



# New Zealand Orthopaedic Association

ANNUAL REPORT 2018 – 2019

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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



The image is a full-page spread. The left side features a dark blue vertical sidebar. At the top of this sidebar, the word "CONTENTS" is written in white, uppercase, sans-serif font, underlined. Below the text, there is a decorative graphic of stylized leaves and flowers in a lighter blue shade. The right side of the page is a light gray area with a faint, large-scale background image of a man and a woman smiling and looking upwards, possibly on a boat. Overlaid on this background are two columns of horizontal lines, each consisting of 15 lines, intended for writing a table of contents.

## President's Report

I expect every President finishes the year with a feeling that the Association has had many challenges to deal with. This one is no different.



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**Rod Maxwell**  
President  
.....

The year started with a focus on engaging with Government, through both the Orthopaedic Sector Group we had set up, and directly with the Minister and Director General, MOH. From work we did in Christchurch, we uncovered a major discrepancy in the PHAS (Public Hospital Acute Services) budget, between funding provided for acutes to DHBs and the actual cost of providing that treatment. Unsurprising to those of us at the coalface for many years, the difference was an approximately 50% shortfall, thus explaining most of the national DHB deficit burden. Having enlightened the Minister and MOH officials and facilitating interaction with the DHB Chief Operating Officer group, we were hoping for some "action". Particularly as we had taken the MOH workforce modelling, indicating a need to respond to increased demand, seriously. However, the gulf between officialdom and operational is very evident in this country's Health Sector. There are signs that we are having an effect, the Director General quoted me in discussing MOH funding priorities at a RACS presentation last week. The Presidential Line will continue to lobby strongly for resolution of the Acute Services funding deficit.

Negotiations are ongoing with RACS regarding formalising our Education and CPD partnering agreements. The former is taking priority at present, the latter will follow. I am hopeful we will achieve recognition of the financial subsidy we provide RACS for running the CPD programme. The Education element has undergone major structural redevelopment under the auspices of Richard Keddell, Tim Gregg, Prue Elwood, Andrea Pettett, and others on the Specialty Orthopaedic Training Board.

This has been a major body of work, transforming selection to minimise bias, and this will be outlined in the Education Report.

Over the last three years several other overdue structural changes have been made to the business of running the Association. These include formalising the NZOA relationships with the Joint Registry, Sub Specialty Societies and NZOA Trust, and restructuring of the CPD programme. The latest advance has been the development of the CRM management system and imminent implementation of the Trainee Information Management System (TIMS) which will be covered in the Education Report.

We recently reviewed the Constitution and by the time this goes to press we will have voted on changes we have proposed. We discovered that the most recent iteration was proposed in 2012/13, but was not notified to the Registrar of Societies, so a significant extra body of work has been necessary in this project.

I would submit the last three years have been the most administratively demanding period of NZOA existence, and the substantial strengthening of the Association as a result, has largely been due to the capable professionalism of our Chief Executive, Andrea Pettett, and her leadership of a wonderful group in the office. Our thanks to them individually and collectively for their hard work.

The challenges of this role have been eased by the team effort displayed by the current Presidential Line. I'd like to thank the two Richards who preceded and

the two Peters who will follow my tenure. It has been a pleasure working in this team and collectively I think we have made quite an impact.

On the International scene, although such a small Association, we really do punch above our weight and in areas such as CPD with the Practice Visit Programme and Outlier Policy, our use of the Registry, and the "devil we know", ACC, we are lauded as being ahead of the game in many areas. Our working conditions here are comparatively better than satisfactory. Our relationship with ACC continues to mature under the capable stewardship of Khalid Mohammed and the NZOA ACC & Third Party Liaison Committee. The interactions we have with our friends at the AOA is very positive at present.

Lastly, it has been a pleasure to represent our Association this year and I wish Peter and those following in the Presidential Line all the best for 2020 and beyond.

**Thank You.**



## Chief Executive's Report

I have pleasure in writing my fourth NZOA report. We have made great progress over the last 12 months with the various work programmes. A brief summary of the key activities follows below:



Andrea Pettett  
Chief Executive

### Education and Training

The new Education and Training governance framework is functioning well, with the Specialty Orthopaedic Training Board overseeing all Education and Training activities including the Selection process, Hospital Inspections and the Appeals process. The Education Committee undertakes the supervision and assessment of trainees, runs the training weekends, assists with selection, and undertakes the Hospital Inspections. The Education and Training Working Party formed to review the training programme including the selection and curriculum, has now been disbanded as the majority of its work has been completed or passed back to the Specialty Orthopaedic Training Board. We are very proud of the significant achievements made over the last 24 months in Education and Training with the build of the Trainee Information Management System (TIMS) infrastructure now complete and being piloted. We are hopeful following the pilot that the infrastructure can be rolled out across New Zealand, so that all supervisors and trainees will be able to access modern IT systems and through this provide valuable timely feedback on Trainee performance. We are grateful to the Australian Orthopaedic Association for their support and licensing of their intellectual property in the TIMS and Feedback app and curriculum. This has enabled the NZOA to make rapid progress in these areas. Further TIMS reports will need to be developed and NZOA will need to engage additional resource to support the Education and Training programme.

### The Wishbone Foundation

Following the consolidation of the NZOA Research Foundation with the Wishbone Trust, a Fundraising and Marketing Manager was employed on a fixed term contract to establish the fundamental infrastructure for the Foundation and to assist with the preparation of the Wishbone walks. Good progress was made with the establishment of a donor database, websites and donation portals. However, the results of the two Wishbone walks this financial year were disappointing. In particular, lower turnout than expected and higher expenses resulting in poor returns. We have made some progress and many learnings from this last 12 months and the Wishbone Trust Board are reflecting on our next steps. This will no doubt be a topic of further conversation with our Membership.

### The New Zealand Joint Registry

The New Zealand Joint Registry is now part of the Group of NZOA entities. As such, NZOA is able to provide a greater degree of support and direction for this valuable resource.

The NZJR Trust Board and the Management Committee are convening for a planning session to consider the future 'look' of the Registry. We wish to thank both ACC and the Ministry of Health for their continued funding for the NZJR. However, it must be noted that the majority of the Registry funding is provided by Surgeons. New funds may be required if the Registry undertakes any significant improvements such as a digital platform. This is still to be considered by the planning group.

### Conference and Events Management


The NZOA Conference and Events service has a new look with the appointment of Philippa Shierlaw as Conference and Events Manager and Migan Denny as Conference and Events Coordinator. With three NZOA events under their belt (POSNZ, Trauma COE, and Hip Society meeting) they are well across the needs of our members and their meeting requirements.

### Continued Professional Development

The CPD tool continues to have minor refinements and is currently being further developed to incorporate new Section 2 requirements under Improving Clinical Knowledge and Standards. We are hopeful that the newly installed NZOA Client Relationship Management System (CRM) will be able to assist with some of the workflow management for our Practice Visit Programme to reduce the amount of paperwork couriered across the country, thereby improving our carbon footprint. This will be a programme of work over 2020.

### NZOA ACC & Third Party Liaison Committee

This has been a very active Committee, with the review of the Wrist & Hand and Foot & Ankle codes, and currently a comprehensive review of the ACC Red Lists. It is important that any NZOA credentialing be undertaken in a professional and consistent manner that is robust, transparent and defensible. We have had a very good response from members



and great co-operation from the Sub Specialty Societies in reviewing their Red Lists and expect this process will be completed in the next six months. Good progress on Consideration Factors is also being made, with an expectation that many will get published in the next six months.

### **New Zealand Hip Fracture Registry Trust**

The Australian New Zealand Hip Fracture Registry continues to make great progress with 85% of NZ DHB's now entering their data. The next period will focus on improving the quality of data and promote the work of the Registry through Hip fests. Funding for the Registry continues to be problematic, with only short-term ACC contracts offered.

### **Support for Sub Specialty Societies**

We continue to offer as much support for the Sub Specialty Societies as we are able to resource in the office. Entity management is not always straightforward, and registering a Society's Constitution with the Registrar of Incorporated Societies and the process for obtaining charitable status takes time and paperwork. We are always happy to help with the Sub Specialty Society requests, and to assist them with preparation of their financial statements and AGM requirements.

### **Advocacy and Stakeholder Engagement**

Our previous requests for a nationally consistent approach to Workforce Planning to meet our future Orthopaedic needs has been heeded by the Ministry of Health who has established an Orthopaedic Sector Workforce Group. We are making slow but good progress in this area with a broad spectrum of attendees. In addition, the Presidential Line and I

meet regularly with the Minister of Health, the Minister of ACC, Director General of Health, ACC, Health Quality and Safety Commission, PHARMAC, the New Zealand Private Hospital Surgical Association and other relevant stakeholders.

### **NZOA Staff and Council**

I would like to thank the fantastic team at NZOA, Karyn, Prue, Bernice, Sharon, Philippa and Migan. I also wish to thank Diana Dobbins for her work over the last 12 months for the Wishbone Foundation. Thanks to Council, NZOA Trust, NZHFRT, NZOA Joint Registry Board and Management Committee, and the numerous Committee members for their hard work. Thanks to Antony Field, Treasurer, and Perry Turner, Secretary, whom I work closely with. My particular thanks to the Presidential Line who communicate with me on a daily basis and especially Rod Maxwell, President, for his leadership and continued support.

## 2019 Honorary Treasurer's Report – NZOA Annual Report

Our audited financial reports will be emailed and made available to members on the NZOA website once complete, so I have not included draft unaudited accounts in this year's report.



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**Antony Field**  
*Honorary Treasurer*  
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It looks as if the result for NZOA will be a loss of around \$45,000 for the financial year 1/8/18 to 31/7/19. This relates partly to some unexpected IT expenses, and also to legal and recruitment costs related to the several changes in staff that have happened over the financial year.

Our new Finance and Administration Manager, Sharon Jansen, has settled into her role quickly, and I and the other Council members have been very impressed with her work so far. Sharon brings a wealth of experience in accounting, bookkeeping and audit requirements, and in addition she has already implemented IT changes which are helping to streamline our accounting processes.

The ASM in Rotorua last year returned a small profit of just under \$7,000. A profit of \$14,000 was achieved by the COE meeting in Christchurch, with just under \$7,000 surplus going to each of the NZOA and the hosting Sub Specialty society, the Trauma Society.

In addition to the NZOA, I am Treasurer of the newly formed Wishbone Orthopaedic Research Fund. As you will see in Sir Bryan Williams' Wishbone report, it has been a year of significant changes at Wishbone, particularly with the hiring of a Fundraising Manager. While some fundraising activities did not achieve the results that we hoped for, the IT infrastructure and branding that have been developed for Wishbone

put it in good stead for future fundraising in years to come. The Wishbone Orthopaedic Research Fund now holds the combined funds of the previous NZOA Research Fund and the previous Wishbone Trust, and the bulk of these funds have been invested through Craigs Investment Partners, with investment returns in the just under three years since inception averaging 10.93%. These funds currently sit at \$671k.

The treasurer is also a trustee of the New Zealand Orthopaedic Association Trust, which likewise has benefited from having funds invested through Craigs Investment Partners. These funds have been invested for slightly longer than the Wishbone funds and have returned just under 10% return on investment over the last 12 months, with a current balance of \$2.925m. NZOA Trust has undertaken to continue its support of the NZOA IT infrastructure development programme over the next five years and this funding is warmly welcomed by the NZOA. This programme will support education and training activities, and also membership services, and so should be of benefit to both current and future members of NZOA.

Over the next year my goals are to ensure that NZOA returns to surplus following the significant changes over the last couple of years, and I hope to do this with a modest increase in subscription fees. I also

look forward to working with the New Zealand Joint Registry Trust, which is now part of the NZOA group from a financial reporting perspective. Finally, I would like to make our published end of year financials somewhat more readable for the membership and will work on this with Sharon.

I extend my thanks to Andrea, Sharon and the rest of the NZOA office for all their support over the last 12 months.

## NZOA ASM 2018 Report

The 2018 ASM was hosted by President Richard Street, convened by Vaughan Poutawera, managed by Tanya Turchie and proved once again to be a highly successful and valuable contribution to the NZOA events calendar. The meeting was held at the Rotorua Energy Events Centre 14-17 October 2018.



Vaughan Poutawera  
Convenor

The perennial challenge with the ASM each year, is to provide a programme that is stimulating and enticing to the entire membership, encompassing a broad range of subject matter, whilst avoiding direct competition with the academic power of the various Sub Specialty meetings.

We were fortunate in being able to assemble an exceptional panel of pre-eminent international guest speakers to complement the large number of invited speakers from New Zealand. The NZOA Trust guest speaker was Professor Matt Costa from Oxford University in Britain who delivered several stimulating talks on the development of centralised trauma care and multi-centre trials coordination in the United Kingdom. The RACS guest speaker was Professor Colin Howie from the University of Edinburgh who has supervised many NZ surgeons on fellowship in Edinburgh and has visited NZ a number of times in the past. He contributed several well-received presentations on joint arthroplasty and the UK joint register. Professor Ian Harris from the University of New South Wales in Sydney Australia delivered the Sir Charles Norwood lecture and esteemed senior Australian surgeon Mr John Bartlett delivered the John Sullivan Memorial Lecture.

A large number of invited NZ guest speakers delivered stimulating and thought-provoking talks covering a wide spectrum of subjects covering the history, research, funding, delivery, and governance of orthopaedic practice in NZ. Invited NZ speakers included Mr Tony Hardy, Dr Dee Alexander, Ngahihi o te Ra Bidios, Charles Blanch, Tamati Coffey, Brad Dixon, Graham Dyer, Maree Hodgson, Dr Claire Isham, Hannah Keddell, Dr Wayne Miles, Dr Arthur Morris, Mr Chris Wakeman, and Dr Janice Wilson.

The Carousel Presidents, Dr William Maloney (American Academy of Orthopaedic Surgeons), Dr Rick Wright (American Orthopaedic Association), Dr David Martin (Australian Orthopaedic Association), Professor Phillip Turner (British Orthopaedic Association), Dr John Antoniou (Canadian Orthopaedic Association) and Dr Leon Rajah (South African Orthopaedic Association) also contributed significantly to the meeting with their presence, contribution to discussions and various podium presentations.


There were several 'firsts' introduced at the 2018 ASM. Dr Raymond Saulep, our first Pacific Island Ambassador was invited to the ASM to join the other ambassadors, Dr Peter Bernardo from the Philippines, Professor Naresh Kumar from Singapore, Dr Pariyut Chiarapattanakom from Thailand, Dr Nguyen Dinh Hoa from Vietnam, Dr Lewis Chan from Hong Kong and Associate Professor Andrew Kurmis from Australia. These ambassadors presented a number

of fascinating papers and contributed greatly to the international camaraderie of the meeting. Dr Saulep, the inaugural Pacific Island Ambassador presented a fascinating paper on the treatment of Potts disease of the spine in the Highlands of Papua New Guinea.

