



New Zealand Orthopaedic Association

ANNUAL REPORT 2016 – 2017

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



NZOA Council 2016 – 2017

President	Mr Richard Keddell
First President Elect	Mr Richard Street
Second President Elect	Mr Rod Maxwell
Immediate Past President	Prof Jean-Claude Theis
Honorary Secretary	Mr Andrew Oakley (elected 2013)
Honorary Treasurer	Mr Stewart Walsh (elected 2013)
Executive Committee	Mr Julian Stoddard (elected 2015) Mr Bruce Hodgson (elected 2013) Mr Sudhindra Rao (elected 2015) Mr Perry Turner (elected 2016) Mr Antony Field (elected 2016) Mr David Templeton (elected 2016)
Small Centres Representative	Mr Michael Barnes (elected 2015)
Editorial Secretary	Mr Simon Hadlow (elected 2013)
Education Committee	Mr Edward Yee (elected 2015)
CPD and Standards Committee	Mr Brett Krause
Workforce Committee	
Orthopaedic Representative to RACS Council	Mr Greg Witherow AOA (elected 2016)
Chief Executive	Ms Andrea Pettett

Education Committee

Chairperson	Mr Simon Hadlow (elected 2013)
Auckland	Mr Haemish Crawford (elected 2014) Mr Tom Geddes (elected 2013) Dr Margy Pohl (elected 2014)
North Shore/Whangarei	Mr Sandeep Patel (elected 2013)
Mid North Island	Mr Simon Johnson (elected 2015)
Mid North Island	Mr Nigel Willis (elected 2014)
Wellington, Hutt	Mr Tim Love (elected 2014)
Palmerston North, Wanganui & Nelson	

NZOA Trust – Trustees

Mr Richard Lander (Chairperson) (appointed 2014)
Mr Grant Kiddle
Mr Hamish Leslie
Mr Michael Caughey
Mr Andrew Oakley (NZOA Hon Secretary)
Mr Stewart Walsh (NZOA Hon Treasurer)
Prof Jean-Claude Theis (Past President)
Mr Ron Eglinton (Independent Trustee)

Wishbone Trust – Trustees

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

Christchurch

Mr Khalid Mohammed
(elected 2014)

Dunedin & Invercargill

Mr Michael Chin
(elected 2014)

Smaller Centres

Mr Dave Templeton
(elected 2016)

Honorary Secretary

Mr Andrew Oakley
(elected 2011)

Censor

Mr Dawson Muir
(elected 2015)

Standing Committees of the New Zealand Orthopaedic Association 2016-2017

Continuing Professional Development and Standards Committee

Mr Edward Yee (2015) (Chairperson)

Practice Visit Programme

Mr Rod Maxwell (2011)

Workforce Committee

Mr Brett Krause (2015) (Chairman)

Orthopaedic Representative on RACS Council

Mr Greg Witherow
Australian Orthopaedic Association (2016)

Orthopaedic Surgeon on the NZ Artificial Limb Services Board

Assoc Prof Alan Thurston (March 2014)
(appointed by the Assoc Minister of Health)

Archivist

Assoc Prof Alan Thurston (2004)

Ad Hoc Committees of the New Zealand Orthopaedic Association 2016-2017

Third Party / ACC Liaison Committee

Mr John McKie (2008) (Chairperson)

Mr Andrew Vincent (2017)

Mr Khalid Mohammed (2012)

Mr Peter Robertson (2015)

Mr Richard Street (2010)

Mr Alex Malone

Mr Richard Morbey

Prof Jean-Claude Theis (Past President)

Ms Andrea Pettett (Chief Executive)

Research Foundation Funding Committee

Mr Stewart Walsh (NZOA Hon Treasurer) (Chairperson)

Mr Michael Barnes (NZOA Editorial Secretary)

Mr Andrew Oakley (NZOA Hon Secretary)

Ms Andrea Pettett (Chief Executive)

Research & Outcomes Committee

Mr Michael Barnes (Chairperson) (2015)

Mr Khalid Mohammed (2016) (Education rep)

Professor Gary Hooper (2008)

Professor Jean-Claude Theis (President) (2008)

Mr Jacob Munro

Mr David Gwynne-Jones

Professor Susan Stott

NZ Joint Registry Board

Professor Alastair Rothwell (Chairperson)

Mr Simon Young (2016)

Mr Peter Devane (2008)

Mr Dawson Muir (2014)

Mr Andrew Oakley (2013) (Hon Secretary)

Hugh Griffin (2010), OILA rep

Dr Peter Larmer, Arthritis NZ rep

Ms Toni Hobbs, NZ Joint Registry

Ms Andrea Pettett (Chief Executive)

Membership Committee

Mr Andrew Oakley (2011) (Chairperson)

Prof Jean-Claude Theis (2016)
(Past President)

Mr Simon Hadlow
(Chair of Education Committee)

Ms Andrea Pettett (Chief Executive)

Examiners Committee

Prof Gary Hooper (2015) (Senior Examiner)

Mr Mark Wright (2004)

Mr Sudhindra Rao

Mr Brett Krause

Mr Bruce Hodgson

Mr Kevin Karpik

Professor Sue Stott

Mrs Helen Tobin

Mr Rod Maxwell

Mr Chris Hoffman

President's Report

In my address to the Association at the AGM at the combined NZOA / AOA meeting in Cairns in 2016, I outlined the challenging times we live in for the practice of orthopaedic surgery.



Richard Keddell
President

I talked about four topics, Compliance, Challengers, Conferences and Collegiality. Having completed a year addressing these issues, I can say we have made significant progress in each. However, after attending several international presidential council meetings, these are worldwide issues facing orthopaedic practice.

Compliance

As part of our core NZOA responsibilities, we have made major advances in our compliance with modern reporting requirements. In particular we have transferred our financial arrangements to a new platform with full allocation of costs where they lie. We have a much clearer understanding of the costs of Education, CPD, Practice Visit Programmes, COE and now have Conference and Events management costed on an actual basis as a service with no margin. We have re-developed our CPD tool to a more user-friendly version, and begun some improvement of our website.

However, we have also dealt with many compliance issues outside of our core NZOA activities. Many of these, while not directly the responsibility of NZOA, are a risk to the Association and therefore have required our input. The ANZ Hip Fracture Registry, a cooperation between orthopaedics and geriatrics, and a very important registry for the future management of hip fractures, has relied heavily on the NZOA during its establishment especially finding funding which represents significant ongoing need. The New Zealand Joint Registry, again an entity outside of NZOA core responsibilities, has and will

occupy further efforts to establish new compliance requirements allowing for a fresh new structure and operation.

We have an agreement from the current Trustees that there is a need to set up a new NZOA related entity to ensure the future viability of the Register, strengthen compliance and source sustainable funding.

We are addressing better alignment of our research funding with an agreement between the Wishbone Trustees and the Research and Outcomes committee to work towards combining their research funding models.

Lastly, our increasingly active Subspecialty Societies, while not being directly the responsibility of NZOA, can represent risks to the Association. More importantly, they can represent significant risk to the individual members and hence considerable ongoing support is being provided by NZOA to these societies to renew their existing structure, legal compliance and financial management.

Challenges

The Stakeholder management of the Challenges has been very active this year with an increasingly good relationship and engagement with ACC. This good relationship is a fundamental component of NZOA's support of your practice environment. Another important area of work is increasing input into Pharmac and their recognition of the need to liaise with NZOA regarding their direction to manage implant purchases.

