopaedic Research Committee

Mr Neville Strick (Chair) (elected 2023)
Mr Allen Cockfield (appointed 2023)
Mr Rupesh Puna (appointed 2024)
Mr Joe Baker (NZOA Honorary Secretary) (appointed 2024)
Mr Ryan Gao (appointed 2025)
Ms Jillian Lee (appointed 2025)
Mr Tim Chuang (appointed 2025)
Ms Andrea Pettett (NZOA Chief Executive)

NZ Joint Registry Trust

Prof Gary Hooper (Chair) (appointed 2018)
Mr James Blackett (NZOA Honorary Treasurer) (appointed 2023)
Mr Rod Maxwell (appointed 2018)
Mr Richard Keddell (appointed 2018)
Ms Georgina Chan (appointed 2025)
Ms Andrea Pettett (NZOA Chief Executive)

NZ Joint Registry Management Committee

Mr John McKie (Supervisor) (appointed 2018)
Mr Simon Young (appointed 2016)
Mr Peter Devane (appointed 2008)
Mr Matt Debenham (appointed 2021)
Mr Brendan Coleman (appointed 2017)
Prof Chris Frampton (appointed 2017)
Mr Tony Lamberton (appointed 2019)
Mr Vaughan Poutawera (appointed 2021)
Mr Hugh Griffin (External Member) (appointed 2010 and 2024)
Mr Philip Kearney (Arthritis NZ) (appointed 2020)
Dr Jinny Willis (Joint Registry Manager) (Co-ordinator)
Ms Andrea Pettett (NZOA Chief Executive)

Hip Fracture Registry Trust

Mr Mark Wright (Chair) (appointed 2016)
Ms Sarah Hurring (appointed 2020)
Mr Vaughan Poutawera (appointed 2023)
Dr Min Yee Seow (appointed 2023)
Ms Andrea Pettett (NZOA Chief Executive)

Hip Fracture Registry Implementation Committee

Mr Mark Wright (Co-Chair) (appointed 2016)
Ms Sarah Hurring (CDHB & ANZHFR Clinical Lead) (appointed 2020)
Ms Min Yee Seow (ANZSGM/WDHB) (appointed 2020)
Mr Pierre Navarre (NZOA Orthopaedic Surgeon Southland DHB) (appointed 2021)
Ms Rebekah Steventon (ACC Health Partner) (appointed 2024)
Kat Jackson (Osteoporosis NZ) (appointed 2026)
Mr Stewart Fleming (SO3 IT Consulting) (appointed 2015)
Ms Jenny Sincok (Orthogeriatrics Nurse CDHB) (appointed 2019)
Ms Rebecca Lilley (Research Otago University) (appointed 2019)
Ms Nicky Rooney (Physiotherapy NZ Representative) (appointed 2024)
Mr Daniel Lemanu (NZOA Ngā Rata Kōiwi Representative) (appointed 2024)
Mr Frazer Anderson (Geriatrician Northland and Fragility Fracture Registry Liaison Clinical Lead) (appointed 2023)
Ms Sandra Ebert (Consumer Representative) (appointed 2026)
Ms Sue Johnston (Consumer Representative) (appointed 2026)
Ms Andrea Pettett (NZOA Chief Executive)
Ms Nicola Ward (NZ National Hip Fracture Registry Coordinator) (appointed 2019)

Peke Waihanga | Artificial Limb and Orthotic Service Board

(appointed by the Assoc Minister of Health)
John McKie (appointed March 2023)

The Inaugural Meeting

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

The following is a list of Foundation Members:

Mr M Axford
Mr G C Jennings
Mr R Blunden
Dr G A Q Lennane
Mr J K Cunninghame
Mr A 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 NZOA