The other notable 'first' at an NZOA ASM was the introduction of a lecture series programme on the first Sunday of the meeting. This proved an excellent addition to the programme and was supported by a large number of New Zealand's most prominent Orthopaedic surgeons who alongside some of our invited international guests provided a series of superb lectures covering a wide variety of clinical orthopaedic subjects. The lecture series attracted a large number of registrars to the ASM and it is hoped that the lecture series may continue in the future.

There were a number of social highlights to the meeting, and the sports programme which remains unique amongst the carousel associations, was also a major success with increased numbers participating in the golf, mountain biking and fishing competitions. The partner's programme was also rejuvenated in 2018 and included a visit to the famous Polynesian





Pools, the Redwoods Tree Walk experience and a cooking demonstration class with Kiwi celebrity chefs Karena and Kasey Bird. The partner's programme was deemed a success and was well attended by partners of NZ surgeons and our overseas guests.

The Monday night cocktail function in the trades area was convivial and well attended. The Presidents dinner was held at Te Whare Tapere Restaurant at Te Puia and the Carousel were joined by past Presidents of the NZOA, the visiting ambassador surgeons and their partners. The gala dinner was a splendid occasion held at the Skyline Stratosphere Restaurant with live music provided by Catriona Fallon and her band from Tauranga. The various awards, presentations and acknowledgement of the new Fellows were complimented with an entertaining presentation and question and answer session with Scott Donaldson, the first man to successfully kayak across the Tasman Sea hosted by sports broadcaster James McOnie of Crowd Goes Wild celebrity.

The meeting was once again well supported by the Orthopaedic industry who continue their generous support of NZ Orthopaedic meetings.

In summary the 2018 edition of the ASM was a successful meeting with a full and stimulating academic programme provoking excellent discussions. The programme concluded with a mini-symposium addressing work-life balance and the health needs of orthopaedic surgeons, which seemed a fitting way to end a meeting of busy orthopaedic surgeons. As always, the success of the meeting was dependent on the attendance and enthusiasm of the membership and we are grateful to the members who made time to attend and enjoy the 2018 ASM.



## Continuing Professional Development & Standards Committee Report

Full compliance with 2018 CPD year was achieved in early July this year. A few members required several reminders to complete their entries into the online programme.



Edward Yee  
NZOA CPD Chair


### CPD Compliance

Full compliance with 2018 CPD year was achieved in early July this year. A few members required several reminders to complete their entries into the online programme. This is an important result for the Association as it reinforces to RACS our commitment to the service agreement to administer and regulate our own CPD programme. Vocational registration in New Zealand is dependent on fulfilling annual CPD requirements. Currently the MCNZ only requires an acknowledgement that one is participating in an approved CPD programme and no proof is required. It performs a random audit annually to try and identify any fraudulent doctors and also expects the governing organisations to report these individuals. The penalty from the MCNZ can range from restrictions placed on practice to loss of one's APC.

RACS is currently developing a new CPD programme. It will likely be released in the middle of 2020. The programme is developed with emphasis on reflective practice and performance review.

### The basic framework at present:

Category	Standard	Requirement
• Learning plan		• 1 per annum
• Audit	• Audit of self/own practice	• 1 per annum
• Performance review	• Performance related to self • Performance related to others	• At least 1 per annum • At least 1 per annum
• Education activities	• A minimum of 40 hours over two or more activities per annum	• 40 hours per annum • Fellows will be strongly encouraged to undertake 'highly recommended' activities based on area of practice



A lot of work is still being done to define what activities are suitable for each category. The introduction of performance reviews has elevated the RACS CPD programme to a more involved process. The regulating bodies in NZ (MCNZ) and Australia (AHPRA) have been consulted in its development and it is clear that this is the new standard that is expected. The anticipated future is more stringent oversight of medical practitioners. The NZOA CPD programme remains as an approved comparable programme.

The MCNZ plans to introduce a Personal Development Plan as an annual requirement (Learning Plan in the new RACS CPD). This will be incorporated into the mandatory section of our CPD programme once it is introduced.

Grant Kiddle from Wellington has been welcomed on the Committee.

The CPD programme continues to be refined based on feedback from members. The emphasis is on making the programme as user friendly and self-explanatory as possible.

**For example, for non-operative members:**

- Section 2: Other hospital meetings for non-operative practice is now changed to Other relevant meetings for non-operative practice. It will allow meetings such as medico-legal conferences to claim CPD points
- Veteran's Affairs reporting added into subcategories.

The MCNZ gave complete clarity on which subcategories of non-operative members need to hold an APC. Only members who exclusively write reports for Australian jurisdictions (no New Zealand generated reports) are exempt from holding an APC.

The online program is also being improved. The ability to load more supporting documents has been introduced. It will allow easy confirmation of CPD activities in the event of an audit from the MCNZ.

A new policy of zero refund on food and beverages consumed as part of a practice visit dinner was introduced. This is in response to an excessive claim and it was decided at council level that the Association would not be subsidising extravagant dining options.



## Practice Visit Programme Report

This is my first report as Practice Visit Programme Chair. I acknowledge the excellent work that Rod Maxwell has done to develop and consolidate the programme since its inception.



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**Julian Ballance**  
PVP Chair  
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The Practice Visit Programme has now been running since 2012 and over 300 members have participated. It continues to provide a valuable part of continuing education and although it does require a degree of effort it has been well received by everyone. Following the completion of the 2019/2020 programme we will be carrying out a survey of all participants.

On average each year 60 members are selected as participants. As membership numbers grow, we need to look at making better use of electronic resources. This has the potential to eliminate the need for participants to provide paper copies of practice data and to streamline administrative processes.

The PVP Committee continues to review the programme on a yearly basis. At this year's meeting it was recommended that the Practice Visit Programme should be a mandatory activity for NZOA members. It will then encompass any members who choose to participate in another approved CPD programme (RACS).



## Specialty Orthopaedic Training Board Report

The Speciality Orthopaedic Training Board has had another busy year progressing the development of our training programme and its regulations. In particular this year, reviewing our orthopaedic training selection process.



Richard Keddell

Chairperson

As part of the structural review of the NZOA relationship with the RACS and our partnering agreement with the College regarding training of orthopaedic surgeons in New Zealand, the Training Board was expanded to assume a more significant governance role in the organisation and deliverance of the training programme. With the support of NZOA Council, the Board established the Education and Training Working Group in 2017 whose role was to review the Education and Training Programme. This began with reassessment of our selection process and then progressing to our curriculum and syllabus review and finally the whole structure of the training programme. The impetus for many of these changes has come from the review of the RACS training by the Australian Medical Council (supported by the NZ Medical Council) who is the ultimate overseer of surgical training in Australia. Some of these changes are outlined in Tim Greggs report from the Education Committee.

The Working Group has had considerable support from our sister organisations around the world, in particular the AOA, to whom we are very grateful. During 2019, the Working group was disbanded with the ongoing role of training programme modification as well as its governance undertaken by the Speciality Orthopaedic Training Board.

My thanks to all the members of both the Working Group and the Training Board for their commitment to progressing the changes required by the RACS review while still preserving the unique qualities that make our New Zealand training programme so good. Their enthusiasm for the education of future orthopaedic surgeons has, I believe, made this process efficient and very successful.

My special thanks to our independent Board members, Kerensa Johnston, our Consumer Representative and Ken Te Tau, our Cultural Advisor, whose support for our programme is exceptional.

None of our Boards or Committees would manage without the backing of the staff at NZOA and in particular for this Board I would like to thank Prue Elwood, our Education and Training Manager, for her great support again this year.

## Education Committee Report

The Education Committee continues to work hard to ensure that our trainees receive excellent support and training opportunities through training weekends and supervision.



Tim Gregg  
Chair

The Speciality Orthopaedic Training Board established the Education and Training Working Group in 2017 to review the Education and Training Programme. This review included looking at the whole Selection Process including changes to minimise perceived and actual bias from all steps of the Selection Process. There has been a lot of change in the process around selection which many of our members will have been exposed to during this year's selection. In general, less importance has been placed on CV scores and individual referee reports. More emphasis is placed on departmental references (the Composite Reference) and the interviews. In order to keep members up to date the changes to Education and Training will be presented at the 2019 ASM.

A new online assessment platform has been in production for the past year and we are pleased to be able to pilot the Trainee Information Management System (TIMS) and the Feedback App in 4 centres including Wellington, Nelson, Dunedin and Tauranga from early August 2019. Rollout to all centres is expected to be in December 2019. We will have a booth at the ASM for more information about TIMS, and a presentation will also be made to members during the meeting.

### Training Events

The spring SET 2-5 training weekend was in Nelson and convened by Perry Turner. There were a wide variety of excellent clinical cases. The weekend also included valuable case-based seminars on spine trauma (Kris Dalzell/Rowan Schouten) and DDH (Andy Graydon/Matt Boyle). The consultants were narrowly beaten out of first in the Waka Ama races.

The Autumn Training Weekend was held in the Hawkes Bay and was convened by Simon Johnston. A very well-run weekend with a large number of clinical cases over the two days. Shaneel Dao ran a Tumor session, which was very well received. The social event was clay target shooting which was a new experience for many.

The Registrar Paper Day was held on the day prior to this Training weekend. There were 58 abstracts submitted and 29 papers were presented by pre-SET trainees. The quality of the abstracts was high, the best paper being presented at this year's NZOA ASM in Dunedin.

Simon Dempsey convened the Autumn SET 1 mini Training weekend held in Whanganui.

The History and Examination course, for SET 1 and 2, will be held in Whangarei later in the year. The Mock Exam was held in Palmerston North, convened by Tim Love.

Chris Birks convened the Pre-exam course in Dunedin. This week-long course is of significant benefit to our trainees offering additional opportunity for them to improve their knowledge and exam skills working on excellent clinical cases and study prior to sitting the Fellowship Exam.

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

We also thank Tim Love and Nigel Willis who finished their time on the Committee in 2018 and Dawson Muir and Simon Johnston who will be leaving the Committee in October 2019 for their work over their 4 years. New members on the committee are Roy Craig from the Hutt Hospital, and Simon Dempsey from Whanganui.

### **Selection for entry to SET Training 2019**

Selection for SET training took place on 21st June at Boulcott Specialist Centre, Lower Hutt. There were 46 applications for SET training, 33 met the criteria to attend the day for an interview.

A mihi whakatau started the day, our thanks to John Mutu-Grigg who led this for the Committee. A reply on behalf of the applicants was led by Tyler Rudolph and a waiata sung from both sides. The interview consisted of 6 panels of 3 interviewers with prepared structured interview questions that are directly linked to RACS competencies and include Cultural Competence.

Fourteen applicants were selected for SET training. Congratulations to those selected - Heidi Chan, Reinhold Gregor, Matthew D'Arcy, Rutvik Vanamala, Alexandria Gibson, Tyler Rudolph, Shea Timoko-Barnes, Guy Smith, John Zhang, Penisimani Funaki, Joshua Chamberlain, Rushi Penumarthy, Teriana Maheno and Shiran Zhang.

### **Fellowship Exam 2019**

8 SET 5 candidates sat the Fellowship Exam and 8 were successful. Congratulations to Nick deGiorgio-Miller, Alex Lee, David Lees, Carrie Lobb, Anthony Maher, Hamish McLaren, Brad Stone and Matthew Street.



## NZOA ACC & Third Party Liaison Committee Report

"If you are not at the table, you are on the menu."

Unknown, Washington DC, 2000



Khalid Mohammed  
Chair

The NZOA ACC & Third Party Liaison Committee represents our members in interactions with other groups including the ACC and private insurers. It is essential we are at the table with other stakeholders and funders of surgery, especially in times where increasing scrutiny is directed at existing models of health care, procedures, "outcomes" and remuneration. On our side of the table, with me, are Richard Street, Peter Robertson, Fred Phillips, Fiona Timms, Andrew Vincent, Chris Birks and Andrea Pettett. I thank them all for their excellent work this year and would like to especially acknowledge Richard Street whose long and valuable tenure has been completed. Here is an a la carte selection of topics we have been dealing with. Most of our work is with the ACC who have undergone significant restructuring this year.

The ACC asked for the Red List to be tidied up and were happy with the NZOA leading this process. The Red Lists include lists of procedures that are considered specialised and complex and the Red Lists of surgeons are intended to be surgeons competent to perform these procedures. The NZOA and ACC had some records of who was thought to be on various Red Lists, but these lists were incomplete and inaccurate. Furthermore, in many cases, these lists didn't reflect what lists individual surgeons thought they were on. The procedural lists, lists of surgeons and process for surgeons to gain red list status needed updating. Considerable work has been done, with subspecialist societies revising procedural Red Lists. Each member of the NZOA has

been asked what lists they would like to be on, and it is our intention to be inclusive and responsible in our recommendations.

The ACC called for Expressions of Interest (EOIs) for ideas of better ways of managing the processes of patient care and rehabilitation. This is an opportunity to try and improve delivery of care and we should be "at the table". The process of Escalated Care Pathways, however, is a commercial and competitive one, where applicants must form legal and financially responsible entities and bid for the opportunity to give their intellectual property to the ACC. This has had tremendous appeal to many groups and rightly or wrongly, it is seen by some as a vehicle for groups to form to bid for work. The six groups that have got through the initial stages are still to finalise their contracts with the ACC. Is this managed care?

*"Managed Care. A general term that refers to health plans that attempt to control the cost and quality of care by coordinating medical and other health-related services."* **Legal Dictionary.**

A lot of work and progress has been made on ACC Consideration Factors for the different anatomical regions with input from members of the Committee, Sub Specialty Societies, Andrea Pettett, Bernie Graham (ACC) and others within the ACC. These are valuable consensus resources.

Choosing Wisely is an international movement to try to promote better practice, prevent overuse of investigations and discourage interventions that have

not been proven to be useful. Organisations that are members of this movement are asked to provide short recommendation statements. The rheumatologists chose as their statement, a recommendation to not have knee arthroscopy if you have arthritic changes (and more). We argued that Choosing Wisely statements should only be made in a groups scope of practice. The New Zealand and Australian Knee Societies have written detailed consensus statements regarding this topic. Furthermore, the Knee Society has spent considerable time and effort debating this topic with Southern Cross who do not want to fund ineffective procedures and have targeted knee arthroscopy indications. Our Committee will continue to advocate for sensible systems of appropriately modifying practice when required and maintaining surgeon choice for surgical interventions.

So, there are plans by others outside our profession to try to define our scope of practice, define what procedures they will pay for and define who may get work in future dependant on group entities. We must be at the table and look after the best interests of our patients by looking after our profession, or we will be on the menu.

