NZOA
New Zealand
Orthopaedic Association

New Zealand Orthopaedic Association

ANNUAL REPORT 2023 – 2024

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

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President's Report

The year began with the Wishbone Relay fundraiser which was kicked off by Perry Turner in Bluff early in the New Year and concluded with waka ama and a barbecue in Auckland in mid-March.

Simon Hadlow
President 2023/2024

Thousands of kilometers were cycled, walked and paddled by enthusiastic Members and friends of our Orthopaedic community. Perry Turner and Ian Galley with tremendous support from the NZOA office staff accomplished a unique achievement which contributed over $176,000 to the Wishbone Trust for Orthopaedic research in New Zealand.

Monthly HOD/HNZ Zoom meetings began in December 2023 with the aim of gauging regional variations in insourcing and outsourcing for feedback to HNZ to build a national framework for improved public hospital productivity and establish a national framework for procurement of planned care surgery (outsourcing). This has also provided a forum for HODs to raise areas of concern that affect their region and build a two-way dialogue with Tier 3 and 4 decision makers at HNZ. Importantly these meetings have allowed HNZ to gain better insight into how Orthopaedic services are delivered at the coalface.

The Spine Working Group has been spun off the HOD/HNZ forum to address workforce (recruitment and FTE), operations (on-call rosters) and demand (prioritisation and access) facing spinal Orthopaedic services across the country currently being challenged to maintain adequate acute and elective spinal services.

The Orthopaedic MSK Pathway was published and disseminated to all regions in July for guidance on the integration of Orthopaedic and physiotherapy services in the management of secondary care referrals into the hospital outpatient clinic from primary care (GPs).

This document has been the culmination of eighteen months of work involving a working party with outsized physiotherapy representation in which the NZOA was most ably represented by Margy Pohl and Haemish Crawford who ensured that improved FSA access remains under Orthopaedic direction and supervision.

The NZOA Strategic Plan 2024 - 2028 was approved by Council in May. This has now been posted on the NZOA website and will be subject to annual re-evaluation. This document encompasses our Diversity, Equity and Inclusion Plan that was formulated and approved by Council following refinement based on evaluation of more than two dozen written submissions from membership.

Extensive consideration of AOA/NZOA accreditation of training, CPD and the fellowship examination, independent of the College resulted in the Council endorsing the proposal that NZOA join the AOA in undertaking due diligence of the process. Council felt that our membership would strongly favour undertaking due diligence to better understand the potential risks and benefits of independent accreditation. The main driver for considering independent accreditation is perceived cost-savings for Members and trainees currently beholden to the RACS fee structures for these services. The AOA and NZOA remain committed to an open collegial process with RACS for the due diligence process to preserve a strong link with the College into the future.

To conclude, I would like to thank the Presidential Line, Council and Andrea Pettett for their hard work representing the NZOA and their tremendous support during my Presidential year engaging with HNZ, the AOA Presidential Line and various regulatory authorities, in addition to undertaking the well-established activities that are summarised in the various Reports enclosed in the Annual Report. It has been a great honour to represent the NZOA as your President for 2024 and I look forward to supporting our NZOA activities into 2025 as Past President.

Simon Hadlow
President 2023/2024

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Chief Executive's Report

I have pleasure in writing my report for 2024. Another busy year with increasing NZOA advocacy and initiatives.

Andrea Pettett
Chief Executive

Education and Training

A lot of progress has been made in Education and Training, with the introduction of private training runs. This necessitated entering into a Memorandum of Understanding with Te Whatu Ora and the NZ Private Surgical Hospitals Association. Subsequently, the private hospitals reviewed their consenting and credentialling process, and NZOA accredited a number of private hospitals to undertake training. Many other private hospitals have requested to undertake private rotations, and we will accredit these hospitals as we have the resources to do so. We anticipate evaluating private rotations towards the end of 2024. Feedback to date has been positive from both the Trainees and the private hospitals.

The increased number of Trainees has put pressure on the training weekends and the Education Committee. A number of changes are being proposed to accommodate this. My thanks to Tim Gregg, Dawson Muir, and Prue Elwood for their work developing this programme.

Conference and Events Management

The Combined Spine, Hip, Paediatrics and ASM meetings in Nelson in 2023 received great feedback. The challenge with running 3 concurrent meetings was accommodating the number of attendees and trying to find sufficient conference space. This year, we have reduced to 2 combined Sub Specialty meetings and the ASM following. We took the time to meet with the Industry to discuss our sponsorship proposal, and made a number of amendments which have been well received by the Industry. As a result, our sponsorship continues to be good which is important for the support of our educational programme. The events run this year also include a Hand COE, LIONZ and Knee & Sports Surgery Society meetings. My thanks to Nikki Wright for her work planning and managing these events.

