NZOA
New Zealand
Orthopaedic Association

New Zealand Orthopaedic Association

ANNUAL REPORT 2021 – 2022

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

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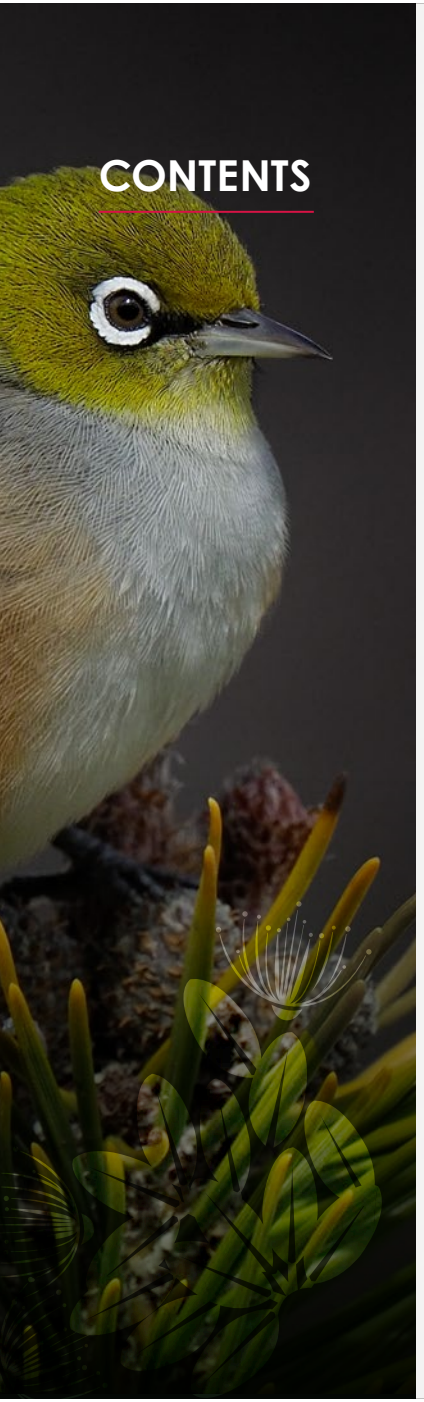
Cover Image:

New Zealand Waxeye or Tauhou

Silvereye (Zosterops lateralis) were self introduced in the 1800s and now have a wide distribution throughout New Zealand. They have made the forest their home and are now among the most common bird in suburbia too.

The silvereye's Māori name is tauhou, which means 'stranger' or more literally, 'new arrival'.

Click HERE to read more



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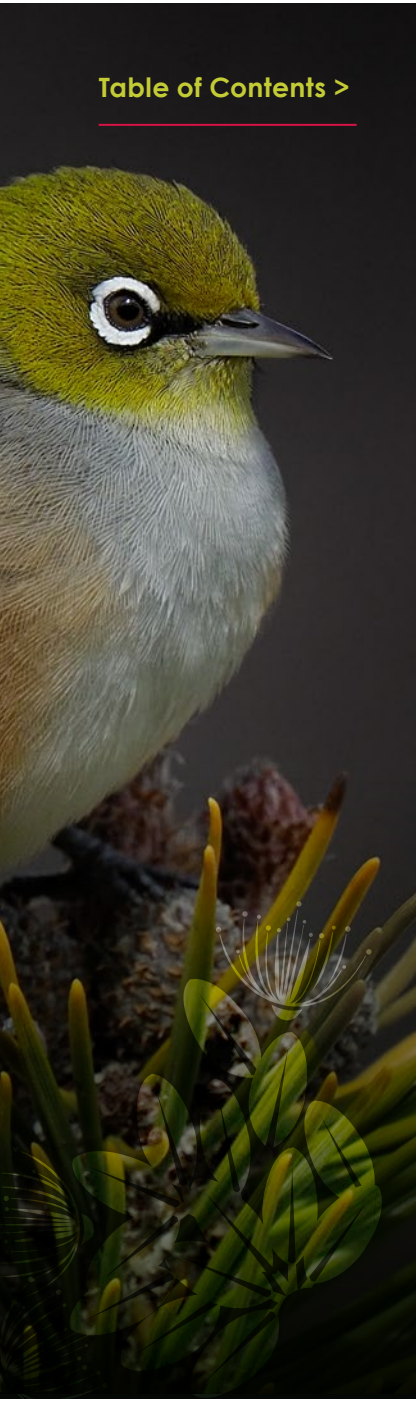


President's Report

John McKie
President 2021/2022

As I sit and start writing this report in late August for our AGM in November, I wonder how much will be current and still relevant when meet in person at the AGM.

Such has been the nature of the health scene and our Association's activities in recent times. Even the fortnightly update columns have required late editing with changes happening around us.

One thing that does not change is the reason we all do what we do, and that our organisation exists: to advance the art and science of Orthopaedic surgery.

While the clinical environments and political landscapes will continue to change, our communities will always need the care and skills that we as Orthopaedic surgeons can provide.

If we keep our focus on "the greater good" seeking what is best for the individual patient and the community at large, we should remain on the right side of both public opinion and the various regulatory bodies that we must work with.

COVID

The last two Presidential reports have expectantly and appropriately been dominated by COVID, as have the lives of many of us during that period.

In last year's report, Peter Devane described 2020 as the year of the lockdown, 2021 as the year of the vaccine and 2022 as the year of the reopening.

We all shared this aspiration for 2022, however in hindsight it might be better described as the year of the implosion of our health system.

COVID has certainly been a major hit on our health service, but it comes on top of years of under investment in the sector. When systems fail, it tends to be of a catastrophic nature that is not amenable to simple quick fix solutions.

Health System Restructuring

There has been much governmental discussion of the generational transformation of the health service, time will tell whether the changes and appointments live up to the optimistic rhetoric, or if it's simply new names, titles and stationery for the existing players.

As an Association, and significant stakeholder in healthcare, we are keen to engage with and help inform the debate on how care can best be delivered.

Regular readers of my update column will be very familiar with the four key points I see as pivotal to managing the health service in the future:

1. Health workforce: In the short-term immigration settings need to enable foreign trained staff to fill vacancies. In the longer-term we need a commitment to train more of our own.
2. Health Infrastructure: We need a New Zealand Inc. approach, utilising both public and private assets to deliver care. This means longer term sustainable contracts to enable private providers to invest, employ and upskill.
3. Financial investment: As a country, we need to commit sufficient funding to provide for the needs of society.
4. Political and public engagement: We need the community to debate what it wants, and more particularly, what we are prepared to pay for in the way of healthcare. Politicians are always keen to quote how many additional procedures are being done, or how much more they've spent than the previous administration, rather than indexing it again population growth, service requirement and need.

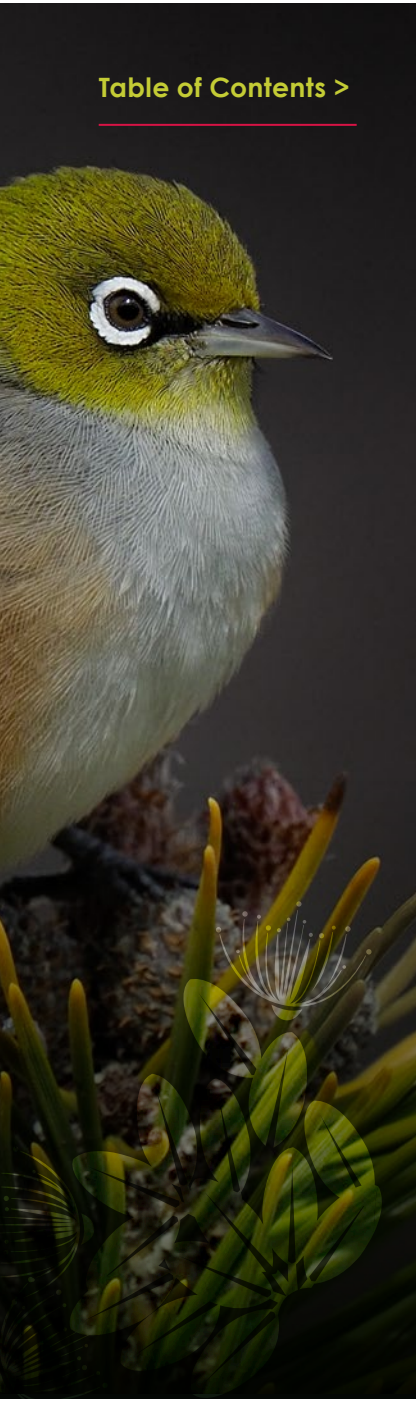
The Association submitted our proposal to perform some public patient's surgery to the Planned Care Taskforce on 8 June 2022, but at the time of writing, are still awaiting a response.

Recent announcements that long term patients need to have booked surgery dates seems very naive in the absence of enabling resources. It sounds like declaring that child poverty needs to be fixed by year's end without a meaningful and resourced strategy!

Health Advocacy

The Association's advocacy strategy since pre COVID remains valid, namely, in order to be able to provide scheduled planned elective care, we first need to prioritise and resource acute care, the large burden of non-deferable work that all our hospitals grapple with each day. Until this is sorted, elective care will continue to be disrupted.

As noted in previous reports, COVID has altered the recent narrative, but has also given us increasing opportunities to speak out in support of our patients.



We are looking to seek professional advice on how best to coordinate an ongoing media strategy, as health is certainly going to continue to be newsworthy until well beyond next year's elections.

Education and Training

Our training programme continues to train high quality Orthopaedic surgeons, although currently insufficient to meet the projected national need.

COVID again impacted on the Fellowship exam this year with only local candidates and examiners. The New Zealand exam took place in Christchurch, the first time since prior to the earthquakes and proved a very worthy venue. The new Chair of the Court of Examiners as well as the two senior Australian Orthopaedic examiners were able to observe the exam and made very favourable comment on the conduct of the exam including the skill, professionalism and techniques of our examiners. Congratulations to the presenting Trainees who all passed.

Applications for training continue to exceed training positions by a significant factor. This is a healthy sign for the future of our profession but is not without challenges as well and many candidates who could undoubtedly be trained miss out on the opportunity. This leads to inevitable disappointment and with the lack of any female candidates being successful, has resulted in a lot of discussion.

This discussion is healthy and reflects the ongoing growth and development of our Association as we continue to move and change along with our society. The Education Committee and Specialty Orthopaedic Training Board have presented proposed changes to the NZOA Council to further improve the process for next year, including having a suitable female interviewer at each station.

The work that the LIONZ group are doing to encourage female students and recent graduates to consider a career in Orthopaedics is laudable and I'm sure will results in an increasing proportion of females in Orthopaedics, as we have seen in the previous generation of medical student intakes.

Financial Matters

As is detailed elsewhere, there has been a reorganisation of funds invested by the Association, Trust and Associated Entities.

Considerable thanks are due to Angus Wickham and the Trustees of the NZOA Trust who have overseen the restructuring of the various investments.

At the time of writing, there is a lot of disruptive activity surrounding joint ventures and commercial interests in radiology.

As noted above, all our activity must be focused around optimising best patient and community care. Where there are any perceived or real potential financial conflicts, they need to be declared. These actions are a reminder to all of us to be thoughtful regarding any commercial ventures and how they might be viewed by others.

We continue to support quality, clinically appropriate imaging at competitive prices in locations that are convenient to our patients facilitating access to good decision making and clinical care.

Annual Scientific Meeting

It's great to be able to host an international meeting again this year and the new Te Pae Conference Centre in Christchurch will be a very fitting venue for our Combined Meeting with the Australians.

I'm indebted to Gary Hooper for all his help with organising the academic programme for what I hope will be a fantastic meeting.

We've had to expand the sessions to accommodate as many as possible of large number of quality abstracts submitted which bodes well for a stimulating meeting.

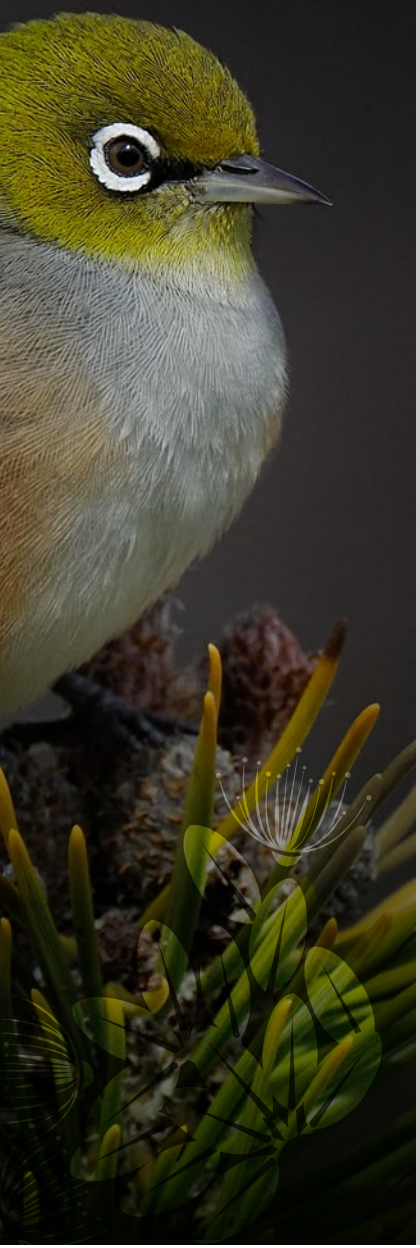
Carousel Travel

I've been fortunate to be part of the restarting of the International Carousel which has been great. After taking up the role of President in isolation, then presenting at the Australian meeting last year by zoom, it's been good to meet the zoom faces and form relationships in person at recent meetings.

With COVID, the Combined Associations meeting scheduled for AAOS this year in Chicago has been put back until the Las Vegas meeting next year. It is likely that there will be a grand Carousel meeting as part of the Academy. I was relieved that as the only kiwi in Chicago this year, I didn't have to present the NZOA 90-minute symposium on my own!

In July I visited the Canadian and American Associations as well as EFORT, and at the time of writing, am about to head off to South Africa and Britain to complete my tour.

Thanks to Andrea and all the staff in the office who work hard to enable our growing organisation to run, grow and flourish. I'm truly grateful for all the background industry that enables all the Association office bearers to function to the level they do.



Thanks also to my colleagues in Christchurch who have covered for my clinical responsibilities while I've been away representing the Association and have enabled me to be out of town with confidence.

Thanks also to all of you, the Members who have put me in this role, I've enjoyed the challenge and stimulation and hope I've repaid the confidence you showed in electing me.

The organisational structure with the four-year Presidential Line works very well in providing sound institutional memory and enables continuity of message across successive years and Presidents.

I wish Haemish and Angela all the best in their Presidential year in full knowledge that they will represent our Association well both here and overseas.

Thanks also to my wife Jill who continues to support me and adds balance and perspective when I'm at risk of stepping out of line.

John McKie
President 2021/2022

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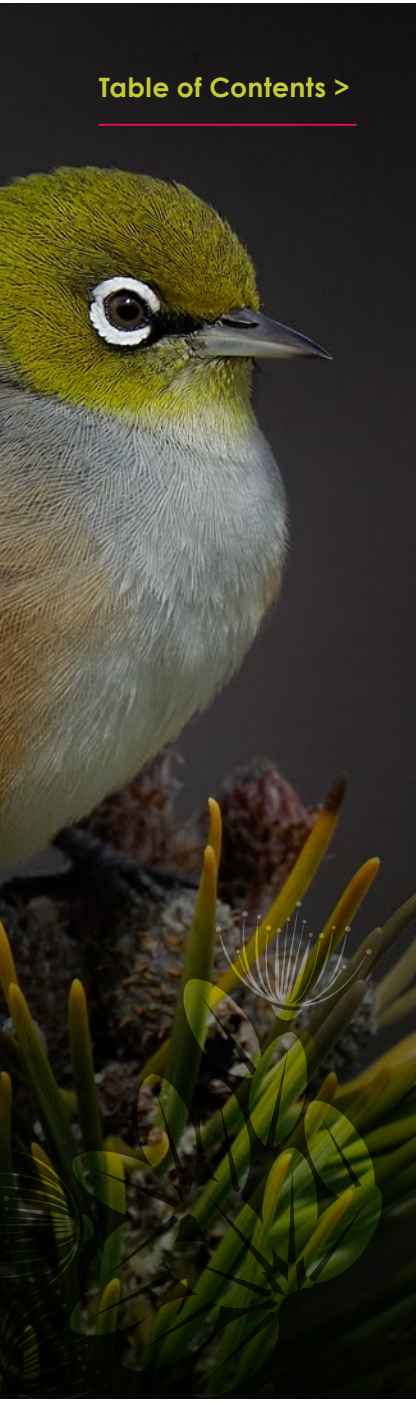


Chief Executive's Report

I have pleasure in writing my report for 2022. Thankfully as this year progresses, we are looking at a return to more normal working conditions, with staff returning to the office and the hosting of the Paediatric COE meeting in Queenstown.

Andrea Pettett
Chief Executive

2021 was another disruptive year, but we have become very adaptable in the office and have made good progress notwithstanding.

COVID Public Health Response

We have endeavoured to provide Members with timely helpful guidance regarding COVID and the treatment of non-vaccinated patients. Following our earlier advice in October 2021, the Government passed the COVID-19 Public Health Response (Protection Framework) Order 2021 which placed stricter requirements on health providers to allow unvaccinated patients access to their premises. We were strongly of the opinion this was poorly drafted legislation and with the support of the Medical Protection Society Lawyers, Wotton Kearney, we advocated for legislative change. Unfortunately, this has not been forthcoming, but with COVID numbers declining this is now less of an issue.

Education and Training

The Selection process this year once again ran smoothly and efficiently. We selected 13 Candidates, below the aspired number of 15 as we are struggling to find training posts. We really need to open up training in the private sector, however we have yet to find a robust funding model for this. Hopefully, Te Whatu Ora Health New Zealand and the intended new workforce strategy will help us to address this.

This year's Selection was disappointing in that no female Candidates were successful. The Specialty Orthopaedic Training Board and the Education Committee are working to resolve this.

Conference and Events Management

We were thrilled to finally resume face-to-face meetings, with the Paediatric COE meeting in Queenstown on 12th and 13th August 2022. The meeting was well attended and reminded us why face-to-face meetings are so valuable. Unfortunately, a number of attendees caught COVID at the conference but now that with the numbers of COVID cases are trending downwards, we expect that the likelihood of catching COVID at future events will diminish.

Our year has included a significant focus on planning for the NZOA AOA Combined ASM meeting at Te Pae in Christchurch. The whole NZOA team is supporting Nikki, our Conference and Events Manager. Organising and supporting an event of this size takes a team effort.

Continued Professional Development

All of our Members once again are CPD compliant for this year. We get the gold star for this achievement as many other similar organisations fail to meet 100% compliance. The Practice Visit Programme has continued, albeit with some disruptions due to COVID.

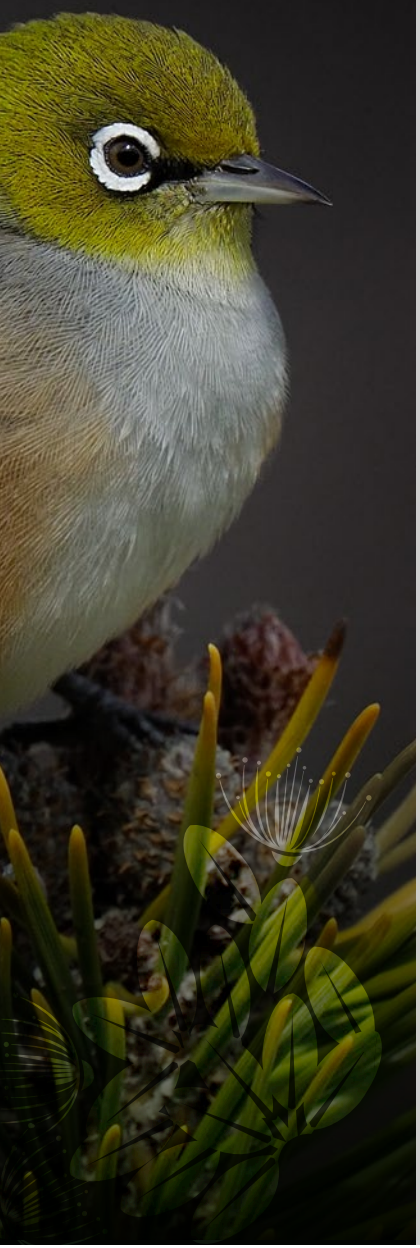
NZOA ACC & Third Party Liaison Committee

This Committee is very active, and usually meets quarterly for a face-to-face pre-meeting and then with a meeting with ACC. Last year we progressed a number of Consideration Factors via zoom meetings, but this year the enthusiasm for zoom meetings has dwindled. We recently resumed face-to-face meetings and we spent considerable time discussing the rules around the PHAS Agreement and the ability to offer surgery inside and outside of the 7-day rules. We continue to work with ACC to improve approval processes, remove unnecessary bureaucracy, and review procedure codes. Spine procedures codes are currently under review, with the next area tagged for review being Elbow and then Shoulder.

Another area of enquiry has been the need for routine follow-up radiology and whether this is always necessary. The Committee is always open to Members forwarding their concerns or suggestions for review.

Health System Restructuring

There has been little engagement in the Health system restructuring process to date. We have had initial discussions over the NZOA waiting list proposal for planned care and workforce strategy. We don't expect rapid progress in either area while Te Whatu Ora Health New Zealand finds its feet.



RACS Partnering Agreement

We have been endeavouring to renegotiate this Agreement for over 5-years now, and sadly have made little progress. Our respective Lawyers are now involved. The Agreement needs to be renewed on or before June 2023.

NZOA Trust

The review of the investment policy settings for the Trust's investments has consumed a considerable amount of time, and my thanks especially to Louise and Angus for their attention to this. We are in the process of allocating the funds across JBWere and Simplicity, and this should be completed in the next quarter.

The New Zealand Joint Registry

The New Zealand Joint Registry in a good position with the appointment of Jinny Willis as the new NZ Joint Registry Coordinator, and the recent appointment of Donna Thomson as a Data Entry Administrator. Jinny Willis, Tony Lamberton, and Chris Frampton have recently attended the ISAR meeting in Dublin, and will no doubt return with renewed enthusiasm and suggestions for change or improvement.

New Zealand Hip Fracture Registry Trust

The New Zealand Hip Fracture Registry Trust continues to evolve and recently held the first face-to-face Hip Fest for this year. Energy and enthusiasm by all the participants was great to see.

The Wishbone Foundation

The recent Wishbone Grant round awarded $36,001.42 to 8 Applicants. A renewed focus on fundraising events is proposed with an Orthopaedic relay race under discussion.

NZOA Infrastructure

The NZOA Infrastructure, in particular the Civi CRM (our main relationship software) and TIMS (Trainee Information Management System) platforms continue to be developed as required. The next area of focus will be to streamline the Membership Application process through Civi and develop new reporting through TIMS. Members are enjoying the new modern website and we invite the Specialty Societies to utilise the functionality of our website to promote their Society interests.

Advocacy and Stakeholder Engagement

We have been very active in the media as the Health system has continued to deteriorate this year. Focus areas are increasing acute demand, inadequate PHAS (ACC acute) funding, elective surgery disruption, addressing the public health planned care wait list, workforce planning, and training in private. We have engaged a PR/ Communications Advisor to assist us to develop a strategy to promote our key messages to the next General Election.

Another focus area is responding to the various activities by the New Zealand Institute of Independent Radiologists which are designed to disrupt current and proposed surgeon owned radiology facilities. This is unprecedented in my experience and a significant distraction for some of our Members at a time when we need to be focusing on rebuilding the Health sector and its relationships.

We have strong relationships with ACC, Health Insurers, the Private Surgical Hospitals Association, and newly formed relationships with Te Whatu Ora Health New Zealand. We expect to be busy in the advocacy and stakeholder engagement arena over the next 12-months.

NZOA Staff and Council

There have been changes to the NZOA team over the last 12-months. Vanya Schoeler has reduced her hours to 18-hours per week and we have welcomed Elaina Fellows as Education and Training Administrator. We have also welcomed Jinny Willis and Donna Thomson to the NZ Joint Registry team alongside James Taylor who has stepped in to support John McKie as Acting Registry Supervisor over his President's term. I would like to thank the NZOA team, including Karyn, Prue, Bernice, Vanya, Nikki, Louise, Nicola, Elaina, Jinny, Lynley, and Donna. They have displayed great resilience and productivity in another challenging year.

I would like to thank the NZOA Council, NZOA Trustees, NZOA Joint Registry Trust Board and Management Committee, the Specialty Orthopaedic Training Board, the Education Committee, the NZOA ACC & Third Party Liaison Committee, the CPD Committee, the New Zealand Hip Fracture Registry Trust Board, the Wishbone Orthopaedic Research Foundation Trust Board, the NZOA Health Technology Committee, Ngā Rata Kōiwi, and LIONZ, for all their hard work during the year. A special thanks to Angus Wickham (NZOA Treasurer), and Andrew Graydon (NZOA Secretary) whom I work closely with. My particular thanks to the NZOA Presidential Line whom I communicate with on a daily basis. John McKie has provided great leadership which I thank him for.

Andrea Pettett
Chief Executive

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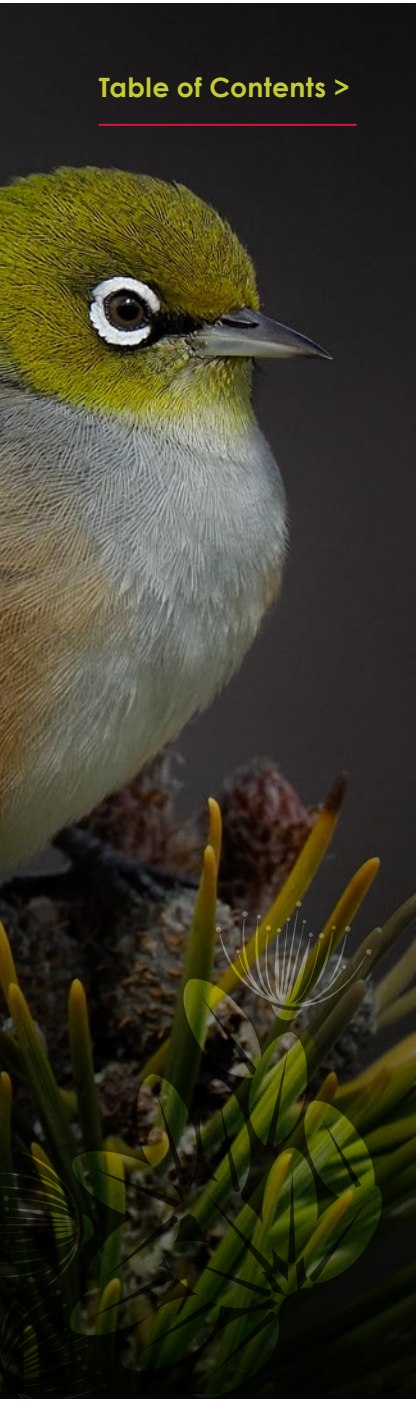

Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2022

The 2021/2022 financial year has been challenging for the NZOA Group with three Global factors playing a significant part. These include COVID lockdowns, a correction in the monetary markets and the rapid increase in inflation.

Angus Wickham
Honorary Treasurer

The NZOA group (including NZOA Inc., NZOA Trust, Joint Registry Trust, and Wishbone Orthopaedic Foundation Trust) has seen a loss of $72,239, compared with $992,060 profit the previous year. The major changes relate to the correction / down-turn in the monetary markets, and an unrealised loss from investments of $150,624 (prior year unrealised gain of $376,876). While disappointing it is not unexpected considering the unprecedented gains over the preceding years.

Due to the unrealised losses from investments being counted as expenses in this financial year we have exceeded the $2 million expenditure threshold. The financial implication of exceeding this threshold is the requirement to move to 'Tier 2' reporting, thus increasing compliance and administration. Louise has done a huge amount of work and we are now well placed to comply with these requirements.

The NZOA Incorporated Society has posted a loss of $86,611 this year, compared with a $386,561 profit the previous year. The major effect on the bottom line was the inability to run conferences. While expenses overall are lower compared with the pre-COVID era, we are seeing travel expenses rapidly returning to expected level as 'face-to-face' meetings return.

Inflation is one of the major concerns in the monetary markets, and is currently sitting at 7.3%. In particular the labour market been effected, thus a priority has to retain our well qualified and competent staff. We are continually impressed with the skill and dedication of the staff in the office, thus salaries have been increased to reflect these factors.

The website and associated software used by the Association has had a major upgrade to maintain security and keep current with a rapidly changing field. This year we invested $53,183 on IT, and this figure is likely to increase into the foreseeable future as more functionality can be migrated onto the IT platform.

Despite a challenging year the balance sheet remains in a strong position, with total equity of $1,521,030. With that in mind we have decided to place $700,000 with our investment companies, under the direction of the NZOA Trust.

The NZOA Trustees have spent a significant amount of time reviewing our investment strategy. This included updating out SIPO (Statement of Investment Policy and Objectives), seeking tenders form eight different investment companies, and choosing the appropriate investment company to work with. JBWere and Simplicity are now managing the Association's investments. These two companies are both leaders in the financial markets and represent a history of strong financial returns and are endorsed by the New Zealand superannuation fund. Importantly the fees charged by these two companies are significantly less from what we have previously been charged. The transition from Craigs to both JBWere and Simplicity was completed at the end of the financial year, however trading by both these companies only commenced in the new financial year. Prior to changing investment companies the market correction/downturn occurred and unrealised losses of $136,762 occurred. This is the primary reason for the NZOA Trust $151,039 deficit.