## Senior Examiner's Report

The RACS FEX exam in Orthopaedics continues to be maintained at a high standard.



**Bruce Hodgson**  
Chief Examiner

New Zealand candidates pass rate in the FEX have generally been very good over the past 10 years. This is testament to the NZOA selection process, Education Committee training weekends, candidate preparation and of course, most importantly, local hospital teaching programmes.

It is very important that local training hospitals continue to expose trainees to elective outpatient experience, clinical decision making, good work habits and surgical practice. These are the skills that the Court examiners are looking for in those presenting for the FEX.

Our Australian colleagues have always enjoyed coming to the New Zealand exam as our candidates are well prepared, patients carefully picked and the venues superb. Wellington was no exception this year. Our grateful thanks to all those involved with the arduous task of organisation.

The variability of the Australian candidates performance in FEX has not been lost on the Australian Orthopaedic Court. An in-depth evaluation by the AOA, in association with Canadian educational experts, lead to a far-reaching assessment of their training, curriculum development, documentation of training and subsequently the

AOA-21 document. The New Zealand "curriculum and training manual" is very similar but there are some appropriate differences in Sub Specialty requirement standards for our country. This training manual is a "living document" and will change as needed.

The Australian Medical Council (not the equivalent of our NZMC) has charged the RACS (NZ and Australian courts) to standardise the FEX qualification for verification. Next year a "generic" written question will be put to all the RACS courts to be answered. How this will work out is unsure at this stage. Electronic delivery of the exam along with answers continues to evolve.

We have had two examiners retire this year after long service. Mark Wright from Auckland and Sud Rao from Napier. Both have contributed hugely to the court.

Sud was Chief Examiner. His knowledge and calm, effective manner will be sorely missed.

We welcome two new incoming examiners: Simon Hadlow and Peter Poon. Both are well known and highly respected throughout New Zealand.

## Workforce Report

Workforce planning is an inexact science.



**Brett L Krause**  
Workforce Committee

There is no assurance that current trends, work practices, resources and personnel will remain the same over any length of time.

Planning, therefore requires a certain amount of estimation, averaging and sometimes guess work.

Orthopaedic workforce resource continues to be an area of controversy and concern.

There are currently (Aug 2019) 306 people with vocational registration in Orthopaedics (1). Not all of these people are working fulltime and those that do are mostly divided between public and private positions.

The NZ population (given the inadequate recent census), is estimated at 4.9 million (2). This gives a ratio of 1 surgeon per 16000 population. If we assume that 270 out of 306 are fulltime contributors that ratio is 1 per 18000.

This is very similar to the most recent estimate of workforce in Australia (23.5 m and 1286 orthopods).

The annual population adjustment by Stats NZ is 85000 people per year giving us an estimated population in 5 years of 5.4 million. (United Nation figure says 1.0%).

To maintain our current ratio we need an extra 50 full time contributors (270 to 320).

Our current training scheme contains 51 trainees, having accepted between 11 and 14 per year over the last few years. At the current level of 14 per year this graduates 56 new orthopaedic surgeons per year from 2024.

Some will go overseas; new foreign graduates will come to NZ.

Fellowships will need to be completed.

Healthworkforce NZ suggest we should be training 23 per year to cater for the increased demand.

This year Richard Keddell and I surveyed the clinical directors of each DHB to gain a snapshot of current workforce, desired workforce, retirements and resources available. Thank you to the Clinical Directors for their input, we gained results from all but one.

In summary, there is expected to be 12 retirements from the public sector over the next 5 years, and the expected increase in new positions wanted by the CD's was 44.

Almost all these positions have no official approval or funding allocated. Almost all DHB's have no extra resources available for these new positions. Remember only one DHB (South Canterbury) is not in deficit this year and the total deficit at the moment is over \$400m.

We know that there is still substantial unmet demand in the community, but it very much looks as though that is going to remain with the inability of DHB's to increase their orthopaedic throughput.

This must be a concern with future workforce planning.

It is also pertinent that this situation is repeated across many specialities.

While acknowledging the work done by HWNZ, the practicalities of orthopaedic work in public hospitals in NZ must be relevant to future planning.

### References

1. Medical Council of NZ – personal communication
2. Stats NZ



## Ladies in Orthopaedics New Zealand Report

LIONZ has now been an entity for three years.



Margy Pohl  
Chair LIONZ

As a group we continue to support females involved in Orthopaedics and develop initiatives to increase gender diversity.

Although the number of female surgeons in New Zealand remains small there has been a slow but steady rise in the number of female trainees. 19% of New Zealand trainees are currently female, this compares reasonably favourably to international numbers with 14% of American residents currently female.

The numbers applying to training remain low however and studies suggest our New Zealand medical students continue to perceive Orthopaedics as a specialty to be less accepting of females than other surgical specialties. We appreciate it will take continued effort and time to change these perceptions and to fully imbed a culture of inclusivity within Orthopaedics.

LIONZ current focus to improve diversity is on promoting Orthopaedics as a viable career choice to keen female medical students and offering them opportunities to meet role models and gain hands-on experience of Orthopaedics.

This year a successful workshop supported by Stryker was undertaken in Christchurch following the Trauma COE led by Terri Bidwell and myself, with enthusiastic registrar volunteers. Feedback was extremely positive. We aim to continue to hold further student workshops annually.

We are excited to welcome several new female surgeons to boost our numbers, both graduating trainees and international recruits. A LIONZ breakfast meeting will be held at the ASM in Dunedin with plans then to timetable a further networking function in early 2020.

A large, light blue, stylized watermark of the LIONZ logo, featuring a lion's head and the word "LIONZ", is positioned in the background on the right side of the page.

# LIONZ

## Cultural Advisor Report

Whiti ora ki te whai ao ki te  
ao mārama  
Whiti ki runga whiti ki raro  
E ngungu ki te pōhatu  
E ngungu ki te rākau  
Tētaha ki tēnei taha  
Tītaha ki tērā tahaTihei mauriora

(Te Whare Wānanga o Awanuiarangi)

Crossover to life in the changing world, in the  
world of life and understanding

Cross upwards, cross downwards. Turn to  
the rock, turn to the tree

Leaning to this side, leaning to that side.  
Let there be life.

### Specialty Orthopaedic Training Board

It is a great privilege for me to be invited to sit on the Specialty Orthopaedic Training Board (SOTB) and participate with the working group as a Māori and community representative. Chaired by Richard Keddell, the SOTB identified the need to reflect our nations changing cultural, ethnic and gender needs within the Orthopaedic sector and in doing so has made commendable advances in achieving cultural and gender diversity within its training programme.

I would like to acknowledge and thank Dr John Mutu-Grigg for leading the mihi whakatau in my absence at the SET Interviews in June 2019.

### Orthopaedic Sector Group

In February of this year I attended the Orthopaedic Sector Group Meeting at Te Manatū Hauora/Ministry of Health along with Chief Executive Andrea Pettett, President Rod Maxwell and First President Elect Peter Robertson.

To open the meeting, I recited this Māori karakia. The NZOA logo of the crooked Pōhutukawa tree lashed to a pou/stake epitomises the work of the surgeon to make straight the child's deformed limb that leans to this side, to that side. Our logo and this karakia act as a reminder for us, in our discussions to straighten out the publicly funded Orthopaedic service, to not forget the genesis of Orthopaedics and that our patients are real people, real flesh and blood, and not just numbers in a mathematical algorithm. He aha te mea nui o te ao, he tangata, he tangata, he tangata – What is the most important thing in this world... it is people, it is people, it is people.



**Ken Te Tau**

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

### Mahia te mahi, hei painga mō te iwi – Getting the job done for the wellbeing of the people

Prue Elwood and I attended the Cultural Competence, Partnership and Health Equity Symposium held at Te Papa in Wellington at the end of June. Hosted by Te Kaunihera Rata o Aotearoa and Te Ohu Rata o Aotearoa. There were amazing presenters throughout the day who emphasised the need for service providers to be "Culturally Competent/Culturally Confident" and the desire to dismantle and reset a health system not achieving equitable outcomes for Māori and tangata Pasifika. The symposium provided us with valuable insights and challenging discourse from a Māori Health worldview. I am personally so encouraged by the genuine commitment and steps that NZOA have taken thus far in getting-the-job-done in regard to equitable outcomes it was indeed an honour for me to attend on behalf of NZOA.

## Smaller Centres Report

From a small centre perspective, the previous year has been relatively uneventful. The two major concerns have been as previously stated, recruitment in provincial centres and trying to secure funding for the Rural Fellowship programme.



**Dave Templeton**  
Smaller Centre  
Representative

We are asking local graduates to seriously consider provincial centre employment when they are applying for jobs as the benefits which they will reap from working in a smaller centre where they are very hands on are enormous and will help ensure that we are actively addressing the shortages we are currently facing recruiting Orthopaedic Surgeons to work in rural New Zealand.

Related to this we have been trying to set up the Rural Fellowship Programme (Allan Panting Fellowship). Funding for this has proven to be very difficult as all the DHB's are under a 'tight squeeze' and no-one has been willing to come up with adequate funding for this. We have therefore hit a bit of a stumbling block as far as funding is concerned which means that we are not currently able to provide a Rural Fellowship Programme. I firmly believe that this is an issue which requires further consideration and needs to be discussed at an Executive Level within the NZOA.

I spoke to the trainees at the Autumn Training Day earlier this year about the Rural Fellowship and have also strongly encouraged the trainees to contact the provincial DHB's about locum work to bridge the time from finishing training to going on their overseas fellowships. I suggested they contact the DHB's directly as this will allow the DHB's to avoid paying locum fees and hopefully improve the salary that they are able to pay the junior consultants.

Another contentious issue for the smaller centres was the adoption of the Red List procedures as a lot of the general lists in smaller centres perform many of the common red list procedures. This has been worked out between the subsequent Sub Specialties and hopefully we will have clarification on this in the near future.



## Trainee Representative Report

On behalf of the trainees, I would like to express our gratitude to the whole orthopaedic community for their ongoing mentorship, teaching and support. The high calibre of training we are privileged to receive is reflected in the continuing high pass rate in the fellowship exam.



**Herv Vidakovic**  
New Zealand Orthopaedic  
Trainee Representative

### In-Training Assessments and Curriculum

Over the past year a significant amount of work has gone into developing a new comprehensive in training assessment tool. The Training Information Management System (TIMS) is a digital platform that will replace the paper-based DOPS, PBA, Mini CEX and run assessment forms. TIMS aims to allow for a timelier, more convenient means of assessment and reporting of trainee performance via the app.

As of August, the new system is being trialled in Dunedin, Nelson, Tauranga, and Wellington, with nationwide implementation planned for next year.

TIMS will complement the transition to a competency-based training programme that is being developed and will be implemented in coming years. These are promising changes that will create a more robust training programme with clearer objectives and competency standards for each sub-specialty area.

### Developments in Selection and Training

This year saw the introduction of the composite reference as an element of the training selection process. This model allows for a broader assessment of a potential candidate by pooling references from the consultants, trainees, nursing, and colleagues from departments with whom the candidate interacts with frequently. The composite reference has been well received as a robust and balanced evaluation tool, with trainees appreciating the opportunity to provide input on their potential future peers.

RACS has begun to pilot a situational judgement test (SJT) as part of the pre-selection process across a number of specialties. The SJT is a computer based multiple choice test designed to assess a potential applicants judgment, insight and ethics regarding complex real-life situations with a view to predicting how the individual might behave in challenging clinical situations. This is currently being trialled to see how well it correlates with current candidate selection in other specialties. RACS hopes to offer it to all specialties in future as a potential assessment tool for candidate eligibility to proceed to selection.

The LIONZ group held a medical student workshop earlier this year to promote greater interest in orthopaedics amongst female medical students. These events provide a more personalised setting to establish female role models and promote gender diversity in the orthopaedic community in line with the RACS goals. The event was well received, with keen support from current female registrars and consultants.

### Beyond the Training Programme

For a number of years many trainees have undertaken locum work upon completion of training before departing on fellowship. In New Zealand this has often been in rural centres in need. A proposal has been put forth to establish a more formalised 6-12 month long "rural fellowship" in these centres as a supported model to transition into a consultant role.

The concept has been received positively by trainees, with 80% stating they would be interested in taking up such a position as a stepping stone.

### STONZ

Towards the end of last year, the newly established Specialty Trainees of New Zealand union negotiated a new MECA with the DHBs. This has been successfully implemented and their membership has dramatically increased. At the time of writing there are 1100 STONZ members. The vast majority of current orthopaedic trainees are members, reflecting that the MECA better compliments the needs of the training programme with greater provision for funding of educational opportunities.

STONZ is continuing to work positively with the DHBs by establishing a national engagement forum to develop frameworks that optimise the balance between service provision and training opportunities.

## Wishbone Orthopaedic Research Foundation of New Zealand Report

The newly formed Wishbone Orthopaedic Research Foundation of New Zealand has the primary focus of fostering the art and science of Orthopaedic Surgery through funding research.



Wishbone Orthopaedic Research Foundation of New Zealand

Wishbone Orthopaedic Research Foundation of New Zealand  
Orthopaedic Research Committee

Sir Bryan Williams  
Chairman

Current board members include Sir Bryan Williams (Chairman), Richard Keddell, Helen Tobin, Haemish Crawford, Michael Pender (Independent), Antony Field (as Honorary Treasurer) and Perry Turner (as Honorary Secretary). Andrea Pettett as Chief Executive of the NZOA attends all meetings.

Sir Bryan Williams has announced his intention to retire from his role as Chairman.

He has been a valuable asset to the role and hopefully will remain on the Board in a patron role.

The NZOA thanks him for his immense work and inspiration.

The Board manages the incoming and outgoings of the funds.

Applications for research go to the Wishbone Orthopaedic Research Foundation. These are then evaluated by the Orthopaedic Research Committee (Chaired by Michael Barnes). The Foundation Board determines the quantum of funds that can be distributed.

Donations and Research funds have been increasingly hard to come by in the current competitive market. A broad discussion around this resulted in the suggestion of the appointment of a Fundraising and Marketing Manager. This was later ratified by the NZOA Council. The appointment was with hope and apprehension combined - recognising that time and resource was required to bring new

ideas and innovations. Outcome assessments, time frames and performance reviews were ensured to try and minimise risk.

Diana Dobbins was employed bringing a huge wealth of knowledge and experience to the role.