Continued Professional Development

This year our CPD Programme has come under intense scrutiny as all CPD Homes are required to be accredited. NZOA and AOA CPD Programmes are accredited via RACS. A number of new requirements and policies have been necessary and Members will see these changes introduced in the coming months. The main areas of focus includes the introduction of cultural safety/CAPE requirements, formal verification, and changing points to hours. At the same time these significant changes are being introduced, our IT provider has given notice that they no longer wish to support our CPD website. We are therefore in the process of changing IT providers. My thanks to Mike Flint and Bernice O'Brien for many hours of work to meet the compliance requirements for accreditation.

NZOA Infrastructure

NZOA's infrastructure is constantly maintained and upgraded. Thanks to Vanya Schoeler who oversees our CiviCRM (Client Relationship Management), Bernice O'Brien our CPD Website, and Prue Elwood and Elaina Fellows our Trainee Management Platform (TIMS). The CPD website as outlined will be moved to a new IT provider, undoubtedly with some additional costs. TIMS upgrade to PROTRAK was delayed but is underway now. These upgrades require oversight, testing and training.

NZOA ACC & Third Party Liaison Committee

This Committee is always active, however ACC has been reluctant to proceed with any review of procedure codes and costs, or non-prior approval codes this year. There have also been considerable delays in ARTP approvals, the introduction of 'deemed cover', and 'soft declines'. ACC acknowledges their failings, citing operational processes which have led to these delays. Recently ACC has initiated an electronic ARTP trial which is being undertaken with Members of the NZOA ACC & Third Party Liaison Committee. Promising progress has been made here. My thanks to Peter Robertson (Chair), who is retiring at this year's AGM. Also thanks to Karyn Eggers for her support of this Committee.

NZOA Trust

The Trustees undertook an additional review of the investment policy settings for JBWere. Some minor adjustments were made to the equities ratios. My thanks to Haemish Crawford (Chair), and Louise Gibson for her support of the Trust. Both JBWere and Simplicity are making good returns with JBWere (11.83%), and Simplicity (Growth 14.02%, Balanced 12.73%) for the period ended July 2024.

The New Zealand Joint Registry

This year the Registry has welcomed Ben Olds a recent IT graduate to provide IT database support. The Registry staff have struggled to input the large number of forms and the IT platform has struggled to cope with the additional data entries. The need for a new IT platform is becoming urgent. My thanks to Jinny Willis, John McKie, Lynley Diggs, Donna Thomson, Ben Olds, and Shona Tredinnick for their efforts this year.

New Zealand Hip Fracture Registry Trust

Australia and New Zealand Hip Fracture Registry continues to grow and evolve. The New Zealand Hip Fests have been enthusiastically received throughout the country. My thanks to Nicola Ward who supports both the New Zealand Hip Fracture Registry and the Fragility Fracture Registry by way of service agreements between NZOA and the relevant supporting entity.

The Wishbone Research Foundation

Perry Turner and Ian Galley deserve a huge round of applause for their initiatives in early 2024 for the Wishbone Relay. The various events raised $176,385, plus a huge increase in profile for the Wishbone Foundation. Whilst we doubt the range of activities could be easily replicated again in any one year, we are hopeful that some of the activities will appear on a regular basis in our calendars.

We thank the following Societies for their contributions towards Wishbone: NZ Shoulder & Elbow Society, NZ Orthopaedic Foot & Ankle Society, New Zealand Society for Surgery of the Hand, Paediatric Orthopaedic Society of New Zealand, NZ Spine Society, NZ Knee and Sports Surgery Society.

We also thank Members who donated $27,574 to Wishbone this year.

This year we have received 14 applications for Wishbone Research Grants which were under evaluation at the time of writing this report. Thanks to Bernice, Louise, Vanya and Nikki who supported Wishbone initiatives this year.

NZOA Health Technology Committee

This Committee has been focused on ensuring compliance with the training requirements for NZOA Robotic TKA certification. My thanks to Mark Clatworthy and Karyn Eggers for their support of this Committee.

RACS

RACS has undergone significant turmoil this year with a new Chief Executive appointed, Stephanie Clota, and many staff being made redundant due to financial issues. This alongside the warning from the AMC and MCNZ that accreditation would only be extended 6 months due to the number of unresolved concerns. We have worked closely with RACS and the other Surgical Societies to respond to the accreditation requirements.