Our regular input to and from the Ministry of Health this year has led to what I believe is a better cooperative atmosphere. During our recent media campaign, I have emphasised the work we have done together while raising the difficulty we have with the variation in approaches the different DHB's adopt.

Possibly our biggest challenge this year is our relationship with RACS regarding our training activities. We have long prided ourselves on our orthopaedic training programme, it's unique structure and especially its success. The relationship between NZOA, it's Training Committee, and RACS, has come under intense scrutiny by the Australian Medical Council, the ultimate overseer of surgical training in Australia. While their final report is yet to be presented, there is significant risk that our training structure is not compliant with our partnership agreement with RACS, and that our training curriculum needs to better align with the newly reconstituted AOA programme. NZOA have made repeated approaches to RACS to rearrange our alignment with the College to better represent the partnership agreement and we have had excellent cooperation with the AOA to support alignment of our training programmes. I am comfortable that this work has allowed significant risk reduction for the Association but equally as important, will strengthen our alignment with RACS and the quality of our training programme.

All this core and noncore activity as well as stakeholder management has been undertaken within our existing funding stream by prudent management and without increasing our membership fees.

Conference and Collegiality

As you will be aware, we have altered the theme of our ASM this year to focus on some of the important issues facing us as a profession. Having attended the meetings of our sister Associations, these issues are universal. Having the international presidents attend our ASM will give us a great opportunity to highlight and discuss professionalism, integrity, diversity and the risks our Associations face from inside and outside our networks.

It has been an honour to represent you as your President this last year. The Association is in a healthy active state ready to face the challenges and support our members and our profession. My special thanks to all our office staff in Wellington who have supported the organisation throughout this transition phase, taking on new responsibilities and learning new skills to support our Association. Thank you Rachel, Bernice, Helen, Tanya and Carolyn. A debt of gratitude to our departing Council Members, Stewart Walsh, Andrew Oakley, Bruce Hodgson, past President Jean-Claude Theis and to outgoing Education Committee Chair, Simon Hadlow, and outgoing ACC and Third Party Liaison Committee Chair, John McKie. My particular thanks to our CEO, Andrea Pettett, for her constant support for me and all members of the Council and hence, our Association. In these times of the challenges outlined above, to have someone with an experienced analytical legal mind has been essential and much appreciated.



Chief Executive's Report

As I write my second Annual Report I have been reflecting on the NZOA Work Programme, and in particular the progress we have made over the last 18 months improving NZOA infrastructure, revising our Core Programme, and reviewing entities not part of NZOA but nonetheless supported by us.



Andrea Pettett
Chief Executive

NZOA Office Infrastructure

We have completed the transition of our financial and payroll platform to Xero, and have migrated other entities we support onto this platform also. We are benefitting from improved reporting and ease of electronic access and authorisation.

Education and Training

A review of the RACS NZOA Partnering Agreement has been undertaken, and we are entering into a negotiation phase with RACS to agree new contractual terms so that NZOA can continue to educate and train orthopaedic surgeons to a high standard.

As part of our review of education and training, we recognise the need to revise our Programme to better support competency based training and provide increased feedback and reporting. We recently workshopped with the Australian Orthopaedic Association who have made great progress in this area, and it is likely we will work closely with them and follow their lead.

Continued Professional Development

In 2016 we surveyed members on the usability of the NZOA CPD tool, with the majority of members expressing their dissatisfaction. Following from this,

we have fully revised the CPD tool and have completed redevelopment through our IT partner Solnet. The first phase of the redeveloped CPD tool will be released later in 2017 as a less cluttered and fully optimised tool for use on mobile devices. The second phase of the CPD tool redevelopment will be released in January 2018 which will include clearer definitions and a revised points system. The CPD Tool will now enable administrator access greatly improving our oversight of member activity. Further information about these changes will follow from the CPD Committee.

The Practice Visit Programme has also been reviewed and updated. The programme has been expanded to 30 visits in 2017/18.

Conferences and Events

We have a much clearer understanding of the costings for conference services and now charge each event based on a cost recovery methodology. We have invested in EventsAir conference and events software, to better support our conference service and enable seamless online registration and improved administration. We hope to continue providing a superior conference services to all of the sub speciality societies.

Support for Sub Speciality Societies

In late 2016 we wrote to all the sub speciality societies offering to support them with an increased range of services including maintaining their entity status and adhering to legal reporting requirements. So far four sub speciality societies have indicated their interest to receive additional support from the NZOA office.

ACC & Third Party Liaison Committee

This Committee has been very active this year and is increasingly bringing issues to ACC rather than being solely reactive. The Committee is regularly consulted on a variety of matters and meets quarterly with ACC and other key third parties. NZOA also participates in the Ministerial directed ACC Medical Issues Workshop, which is looking to address the issues raised in The Miriam Deans, QC, Report.

New Zealand Hip Fracture Registry Trust

The New Zealand Hip Fracture Registry Trust was established in 2016 to support the implementation across New Zealand District Health Boards of the Australia and New Zealand Hip Fracture Registry. NZOA supports the Trust and the New Zealand Implementation Committee. We are making good progress, and are now focusing on how the New Zealand Hip Fracture Registry will be funded on an ongoing basis.

New Zealand Joint Registry

The NZOA along with the NZJR trustees have undertaken a full review of the Registry legal structure and support. We have agreed that the current arrangements can be improved and that a new Trust entity should be formed with NZOA support to ensure the Registry continues its excellent work to date.

This has been an interesting period for me as Chief Executive, and I am pleased with the various work programmes we have commenced and those we have completed. I wish to thank the fantastic team at NZOA, including Bernice, Carolyn, Helen, Rachel and Tanya. I also want to thank Stu Walsh, Treasurer, and Andrew Oakley, Secretary, whom I have worked closely with. My thanks also to the NZOA Council, Trust and Committee members for their hard work. Special thanks to the Presidential Line and especially Richard Keddell, for their leadership and support.



Honorary Treasurer’s Report

The NZOA has completed another financial year ending the 31st of July 2017 remaining within budget with a small surplus \$20,000.



Stewart Walsh
Honorary Treasurer

A budget has been set for the current financial year which is aimed to be a breakeven budget with no increase in members' subscriptions. Our Association's ability to budget has been enhanced by the successful implementation of the Xero accounting package. Our ability now to more accurately define cost centres and budget for each of these makes budget planning more accurate. There remain variables such as income from the ASM and COE which are difficult to project in advance. Historically surpluses from these meetings were transferred to the Research and Outcomes Committee account which remained under the financial reporting system of the NZOA. At the latest Council meeting on 10 July 2017, it was decided that each financial year the Council would be notified of the projected surplus for both the Secretariat and the NZOA Meetings and the Council would decide where that surplus would be distributed.

The Wishbone Trust which is administered by the NZOA has in the last financial year transferred reserve funds to custodial management with Craig's Investment Limited. Due to the timing of this and the market behaviour, this has worked out so far very well for the Wishbone Trust as is shown in this brief summary:

Portfolio Summary

Portfolio Performance

Portfolio value as at 14 August 2017	\$523,215.18
Net contributions since inception	\$448,000.00
Gross annual income from interest and dividends	\$14,500.29
Portfolio performance ¹ - (12 months to 14 August 2017)	13.64%
Portfolio performance ¹ - since inception (% p.a.)	13.63%

The NZOA Trust funds are invested in a similar manner and the current returns on this investment still exceed the grants disbursed. At the ASM, Mr Antony Field takes over my position as Honorary Treasurer. Throughout this year Antony has been very involved with the financial management and has attended Council meetings. I believe he is well equipped and I wish him every success in this role.