### Key activities included

- Reviewing the Governance Structure
- Streamlining applications for Research Grants
- Strategy Development
- Logo development
- Setting up a fundraising database
- Fundraising events – Walk for Wishbone – events set up in Auckland, Tauranga and Wellington

Wishbone Walks – Diana, Haemish Crawford and Richard Keddell put a huge amount of work and resource in to trying to generate interest and future sustainable structure for the Wishbone walks. This included website design, approaching Orthopaedic Implant Companies for partnership sponsorship, partnership agreements with New Zealand Rugby Foundation Inc, development and production of promotional posters, Facebook page creation, logistics and safety plans. Events were planned for Wellington (April 28), Tauranga (19 May), and Auckland Eden Park (26 May). Unfortunately, these were not a success. The walks had very little interest and ran at a loss. The Wellington event was

cancelled due to a lack of registrations. The hard part was creating engagement for both surgeons and participants.

The Board recognised that there was an inability to continue with Diana's role beyond one year of employment. The idea was good. The implementation of ideas proved difficult. Many achievements had been made but ongoing utilisation of a manager's services was untenable with the funds available.

Future fundraising ideas by the Board include:

- Black Tie Dinner
- Wishbone Walks with regional engagement and NZOA centralised support
- Sub Specialty engagement – education on two fronts – first how they access funds, secondly how they donate. Transparency of fund allocation and ease of process recognized as ways of removing barriers and improving relationships and engagement.
- NZOA membership donations
- Public Donations
- Brand awareness – mentioning of Wishbone Orthopaedic Research Foundation of New Zealand in paper presentations, press releases, publications.

The current financial situation includes total investments of \$657,928.

We received 17 applications for funding (for a total of \$231,671). Of these, 12 Grants were successful and approved (for a total of \$111,474). These were for a combination of Arthroplasty, Spine, Trauma, Paediatric, Shoulder and Wrist surgery.

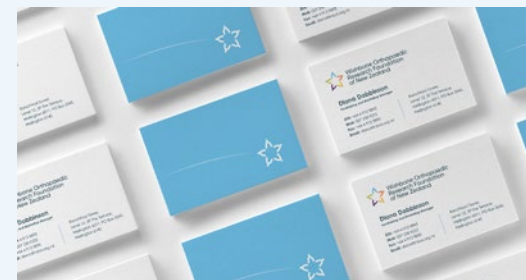
Donations totalled \$2,150.54 from surgeons via annual subscription fee, \$20,132.86 walk donations, \$3,301.00 from walk registrations.

Over the last year donations have not been sufficient to cover outgoing research funding.

Moving forward to the next financial year the Board recognises that with a new brand increasing education is required to ensure and enhance engagement with the NZOA membership.

Ultimately without NZOA membership buy-in, there will be no incoming funds, therefore, no outgoing funds for research.

**Written by Perry Turner**  
(with Sir Bryan Williams)



## NZOA Wishbone Orthopaedic Research Committee Report

The Wishbone Trust and NZOA Research Foundation combined to form the Wishbone Orthopaedic Research Foundation of New Zealand (Wishbone Foundation) on 1 August 2018. Members from NZOA Research Foundation's Research and Outcomes Committee were appointed to the newly created Orthopaedic Research Committee with Dawson Muir replacing John Claude-Theis.



 Wishbone Orthopaedic  
Research Foundation  
of New Zealand  
Orthopaedic Research Committee

**Michael Barnes**  
Chairperson Orthopaedic  
Research Committee

Following this the Committee met for the 2018 round of research grant applications. A total of 17 grant applications were received, one of the highest numbers in any given 12-month period since 1994. Funding requests totalled \$231,671.65, ranging in size from \$600 to \$41,500. In total the Committee recommended supporting 12 research projects totalling \$111,474.06. It should be noted that partial funding of projects, where part of the funding has already been obtained or is being sought from other sources. Thus, six projects (\$55,774.06) were fully supported and a further six projects were partially supported (\$55,700.00). In some cases where funding was declined, feedback was provided by the Committee as to the merits of the project and possible future reapplication for funding pending revision.

The Committee look favourably on a wide range of proposals ranging on the one hand from experienced academics with a strong track record of research leading to publication to, on the other hand, promising registrar projects from aspiring researchers. As examples, partial funding was granted to Prof Neil Broom and Mr Peter Robertson for their project entitled "How traumatic loading influences intervertebral disc disruption and herniation".

Mr David Bartle received funding for his project entitled "Developing a haptic simulator for education in orthopaedic surgery". Mr Haemish Crawford received funding over three years for site registration of the International Growing Spine Study Group and Mr Rowan Schouten received partial funding for his project entitled "Can MRI screening of BM0 identify New Zealand adult professional cricket bowlers at risk of developing lumbar stress fractures?"

The Committee continues to endeavour to track the progress of projects which have previously received funding subject to Presentation or Publication.



## NZOA Trust Report

I was appointed as the new Chair of the NZOA Trust at the NZOA ASM in Rotorua on 15 October 2018. I wish to give a vote of thanks on behalf of the Trust and the Association to Richard Lander who very ably chaired the Trust and who retired from the Chair position at the end of that meeting.



Richard Street

Chair  
NZOA Trust

The Trust composition has been reorganised slightly in line with the NZOA Constitution. A decision was made that the past NZOA president be nominated Chair and serve a term of four years as Chair, then being replaced by the next Past President. Previously, the NZOA Secretary and Treasurer were regarded as positional members and are now appointed as full members. Andrew Oakley has joined as a Trustee and thank you Andrew for your commitment. Grant Kiddle and Hamish Leslie have completed their terms as Trustees, and again, thanks for their commitment to the Trust. Michael Caughey continues as a Trustee but his term is shortly due to end. The Independent Trustee, who is Ron Eglington, has contributed for a long period of time and again is beyond the constitutional four years. He has kindly agreed to stay on until a new Independent Trustee can be appointed.

The Trust holds two face-to-face meetings a year, one at the ASM and one usually in April or May, and this year that coincided with the Trauma COE in Christchurch.

The Trust assets are appreciating nicely, particularly with the help of Craig's Investment Partners. The Trust assets, as of 28 February 2019, were \$2,752,602.00. The last year portfolio performance was an 11.3% increase.

### Trust expenditure is based on the following:

1. Sponsorship for the travelling ABC Fellow, Michael Rosenfeldt - \$10,000.00.

2. 2018 ASM NZOA Trust Guest Speaker for Professor Matt Costa - \$10,000.00.
3. ASEAN Fellows Hosting Expense - \$1,911.49.
4. Hong Kong Ambassador \$2,686.50.
5. Travelling ABC Fellow's flights and registration - \$8,064.39.

The major discussion at the last Trust meeting was regarding the Trust funding the costs of changes to our education process. There is a need to fund the Trainee Information Management System and an app for registrar assessments. There is also a need for a CRM, a computer database for the Association. The cumulative costs over a five-year period are estimated at \$250,000.00 and the Trust has agreed to fund up to a maximum of \$60,000 per annum over this period of time which should still be covered by the Trust annual income.

The Trust asset base is being preserved. The annual income has been well above inflation and it is proposed to continue with funding of travelling fellows as those expenses occur. 2019 has been a more expensive year than normal in that we have needed to support our travelling ABC Fellow and have also hosted the North American travelling fellows.

## New Zealand Joint Registry Trust Report

The Joint Registry Trust has been restructured over the last 18 months to align with the NZOA group of entities. Prior to this the trust operated independently of the NZOA. Now that the NZJR is part of the NZOA group the Trust also has been restructured to this purpose.



**Gary Hooper**  
Chairperson

### Current Trustees:

**Gary Hooper** (Chair)

**Nicholas Clark** (lawyer)

**David Brown** (accountant)

**Rod Maxwell, Richard Keddell**

The Trust Deed has been updated and sets out the functions and role of the Trust in its governance over the NZJR. The primary purpose of the Trust is to ensure that the Trust funds are used effectively to maintain and develop the NZJR in the primary activity of collecting, collating and storing data on all joint replacements performed in NZ. Secondary activities include promoting and encouraging education and research.

The Trust receives feedback from the Management Committee of the NZJR and meets at least twice a year to discuss and action these reports. One of these meetings is also to discuss and approve the budget for the forthcoming year. Ex officio members at these meetings include the supervisor of the NZJR and the CEO of the NZOA.

I wish to thank all of the Trustees who give up their time to ensure that the NZJR remains robust and viable. I especially wish to thank James Taylor, who has retired as a trustee, for all of his time and energy over the last few years.



**NEW  
ZEALAND**  
**JOINT  
REGISTRY**

# New Zealand Joint Registry Management Committee Report

The National Joint Registry continues to grow as a repository of key arthroplasty outcome data for surgery in New Zealand.



John McKie  
Supervisor

## Introduction

The National Joint Registry continues to grow as a repository of key arthroplasty outcome data for surgery in New Zealand. Members will soon be receiving the printed copy of the 20 Annual Report from January 1999 through to December 2018. This report now contains the analysis of in excess of 300,000 joint replacement operations.

We have much to be proud of with our Registry, but still need to strive to improve the quality and completeness of our data. The Registry is legally owned by the New Zealand Orthopaedic Association and thus we, the Orthopaedic surgeons, are the Registry. Any deficiencies, errors or omissions in the Registry are caused by and are the responsibility of one of us, the members of the NZOA. The Registry staff work very hard to ensure that the data entered is accurate and carefully check all registration forms submitted.

Reviewing data over recent months has shown some interesting trends:

Less than 25% of registration forms are signed.

Staff have sent out 217 emails to surgeons regarding missing information on 150 patients. The worst offender has still not responded to 5 emails looking for a diagnosis as the reason for a revision!

Can I encourage all members to spend a few seconds at the end of each operation to check the registration form is complete and accurate to ensure quality data is collected.

## New Initiatives

A number of new initiatives are underway to increase the utility of the Registry for members, as well as its quality and accuracy. We continue to look towards ultimately being able to gather data electronically, when this is looking feasible, we will start with a local pilot. As members who have worked in hospitals working towards paperless systems will attest, paper, while old fashioned, is still a very powerful tool and until we have a robust electronic alternative it will need to still be used for some time. Members will note some changes in the data registration forms including the exclusion of "pain" as a revision diagnosis and the inclusion of "instability" in knee revisions. Members are also reminded that all registered arthroplasties that have any subsequent surgery, even if components aren't changed (reduction of dislocation, debridement or washout of infection) require a joint re-operation form to be completed.

We are also wanting to capture the funding source of the surgery to provide information as to what proportion of the arthroplasty burden is being funded by the public health service.

Real time access to individual surgeon data is available through QlikView. This is now directly accessible through the NZOA website. Additional licences will be purchased to enable improved access for multiple users simultaneously.

All members will soon be sent a survey monkey questionnaire regarding the Registry and we encourage everyone to complete this and send back feedback and suggestion for enhancing your Registry.

Work is continuing with the surgical site infection group to link the data sets to both improve the accuracy of arthroplasty infection information, as well as avoiding duplication of data capture.

The Health, Quality and Safety Commission have expressed interest in obtaining more patient focussed data and preliminary discussions are taking place regarding this.

NEW  
ZEALAND  
JOINT  
REGISTRY

## Surgeon Feedback

In line with other Registries, we are changing the way data is going to be fed back to surgeons. You will soon receive funnel plots which will graphically display individual surgeon results with confidence intervals. These will be generated with both whole of Registry data, as well as a long-term rolling average. These plots are very good at highlighting trends and outcome and it is hoped that unfavourable trends can be identified early to enable review and reflection with appropriate changes being able to be made before an individual surgeon falls into an outlier category.

## Protected Quality Assurance Status

The Joint Registry is a non discoverable protected quality assurance activity. This means that individual surgeon's data cannot be discovered or disclosed by or to any outside body. In order to maintain this status, all surgeons are obligated to present their Joint Registry data annually to their local audit group and the chairman of that group needs to communicate their meeting summary to the Registry.

Please continue to keep these audit summaries coming into the Registry so we can maintain the status with the Ministry.

## Personnel

The Registry continues to be dependent on a small group of very dedicated and competent staff and again I wish to take the opportunity to thank Toni Hobbs, Registry Coordinator, Chris Frampton, Biostatistician, Mike Walls, IT Consultant, as well as Lynley Diggs and Shona Tredinnick who do all the data entry and chase you up for incomplete responses!



**NEW  
ZEALAND**

**JOINT  
REGISTRY**

## New Zealand Hip Fracture Registry Trust Report

The New Zealand Hip Fracture Registry Trust governs the New Zealand arm of the Australian and New Zealand Hip Fracture Registry (ANZHFR)



Richard Lander  
Chairperson

The Australian and New Zealand Hip Fracture Registry initiative will improve outcomes through the development of national guidelines and quality standards for care of hip fracture sufferers. The National Hip Fracture Registry will benchmark quality of care delivered by hospitals against professionally defined standards and will share best practice.

Patient numbers continue to increase, and the combined registries have a total of 36,789 records from 75 hospitals: 28,690 from Australia and 8,180 from New Zealand.

The ACC, Ministry of Health, Health Quality and Safety Commission, Osteoporosis NZ and the New Zealand Orthopaedic Association support the clinically led programme.

Annual reports, resources and newsletters are available online at <https://anzhfr.org/>

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

In July this year Middlemore Hospital held a hip festival event entitled "From Fracture to Fixed - Data, Standards and Improvements in Hip Fracture Care". The ANZHFR "Hip Festivals" are an initiative of the Registry to harness the collective knowledge of key stakeholders and to inspire and enable those involved in the provision of hip fracture care. Other hip festival events are planned for New Zealand centres in the future.



## New Zealand Hip Fracture Registry Clinical Lead Report

The Australia New Zealand Hip Fracture Registry (ANZHFR) in New Zealand is making steady progress on several fronts. Over the year from 01 August 2018 to 31 July 2019 the momentum for change has been steadily building and we are beginning to see concrete evidence of this.



Dr Roger G Harris

### Aims of ANZHFR

The aim of the ANZHFR is to use data to improve performance and maximise outcomes for older people who have sustained a hip fracture. This will be achieved by:

- Reporting annually on the current state of hip fracture care;
- Identifying variation between hospitals in care and the outcomes of care and across the health care systems and using this information to drive system-level improvements in care;
- Monitoring secondary prevention interventions to reduce the likelihood of future falls and fractures;
- Addressing barriers to the use of the best available evidence and therefore standardising hip fracture care across Australia and New Zealand;
- Evaluating the care provided by hospitals with the Australian and New Zealand Hip Fracture Care Clinical Care Standard and its Quality Indicators;
- Enabling participating hospitals to access data that can be used to improve the hip fracture care they provide to their communities;
- Providing opportunities to answer research questions that address high quality and safe care for people suffering a hip fracture.

### Appointment of National Coordinator

After the resignation of Chris Pegg from this position, Nicola Ward from Tauranga was appointed for 8 hours per week. She has worked tirelessly for the Registry and has made a very positive impact on our progress to date.