Health New Zealand |Te Whatu Ora

Our engagement with Health New Zealand has been the outstanding feature of this year. The Presidential Line and I have weekly meetings with Duncan Bliss, Derek Sherwood, Ian D'Young and Donna Neal. We also have regular monthly face to face meetings, and quarterly meetings with Fionnagh Dougan, National Director – Hospital and Specialist Services who is leaving in August. After two significant restructures, the Health New Zealand team are undergoing a further restructure and thankfully this talented group have retained a role at Health New Zealand. We continue to make good progress, with the introduction of monthly Head of Department meetings and current fortnightly Spine Working Group meetings.

Australian Orthopaedic Association (AOA)

The working relationship with the AOA has grown even closer, with both of our Councils agreeing to pursue due diligence on seeking direct accreditation with the AMC and MCNZ for Education and Training. The main intention of this programme of work is to develop a business case that will outline how to achieve accreditation in Australia and New Zealand for Orthopaedic surgeons that is cost effective and more efficient than the current process. If this is not borne out of the business case, then it is most likely this work will not continue. Aside from the due diligence plan, we continue to work alongside the AOA Education and Training team to leverage their knowledge and experience which they generously share with us.

British Orthopaedic Association (BOA), Canadian Orthopaedic Association (COA), South African Orthopaedic Association (SAOA), American Orthopaedic Association (AOA), American Academy of Orthopaedic Surgeons (AAOS), Australian Orthopaedic Association (AOA)

The Chief Executives of the Carousel countries have formed a close alliance and agreement to meet annually and share knowledge. This year we will meet at the South African meeting in Cape Town in August. These meetings are very interesting and helpful.

Advocacy and Stakeholder Engagement

We have met with the Ministers for Health and ACC who have both been welcoming and interested in our viewpoint. It is clear that Health New Zealand is facing significant financial challenges. We are still hopeful of making progress with the issues and solutions we have put forward.

The dispute with the New Zealand Institute of Independent Radiologists (NZIIR) has taken an interesting turn with a recent letter received from RHCNZ Group Limited apologising for the complaints made against our surgeons. We have written back requesting they formally apologise to each of our affected surgeons directly.

Membership Services and Secretariat Support

Membership Services are well supported by Karyn Eggers and Elaina Fellows. Secretariat support and diary management is managed by Karyn who supports the Chief Executive, Presidential Line, Council and various Committees. My thanks to Karyn for her dedication to this role.

Sub Specialty Societies Support

We regularly provide support to the Sub Specialty Societies in particular support with the running of their AGMs and communications to their Memberships. We have also been revising their Constitutions to comply with the new Incorporated Societies Act 2022. So far, we have had approval of a new Constitution for the Paediatric Orthopaedic Society of New Zealand, and the Hip Society have recently voted on their Constitution changes. We are also working to support the Trauma Society (recently Incorporated) towards Charitable Status.

NZOA Staff and Council

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 this past year. My particular thanks to the NZOA Presidential Line whom I communicate with on a daily basis. Simon Hadlow has been a very busy President and provided great leadership and support to me this year.

Andrea Pettett
Chief Executive

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Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated
As at 31 July 2024

James Blackett
NZOA Honorary Treasurer

I am pleased to report on the Financial Performance for the NZOA Incorporated year ending 31 July 2024

2024 represents my first year in the position of Honorary Treasurer after a year as the Assistant Honorary Treasurer shadowing Angus Wickham. Overall we have continued to see stable positive financial performances across both the NZOA Incorporated and the three trusts that form the NZOA group.

Whilst we haven't achieved the lofty heights that the combined ASM in Christchurch achieved in terms of revenue for the NZOA, the Nelson ASM along with the Hand COE in Queenstown still provided important revenue for NZOA incorporated, this revenue along with an increase in the total number of financial members and some "back office" savings in multiple areas has seen NZOA incorporated report a surplus of $234,297. Overall the NZOA group has reported a surplus of $1.4 million (This includes $869,000 of unrealised investment revenue). Overall the entire NZOA group remains in a strong financial position with net assets at 31st July 2024 of $9.4 million.

The NZOA Trust is responsible for managing the investments and dispersal for the NZOA group. It's mission statement of advancing the science and art of Orthopaedic surgery has allowed multiple grants for various travelling fellowships or leadership forums to be paid this year. With the Trust investments split between JBWere and Simplicity we have posted returns of 11.83% and from JB Were and 12.73% and 14.02% from Simplicity in the last financial year to bring us to a total of $5.5 million invested across both companies.