Once again, I am grateful for the fantastic support Rachel Allan has given us.

Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2017

		Group		Parent	
	Notes	2017	2016	2017	2016
Revenue					
Donations, Fundraising and other similar revenue	1	70,260	99,685	-	-
Fees, subscriptions and other revenue from members	1	552,879	537,646	552,879	537,646
Revenue from providing goods or services	1	1,011,390	1,312,624	1,006,770	1,323,396
Interest, dividends and other investment revenue	1	191,121	244,430	38,757	11,273
Total Revenue		1,825,650	2,194,385	1,598,406	1,872,315
Expenses					
Volunteer and employee related costs	2	504,015	418,443	504,015	418,443
Costs related to providing goods or service	2	1,109,493	1,321,717	1,063,100	1,281,209
Grants and donations made	2	42,515	150,896	881	112,140
Other expenses	2	44,697	14,370	9,851	11,535
Total Expenses		1,700,720	1,905,426	1,577,847	1,823,327
Surplus/(Deficit) for the Year		124,930	288,959	20,559	48,988

This statement should be read in conjunction with the attached notes to the accounts

Statement of Financial Position

New Zealand Orthopaedic Association Incorporated

As at 31 July 2017

		Group		Parent	
	Notes	2017	2016	2017	2016
Assets					
Current Assets					
Bank accounts and cash	4	879,506	2,149,036	732,752	1,593,063
Debtors and prepayments	4	302,844	197,638	304,620	195,246
Income Tax Receivable		-	-	-	-
Inventory	4	878	381	-	-
Work In Progress		79,275		79,275	
Total Current Assets		1,262,503	2,347,055	1,116,647	1,788,309
Non-Current Assets					
Property, Plant and Equipment	6	15,833	18,309	15,833	18,309
Intangible Assets	7	3,323	6,646	3,323	6,646
Investments	4	3,948,714	2,511,909	921,060	-
Other non-current assets	4	60,167	58,823	60,167	58,823
Total Non-Current Assets		4,028,036	2,595,687	1,000,383	83,778
Total Assets		5,290,540	4,942,742	2,117,030	1,872,087
Liabilities					
Current Liabilities					
Creditors and accrued expenses	5	307,593	283,840	299,963	274,693
Income Received in Advance		352,590	162,275	352,590	162,275
Goods and services tax		55,400	46,600	55,400	46,600
Total Current Liabilities		715,583	492,715	707,953	483,568
Total Liabilities		715,583	492,715	707,953	483,568
Total Assets less Total Liabilities		4,574,957	4,450,027	1,409,077	1,388,519

This statement should be read in conjunction with the attached notes to the accounts

Statement of Financial Position

New Zealand Orthopaedic Association Incorporated

As at 31 July 2017

		Group		Parent	
	Notes	2017	2016	2017	2016
Accumulated Funds					
Unrestricted Accumulated surpluses					
Wishbone Trust Accumulated surpluses		572,098	472,897		
NZOA Trust Accumulated surpluses		2,593,782	2,588,612		
Association		1,052,822	1,031,382	1,052,822	1,031,382
Restricted Funds - Research Foundation	9	356,255	357,136	356,255	357,136
Total Accumulated Funds	8	4,574,957	4,450,027	1,409,077	1,388,518

This statement should be read in conjunction with the attached notes to the accounts

Continuing Professional Development Report

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



Edward Yee
NZOA CPD Chair

New College (Royal Australasian College of Surgeons) mandatory courses have been incorporated into our existing programme along with the regular business of the Committee.

We currently have 264 members enrolled in our CPD programme and it took until June to achieve complete compliance for the 2016 CPD year. Once again it required personal calls to non-compliant members to remind them of their obligation to complete their CPD. It was disappointing to see a few repeat offenders.

Interestingly some of our members who are no longer practicing and do not hold a valid APC are still continue to report their CPD activities. They are a worthy example to those members for whom it is a mandatory requirement and who fail to complete it.

The CPD programme has undergone some major revisions. These have been introduced for a number of reasons. It aligns our programme closer to that offered by the College and for our members who are in private practice only, hopefully it will be easier to complete. The changes will be clearly communicated to all members. Some noteworthy changes are as follows.

A third category has been added to the previous Category A for members in operative practice and Category B for those who are not. The new Category C is for members or associate members on fellowships. They are required to accrue fifty points in Section 2 (Maintenance of Knowledge and Skills). This change is in keeping with the College CPD programme.

Section 1 and 2 has been re-named to clarify the activities they contain. Section 1 is now simply Clinical Care and Governance (previously Evaluation of Clinical Practice for Quality Improvement) and section 2 is Maintenance of Knowledge and Skills (previously Improving Clinical Knowledge and Standards).

The quarterly peer review audit will be changed to an annual requirement. Members are still encouraged to undertake as many peer review audits as they feel necessary to maintain good surgical practice. The ability to claim CPD points in Section 1 for these activities have been retained. It will assist those members in private practice only to complete Section 1.

The mandatory participation in registries for members carrying out certain procedures has been expanded. Participation in the NZ Joint Registry is compulsory for those who carry out joint replacement surgery. The new ACL registry is compulsory for members who carry out ACL reconstructions. New registries are likely to be introduced by specialist societies and when established will become a compulsory part of the CPD programme. There have been criticisms about the accuracy of data collected for the NZ Joint Registry and the extrapolated results. It does however provide at the very least an elementary insight into the performance of a member or a procedure.

A number of members will be relieved to know that appropriate scientific meetings will no longer require

approval from the CPD committee before they are eligible for points in Section 2. It is anticipated that members will exercise appropriate judgment in such situations.

The Practice Visit Programme remains a core feature in our CPD curriculum. Currently no other surgical specialty in the college has such a scheme and it is viewed with reverence. The participating members for next year have been selected and they will be notified accordingly.

The College's Building Respect, Improving Patient Safety (BRIPS) e-learning module has been made compulsory for all members. This has only been recently implemented, as not all of our members are Fellows of RACS and consequently could not access the material. Access to the e-learning module for these members has now been negotiated with the College. The College's course, Foundation Skills for Surgical Educators is compulsory for all members who supervise registrars or trainees. This has also been added to our CPD programme.

Finally, the CPD web based program has been revised and updated. The previous program was hosted by a different company from the one responsible for the NZOA website, hence the requirement for a link. One company now hosts them and the program itself has been updated to include the CPD programme changes and provide a user-friendlier interface. This will be ready for the 2018 CPD year.

Practice Visit Programme Report

Participation in the programme continues to grow. During 2016/17 52 members were involved and for the coming year, 60 members have been selected.



.....
Rod Maxwell
PVP Coordinator
.....

Over 200 members have now participated in the programme with many members having been both visitor and visitee.

As part of the regular review of the programme, this year the Committee reviewed the Information and Guidelines for participants. As a result of this review:

1. Visitors will receive 10 points per visit with a total of 20 points for two visits. This brings them into line with the visitees who receive 20 points for a visit (commencing 2018).
2. Participants will be advised that the visit can take place over a single day if all requirements can be met. However, the visits can take place over two days if it proves difficult to arrange a one day visit.
3. The requirement to provide audit data will be clarified. Evidence of attendance at peer reviewed audit meetings will met this requirement.
4. Visittees will be advised that failure to provide visit data within the requested timeframe may result in a grade change to a B.



Education Committee Report

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



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Simon Hadlow
Chair
.....