The Wishbone Orthopaedic Foundation Trust has remarkably been able to achieve a surplus of $96,492, despite many charitable events having to be postponed or cancelled. This has largely been achieved through the generous donations from the NZ Hip Society, Paediatric Orthopaedic Society of NZ and NZ Spine Society totalling $75,000. The total equity of the Wishbone Trust is progressing to the million dollar mark, a milestone for an organisation that continues to fund world leading research.

The New Zealand Joint Registry Trust has remained relatively insulated to the turbulent financial year. Despite lockdowns, reduced revenue, and increased operating cost, a surplus of $68,916 has been posted. With $1,213,303 of accumulated funds and a clear path for investment, the Joint Registry Trust has invested $394,773 with our investment companies and will invest further funds when term deposits of $378,341 mature. We need to build up resources for the inevitable IT replatforming that is required.

We budgeted on this financial year being difficult, however we remain in a strong financial position. We expect the effects of COVID will lessen, and income from conferences to return. The financial markets are likely to remain volatile for some time yet, however our long-term approach places us in an excellent position. Inflation remains the major concern in the coming years, with this in mind I propose a 7.3% increase in subs to meet CPI.

Angus Wickham
Honorary Treasurer

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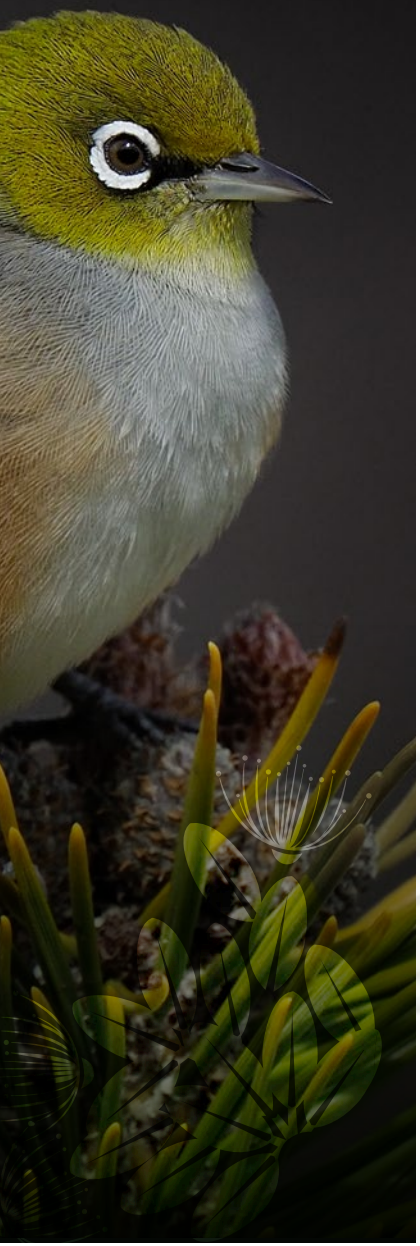

Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2022

	Group		Association	
	2022	2021	2022	2021
Revenue				
Non-exchange revenue				
Donations, fundraising and other similar revenue	147,173	31,876	36,624	36,624
Exchange revenue				
Fees, subscriptions and other revenue from members	796,002	739,899	796,002	739,899
Revenue from providing goods or services	1,040,693	1,889,674	561,994	1,307,888
Interest, dividends and other investment revenue	108,634	129,503	1,326	4,043
Total exchange revenue	**1,945,329**	**2,759,076**	**1,359,322**	**2,051,830**
Total Revenue	**2,092,502**	**2,790,952**	**1,395,946**	**2,088,454**
Expenses				
Volunteer and employee related costs	1,129,665	976,204	829,892	748,300
Expense related to public fundraising	313	4,384	-	-
Costs related to providing goods or service	269,723	772,828	204,331	710,954
Grants and donations made	49,983	60,937	-	-
Other expenses	550,997	351,499	448,334	242,639
Total Expenses	**2,000,681**	**2,165,852**	**1,482,557**	**1,701,893**
Surplus/(Deficit) for the year before other comprehensive income	**91,821**	**625,100**	**(86,611)**	**386,561**
Other Comprehensive revenue/(expenses)				
Realised gains/(losses) on investments	(13,436)	(9,916)	-	-
Unrealised gains/(losses) on investments	(150,624)	376,876	-	-
Total Other Comprehensive revenue/(expenses)	**(164,060)**	**366,960**	**-**	**-**
Total Comprehensive revenue/(expenses) for the year	**(72,239)**	**992,060**	**(86,611)**	**386,561**

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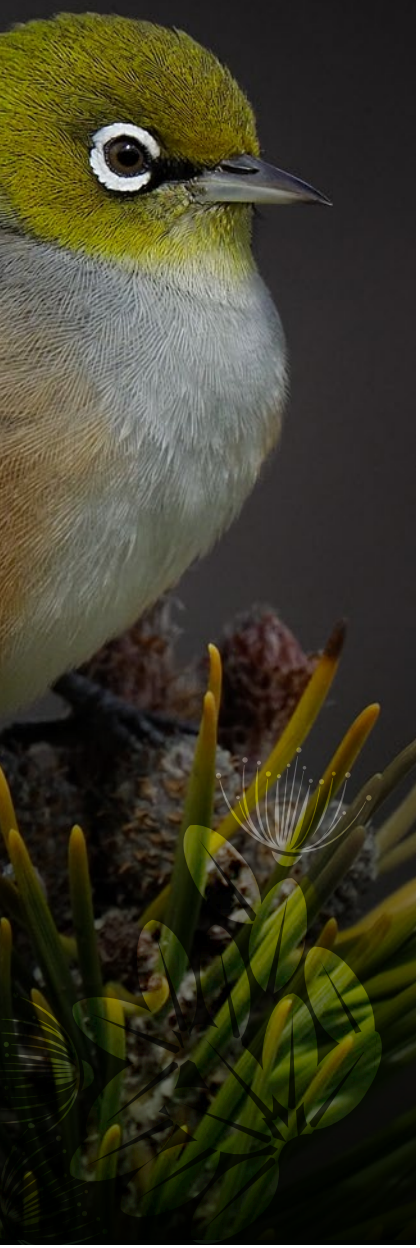
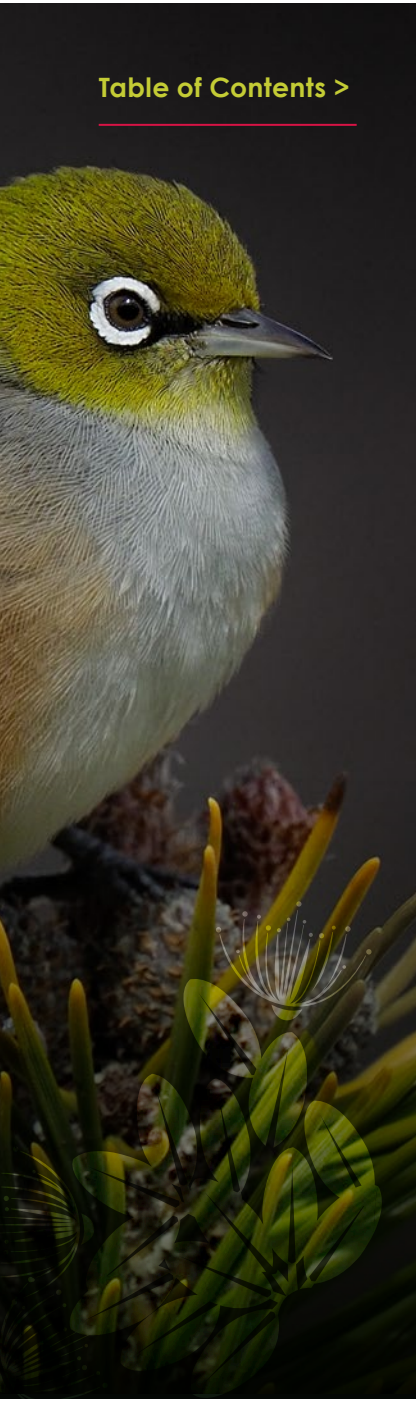


Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2022

	Group		Association	
	2022	2021	2022	2021
Assets				
Current Assets				
Cash and cash equivalents	2,837,900	2,117,740	1,850,092	1,414,919
Trade receivables	582,360	299,626	603,628	201,666
Prepayments	449,610	136,220	388,009	126,438
Inventory	1,789	1,749	-	-
Investments	1,577,526	1,185,984	104,289	104,289
Other current assets	57,334	139,950	2,034	-
Total Current Assets	**5,506,519**	**3,881,269**	**2,948,052**	**1,847,312**
Non-Current Assets				
Property, plant and equipment	84,082	87,817	82,475	86,465
Intangibles	226,902	245,015	224,810	243,160
Investments	2,813,461	3,363,813	-	-
Total Non-Current Assets	3,124,446	3,696,645	307,285	329,625
Total Assets	**8,630,964**	**7,577,914**	**3,255,337**	**2,176,937**
Liabilities				
Current Liabilities				
Trade and other payables	204,604	304,117	162,684	219,649
Income received in advance	1,384,161	251,377	1,384,161	251,377
Goods and services tax	167,395	82,055	124,498	39,116
Employee costs payable	74,471	66,996	62,614	58,005
Other current liabilities	350	1,147	350	1,147
Total Current Liabilities	**1,830,981**	**705,692**	**1,734,307**	**569,295**
Total Assets less Total Liabilities (Net Assets)	**6,799,984**	**6,872,223**	**1,521,030**	**1,607,641**
Accumulated Funds				
Accumulated surpluses or (deficits)	6,397,083	6,305,263	1,321,030	1,407,641
Available-for-sale financial assets fair value reserve	202,900	366,960	-	-
Reserves	200,000	200,000	200,000	200,000
Total Accumulated Funds	**6,799,984**	**6,872,223**	**1,521,030**	**1,607,641**



Continuing Professional Development & Standards Committee Report

Edward Yee
NZOA CPD Chair

The composition of the NZOA CPD Committee remains unchanged for the 2022 year. With the opening of our borders mid-year and the return of scientific meetings as we generally recall them to be the, prospects of some kind of normality is an exciting proposition.

CPD Committee

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

As always, I am in debt to the excellent job Julian does as PvP Chair, the experienced and balanced views Richard and Grant provide as Senior Advisors and the enormous amount of work Bernice and Andrea do to keep our CPD programme functioning.

CPD Compliance

Three hundred and sixteen NZOA members were required to report CPD activities for 2021 year and full compliance was achieved on 3 May 2022. It represents an improvement on previous years for the time taken to reach full compliance. At the RACS Professional Standards and Advocacy Committee meeting on 21 June 2021 our sister organisation, the AOA reported 49% compliance for their Members and RACS reported 88% for their programme. The AOA's figures reflects the confusion over reporting timeframes when a change was made to mirror the RACS shift to the CPD year ending in July then returning to a calendar year when the Australian regulators ruled it was an unconstitutional change. Being able to observe the issues occurring from the sideline reinforces the advantage in having our own CPD programme.

Changes to NZOA CPD Programme

A suitable CPD Programme has become the focus for the Medical Council of New Zealand (MCNZ) as a critical part of recertification. A few additions to our CPD programme have been made to make it compliant with new requirements set out by the MCNZ. The addition of an Annual Learning Plan or Professional Development Plan is now present. Many Members may already be completing these as a requirement for their annual hospital credentialing and if so the document can be transferred in to the NZOA CPD programme. Another new requirement is an annual "Structured Conversation with a Peer". This is something that maybe carried out when reviewing ones Professional Development Plan and would be a valid entry. The incorporation of cultural safety and health inequity activities into our programme is more difficult to define and advice from MCNZ is actively being sought on this. The MCNZ is requiring that a CPD programme be designed to encourage a clinician to reflect on their practice and review performance of themselves and others. As indicated last year, the annual audit requirements have increased from one to two.

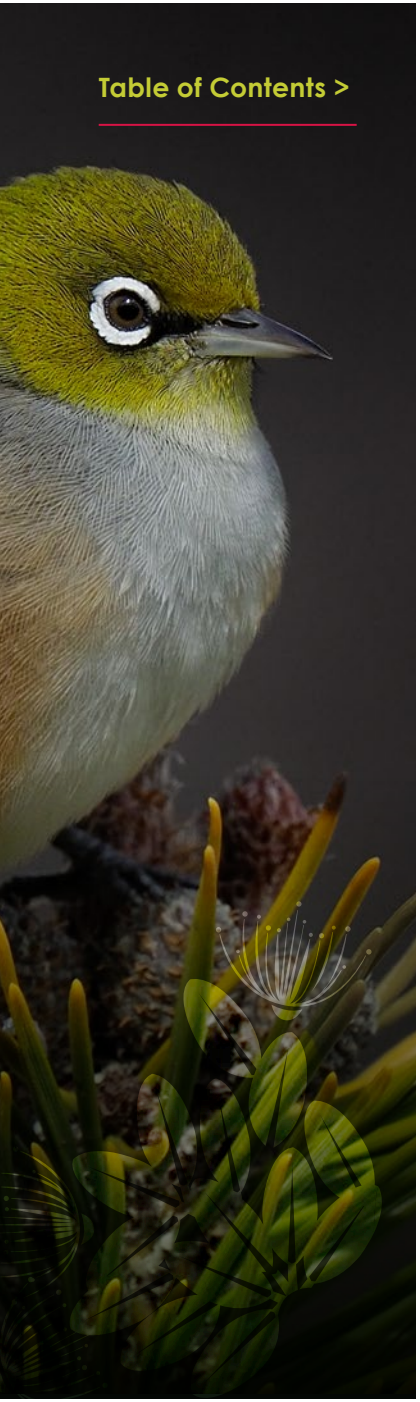
CPD points requirements for 2022 has returned to their pre-COVID levels. The cancellation of the Knee COE in Queenstown in February this year was a worrying start.

Registries

The MCNZ places considerable emphasis on doctors reviewing and reflecting on their practice along with measuring and improving their outcomes. The New Zealand Joint Registry and ACL Registry are quality assurance activities that fulfill all the requirements the regulators are interested in with the additional benefit of collegial oversight. Participation in these Registries is mandatory for all surgeons who perform arthroplasty and ACL reconstruction. Not only have the Registries been indispensible for research but also for identifying outlying performers. Currently with only two registries in the CPD programme a number of members are unable to participate in a structured national audit and benefit from it. The CPD Committee has consulted the Hand and Spine Societies on any procedure or metric, which could be formed into a registry for CPD and research purposes.

RACS

The College has introduced a new CPD programme designed to be applicable for all surgical Specialties. They have to also incorporate requirements set out by regulators in both New Zealand and Australia.



The Australian regulators have introduced CPD Homes. From 1 January 2023, all active practitioners in Australia are required to be registered with a 'CPD Home' and meet CPD requirements in their area of practice. All interested organisations – including RACS – will need to apply to the Australian Medical Council to become a CPD Home. CPD Homes will be required to advise the medical regulator who is participating in their programme and on compliance or non-compliance. RACS have set up a CPD Homes Working Party to strategise the most efficient way forward for the College.

Gender diversity continues to be a focus point for the College. They now request a regular report on our gender figures. Interestingly the New Zealand Association of General Surgeons do not collect this information.

Practice Visit Programme

The roll out of digitalised data collection for the Practice Visit Programme (PvP) has been smooth with Association Members generally giving positive responses. The ability to see in real time the completed components needed allows for easy progress tracking. The persistence of COVID-19 has disrupted some practice visits and extended timeframes for visits are in place. It has also highlighted an issue with unexpected illness disrupting a planned operating list. A critical part of the PvP is observation of a surgeon performing surgery and in such an event where it is not possible a reschedule visit will be necessary.

Edward Yee
NZOA CPD Chair

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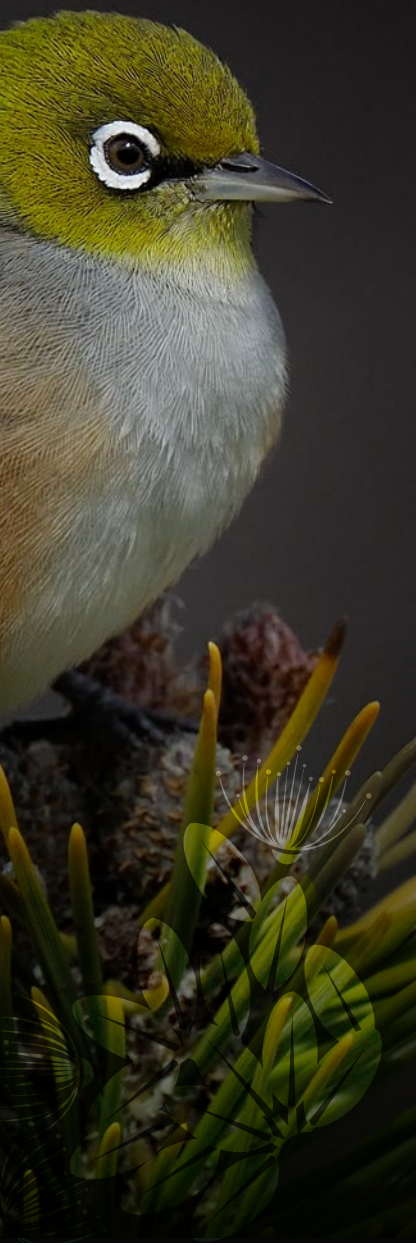


Practice Visit Programme Report

Julian Ballance
PVP Chair

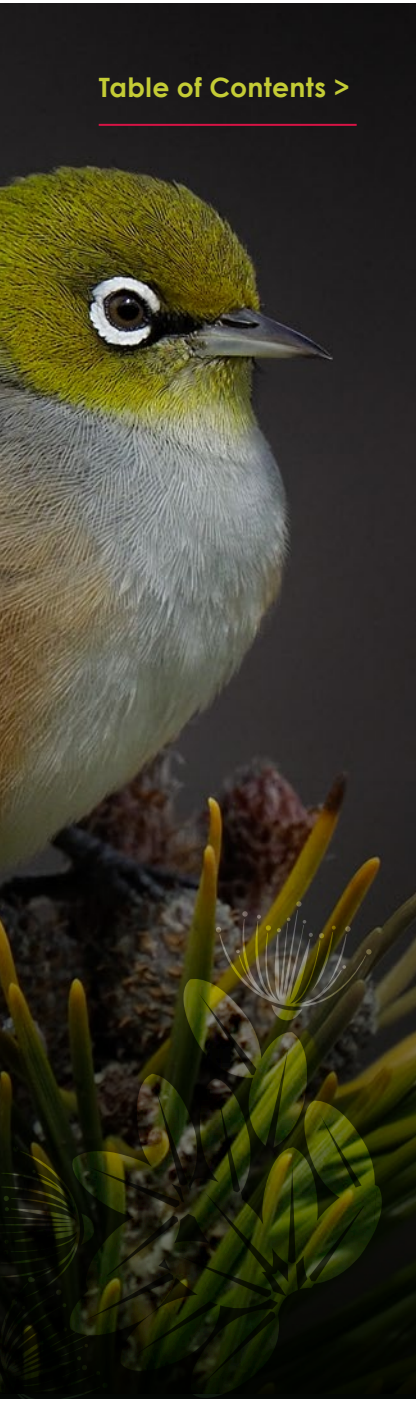
COVID-19 continues to impact the Practice Visit Programme. Regular cancellation of surgeries has created difficulties for visitees trying to set visit dates and there have been last minute disruptions to visits following surgeons testing positive for COVID.

Despite the disruptions 23 members who were selected in the 2021/2022 year have now been visited. An additional two visits that have been delayed will take place during the 2022/2023 year. To ensure the integrity of the programme the CPD Committee is developing a policy to guide members when a core element of the visit process, such as theatre observation, cannot take place.

The CPD Committee met in May and selected 24 Members to be visited for the 2022/2023 programme. It is pleasing to note that 6 Members have already scheduled visit dates.

We have now reached the point where the majority of Members being selected will have previously been involved as a visitor or visitee. Members selected in the earlier stages of their career may be involved several times over the years. So that we can have a full record of Members' participation, Bernice has worked with Fuzion, who developed the digital progamme, to build a database of visit participation going back to the pilot programme in 2010/2011.

Julian Ballance
PVP Chair



Specialty Orthopaedic Training Board Report

One of the roles of the Specialty Orthopaedic Training Board (SOTB) is accreditation of hospitals for Trainees. This year there were a number of hospital inspections performed. One recurring theme is decreased exposure to elective orthopaedic procedures for our Trainees.

Tim Gregg
Chair SOTB

Most hospitals report increased orthopaedic acute workload, COVID related stopping of elective surgery and increased staff illness rates as causes. These causes are not going to go away in a hurry. Many hospitals have infrastructure constraints. For some time, there has been a lack of Trainee exposure to ACC cases. Now some centres are having difficulty getting Trainees to be able to perform 'bread and butter' type cases such as primary hip and knee replacements which is having an effect on training.

A focus for the SOTB is looking at ways to get Trainees into the private sector to widen their exposure to elective cases. In the past, many Trainees have been involved in the private sector usually on an 'ad hoc' basis. Trainees have been able to attend private sessions when they don't have commitments in the public sector and usually there is no funding associated with this. The SOTB is looking at ways to get more permanently funded runs in the private sector. This would mean that a Trainee may have a run that is solely based in a private hospital, or a regular portion of their public run may involve private sessions. Not only will this improve exposure to elective surgery, but it may also allow us to increase the total number of Trainee positions available.

Currently there is a funded private run in Christchurch, and a pilot has just begun in Tauranga. There are several challenges, with funding probably being the greatest. One obvious funder is ACC; however, they have indicated that they don't see funding training as their role. The Ministry of Health (MOH) should be providing funding for training. It is probable that there will be different funding models developed for different training centres. Balancing efficiency along with training will also have to be managed.

Which patients can the Trainee operate on? Will they be able to operate on public contract patients and ACC patients, but only able to assist with private patients? There are many details to work out.

Accreditation of private runs will likely be done through the local Public Hospital accreditation.

The SOTB has spent some time this year rewriting our SET selection regulations on the request of RACS who want all specialty training programme SET selection regulations to follow a similar format. The Specialty Training Boards do selection in different ways with different weighting given to the various selection tools available. SET selection for the NZ Orthopaedic Training Programme is a two-stage process, CV and individual workplace assessments (30:70) are used in stage 1 to initially rank candidates and those who proceed to stage 2 and interview are then ranked according to their multi-mini interview score and composite workplace assessment (60:40). I thought it would be useful to include the following summary of Orthopaedic selection, and rationale for selection tools used, which has been provided by David Bartle.

Overview

The purpose of Orthopaedic selection is to assess applicants across a wide range of competencies to ensure that the most suitable applicants are identified and selected for orthopaedic training.

Selection is a high stakes process for the individual applicants, the NZOA and the wider community. The role of the Orthopaedic surgeon is varied and there is an expectation of excellence across a number of domains. Furthermore, it is recognised that there is no singular ideal applicant. Surgeons work in a team environment and a diverse range of backgrounds and expertise will ensure a stronger workforce that is better able to serve the community.

There are various tools which can be used to assist with selection and each tool needs to be used in the correct way. It is therefore important that certain principles of selection are understood. These principles include having a clear understanding of what competencies are to be assessed, that the selection tool is reliable, and that the selection tool is a valid and appropriate way to assess the attribute. By using a variety of methods with multiple independent assessments a more accurate assessment of the applicant can be made. Biases related to both the assessors and the assessment methods must be considered and mitigated against as much as possible.

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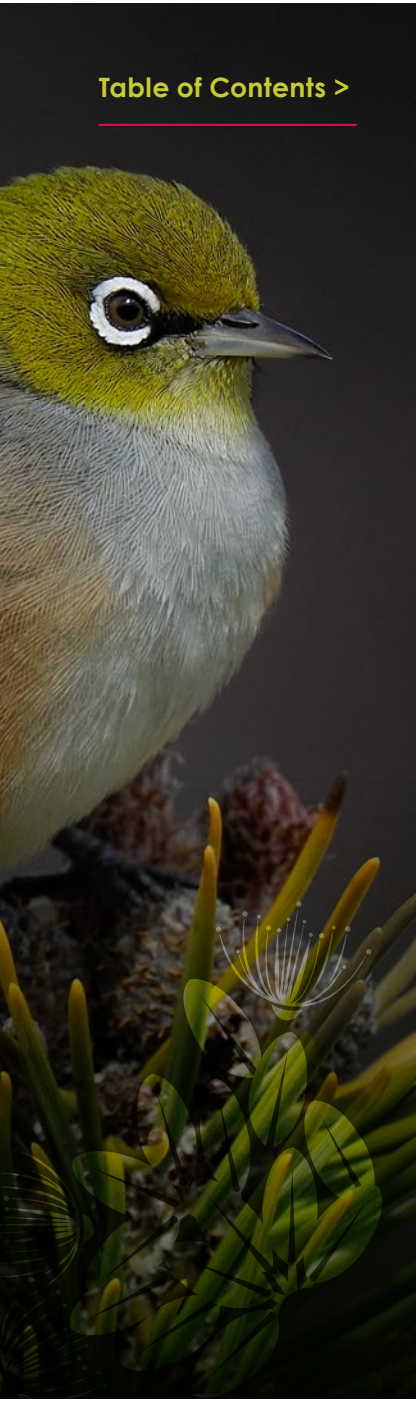

The Specialty Orthopaedic Training Board (SOTB) and the Education Committee have been working to improve the selection process to ensure that the process and methods are fair, robust, transparent, and based on the best evidence available. The changes have been implemented in an iterative stepwise process. It is recognised that this is a work in progress as the expectations of the community change and the nature of our workforce also changes.

This document looks at the various section tools and how they have evolved and are used together as part of the overall selection process.

CV

Purpose

The key purpose of the CV is to document clearly defined objective achievements.

Changes and Rationale

The structure and use of the CV has undergone significant change for it to better align with the selection process and better record objective achievements.

There are now two main parts; 1) Core expectations and 2) Additional expertise.

Part 1 focuses on achievement in certain key activities expected of all applicants. This includes work experience, completion of key courses and basic research experience. Focusing on core objective achievements has been a strategy to reduce the effects of bias with this assessment tool.

Part 2 allows for additional experience in Te Ao Māori and/or higher degrees. Recognition of experience in Te Ao Māori is an affirmative step in reducing potential hurdles for application. It also recognises that applicants with experience in this area will have invested a great deal of time and will be able to bring valuable expertise to the Association. Additional points for higher degrees also recognises the commitment and significant time investment for these achievements and once again acknowledges the benefit that this experience can bring to the Association.

A personal statement relating to the applicant's background and motivations for pursuing a career in Orthopaedics is included at this stage of the process. It is intended that this provides an inclusive opportunity for achievements and promotes greater heterogeneity amongst applicants. The nature of the personal statement requires subjective interpretation and is therefore not scored as part of the CV but is considered as part of the interview process (see below).

The CV is now used to ensure certain threshold criteria are met and to shortlist Applicants for the second phase of assessment, it is not used for the final ranking.

Workplace Assessments/Referee Reports

Purpose

Workplace Assessments look at knowledge, skills, and attributes across time and in various clinical situations as assessed by a number of different individuals. These attributes directly relate to the role of a SET Trainee and are therefore considered inherently valid. Disadvantages of this tool include risk of regional variation, advocacy, and bias.

Changes and Rationale

Referees may feel duty bound to advocate for an applicant with artificially inflated scores to assist with their selection. This can lead to high scores becoming the new normal and by using realistic scores (as is intended) an applicant can be effectively disadvantaged. Over time the bell curve skews heavily to the right and the selection tool loses its usefulness. Some programmes have stopped using references for this reason, however in doing so they miss out on very useful information.

The SOTB and Education Committee have been working at various ways to capture workplace performance in a fair and equitable manner while minimising variation across the country, advocacy, and bias. Changes have included the introduction of the composite process with 360-degree input from additional sources and a name change from 'reference' which can imply a degree of advocacy to that of 'assessment' reflecting the importance of this being a neutral unbiased assessment.

Multi-Mini Interviews (MMI)

Purpose

MMIs have high levels of utility as a selection tool for specialist medical training and are considered well suited for assessing behavioural and non-technical skills.

Changes and Rationale

MMIs adhere to similar principles to OSCE stations and allow for multiple independent encounters between applicants and interviewers. They were first introduced at McMasters University Medical School in the early 2000s and have become a common selection tool across a range of medical specialities. MMI are considered to have high levels of reliability (as all applicants are assessed in the same way in a common environment). Compared to other selection tools MMIs are more likely to have a gender-neutral bias. It is important that questions are mapped to specific competencies to ensure validity. Starting in 2018 the SOTB adopted a structured process for preparing and approving MMI questions. The interview panel has been adjusted to include female and Māori interviewers for a broader perspective on applicants.

Summary of Overall Process

The current process assesses applicant suitability across a wide number of domains.