The Wishbone Trust has also had a very successful year, with the very enjoyable and highly successful relay run earlier this raising just over $176,000 for the Trust. This money goes towards to all important Orthopaedic research to enable us to provide better and more efficient care for our patients. Congratulations should go to Ian and Perry along with the team at the NZOA office in running such a successful relay to boost awareness of Wishbone. In addition to the relay, donations of over $137,000 from almost all of the Sub Specialty Societies along with investment gains has seen the Wishbone Trust post a surplus of $364,000. As I'm sure will be noted elsewhere in this report there are plans to springboard off the success of the relay and continue to run Wishbone events nationwide to promote awareness and donations for the Wishbone Trust.

The financial position of the NZJR has improved significantly in the last financial year. A record number of procedures recorded on the Registry in combination with the levy being applied to outsourced joints, an increase in the levy from $25 to $30 and annual investment gains of 11.67% and 11.83% has seen the NZJR Trust post a surplus of $295,754. This surplus is timely however, with almost half of the surplus being made up of investment related revenue and a significant, and likely, expensive IT upgrade required to modernise the Joint Registry. The financial position has certainly improved with caution still required until the final budget of the IT upgrade is known.

The 2024/2025 sees the NZOA group budgeting for a modest profit across all entities that form part of the NZOA group. With the financial difficulties that have faced RACS in the last financial year it remains important that we continue to post strong financial performances whilst maintaining the high standard of core activities such as education, CPD and advocacy as we are currently. Whilst there is potential significant expenditure expected on items such as the upgrade to TIMS, the NZJR IT upgrade and further due diligence surrounding our relationships with the AOA and RACS the NZOA is in an excellent financial position heading into 2024/2025.

James Blackett
NZOA Honorary Treasurer

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Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2024

	Group		Association	
	2024	2023	2024	2023
Revenue				
Donations, fundraising and other similar revenue	433,510	45,987	-	36,624
Fees, subscriptions and other revenue from members	988,742	878,161	988,742	879,161
Revenue from providing goods or services	2,014,186	3,173,398	1,256,377	2,633,768
Interest, dividends and other investment revenue	868,936	506,698	32,897	18,277
Total Revenue	**4,305,374**	**4,605,244**	**2,278,016**	**3,567,830**
Expenses				
Volunteer and employee related costs	1,450,085	1,319,804	1,019,953	977,848
Expense related to public fundraising	119,603	-	-	-
Costs related to providing goods or service	607,179	1,349,568	509,479	1,278,461
Grants and donations made	77,900	13,646	-	-
Other expenses	644,292	711,876	514,287	2,290,165
Total Expenses	**2,899,059**	**3,394,894**	**2,043,719**	**4,546,473**
Surplus/(deficit) for the year	**1,406,315**	**1,210,350**	**234,297**	**(978,643)**

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Statement of Financial Position

New Zealand Orthopaedic Association Incorporated

As at 31 July 2024

	Group		Association	
	2024	2023	2024	2023
Assets				
Current Assets				
Bank accoounts and cash	1,063,973	1,126,383	333,214	552,070
Trade receivables	417,271	378,751	310,558	293,727
Prepayments	170,650	156,815	168,990	130,972
Inventory	1,304	2,707	-	-
Investments	768,628	365,009	600,000	
Other current assets	281,880	190,975	-	-
Total Current Assets	**2,703,706**	**2,220,640**	**1,412,762**	**976,767**
Non-Current Assets				
Property, plant and equipment	86,877	85,337	86,005	83,630
Investments	7,443,763	6,357,951	-	-
Intangibles	97,474	168,337	96,681	167,290
Total Non-Current Assets	7,628,113	6,611,625	182,686	250,920
Total Assets	**10,331,819**	**8,832,265**	**1,595,448**	**1,227,687**
Liabilities				
Current Liabilities				
Creditors and accrued expenses	239,277	201,797	195,743	137,619
Deferred revenue	259,500	227,272	259,500	196,022
Goods and services tax	60,649	72,349	36,677	44,611
Employee costs payable	139,424	95,869	110,525	82,405
Other current liabilities	216,321	224,645	216,321	224,645
Total Current Liabilities	**915,171**	**821,932**	**818,766**	**685,302**
Total Liabilities	**915,171**	**821,932**	**818,766**	**685,302**
Total Assets less Total Liabilities (Net Assets)	**9,416,648**	**8,010,333**	**776,682**	**542,385**
Accumulated Funds				
Accumulated surpluses or (deficits)	9,213,748	7,663,450	776,682	398,402
Other reserves	202,900	346,883	-	143,983
Total Accumulated Funds	**9,416,648**	**8,010,333**	**776,682**	**542,385**

Continuing Professional Development & Standards Committee Report

This is my first report as CPD Committee Chair and I would like to take the opportunity to thank Ed Yee, the previous Chair, for his advice and support as I have taken on the role.