### Ethics Update

After discussion with the Australian Registry Manager, I was encouraged to apply for a waiver of consent, which has been achieved in 3 states in Australia. This was instead of the "opt off" consent that has currently been approved by HDEC.

I was hesitant about this initially, until I heard of anecdotal reports of data collectors feeling morally obliged not to include the data of person, when they had dementia and they could not find a family member to liaise with.

I had discussions with Professor Martin Connolly (Geriatric Medicine, Auckland) and Dr Mary-Anne Woodnorth of Research Office, Auckland District Health Board. I learned that people with dementia who lack capacity are by law not allowed to be included in observational studies – only studies that may be of direct benefit to them e.g. a trial of a new anti-dementia medication. I also learned that many registries have applied for a waiver of consent successfully and was encouraged to apply by Dr Woodnorth.

I have submitted an amendment for the study to have a "waiver of consent" using the "online forms" process of the HDEC. I am awaiting a response.

### Steering Group Meetings and Activities

Meetings were held on:

- 21 September 2018 via Zoom
- 16 November 2018 via Zoom
- 01 March 2019 via Zoom
- 07 June 2019 in person

The discussion in these meetings include updates on progress with implementation and ongoing discussion about improvements to the data dictionary. This includes clarity of definitions and addressing additional items for which there is research evidence of importance for hip fracture patients. Mental status, Delirium Assessment and Nutritional Assessment are examples of this. The two new sub-committees (Data and Research) are processing much of this before the Steering Group meeting and make recommendations for approval.

The June meeting each year is dominated by a review of the first version of the Annual Report.

During the year the Steering Group constituted two sub-committees:

- Data sub-committee
  - This committee has two main activities
    - All the data items are reviewed and suggestions for addition variables are researched and a recommendation on their appropriateness is made to the Steering Group
    - All requests for use of ANZHFR data is processed by this committee. There is now a formal process of application. These applications are considered, and recommendations made to the Steering Group. There have been 5 applications for access to the data so far.
- Research sub-committee
  - With the increasing numbers in the registry there is a growing opportunity to carry out research using this information.
  - ANZHFR has funding to carry out a data linkage study. This will link other national databases with ANZHFR data and help provide a view of outcomes over a longer time scale than the current 120 days after admission. A simple example is mortality.
  - In New Zealand we have identified a researcher with the appropriate skills to do this work and working in collaboration with the Australian group we will be making an application to Health Research Council later in the year.

## Annual Report 2018

This reported for the 2017 calendar year. This was the first year that all the hospitals were identified. The media release highlighted the poor rate of prescription for bisphosphonate at discharge on both sides of the Tasman. Once again, it demonstrated wide variation in clinical care activities.

## New Zealand Implementation and Management Committee Meetings

These were held on:

- 7 September 2018
- 7 December 2018
- 8 March 2019
- 14 June 2019

Topics discussed apart from the continuing development of the Registry and Funding were:

- Data custodian role for New Zealand and the ANZHFR data access policy
- Research – data linkage study in association with Australia – application in NZ pending
- Contributing data items from the Registry to the Falls and Fractures Outcomes Dashboard
- New Clinical Lead – Sarah Hurring, Geriatrician from Christchurch, to begin in early 2020
- Physiotherapy representative appointed to committee – Liz Binns
- Fragility Fracture Network organisation for New Zealand – feasibility
- Future name and function of the committee
- Consideration for an FLS database

## Hip Fest – North Island July 2019

This was a very successful day.

Forty-five people including the presenters attended. They represented 9 hospitals and 8 DHB's.

The day was very interactive and there was an excellent degree of participation. The feedback collected highlighted that most had found it a valuable experience on two counts. The first, that they had an opportunity to network with other DHB personnel and to understand how their processes

compared with their own hospital. Also, they enjoyed the content as it related directly to their day to day work. The nature of the interactions reassured us that many DHB's were using the data to implement improvements in care. Particularly the Orthogeriatricians found it an inspiring experience to keep on with their improvement efforts.

## Data Quality

- Coverage

For the 2018 calendar year we collected data on about 70% of the hip fractures predicted by discharge data from NMDS. See table below.

## NZ Hip Fracture Registry Patients December 2014 – 31 December 2018

Hospital	2014*	2015	2016	2017	2018	Total	2018%	2017 Est
Whangarei		26	102	115	58	301	37	155
North Shore		97	201	537	361	1196	84	430
Auckland		15	153	285	127	580	38	338
Middlemore	13	235	250	250	234	982	77	303
Waikato				132	303	435	89	340
Tauranga				167	213	380	103	206
Whakatane				13	31	44	82	38
Hawkes Bay				20	108	128	62	173
Gisborne					34	34	79	43
Rotorua				7	0	7	0	95
Palmerston North					83	83	49	168
Whanganui				25	52	77	58	89
Hutt			14	75	120	209	110	109
Wellington			10	147	133	290	52	257
Nelson					75	75	82	91
Wairau					47	47	118	40
Christchurch				354	459	813	89	517
Dunedin				60	138	198	82	168
Southland				56	83	139	61	136
<b>Totals</b>	<b>13</b>	<b>373</b>	<b>730</b>	<b>2243</b>	<b>2659</b>	<b>6018</b>	<b>72</b>	<b>3696</b>

### Footnotes

\* 2014 represents cases for 1 month (Dec)

For the 2019-year data collection appears to be going well. We are using the 2018 NMDS data (discharge coding) as a comparator. This 2018 discharge data gives the hip fracture numbers for each hospital aggregated to a total. For 2019 we can see that by the end of June about 50% of the 2018 cases have been added to the Registry. See table below.

## NZ Hip Fracture Registry Patients December 2014 – 30 June 2019

Hospital	2014*	2015	2016	2017	2018	Jun-19	2018 NMDS	2019/2018 as %	Total at 30 June 2019
Whangarei		26	102	115	58	54	143	38	355
North Shore		97	201	537	361	244	393	62	1440
Auckland		15	153	285	127	143	278	51	723
Middlemore	13	235	250	250	234	172	281	61	1154
Waikato				132	303	199	344	58	634
Rotorua				7	0	4	83	5	11
Tauranga				167	213	114	227	50	494
Whakatane				13	31	17	35	49	61
Gisborne					34	28	41	68	62
Hawkes Bay				20	108	63	162	39	191
Palmerston North					83	82	151	54	165
Taranaki						0	115	0	0
Whanganui				25	52	38	58	66	115
Masterton						0	63	0	0
Hutt			14	75	120	77	145	53	286
Wellington			10	147	133	111	239	46	401
Nelson					75	76	95	80	151
Wairau					47	22	64	34	69
Christchurch				354	459	258	452	57	1071
Timaru						47	69	68	47
Dunedin				60	138	127	156	81	325
Southland				56	83	54	95	57	193
<b>Totals</b>	<b>13</b>	<b>373</b>	<b>730</b>	<b>2243</b>	<b>2659</b>	<b>1930</b>	<b>3689</b>	<b>52</b>	<b>7948</b>

### Footnotes

\* 2014 represents cases for 1 month (Dec)

Columns in yellow show the percentage of cases collected to June 2019 compared to the 2018 NMDS discharge coding for each hospital

## Hospital enrolment

There are three hospitals not contributing data to the Registry.

1. Rotorua began collecting data and then faced a staffing crisis which has temporarily halted progress. They are short of both Orthopaedic Surgeons and Geriatricians and coping with day to day service demands is a major challenge for them. The interest in contributing to the Registry remains but is not practical for them now.
2. Masterton has now contacted us to take the next step and to begin collecting data. We will be in touch with them soon and hope to get them started by September 2019.
3. Taranaki has expressed difficulty identifying a resource to collect the data. Repeated discussions with Geriatric Medicine have been fruitless. In the meantime, copies of all newsletters and reports are sent to key staff members so that they are aware that they are the only hospital in New Zealand not participating in the Registry. On a positive note an Orthopaedic Nurse Specialist from Taranaki is attending the September Hip Fest in Christchurch. This will hopefully lead to Taranaki contributing data to the Registry.

## Data completeness

- Completion rates are historically very high at 95% and this is monitored on the new website dashboard. Hospitals can easily identify which information item is missing.
- Follow up rates are good for New Zealand at about 80% according to the 2019 Annual Report. There is still room for improvement here.

## Data Accuracy

- A Pilot audit of three Sydney hospitals has just been published. This is largely reassuring with good completion at 96% and data agreement of 82%. Of the 18% discrepancies: 50% were incorrect information (items incorrectly coded); and 25% were time/date errors. The date/time error issue

has been addressed by embedding checks into the website. Example – if surgery date entered is prior to the admission date an error message is displayed. There are now reasonably sophisticated error checks on all date / time entries.

- The recent Hip Fest offered an opportunity to discuss this with a large group.
- The Steering Group is now developing a strategy for auditing accuracy. This should be in place by the end of the year.

## Evidence of Quality Improvement Activities

In writing the final report for ACC in January 2019, I decided to email all hospitals to see if there were any improvement activities happening. I was surprised at the volume and quality of what was happening. I have inserted that section of my report here.

“Quality improvement activity is beginning to occur at local hospital level.”

### North Shore Hospital

- Appointment of Orthogeriatrician
  - 78% receive pre-op assessment
  - 77% receive femoral nerve block
- Reduction in Orthopaedic length of stay 10 to 7 days; median 9 to 5 days
- ANZHR data is being used for 4 research projects

### Auckland City Hospital

- Appointment of Orthogeriatric Registrar at Auckland City Hospital
- Data downloaded for two Trainee projects – one presented at meeting in Invercargill November 2018
- Establishment of new data collection system and setting multi-disciplinary review panel.

### Middlemore Hospital

- Trialing community rehabilitation
- Liaising with Anaesthetics to improve frequency of nerve blocks

### Tauranga Hospital

- Has downloaded all their data for analysis by their improvement specialists. Following the 2018 report they have identified three areas for improvement and a project is underway to address these

### Waikato Hospital

- Development of a systematic multidimensional preoperative assessment tool that aligns with components of hip fracture registry and best practice pre-operative medicine. The intent was to increase the number of preoperative orthogeriatric assessments. The form developed has been sufficiently successful we are translating it into a first assessment proforma for all fractured NOFs
- Pain team have successfully implemented a pathway to significantly increase the number of patients receiving femoral nerve block in ED and intraoperatively
- Cross-service improvement of frailty recognition and implications
- Working on development of a cross-service palliative pathway for appropriate patients

### Gisborne Hospital

- Appointment of a Geriatrician and an Orthopaedic Nurse Practitioner

### Palmerston North Hospital

- Ongoing discussion about implementing a multidisciplinary orthogeriatric service



### Wellington Hospital

- Appointment of Orthogeriatrician
  - Preoperative assessments
  - Appropriate falls assessments

### Hutt Hospital

- Ongoing focus group meetings on care pathway involving all disciplines
- This has resulted in improved access to femoral nerve blocks and catheters, improved access to anaesthetic preassessment, education and upskilling of junior doctors on prescribing anti-emetics, pain relief to frail multi-comorbid elderly, and reduced LOS in ED department
- The Rehabilitation Unit was awarded AROC (Australasian Rehabilitation Outcome Centre) "Best rehabilitation outcome for Orthopaedic Fractured patients 2017/2018".

### Wairau Hospital

- Hip fracture pathway – texts to appropriate staff members, nerve block in ED, surgery within 24 hours

### Christchurch Hospital

- Downloaded their data as there were several misconceptions that required data to clarify. This data was not otherwise reliably or easily available
- Have increased medical input – now have two ortho-medicine Registrars based on the Orthopaedic wards and Medical weekend Registrar coverage 8 – 4. Providing ability to assess more patients preop and review daily where required
- Anaesthetic service is implementing a Fascia Iliaca Block service for preop patients on the wards – this should improve our numbers markedly
- Growing linkages with our Fracture and Falls Service Level Alliance which will allow improvements at a system level

### Dunedin Hospital

- Nerve block on arrival in Orthopaedic ward
- Ongoing work on care pathway
- Education about fragility fracture and osteoporosis treatment and falls and further fracture prevention
  - FLS led in fracture clinic and ED
  - GP education via FLS and Older People Outpatient Clinics
- Invercargill Hospital
  - implemented a pain pathway for hip fractures and for all older people with trauma
  - implemented a validated nutrition assessment

Many clinicians have commented that have wanted to make improvements to care for a long time. The challenge they faced was collecting the appropriate data to highlight problematic areas and to demonstrate improvement. The registry has provided the ability to collect data and also the standards with which to compare the local hospital performance.

This is very encouraging. The next phase of development is supporting more hospitals to review their own data and embark on realistic improvement projects.

### Transparency Workshop with Health Quality and Safety Commission and Ministry of Health

A workshop was held in Wellington on 5 April 2019. Patients were recruited by staff involved with ANZHFR at both Wellington and Hutt hospitals. This proved a difficult task. Six patients and two family members attended. Two further patients cancelled on the day as they were unwell.

The day used the "un-conferencing" approach to gain the views of the participants.

The most popular concept was prevention of hip fractures – understandably.

The other main themes were to do with information and communication. There were key points in the care journey when communication occurred e.g. before surgery. The feedback was often too much to understand well in the brief sessions that occurred. They requested written material. They requested up to date information about progress such as reasons for delays. The post-operative phase was also problematic because of lack of information about their individual situation and the likely progress they would experience before and after leaving hospital.

The main point they made regarding public information was that they trusted the health system and because this was an emergency situation, they had no choice other than care at their local hospital. Once they had recovered from surgery and felt "human" again was when they required appropriate information. Publicly available information on web sites were of limited relevance. Information needed to be individualised to meet their specific needs rather than an overview of hip fracture care.

The implication of this is that publicly available information on hip fracture care and outcomes is mainly aimed at improving health service delivery, as a response to the Ombudsman's ruling of 2016, and in the general spirit of transparency and openness in healthcare as a national and international movement. Patient measures on information and communication are important to include as part of this.

Development of this with further workshops would be valuable.

### Funding

The Hip Fracture Registry in New Zealand is grateful to our funders and supporters for enabling the Registry to continue to improve the care of older people in New Zealand who suffer a hip fracture.

Special thanks to ACC for continued funding and to the Health Quality and Safety Commission and the New Zealand Orthopaedic Association for their administrative support and indirect funding.

## New Zealand Foot and Ankle Society Report

The NZOFAS has had another good year following on from the successful COE meeting in New Plymouth in 2018 with probably the major achievement being the complete reworking of the AFT ACC codes which now give a much more comprehensive array of current procedure codes but also in a simplified and logical form which is easier to use.