1950-51	Sir Alexander Gillies	2001-02	Mr A E Hardy
1952-53	Mr J L Will	2002-03	Professor J G Horne
1954-55	Mr M Axford	2003-04	Mr B R Tietjens
1956-57	Mr H W Fitzgerald	2004-05	Mr R O Nicol
1958-59	Mr A A MacDonald	2005-06	Mr R J Tregonning
1960-61	Mr J K Elliott	2006-07	Mr M R Fosbender
1962-63	Mr R Blunden	2007-08	Mr J Matheson
1964-65	Mr W Parke	2008-09	Mr D R Atkinson
1966	Mr R H Dawson	2009-10	Mr J A Calder
1967	Mr W Parke	2010-11	Associate Professor G J Hooper
1968-69	Professor A J Alldred	2011-12	Mr B J Thorn
1970-71	Mr B M Hay	2012-13	Mr R O Lander
1972-73	Mr J R Kirker	2013-14	Mr M S Wright
1974-75	Mr H G Smith	2014-15	Mr Brett Krause
1976-77	Mr W A Liddell	2015-16	Professor Jean-Claude Theis
1978-79	Mr A B MacKenzie	2016-17	Mr Richard Keddell
1980-81	Mr P Grayson	2017-18	Mr Richard Street
1982-83	Mr O R Nicholson	2018-19	Mr Rod Maxwell
1984-85	Mr C H Hooker	2019-20	Mr Peter Robertson
1986-87	Mr G F Lamb	2020-21	Mr Peter Devane
1988-89	Mr V D Hadlow	2021-22	Mr John McKie
1990-91	Mr P D G Wilson	2022-23	Mr Haemish Crawford
1991-92	Mr J C Cullen	2023-24	Mr Simon Hadlow
1992-93	Mr J D P Hopkins	2024-25	Mr Khalid Mohammed
1993-94	Professor A K Jeffery		
1994-95	Mr C J Bossley		
1995-96	Mr G F Farr		
1996-97	Professor A G Rothwell		
1997-98	Professor D H Gray		
1998-99	Mr A L Panting		
1999-00	Mr M C Sanderson		
2000-01	Mr G D Tregonning		

Compendium of Awards

Gillies Medal Recipients

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

ABC Fellows

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

2000	Mr K D Mohammed
2002	Mr H A Crawford
2004	Mr C M Ball
2006	Mr M M Hanlon
2008	Mr P C Poon
2010	Mr D C W Muir
2012	Mr G P Beadel
2014	Mr B Coleman
2016	Mr Andrew Graydon
2018	Mr Michael Rosenfeldt
2022	Mr Joe Baker
2024	Mr Anand Segar
2026	Mr Ryan Gao

President's Award

2005	Professor Alastair Rothwell
2006	Mr David Clews & Mr Allan Panting
2007	Professor Keith Jeffery
2008	Mr Chris Dawe & Mr John Cullen
2009	Mr Ross Nicholson
2011	Christchurch Orthopaedic Surgeons
2012	Mr Richard Street
2013	Mr Kevin Karpik
2014	Mr Richard Lander
2015	Mr Tim Lynskey
2016	Mr James Burn
2017	Professor Alastair Rothwell
2019	Mr Edward Yee
2022	Mr Chris Hoffman
2023	Mr Michael Barnes
2024	Mr Julian Ballance
2025	James and Helen Taylor

Hong Kong Young Ambassador

1993	Alastair Hadlow
1994	Peter Devane
1995	Peter Devane
1996	Stewart Hardy
1997	Kevin Karpik
1998	Geoff Coldham
1999	Hugh Blackley
2000	Matthew Tomlinson
2001	David Gwynne-Jones
2002	Terri Bidwell
2003	Ian Galley
2004	Perry Turner
2005	Angus Don
2010	John Ferguson
2011	Vaughan Poutawera
2012	Matthew Debenham
2013	Alpesh Patel
2014	Phillip Insull
2015	Godwin Choy
2017	David Bartle
2018	Michael Wyatt
2019	Matthew Boyle
2023	Ryan Gao
2024	Alex Lee
2025	Woo-Sung Kim
2026	Vahe Sahakian