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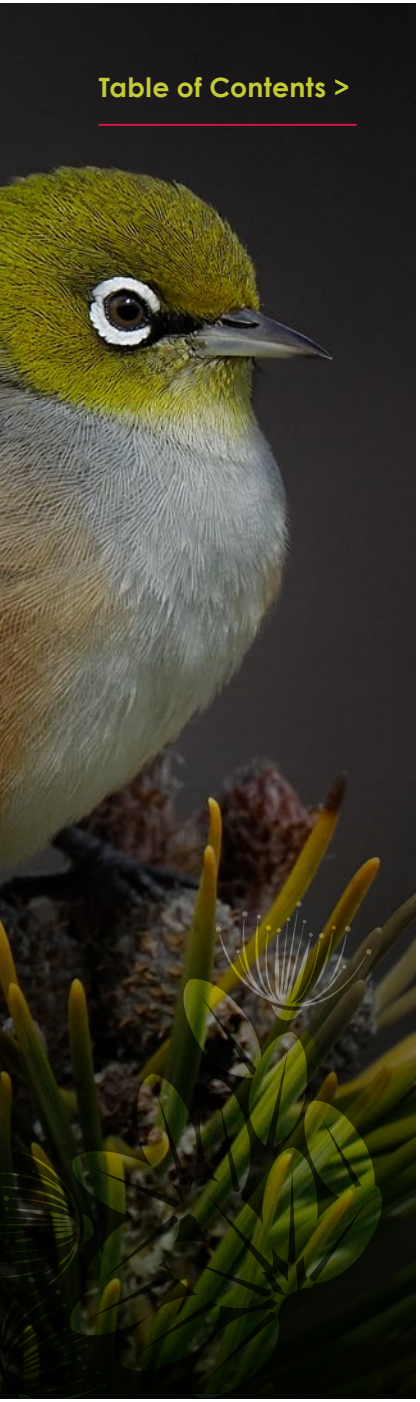

Applications proceed through a two-phase process. During the first phase eligible applicants submit their CV and workplace assessments are obtained. Those who reach a certain threshold are then shortlisted for interview. Further workplace assessments and the composite assessment are completed. The final score is based on the composite assessment score and the mark for the interview.

- The CV focuses on key objective achievements helping to distinguish those who are ready to apply versus those who are not. Objective criteria minimises potential bias. Additional points for cultural expertise acknowledges the importance of this and helps to reduce barriers for presenting to the interview stage.
- The Workplace Assessment is a valid tool and incorporates assessment by 10 individuals, and is structured in a way that regional variation, advocacy and biases are reduced. We continue to see some variability in how this assessment is completed and anticipate that with greater education and familiarity by assessors the reliability of this tool will be improved.
- The Multi Mini Interviews is a high utility selection tool which involves 21 independent assessments in a reliable and valid format.

There is strong evidence to support the use of these selection tools which are consistent with international best practice. The size and collegiality of our Association allow us to customise these tools to best suit our environment and specific needs. Fine-tuning the selection process to optimise the future Orthopaedic workforce for Aotearoa New Zealand continues.

The SOTB supports diversity in selection. Over the past few years, we have developed processes to improve diversity, both in gender and cultural background. The Board was disappointed that no female applicants were selected this year.

Diversity in selection is important. We should be selecting a Trainee cohort that is representative of the Aotearoa New Zealand community. Diversity in the Orthopaedic workforce will not only improve the Orthopaedic outcomes for our patients but will also improve the Orthopaedic community as a whole. The above selection tools are all open to various degrees of bias. The Board continues to review the selection process to both account for and minimise bias as much as possible.

RACS is introducing a Professional Skills curriculum which will be available for all Surgical Specialties to use. This curriculum focuses on the non-technical skills and competencies that all surgeons need. The PSC will be submitted for approval at the meeting of the Board of Surgical Education and Training in October 2022. Once endorsed by RACS, the curriculum will be published on the RACS website. RACS has now started to work on the Assessments phase of the Professional Skills Curriculum project. The PSC will sit alongside our current curriculum and will be a valuable resource for training and assessment of our trainees.

I would like to thank all Board members for their valuable input this year.

Tim Gregg
Chair SOTB

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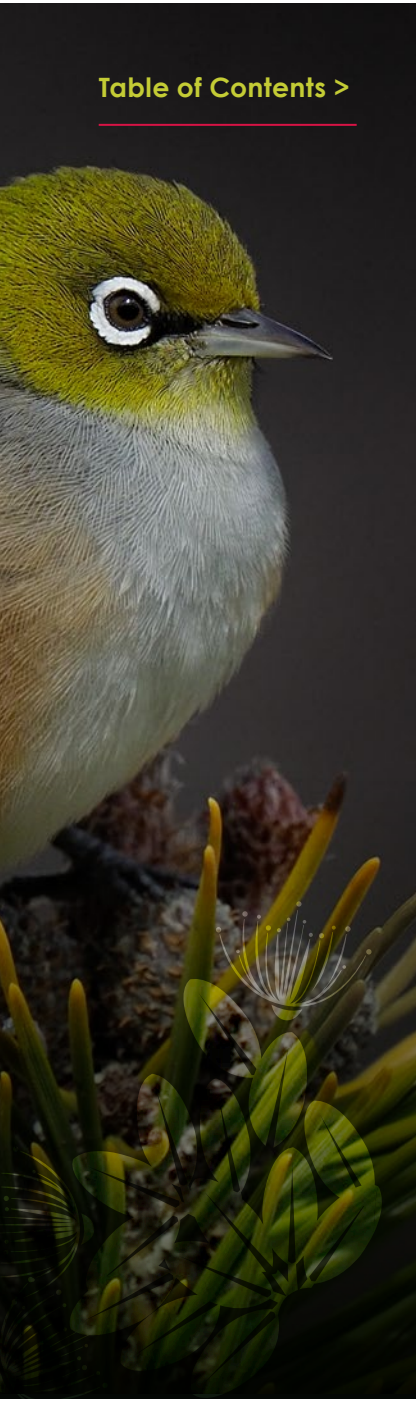


Education Committee Report

My first year as Chair of the Education Committee has been a busy and rewarding time and I have immensely enjoyed interacting with an excellent enthusiastic group of Trainees.

Dawson Muir
Chairperson

I would like to acknowledge the work and support of the Education Committee and Specialty Orthopaedic Training Board for their support of the training programme.

Prue Elwood warrants special attention for her continued hard work and keeping us all focused. She does this for the Committee and the Trainees and I hope she is aware of the esteem that we hold her in.

It has been another year of disruption from COVID but we have been lucky enough to hold most of our events in person this year.

Training Events

The SET 2-5 Spring Training Weekend was to be held in November 2021 in Hamilton but unfortunately was cancelled at the last minute due to COVID. We moved to holding this virtually on Friday 5 November and it included group radiology presentations as well as a foot and ankle trauma review by Thin Hong. This was followed by break out rooms and case-based discussions led by members of the Education Committee with assistance from SET 5s around the country. The Wellington Trainees and consultants were lucky enough to meet up at the end for a dinner. Whilst not ideal it came together very well, and importantly Trainees were able to still take part in a formalised teaching opportunity.

The Set 2-5 Autumn Training Weekend was originally planned to be in New Plymouth in March but again due to COVID it was delayed until June 2022 and held at Taranaki Base Hospital. This weekend was expertly convened by Salil Pandit and enhanced by the enthusiastic local faculty. They organised a range of very interesting cases, bringing in patients from the region over six rotations on the Friday and the Saturday.

NZOA Registrar Paper Day was held on the Thursday prior to the Training Weekend in New Plymouth and we had a broad range of outstanding presentations from 30 registrars. The winner of Paper Day 2022 was Scott Bolam. Highly commended presentations were given by Dan Goddard-Hodge, Wendy He, Alex Boyle and Martin Coia.

The OHE SET 1/0 Mini Training Weekend 2021 was cancelled due to COVID. This will be held in 2022 in Nelson in November and convened by Perry Turner.

The SET 1 Autumn Training Weekend was originally planned for March 2022 but postponed due to COVID. We were able to reconvene this meeting in August in Whanganui but unfortunately five trainees, the Education and Training Manager and at least one consultant had COVID. Despite this Simon Dempsey ran an excellent educational weekend. There was a very good range of cases, a quiz and a particularly muddy speedway go-kart event. Simon and Angela Dempsey hosted an excellent dinner with a wonderful talk from Mr Ken Te Tau, our NZOA Cultural Adviser. He weaved the legend of Hinemoa and Tutanekai into a story about passion for Orthopaedics. He also enjoyed the experience of observing the teaching and learning process and we look forward to Ken attending future SET 1 Training events.

Our thanks go out to all local convenors and their Orthopaedic departments along with the patients who continue to donate their time and energy to the Trainees. Without their commitment and support we would not be able to offer training weekends.

The Pre-Exam Course was held in Wellington in May, convened by Robert Rowan with the support of the Wellington Orthopaedic Department. An excellent range of cases, presentations and study evenings over five days was the perfect way to head into the exam. The Mock Exam that would have been attended in November 2021 was postponed to February 2022 due to COVID; this was convened by Simon Johnston and provided some excellent cases and patients including presentations and discussions with ex-examiners.

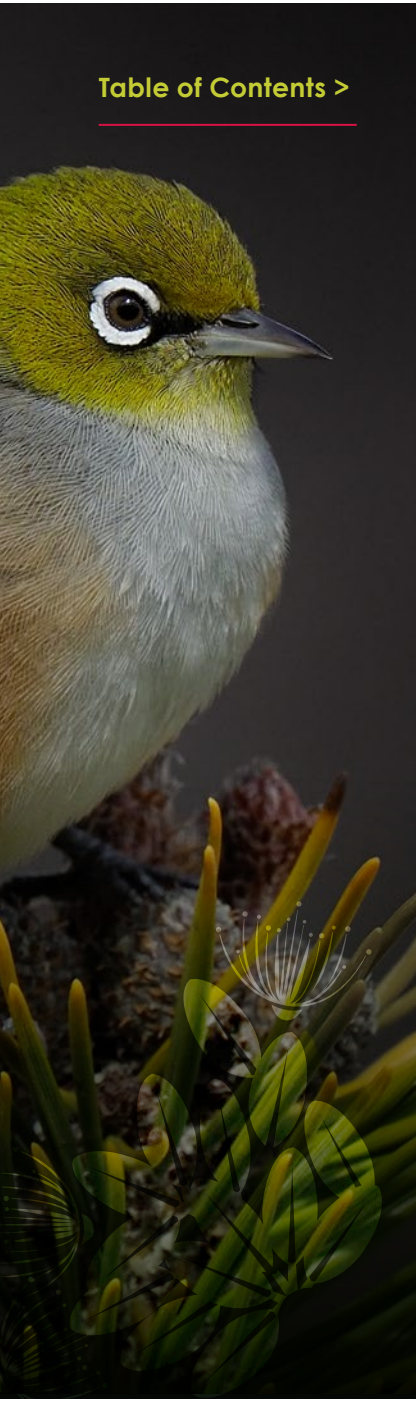
Thank you to both departments for your involvement and support.

Fellowship Exam

Eight SET 5s sat the exam in May 2022 and all eight passed. Congratulations to Matt Fisk, Zaid Bahho, Tad Piszel, Tom Kuperus, Saesol Shin, John Mortimer, Kong Koh and Oliver Johnson. One Trainee will be sitting in September 2022.

Selection to SET Training

Interviews were held on Friday 1 July at Boulcott Hospital in Lower Hutt. From 43 Applications received, 31 were selected to interview. The mihi whakatau was



led by Mr Ken Te Tau. Our thanks to Tyler Campbell for responding on behalf of the registrars, Cherrrell George, Kaikaranga for the registrars, and Ailsa Wilson, Kaikaranga for the NZOA.

Congratulations to Chris Xu, Luke Karalus, Wes Xia, Sam Arnold, Chetan Patel, Michael Lee, Tyler Campbell, Dhanushka Liyanage, Scott Bolam, Dillon MacIntyre and Scott Gilbert, who will be starting as SET 1 Trainees in 2023. Thank you also to all Members of the NZOA who supported registrars throughout the application process and those who took part in the selection process. We also thank Boulcott Hospital for continuing to invite us back to use their rooms for the interviews.

Trainee Information Management System (TIMS)

We have put much effort into encouraging all consultants who are working with Trainees to complete assessments on a weekly basis and not wait until the end of the quarter. Trainees who failed to complete the reduced minimum required feedbacks, work-based assessments or quarterly run assessments in the first quarter were advised of the possibility of going into probation should this occur in two quarters and made up the additional assessments/feedback in the following quarter.

Online Learning (VLE)

The VLE sessions have been running well throughout the last year with a variety of presenters and topics from NZOA Members. These have been variably attended by Trainees. They are booked until the end of November and the Education Committee will be discussing them continuing through 2023 and if so, in what format and regularity. Each presentation is recorded and kept for future watching by Trainees, particularly pre-exams.

Hospital Accreditation Visits

Twelve visits took place in March-May and no significant concerns were raised. All visits were completed virtually with Zoom and on average taking four to five hours each. While there were obvious restrictions, eg: visiting the physical space at the hospital, these all ran very well. Thanks to all those who were involved in the preparation of the material needed and to the inspectors from the Education Committee who completed the inspections.

Education Committee

I took the role at the end of last year from Tim Gregg, who is now Chair of the Speciality Orthopaedic Training Board. It has been a smooth transition despite a large number of new Committee Members. Strong collaboration between the Committee and Board has provided the required continuity.

The Education Committee would like to recognise Simon Dempsey and Roy Craig, who will finish their time on the Committee this year. They have made a large contribution to the Committee and our thanks go to them. We welcome Adam Dalgleish (Auckland City), Hamish Deverall (Waikato), Jonny Sharr (Christchurch), Pierre Navarre (Invercargill), Lyndon Bradley (Whangarei), Salil Pandit (Taranaki), Steph Van Dijck (Starship co-opted female representative), and John Mutu-Grigg (co-opted Ngā Rata Kōiwi representative).

Dawson Muir
Chairperson

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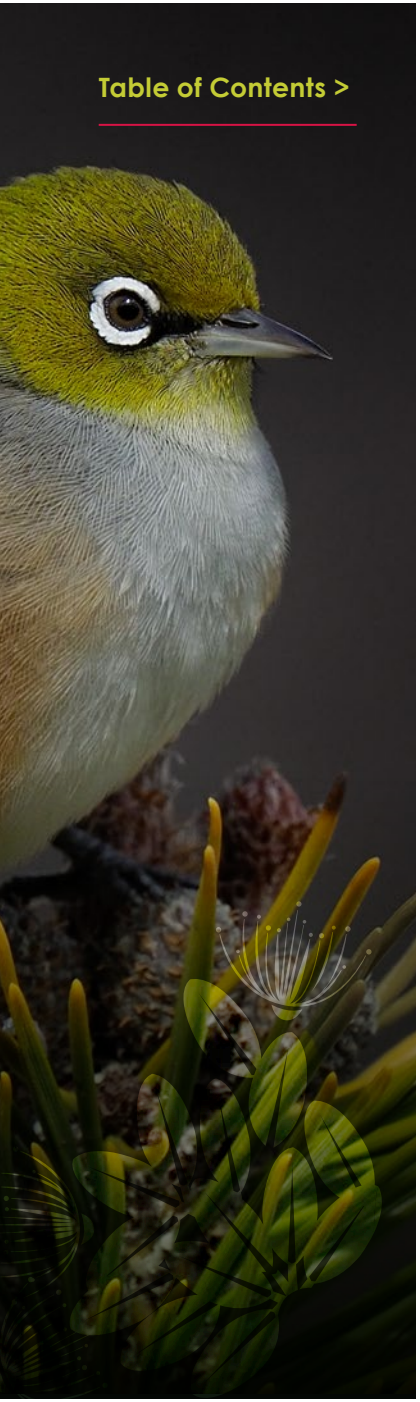


NZOA ACC & Third Party Liaison Committee Report

This year has represented two significant changes for the NZOA ACC & Third Party Liaison Committee.

Peter Robertson
Chair

Khalid Mohammed's outstanding term as Chair of the Committee has come to an end, and the 2021 COVID-19 lockdown and subsequent red/orange settings have resulted in no face-to-face contact with ACC for a 10-month period until the recent August meeting. The lack of interaction has resulted in a much-reduced activity for this Committee – however this undesirable course of events was reversed with the return of a very effective face-to-face meeting recently.

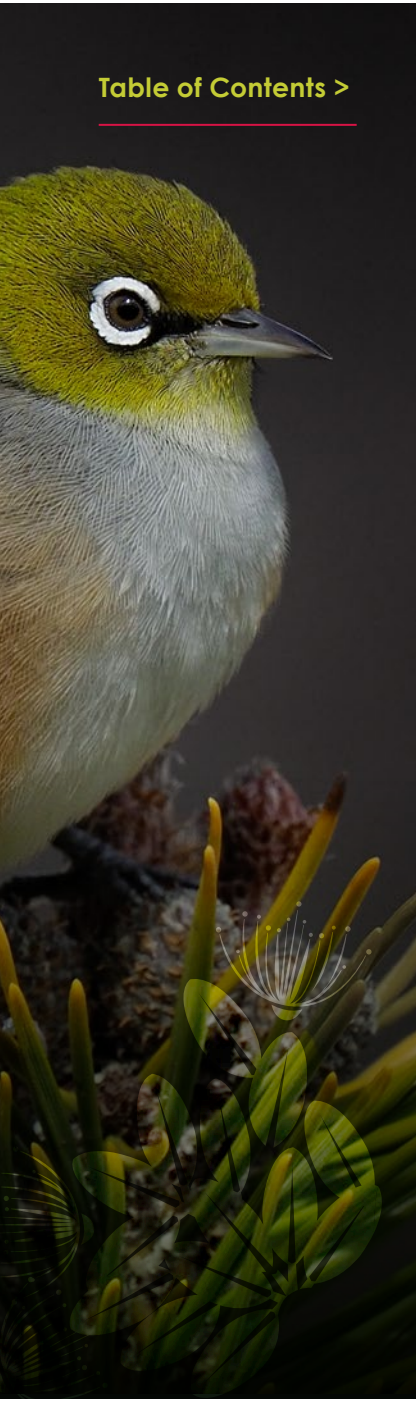
Khalid has led the Committee for half a decade with intense interest and understanding of the commercial and legal issues. He has maintained a tight focus and demanded the same from ACC. This has been very beneficial for the NZOA Membership, and I wish to take this opportunity to thank Khalid for his tremendous representation of the NZOA.

The major issues with ACC at present are:

- Escalated Care Pathways: This project continues through its four-year pilot, slowed by the whole COVID fiasco. It is probably helping claimants with specific diagnoses, but real gains remain undisclosed by ACC because of 'commercial sensitivities'. The cynic might suggest that 'cherry picking' diagnostic winners was always going to demonstrate advantages to focused care, however the real challenge would be any expansion to a much wider range of more complex ACC conditions. It is tempting to suggest that at least it is keeping ACC occupied, rather than them thinking up any other 'new models of care'.
- Non Approval Requiring Codes: ACC have published a range of codes that are so obviously PIBA that approval via an ARTP will no longer be required. ACC are to be commended for this initiative, however the list of codes is somewhat limited, and does not include a number of sub-acute pathologies where early care under contract in the private sector would have dramatic benefits for both patients/clients and the public hospital system and their management of acutes. Unfortunately, as always, the detail is currently being clarified, as ACC fear that they would not want to be 'paying twice' (PHAS v elective surgical contracts) for the required procedure! This process is also resulting in re-examination of the legal definitions of cases covered under PHAS. There is the potential that it may have significant effects on the delivery of sub-acute care for PIBA.
- ACC ARTP Processing: As we know COVID has been the go-to excuse for all failings of the current government in all areas, and in particular in healthcare. ARTP processing and decisions have become increasingly delayed (this is certainly the impression of the majority of NZOA Members questioned on this issue and this correlates with ACC's own data). We are currently attempting to have ACC report on metrics of case ARTP response times. ACC are very aware of this issue and appear to be working hard to correct the problem – in the face of a difficult employment environment.
- In room image guided injections: The ACC remuneration for image guided (US) injections has been discussed in detail between the NZOA and ACC. ACC are gradually accepting that there is real value to both a consultation and an image guided injection(s), and that each area of expertise should be remunerated. This remains a work in progress.
- Māori/Pacific Island coverage for PIBA: Over time ACC have been able to provide information on ARTP accept/decline rates across a number of Sub Specialties on the basis of ethnicity. This data requires further analysis although superficially Māori do not appear markedly disadvantaged.

In other 'Third Party' relationships, the Committee has been active with both Insurance Groups and the Radiology Profession.

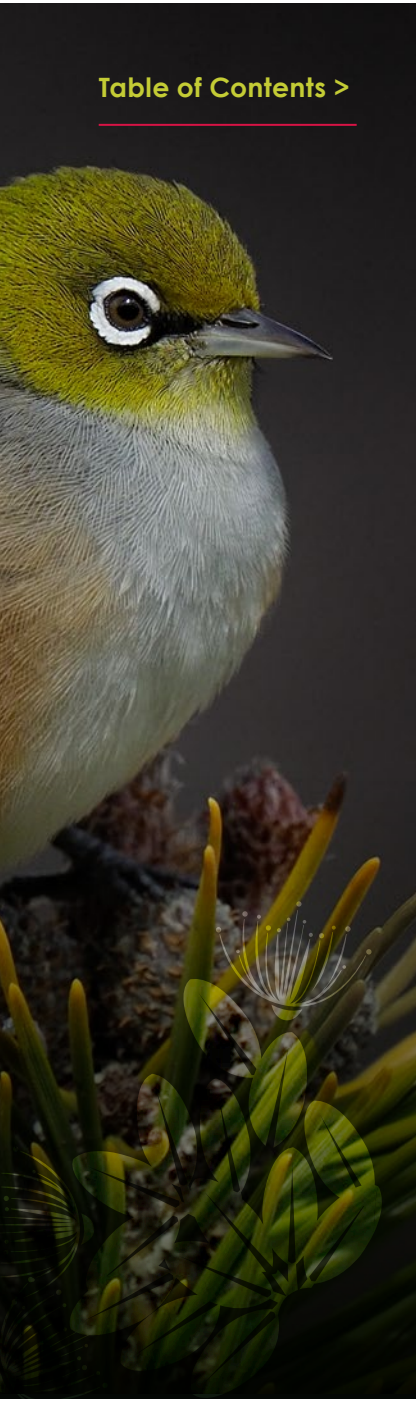
Insurance providers continue to seek advice on 'evidence-based care'. This most often means that they need guidance upon navigation of the gulf between 'evidence-based care' (usually provided by RCT evidence-based fundamentalists), and real-life patient care for individuals with specific pathologies requiring individualised treatment. We have attempted to provide practical advice that bridges



the Insurers desire to control costs and real and practical needs of patients. This has extended to the role of arthroscopic knee surgery for patients older than 40, and more recently patients with indications for spinal intervention. This will without doubt be an ongoing work stream.

As most Members will be aware many NZOA Members have financial interests in businesses that provide care for patients and that are related to the Member's Orthopaedic management options. Such businesses would include Private Hospitals, Rehabilitation facilities and more recently providers for investigations – in particular, radiology practices. In any of these circumstances the potential for 'self-referral' exists and clear understanding of 'conflict of interest' is important and requires declaration. In recent months, a number of radiology practices that have been acquired by larger commercial entities have discovered ethical concerns about inappropriate imaging and overservicing in radiology, and have complained to several professional bodies about these developments. It seems highly probable that the commercial interests of these radiology groups are driving these 'ethical concerns', and both the Presidential Line, and the NZOA ACC & Third Party Liaison Committee are involved in discussions upon this topic. Whilst events continue to unfold it is very clear that at all times NZOA Members should behave ethically and declare conflicts of interest.

Peter Robertson
Chair



Senior Examiner's Report

2022 so far has proved to be a less challenging year than 2021! The May Fellowship exam ran without a hitch in Christchurch with the organisational support of local coordinator, Heath Lash.

Sue Stott
Chief Examiner

This was the first Fellowship exam in Christchurch since the earthquake and we were warmly welcomed by the local team. All NZ candidates were successful in passing the exam and the examiners noted that candidates were well prepared for the exam.

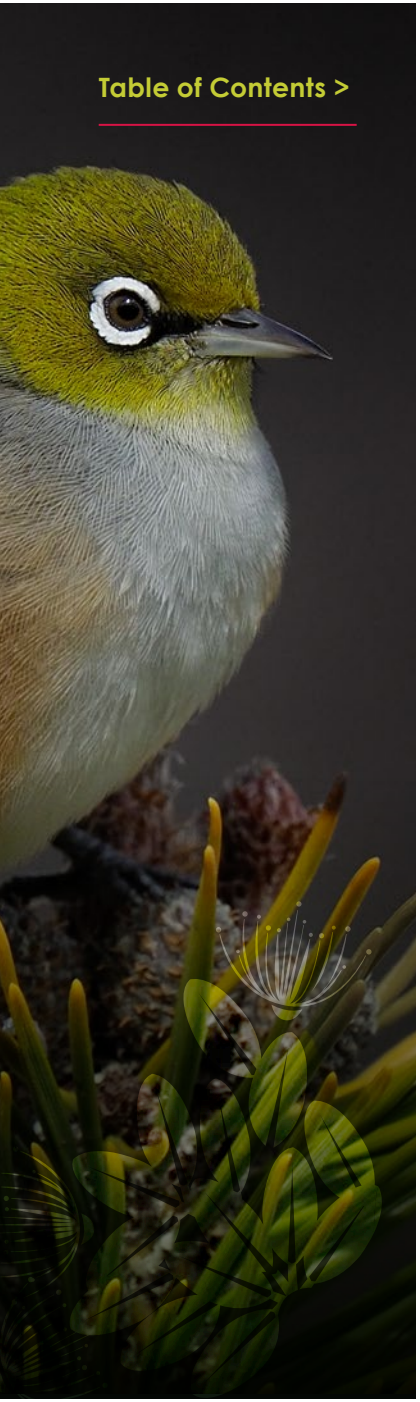
Again, given COVID-19 restrictions, there were no patients in the exam and all clinical cases were examined as video clinicals. Chris Hoffman remained the lead for the Video Clinicals and, as usual, impressed with his attention to detail and efforts in preparing and editing clinical videos for the May exam. Given the ability to standardise the video clinicals, the plan for the future, remains to run a hybrid model, with some carefully chosen clinical patients and some clinical videos. We have heard the concerns about variability in the quality of clinical cases and will be working more actively with local coordinators in the future to ensure that all candidates see similarly high-quality clinical cases.

The FEX exam in Australia in the second half of the year will be held in Sydney in September. There are a smaller number of Australian candidates sitting than usual due to AOA21 and NZ examiners are not needed to examine in Sydney. We may however be called on again to observe exam segments by Zoom. Observation of an exam segment by a third examiner is an important part of the exam, bolstering exam integrity and reassuring the candidate that questioning is appropriate and consistent across candidates.

The Orthopaedic Principles and Basic Sciences OPBS MCQ exam (the old Part I) continues to run twice a year and is coordinated by Simon McMahon. The June exam had some hitches, with use of a new assessment software leading to duplication of some MCQ questions in the second exam. This was recognised just prior to the exam day but unfortunately too late to re-write the second exam. It was therefore decided to proceed with the exam as written. Although causing stress on the day to candidates, there was no evidence that this impaired candidate performance. As a result of this event, we have seconded an Australian examiner to assist Simon with the somewhat arduous task of setting and proofing this exam, as well as providing greater support through Richard Wong She, Chair, Surgical Sciences and Clinical Examination Committee.

Currently, the NZ court has 11 members. We will be seeking 2 additional examiners to join in 2023 to replace retiring examiners and will put a call out later in the year for interested members.

Sue Stott
Chief Examiner



Cultural Advisor Report

Matariki Hunga Nui

Matariki brings us together.

Ken Te Tau
Pou Tikanga/Cultural Advisor

This year the star cluster Pleiades, known by iwi Māori as Matariki, appeared in the north eastern horizon on Friday 24th June welcoming in the new Māori lunar year and also heralding a new official public holiday here in Aotearoa New Zealand. Matariki hunga nui brought the many people together for the first time as a nation to share our unique indigenous celebratory mid winter Māori ritual. I hope that you had an opportunity to make the occasion something memorable together with loved ones. In the early hours of Matariki morning I hastened out of my bed and made my way to Whitireia Park in Titahi Bay, standing in the chilly sea breeze, I greeted the dawning of the Māori new year, it was a spectacular heavenly vista. Later in the day my wife Raewyn and I, along with my children and mokopuna, paid a visit to Whenua Tapu our local urupa/cemetery in Porirua where we visited our whānau and friends who have passed beyond the veil sharing memories and karakia. What followed was a wonderful hākari/feast as the smoke and smells from the barbeque wafted in the afternoon air. The looming dark spectre of COVID has robbed many of us of life's joys, spending time with my whānau was my Matariki miracle.

The Te Kāhui o Matariki Public Holiday Act 2022 is an Act of Parliament which makes Matariki a public holiday in New Zealand and establishes the exact dates of the holiday for the next 30 years. The Bill passed its third reading on 7th April 2022 and received royal assent on 11th April. Establishing the Matariki public holiday reflects the Government's commitment to recognising and celebrating an important aspect of te ao Māori. None of Aotearoa/New Zealand's existing 11 public holidays explicitly recognise te ao Māori. The Matariki Advisory Group consisting of recognised experts was appointed by Cabinet to provide advice on when and how the Matariki public holiday should be celebrated in a way that maintains the integrity of the Māori body of knowledge underpinning Matariki.