**Matthew Tomlinson**  
*Immediate Past President*

We have met the ACC request for more combined codes by using different levels of complexity of Foot and Ankle procedures to more accurately reflect the range of procedures that we do. Feedback so far has been very positive, but we welcome any comments or suggestions from others to allow on-going improvement and refinement of the codes.

It is great to hear of new Fellows with an interest in Foot and Ankle returning to New Zealand post fellowship and I would like to remind members of the Association that membership of our society can be given to anyone that attends our Scientific Meeting or donates to the Society through their NZOA membership. Currently our funds are relatively healthy, and we can offer potential funding for projects etc subject to approval.

Our annual meeting this year will be the combined Australian and New Zealand triennial meeting, with the Aussies hosting this time round on the Gold Coast. The combined meetings represent a great opportunity to forge closer ties with our Australian colleagues and are usually well attended by both groups. By the time this is published the meeting will have been and gone, so hopefully a great meeting was had by all. Our AGM will be held during this meeting and agenda items are welcome.

Planning ahead to next year, our Annual Scientific Meeting returns to New Zealand and will return to the South Island town of Wanaka. See you there.



## New Zealand Hip Society Report

I am delighted to write this report at the conclusion of the 2019 Scientific Meeting of the NZ Hip Society. This has been the second biennial meeting with the format introduced in 2017, and once again, judged to be great a success.



.....  
**Tony Lamberton**  
President  
.....

A particular highlight was the depth and breadth of expertise in hip surgery throughout the country, as a new generation of surgeons establish themselves not just in the main centres, but throughout the regions. I am particularly grateful to convenor Richard Peterson for his expertise in organising these two exceptional meetings.

A preliminary meeting was held with ACC to try and resolve outstanding issues with approvals for hip arthroscopy, with greater understanding achieved between all parties, particularly along the lines of understanding causation and mechanism of injury in precipitating injuries to the hip joint.

Over the past year, we have formalised the incorporation of the society, with updated banking and accounting systems, integrated into the NZOA.

Many thanks to Secretary Vaughan Poutawera and Treasurer Andrew Vane for their efforts in this regard.

We are working towards the next scientific meeting of the Hip Society in 2021, with Peter Misur convening. We will have a brief AGM in association with the NZOA ASM in 2020. We are also in discussion about combined meetings with the Arthroplasty Society of Australia, which will extend the academic horizons and continuing education opportunities for our Society.

I welcome onto the executive committee Mike van Niekirk, Nick Lash, David Gwynne-Jones and Pierre Navarre and President-Elect, Matt Boyle.

Finally, it is been my privilege to serve as president of the society over the last four years and have great pleasure and confidence in now passing the mantle to Jacob Munro.

## New Zealand Knee & Sports Surgery Society Report

The last twelve months have been busy for the Knee Society. We had a very successful meeting at the Hilton in Taupo in October of 2018.



**Andrew Vincent**  
President

Our guest speaker was Robert LaPrade from the Steadman Clinic. He provided a fantastic academically structured overview of contemporary sports knee practice and was a very popular speaker. We had an outstanding dinner at the Kinloch Golf Club which was a highlight of the weekend. We also enjoyed a vintage contribution from John Bartlett from Melbourne and Barry Tietjens enlightened us on the history of the Knee Society in New Zealand. Our meeting this year will be in August in Queenstown and our quest speaker is Alan Getgood from London, Ontario. We have good numbers for this meeting.

At a governance level the Knee Society continues to have a strong relationship with ACC with the Knee Consideration Factors now being applied with some consistency. During the last year Southern Cross Insurance considered limiting the use of arthroscopy in older patients and we have had a lot of dialogue with them about this. This has culminated in a letter going out to all orthopaedic surgeons about the role of arthroscopy, particularly in the arthritic knee and its limited value. Along with this, figures have been released reporting rates of conversion to joint replacement within 2 years of knee arthroscopy.

We will continue to work with Southern Cross Insurance to ensure that any changes are well considered and that our patients are not disadvantaged in any way by the insurer's desire to reduce costs. Special thanks to Mark Clatworthy and Mike Hanlon for their help working with 3rd parties.

The Knee Society continues to function well with a high level of surgeon involvement and a number of talented knee surgeons are providing great care in their regions and contributing regularly at our meetings.

# New Zealand Shoulder & Elbow Society Report

## ACC Matters



**Peter Poon**  
*Immediate Past President  
NZSES*

### Rotator Cuff Tear Consideration Factors

This is intended to be an educational tool for ACC case managers and has been endorsed by the NZOA ACC & Third Party Liaison Committee.

The document pdf is now available online <https://www.acc.co.nz/assets/provider/ACC7881-Rotator-cuff-tears-May2018.pdf>

### Red Listing

In conjunction with the NZOA ACC & Third Party Liaison Committee, we have a list of red listed shoulder and elbow surgeries and a process for red listing of new surgeons. The Red List of shoulder and elbow surgeries was discussed at the recent AGM of NZSES in July 2019 and taking on board recent feedback, has been revised.

### GP Initiated MRI Scan

This has been rolled out nationwide. This an initiative by ACC to improve timeliness and appropriateness of MRI scanning of shoulders by enlisting GPs to request MRI scans, after they have been through a course.

### Escalated Pathway of Care

This is a new initiative by ACC and different health care providers in different cities have been awarded a two-year pilot.

### Educational Matters

The NZSES biennial scientific meeting was held in Noumea 15-19 July 2019. The convenor, Alex Malone organised a very successful meeting and we had a great line up of international speakers.

NZSES and SESA (Australia) have become joint sponsors of The Shoulder and Elbow Journal.

### Office Bearers

**Ian Penny** (President)

**Alex Malone** (President Elect)

**Gary McCoubrey** (Secretary)

**Andy Stokes** (Conference convener)

**Craig Ball** was elected as representative of Australasia to ICSES

**Warren Leigh** (Travelling fellowship SECEC)

Finally, Tim Astley who many would consider the father of shoulder surgery in New Zealand, after a career of 50 years has retired. We thank Tim for the great contribution he has given to shoulder and elbow surgery at North Shore hospital and New Zealand.



## New Zealand Society for Surgery of the Hand Report

The Society has progressed in the last year with formalisation of its Constitution. New WAH codes have been agreed with ACC and Consideration Factors are under development.



**Bruce Peat**  
President NZSSH

The Annual General Meeting of the New Zealand Society for Surgery of the Hand (NZSSH) was held on 23rd July 2018 with election of the following Hand Surgeons to the Executive Committee:

**President:** Bruce Peat

**Secretary/Treasurer:** Wolfgang Heiss-Dunlop

**President-Elect:** Tim Tasman-Jones

**Secretary Elect:** Sandeep Patel

**Immediate Past-President:** Richard Morbey

**Immediate Past-Secretary/Treasurer:** Fiona Timms

At this AGM, the new constitution of the NZSSH was approved as well as a Memorandum of Understanding with the NZ Orthopaedic Association.

A meeting of the Executive Committee was held on 18th January 2019. Two applicants (Francis Ting and Simon Murdoch MacLean) requested approval to perform ACC Red List procedures for Hand surgery. The recommendation has been forwarded to NZOA that both applicants meet the criteria for approval. This recommendation will then be given to ACC.

Mr Heiss-Dunlop was appointed as the New Zealand delegate to the International Federation of Societies for Surgery of the Hand meeting in Berlin on 19th June 2019. Attending with the NZ President, at the Delegates Council meeting along with representatives for the 60 member countries, he cast New Zealand's vote for the election of IFSSH officers and the venue for the IFSSH meeting in 2025. Dr Daniel

Nagle from Chicago, USA was chosen as President Elect and Dr Raja Sabapathy from India as Secretary General Elect. The IFSSH meeting in 2025 was selected as Washington DC, USA, to follow from the 2022 meeting in London.

In line with the practice of the Orthopaedic Association, Plastic Surgeons requesting to be members of the NZSSH have now been able to pay their NZSSH membership fees at the same time as they pay their NZAPS fees. These member details will now be forwarded from NZAPS to the Secretary of the NZSSH for inclusion in the NZSSH membership and mailing list.

The new WAH codes for ACC have been finalised. These codes and the ACC diagnosis guidelines will be discussed at the next AGM. Work has also progressed on the Red List codes for Hand surgery, with much discussion and varied opinions as to what should be on this list.

Work is proceeding to establish a logo for NZSSH and to establish a website.

The next AGM will be held at the time of the Geoff Coldham symposium in Auckland on Wednesday 28th August 2019. This all-day seminar will be aimed at Orthopaedic Hand Surgeons. On Friday afternoon 30th August in Queenstown, prior to the NZAPS meeting, an Advanced Hand Surgery workshop will be provided which will cater to Plastic Surgery Hand Surgeons. We are privileged to have Professor Kevin Chung from Michigan, USA, as the guest speaker for both meetings.

## New Zealand Orthopaedic Spine Society (NZOSS) Report

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



**Rowan Schouten**  
Secretary NZOSS

The NZOSS gathered in Noosa in October 2018 for our annual meeting. Bruce Hodgson was appointed President with his 1-year tenure incorporating the upcoming combined meeting with the Spine Societies of Canada and Australia, which is scheduled for Queenstown September 2019. No major challenges have been experienced this year by the NZOSS.



New Zealand  
Orthopaedic  
Spine Society

## The Paediatric Orthopaedic Society of New Zealand Report

Firstly, I would like to thank Tim Gregg who did an excellent job as president of POSNZ over the last three years. Also, a big thanks to Jason Donovan who has been the secretary over that period as well and continues in that role now.



Haemish Crawford  
President

The Paediatric Orthopaedic Society of New Zealand (POSNZ) had a very successful meeting in Paihia which was organised by the local host Lyndon Bradley. Lyndon heads up the Paediatric Orthopaedic division at Whangarei Hospital and is another example of how lucky we are in New Zealand to have such a high level of care in all the regional hospitals for Paediatric Orthopaedics. The strength of our society is the comradery between the Paediatric Orthopaedic surgeons, and I believe this has lead us to having such a wide spread high level of care throughout the country with the larger hospitals able to help out when sophisticated anaesthesia or intensive care is required for these children.

There are a number of exciting up and coming events for POSNZ. The annual POSNZ/APOS Paediatric Instructional Course lecture course will be held in Noosa in the last week of August. The guest speaker is Dr Pierre Lascombes from France who is one of the founders of the "Nancy Nail". This is followed by the Australian meeting. This is a very successful instructional course lecture series where a large number of New Zealand POSNZ members and APOS members combine to teach over 60 residents from both countries. This has now been going for a number of years and is always fully subscribed and is a very valuable teaching program for registrars. The syllabus alternates each year so that a complete curriculum is covered over a two-year period. Almost all New Zealand trainees attend this course during their training years.

Planning has already started on the combined Australia New Zealand Paediatric Orthopaedic meeting for 2020. This will be held in Freemantle, Perth from 26th August – 30th August. Similar to the combined meeting in Queenstown two years ago six Paediatric Orthopaedic Society of North America (POSNA) members will join us as guest lecturers. POSNA has supported this meeting with visiting surgeons but also financially through their global support grant. This has allowed us to provide a number of scholarships for Pacific Island trainees to attend the meeting as well. I encourage anyone who would like to attend this meeting to diarise the dates and register as soon as possible as the Hotel in Freemantle will reach capacity.

The POSNZ society has been working with the Ministry of Health in trying to devise a prioritisation strategy for children. This is proving difficult as Paediatrics does not quite "fit" into the scoring systems that are used for adults. At present we are trialling a scoring system and then we will meet again to decide whether this is a process that can be implemented for children or not.

## 2018 Korean Fellowship Report

I've been fortunate to be selected by the New Zealand Orthopaedic Association (NZOA) as the first travelling fellow to Korea for their 62nd Annual Congress meeting for the KOA, held on the 18th-20th of October 2018, in Seoul, Korea.



Seung-Min Youn  
FRACS

I was also privileged to be invited to three different hospitals by the professors/orthopaedic surgeons in Seoul during the following week.


Firstly, my joint registry paper on the duration of total hip arthroplasty (THA) and its impact on the outcome was selected by the panel and presented on the second day of the meeting (19th). The study was done with the guidance of Professor Rocco Pitto of Middlemore Hospital, the NZOA and the Joint Registry team in Christchurch. Because of the very strict time limit, my introduction to New Zealand in general had to be very brief at the start, and the rest of the study and its discussion were well received overall with many questions at the end. Some of the professors/orthopaedic surgeons were well aware of our Joint Registry data and commended it, whereas some expressed concerns regarding its clinical interpretation due to its inevitable limitations when conferred as studies. Professor Rocco Pitto's visit to the arthroplasty meeting in Korea during the previous year has made the KOA aware of our Joint Registry even more. An interesting issue that was discussed was that in New Zealand, cemented hip stems still form a large part of our practise whereas in Korea, uncemented stems/THA were by far the most used method. Although they seem to be aware of the cemented Exeter stems being one of the best performing implants in the world, it was not the most popular implant to be used in Korea. Some other presentations were also on short-stemmed THA designs being used in the country, which is pretty much unheard of in NZ.

For the rest of the meeting, I've listened to other various topics in different lecture rooms. As my subspecialty interest is in upper limb surgery, I've acquainted myself with a few shoulder/elbow surgeons during the meeting. I've introduced myself to Professors Yong Gil Rhee and Joo Han Oh who are two of the few leaders in shoulder/elbow surgery research in Korea, both also being very well-known internationally for their work. Professor SeungHo Kim was the convenor for the upper limb presentations on the last day, Professor Kim is well known for his work on the 'Kim's lesion' in shoulder surgery (posterior labral tear). I've also caught up with Professor Kyung Hwan Koh and Yoon Soo Park who were the senior resident and the HOD respectively at the Samsung Medical Centre (SMC) when I was there as an elective student about 10 years ago. Professor Koh remembered me well and currently being the secretary of the Korean Shoulder and Elbow Society, we could discuss further regarding the shoulder/elbow fellowship opportunities in Korea.

In general, the meeting was very well organised. The KOA had invited many famous international guest speakers, and the fellows/surgeons from all over the world had attended. About 70-80% of the presentations were spoken in English for the international guests, and if some sessions were to be spoken in Korean, it was well notified in the programme, therefore the international guests may choose to avoid those particular sessions. The symposium talks were of high quality and very educational in general, and they also had specific lecture rooms running all day to cover various examinable topics for their training orthopaedic residents to attend.

On the first night of the meeting, the KOA held dinner for the invited members, but also for all of the international speakers and travelling fellows (and their partners). Prof Pietro Ruggieri of Italy and Prof Philipp Lobenhoffer of Germany, the two internationally renowned orthopaedic surgeons gave opening speeches with the president of the KOA, Prof Chung Soo Han. The dinner was very pleasant with fine dining and musical performance by the local professional singers. The travelling fellows were grouped in one table, so we took the opportunity to chat about our countries and their orthopaedic training system. The fellows were from Japan, Hong Kong, Malaysia, Indonesia and Australia. This was where I met my Australian counterpart, Dr Seth Tarrant who was the travelling fellow of the Australian Orthopaedic Association (AOA). Dr Tarrant is based in Newcastle, NSW, and is currently undertaking fellowship in hip preservation in Switzerland.