Education Opportunities

The Spring SET 2-5 training weekend, convened by Andy Matthews was held in Wellington at Kenepuru and Wellington Hospitals. This was a very successful weekend, combining an interesting patient mix with full faculty attendance. The Autumn SET 2-5 training weekend, convened by Sandeep Patel, was held in Hamilton and was also a highly successful training event. The Spring SET 0/1 training weekend was held in New Plymouth, with an emphasis on Orthopaedic History and Examination teaching, and we will hold one more later this year before it moves to Whangarei for 3 years. The Autumn SET 1 training weekend was again held in Gisborne, and Karel Chivers and her team hosted a very enjoyable training event. We thank Karel for all the efforts she put in over the last 3 years of hosting this training event.

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

The Mock Examination was held in Timaru and convened by Dave Templeton, and once again provided exam-like conditions for the SET 4 Trainees approaching their Fellowship examination.

David Bartle convened the Pre-exam course in Tauranga, always a major undertaking, providing invaluable clinical material for which the SET 5 exam candidates were most appreciative.

Selection 2017

Twenty-four candidates were interviewed at the Boulcott Clinic in June; the ten successful candidates were Saesol Shin, Chuan Kong Koh, Ayaaz Ebrahimjee, John Mortimer, Oliver Johnson, Matthew Fisk, Tom Kuperus, Rachel Price, Zaid Bahho and Tad Pizsel.

Fellowship Exam 2017

Eleven candidates presented for the May Fellowship examination and 8 were successful. Congratulations go to Andrew Irving, Georgina Chan, Joshua Sevaio, Anand Segar, Hogan Yeung, Satyen Jesani, Tom Inglis and Nikki Hooper.

AMC Review and RACS Partnering Agreement

We are awaiting the final report from the AMC Review of Surgical Training; however, we do expect that there will be some issues raised in that report that will impact on NZOA, possibly a joint AOA/NZOA Curriculum, and a closer working relationship with the AOA. I fully expect that there will be an emphasis on competency-based training, diversity, flexible training, issues with trainee feedback, continuing on with RACS Building Respect work and external representatives on Boards.

The partnering agreement with RACS is also in the process of being renegotiated so that it better reflects how NZOA delivers training.

Changes

This is my last year as Chair of the Education Committee, a role I have thoroughly enjoyed. The job is made easier by the support I receive from all the Committee Members and colleagues all over the country. There are challenges ahead and I know that Tim Gregg as incoming Chair is well placed to take these on.

There are a number of changes on the Committee as well and we say farewell and thanks to Haemish Crawford, Sandeep Patel, Khalid Mohammed, Andrew Oakley and Michael Chin for all their hard work and support of trainees. We were very saddened to hear about Karel Chiver's illness and wish her the very best for her recovery. Helen Glasgow has also resigned after five years at NZOA and will be very much missed; I wish her well in her next role.

Workforce Report

The only certain fact about Workforce planning is the large margin of error which almost always affects the accuracy. In saying that, it is sensible for any Workforce group to keep an overview of its position if only for its own welfare.



Brett L Krause
Workforce Committee

This Association has always taken pride on its Training Scheme maintaining quality as well as sensible recruitment numbers. This Association has also for over a decade warned of and promoted the expected increase in demand for our services with increasing population and age of that population. Over the last few years unprecedented immigration has pushed our Nation's population to close to 5 million while the average age of that population continues to increase.

Past Workforce planning has seen a slow steady increase in Consultant numbers so that we now have 264 members with an Annual Practising Certificate at Consultant level (Medical Council of New Zealand, RACS figures).

The Association ran two surveys this year. The first was a membership wide survey which culminated in 190 replies from 264 members, a 71.9% return. Of those replies, 154 out of 178 had graduated from the NZ Orthopaedic Association Training Scheme and 166 out of 178 have FRACS. There was widespread consultant experience but notably 66 out of 174 said that they planned to decrease their hours in the next 5 years with 35 out of 174 planning to retire completely within that time.

If this information is correct, our steady increase in numbers may need examining.

The second survey was to the DHB Heads of Department. This revealed that at the time of the review there were 10 vacant positions with a further 11 new posts expected over the next 3-5 years. The survey highlighted the vast regional differences in core Registrar numbers and Orthopod to population density.

There are of course a large number of factors which influence these figures, which don't take into account FTE's, sub-specialisation, tertiary requirements and the like.

The Association was approached and met with Emanuel Jo from Health Workforce New Zealand during the year, whose model of workforce planning shows the need for doubling the number of Consultants by the year 2025. While the model uses some assumptions, it broadly fits the age and population summaries.

With all this information, it is reasonable to assume greater training numbers are required (10 were taken this year, up from 9 in the past years) and will need to increase.

We do need to guard against wholesale increases in training without regard to quality. Canada increased training dramatically some years ago facing the similar figures, but with resulting unemployment of fully trained Orthopaedic Consultants and over

trained Fellows with no ready Consultant positions. Also, we need to guard against a drop of interest in Orthopaedics as noted in the UK over the recent years, where the numbers applying for the Training Scheme have dropped off markedly.

Our Association needs to consider increasing the pressure on the DHB's to continue to increase the number of public Consultant positions to blunt the impending mismatch of services and demand already apparent across the country. Of course, simply increasing the Consultant numbers does not solve the problem without resources to go with them. We will need to further increase our Registrar and Trainee Registrar numbers accordingly.

It is important to maintain quality, as we have always strived to do, as well as keeping a sensible position on Trainee and Consultant numbers, remembering the importance of public hospital posts to deal with the constant trauma load.

Senior Examiner's Report

The May Fellowship examinations were conducted in Wellington (Kenepuru Hospital) and Melbourne. Conveners Iliia Elkinson and Jonathan Richards, along with their volunteers are to be highly commended for a well organised examination.



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Sudhindra Rao
Senior Examiner
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The examiners wish to extend their thanks to all of those involved. It is certainly a venue that would be very suitable in the future.

Thirteen of 23 passed the Wellington exam, 34 of 40 the Melbourne exam.

Congratulations to Georgina Chan, Andrew Irving, Tom Inglis, Joshua Savao, Nikki Hooper, Anand Segar, Hogan Yeung, Carl Chisholm and Satyen Jesani who were successful in passing the Fellowship exam in Wellington.

The move to balance the numbers of candidates across the three exams is proving to be very satisfactory, as it allows a good trans-Tasman mix of examiners, thus minimising any potential for bias and/or conflict of interest issues. Furthermore, our Australian counterparts look forward to the excellent examination venues and high quality of clinical cases.

Prof Gary Hooper completed his tenure as Senior Examiner this year. Gary has made an enormous contribution as an Examiner, with many of his submitted cases still being presented for examinations. His presence and comments will be missed.

The OPBS is managed by Prof Sue Stott. The exam pass rate is around 90%, and NZ candidates continue to perform very well. My thanks to Sue for her contribution.

Electronic delivery of examinations across the board and by all subspecialties continues to be under review. However, we are still a long way off from formal utilisation. There are significant concerns about the robustness of the process and implementation. The Orthopaedic court have resisted any attempts at its introduction at this stage, pending full and robust testing.

Auckland and Wellington continue as exam venues, for the time being. It is anticipated that Christchurch will be able to be added in the very near future.

Chis Taylor and Simon McMahon were added to the Orthopaedic Court this year. They examined for the first time at the September exam in Brisbane. We look forward to their tenure and contribution to the Court.