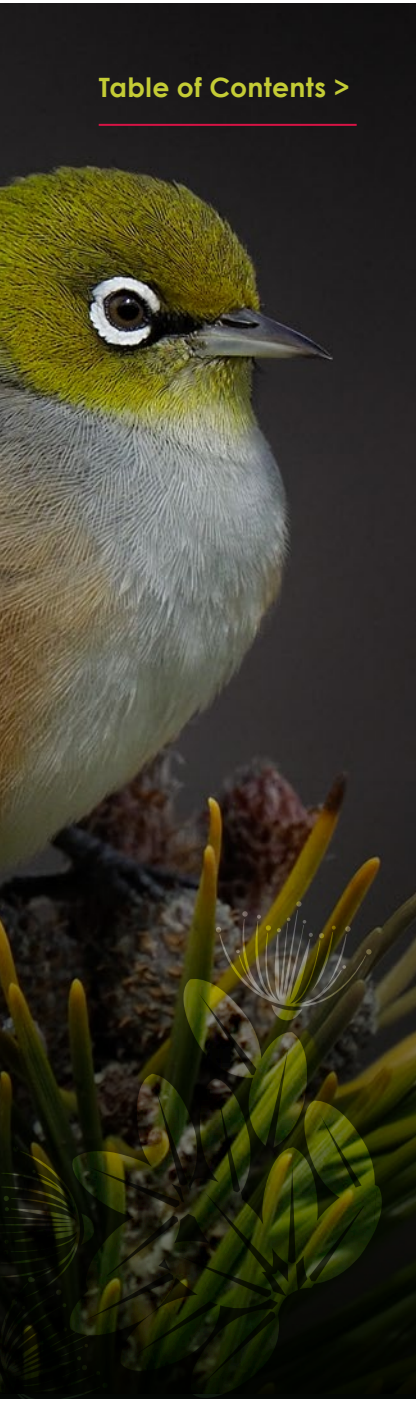
Matariki ki tua o ngā whetū
Matariki, search beyond the star.

This Māori whakataukī/proverb communicates the endless attainable possibilities if one is to but reach and stretch out beyond one's perceived limits. This year, beneath the Matariki sky the pū moana/conch sounded and the Kaikaranga called welcoming the applicants into the Boulcott Hospital for the SET 1 Selection Interviews. Standing to recite karakia and oratory I made mention of Hiwa-i-te-rangi, one of the stars found in the Matariki cluster and fondly known of as the wishing star alluding to the notion that wishing to be selected for the next intake was whimsical folly but I indicated as the above Māori proverb conveys, those who reach above and beyond in their work, study and personal ethics will be the shining surgical stars of tomorrow. He aumihi/congratulations to all of those who were selected this year, well done, may this year be the start of a wonderful and stellar career. Matariki will rise next year in July 2023, the pū moana will sound once again and the Kaikaranga will call beckoning the new SET 1 Applicants to enter. For those of you who just missed out this year, me Matariki ki tua o ngā whetū - start planning, keep striving, keep reaching out and beyond to achieve your dream career as an Orthopaedic Surgeon.

Matariki, huarahi ki te oranga tāngata
Matariki, pathway to the wellbeing of humanity.

I was able to view Matariki this year with the aid of my trusty binoculars, it was so surreal to view the stingray looking shape in the early morning sky, however the annual celestial event would eventually set in the western skies, retiring for another lunar year. Earlier this year we farewelled matua Richard Keddell as Chair of the Specialty Orthopaedic Training Board. Matua Richard, who has a long, celebrated and respected career in Orthopaedics was pivotal in approving my appointment as Cultural Advisor to the Specialty Orthopaedic Training Board and has been my mentor and friend accepting and nurturing me in this role.

During my tenure NZOA have made momentous strides in creating more opportunities and access to training for Māori, Pasifika and women within the Orthopaedic Surgical Specialty. Ka mahi te hopu a te ringa whero, Matua Richard Keddell has been at the forefront as Chair of the Specialty Orthopaedic Training Board, spearheading the change for cultural diversity which has seen significantly more Māori Trainees being accepted into the training programme. However, change doesn't come without its challenges, that being said, matua Richard, has



commanded the courageous conversations in the boardroom and has been unwavering in his stance to honour the spirit of Te Tiriti o Waitangi and uphold its intrinsic values. Matua Richard Keddell epitomises someone who has dedicated his life to improving the health and wellbeing of all New Zealanders, embarking on a surgical and sacrificial career that can only be born out of passion and love.

Hauhake tū, ka tō Matariki
The harvest ends when Matariki sets.

The shining star of Orthopaedics is setting, it has been a great privilege for me to sit with and serve on the Specialty Orthopaedic Training Board with you matua Richard Keddell. The rākau/baton is now passed on to the new cluster of surgical stars who are being soundly led by Tim Gregg and Chief Executive Andrea Pettett. The greatest legacy anyone can leave behind is to positively impact the lives of others. Whenever you add value to other people's lives, you are unknowingly leaving footprints on the sands of time that live on, even as Matariki sets in the west.

Tēnā koe i tāu mahi rangatira e te Ringa Whero, e te Rata i te ao kōiwi, nō reira, i te torengitanga o te rā mahi me āio pai te moana ki mua i a koe matua Richard - To the one with chiefly hands, the bone surgeon who performed the chiefly work. As the sun sets on a stellar career may calm peaceful waters prevail - nāku noa nā Ken Te Tau (Ngāti Kahungunu me Rangitāne i Wairarapa, Ngāti Porou, Ngāi Tahu).

He Karakia mō Matariki.

Tuia i runga, tuia i raro, tuia te here tangata i a Nukuārangi

Ki a Puanga Kai Rau, ki a Matariki Ahunga Nui

Tō mata tini me pā ki roto, tō mata tini me pā ki waho

Kia horahia te kura, he kura nui, he kura roa

He kura takatū mai i a rongotaketake

Ka rongo te pō, ka rongo te ao

Ka rongo i te ahi-kā-roa i tūārangi te whakaeke nei

Ka whakaeke te haukai kia tina

Ka whakaeke te haukai kia toka

Ka whakaeke te haukai kia uru ora

Whiti, whano, tau mai te mouri

Haumi e! Hui e! Tāiki e!

Woven from above, woven below, enterlacing our fundamental virtues to be in balance with the celestial and humane realms. To Puanga and Matariki, bringing forth aspirations of kindness and generosity, may your divine countenance be imbued inherently, manifesting itself throughout the community so that goodwill is declared, may it be strong and enduring. An enduring gift established on the pillar of peace. Resounding throughout times of hardship and times of abundance. Resounding are the fires of ancestral connection, from times immemorial that ascend forth. May the gifts shared from one to another be upheld. May these gifts be affirmed. May these gifts sustain life and its vitality, may it be enduring. Proceed forth with hope, bringing balance to our lives, bringing people together as one!

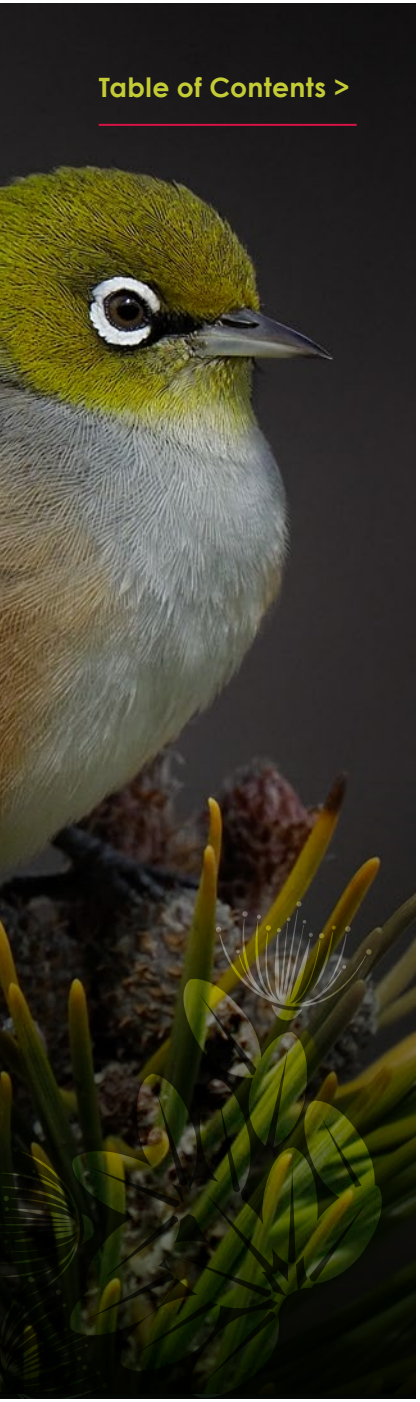
This karakia for Matariki was composed by Ben Ngaia from the iwi, Te Āti Awa, and gifted to Wharewaka o Pōneke to share with Wellington City.

Nāku noa nā Ken Te Tau

Pou Tikanga/Cultural Advisor

Ngāti Kahungunu me Rangitāne i Wairarapa

Ngāti Porou, Ngāi Tahu



Smaller Centre's Report

Andrew Meighan
Orthopaedic Surgeon
Smaller Centre Representative

RACS continue developing their Rural Health Equity Plan with the aim of ensuring equal access to health care regardless of where you live. To do that they need to increase the rural surgical workforce to reduce the current maldistribution.

Their plan is based around the headings of Represent, Select, Train, Retain and Collaborate for Rural. Definitions of "Rural" were debated and have now been clarified. For New Zealand, rural centres are hospitals other than the 6 main urban centres of Auckland, Hamilton, Tauranga, Wellington, Christchurch and Dunedin.

Their aim is to make rural posts more attractive to Trainees and SMOs, fostering links between urban and rural units. They realise that Trainees that get exposure to rural units are much more likely to apply to those units for SMO roles. There has been much discussion on SET Selection criteria, rural surgeons on Selection Committees, all Trainees having options of rural posts, rural fellowships, and a rural facing curriculum. Ways of retaining surgeons in rural units include professional support, financial remuneration, and dual hospital appointments.

In Orthopaedics in New Zealand the recruitment issues are mainly in the small four or perhaps five surgeon centres rather than rural units as defined by RACS. Frequency of on-call remains a major issue, albeit eased by the development of trauma centres which have decreased some of the on-call workload. There are great options in the small centres for generalist and Sub Specialty registrar training as well as exposure to public and private hospital work. I will continue to request a registrar post allocated to my rural hospital. Unless New Zealand Trainees see opportunities available in these units we will continue to rely on SIMGs to provide health care in small centres.

Andrew Meighan
Orthopaedic Surgeon
Smaller Centre Representative

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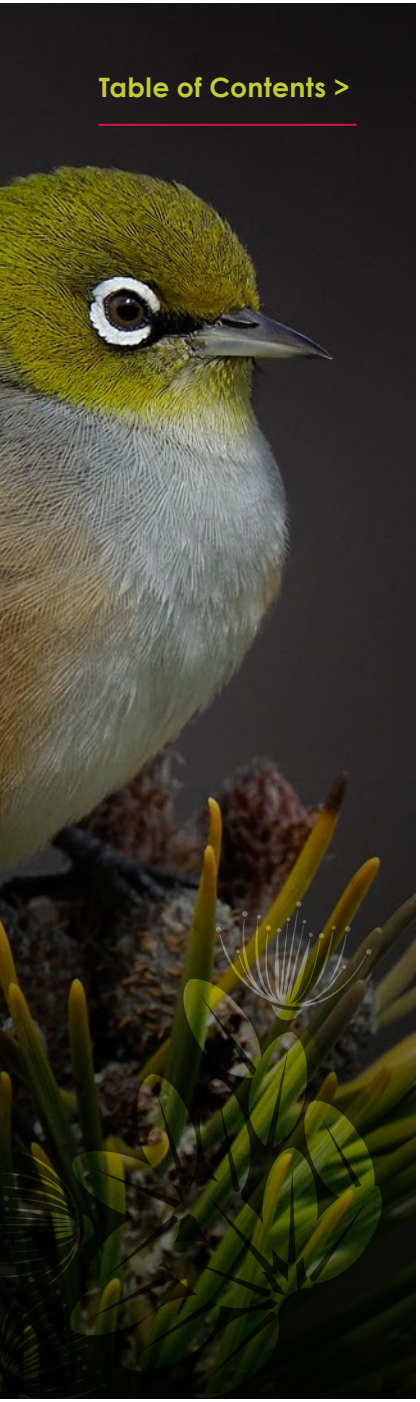

Trainee Representative Report

Dulia Daly
New Zealand Orthopaedic Trainee Representative

Despite COVID being part of our lives for almost 3 years, this year has been the most disruptive for Training. Many of us experiencing a complete holt on elective operating over the winter.

While the Specialty Orthopaedic Training Board still work to find a solution for Trainees to come to private, many of us have lost valuable operating time and under exposure to operations and conditions only being managed in the private sector. We hope that future Trainees will have a much wider exposure to Orthopaedics in the near future and grateful to those trying to accomplish this.

In 2022 we have been able to come together again for education. Despite many obstacles we had an incredible training weekend in New Plymouth, many of us gathered for the Paediatric COE and looking forward to the ASM and Dunedin Training Weekend later this year.

The SET 5s have successfully passed their exams in the first sitting. Another example of our high-quality training and supportive environment we get to train in.

Congratulations to the eleven new Trainees selected.

There have been two new roles created within the Education Committee who also sit on the Specialty Orthopaedic Training Board. The female representative and Māori representative. A great example of the importance of diversity and that the increasing diversity within our Trainees are being provided with the support and mentors they require.

Dulia Daly
New Zealand Orthopaedic Trainee Representative

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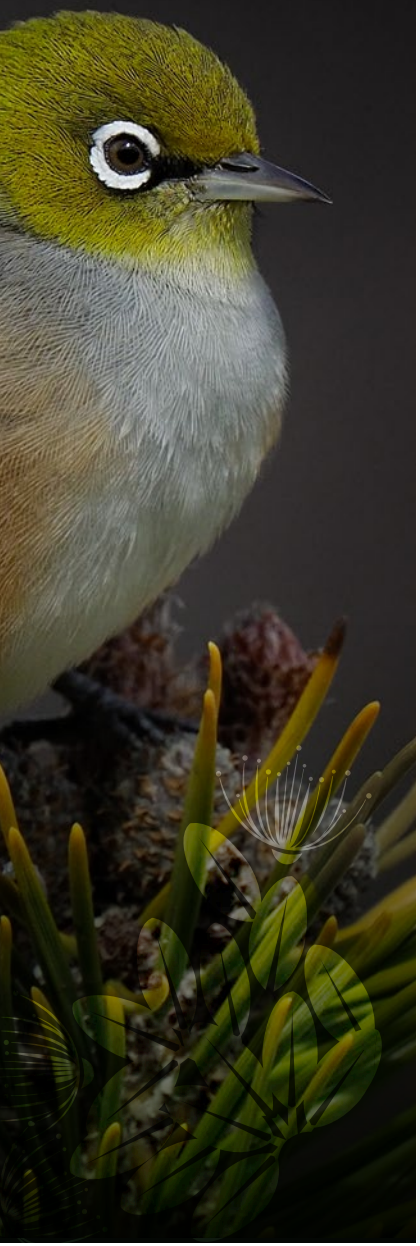

Wishbone Orthopaedic Research Foundation of New Zealand Report

Wishbone Orthopaedic Research Foundation of New Zealand

Richard Keddell
Chairperson

It would be easy to hibernate another year with COVID ruling out any fundraising activities but instead, great work has gone into getting the platform more established to allow the Wishbone Foundation to flourish as we progress back to normal.

Much credit must go to Vanya and her work on the website. This has really helped the engagement of patients with the Foundation and presents a human face to the aims of Wishbone and its support of research in New Zealand. This will allow for further promotion and fundraising and evolving Wishbone engagement without channelling funds away from the Trusts purpose of funding research.

As an Association, we should be proud of the work of our Foundation and the research it has supported. This year Raphael Matsis, during his summer studentship, compiled a collection of all the research projects supported by Wishbone from 1994 to 2021. He has collected 120 journal articles from 178 Wishbone grants. This has been a milestone project by Raphael inspired by Haemish Crawford. As well as a hard copy version, the document has been uploaded to the website.

While no fundraising events occurred, the Foundation was still supported by members of the Association by direct donations as well as fantastic support from Sub Specialty Societies. This amounted to $143,000 this year. I want to especially thank the Orthopaedic Paediatric Society of NZ, $20k, NZ Orthopaedic Spine Society, $20k and the NZ Hip Society, $30k.

The Foundation now has assets of $966,254. Five requests for funding were supported from a total of ten applications totalling $58,575.

As we return closer to a normal life, we look forward to some new exciting fundraising initiatives. Perry Turner and Ian Galley have been working on a great national walk/ride option which will bring significant publicity to the Foundation. More details will be presented at the ASM in Christchurch.

My thanks to Vanya Schoeler and all the NZOA staff for their support of the Wishbone Foundation, and my fellow Trustees, Helen Tobin, Haemish Crawford, Angus Wickham and Andrew Graydon. My special thanks also to Sir Bryan Williams our Patron.

Richard Keddell
Chairperson

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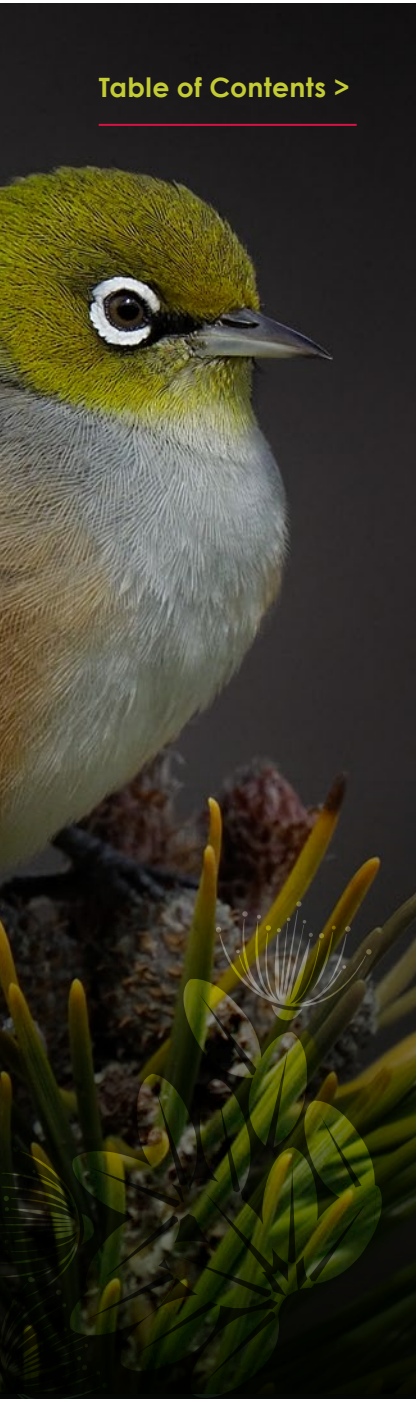

NZOA Wishbone Orthopaedic Research Committee Report

Wishbone Orthopaedic Research Foundation of New Zealand
Orthopaedic Research Committee

Gary Hooper
Chairperson Wishbone Orthopaedic Research Committee

The Wishbone Orthopaedic Research Committee is responsible for promoting research within the NZOA. One of its primary roles is to assess applications for research funding.

Members

Gary Hooper
(Chairperson, Editorial Secretary)

Tom Sharpe
(Education Representatives)

Sue Stott, David Gwynne-Jones, Paul Monk, Dawson Muir
(Committee Members)

Funding in the past has been made available by the NZOA Council from the surpluses from the Annual Scientific and COE meetings where budget permits this, which is frequently not the case. COVID has reduced the number of face-to-face meetings and any surpluses generated for research activities. However, with the reduction of restrictions it is hoped that more meetings will be possible in the coming years. The Combined NZOA AOA meeting to be held in Christchurch this year already has a record number of registrations with over 350 abstracts submitted for consideration and promises to be a very successful event. Several of the Sub Specialty Societies have also committed to contributing to this research fund and the Committee thanks them for this initiative which will allow significantly more Orthopaedic focused research to be funded nationally.

This year there have been 9 strong Applications submitted which have been assessed by the Committee. Although funding is likely to be limited and the process is competitive, the Committee has recommended 8 to be either partially or fully funded. Last year 5 projects were funded, and it is gratifying to see many of them being submitted for podium presentations at our ASM.

Reviewing the progress reports of previously funded projects two recurrent themes have emerged. Firstly, gaining ethics approval is a major undertaking which is often underestimated and can significantly delay the start of projects; secondly, some projects suffer from errors and omissions in the methodology which may result in poorer manuscripts and problems being accepted in high impact journals. To help rectify these problems the Committee proposes to make two changes in the Application process in future. All Applications that require ethics approval will need to demonstrate that either ethics has been approved or that the proposal has been submitted to the appropriate Ethics Committee. Also, all applications will need to show evidence of being reviewed in a local peer review meeting prior to submission. The peer review process is a requirement of ethics approval and so these additional requirements are often linked. This process is very important in providing an independent assessment of the proposal and improving any methodological problems.

Finally, I would like to thank Bernice O'Brien for her dedication and energy in the administration of the Committee.

Gary Hooper
Chairperson Orthopaedic Research Committee

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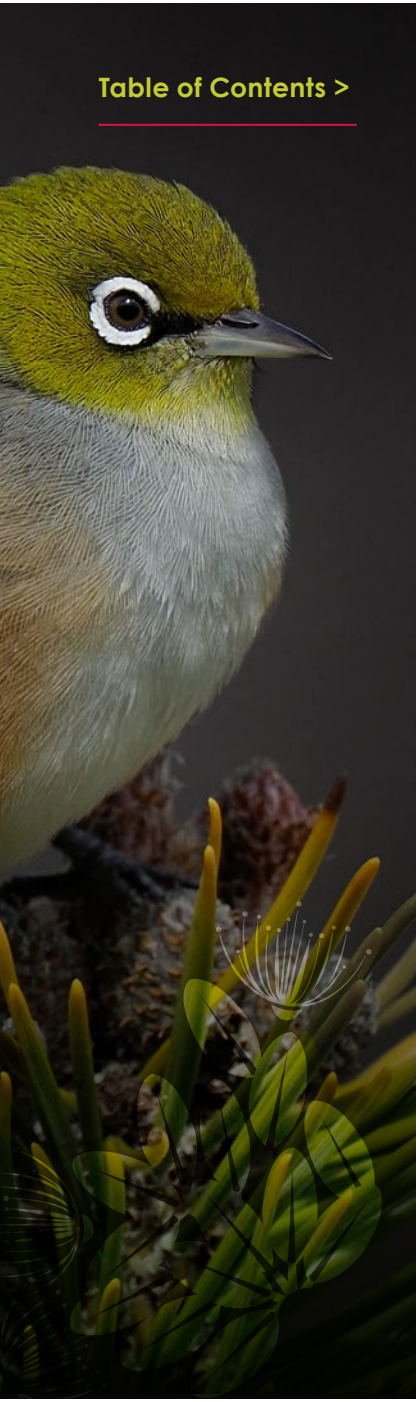

NZOA Trust Report

Over the last year, the NZOA Trust has had a rigorous process of analysis of our trust investments and the providers of our investment services.

Richard Street
Chair
NZOA Trust

We started by involving Makao Investments, an independent investment entity, and they advised us on the appropriate Statement of Investment Policy and Objectives (SIPO). This then led us to asking across the investment sector for RFPs for our investment entities. We then shortlisted providers which involved an interview process, an analysis of their fees, and of their success in the market. As a result, the NZOA Trust decided to make a change away from Craig's Investment Partners to a 50% holding in JBWere and 50% in Simplicity.

This has been quite a complex change with our various equities, but it is proceeding very satisfactorily, albeit in a time where all equities markets have had limited or negative gains.

The NZOA Presidential Line and Council, in conjunction with the Wishbone Orthopaedic Research Foundation and the New Zealand Joint Registry Trust Board have made the decision to also spread the investments between these two providers.

The outgoings from the NZOA Trust have been reduced over these COVID times as we have not needed to fund visiting Fellowships, but this is likely to change over the following year. The Trust has continued to fund the Registrar prizes, as well as allocating funds for the Trainee Information Management System and other computer upgrades.

I would like to thank my fellow Trustees who are Simon Dempsey, Andrew Oakley, Angus Wickham, Andrew Graydon, and our Independent Trustee, Wayne Hughes. Andrea Pettett, our Chief Executive, and Karyn, her Personal Assistant, have continued to provide extremely valuable support, as has Louise, the NZOA Finance and Administration Manager. The Presidential Line have decided that I should do another one year as Chair and I will be replaced at the 2023 ASM by Haemish Crawford, who at that stage, will be the outgoing NZOA President.

Richard Street
Chair
NZOA Trust

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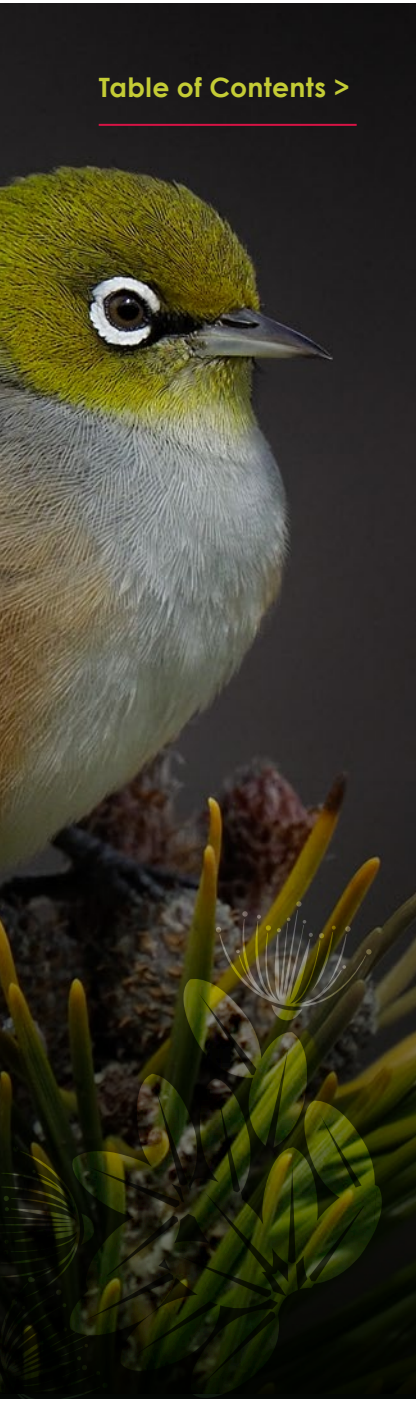

New Zealand Joint Registry Trust Report

Over the last twelve months, the Joint Registry Trust has continued to facilitate and monitor the alignment of the NZJR within the NZOA Group of Entities.

Gary Hooper
Chairperson

Current Trustees

Gary Hooper
(Chair)

Rod Maxwell, Richard Keddell, Angus Wickham
(NZOA Honorary Treasurer)

Andrew Graydon
(NZOA Honorary Secretary)

Ex officio members

John McKie
(Supervisor of the NZJR)

Andrea Pettett
(Chief Executive)

The audited performance report for the year ending 31 July 2022 proceeded smoothly with the introduction of a new accounting policy clarifying that an invoice was due when the form was received at the Registry (and not at the time of surgery). It was noted that there was a decrease in revenue from the previous year as a result of a decrease in surgeon contributions, data extraction and retrievals. It appears that the new accounting practise has been accepted and approved by the auditors ensuring that our charitable status is retained.

The continuing funding of the Registry remains a problem. However, it is pleasing to see that after considerable negotiations with both the Ministry of Health and ACC, contracts for funding have finally been agreed and should be forthcoming. Getting Government agencies to commit to funding the NZJR has been a continual challenge and our Chief Executive should be congratulated for her skill and perseverance.

Last year Toni Hobbs retired from her role as the Registry Coordinator and has been replaced by Jinny Willis who has taken over the role with enthusiasm. There seems to have been a very smooth transition, however Members should be aware that requests for information may take a little longer than usual while Jinny gets “up to speed”.

While John McKie was President of the Association it was considered that added support for the Supervisor was required and James Taylor, past Trustee, agreed to perform this role.

It is with sadness that we learnt of the death of Nick Clark. Nick was one of the inaugural Trustees and had spent several years giving his expert legal advice to the Trust. The remaining Trustees were of the opinion that there was now enough experience within the current Trustees and NZOA that Nick’s position did not need to be replaced. On that note I wish to thank all of the Trustees who give up their time to ensure that the NZRJ remains robust and viable. Finally, a big thank you to Andrea and the office team for their continued support.