During the following week, I had the opportunity to visit three different hospitals, thanks to the arrangement by the KOA and the professors involved. On Monday of the week, I visited the SMC which is considered to be one of the largest hospitals in Seoul. I was under the guidance of Prof Young Wan Moon, who is one of the high-volume knee surgeons in the country. I had spent time observing his total knee arthroplasty (TKA) surgeries done with implants from a Korean company called Corentec. Corentec was the name I've heard of in Korea when I was visiting as an elective student about 10 years ago, at the time the company's history was not long and a lot of arthroplasty surgeons had reserved views to utilise the implant. However, now being well more than



a decade old with excellent track records, its TKA and THA products are the most widely used, not only in Korea but also throughout South East Asia and India. The implant designs are supposed to be more appropriately customised to the anatomy of the Asian patient population which is an interesting thought for Australia/NZ arthroplasty surgeons with their growing Asian patient population also.

On Tuesday of the week, I visited Prof Joo Han Oh of the Seoul National University Hospital (SNUH). The Seoul National University is considered to be the most academic and highest performing in the country, with the most competitive entrance criteria for its tertiary education programmes. I was invited into Prof Oh's operating room to see arthroscopic shoulder procedures mainly, but he was also kind enough to invite me to a shoulder arthroplasty workshop run by the company Zimmer-Biomet, to go through some tips/tricks around reverse shoulder arthroplasty, which was followed by a team dinner with further chances to mingle socially with the staff/team members.

On Wednesday of the week, I visited Prof Yong Gurl Rhee of the Kyung Hee University Medical Centre (KHUMC), who is known to be the father-figure of shoulder/elbow surgery in Seoul/Korea. I had the opportunity to see his operating list as well and was once again invited to their team dinner afterwards. We had much discussion around shoulder surgery controversies throughout the day which was extremely educational for me. We also discussed the possibility of my fellowship programme in Korea under his guidance in the year 2020, after my Australian fellowship in 2019.

During those hospital visits, I was also guided by the fellows and residents of each hospital, so had time to discuss the differences in orthopaedic training as well as their medical system. In general, the Korean fellows/residents were impressed to hear about our NZ Orthopaedic training with the way of the NZOA keeping a very close eye on every candidate through designated supervisors with their progress throughout their training to maintain the standards, aiming towards successful passing of the fellowship/specialist exam eventually. The similar system may not be possible in Korea due to their vast number of

trainees per year (estimated to be probably more than 100-fold of NZ's), and the standards of training would really depend on the residency programmes of their specific hospitals which are not very standardised. However, one thing that we as registrars lack in NZ compared to the residents in Korea is the amount research and publications. It is expected for each resident to have published at least several research papers in major journals by the end of their training, which is not necessarily what we enforce on our registrars during our training.

The hospital system is very much privatised in Korea, and although the university-associated hospitals will claim their 'public' positions, the reality is that every hospital visit requires at least some amount of fee from the patient, even though it will be reduced from its original fee aided by the government's compulsory health insurance system for its citizens (that the citizens pay through tax). Private insurance companies play a major role in the Korean health system, and because of this I see that the hospitals may not necessarily be driven by cost efficiency or saving. The regions don't have government health board figures for public funding therefore the patients can choose whichever hospital to attend wherever, provided that the cost can be covered by the insurance or personally.

I've learnt a lot during my visit to Korea, and this meeting being my first 'international' meeting I had attended as a registrar, really opened my eyes to different ideas and ways of orthopaedic surgery from which we can all learn from. I thank the NZOA and the KOA for giving me this opportunity to experience something very different and special, and this was certainly an impetus for me to pursue many other international meetings as a fellow in the near future.





## Hong Kong Young Ambassador 2018 Report

On 2nd November my wife, Tanya and I left Palmerston North as I had the honour of representing the NZOA as the Ambassador Fellow to Hong Kong.



**Michael Wyatt**  
Hong Kong Young  
Ambassador 2018

We dropped off our daughter who glibly informed us that we would not be missed as she was going to stay with a school friend who had a cool house with lots of animals! Despite gale force winds in Auckland there was no delay thankfully and we arrived in Hong Kong's spotlessly clean airport, proceeded seamlessly through immigration and were chauffeured to the excellent Hotel next door to the Congress Centre.



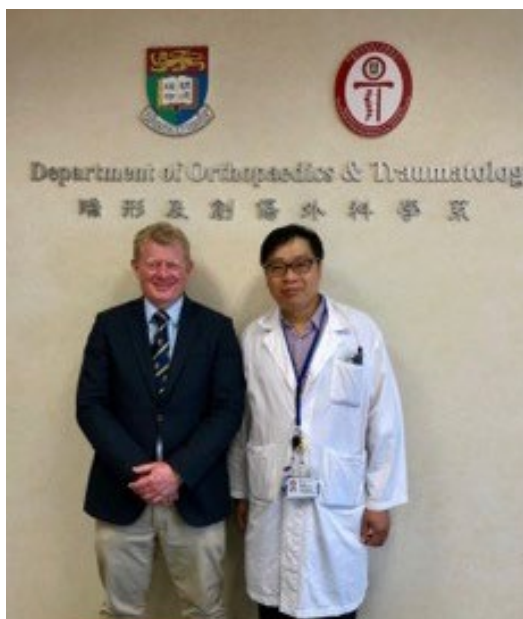
We were then collected by the HKOA Ambassador to NZ, Lewis Chan, whom we had met in Rotorua at the NZOA ASM. Lewis, an exemplary host, had made arrangements to show us some of the city and treated Tanya and I to an excellent Dim Sum lunch in a restaurant less frequently visited by tourists. This proved to be the first of several excellent Dim Sum lunches with eminent surgeons from Hong Kong and the Asia Pacific region and we were indeed fortunate that Air New Zealand does not have a policy of weighing its returning passengers! Over lunch Lewis discussed the increasing pressures on the Public hospitals since Hong Kong was returned to Chinese

government, the huge clinical workload and the financial realities of living in Hong Kong such as only the privileged elite can afford a house.



The tour of Queen Mary's University hospital, Hong Kong's most established hospital, made me particularly conscious of how fortunate we are as NZ Orthopaedic surgeons. Trauma and Orthopaedic wards were cramped by comparison (patients could easily shake hands with their neighbour) and the OPD was ostensibly busy. Patient gratitude was very evident however and the standard way of expressing this was bestowing the gift of a wall banner stating, "Excellence in compassion: Excellence in skill". Lewis had received this given his leadership in setting up Enhanced Recovery After Surgery for joint replacements, especially Total Knee Replacements. Interestingly I came to realise that in Hong Kong Total Knee Replacement is far more common than Total Hip Replacement with the key indication for the latter being AVN. We then had a tour of the University Department of Orthopaedics and educated on "the Hong Kong operation" for spinal TB that put Hong Kong on the global Orthopaedic map.





The President's Welcome Dinner that evening was at the Dragon Room at the Hong Kong Banker's club on the 45th Floor where I was welcomed formally and fed amazing Cantonese cuisine. There was much mirth and good humour. It was of particular interest to talk with the British Orthopaedic Association (BOA) President, Philip Turner, and discuss perspectives from practicing Orthopaedics in the United Kingdom. Ironically the BOA Ambassador Fellow to Hong Kong and FRCS(Tr&Orth) gold medal winner was a friend and previously my junior Registrar in Wellington in 2011, Chris Mitchell.



The theme for the 38th Hong Kong Orthopaedic Association Annual Congress was "Build and Brighten – Child and Adolescent Orthopaedics in the next decade" held at the impressive Hong Kong Convention and Exhibition Centre overlooking Victoria Harbour. There is a vibrant and robust departmental research ethic in HKOA with high quality presentations complementing those of visiting speakers. The first day of the conference focused on Paediatric and Adolescent Hip conditions - a major interest of mine with several excellent talks given. The black-tie Banquet dinner showcased yet more tremendous food and drink whilst in the company of several other dignitaries from the Asian Orthopaedic societies. The following morning in the Arthroplasty session I gave my presentation – 'A formal systematic review and meta-analysis of Vitamin E Highly-Crosslinked Polyethylene and whether it as yet conveyed advantages in Total Hip Replacement'. I had performed this study, now accepted for journal publication, through my alma mater, Bristol University. This presentation thankfully promoted good discussion and was received well. At the conclusion of the conference Tanya and I then took a ferry to Discovery Bay to experience the city from the water and visited some great friends who are expats from the UK.





The Ambassador Fellowship to Hong Kong afforded me the opportunity of many new contacts, renewal of old friendships and establishing collaborative research networks. We enjoyed thoroughly the experience of visiting an amazing city with such a rich history and throughout our visit received excellent hospitality. I wish to thank the New Zealand Orthopaedic Association for the opportunity to attend the Congress, as well the Hong Kong

Orthopaedic Association, for their hospitality and organisation. In particular I thank the President of the HKOA Dr Yiu Chug Wong. I believe our future lies in fostering collaborative efforts with Hong Kong, China and the Asia Pacific region, as well as maintaining our more traditional ties with Britain, North America and Australia. I strongly endorse this Fellowship experience and recommend anyone considering this opportunity, to apply.



## ABC Fellow 2019 Tour Report

The ABC fellowship is one of the NZOA's oldest traditional linkages with the fellow English-speaking associations of the AOA (US), COA, BOA, SAOA and AOA (Aust). In even years the NZOA participates in sending a representative to tour North America along with BOA, AOA (Aust) and SAOA.



Andrew Graydon



Michael  
Rosenfeldt

In odd years the AOA (US) and COA send representatives to the other associations. In order to keep travelling manageable hosting alternates between the BOA/SOA and the BOA/AOA (Aust)/NZOA. 2019 saw the ABC fellows visit NZ for the first time since 2015.

The North American tourists have always been an impressive group, with past fellows going on to represent their associations in any number of roles and become true leaders of Orthopaedics internationally. This year was no exception. Each of the fellows selected have already contributed enormously in their respective fields, and certainly will continue to do so.

### The 2019 ABC fellows were:

**Dr Hassan Mir** – Trauma Surgeon  
(Florida Orthopaedic Institute)

**Dr Derek Kelly** – Paediatric Surgeon  
(Campbell Clinic)

**Dr Philipp Leucht** – Trauma Surgeon  
(NYU Hospital for Joint Diseases)

**Dr Antonia Chen** – Arthroplasty Surgeon  
(Brigham and Women's)

**Dr Michael Lee** – Spinal Surgeon  
(University of Chicago)

**Dr Ruby Grewal** – Upper Limb Surgeon  
(Roth Institute)

**Dr Sukhdeep Dulai** – Paediatric Surgeon  
(Stollery Children's Hospital)

NZ was the final stop for the fellows after a long tour, and so were welcomed in Queenstown by previous NZ ABC fellows for a 2-day leadership forum and discussion sessions. In previous years, the fellows have then visited specific centres, but in an attempt to broaden the exposure of the fellows to the wider NZ Orthopaedic community they were involved in the programme for the NZOA COE Trauma meeting in Christchurch.

This proved enormously successful, with the fellows presenting on areas of their expertise but also meeting and getting to know Registrars and Consultants from around NZ. As much as the fellows are ambassadors for their home associations, they are also role models for Orthopaedics in general. This is perhaps the best example of the benefit of the ABC tour to NZ Orthopaedics, and hopefully one which can be repeated next time the fellows visit in 2023.

The tour then concluded with a dinner at the Northern Club in Auckland with former ABC fellows. This was a relaxed and enjoyable way for the fellows to end their tour in NZ, and also for former fellows to meet the next generation of the ABC fellowship. The ABC is an enormous investment of time for the fellows involved, but the benefits for the NZ Orthopaedic community as whole are enormous. Hopefully next time the ABC tour visits NZ, we can involve them in a similar way and all of the NZOA community can enjoy their company and get to know some extremely talented surgeons.



## Tributes to Past Members



### **Warren Neil Cranston Fraser** **12 December 1928 – 10 July 2019**

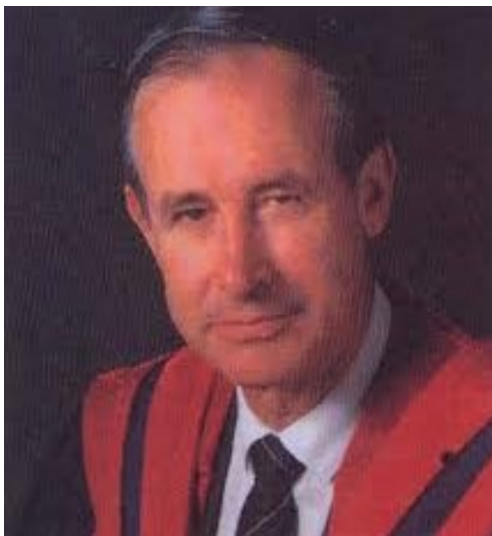
Warren passed away in his 91st year after a short illness.

Warren grew up in Auckland, attended Auckland Grammar School and then having secured a scholarship to Otago University attended Otago Medical School.

On completion of his medical degree he worked in Auckland & Hawera as a house surgeon and then travelled to the United Kingdom with his wife Val. He was a Registrar in Edinburgh and London gaining his FRCS in 1962. He then returned to New Zealand and took up a position as a fulltime consultant at Middlemore Hospital. Five years later he began part time private practice. His work at Middlemore Hospital was general orthopaedics and trauma evolving to an interest in hip & knee replacement. Warren operated at private hospitals Brightside, Rawhiti (where he was on the Trust Board), The Adventist and for 35 years at Mater (now Mercy) Hospital. In addition to his public work at Middlemore he was also consultant surgeon at Thames Hospital, the Wilson Home and the Mangere Psychopaedic Hospital dealing with Cerebral Palsy. Warren had a busy private practice but also thoroughly enjoyed his work in public. He was a skilled surgeon and loved surgery – he said he never had a day when he did not enjoy going to work.

Warren had a very full life outside of the profession. He was a keen sailor and built a number of small boats, winning the Auckland Boat Show (small yacht section) several times. He also loved the mountains and skied right into his 80's passing on his passion to all of his family who followed with enthusiasm. After retirement he took up golf and travelled extensively. Warren was a positive and energetic man who loved life and lived it to the full. He had a very large circle of friends as a result of his considerable spheres of interest. He was also a great family man and derived much pleasure from his large family. He is survived by his wife of 63 years – Val, four children, twelve grandchildren and five great grandchildren.