We will be appointing two more Examiners next year, in anticipation of retiring examiners. I would strongly recommend that any of our Fellows who are interested to join the Orthopaedic Court make a formal application. The details can be found on

the College website. The commitment required as an Examiner is more than offset by the educational opportunities and Fellowship, which is unsurpassed. There is a strong feeling amongst the Executive that the Surgical Court needs to consider gender and ethnic diversity when considering appointments.

On behalf of the Association, I wish to thank all present and retiring Examiners for their hard work and commitment for what is a very important role and playing a small part in shaping the future of Orthopaedic practice of our young Fellows.

Trainee Representative Report

New Zealand trainees continue to receive excellent training and mentoring from senior colleagues throughout the country with a 73% pass rate for the fellowship exam in the first half of this year.



David Lees
Set 3 (New Zealand
Orthopaedic trainee
representative)



Heath Lash
Set 4 (New Zealand
RACS trainee
representative)

We do, however, have a number of both present and impending challenges to how we train in New Zealand. Navigating these challenges will require careful thought around how our training may evolve as our training environment changes.

AOA 21 – the changing Australian Training Curriculum and implications for NZOA

The Australian Orthopaedic Association has recently undertaken an extensive review of their orthopaedic SET training. Following this, with the aid of international experts, they have modernised their training curriculum and developed a competency based assessment process. The AOA recently presented to the NZOA on their modernised curriculum (AOA 21) and the insights and changes they have made. We now need to consider how NZOA, learning from the AOA experience, may continue to modernise our training and also honour our agreement with the College to maintain a single set of learning outcomes between the two Associations.

Trainee's exposure to elective operating and clinic opportunities

We continue to face rising demands on both acute and elective orthopaedic services, at times these are exceeding the available hospital resources. New Zealand trainees provide a key role, particularly in the provision of acute services, but in some centres this has been at the expense of access to elective

operating and clinics. The recent AMC accreditation recognised this as a weakness of some New Zealand training centres and an issue needing resolution in order to maintain accreditation. This response from the AMC, has aided the affected departments to further advocate for their trainees and their elective training opportunities, with the current group of trainees already recognising significant progress.

Schedule 10 of the RDA MECA

The recent RDA industrial action and subsequent MECA negotiations will see the introduction of significant changes to work rosters. Particularly the provision that RMOs will not work more than ten consecutive days or four consecutive night shifts, will dramatically change how services are covered. There are understandably some concerns from trainees that these changes may bring unintended negative consequences for patient welfare, specifically with increased handovers impacting continuity of care, and at the same time may also dilute training opportunities. Some trainees have resolved to form a separate union, with a number of orthopaedic trainees being instrumental in its set up. This union hopes to provide an alternative option for those preferring a different work contract from the RDA MECA, but still wishing to have the protection of being a part of a union. The NZMA has agreed to be the home for this union, with the roll out still being arranged.

Response to HDC finding and consent for trainee participation in surgery

Following the release of a recent HDC report, it has been reiterated that patients need to be adequately informed when surgery may be performed by trainees. Subsequently, all DHB's have been approached about their consent forms and whether their consents forms specifically include a statement about trainee involvement in procedures. Only three have a statement that is adequate. Several options for consent wording have been discussed with the NZ College Board and RACSTA. It has been suggested the paragraph below should be added to all DHB's consent forms. Also, to complement this statement an additional education pamphlet regarding surgical team makeup is being trialled in Christchurch.

"The person performing the procedure will have a suitable level of training, experience and supervision. I understand there is no guarantee that a particular person will perform the procedure. The person performing the procedure may be a training surgeon."

Mid-term assessment

This year a mid-term assessment has been introduced for trainees. This is something most other surgical specialties already have in place. This mid-term assessment should encourage trainees and supervisors to engage in on-going feedback throughout runs, and provide a prompt for early direction and feedback especially when there are concerns that need addressing prior to the end of run assessment.

Change to the start of the training year

The start of the New Zealand surgical trainee year begins in early December, whereas the Australian year begins in late January. Because orthopaedics is a national, rather than Australasian training, this has not impacted our transitions until it comes to Fellowship time. Some other New Zealand surgical specialties have an Australasian program and complete training years in both Australia and New Zealand. For these trainees, the non-aligned start and finish times are problematic. Also, many consider this to be a clumsy time to shift between centres, just before the holiday period and during the inevitable rush to get through urgent elective cases before this period begins. RACS and RACSTA have approved a survey of trainees regarding a change to the start of the year. This would be to align New Zealand training with Australia. Anecdotally trainees are supportive of change. If there is a consensus supporting change, then the NZOA will be approached to help facilitate a change.

LIONZ Report Report

LIONZ (Ladies in Orthopaedics New Zealand) was established this year as a forum to advocate for and support women in orthopaedics in New Zealand.

LIONZ aims to strengthen connections between women involved in orthopaedics, offer mentoring and support, show realistic role models, liaise with NZOA over gender-related matters, and overcome both perceived and real barriers to orthopaedic careers for women, with a longer term goal of improving the current gender disparity.

The inaugural LIONZ meeting in Queenstown in August was attended by 28 enthusiastic current and aspiring female orthopaedic surgeons who voiced strong support for this network. Inspirational speeches were given by Dr Michelle Dickinson (aka Nanogirl), Judge Catriona Doyle, and Karen Smith. Further events are planned biannually, with one meeting to coincide with NZOA ASM.

Margy Pohl
Chair LIONZ



New Zealand Joint Registry Report



Alastair Rothwell
Supervisor NZJR

Seventeen Year Report

The 17 year report was available in record time, is the largest yet, and received good feedback from a number of overseas registries.

Eighteen year Report

Preparation is well underway for the 18 year report and as usual will contain updated and wide ranging analyses of arthroplasty practice in New Zealand.

The total number of registered joint arthroplasties at 31st of December 2016 was 259,859, which had been performed on 178,442 individual patients, of which 36,548 (21%) have died during the 18 year period.

The number of observed component years (ocys) contained within the Registry is now well in excess of one million. The increase of 20,417 registered joints for 2016 compared to the 19,586 in 2015 represents an overall annual gain of 4.2% compared to the percentage gain of 3.5 in 2015. When compared to 2015 primary registrations the big gains were for ankles 18%, knees 6.8%, hips 4.9% and unicompartamental knees 3.6%. There was a 3.6% decrease for shoulder and elbow registrations.

Qlik View Update

Over the last year the Qlik View web based programme has been trialled by NZJR Board members as well as the NZOA Board of Management members who also completed a questionnaire. The feedback has been very positive and access to the site is currently being released to NZOA Fellows. Feedback to Mike Wall (NZJR IT consultant) is

welcome and the site is regularly being updated and its content expanded. It is expected that individual surgeon revision rates and KM survival curves will soon be available on the site.

Simon Young gave a very well received demonstration of Qlik View at the Registry symposium of the Combined ASM in Cairns last year.

Ministry of Health Contract Renewal

It was reported in last year's report that the MOH had decided to no longer help fund the Registry as it believed it did not gain any benefit from financially supporting it. Fortunately, through the greatly appreciated efforts of the NZOA President and CEO, the Minister of Health was persuaded to reverse the decision and a further 2 year contract has been signed.

ACC Funding

After lengthy and frustrating negotiations, the ACC have agreed to a further 3 years of funding thankfully with a significant increase. A contract is still awaited.

Thus, compared to a year ago the funding for the Registry is much more secure for the next two years at least.

NZJR information sheet for new NZOA members

It has been arranged with the NZOA office that a NZJR document containing information and obligations for arthroplasty surgeons and their patients will be included in the documentation sent out to all Fellows when they become full members, or non-trainee associate arthroplasty members. In addition, the information sheet will be put in the newsletter once a year as a reminder.