Gary Hooper
Chairperson

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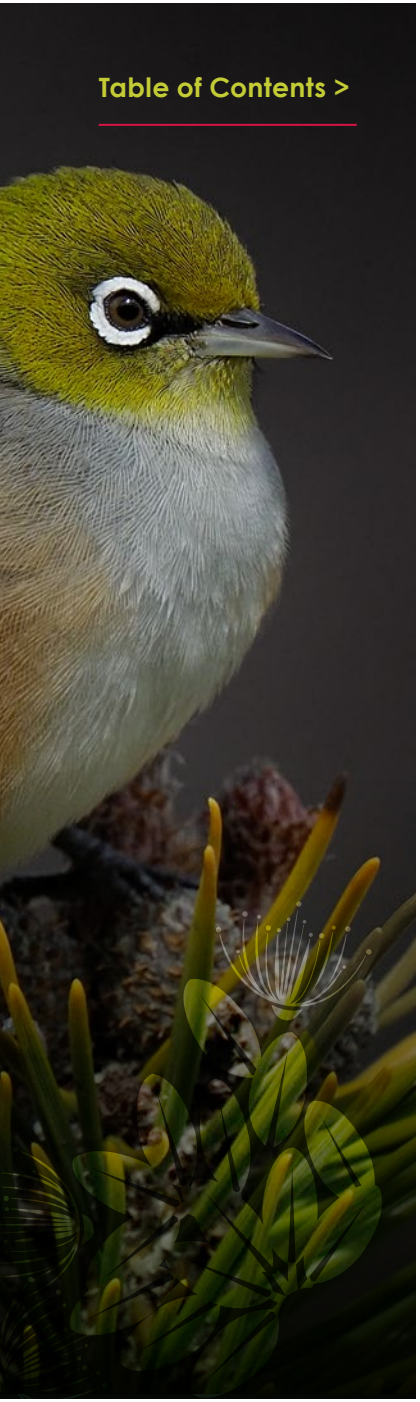

New Zealand Joint Registry Management Committee Report

James Taylor
Acting Joint Registry Supervisor

It is my pleasure to present this report as the Acting Joint Registry Supervisor. I was asked to fill this role to assist John McKie while he has been busy with Presidential duties. I was very happy to be involved.

In this role I have had an opportunity to reflect on the significance of the New Zealand Joint Registry to NZOA Members. The NZJR allows us assess the outcomes of our own surgeries and the implants that we use, to benchmark against other surgeons in the New Zealand context, to educate and reassure patients, to detect problems with certain implants earlier than might otherwise be possible, and is a powerful tool for CPD. Data from the Joint Registry has been used in many research projects. One of the most common day to day uses of the Joint Registry data is to provide accurate information quickly to surgeons about prostheses that require revision or reoperation procedures. Surgeons are able to access their own data using QlikView through the NZOA website.

We all need to nurture the New Zealand Joint Registry. The best way to do this as surgeons is to ensure that every primary, revision, and reoperation procedure has a data sheet completed, and for us to take a moment to ensure that it is accurate and coherent. And also of course to pay invoices promptly.

A significant event for the Joint Registry was the departure, a year ago, of Toni Hobbs, the Registry Coordinator since its inception, and her replacement by Dr Jinny Willis. Jinny has proven to be an outstanding appointment, bringing a new range of skills and expertise as well as a calm demeanour and incredible levels of organisation. Her introduction to the NZJR has been absolutely seamless.

The other significant event has of course been COVID-19. This has created a level of disruption to the Joint Registry similar to every other aspect of all of our lives. Innovative ways of doing things such as working remotely are part of the new normal. Once again we have been fortunate that Jinny and the administrative team have been able to adapt. Data collected by the Joint Registry shows the effects of COVID-19 enforced disruptions to elective surgery. It is possible to see drastically reduced numbers of cases during the weeks affected by lockdowns in 2020 and 2021. However, interestingly, the total number of procedures reported to the NZJR declined only slightly from 2019 to 2020 (22,394 vs 22,125) and in fact, compared to both 2019 and 2020, increased in 2021 (24,043).

Ethnicity data for patients is now being recorded as part of the Joint Registry database. This information is accessed by our staff from the Ministry of Health NHI database for each patient. It is known that the MOH data around ethnicity is flawed, with as many as 30% of patients having incorrect ethnicity data recorded. At the moment the ethnicity linked to a patient's NHI is used ubiquitously by the health sector so it appropriate to keep using the information from that database, while recognising the limitations.

There has been the successful addition of Hand and Wrist implants to the data collected by the Joint Registry. This has been achieved by a very positive collaboration with the Hand and Wrist Surgeons. Hand and Wrist joint replacement forms have been received by the Joint Registry and entered into the database from early this year.

The Registry absolutely relies on those working away in the back room to enter the data, ensuring that it is complete and accurate. Jinny Willis has been a great addition to the team. Lynley Diggs has been managing data entry for 20 years and is an absolute asset. Shona Tredinnick has very recently left the Registry group after 7 years and has been replaced by Donna Thomson. The team also includes Chris Frampton for all statistical questions and Mike Wall is our IT expert.

Thank you to all of the Members of the NZOA for your continuing recognition of the importance of the New Zealand Joint Registry and your ongoing support.

James Taylor
Acting Joint Registry Supervisor

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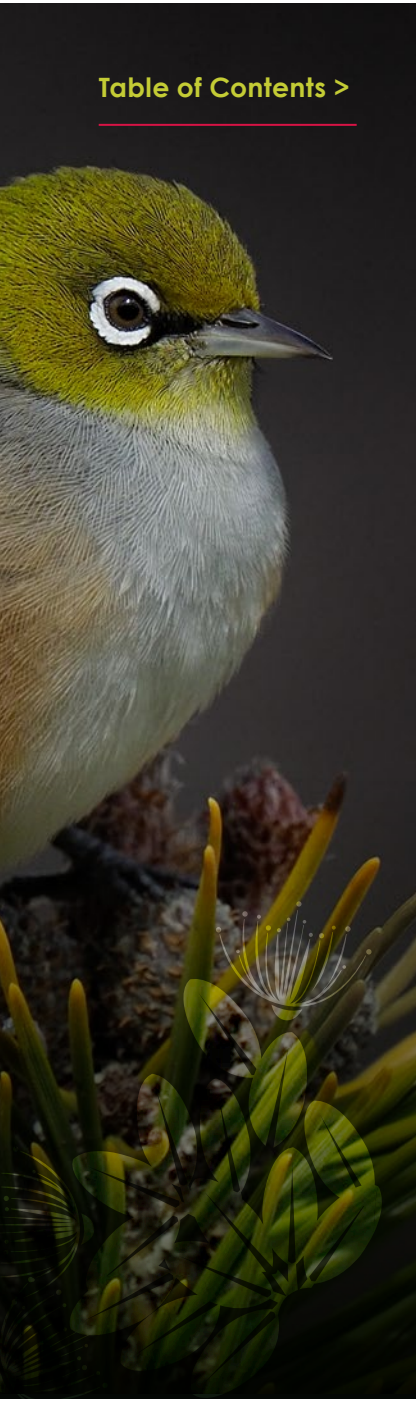

New Zealand Hip Fracture Registry Trust Report

Mark Wright
Chairperson

The Australian and New Zealand Hip Fracture Registry (ANZHFR) is the binational audit which collects data on all patients in Australia and New Zealand who have a hip fracture as a result of a fall and are aged 50 years or older.

The Registry was first contemplated twelve years ago. It publishes two reports one of which presents Facility Level Data and the other presents Patient Level Data. There are more than 50 data points and each hospital undertaking hip fracture surgery employs a data collector for a varying amount of time depending on the number of hip fractures treated.

The reports compare performance to a Hip Fracture Clinical Care Standard which was developed by the Australian Commission on Safety and Quality in Healthcare and endorsed by the Health Quality and Safety Commission New Zealand. The care is also audited against items in the Australia and New Zealand Guideline for Hip Fracture Care.

The 2022 Annual Report includes the seventh Patient Level Report and a tenth Facility Level Report. These reports include data on more than 80,000 patients collected. There are 17,856 New Zealand patients recorded.

In New Zealand each year there are about 4,000 hip fractures. This year we have data on 3,178 patients, 85% of the total. The average age is increasing with 26% of patients being 90 years or older. The one year mortality is 27% and many other patients lose their independence.

Structure

The Registry is well structured with, in New Zealand, a Hip Fracture Registry Trust which oversees the financial management and strategic direction of the Registry.

There is a New Zealand Implementation Management Committee which oversees the day-to-day functioning of the Registry in New Zealand with particular focus on data collection, data quality and accuracy. It also has a focus on research. The Committee comprises joint Chairs from the New Zealand Orthopaedic Association (NZOA), and the New Zealand Society for Geriatric Medicine. It has members from HSQC, the Ministry of Health, ACC and representatives from nursing staff, physiotherapy and rehabilitation staff and from Osteoporosis New Zealand.

There is also an ANZHFR Steering Committee, centred in Sydney which comprises representatives from both Australia and New Zealand. Data is managed conjointly with the report being overseen by the Steering Committee. This Committee comprises members from New Zealand and Australia and meets quarterly. The data from the Registry is held in servers in the University of New South Wales.

The New Zealand arm of the Registry has two employees, a Clinical Lead and an ANZ Hip Fracture and Fragility Fracture Registry Coordinator. They are employed by the NZOA however their salary is paid for by funds held by the Hip Fracture Registry Trust. The primary funder at present is the ACC, with which there is a five-year contract. There have been many presentations to the ACC to secure this funding and the Trust is greatly appreciative of the assistance from the NZOA to get this funding and in particular from Andrea Pettett with negotiations with the ACC.

The New Zealand Implementation Committee has increased its consumer representatives and now has two people with lived experiences of hip fracture.

Implementation of Data Collection

All 22 New Zealand hospitals continue to contribute data to the Registry although patients in Wairarapa are currently needing to transfer to Wellington for their surgery. At the end of June 2022 New Zealand had 17,856 records in total. Patient counts are provided to the Clinical Lead every 3 months by the Registry Technical support Mr Stewart Fleming. These represent patients who have had data entered in to the ANZHFR website. The data for 2021 was 100% complete with an ascertainment rate of 85% when compared with the NMDS provided by the Health and Quality Safety Commission. NMDS is the National Minimum Data Set derived from hospital coding and provides the nearest comparator of total hip fractures in the country.

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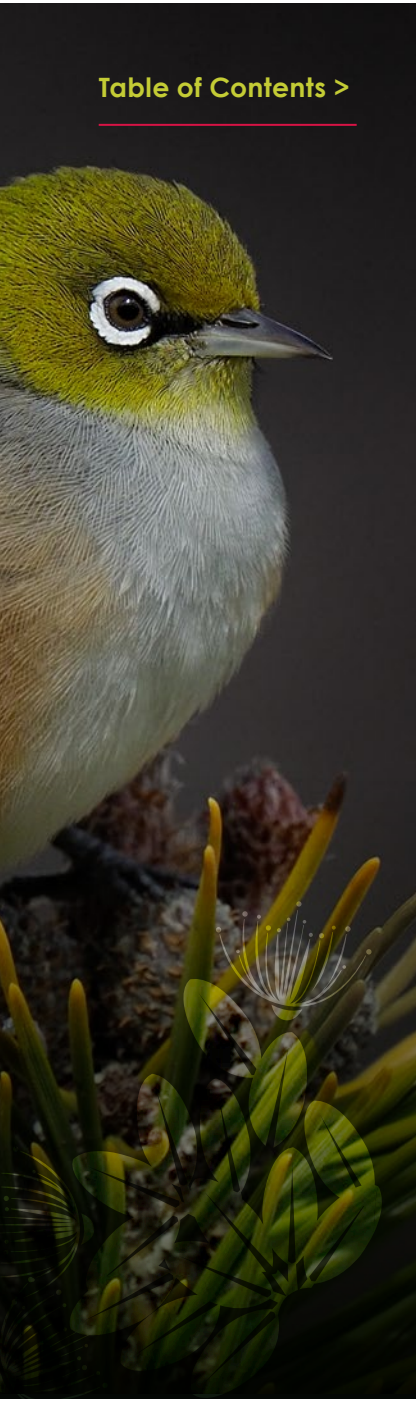


HOSPITAL NAME	1 July 2021 to 30 June 2022	2021 NMDS*	Total Count at 30 June 2022
Auckland City Hospital	318	324	1445
Christchurch Hospital	498	552	2524
Dunedin Hospital	126	147	888
Gisborne Hospital	36	46	181
Hawkes Bay Hospital	104	167	591
Hutt Valley Hospital	132	119	630
Middlemore Hospital	245	220	1891
Nelson Hospital	122	133	505
North Shore Hospital	388	403	2662
Palmerston North Hospital	125	151	575
Rotorua Hospital	86	78	218
Southland Hospital	102	92	460
Taranaki Base Hospital	89	106	174
Tauranga Hospital	205	222	1138
Timaru Hospital	65	75	237
Waikato Hospital	341	331	1564
Wairarapa Hospital	1	57	41
Wairau Hospital	42	64	198
Wellington Hospital	35	227	748
Whakatane Hospital	46	36	159
Whanganui Hospital	42	61	264
Whangarei Hospital	104	141	763
Total Count	**3252**	**3752**	**17,856**

** NMDS – National Minimum Data Set*

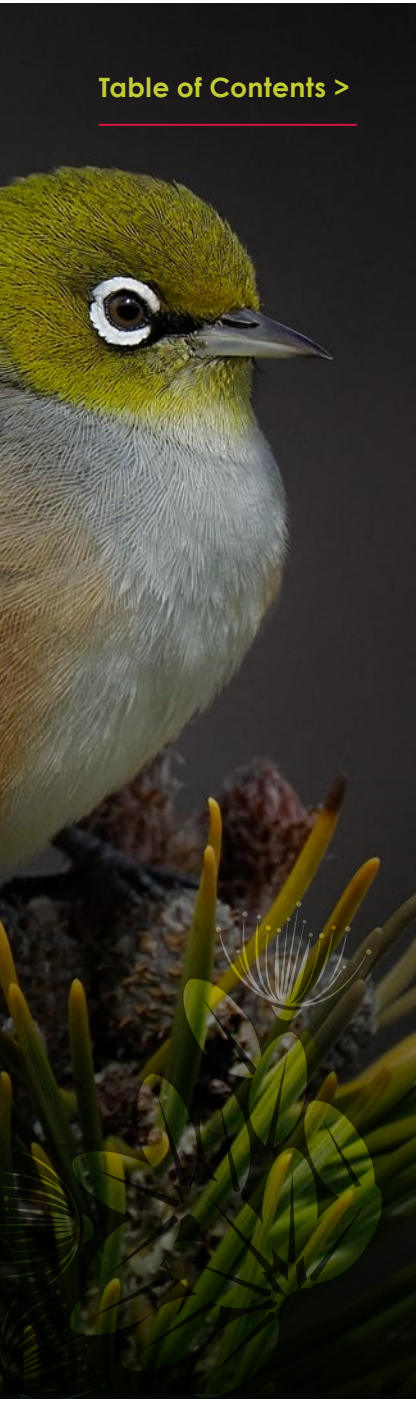
Reporting of Data

The 2022 Annual Report was released on 5 September 2022. This year we have seen further improvements in the assessment and management of pain with an increasing use of analgesia provided by the paramedic services and further growth in the use of nerve blocks prior to surgery to manage pain while waiting. More patients are being seen by geriatric teams before their surgery and there are improvements in the assessment of delirium perioperatively. For the first time the Registry has reported on the degree of frailty determined by using the Clinical Frailty Scale. This is a useful tool to assess guide planning and prognosis after hip fracture. The time to surgery has not reduced with the median time remaining at 24 hours and the main causes of delay continue to be theatre availability and being medically unwell. The median time in an acute hospital remains unchanged at six days and half of patients with a hip fracture in New Zealand are transferred to a rehabilitation ward. 80% of patients who were living at home were able to return home. The number of patients who receive bone protection medication prior to discharge is improving but further work is needed to increase this.

The report includes mortality data for New Zealand patients this year using NHI linked data from the Ministry of Health. This is adjusted data, pooled over three years, and reported for 30 days and 365 days. In 2021, just over 7% of patients did not survive more than a month after they broke their hip and 27% of patients had died within the year following their hip fracture.

The Outlier report shows how hospitals are performing in relation to the Quality Care Indicators for Hip Fracture with similar results from last year. Eight hospitals achieved excellence in at least one of the Clinical Indicators and 7 hospitals registered an area which requires more work.

The ANZHFR website has been revamped making it easier to navigate and find information. Digital



National reports are now available which allows sites to see their progress over time and to easily see where they sit in relation to other hospitals for each reported variable.

In 2021 changes were made to the way ethnicity is collected in New Zealand. The ANZHFR will now record multiple ethnicities as appropriate with the aim for this to be self-reported. This will allow a prioritisation method to be used to more accurately identify the number of Māori patients.

Research

The Research Sub Committee is growing the number of research projects using the Registry data. Two sprint audits have been completed: Nutrition Assessment and Management and Bone Protection Treatment. The findings from these audits will be presented at the Global Fracture and Fragility Network Congress in Melbourne in October 2022 and submitted for publication. A third sprint audit looking at Acute Rehabilitation has been completed with the results currently being collated. It is planned to undertake one sprint audit a year to look at a specific area in more detail with additional data collected for a limited period of time in addition to the usual data collection process.

The ANZHFR has joined an international collaboration of Hip Fracture Registries under the umbrella of EHDEN (European Health Data Evidence Network) designed to share learnings from around the world.

Education

The Hipfest meeting for 2022 originally planned for May was postponed due to COVID restrictions and is rescheduled to be held in Wellington on 7 September 2022. Q & A sessions continue to be held through the year to support the data collectors.

Hipcasts are continuing to be developed as valuable educational resources. Various New Zealand clinicians have contributed to these over the past 12 months.

We continue to engage regularly by email with all the data collectors and the Principle Investigators to provide updates, check in with the groups, provide support and address any queries. We are also developing linkage and unofficial networks with other Registries in New Zealand. The newly developed Fracture Fragility Registry will have many synergies with the Hip Fracture Registry and open up further networking and educational opportunities.

Conclusion

The Hip Fracture Registry goes from strength to strength and now collects data on 85% of patients who suffer a hip fracture in New Zealand.

There are some anomalies for example if one reviews the recorded management of certain fracture patterns the intervention does not always make sense. This reflects the data collected – the collectors use the operation note dictated by the Orthopaedic Surgeon or Registrar. It is therefore vital that our description of the fracture and operation undertaken be accurate.

On behalf of the Trust and the Implementation Management Committee, I would like to thank the NZOA Members and Executive, particularly Andrea Pettett for their support. I would also like to thank and acknowledge the contribution from Dr Sarah Hurring, Geriatrician and Clinical Lead for her contribution not only to the Registry, but also for the body of the report. Similarly, I would like to thank Nicola Ward, our ANZ Hip Fracture and Fragility Fracture Registry Coordinator for her excellent contribution.

The Registry reports are available by searching for ANZHFR.

Mark Wright
Chairperson

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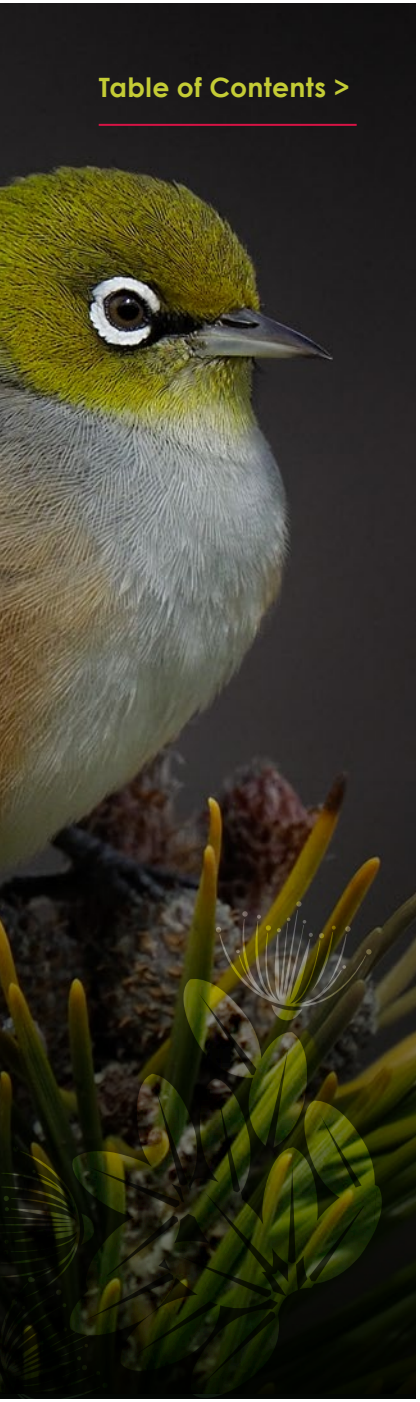


NZOA Health Technology Committee Report

Richard Peterson
Outgoing Chairperson

The NZOA Health Technology Committee was founded in May 2021. This was the formalisation of the Robotic Committee initially set up by the Knee and Sports Surgery Society for the advocacy of funding by private insurers for robotically assisted knee surgery in private.

The NZOA Council felt that this Committee was of strategic importance and should report into the Council. Also, there was scope to expand the Committee to offer an NZOA position on new technologies of significance.

Terms of Reference were developed, assisted by Andrea Pettett.

It was felt that the Committee was a conjugate to the position of the Sub Specialty Societies, such that advise would always be sorted by the Societies to guide any policy decisions.

Current Committee Members

Richard Peterson – *Chair (Nelson) (Recently resigned)*
Mark Clatworthy *(Auckland)*
Matthew Walker *(Auckland)*
Paul Monk *(Auckland)*
Michael Flint *(Auckland)*
Nick Lash *(Christchurch)*
John Scanelli *(Dunedin)*
John Ferguson *(Auckland) – Spine Rep*
Mark Hirner *(Whangarei) – Shoulder Rep*

Outcomes 2022

Over the course of the last year the Committee has developed and implemented guidelines for the NZOA on the requirements for surgeons for the introduction of robotically assisted surgery. These guidelines recognise the close association of navigation surgery to robotic surgery and encourage education and mentorship. These have been helpful for credentialing committees in private hospitals to help the safe introduction of this technology. The guidelines are included below.

GUIDANCE STATEMENT ON THE INTRODUCTION OF ROBOTIC ASSISTED KNEE SURGERY - 26 August 2021

1. Introduction

The New Zealand Orthopaedic Association (NZOA) Health Technology Committee recently considered surgeon training and review to support Robotic Assisted Knee Surgery. The NZOA recognises that most current robotic systems are in effect advanced navigation systems utilising varying levels of robotic assistance. Consequently these guidelines recognise surgeon experience using navigation platforms.

The following guidance statement has been agreed.

2. Education Session/s

The NZOA recommends surgeons participate in at least one company led education session. Computer simulations and app based learning with an emphasis on case examples is considered extremely useful. Saw bone workshops should be included as part of the education session.

3. Cadaveric Lab

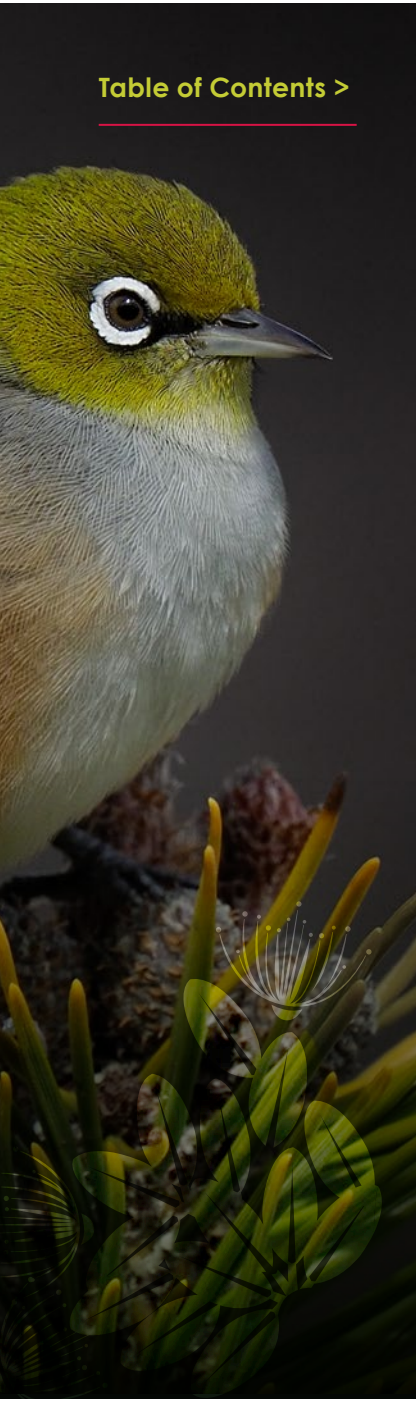
A cadaveric lab is considered to be most useful for those surgeons inexperienced with navigation. Surgeons experienced in navigation (more than 25 cases completed within the last 2-years) do not need to do a cadaveric lab, but it is encouraged. Those not experienced in navigation must undertake a cadaveric lab.

4. Surgeon Visitations

A visitation with a surgeon experienced in Robotic Assisted Knee Surgery is mandatory. This may lead onto a reverse visitation (proctoring). Whilst this is not mandatory, the NZOA strongly encourages surgeons to partake in a proctoring process.

5. Peer Reviewed Audit

The National Joint Registry will be requested to report a separate category to surgeons using Robotics to identify outcome and revision rates. This information must be presented to at least two peer reviewed audit meetings.



Recommendations for 2023

The Committee has got off to a good start. Highlights include getting the Terms of Reference established, identifying the Committee Representatives and developing and finalising the first set of guidelines.

Going forward the Committee will need to consider the following:

- That there is a good spread of Specialty involvement. Currently there is a heavier waiting to knee surgeons due to the origins of the Committee. We need to have representation from Hand & Elbow and Foot & Ankle.
- The Committee will need to reflect on the Terms of Reference to ensure that it is meeting the needs and expectations of the Council.

Unfortunately, due to other commitments, I have had to step back from my role as Chair. Currently the Presidential Line is looking at interested candidates to fill this role.

I wish the new Chair well and am available to support the transition.

Richard Peterson
Outgoing Chairperson

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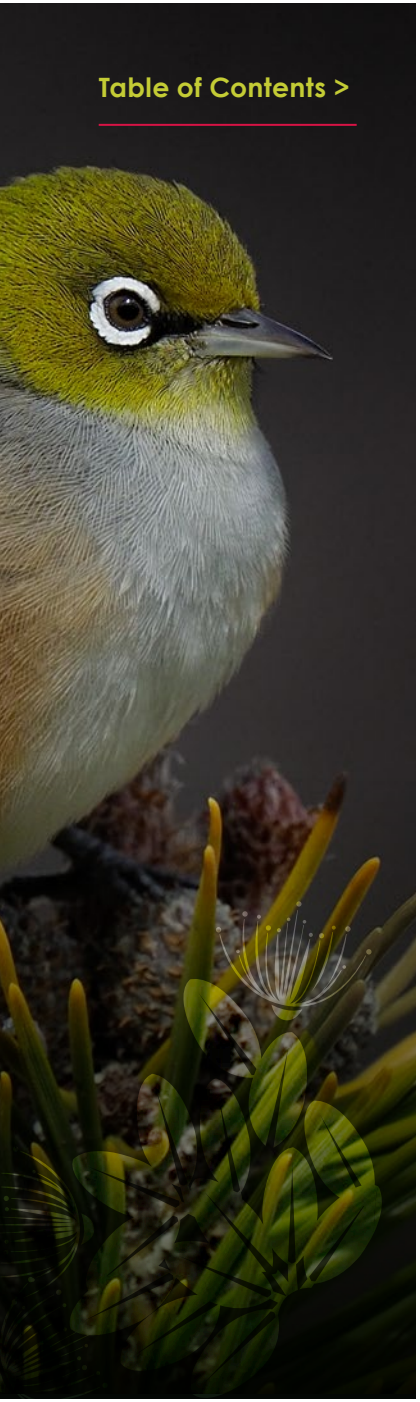

Ladies in Orthopaedics New Zealand Report (LIONZ)

We kicked off 2022 by taking over the reigns of LIONZ from the fabulous Margy Pohl who has certainly left big boots to fill. We have been hugely appreciative of Margy's ongoing support and wisdom as we navigated this new role.

Nikki Hooper & Georgina Chan
Chairs LIONZ

This year we have started a regular newsletter for our pride (please email vanya@nzoa.org.nz) if you would like to be added to the mailing list) to help Members keep up to date with news, and share inspirational and topical stories including relevant studies. We have reached out to medical students through their student presidents to engage them early on and give them an opportunity to meet some awesome female mentors living the orthopaedic dream. As a result, we have seen the numbers in our LIONZ Facebook group swell to over 180 members, acting as an online support and resource for each other.

We are working on increasing diversity with 25 female NZOA members and 16 trainees, we are making strides to increase visibility and the numerous benefits associated with a diverse workforce. We were disappointed that no females were selected for training this year but are heartened by the number of strong applicants coming through. Through our newly established mentoring programme we hope to connect these aspiring orthopodesses with women who can support them through the application process and navigate the challenges of training as well as maintaining work-life balance.

In the coming months we look forward to our LIONZ forum due to be held in Christchurch prior to the ASM. This will be a fabulous event with a sawbone workshop aimed at medical students in the morning, followed by a forum with a huge range of inspirational international speakers and finish with a dinner. We look forward to welcoming a number of fantastic female orthopods from around the world and see this as tremendous event for all surgeons. We hope you can join us!