## Tributes to Past Members



### **Wyn (Arthur) Beasley CNZM, OBE** **25 January 1926 - 23 July 2019**

Wyn (Arthur) Beasley CNZM, OBE  
25 January 1926 - 23 July 2019

Wyn Beasley began his medical career in Auckland before becoming an orthopaedic registrar in Palmerston North. After a period in England where he gained FRCS he returned to New Zealand in 1957 and passed the FRACS exam. After two years as a senior orthopaedic registrar in Wellington he was appointed to Wellington Hospital as orthopaedic consultant and visiting orthopaedic surgeon at Wairau Hospital.

He had a passionate interest in the Wellington Artificial Limb Centre and for a number of years he represented orthopaedic surgeons on the New Zealand Artificial Limb Board. He also had a long association with the Royal Australasian College of Surgeons, including as an orthopaedic examiner, a member of the New Zealand committee, a councillor, New Zealand Censor and vice-president of the College. He was also a Fellow of the American College of Surgeons, a Fellow of the Royal Society of Medicine and from 1986 to 1990 was Colonel Commandant to the Royal New Zealand New Zealand Army Medical Corps.

In addition, he was a prolific writer of numerous papers and several books on surgical, historical and other subjects. This included a history of the Wellington Free Ambulance Service, and books on

ships' surgeons and on Winston Churchill. A student of heraldry, Wyn Beasley was instrumental in the granting of the Coat of Arms to the New Zealand Orthopaedic Association in 1977. He also designed the flag of the Royal Australasian College of Surgeons and the crest for the New Zealand Artificial Limb Board.

Wyn Beasley is survived by his wife Alice, three children, his grandchildren and great-grandchildren.

**Acknowledgement:** *Orthopaedics in New Zealand, Assoc. Professor Alan Thurston*

## NZOA Council & Committees: Composition

### NZOA Council 2018 – 2019

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

### Specialty Orthopaedic Training Board

<b>Mr Richard Keddell</b> (Chairperson) (appointed 2017)
<b>Mr Tim Gregg</b> (appointed 2017)
<b>Mr David Lees</b> (appointed 2016)
<b>Dr Margy Pohl</b> (appointed 2018)
<b>Mr Perry Turner</b> (elected 2016)
<b>Mr Ken Te Tau</b> (appointed 2018)
<b>Ms Kerensa Johnston</b> (appointed 2018)
<b>Mr Sudhindra Rao</b> (retired Feb 2019)
<b>Mr Bruce Hodgson</b> (appointed May 2019)
<b>Mr Dawson Muir</b> (appointed 2017)
<b>Mr David Bartle</b> (co-opted 2019)
<b>Ms Andrea Pettett</b> (Chief Executive)
<b>Ms Prue Elwood</b> (Education & Training Manager)

### Education Committee

<b>Chairperson</b>	Mr Tim Gregg (appointed 2017)
<b>Honorary Secretary</b>	Mr Perry Turner (elected 2016)
<b>Auckland</b>	Mr Angus Don (appointed 2017) Mr Brendan Coleman (appointed 2017)
<b>North Shore/Whangarei</b>	Mr Ali Bayan (appointed 2016)
<b>Mid North Island</b>	Mr Jason Donovan (appointed 2017)
<b>Hawkes Bay/Tauranga</b>	Mr Simon Johnson (appointed 2015)
<b>Wellington/Hutt</b>	Mr Nigel Willis (retired 2019) Mr Roy Craig (appointed 2019)
<b>Central</b>	Mr Tim Love (retired 2019) Mr Simon Dempsey (appointed 2019)
<b>Christchurch</b>	Mr Tom Sharpe (appointed 2017)
<b>Dunedin &amp; Invercargill</b>	Mr Chris Birks (appointed 2017)
<b>Orthopaedic Assessor</b>	Mr Dawson Muir (appointed 2015)
<b>Chief Executive</b>	Ms Andrea Pettett
<b>Education &amp; Training Manager</b>	Ms Prue Elwood

### Continuing Professional Development and Standards Committee

<b>Mr Edward Yee</b> (Chairperson) (appointed 2015)
<b>Mr Julian Ballance</b> (PVP Chair) (appointed 2018)
<b>Mr Richard Lander</b> (appointed 2015)
<b>Mr Rod Maxwell</b> (appointed 2011)
<b>Mr Grant Kiddle</b> (appointed 2019)
<b>Ms Andrea Pettett</b> (Chief Executive)
<b>Ms Bernice O'Brien</b> (CPD and PVP Coordinator)

## **NZOA ACC & Third Party Liaison Committee**

**Mr Khalid Mohammed** (Chairperson - 2017) (appointed 2008)

**Mr Andrew Vincent** (appointed 2017)

**Mr Peter Robertson** (appointed 2015)

**Mr Chris Birks** (appointed 2017)

**Mr Richard Street** (Presidential Line) (appointed 2017)

**Mr Fred Phillips** (appointed 2017)

**Dr Fiona Timms** (appointed 2017)

**Ms Andrea Pettett** (Chief Executive)

## **Membership Committee**

**Mr Perry Turner** (Chairperson) (appointed 2017)

**Mr Tim Gregg** (Chair of Education Committee) (appointed 2017)

**Mr Richard Street** (Past President) (appointed 2018)

**Ms Andrea Pettett** (Chief Executive)

## **Workforce Committee**

**Mr Brett Krause** (Chairperson) (appointed 2015)

## **NZOA Related & Associated Entities: Composition**

### **NZOA Trust**

**Mr Richard Street** (Chairperson) (appointed 2018)

**Mr Andrew Oakley** (appointed 2019)

**Mr Michael Caughey** (appointed 2015)

**Mr Perry Turner** (NZOA Hon Secretary) (elected 2016)

**Mr Antony Field** (NZOA Hon Treasurer) (elected 2016)

**Mr Ron Eglinton** (Independent Trustee) (appointed 2013)

**Ms Andrea Pettett**, Chief Executive

### **Wishbone Orthopaedic Research Foundation Trust**

**Sir Bryan Williams** (Chairperson) (appointed 2013)

**Professor Michael Pender** (appointed 2013)

**Mr Perry Turner** (NZOA Hon Secretary) (elected 2016)

**Mr Antony Field** (NZOA Hon Treasurer) (elected 2016)

**Mr Richard Keddell** (appointed 2011)

**Mr Haemish Crawford** (appointed 2016)

**Dr Helen Tobin** (appointed 2016)

**Ms Andrea Pettett**, Chief Executive

## **Wishbone Orthopaedic Research Committee**

**Mr Michael Barnes** (Chairperson) (appointed 2015)

**Mr Simon Johnson** (Education Representative) (appointed 2017)

**Professor Gary Hooper** (appointed 2008)

**Mr Jacob Munro** (appointed 2016)

**Assoc Prof David Gwynne-Jones** (appointed 2015)

**Professor Sue Stott** (appointed 2016)

**Ms Andrea Pettett** (Chief Executive)

## **NZOA Joint Registry Trust Board**

**Prof Gary Hooper** (Chair) (appointed 2018)

**Mr Rod Maxwell** (appointed 2018)

**Mr Richard Keddell** (appointed 2018)

**Mr James Taylor** (appointed 2018)

**Mr Nick Clark** (appointed 2018)

**Mr David Brown** (appointed 2018)

**Ms Andrea Pettett** (Chief Executive)

## **NZOA Joint Registry Management Committee**

**Mr John McKie** (Supervisor) (appointed 2018)

**Mr Simon Young** (appointed 2016)

**Mr Peter Devane** (appointed 2008)

**Mr Perry Turner** (elected 2016)

**Mr Dawson Muir** (appointed 2014)

**Mr Hugh Griffin** (appointed 2010)

**Mr Peter Larmer** (Arthritis Society) (appointed 2013)

**Mr Brendan Coleman** (appointed 2017)

**Mr Chris Frampton** (appointed 2017)

**Mr Tony Lamberton** (appointed 2019)

**Ms Toni Hobbs** (Coordinator)

**Ms Andrea Pettett** (Chief Executive)



## **Hip Fracture Registry Trust**

**Mr Richard Lander** (Chairperson) (appointed 2016)

**Mr Shankar Sankaran** (appointed 2016)

**Mr Roger Harris** (appointed 2016)

**Mr Mark Wright** (appointed 2016)

**Ms Helen Tobin** (appointed 2019)

**Ms Andrea Pettett** (Chief Executive)

## **Hip Fracture Registry Implementation Committee**

**Mr Mark Wright** (Chairperson) – NZOA/ADHB (appointed 2015)

**Mr Roger Harris** – ANZHFR Board (appointed 2015)

**Mr Kris Dalzell** – CDHB (appointed 2017)

**Ms Heather Robertson** – CMDHB (appointed 2016)

**Ms Paula Eyres** – MDHB (representative of FLS Group – retired 2019)

**Ms Kim Ferguson** – FLNNZ (appointed 2019)

**Mr Phil Wood** – MOH (appointed 2015)

**Mr Shankar Sankaran** – Co-Chair/ANZSGM/CMDHB (appointed 2015)

**Ms Gill Hall** – ACC (retired 2019)

**Ms Carmela Petagna** – HQSC (retired 2018)

**Mr Gary Tonkin** – HQSC (appointed 2018)

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

**Mr Stewart Fleming** – SO3 IT Consulting (appointed 2015)

**Ms Karina Kwai** – MOH (appointed 2015)

**Ms Andrea Pettett** (Chief Executive) – NZ Orthopaedic Association (appointed 2016)

**Ms Nicola Ward** (National Coordinator) (appointed 2019)

## **Orthopaedic Representative to RACS Council**

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

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

**Assoc Prof Alan Thurston** (appointed March 2014)

## **Archivist**

**Assoc Prof Alan Thurston** (appointed 2004)



## 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

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

## Compendium of Awards

### AWARD OF THE ESR HUGHES MEDAL 2019 – Mr Peter Robertson FRACS

Mr Peter Robertson is currently President Elect of the New Zealand Orthopaedic Association. His stellar career in Orthopaedic Surgery in New Zealand has from the outset, been based on the four pillars of Clinical Excellence, Research (both Basic Science and Clinical), Teaching and Administration.

Peter was educated at Christ's College in Christchurch and the University of Otago School of Medicine. He is a product of the New Zealand Orthopaedic Association National Training Program, gained the FRACS in 1990 and successfully completed Fellowship training in Spine Surgery at the Royal North Shore Hospital Sydney, University of Sydney and the University of Vermont.

He returned to New Zealand as a Senior Lecturer in Orthopaedic Surgery and has held a position as an Orthopaedic Surgeon at Auckland Hospital from 1992 to the present.

He was awarded the prestigious ABC Travelling Fellowship in 1996 and completed his MD in 1997 with his thesis entitled "The Role of Anatomical Variation in Both Disease and Surgical Management of Lumbosacral Disorders".

From the outset Peter established strong ties with the University of Auckland School of Engineering and this collaboration has regularly produced world-class research with a focus on the intervertebral discs.

Peter has developed a strong international profile. He is a Past President of the New Zealand Orthopaedic Spine Society, and an active member of the Spine Society of Australia. He became a Member of The International Society for the Study of the Lumbar Spine in 1995. His CV records over 225 Scientific Presentations. As well as authoring over 70 scientific publications, Peter and his coworkers have been awarded Best Paper on two occasions at ISSLS in addition to three prize-winning papers. He has also been awarded best paper at Eurospine and the Spine Society of Australia. In 1995 he hosted the

ISSLS Scientific Meeting in Auckland. He has been an Invited Guest Speaker at the Australian Orthopaedic Association and South African Orthopaedic Association Annual Scientific Meetings.

In recognition of his work he has been on the Editorial Board of the Journal of Spinal Disorders and has been a Deputy Editor of Spine since 2016.

He established a Spine Fellowship at Auckland Hospital and has mentored numerous New Zealand based and internationally based Spine Surgeons.

Over this period, Peter has conducted a very successful private practice based at Mercy Hospital, Auckland. Always a contributor, he sits on the Mercy Ascot Board of Directors.

Peter is a measured individual with an endearing sense of humour. Over a period exceeding 25 years, he has been a valued colleague who can always be relied on to give a sound clinical opinion.

*Citation kindly provided by Mr Michael Barnes FRACS*



Please supply jpeg

Peter Robertson receiving the ESR Hughes Medal award at the RACS 88th Annual Scientific Congress (ASC), Bangkok Thailand, Monday 6th May 2019

### Gillies Medal Recipients

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

### ABC Fellows

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

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

### President's Award

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

### Hong Kong Young Ambassador

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

2005	Angus Don
2010	John Ferguson
2011	Vaughan Poutawera
2012	Matthew Debenham
2013	Alpesh Patel
2014	Phillip Insull
2015	Godwin Choy
2017	David Bartle
2018	Michael Wyatt

### ASEAN Fellowship

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

### Korean Orthopaedic Association Travelling Fellow

2018	Seung-Min Yoon
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### ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
2017	Hogan Yeung

### ANZAC Fellow

2016	Simon Young
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### ESR Hughes Award – RACS

2015	Chris Dawe
2017	John Matheson
2019	Peter Robertson

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

### Past President's Wife's Brooch

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

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|-------------|--|
| <b>2009</b> | Michael Rosenfeldt, Best Scientific Paper  |
| <b>2009</b> | Young, Paper of Excellence at the ASM  |
| <b>2009</b> | Andrew Graydon, President's Prize for Best Overall Trainee   |
| <b>2009</b> | Jacob Munro, Research Prize for Best Research for a Final Year Trainee                                 |
| <b>2010</b> | Albert Yoon, President's Prize for Best Overall Trainee  |
| <b>2010</b> | Fraser Taylor, Research Prize for Best Research for a Final Year Trainee                               |
| <b>2011</b> | Simon Young, President's Research Prize  |
| <b>2011</b> | Nicholas Lash & Simon Young, Joint Winners, President's Trainee Award                                  |
| <b>2012</b> | Matthew Boyle, Research prize for Best Research for a Final Year Trainee and President's Trainee Award |
| <b>2013</b> | Stephanie van Dijk, President Trainee Award. No research prize was awarded.                            |
| <b>2014</b> | Nicholas Gormack, President Trainee Award, Michael Wyatt best Research for a final Year Trainee        |
| <b>2015</b> | Gordon Burgess, President Trainee Award, Rupesh Puna best Research Award                               |
| <b>2016</b> | David Keiser, President Trainee Award, President Research Prize  |
| <b>2017</b> | Tom Inglis, President Trainee Award  |
| <b>2018</b> | Paul Phillips, Presidents Trainee Award  |
| <b>2018</b> | Neal Singleton, Research Prize for final year Trainee  |



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