Board Membership

There have been some changes in NZJR Board membership during the last year following retirements. Simon Young has replaced Mark Wright and Brendon Coleman has replaced Khalid Mohammed. In addition, Dr Chris Frampton, the Registry's long serving highly regarded statistician, has accepted an invitation to join the Board.

Staff

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

Retirement and Valedictory

After 20 years of involvement with the NZJR I have decided to retire from the positions of Supervisor of the NZJR and Chairman of the Board. It has been a very rewarding twenty years from the time of the Registry inception in 1997, its development through

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1998 and then becoming fully national in 1999. There have certainly been plenty of challenges especially in the earlier years but all eventually resolved. The success of the Registry has been and continues to be the dedicated team effort involving the Christchurch employed staff at the centre and extending out to the NZ wide secretarial, outpatient and operating theatre staff responsible for gaining patient consent and data collection. Without this continual team work the Registry would not continue to achieve the 95% compliance rate which makes it one of the most reliable, comprehensive and highly regarded in the world. In our team, there are some special people who have been involved from the beginning and whose invaluable and dedicated contributions over 20 years I would like to salute; Toni Hobbs, our Registry coordinator and data guardian; Mike Wall, our "nothing's impossible" IT consultant; Chris Frampton, our ever obliging statistician; David Brown, accountant and Lynley Diggs, the rock of the data entry team. I also wish to recognize the great support over the years from NZOA CEOs, Kim Miles, Flora Gilkison and Andrea Pettett as well as the NZJR Board members.

I am very pleased to announce that respected and experienced arthroplasty surgeon John McKie, has agreed to take over as the new Supervisor. I wish him well and am confident the NZJR will continue to thrive under his leadership.



ACC Third Party Liaison Committee Report

The Committee has had another busy and reasonably productive year. The main meeting focus has been with ACC and we have had regular four quarterly meetings with the Corporation.



John McKie
Chair

After several false starts, some of the group also had the opportunity to have a sit-down face to face meeting with Scott Pickering, the CEO of ACC, which was also a worthwhile interaction. While there has been the usual at times robust discussion with the Corporation, generally interactions have been conducted in a cordial and productive manner. Work continues with the subspecialty societies developing agreed factors for consideration for fast tracking surgery requests. The agreed factors have been completed and agreed upon for knee and rotator cuff tears and good progress is now being made to develop factors for hip arthroscopy, with the expectation that ultimately a much higher percentage of surgical requests will be quickly approved.

Southern Cross Insurance have agreed that patients requiring funding for surgery which is not in the opinion of the surgeon for consequences of injury, will no longer require an ARTP decline to access their insurance. ACC are currently in negotiations with NIB and it is likely in the ensuing months that this will become standard practice amongst all insurance providers.

Treatment injury remains a concern for ACC, currently costing in excess of 400 million dollars yearly and with a total liability in excess of 5 billion dollars. This is likely to be ACC's biggest single expenditure item in years to come. There are currently variable rates of treatment injury claims across DHB's with some DHB's being very savvy at using treatment injury as an additional income stream. ACC are very keen to be involved in risk and harm mitigation strategies and will continue to be actively involved in the surgical site infection programme.

The Committee also had the opportunity to have a presentation from Health Workforce NZ, who now have very powerful computer modelling on work force requirements. Their data shows that in order to maintain the same surgeon to population ratio, particularly for the over 65 age group, we need to be adding approximately nine more surgeons to the work force each year than what we are currently training. This clearly has implications both for the number of trainees to be selected and trained each year and whether we are drawing from all the available talent given that over half the medical work force is now female and they remain under represented in orthopaedics.

I have now completed my tenure on this Committee and passed the Chairmanship over to Khalid Mohammed. I would like to take this opportunity to thank all those members who have served the Association through this Committee with me while I have held this position.

Small Centres Report



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

The main focus for the Smaller Centres over the past year has been to try and setup The Rural Fellowship. There has been great support for this within the NZOA, but unfortunately our initial application to the HWNZ Medical taskforce meeting has come to nothing. We are now looking at other funding models.

Recruitment is still an issue (both for permanent and locum positions) in the Provincial centres. In general however, the feedback from the smaller centres is fairly positive. We are working hard on trying to improve effective communication between the smaller centres and to offer advice and support to our Colleagues.

In November 2016, Timaru hosted the Mock Exams. We received positive feedback from everyone involved with the weekend. The next Mock Exams will be held in Invercargill in November 2017.

One of the biggest challenges we are all facing is the increasing pressure for access to electively publicly funded treatment. Our challenge in the smaller centres seems to be how we deal with the ageing population demographics we are encountering, many of whom no longer have access to private medical insurance. This is a challenge we are likely to face for years to come!

The New Zealand Hip Fracture Registry Trust Report



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

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

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

The purpose of the Trust is to:

1. To establish and maintain a nationwide Hip Fracture Registry.
2. To promote and improve the services available to the people of New Zealand with regard to hip fractures including: prevention, surgery and after care including rehabilitation and osteoporosis management.
3. To research and establish programmes and services either in or outside hospitals or other medical facilities for hip fractures in general.
4. To deal and collaborate with health institutions, government departments, universities or health related bodies in relation to any project, scheme or other matter or thing in New Zealand or overseas which may be calculated to promote research in Hip Fracture Prevention and Care in New Zealand.
5. To raise funds through sponsorship, fundraising, donations, contractual arrangements or other means whatsoever for the purposes of supporting and promoting the foregoing objects and purposes.

The main source of Trust's funding comes from a contract with ACC. Other funding has been provided by:

- New Zealand Orthopaedic Association Trust
- Services for Older People Research Fund Middlemore
- New Zealand Health Quality and Safety Commission
- Osteoporosis New Zealand

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

Report on Combined 76th AOA ASM & 66th NZOA ASM, 2016.



Michael Barnes

This Meeting was held at the Cairns Convention Centre, Australia from 9-13 October, 2016. The theme of the Meeting was Ethics and Professionalism.

The respective Association Presidents were Andreas Loefer and Jean-Claude Theis and the Scientific Secretaries Ian Harris and myself.

Dr Grant Gillett, Neurosurgeon and Medical Ethicist was the NZ Presidential Guest Speaker.

The Meeting was well attended with approximately 1120 delegates, and, despite the relatively distant location, New Zealand was well represented with 112 attendees.

Papers were selected by the Australian and New Zealand Subspecialty Societies. New Zealanders presented 30 papers.

The format of the Meeting involved 3-4 concurrent sessions, with a Subspecialty focus. All the recognised Subspecialties were represented, and in addition sessions were devoted to Outreach and Medicolegal.

Plenary Sessions covered Hip Fractures, Arthroplasty, Registry Science and the Meeting theme, Ethics and Professionalism.

A particularly interesting and instructive format was a session entitled "The most important recent papers in my specialty that have changed Orthopaedic Practice".

In an increasingly pressured and changing Orthopaedic calendar where the relevance of traditional formats is increasingly questioned, the general feedback was that the Meeting provided a successful mix of science and recreation, and an opportunity to renew and strengthen ties with Australian and other International colleagues.

Research and Outcomes Committee



Michael Barnes
*Chairperson Research and
Outcomes Committee*

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

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

The Committee has met by teleconference on the two scheduled occasions this year to consider Grant Applications and on one further occasion to discuss revisions to a Grant Application from 2016, and ultimately approve it. A total of 11 Applications were considered, and six approved for full funding or in one case partial funding pending Funding Committee ratification, which was forthcoming in all cases.