ASEAN Fellowship

2013	Professor Jean-Claude Theis
2015	Mr Richard Lander
2017	Warren Leigh
2019	Rupesh Puna
2024	Suren Senthil
2026	Charlotte Allen

Korean Orthopaedic Association Travelling Fellow

2018	Seung-Min Youn
2023	Anand Segar
2024	Ryan Gao
2025	Lloyd Roffe
2026	Chuan Kong Koh

ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
2017	Hogan Yeung

ANZAC Fellow

2016	Simon Young
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Trans-Tasman Fellow

2019	Anthony Maher
2023	Mustafa Saffi
2024	John Zhang
2025	Nicholas Buckley
2026	Alex Campbell

ESR Hughes Award – RACS

2015	Chris Dawe
2017	John Matheson
2019	Peter Robertson

The Mary Roberts BMW Award

2021	Professor Bruce Hodgson
2022	Professor Tim Woodfield





Awards and Memorabilia of the NZOA

Presidential Jewel

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

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

Presidential Miniatures

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

President's Wife's Brooch

A brooch modelled on the tree of Andre is worn by the wife of the President during their term of office. This brooch is kept to be worn at future events.

Sterling Silver Bleeding Bowl

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

Sterling Silver Paul Revere Jug

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

Minute Book

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

London Emblem

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

Wall Tapestry

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

Sterling Silver Salver

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

Gavel

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

New Zealand Orthopaedic Association Golf Cup

This was presented to the Association by Sir Alexander Gillies (President 1950-52) for annual competition.

Kirker Salver

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

Thomson Memorial Trophy

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

Hadlow Trophy for Tennis

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

Black and White Paintings (x 4) by Ansel Adams

These were presented by the American Orthopaedic Association on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

Harold Lane Painting

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

Silver Bowl - Scottish Quaich

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

Wood Carving

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

Wood Tapestry - Kokanee

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

Wood Tapestry - High Air Selkirks

This tapestry was presented by the Canadian Orthopaedic Foundation on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

Old Bison Bone

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

Pounamu Mere

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

NZOA Annual Scientific Meeting Awards

Sir Alexander Gillies Medal

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

David Simpson Award

- For best exhibit at ASM Industry Exhibition

2023	Mathys
2024	Stryker
2025	Smith & Nephew

Trainee Awards

(Funded by the NZOA Trust)

- President's Prize for Top SET 5 Trainee
- Research Prize for Best Research for a final year trainee

2009	Andrew Graydon, President's Prize; Jacob Munro, Research Prize; Michael Rosenfeldt, Best Scientific Paper; Simon Young, Paper of Excellence at the ASM
2010	Albert Yoon, President's Prize; Fraser Taylor, Research Prize
2011	Nicholas Lash & Simon Young, Joint President's Prize; Simon Young, Research Prize

2012	Matthew Boyle, President's Prize and Research Prize
2013	Stephanie van Dijk, President's Prize
2014	Nicholas Gormack, President's Prize; Michael Wyatt, Research Prize
2015	Gordon Burgess, President's Prize; Rupesh Puna, Research Prize
2016	David Keiser, President's Prize and Research Prize
2017	Inglis, President's Prize
2018	Paul Phillips, President's Prize; Neal Singleton, Research Prize
2019	Matthew Street & Carrie Lobb, Joint President's Prize
2020	Otis Shirley, President's Prize; Lizzie Bond, Research Prize
2021	Tim Roberts, President's Prize; Ryan Gao, Research Prize
2022	Matt Fisk, President's Prize
2023	Jess Mowbray, President's Prize and Research Prize
2024	Teriana Maheno, President's Prize; Matt D'Arcy, Research Prize
2025	Caitlin Bodian, President's Prize; Mark Zhu, Research Prize

Top Educator Prize

- Consultant who has made a significant contribution to Orthopaedic education

2024	Tim Lynskey
2025	Kevin Karpik



NZOA

New Zealand
Orthopaedic Association

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