Nikki Hooper & Georgina Chan
Chairs LIONZ

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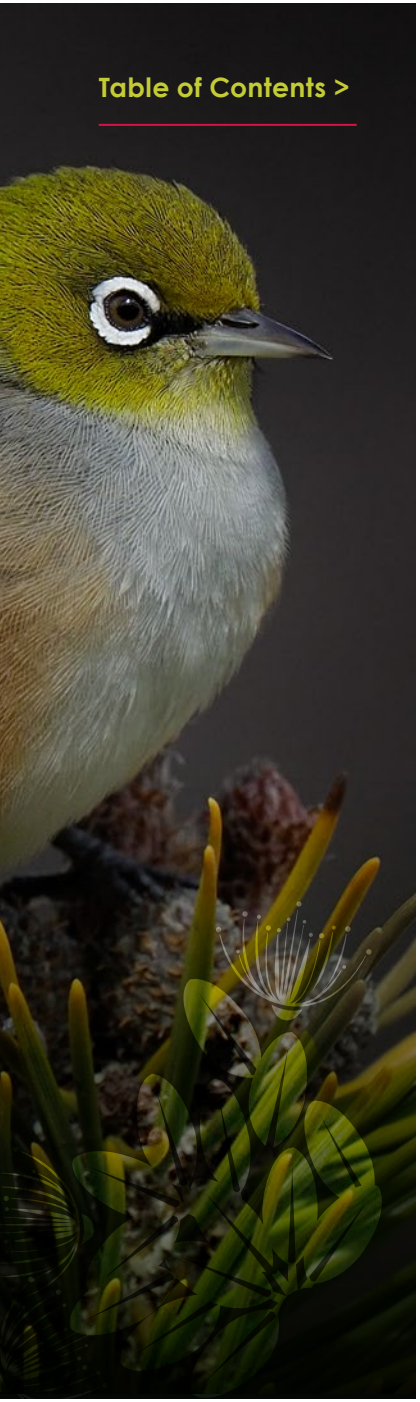

Ngā Rata Kōiwi (NRK) Report

The Ngā Rata Kōiwi (NRK) continues to meet via zoom for a few meetings a year to discuss topics of importance to the group. There is usually robust debate and the Trainees are often more vocal than the consultants which is good to see.

John Mutu-Grigg
Ngā Rata Kōiwi Representative

There are a number of Māori oriented Orthopaedic research projects being worked on which should increase the breadth of literature and understanding of Māori in the Orthopaedic sphere over the next few of years.

We are currently making concrete steps to increase the numbers of Māori surgeons. The RACS project, Te Akoranga Mohimohi aims to form a pipeline for Māori rangatahi to progress through school, right through until early consultancy. The first big step on this pathway is the coming together with Pūhoro, an existing pathway to encourage Māori into STEM subjects (Science, Technology, Engineering, Mathematics).

1. Te Akoranga Mohimohi

Te Akoranga Mohimohi is a project in development, spearheaded by Prof Jonathan Koea, funded by the RACS Foundation for Surgery, to recruit and support Māori into careers in surgery. The overall aim is to increase numbers of Māori in surgery to 20% of the total numbers of surgeons in Aotearoa New Zealand (AoNZ) by 2040. Currently there are 850 surgeons registered in AoNZ.

Te Akoranga Mohimohi will function across six domains (secondary school from years 9-13, medical school, postgraduate years (PGY) 1 and 2, SET, post fellowship training and early career support). The initial focus will be on recruitment into a surgical career between secondary school and medical school, with increasing levels of support in surgical career planning and preparation thereafter.

2. Pūhoro STEM Academy (Science, Technology, Engineering, Mathematics)

Pūhoro is an independent Māori organisation founded in 2016 and funded by the Aotearoa New Zealand Ministry of Education as well as non-government sources. Its focus is on encouraging Māori into STEM subjects at secondary school and supporting Māori to achieve high marks in secondary school exit examinations. The aim of the organisation is to create an ecosystem of success for Māori in STEM subjects and to assist individuals and whanau to develop a raised "line of sight" to careers in STEM based areas, including medical and surgical careers.

Pūhoro currently has over 1,500 rangatahi (youth) Māori actively pursuing STEM pathways. It operates its secondary school programme in eight regions and is currently commencing establishment into three new regions. Students from the Pūhoro programmes are now at every university in Aotearoa New Zealand.

Pūhoro has offered to partner with RACS through the signing of a joint Memorandum of Understanding (MoU), for our organisations to work together to showcase surgical careers to Pūhoro students at expos, annual hui, school visits and through work experience and internships.

This MoU has now progressed to be signed off AoNZ National Committee. This will be the first agreement of this kind that the College has undertaken and hopefully represents a great new chapter for both RACS and Māori.

Ngā Rata Kōiwi and the NZOA will be actively involved in these community outreach programmes. They will be represented though these hui where both surgery and Orthopaedics as a career will be promoted.

John Mutu-Grigg
Ngā Rata Kōiwi Representative

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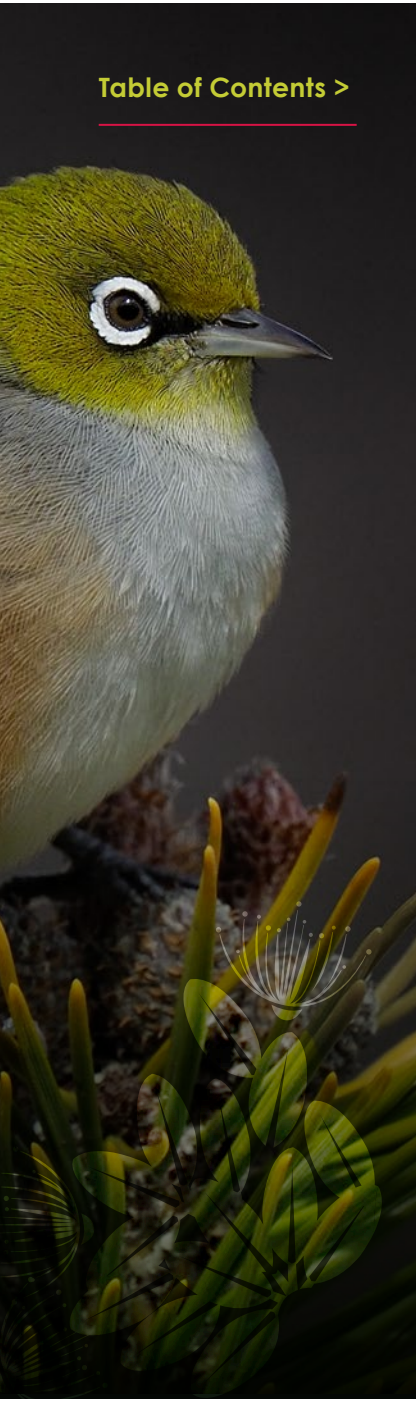


New Zealand Foot and Ankle Society Report

Rhett Mason
President

The COVID situation yet again affected plans for our annual meeting this year. Originally scheduled for 1st – 3rd April in Wanaka, we were forced to reschedule it (for the third time!) to 23rd – 25th September 2022.

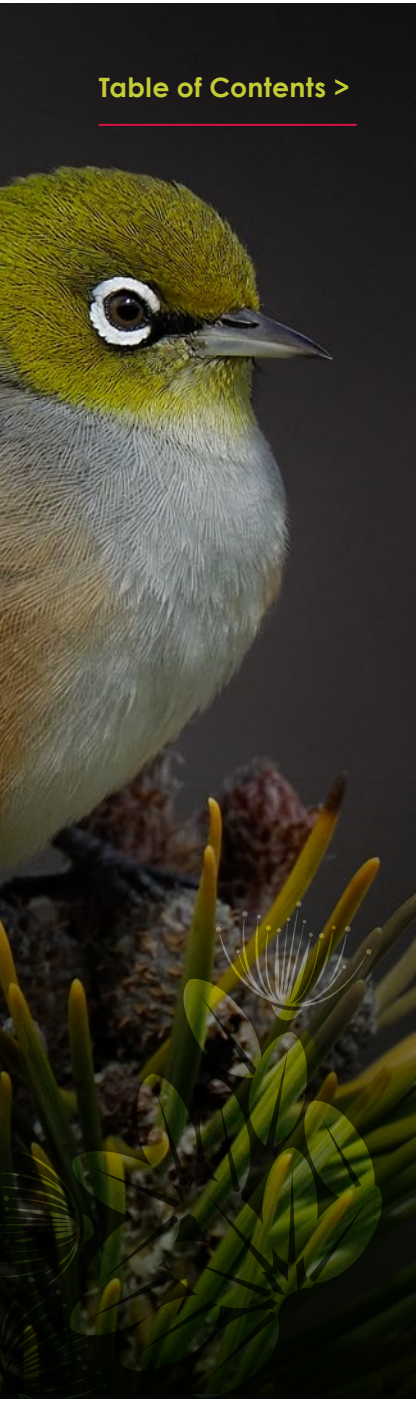
This has allowed us to transfer all our booking arrangements without incurring any financial loss. Our thanks to Wes Beavan, our conference organiser, for his flexibility and good humour throughout this drawn-out process.

Plans are also well underway for next year's Combined Meeting of the New Zealand and Australian Orthopaedic Foot and Ankle Societies. For twenty years now our two Societies have combined every third year, an arrangement which has been very successful. With the recent formation of the Southern Federation of Foot and Ankle Society (SFFAS) as the Fifth Chapter of the International Federation (IFFAS), we are hoping to bring the South Africans on board and make next year's meeting the Inaugural Meeting of the SFFAS.

Our thanks also to Chris Birks who is finishing his tenure on the NZOA ACC & Third Party Liaison Committee at the end of this year and is being replaced by Tony Danesh-Clough. From a Foot and Ankle perspective there is ongoing work around the pricing structure for procedures as well as streamlining approval for certain acute and semi acute procedures.

Pleasingly the last few years have seen a steady growth in our Society with an increase in the number of Trainees completing Foot and Ankle Fellowships and subsequently returning to consultant positions. The country overall is now well served with Foot and Ankle specialists able to service most of our urban and peripheral centres. We have Charitable Trust status as well as a relatively healthy financial position and are therefore able to offer funding for Foot and Ankle research projects subject to approval from our research Sub Committee.

Rhett Mason
President



New Zealand Hip Society Report

Matt Boyle
President

Executive Committee

President:	**Matthew Boyle**
Secretary:	**Nicholas Lash**
Treasurer:	**Andrew Vane**
Immediate Past-President:	**Jacob Munro**
Immediate Past-Secretary:	**Vaughan Poutawera**
Committee Members:	**Michael van Niekerk, David Gwynne-Jones, Pierre Navarre**

AGM and Future Meetings

The Hip Society looks forward to contributing to the upcoming combined NZOA/AOA Annual Scientific Meeting in Christchurch, where have a brief but excellent two-hour scientific programme scheduled and will hold our AGM. Our Society strongly supports contributing to Sub Specialty sessions at the NZOA Annual Scientific Meeting, and we eagerly anticipate linking our biennial meeting with the NZOA ASM in 2023.

Charitable Trust Status

The Society recently filed our Charitable Trust application to the Charities Services. Charitable Trust Status for the NZ Hip Society was approved 23rd June 2022.

Finances

The Hip Society's financial status remains satisfactory. The Society maintains a desire to provide a regular, significant contribution to the New Zealand Wishbone Research Foundation Trust which we believe is the best mechanism through which we can support the funding of Orthopaedic research in New Zealand.

Matt Boyle
President

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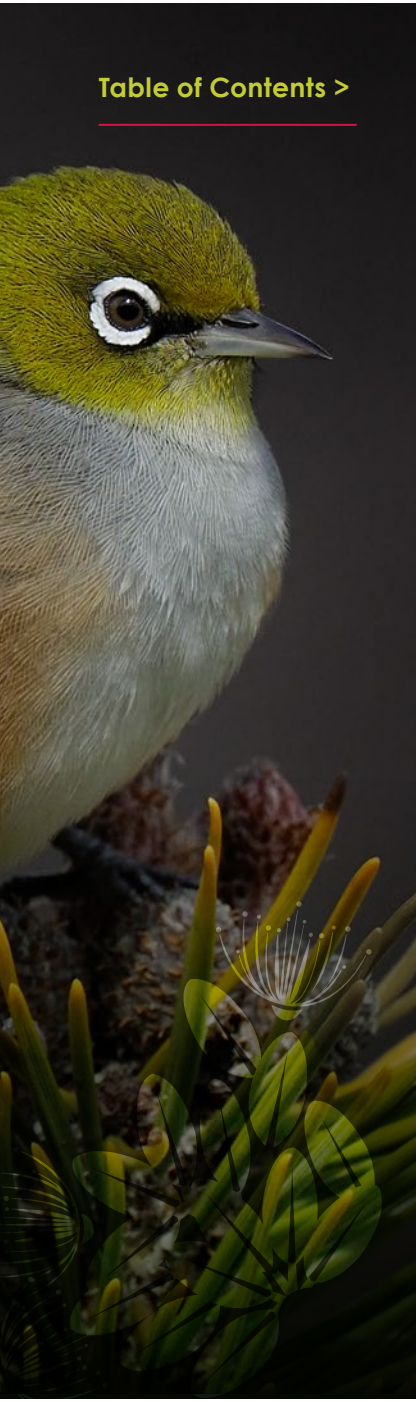

New Zealand Knee & Sports Surgery Society Report

Bruce Twaddle
President KSSS

The last year and in fact two years since a meeting was possible has been significantly affected by the restrictions of COVID as I am sure it has been for all the Specialty Societies.

The most significant effect has been the three unsuccessful attempts to run the NZOA COE meeting for the "year" which eventually was abandoned to allow the line of COE allocations to continue. Sadly, the inability to complete this meeting prevented the Society and the NZOA benefiting from the financial boost that running the COE provides particularly as this was a much anticipated and well supported meeting from the industry partners.

Hopefully an "Hot Topics" day at the upcoming combined NZKSSS/AKS meeting in Queenstown prior to the combined NZOA/AOA meeting will go some way, at least for the Members, to providing a timely update on the contentious topics of the day. This meeting will be hosted over two and half days and in addition to the invited guest speaker, Romain Seil from Luxembourg there have been a number of notable registrations from the UK and Europe such as Andy Williams who are keen to attend as well as contribute to the meeting under their own steam and funding and overseas faculty presenting "remotely". I think this speaks highly for the quality of the research and the candid discussion that goes on in this part of the world. In addition to an instructional lecture on each of the half days of the meeting, there are a series of invited lectures on the Thursday and a total of 47 scientific papers for presentation and discussion.

There has, however, been some progress within the activities the Society is involved with. Continued interaction with ACC through the NZOA ACC & Third Party Liaison Committee has been increasingly useful in terms of productive dialogue and transparency from ACC as to where they see their various projects going. There has been ongoing lobbying regarding remuneration for in-office procedures and ultrasound guided procedures which has been constructive and ACC as a general rule seem more willing to look at areas of concern in a constructive way than in the past.

The ACL Registry is now starting to produce some valuable research and continues to be well supported by ACC. Hopefully in the future it will provide an avenue for registrars in training and funded research projects through ACC to make even more meaningful contribution to best practice and it is certainly looked on with envy by many countries for its high capture rate. Thanks again to Hamish Love for maintaining and overseeing its existence.

There will be specific Knee and Sports Surgery Society/Australian Knee Society sections at the upcoming combined NZOA/AOA meeting and hopefully the programme will be of interest to the general Membership.

The next challenge for the Society is becoming an Incorporated Society and meeting all the requirements to allow us to continue as a Charitable organisation. I am grateful in advance to the support staff at the NZOA in giving us helpful advice and steering us through this process.

We have begun some work on trying to develop material, particularly for the training registrars, who have challenges getting practical experience in sports surgery in particular. It is hoped that the Society can work with the increased IT support staff at the NZOA to provide a website that allows access for information from both Members and our industry partners as well as being a focus for up-to-date progress in Knee and Sports surgery and meetings and educational activities ongoing around the world.

There are already firm plans for the Combined Orthopaedic Knee Societies Meeting to take place in London in 2023 with an update on dates and location to be made available by the time the combined meetings take place.

Ian Penny has stepped down as the Secretary of the Society and Michael Rosenfeldt has taken up the mantle. I would like to thank Ian for all his hard work for the many years he was involved with the organisation and look forward to working with Mike in the years to come.

Hopefully the frustrations of a COVID world are behind us and we can take the positives from the "virtual" meeting and educational skills we have all had to develop with the reinforcement for us all of the importance of face-to-face banter and discussion.

Bruce Twaddle
President KSSS

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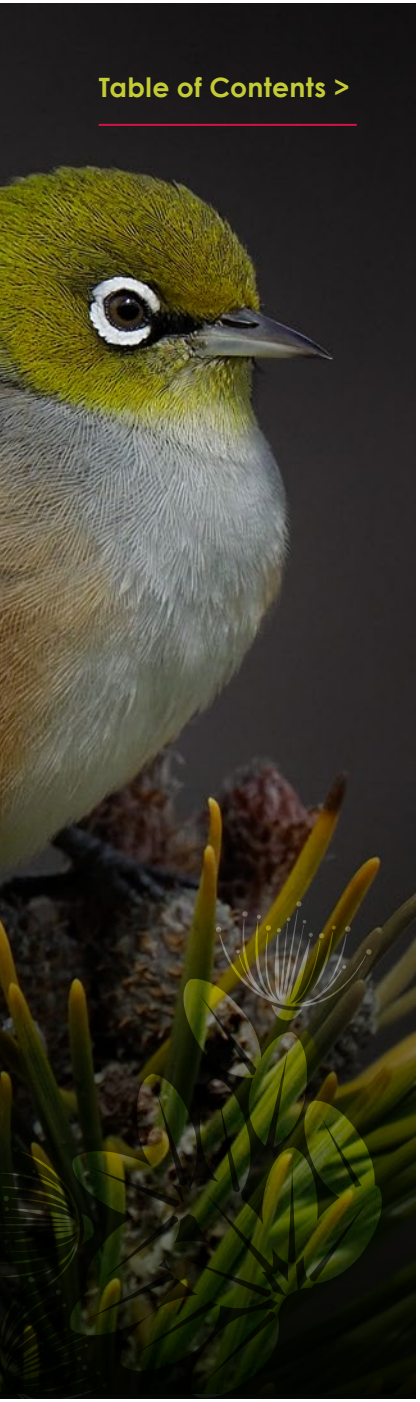

New Zealand Shoulder & Elbow Society Report

We were fortunate to be able to hold our in-person AGM in Queenstown in 2021 between lockdowns.

NZOA New Zealand Orthopaedic Association
NZ Shoulder & Elbow Society

Alex Malone
President NZSES

President:	**Alex Malone**
Treasurer/Secretary:	**Warren Leigh**
President Elect (2023-2025):	**Marc Hirner**

Current membership is 84.

Andy Stokes organised a fantastic meeting with a combination of research presentations and instructional course lectures from within our Membership. The absence of overseas guests gave an even greater opportunity for our very talented and enthusiastic members to showcase their research to educate us all.

In August 2022 we held our first Virtual AGM and we were able to confirm the change of wording in the Constitution which will enable our progression to a Charitable Society. That same month I attended the first face-to-face meeting between ACC and the NZOA ACC & Third Party Liaison Committee. We suggested that the Elbow codes were overdue for a review and this work will start soon.

Marc Hirner was appointed as NZSES representative on the NZOA Health Technology Committee.

Warren Leigh advised that due to commitments with the successful NZ commonwealth games medical team, he was unable to attend the European Travelling Fellowship and Carl Jones has now been appointed to the Fellowship. He will travel to Dublin for the SESEC meeting in September 2022. We look forward to hearing about his experience at the next AGM.

The NZSES and our SESA colleagues from Australia are presenting a 2-hour upper limb session of instructional course lectures for the combined NZOA/AOA Combined meeting in Christchurch at the end of October.

Plans are well underway for our next overseas NZSES meeting which will be held at the Intercontinental Hotel, Coral Coast, Fiji 11-15 July. Richard Lloyd our convenor has put together a very high calibre overseas faculty and we look forward to welcoming many of you to the meeting.

The Society continues to thrive as a small friendly group which punches well above its weight at an international level. I am constantly impressed with the high standard of academic output and expertise from within our membership and particularly excited about the number of younger researchers who have demonstrated an interest in upper limb surgery.

This bodes very well for the future of our Society and is a testament to the mentorship from our Senior Members and the excellent opportunities for advancing the science behind our practice.

Alex Malone
President NZSES

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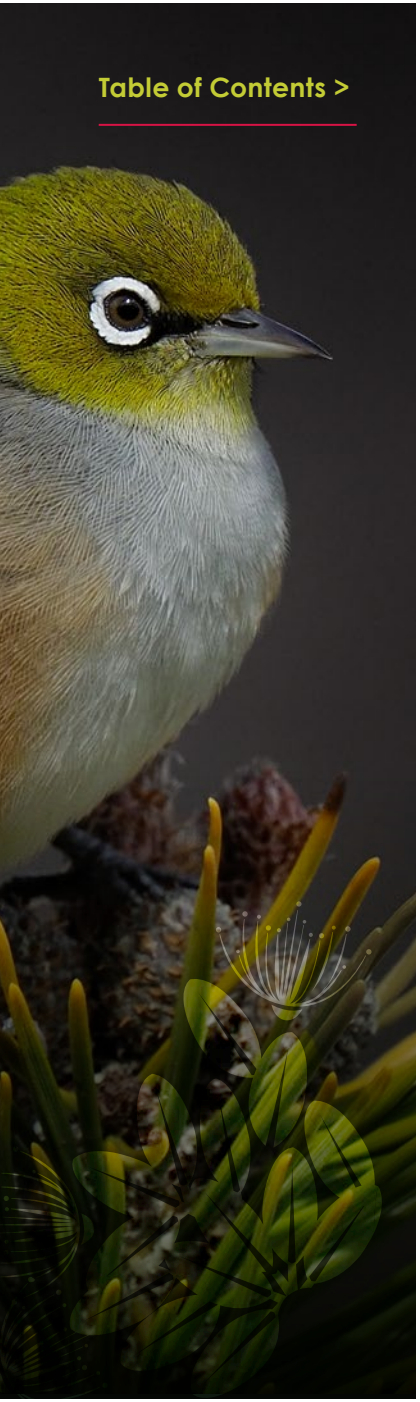

New Zealand Society for Surgery of the Hand Report

NZOA
NZ Society for Surgery of the Hand

Tim Tasman-Jones
President NZSSH

Once again it's been a challenging year. Continued COVID infections and the influenza outbreak during the winter has further impacted on the delivery of health services.

Executive Committee

President	**Tim Tasman-Jones**
Secretary/Treasurer	**Sandeep Patel**
President Elect	**Chris Lowden**
Secretary/Treasurer Elect	**Robert Rowan**
Immediate Past President	**Bruce Peat**
Immediate Past Secretary/Treasurer Elect	**Wolfgang Heiss-Dunlop**

I suspect most of us have now had COVID but the infection continues to deplete our health staff at times. Surgery particularly in the public system remains limited to the treatment of acute injuries, infections, tumours and other critical conditions. Everyday common disorders with moderate priorities remain in limbo resulting every increasing waiting times particularly in the larger centres. More critically there are increasing number of patients still waiting to be assessed with slowly worsening conditions. These cases are going to add additional pressure on the delivery of health services in the next few years.

The Labour Health Reforms are now in force. The DHBs have gone and the new Health Administration structures along with the development of the Māori Health Authority are being implemented. How these changes are going to affect the delivery of hand and wrist care to the community at the "coal face" has yet to be seen. I suspect a lot of the old issues are going to persist. Patient numbers and expectations continue to rise placing increasing pressure on a struggling health work force. Working conditions, particular the issues around nurses, laboratory workers, orderlies and clerical staff have yet to be really addressed. As surgeons we need to be more supportive of our fellow health workers.

With the borders re-opening attendance to overseas conferences has once again become possible. According to our members who managed to get to the FESSH meeting in London it was a very successful event and for many a great break away from our winter.

The new ACC contracts have rolled over and for the most part appear to be working satisfactorily. Contracts with Southern Cross and other private insurers are going to require review particularly given increasing inflation and rising costs. The conversation with the private insurers needs to be instigated and I suspect we could be in for some interesting negotiations.

The ACC contract for 'In Rooms' procedures also started in the middle of the year but it is unclear at this stage how many surgeons are using this part of the contract and whether there are any teething problems. Any feedback from Members would be greatly appreciated.

The end of the calendar year is going to be busy. The Combined NZOA/AOA Combined Annual Scientific Meeting 2022 is in Christchurch from the 31st October to the 3rd November. The Sub Specialties including the New Zealand Society for Surgery of the Hand have been approach to run a session as part of the meeting. The hand/wrist session is scheduled for the last hour and half on the Monday the 31st and includes free papers and review talks on wrist arthroplasty and small PIP joint arthroplasty.

The biennial meeting for the New Zealand Society for Surgery of the Hand in combination with the New Zealand Association of Plastic Surgeons Joint Scientific Meeting will be held in Wellington on the 1st and 3rd of December. Anthony Berger and Greg Bain are the guest speakers and the hand/wrist papers are scheduled for Friday the 1st with the business meeting scheduled to follow. I thank Dr Ilia Elkinson and his team for organising the meeting and extend an invitation to all Members.

Tim Tasman-Jones
President NZSSH

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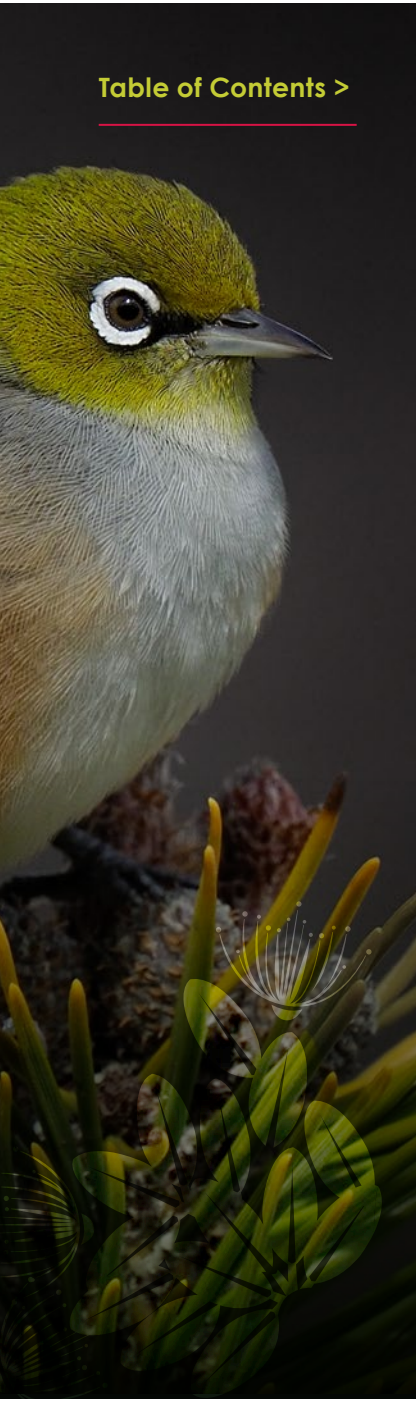

New Zealand Orthopaedic Spine Society (NZOSS) Report

New Zealand Orthopaedic Spine Society

Andrew Oakley
President NZOSS

It would be fair to say there is not a lot to report this year. 2021/2022 has been a year of 'treading water'.

Our 2021 meeting was postponed and our plans to hold it in April of this year were pushed out until November this year. Plans are well underway for this meeting, and we are all looking forward to connecting with colleagues again. Work continues in the background to formalise the structure of our Society, looking towards formal Incorporation and Charitable Status. Bruce Hodgson and Kris Dalzell have continued to work with the private hospitals and ACC reviewing the contract advocating from our perspective.

Andrew Oakley
President NZOSS

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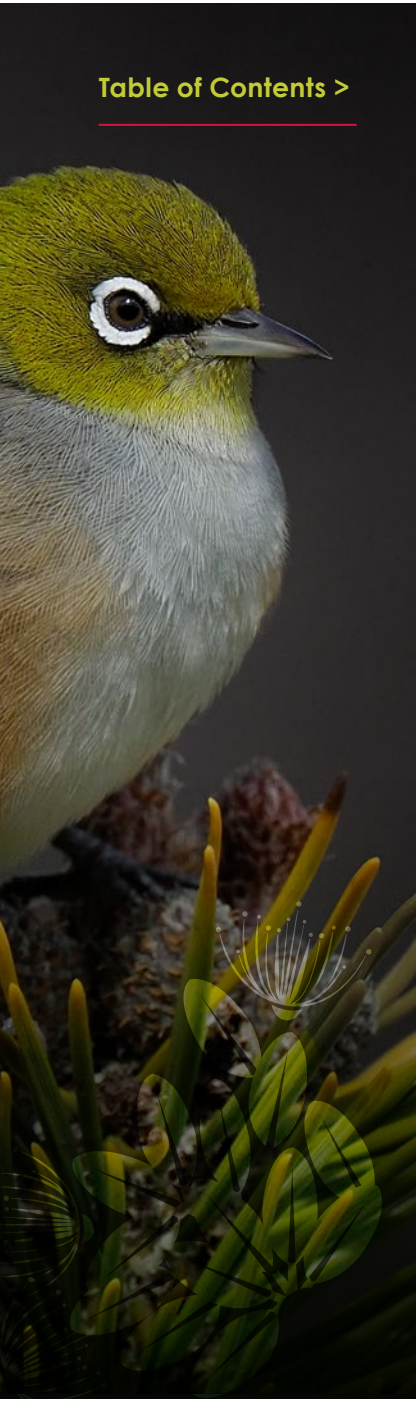

The Paediatric Orthopaedic Society of New Zealand Report

The Paediatric Orthopaedic Society of New Zealand has had another very successful year. We currently have 45 members in the Society extending from Whangarei to Invercargill.