The ROC is always keen to support worthy Registrar Research, but it is particularly pleasing to see Multicentre studies, RCT's and PhD funding requests coming through.

A highlight of the year was a Symposium held at Wellington Hospital on 31 March "NZOA Research and Outcomes Committee/Research Foundation Multi-Centre Clinical Research-Strategy Workshop". Guest Speakers were Professor Ian Harris from Liverpool Hospital, Sydney and Dr Chris Frampton, Statistician from Canterbury University. This was an interactive workshop conceived to promote and foster Multicentre Collaborative Research in New Zealand. The Meeting was attended by the NZOA President Dick Keddell, members of the ROC past and present and representatives from the vast majority of Teaching Centres in New Zealand as well as Private Practice only surgeons with a research interest. There was consensus that the ROC could act as a vehicle for dissemination of research ideas suitable for Multicentre participation and the Workshop was generally considered a success.

The sustainability of the funding basis for the Research Foundation is currently under consideration at Presidential Line and Council level, and the future may see some rationalisation of this fund and the Wishbone Trust, with implications for the functioning of the ROC.

The ANZAC Travelling Fellowship

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



David Kieser

New Zealand perspective-

This year the ANZAC travelling fellowship involved a foreshortened travelling fellowship to Cairns to coincide with the AOA/NZOA combined ASM. From New Zealand Dr Jillian Lee and myself were lucky enough to be awarded this honour. Despite this being a shorter than usual fellowship, it certainly continued the values of the ANZAC spirit. We were invited to attend the AORA conference, which not only had excellent quality scientific presentations, but also afforded us the opportunity to understand the challenges and difficulties of the Australian training program and to understand the future direction of training within Australia. The conference and its functions expectantly allowed us to meet and make new friends and colleagues as well as unexpectedly reconnect with friends of old.

The Fellowship then progressed to the AOA/NZOA combined ASM which carried a high level of national and international scientific presentations with a host of excellent invited speakers. Here again the fellowship ensured that we met new colleagues and friends from the AOA, strengthening my personal connection to the members of the AOA and establishing a number of trans-Tasman collaborative research projects.

Outside of the formalities and organized events we managed to visit the Great Barrier Reef and the surrounds to explore the beauty of Northern Queensland, not to mention its culinary experiences.

I would therefore like to thank the AOA for the honor of being an ANZAC Travelling Fellow, for enhancing our trans-Tasman connections and encouraging friendships and collaboration between the NZOA and AOA. I would encourage this fellowship to continue to grow and evolve and anyone considering this opportunity to apply.



Wishbone Trust Report



Bryan Williams
Chairman

One of the main purposes of the Wishbone Trust is to foster the art and science of orthopaedic surgery through funding research. The current Trustees are: Bryan Williams (Chair), Richard Keddell, Michael Pender, Haemish Crawford, Jean-Claude Theis, Helen Tobin, Stu Walsh (Honorary Treasurer). The CEO is Andrea Pettett. The Board has decided to have two meetings a year to allocate research funds including the AGM which will be held later this year.

Following our 2016 meeting, the Trust resolved to invest Wishbone Trust funds through a custodial investment arrangement. Over the course of the year, our Treasurer, Stu Walsh and I have worked with Craigs Investments and established an Investment Policy and Contract with Craigs. We are able to leverage lower fees as Craigs Investments also manage the NZOA Trust funds. Funds were transferred to this investment account and have achieved a very satisfactory yield. The performance since inception (05/08/16) has been 13.63%.

Income from Joint Effort Walks only occurs every two years. They are due to take place next year. The walks in 2016 realised over \$97,000 so are the major source of the Trust's funds. Some prominent venues are planned for next year.

The Wishbone Trust met for its first meeting this year by conference call on 18 July, 2017. The meeting considered five applications. A sixth application was withdrawn before the meeting. Grants were made for three projects with \$19,540 being approved. An earlier meeting in November 2016 granted \$5000 to three projects. The standard of applications to the Wishbone Trust remains high. Members are encouraged to continue to approach the Wishbone Trust with worthwhile research projects requiring funding.

NZOA Trust Report



Richard Lander
Chairperson

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

The Trustees are currently: Richard Lander (Chair), Hamish Leslie, Grant Kiddle, Michael Caughey and Ron Eglinton (Independent Trustee). Ex-officio are Andrew Oakley as NZOA Secretary, Stu Walsh as Treasurer and Jean-Claude Theis as Past President. The Trustees have met throughout the year to discuss matters pertaining to the Trust and to approve disbursements.

Annually there are fixed disbursements from the Trust including: the Top Trainee Prize, the Trainee Research Prize, and funding of the NZOA ASM Speaker. Currently the Trust is underwriting the cost of the new NZOA CPD web-based program due to be launched later this year. The Trustees have transferred the current Trust investments to a Craig's Investment Partners managed fund and to date the portfolio performance since inception (31 August 2015) has been 7.8% with a forecast income yield of 4.6%.

Tributes to Past Members



Colin Hooker
1930 - 2017

Colin Hooker, 18th President of the NZOA, died on 3 August 1987. Despite having to leave school at 15 he was later able to attend Otago University following 18 months of correspondence study. In 1957

he and his wife sailed to the UK where he undertook surgical training at Oswestry, Winchester and the Royal National Orthopaedic Hospital. In 1959 he was awarded FRCS. Specific orthopaedic training followed over the next three years at the Manchester Royal Infirmary and Oswestry Hospital.

In 1962 Colin was appointed as consultant orthopaedic surgeon at Waikato Hospital where he worked for thirty years. He had a love for teaching and a particular interest in paediatric orthopaedics. During his time at Waikato Hospital the orthopaedic service increased greatly and Colin served as head of the department for ten years from 1978. He retired from the hospital in 1992 and continued in medicolegal practice, before ceasing all practice in 2009.

With Ross Nicholson and Alan Alldred he was instrumental in setting up the New Zealand orthopaedic training program. Colin served as the Education Committee's first secretary. He obtained FRACS in 1969 and subsequently served as a member of the Court of Examiners. He was President of the New Zealand Orthopaedic Association 1984-1985 and was awarded ONZM in 2007.

Colin received the Sir Alexander Gillies Medal in 1978 for his paper on radical soft tissue surgery in club feet. In the 1970s, concerned by the prevalence of spinal injuries in schoolboy rugby as a consequence of scrum collapses, and with the help of the media, he challenged the NZRFU resulting in rule changes to largely eliminate this source of injury.

During his time in the UK he developed an interest in orthopaedic history and his appointment as archivist of NZOA gave him the opportunity to start accumulating material. This led to the writing of *Orthopaedics in New Zealand* which traces the history of the first 90 years of orthopaedics in New Zealand.

Colin is survived by his children Jane, Simon and Andrew and their families.

Acknowledgements: *Orthopaedics in New Zealand*, RACS



John Lester
1933 - 2017

John Lester, Secretary of the NZOA from 1976 to 1980, died on 4 March 2017. He graduated from Otago University in 1956. This was followed by a year in Greymouth with Steve Barclay which stimulated his

appetite for surgery. He then travelled to England where he gained experience in general surgery before training in orthopaedics at the National Orthopaedic Hospital. He gained his FRCS in 1961.