Michael Flint
NZOA CPD Chair

CPD Committee

Michael Flint	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

I would like to take the opportunity to thank my fellow Members of the Committee who have been a tremendous help as I become accustomed to the role of Chair. I would especially like to acknowledge Richard Lander who has retired after nine years on the Committee. His institutional knowledge of both the NZOA and the College have been invaluable as has his wise counsel. The Committee thanks him for his service and wishes him well for the future.

This year has seen a tremendous amount of work done to achieve accreditation of our CPD programme by the College. This would not have been achievable without the tireless effort of Bernice O'Brien and Andrea Pettett and I thank them for their help and guidance throughout the year.

CPD Compliance

Once again, all Members required to report CPD activities achieved compliance on 28 May 2024, with an extremely small number requiring reminders to complete their obligations. The NZOA programme stands out amongst the other surgical specialties in regularly achieving 100% compliance. This has been noted by the governing bodies and has certainly helped our cause in achieving overall accreditation by the College and relevant medical Councils. CPD compliance is necessary to maintain vocational registration and is something the NZMC is becoming more stringent and vocal about.

NZOA CPD Programme Accreditation

In late December 2023, the NZOA was made aware that our CPD programme would need to comply with new regulations set out by the Australian and New Zealand Medical Councils and that RACS, as our recognised CPD home, would determine whether our programme would meet the new accreditation standards. Initial discussions with RACS were tense and a lack of information provided by them hampered the preparation of our initial draft document. After intervention by their new CEO our relationship became much more cordial and collaborative. The final upgraded CPD programme document was accepted in September and the new programme will become live in January 2025.

While we complied with the majority of the regulations a number of substantial changes have been forced upon us. As you will be aware our programme compliance is dictated by the number of points achieved per section. These points will now be transferred to hours as essentially a one-to-one swap. Weighting of hours per activity has been slightly modified but Members should not note any significant change to the current practice.

The MCNZ has been extremely clear that a verification policy needs to be active and enforced on an annual basis. This means that a minimum 5% of Members annually will be randomly selected to verify their programme entry data. The majority of entries will therefore require supporting evidence to achieve compliance. This will make it extremely difficult for the small number of Members who routinely leave their CPD entries to the last week before the due date. This verification will begin from 2025 and a copy of the verification policy will be available on the website.

The MCNZ and AMC have increased the emphasis on cultural safety and health equity activities in all CPD programmes. The RACS CAPE (Cultural safety, equity Advocacy, Professionalism and Ethics) standards are published on the College website. This complies primarily with the AMC guidelines. As our programme is New Zealand based we have taken a slightly different direction to comply with MCNZ in this area. The emphasis from MCNZ is to embed cultural safety and health equity throughout our programme, with an emphasis on self-reflection and self-improvement. The Committee has spent a large amount of time and effort developing this in a way to comply with the regulations and make it an efficient and effective way for our members to reach the MCNZ standard.

This includes, amongst other things, a redesign of the annual PDP that is published on the website. Although we are aware that some Members use alternative PDP documents the new NZOA PDP will be compulsory for all Members from January 2025. Tools to assist with the implementation of the new aspects of the PDP will also be available on the website.

Registries

The NZJR continues to be a valuable tool for the NZOA CPD programme. The earlier release of NZJR data this year has been beneficial for Members to achieve compliance with their Joint Registry audits. From next year the NZJR data will also include ethnicity data to assist with compliance with the new PD regulations. The outlier policy will continue to be refined as data interpretation is improved.

The NZ ACL Reconstruction Registry is reorganising their governance structure to comply with more stringent guidelines around registry governance and practice to continue its place in the CPD programme. This remains a mandatory requirement for all surgeons performing ACL reconstructions.

RACS

One of the interesting duties as Chair has been attendance of the RACS PSFSC meeting on a quarterly basis. Thankfully the state of the College finances has meant this is via Zoom rather than in person in Melbourne. While very little appears to be achieved at this meeting the NZOA CPD programme continues to be lauded for its level of compliance and innovative structure. The PDP template is highly regarded by other specialties in the College and a lot of interest has been shown in the compliance policy and particularly the PVP programme.