Haemish Crawford
President POSNZ

The level of expertise that exists in Paediatric Orthopaedics throughout this country is extraordinary and it is a credit to the Society that it has attracted such talented young surgeons to go into this Sub Specialty.

We had a very successful annual meeting in Queenstown. This was the NZOA COE meeting and was convened by Dawson Muir. The theme was "On Call Paediatric Orthopaedics" and it attracted over 100 Orthopaedic surgeons from around the country. The guest speakers Professor Ken Noonan from Wisconsin, USA and Professor Leo Donnan from the Royal Melbourne Children's Hospital were outstanding and contributed extensively to the meeting. Nikki at the NZOA office had organised a wonderful social programme as well and all delegates had a very rewarding educational and social time.

The annual POSNZ/APOS instructional course lecture series was held in Noosa during August. This was yet again a wonderful educational experience focused mainly on Trainees, but a number of Consultants also attended. New Zealand had 45 Trainee registrars attending this course and the feedback was superb.

It is overwhelming how easy it is to organise these events in our Society as all the Members are so enthusiastic to contribute both giving lectures and being involved in the small discussion groups at these meetings.

In 2023 we will have the annual POSNZ meeting in conjunction with the NZOA Annual Scientific Meeting in Nelson. This will be on the weekend immediately preceding the ASM and will be in conjunction with the NZ Hip Society and NZ Orthopaedic Spine Society. We envisage having a number of combined sessions with these two Societies. The Starship Spine Visiting Professor Michael Vitale from Columbia, New York will be a guest speaker at that meeting and the POSNZ visiting speaker will be Professor Stuart Weinstein from Iowa. Professor Chris Ahmed from Columbia who is the ASM guest speaker will also be present to share his wisdom on surgical performance and education. All three speakers will be staying on to contribute at the Annual Meeting.

This is my last report as President of POSNZ. I must say I am extremely proud of this organisation that it is so focused on improving the care of children's Orthopaedics in this country.

Haemish Crawford
President POSNZ

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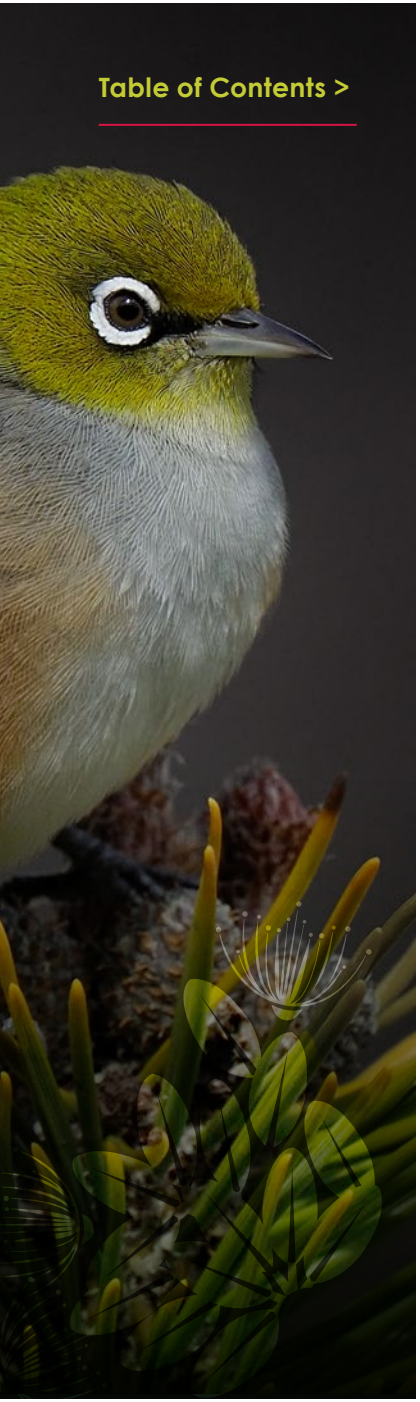

ABC Travelling Fellowship 2022 Report

The ABC Travelling Fellowship has been on hold whilst the world grappled with COVID but finally in 2022 it was underway again.

Joe Baker
ABC Travelling Fellow 2022

I was immensely fortunate to be selected for this Fellowship and join six other Fellows who had been waiting patiently after their 2020 tour had been postponed, cancelled, and rescheduled a number of times. The decision to proceed was made quite late in the piece and we only really had confirmation our tour was going ahead 8 weeks before departure. There was much anxiety rushing through the extensive occupational health requirements for each centre! It is impossible to completely detail the experience here and below really is only a summary.

I was joined by a great group of surgeons: James Tomlinson (Sheffield, UK), Harvinder Singh (Leicester, UK), Sujith Konan (London, UK), Dan Perry (Liverpool/ Oxford, UK), Eugene Ek, (Melbourne, Australia) and Sithombo Macqungo (Capetown, South Africa).

28 May – 1 June

The tour started with the traditional visit to London although this only just happened – I provided a negative PCR test pre-departure to transit through the US and arrived in London only to find out the rest of my household had tested RAT positive after I left. The main focus in London was a dinner reception with BOA and members of the BJJ team – this really set the scene for what was coming, and we heard past Fellowship stories from previous Fellows including Deborah Eastwood and Fares Haddad. A few days sight-seeing was then had around central London. The UK cohort were still winding down their practice commitments and it was only really on 1st June that the excitement kicked in as we all left for North America.

1 – 4 June

First stop Ottawa where we were greeted by Wade Gofton and his team. An excellent academic session allowed us to deliver our talks for the first time and hear about some of the impressive local academic activity – including reports on a rat model of infected hip prostheses. Ottawa is a beautiful capital with the parliamentary buildings very central near the main river and loch that runs all the way to the Atlantic, a previously essential trade route. Wade was kind enough to ensure we saw some of the city with a river cruise and helped break any remaining ice within the group with some team building activity including zip-lining over an old quarry lake. Paule Beaulé hosted us for dinner at his house – this was well attended by local faculty including Don Johnson – legend of arthroscopic surgery in Canada.

4 – 8 June

We then headed east to Halifax, Nova Scotia, where we were hosted by Mark Glazebrook and Mike Dunbar. The academic session was held at the Halifax Infirmary – in addition to local talks on evidence-based medicine, I learned plenty from my co-Fellows including management of gunshot trauma (Sithombo Macqungo) and non-technical skills for surgeons (James Tomlinson). The Halifax residents and fellows stepped up to the plate socially ensuring we all saw some local night life while both Mark and Mike very kindly hosted at their own residences – Mike hosted the final 'journal club' of the year, involving all residents and fellows.

8 – 12 June

Our final stop in Canada was at the Canadian Orthopaedic Association (COA) Annual Meeting in Quebec. Being the first overseas meeting, attended face-to-face since 2019 this was really something. Attending some of the scientific sessions, to me, reinforced how difficult it is to produce research that can influence clinical practice whilst also ensuring that in New Zealand we produce quality outputs. We presented our own talks again, which although repetitive I felt I picked up something useful each time – Eugene Ek however stole the show with his talk explaining why Melbourne is apparently the most livable city in the world.

A major theme from the COA was that of enhancing diversity in orthopaedics – this is a global challenge made more difficult as we try to strike the balance between getting the mix better and not repetitively overburdening the same individuals. Our Canadian hosts were a great social group – special mention must go to the COA Secretary Brendan Sheehan for leading the way in the fashion stakes. Aside from the meeting itself, Quebec was a great city to wander around and explore. The old town is very picturesque with a lot of the old fortifications well restored.

COVID continued to rear its head and there was a cluster at the COA – fortunately for us, the US dropped their requirements for a negative pre-departure test the day before we were due to fly to Boston (unfortunately by the time they announced

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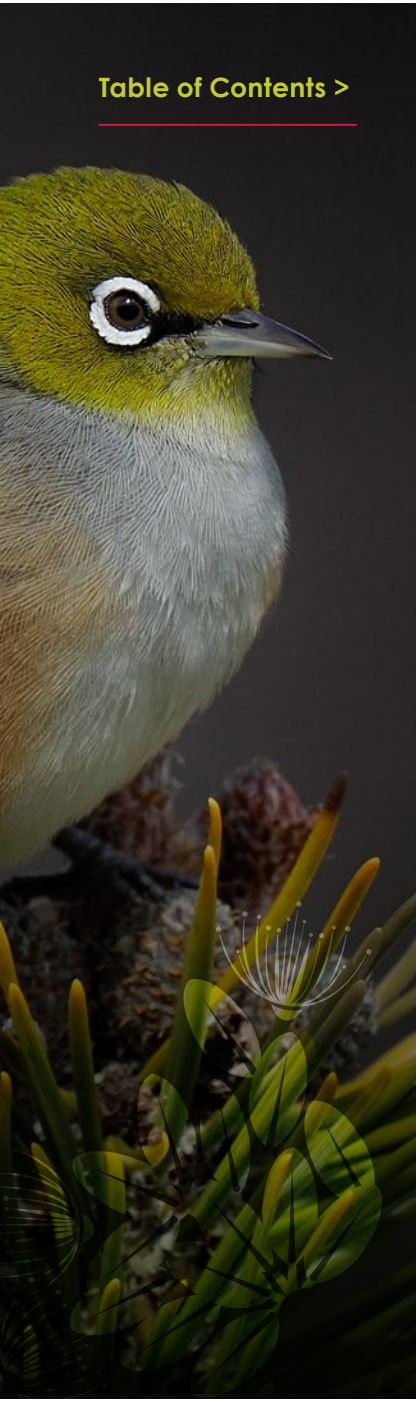

this we had all paid the local pharmacy for our RAT tests). Flying from Quebec to Toronto and onto Boston we left airports behind as travelling between centres would now be by train.

12 – 14 June

Antonia Chen welcomed us to Boston – a Segway tour of the harbour area was a fun way to spend a Sunday afternoon, and no one fell off. Excitement was building around the city also as the Celtics were facing off against the Golden State Warriors in the NBA finals. Jim Kang and his wife hosted us at their home – he is exceptional on the bbq – a great chance to meet some of the local faculty and their partners. Chris Bono took time out from his own busy schedule to give us his own guided tour of the Boston Commons – Editor in Chief of The Spine Journal, he spends at least an hour a day on the journal and proofs every single published manuscript which reflects an enormous amount of work. The academic session in Boston was held in the Ether Dome at Massachusetts General Hospital – a real trip back in time. We enjoyed dinner at the Harvard Faculty Club with local BWH residents and attendings – the highlight being James Tomlinson's educational talk on how to speak like a Yorkshireman. Meetings with the President of Brigham and Women's Hospital provided insight to the running of the two major Boston hospitals, now (perhaps) controversially merged.

14 – 19 June

Onwards to Providence, Rhode Island where the American Orthopaedic Association (AOA) Annual Meeting was taking place. The real focus of the AOA meeting was on leadership and several contemporary topics were covered with some excellent panelist contributions. Highlights from the meeting were hearing Vin Pellegrini's speech after receiving his Distinguished Clinician Educators Award – inspiring words as we train the next generation – and hearing about the role of AI in orthopaedic surgery from Alpesh Patel and colleagues. Social highlights included the black-tie Presidents Dinner and watching the Woo-Sox take down the Toledo Mud Hens (baseball) with Jon Braman.

We all enjoyed a day off and headed to Newport, Rhode Island. We took in a self-directed walking tour along the cliffs enjoying the sea views and viewing the ridiculously enormous mansions along the coast. Some of the braver Fellows helped themselves to the waffles and fried chicken for lunch (lathered with maple syrup) before we took a ferry ride back to Providence.

19 – 22 June

Visiting Yale in New Haven was a favourite stop – beautiful city and amazing old university campus. Our host Lisa Latttanza, Chief of the Department, ensured we were welcomed – a dinner cruise around the Thimble Islands was a highlight as well as dinner at Lenny's – excellent seafood, especially the lobster. The academic session was impressive – we heard about the use of 3D printing in orthopaedic surgery at Yale, in particular the use of 3D printed jigs to help with corrective osteotomies for neglected or missed forearm fractures in which the deformity exists in multiple planes. A visit to Mory's for lunch was a step into the history books – this is a club for Yale students, staff and alumni – the men's toilet aptly named the Harvard Room. Our final learning was at the British Art Museum – initially I was skeptical but turns out there is some evidence linking art appreciation and performance in medicine!

22 - 24 June

The final stop for me was New York – we were jointly hosted by NYU Langone Medical Centre and the Hospital for Special Surgery. In what was my final academic session there was an excellent resident turn out encouraged by former ABC Fellow and Director of their residency programme Eric Strauss. The HSS crew hosted dinner at an Upper East Side British bar – something to stave off the homesickness for the British Fellows. Joe Zuckerman, Chief of Orthopaedic Surgery at NYU, talked us through his leadership experience – the ABC played a role in his development, and he still has the video of himself and colleagues doing the bungy jump from the Kawerau Bridge on their ABC tour in 1991.

26 June

As one previous ABC Fellow told us, returning home is the second-best thing about the tour, and this certainly rang true when I got back to New Zealand after a month away.

I would like to thank the New Zealand Orthopaedic Association for this opportunity, the host centres for all their hospitality, my co-Fellows for making the tour so enjoyable and clarifying dress code when needed, my department and colleagues for letting me out for 5 weeks and my wife and family for their support throughout. The opportunity to step back from day-to-day practice, to reflect and learn was immense. Travelling with like-minded surgeons from other centres was enlightening and lessons learnt from my colleagues invaluable. All told, the Fellowship was an awesome experience and I strongly encourage my colleagues to consider such opportunities

At the COA Gala Dinner with Brendan Sheehan (COA Secretary) and Serena Hu (President AOA)

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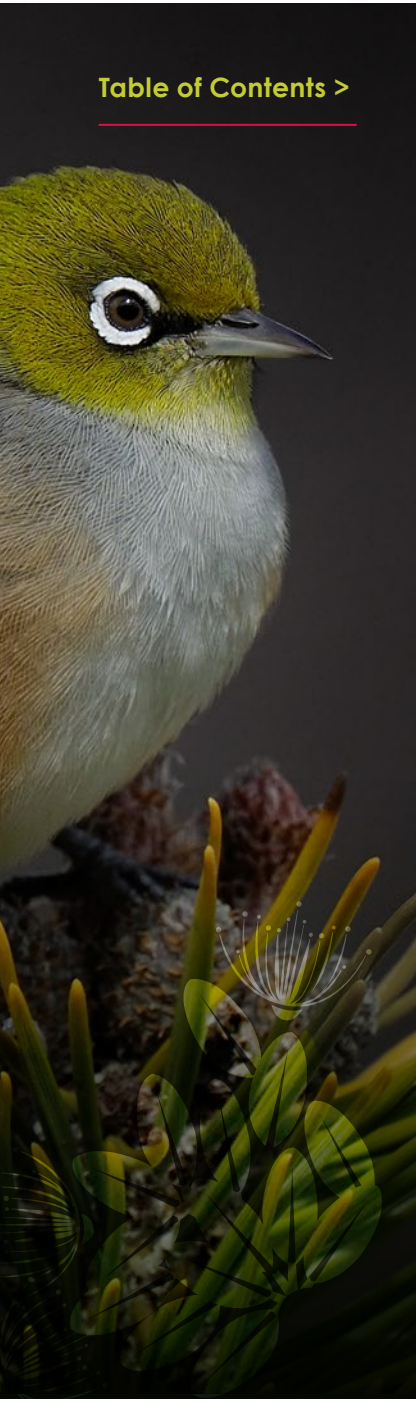


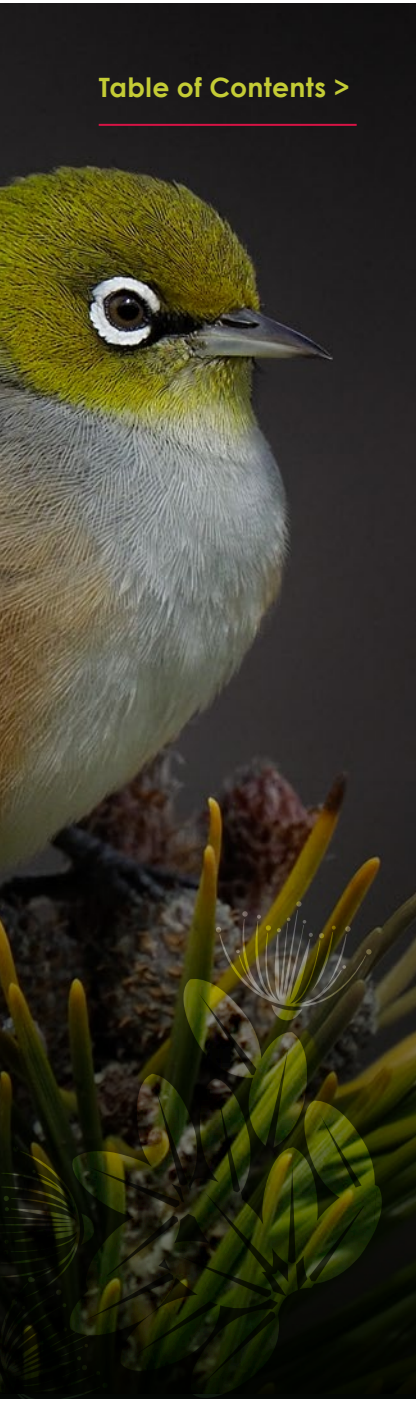
In the Ether Dome: with James Kang and Chris Bono

At the AOA Presidents Dinner with Marc Swiontkowski (Editor-in-Chief JBJS Am. and ABC Fellow 1989)

Joe Baker
ABC - Travelling Fellow 2022

At the home of the Worcester Red Sox with Jon Braman (ABC Fellow 2017)

Waiting for another train...



NZ Artificial Limb Services Report

Peke Waihanga means to 'make, create, innovate, and care for the limb,' and is the umbrella name for our service gifted by the Māori Language Commission.

Sean Gray
Chief Executive Officer

To deliver on our vision of independent and productive lives for those we care for, we provide an Artificial Limb Service, Orthotic Service, Peer Support Service, as well as rehabilitation and coordinator of care services. This report has been prepared to highlight two key areas of growing emphasis for Peke Waihanga in response to patient need during the past operating year:

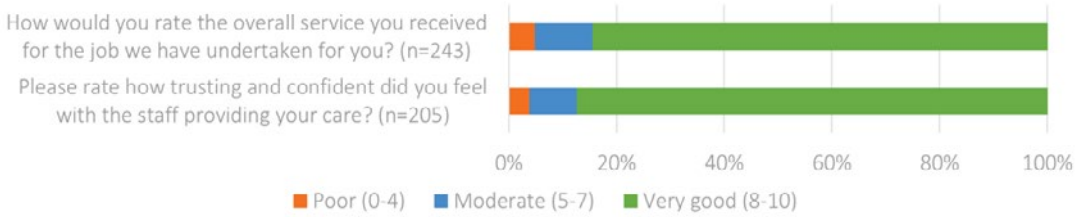
- The evolution of our Orthotic Service
- The embedding of 3D Printing into our service delivery

Orthotic Service Evolution

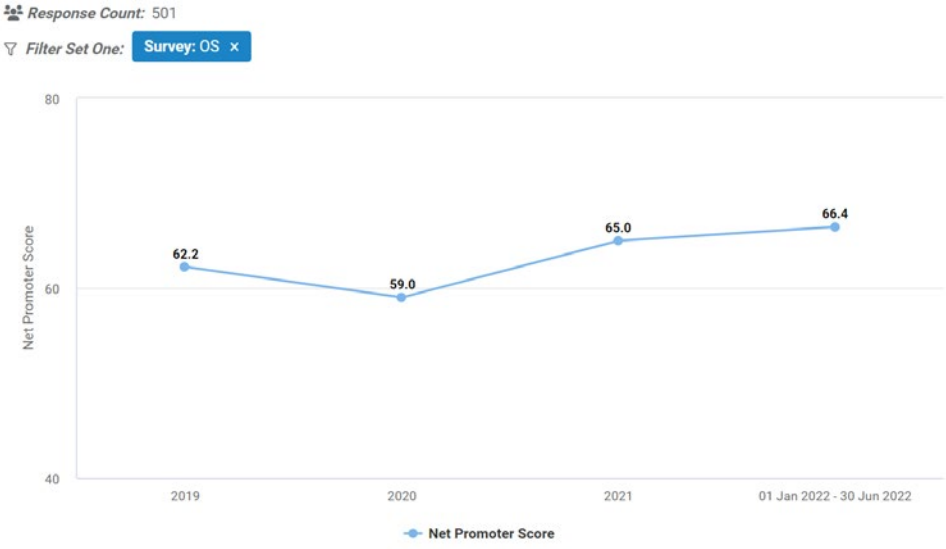
Amputation rates among patients with diabetes are on the rise across Aotearoa, with larger increases in our Māori and Pasifika communities. In 2020, 68% of all amputations reported to the Ministry of Health were people living with type 2 diabetes. 73% of amputations for people living with type 2 diabetes were male, and 27% were Māori, with 90% of all amputations for Pasifika people being the result of type 2 diabetes.

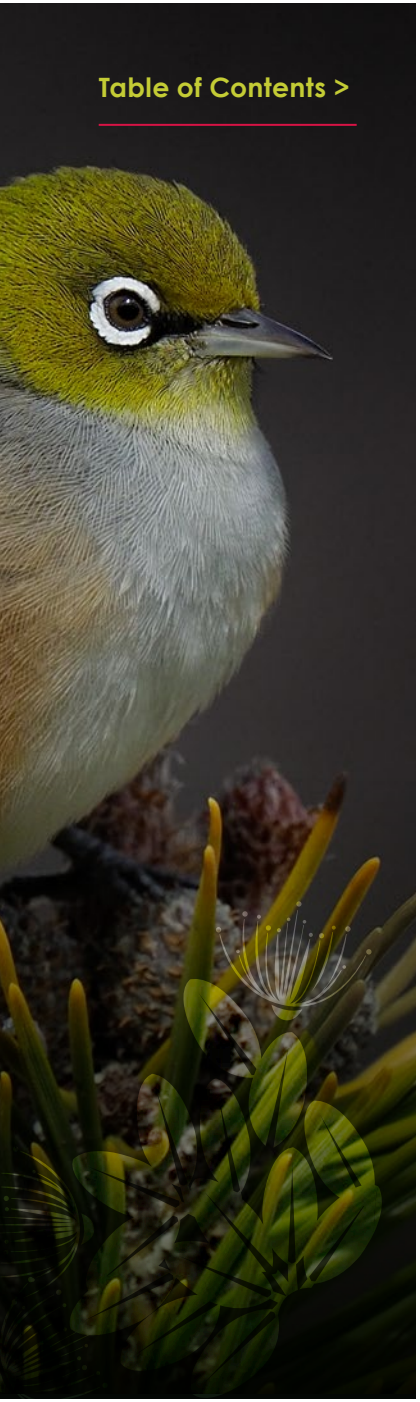
Our Orthotic Service focuses on caring for people at risk of deterioration through health and disability conditions. Amputation prevention efforts for people living with diabetes is an example of this service focus. Diabetes NZ have stated that each amputation costs $38,000 and $40,000 for minor and major amputations respectively. Evidence shows that where clinical orthotic intervention is provided in a timely manner, as part of a multi-disciplinary team approach to the high-risk foot, not only are patient outcomes are greatly improved but total health system cost is significantly reduced. Our ability to improve patient outcomes and utilisation of scarce funding, then, has directly influenced patient satisfaction.

For example, below shows the current high level of satisfaction and trust/confidence by users of our orthotic service.



The below graph shows our orthotic service has achieved high 'net promoter scores' over the last 4 years.





The evolution of Peke Waihanga Orthotic Service means that we are increasingly able to provide an integrated health professional orthotics and prosthetics workforce. This is significant and influencing improved patient outcomes, and the choice to access our service over others.

Further to this, our evidence and social investment-based approach to technology adoption means we can offer a broader range of orthotic solutions for our patients, which has transferable benefits for other New Zealander's living with mobility device needs. Customised and affordable 3D printing initiatives within the sphere of orthotic solutions is another string to our product bow, which increases even further the potential for positive health outcomes for patients.

The Embedding of 3D Printing into our Service Delivery

3D printing has long been considered a tool to quickly design and make one-off prototypes. But as the technology is becoming more accessible, more affordable, and more capable, it is beginning to redefine the way we think about manufacturing almost anything—including prosthesis.

With the goal of increasing comfort for our amputees, and improving manufacturing workflows, we have worked hard and with intention to implement 3D printing devices into our range of prosthetic options. Over the past two years we have steadily increased the use of 3D printed prosthetics with 21% of below knee amputee patients now using this technology. A recent Comfort Score Survey reveals that amputees using a 3D printed device experience higher comfort levels when compared with traditional prosthetic methods. Not only have we seen increased patient comfort but integrating the use of 3D printing has significant benefits for our amputee service experience, especially during busy periods.

Award Winning New Capabilities

This technology has the capacity to compliment some traditional methods but, in most cases, it is making production parts that cannot be manufactured by traditional processes, therefore enabling new technologies that are lightweight, customisable, and complex.

A good example of this is the inclusion of Peke Waihanga as a finalist in The Designers Institute of New Zealand Best Awards, 'Value of Design' category. This year's entry is The Kayak Prosthetic Wrist designed for elite para-triathlete Shaz Dagg, who described the device as 'so light and with no heavy drag.' In 2021 Peke Waihanga won bronze for a 3D printed Boa socket (pictured).

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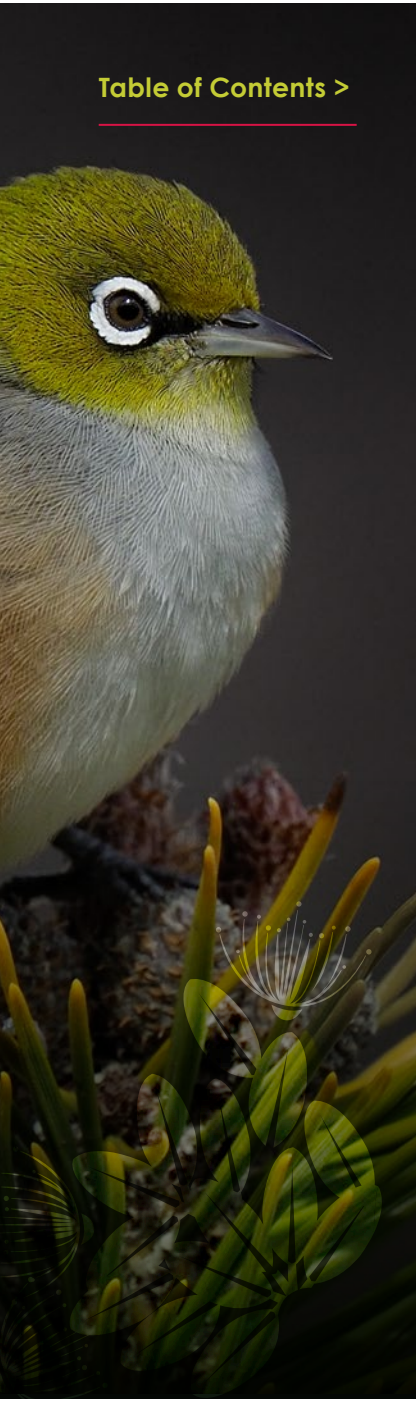
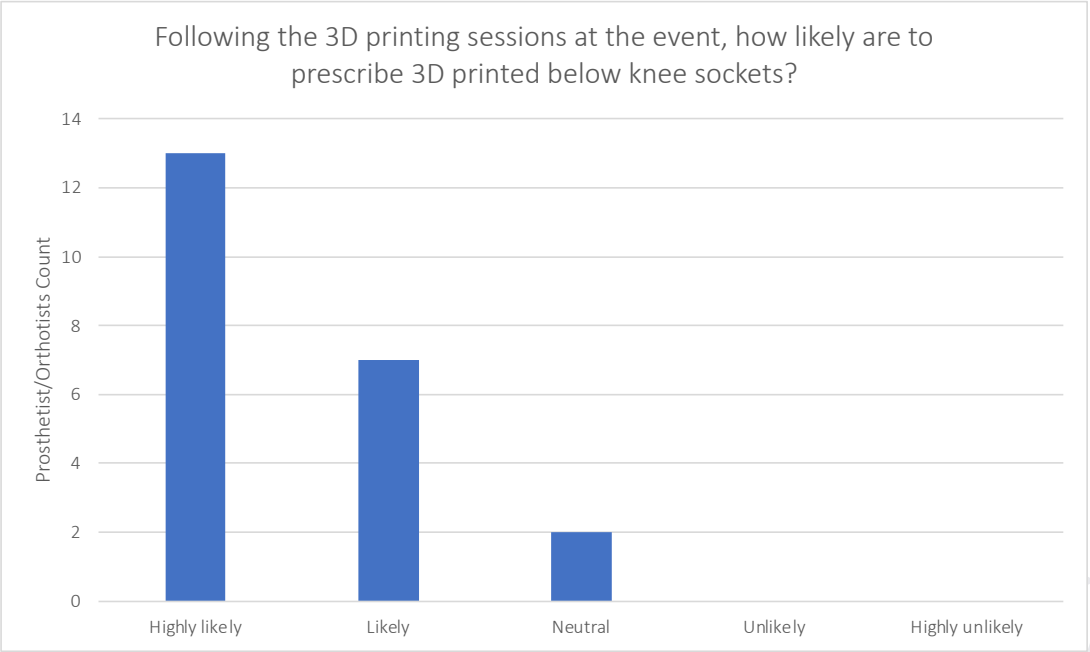


Digital Library of Parts

Having a digital parts library or virtual inventory can be incredibly valuable, as parts can be re-ordered with or without modification and delivered within 5–10 days, freeing up workshop time. Plaster casts are no longer required as files are stored on the cloud. With more materials becoming available, the breadth of possibility is also increasing, making 3D printing a viable alternative to produce all kinds of components that are prone to supply issues—which has been an issue during the pandemic and contributed to patient frustration.