On his return to New Zealand in 1964 John practiced in Canterbury. In 1973 John organised the first hands on AO course in New Zealand. This led to a major change in fracture management in New Zealand as John promoted the posterior approach to hip arthroplasty rather than the antero-lateral approach which had been almost universally used. While working in Canterbury John developed a particular interest in hand surgery. He supported Alastair Rothwell as he liaised with the plastic surgery department in 1982 to form the Hand Unit. John was involved in the formation of the then Hand Society in 1976 and served on the executive and as President in the early 1980s. Aside from his role as Secretary of the NZOA John served in various executive and advisory positions on the Association.

John was keen sportsman, playing in his school's 1st XV and 1st XI in his final year. He went on to represent Canterbury in cricket's Brabin Cup. He later took up skiing and in his retirement played golf and enjoyed gardening.

John is survived by his wife Elizabeth and their children Ben, Stephen, Richard and Tamara and 10 grandchildren.

Acknowledgments: *Orthopaedics in New Zealand*, RACS

Tributes to Past Members



David Green

A US trained surgeon who worked for a number of years in a non-operative practice in Wellington, David died in the United States on 14 December 2015. A graduate of Indiana University Medical School he completed his orthopaedic residency at the University of California. He then undertook Fellowships in Scotland and at Harvard Medical Centre. After retirement from operative practice in the United States he spent six months of the year working in Wellington and the other six months in Port Townsend, Washington, USA. David enjoyed sailing, fishing, tennis and golf.

Noel Barclay

Passed away peacefully on 17th April 2017

Noel Barclay was a Trustee of the Wishbone Trust from mid 1990s through to 2012. Noel was an accountant by trade. He was on the Auckland Grammar School board and its Chairman for a period. He was also on the Board of Air New Zealand.

Noel was a big hearted and generous man who embraced life. He was an effective businessman but also a real family man, and never let work take too much time from his family. He was incredibly generous and had a philanthropic streak that ran deep. He had genuine empathy for people that struggled, and was warm and compassionate.

Alan Robert McKenzie, FRCS, FRACS, died 14 October 2014

Deciding upon a career as an orthopaedic surgeon, Alan applied to Dunedin and was appointed as an orthopaedic registrar and a lecturer at the Medical School. Following locum roles at the Royal National Orthopaedic Hospital, UK he completed a two year term at Oswestry, UK. This was followed by a year of research with a Laming Evans Fellowship at Buckston Browne House in Kent, spent in the making and testing of a barbed suture for tendon repair.

Alan and the family returned to Dunedin in 1966, and moved to Auckland in 1971, as a generalist orthopaedic surgeon with a particular interest in joint replacement, hand, and spinal surgery.

Alan had great rapport with his patients and their care was always his primary focus. He was a practical teacher, who enjoyed teaching registrars surgical anatomy.

On retirement Alan, moved to the family holiday home at Langs Beach in Northland. He filled his life with new friends, painting, wood turning, sailing, conservation, and astronomical photography. He died after a short illness and is survived by his wife, Marjorie, children Jane, Alan, David, Helene and 3 grandchildren.

James (Jamie) Fenton 1961 – 2016

James (Jamie) Fenton entered Auckland Medical School in 1980. Following House Surgeon years in Rotorua and Adelaide he began his Orthopaedic training in 1992. Returning to Rotorua Hospital for one year of his training resulted in a strong desire to practice

there and after completing his training, he returned to Rotorua with his young family a few years later and was warmly welcomed back by his colleagues.

Although he was the youngest of the Orthopaedic Surgeons when he commenced in Rotorua he quickly became highly respected by colleagues and patients alike in both his public and private practice. Jamie shared private facilities and staff with Derek Stanley-Clarke for approximately 18 years, until Derek's retirement two years ago. He is remembered as a wonderful boss and friend who cared deeply for his patients and staff alike and he and Derek created a great working environment. With a great sense of humour, he readily developed a rapport with his patients providing comfort and reassurance to the most anguished patient, and this was widely appreciated. They often came out of a consultation saying "what a wonderful man and so easy to talk to and down to earth."

Jamie was a skilled and safe surgeon. He was extremely conscientious, always offering his patients the best of care and if he could not provide that he would make sure they would get the best elsewhere. Approximately fifteen years ago, aiming to improve outcomes, he persuaded Derek to join him in providing a revision hip and knee surgery service for the Rotorua region. This proved a most satisfying and enjoyable experience for each of them as they swapped sides on the operating table and produced greatly improved outcomes for their patients. He is greatly missed by the orthopaedic service in Rotorua.

James is survived by his wife Shonagh and children Sam, Hamish and Haidee.

Acknowledgement: RACS

The Inaugural Meeting

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

The following is a list of Foundation Members:

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

Past Presidents of the New Zealand Orthopaedic Association

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

Compendium of Awards

Gillies Medal Recipients

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

ABC Fellows

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

2006	Mr M M Hanlon
2008	Mr P C Poon
2010	Mr D C W Muir
2012	Mr G P Beadel
2014	Mr B Coleman
2015	Mr Andrew Graydon

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

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

ASEAN Fellowship

2013	Prof Jean-Claude Theis
2015	Mr Richard Lander

ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
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ANZAC Fellow

2016	Simon Young
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ESR Hughes Award – RACS

2015	Chris Dawe
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Awards and Memorabilia of the NZOA

Presidential Jewel

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

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

Presidential Miniatures

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

President's Wife's Brooch

A gold brooch modeled on the tree of Andre was presented to the Association by Mr & Mrs Harman Smith (President 1975-76). It is worn by the wife of the President during his term of office.

Past President's Wife's Brooch

Silver brooches are presented to the wives of Past Presidents. These are made from a die of the New Zealand Orthopaedic Association emblem presented by Mr & Mrs W A Liddell (President 1976-77).

Sterling Silver Bleeding Bowl

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

Sterling Silver Paul Revere Jug

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

Minute Book

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

London Emblem

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

Wall Tapestry

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

Sterling Silver Salver

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

Gavel

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

New Zealand Orthopaedic Association Golf Cup

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

Kirker Salver

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

Thomson Memorial Trophy

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

Hadlow Trophy for Tennis

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

Black and White Paintings (x 4) by Ansel Adams

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

Harold Lane Painting

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

Silver Bowl - Scottish Quaich

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

Wood Carving

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

Wood Tapestry - Kokanee

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

Wood Tapestry - High Air Selkirks

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

Old Bison Bone

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

Pounamu Mere

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

NZOA Annual Scientific Meeting Awards

Sir Alexander Gillies Medal

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

Trainee Prizes (Funded by the NZOA Trust)

- Presidents Prize for Best Overall Trainee
- Research Prize for Best Research for a final year trainee

David Simpson Award

– for best exhibit at ASM Industry Exhibition

Trainee Awards

2009	Michael Rosenfeldt, Best Scientific Paper
2009	Young, Paper of Excellence at the ASM
2009	Andrew Graydon, President's Prize for Best Overall Trainee
2009	Jacob Munro, Research Prize for Best Research for a Final Year Trainee
2010	Albert Yoon, President's Prize for Best Overall Trainee
2010	Fraser Taylor, Research Prize for Best Research for a Final Year Trainee
2011	Simon Young, President's Research Prize
2011	Nicholas Lash & Simon Young, Joint Winners, President's Trainee Award
2012	Matthew Boyle, Research prize for Best Research for a Final Year Trainee and President's Trainee Award
2013	Stephanie van Dijck, President Trainee Award. No research prize was awarded.
2014	Nicholas Gormack, President Trainee Award, Michael Wyatt best Research for a final Year Trainee
2015	Gordon Burgess, President Trainee Award, Rupesh Puna best Research Award
2016	David Keiser, President Trainee Award, President Research Prize



NZOA

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