While the initial involvement with RACS during the CPD accreditation process was difficult this certainly improved throughout the year. It is my feeling however that NZOA should work towards becoming its own CPD home independent of the College as the accreditation process has highlighted some significant differences between the NZ and Australia regulatory bodies.

Practice Visit Programme

The Practice Visit Programme continues to be a very valuable tool and differentiates the NZOA CPD programme from all others. It is regularly held up as an example by the College as something that all specialties should aim for.

The current aim is to have 18-20 surgeons per year visited and to focus on the mid-career surgeons at this time. The Committee acknowledges the time and effort necessary for the programme to be successful. It is hoped that both the visitee and visitors gain significant value from these visits and regular feedback on ways to improve the experience is welcomed by the Committee.

Michael Flint
NZOA CPD Chair

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Practice Visit Programme Report

The 2023/2024 visit programme has been successfully completed and for the first time in several years all visits have taken place in the year they were selected.

Julian Ballance
PVP Chair

The CPD Committee met in July and selected 16 Members to be visited. As mentioned in last year's report, with the increasing membership the selection process for visitees is now focused more on surgeons midway in their career (5-20 years). Specialist International Medical Graduates (SIMGs) may be selected for a visit after 2-3 years practice in New Zealand. Members in the early or later stage of their careers are more likely to be selected as visitors although the Committee may select them as visitees.

The Committee has reviewed the policy on D grade reports. These reports are no longer automatically reported to MCNZ but referred on to the Presidential Line. The visitee has the opportunity to respond to the issues raised. MCNZ may be notified if the member's response is unsatisfactory and they can be considered as non-compliant with their CPD requirements.

Julian Ballance
PVP Chair

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Specialty Orthopaedic Training Board Report

A large proportion of the Specialty Orthopaedic Training Board (SOTB) focus this year has been on the AMC accreditation of RACS

Tim Gregg
Chair SOTB

The 2023 RACS submission for accreditation by the AMC didn't meet the requirements needed for 20 of the Standards. The AMC accredited the College for six months (until October 2024) and said they would potentially withdraw accreditation if the College was not showing substantial progress towards achieving the Standards required. This didn't necessarily reflect that the individual training programmes were underperforming. The issue was that the College didn't have all the information from Training Boards as to what they were doing that would be deemed appropriate to achieve the Standards. The College wanted the 2024 submission (for June 2024) to contain a lot more information and mapping activities of Training Boards to the College requirements.
The NZSOTB was able to supply the information required. The process was frustrating, requiring several extra meetings for Prue, Dawson and I, and on occasion the same information was asked for more than once. RACS feel that their June 2024 submission to the AMC is a much improved submission and are hopeful of accreditation being extended from October.

The risk of the RACS losing accreditation, coupled with RACS's current financial situation, led the AOA to look at getting direct accreditation with the AMC. The AMC has indicated that would be possible, but this would be strengthened if the NZOA was included. The AOA and NZOA are currently going through a due diligence process to assess feasibility. From an SOTB perspective we need to consider what would happen to our training programme if the AOA and NZOA had combined accreditation by the AMC. The NZSOTB preference would be to still have our own training programme structure, rather than completely moving to the AOA 21 competency-based programme. We are planning a structure that is a hybrid of time based and competency-based. This means the training programme will remain as a 5-year programme, and most trainees will move through the programme in their SET years. There will however be a greater emphasis on assessing for competency throughout the programme. Modules (e.g. Trauma, Hip, Knee, Paediatrics, Professional skills etc) will need to be completed by the end of training. Completion of a module will require various components to be completed, including WBAs and feedback entries, logbook data, specific courses and a long case at the end of the module. A proportion of modules will need to be completed by the end of SET 4 prior to sitting the Part II exam. The Trauma module will need to be completed prior to the end of SET 2. Trainees will need to be showing satisfactory progress of completion of modules to be able to progress past the end of SET 3. Dawson Muir, David Bartle and I met in July 2024 and made good progress towards working out much of the detail around this. David Bartle will present the planned programme to the membership at the NZOA ASM in New Plymouth this year.

RACS has identified that diversity for rural selection, and rural training pathways, are areas that still need to be worked on for accreditation, therefore there is a current focus on 'Select for Rural'.

The college uses the StatsNZ Functional Urban Area Classification which classifies Auckland, Christchurch, Wellington, Hamilton, Dunedin and Tauranga as metropolitan or urban centres. From the college perspective all other centres are rural.