100% of Prosthetists Trained

Following the training of 22 of our clinical prosthetist/orthotist clinicians at Auckland University, prescription rates of 3D printed sockets have increased. The graph below shows the response of prosthetists prescribing 3D printed below knee sockets post training. Additionally, post training, on average our 22 prosthetist/orthotists would prescribe 4 x 3D printed device per month per clinician.



Sean Gray
Chief Executive Officer

Tributes to Past Members

Andy MacDiarmid

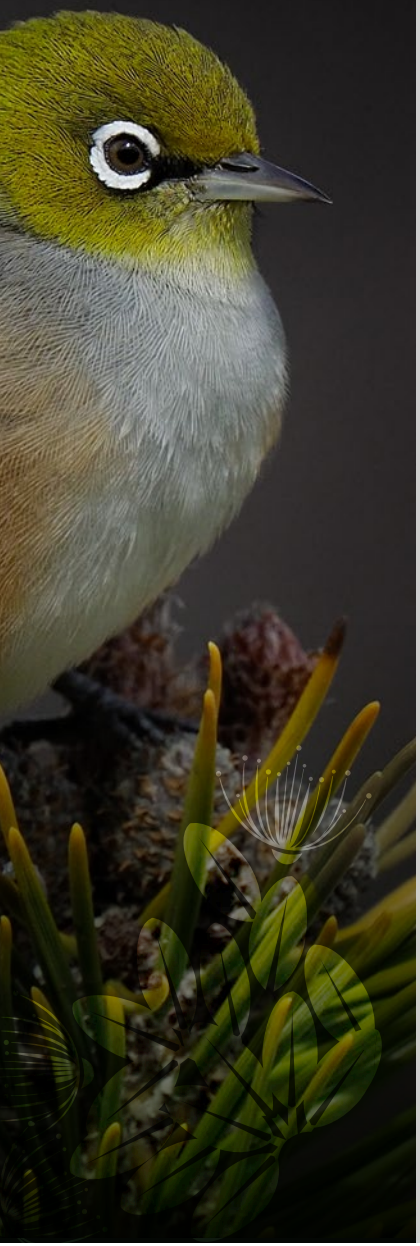
9 November 1950 – 19 October 2021

Andy graduated from Auckland University in 1975 and following training in New Zealand and Toronto started as an Orthopaedic Consultant in Tauranga in late 1986 and continued to work at Tauranga Hospital and in Private until his untimely death. He was a much loved colleague of the whole Orthopaedic Department and wider staff at Tauranga and Whakatane hospitals. A strong supporter of the NZOA, he served as Chairperson of the Education Committee and as the Senior Examiner of the RACS Fellowship in Orthopaedics. He will be missed by all those he touched during his busy life, especially the people of Rarotonga in the Cook Islands, where for many years Andy was involved in outreach surgical services and teaching.

Andy died unexpectedly after a short illness on Tuesday morning, 19th October 2021 in Tauranga Hospital.

Andy is survived by his son Sam and his daughters Anna and Katie and his former wife Gill to whom we extend our sympathies.

Acknowledgement: *Richard Keddell, Orthopaedics in New Zealand*



NZOA Council & Committees: Composition

NZOA Council 2021 – 2022

President	Mr John McKie
First President Elect	Mr Haemish Crawford
Second President Elect	Mr Simon Hadlow
Immediate Past President	Mr Peter Devane
Honorary Secretary	Mr Andrew Graydon (elected 2019)
Honorary Treasurer	Mr Angus Wickham (elected 2019)
Executive Committee	Mr Richard Peterson (elected 2019)
	Mr Stephen McChesney (elected 2019)
	Mr Jonny Sharr (elected 2021)
Small Centres Representative	Mr Andrew Meighan (elected 2020)
Editorial Secretary	Mr Gary Hooper (elected 2019)
Specialty Orthopaedic Training Board	Mr Tim Gregg (co-opted 2022)
Education Committee	Mr Dawson Muir (elected 2021)
CPD and Standards Committee	Mr Edward Yee (appointed 2015)
NZOA ACC & Third Party Liaison Committee	Mr Peter Robertson (co-opted 2022)
Ngā Rata Kōiwi Representative	Mr John Mutu-Grigg (appointed 2020)
LIONZ Representative	Ms Josie Sinclair (co-opted 2021)
Orthopaedic Representative to RACS Council	Mr Greg Witherow Australia Orthopaedic Association (elected 2016)
Chief Executive	Ms Andrea Pettett

Specialty Orthopaedic Training Board

Mr Tim Gregg (Chairperson) (appointed 2017)

Ms Dulia Daly (appointed 2021)

Dr Margy Pohl (appointed 2018)

Mr Andrew Graydon (elected 2019)

Mr Ken Te Tau (appointed 2018)

Professor Sue Stott (appointed 2021)

Mr Robert Rowan (appointed 2021)

Mr Dawson Muir (appointed 2017)

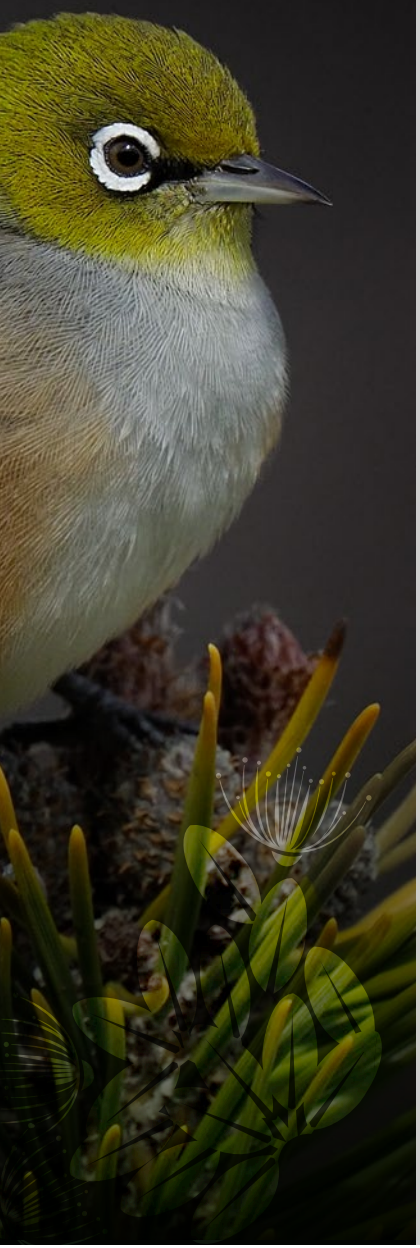
Mr David Bartle (co-opted 2019)

Ms Andrea Pettett (Chief Executive)

Ms Prue Elwood (Education & Training Manager)

Education Committee

Chairperson	Mr Dawson Muir (appointed 2021)
Honorary Secretary	Mr Andrew Graydon (elected 2019)
Auckland	Mr Adam Dalgleish (appointed 2021)
	Mr Michael Flint (appointed 2020)
North Shore	Mr Dean Schluter (appointed 2020)
Whangarei	Mr Lyndon Bradley (appointed 2021)
Waikato	Mr Hamish Deverall (appointed 2021)
Hawkes Bay/Tauranga	Mr Ian Galley (appointed 2019)
Wellington/Hutt	Mr Roy Craig (appointed 2019)
Wellington	Mr Robert Rowan (appointed 2019)
Taranaki	Mr Salil Pandit (appointed 2021)
Whanganui	Mr Simon Dempsey (appointed 2019)
Christchurch	Mr Jonny Sharr (appointed 2021)
Dunedin	Mr David Gwynne-Jones (appointed 2021)
Invercargill	Mr Pierre Navarre (appointed 2021)
Smaller Centres Representative	Mr Martyn Sims - (appointed 2020)



Co-opted Female Representative	Ms Stephanie Van Dijck (co-opted 2021)
Ngā Rata Kōiwi Representative	Mr John Mutu Grigg (co-opted 2021)
Chief Executive	Ms Andrea Pettett
Education & Training Manager	Ms Prue Elwood

Continuing Professional Development and Standards Committee

Mr Edward Yee (Chairperson) (appointed 2015)

Mr Julian Ballance (PVP Chair) (appointed 2018)

Mr Richard Lander (appointed 2015)

Mr Grant Kiddle (appointed 2019)

Ms Andrea Pettett (Chief Executive)

Ms Bernice O'Brien (CPD and PVP Coordinator)

NZOA ACC & Third Party Liaison Committee

Mr Peter Robertson (Chairperson – 2022) (appointed 2015)

Mr Bruce Twaddle (appointed 2021)

Mr Alex Malone (appointed 2021)

Mr Chris Birks (appointed 2017)

Mr Fred Phillips (appointed 2017)

Mr Sandeep Patel (appointed 2021)

Mr John McKie – Presidential Line Representative (appointed 2021)

Ms Andrea Pettett (Chief Executive)

Membership Committee

Mr Andrew Graydon (Chairperson) (appointed 2019)

Mr Dawson Muir (Chair of Education Committee) (appointed 2021)

Mr Peter Devane (Past President) (appointed 2021)

Ms Andrea Pettett (Chief Executive)

NZOA Related & Associated Entities: Composition

NZOA Trust

Mr Richard Street (Chairperson) (appointed 2018)

Mr Andrew Oakley (appointed 2019)

Mr Simon Dempsey (appointed 2019)

Mr Andrew Graydon (NZOA Hon Secretary) (elected 2019)

Mr Angus Wickham (NZOA Hon Treasurer) (elected 2019)

Mr Wayne Hughes (Independent Trustee) (appointed 2019)

Ms Andrea Pettett (Chief Executive)

Wishbone Orthopaedic Research Foundation Trust

Sir Bryan Williams (Patron) (appointed 2013)

Mr Richard Keddell (Chairperson appointed 2019) (appointed 2011)

Mr Andrew Graydon (NZOA Hon Secretary) (elected 2019)

Mr Angus Wickham (NZOA Hon Treasurer) (elected 2019)

Mr Haemish Crawford (appointed 2016)

Dr Helen Tobin (appointed 2016)

Ms Andrea Pettett (Chief Executive)

Wishbone Orthopaedic Research Committee

Professor Gary Hooper (Chairperson elected 2019) (appointed 2008)

Mr Tom Sharpe (appointed 2019)

Mr Paul Monk (appointed 2019)

Assoc Prof David Gwynne-Jones (appointed 2015)

Professor Sue Stott (appointed 2016)

Mr Dawson Muir (appointed 2018)

Mr Mike Barnes (appointed 2018)

Ms Andrea Pettett (Chief Executive)

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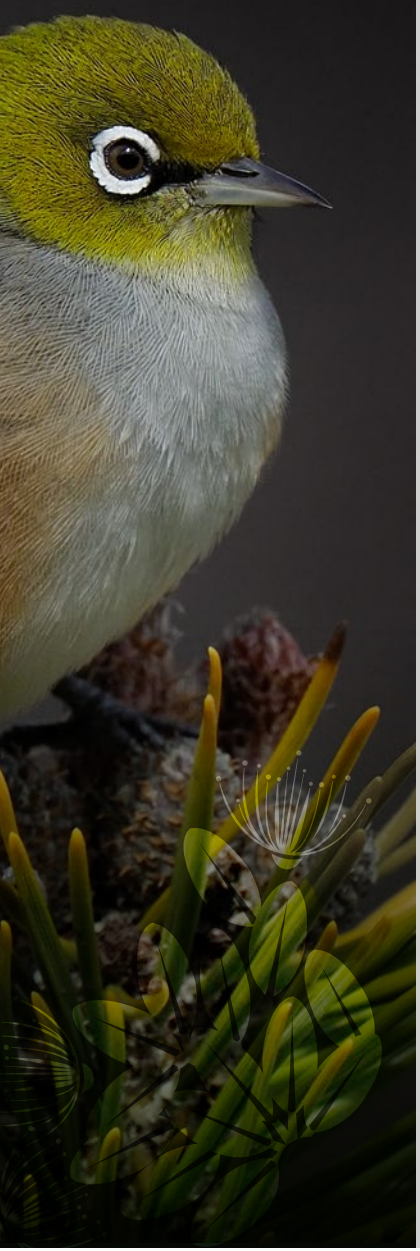


NZOA Joint Registry Trust Board

Prof Gary Hooper (Chairperson) (appointed 2018)

Mr Angus Wickham (NZOA Hon Treasurer) (elected 2019)

Mr Andrew Graydon (NZOA Honorary Secretary (elected 2019)

Mr Rod Maxwell (appointed 2018)

Mr Richard Keddell (appointed 2018)

Ms Andrea Pettett (Chief Executive)

NZOA Joint Registry Management Committee

Mr John McKie (Supervisor) (appointed 2018)

Mr James Taylor (Acting Supervisor for 2021-2022)

Mr Simon Young (appointed 2016)

Mr Peter Devane (appointed 2008)

Mr Andrew Graydon (elected 2019)

Mr Matt Debenham (appointed 2021)

Mr Brendan Coleman (appointed 2017)

Prof Chris Frampton (appointed 2017)

Mr Tony Lamberton (appointed 2019)

Mr Vaughan Poutawera (appointed 2021)

Mr Hugh Griffin (appointed 2010)

Mr Philip Kearney (Arthritis NZ) (appointed 2020)

Dr Jinny Willis (Coordinator)

Ms Andrea Pettett (Chief Executive)

Hip Fracture Registry Trust

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

Ms Sarah Hurring (appointed 2020)

Mr Roger Harris (appointed 2016)

Ms Helen Tobin (appointed 2019)

Ms Andrea Pettett (Chief Executive)

Hip Fracture Registry Implementation Committee

Mr Mark Wright – Co-Chair Implementation Committee and Chair of Hip Fracture Registry Trust (appointed 2016)

Mr Roger Harris – Co-Chair Implementation Committee, ANZHFR Board & Fracture Registry Clinical Lead (appointed 2015)

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

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

Mr Pierre Navarre – NZOA Orthopod Southland DHB (appointed 2021)

Ms Kim Ferguson – FLNNZ (appointed 2019)

Ms Colleen Dunne – MOH (appointed 2021)

Mr Campbell Clark – ACC (appointed 2022)

Ms Caroline Juniot – ACC (appointed 2022)

Ms Leona Dann – HQSC (appointed 2021)

Ms Christine Gill – Osteoporosis NZ (appointed 2015)

Mr Stewart Fleming – SO3 IT Consulting (appointed 2015)

Ms Jenny Sincock – Orthogeriatrics Nurse CDHB (appointed 2019)

Ms Rebbecca Lilley – Research Otago University (appointed 2019)

Ms Jessie Snowdon – Physiotherapy NZ (appointed 2019)

Ms Caroline Miller – Consumer Representative (appointed 2021)

Ms Ngarangi Naden – Consumer Representative (appointed 2021)

Mr Vaughan Poutawera – NZOA Ngā Rata Kōiwi (appointed 2021)

Ms Andrea Pettett (Chief Executive) – NZ Orthopaedic Association

Ms Nicola Ward (National Coordinator) (appointed 2019)

NZOA Health Technology Committee

Mr Richard Peterson (Chairperson) (appointed 2021)

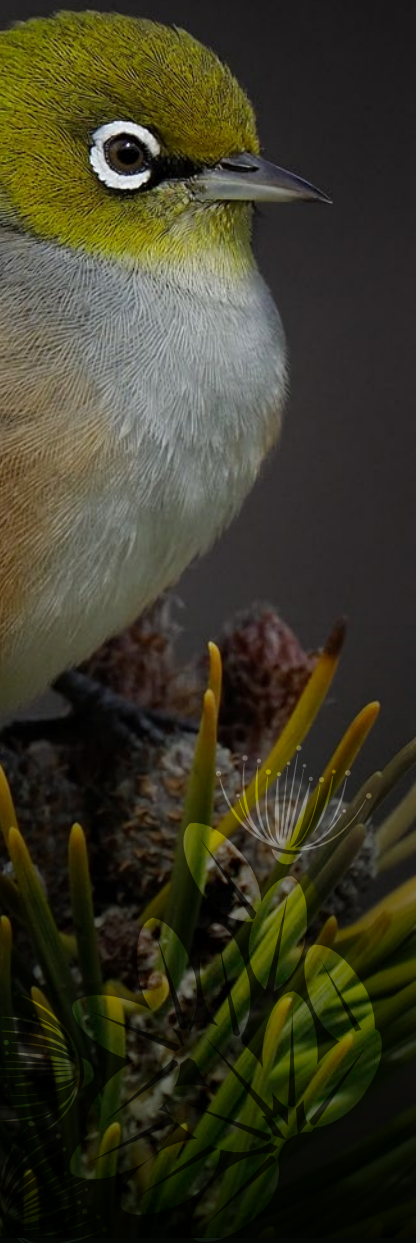
Mr Mark Clatworthy (appointed 2021)

Mr Michael Flint (appointed 2021)

Mr Nicholas Lash (appointed 2021)

Mr Paul Monk (appointed 2021)

Mr John Scanelli (appointed 2021)



Mr Matthew Walker (appointed 2021)

Mr John Ferguson (appointed 2021)

Mr Marc Hirner (appointed 2021)

Orthopaedic Representative to RACS Council

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

NZ Artificial Limb Services Board

(appointed by the Assoc Minister of Health)

Assoc Prof Alan Thurston (retired 2019). Replacement to be appointed by the Minister.

The Inaugural Meeting

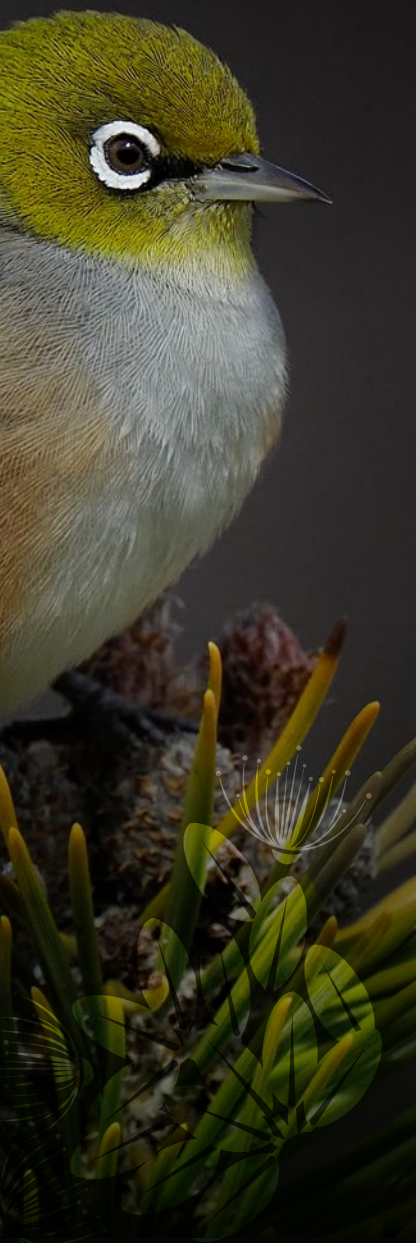
The inaugural meeting held in Wellington on 17 February 1950 decided to form the New Zealand Orthopaedic Association. The first Annual General Meeting was held in Christchurch on 20 September 1950. Mr Renfrew White was made Patron.

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 MacDonald
Mr R H Dawson
Mr S B Morris
Mr J K Elliott
Mr G Williams
Mr H W Fitzgerald
Mr J L Will
Sir Alexander Gillies

Past Presidents of the New Zealand Orthopaedic Association

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



Compendium of Awards

Gillies Medal Recipients

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

ABC Fellows

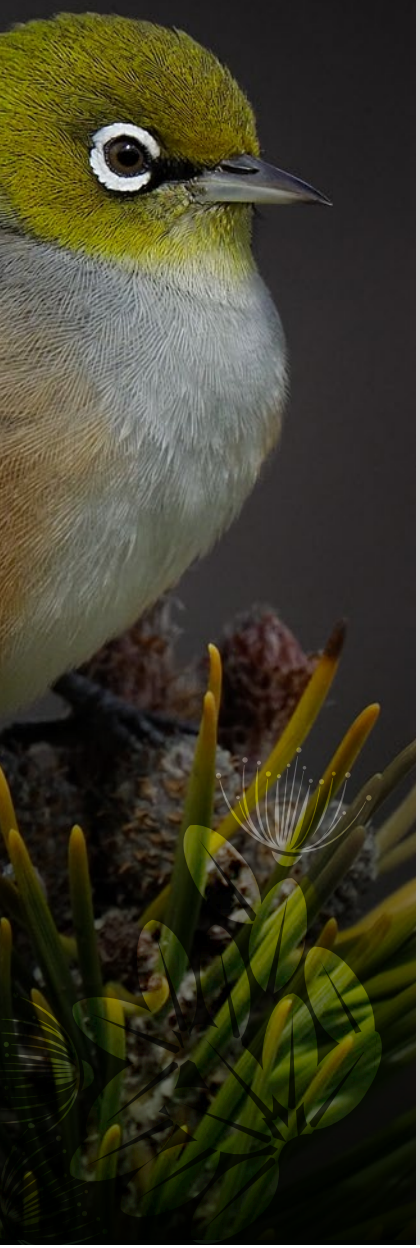
1956	Mr O R Nicholson
1962	Mr J B Morris
1968	Mr A R McKenzie
1972	Prof A K Jeffery
1976	Prof D H Gray
1980	Prof A G Rothwell
1982	Mr A E Hardy
1984	Mr B R Tietjens
1986	Mr A J Thurston
1988	Mr R O Nicol
1990	Mr G J Hooper
1994	Mr M J Barnes
1996	Mr P A Robertson
1998	Mr P A Devane
2000	Mr K D Mohammed
2002	Mr H A Crawford
2004	Mr C M Ball
2006	Mr M M Hanlon
2008	Mr P C Poon
2010	Mr D C W Muir
2012	Mr G P Beadel
2014	Mr B Coleman
2016	Mr Andrew Graydon
2018	Mr Michael Rosenfeldt
2022	Mr Joe Baker

President's Award

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

Hong Kong Young Ambassador

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



ASEAN Fellowship

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

Korean Orthopaedic Association Travelling Fellow

2018	Seung-Min Youn

ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
2017	Hogan Yeung

ANZAC Fellow

2016	Simon Young

Trans-Tasman Fellow

2019	Anthony Maher

ESR Hughes Award – RACS

2015	Chris Dawe
2017	John Matheson
2019	Peter Robertson

The Mary Roberts BMW Award

2022	Bruce Hodgson

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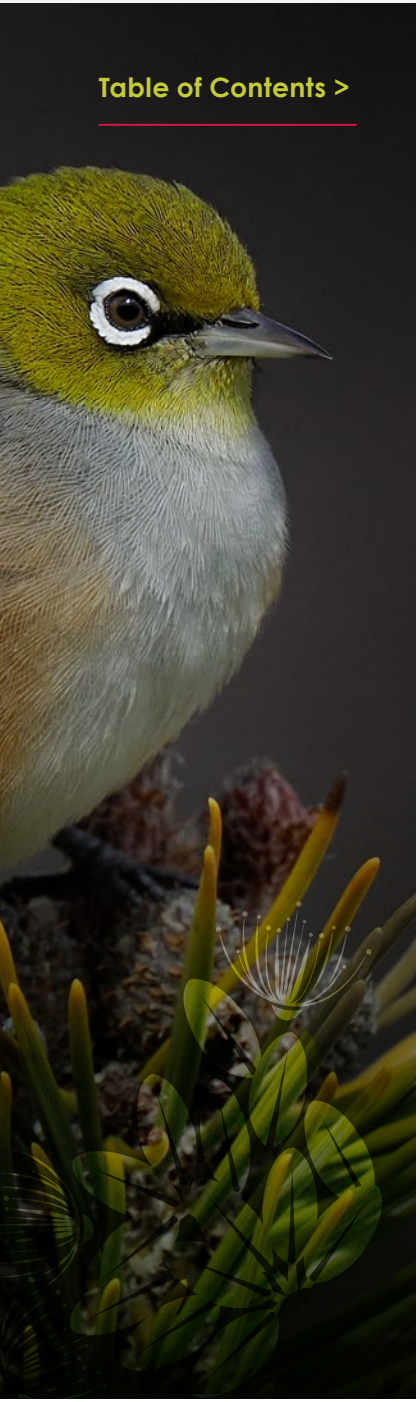


Awards and Memorabilia of the NZOA

Presidential Jewel

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

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

Presidential Miniatures

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

President's Wife's Brooch

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

Sterling Silver Bleeding Bowl

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

Sterling Silver Paul Revere Jug

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

Minute Book

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

London Emblem

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

Wall Tapestry

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

Sterling Silver Salver

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

Gavel

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

New Zealand Orthopaedic Association Golf Cup

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

Kirker Salver

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

Thomson Memorial Trophy

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

Hadlow Trophy for Tennis

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

Black and White Paintings (x 4) by Ansel Adams

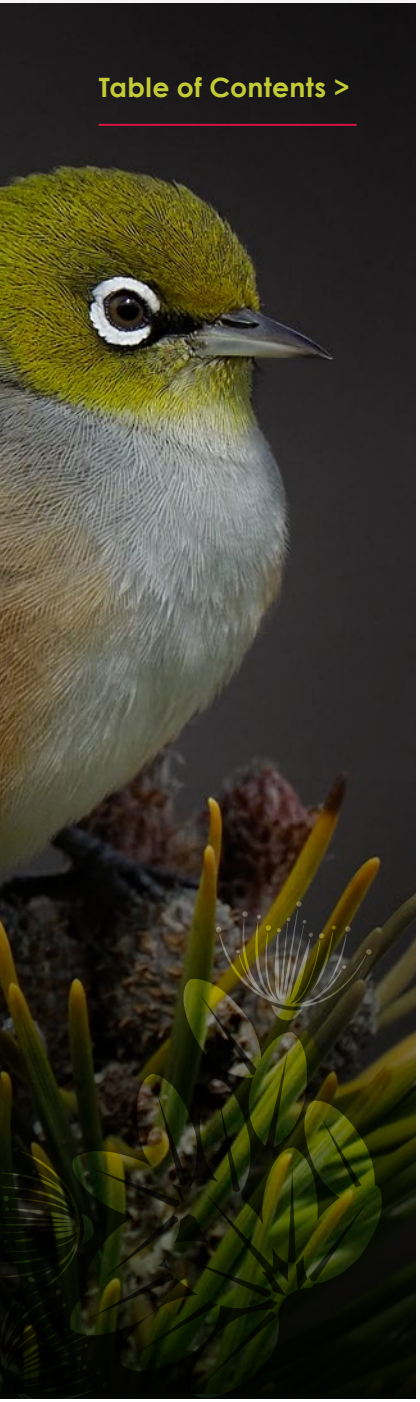
These were presented by the American Orthopaedic Association on the occasion of the 10th Combined Meeting of the English Speaking Orthopaedic Associations in Auckland during February 1998.

Harold Lane Painting

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

Silver Bowl - Scottish Quaich

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



Wood Carving

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

Wood Tapestry - Kokanee

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

Wood Tapestry - High Air Selkirks

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

Old Bison Bone

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

Pounamu Mere

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

NZOA Annual Scientific Meeting Awards

Sir Alexander Gillies Medal

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

Trainee Prizes (Funded by the NZOA Trust)

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

David Simpson Award

– for best exhibit at ASM Industry Exhibition

Trainee Awards

2009	**Michael Rosenfeldt**, Best Scientific Paper
2009	**Simon Young**, Paper of Excellence at the ASM
2009	**Andrew Graydon**, President's Prize
2009	**Jacob Munro**, Research Prize
2010	**Albert Yoon**, President's Prize
2010	**Fraser Taylor**, Research Prize
2011	**Simon Young**, Research Prize
2011	**Nicholas Lash & Simon Young**, Joint President's Prize
2012	**Matthew Boyle**, Research Prize and President's Prize
2013	**Stephanie van Dijck**, President's Prize
2014	**Nicholas Gormack**, President's Prize
2015	**Gordon Burgess**, President's Prize
2015	**Rupesh Puna**, Research Prize
2016	**David Keiser**, President's Prize and Research Prize
2017	**Tom Inglis**, President's Prize
2018	**Paul Phillips**, President's Prize
2018	**Neal Singleton**, Research Prize
2019	**Matthew Street & Carrie Lobb**, Joint President's Prize
2020	**Otis Shirley**, President's Prize
2020	**Lizzie Bond**, Research Prize
2021	**Tim Roberts**, President's Prize
2021	**Ryan Gao**, Research Prize

New Zealand
Orthopaedic Association

Ranchhod Tower, Level 12,
39 The Terrace, Wellington 6011,
PO Box 5545,
Wellington 6140
New Zealand

www.nzoa.org.nz