The Select for Rural paper was approved by BSET (now CSET), the College Education Committee and Council in 2020. This paper asked Training Committees to 'award selection points for rural origin, rural medical school experience and rural prevocational work experience, noting that points for all three will be more powerful than one element only'.

This recommendation was evidence based and follows the WHO Global Policy Recommendations for Rural Health Workforce Retention 2010 and 2022, and two systematic reviews (Grobler et al Cochrane 2009, Kumar and Clancy JPubH 2021). Three Australian studies have supported rural origin, rural medical school experience and rural prevocational experience as markers for ending up working in a rural centre. The majority of Training Boards do offer CV points for one or more of these markers. The NZOA, along with three other Boards do not.

The NZSOTB have considered awarding points for rural origin and prevocational rural experience. At this point we are unsure that the stated evidence is relevant to Orthopaedics in New Zealand and anecdotal evidence suggests that it is not. A recent survey of the membership has been performed to look at factors in our membership that may indicate a preference to work long term in a rural location. The results of this survey will be presented at the ASM in New Plymouth this year. If we can identify markers for rural preference in our membership, then we may look at awarding points for selection.

Our training programme does provide a lot of opportunities for trainees to be exposed to working in non-urban centres. 27% (19/71) of our training posts are in non-urban centres and we regularly have training weekends in smaller centres. In addition, of the applicants who got to interview, 42% (26/62) of those selected over the last 4 years (2021-2024) have been selected from non-urban centres.

SET selection regulations have been reviewed by the SOTB and Council. The significant change has been the removal of the clause that only allows applicants to interview three times. In the future, an applicant who has been unsuccessful on three occasions will be counselled by the local surgical supervisor as to whether they should continue to apply.

This year we introduced three formal private runs for trainees with a total of 7 private hospitals accredited in December 2023 (Christchurch x3, Hamilton x3 and Wellington x1). The SOTB and NZOA Education Committee will review these runs at the end of the year. Anecdotally they have been well received by trainees, particularly in regard to the variety of operative experience they have been exposed to.

Prue, Dawson and I attended the RACS Committee of Surgical Education and Training (CSET) meeting in Melbourne at the RACS offices on Friday 7 June 2024. After several virtual meetings, this meeting was held in person and was well attended. Those there valued the opportunity to meet in person. Given the size of the meeting it is a preferred way to meet, ensuring better engagement, discussion and opportunities for networking and open discussion with other specialty Chairs and staff. It also gave us an opportunity to meet in person with some of the AOA attendees to discuss training matters, competency-based training, TIMS and general matters.

Workforce issues across both countries were discussed, RACS have been encouraged to support potential solutions, maximise flexibility which continues to maintain standards. Philip Morreau, as new Chair, spoke about his vision for CSET to be an open and honest forum, to allow free communication with Chairs, Training Managers, College staff and Fellows that is safe, well organised, educationally sound and a compliant training environment for all.

A recent review of the RACS Reconsideration, Review and Appeal (RRA) Policy was put forward for endorsement, it was agreed that all Boards would advise RACS of any request for Reconsideration so that RACS are able to maintain a minimum data base of complaints. This does not imply that RACS need to be involved but is reasonable should they need to build a case in the future. It was agreed that better information during orientation of new trainees will give them confidence to report bullying or sexual harassment.

An item for further discussion in October will be support for trainees returning after interruption. In NZ a recent survey by Charlotte Allen on this subject will be reviewed at the SOTB later this year. Thank you to all Board members for their contribution this year. Every member contributes to robust discussion and decision making. I would like to particularly acknowledge the considerable amount of work David Bartle does for selection and curriculum development. I would also like thank Margy Pohl who is finishing her time on the SOTB this year.

Tim Gregg
Chair SOTB

Education Committee Report

Dawson Muir
Chair

Training and education remain an enormous part of the NZOA workload. This commitment will continue to increase given the large number of trainees and progressive maturation of the way we are required to document and evaluate training. A huge amount of this workload is carried by the general membership and trainee supervisors around the country.

Prue Elwood and Elaina Fellows provide outstanding management support for the trainees, supervisors and Specialty Orthopaedic Training Board and I can't thank them enough for the work that they do. Although we continue to have a very strong training programme, we are well aware of the headwinds that we are facing. These include, but are not limited to, the demise of public hospital elective surgical provision, increasing trainee numbers without obvious prospect of future employment in the public hospitals of New Zealand, and the difficulty of transitioning from an apprentice "do as I do" model to a more sophisticated competency-based education programme that will align training to our curriculum more accurately but requires more work from an already stretched Orthopaedic surgical workforce. We understand these tensions and hopefully can minimise any excess workload without compromising the fundamentals of competency-based training. More global familiarity with the TIMS platform should make this transition easier but those tasked as surgical supervisors, in particular, will have increased responsibilities to the trainees. With this in mind, we have written to Health New Zealand (Te Whatu Ora) outlining the unacceptable inconsistency when it comes to recognition of the amount of work that trainee supervisors do. I am hopeful that Andrea Pettett and the Presidential Line can get some traction on this issue.

I summarise the busy events of the past 12 months in chronological order below:

- T**he 2023 SET 2-5 Spring Training Weekend** was held in Palmerston North on 8-9 September. We were hosted by Murali Reddy, who put together a great training weekend including contributions from Jacob Oram focusing on high performance and coaching as well as a talk from a representative from the HDC. Social events were held at the museum and we had dinner at a golf club, which was preceded by some appalling displays at the driving range.
- **The 2023 SET 0-1 Training Weekend** in Nelson was held on 3-4 November and once again meticulously organised by Perry Turner. This event immediately preceded the NZOA ASM in the same city, which created an enormous amount of work for the department. They did an amazing job at putting together an excellent introductory history and exam course for the trainees. The high adrenaline team building physical activity was also successful, particularly as nobody died. The highlight of the event was a talk from Stuart Weinstein, who spoke from the heart about a lifetime of Orthopaedic surgery and research, particularly emphasising that all he really did was ask relevant questions when it came to the natural history of scoliosis and hip dysplasia. I hope the trainees never forget spending time with him taking the history and examining a teenager with the sequalae of Perthes disease.
- **The Mock Exam** was held in Christchurch on 24-24 November. Jonny Sharr put together an outstanding exam that was identical in format to the current Part 2 and was greatly appreciated by the then SET 4s.
- **The SET 1 Training Weekend** was held in Gisborne for the second time on 1-2 March 2024. Local convenor Duncan Cundall-Curry and local faculty once again hosted a great event. They were supported by additional faculty from Tauranga and Ken Te Tau was a wonderful addition to the training weekend. He spoke with passion about Te Ao Māori and with reference to the NZOA Tokotoko. Catriona Doyle also joined us from Invercargill, offering insights and similarities between her life and work as a District Court Judge and Orthopaedics. Unfortunately, she had to leave with COVID but didn't manage to infect anyone else, which is unusual for an Orthopaedic event. I was deeply impressed with the trainees' tenacity as Duncan stepped up the team building event to beach sprints and surf ski paddling. The trainees embarrassed Georgina Chan and Teriana Maheno, who refused to get their toes wet.

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- **The SET 2-5 Autumn Training Weekend** was held at North Shore Hospital on 5-6 April with Paper Day the day prior. Once again, the Paper Day presentations were of high quality. The winner was Nick Jones with his thorough research into radiation exposure in various x-ray gowns. Highly commended were Stephen Bayley, Jack Hanlon and Reece Joseph. Dean Schluter put an enormous amount of work into the training weekend in difficult circumstances. There were problems with space as well as bus delays, and unfortunately the bus delays ate into the lecture component on Friday morning. There was, however, still an opportunity to hear a great overview of pathological gait from Professor Sue Stott as well as a hip arthroplasty extravaganza from Rob Sharp. Bill Farrington and his family hosted us that evening. He and James Aoina were able to commiserate over expensive and spontaneous purchases at the gala ball to complete the Wishbone National Relay. On behalf of Perry Turner and Ian Galley I would like to thank them. A dodgy lock on the bathroom also meant the Education Committee Chairman and David Gwynne-Jones had to climb through a small toilet window to escape (at separate times). The Saturday night dinner was complimented by Robert Rowan awarding Best Dressed to Guy Smith for reasons only Tyler Rudolph and Alex Gibson could explain.
- **The May Pre-Exam Course** was held in Hamilton and was outstanding. As I have said before, this is the largest event that any department hosts within the education calendar. It remains one of the best features of our approach to the FRACS exam and one of the main reasons why our pass rate exceeds that of Australia. We are very grateful to the entire department but in particular Carrie Lobb, Hamish Deverall and Steve McGrath.
- **Fellowship Exam** – Congratulations to Alex Gibson, Guy Smith, Heidi Chan, John Zhang, Josh Chamberlain, Marinus Stowers, Matt Bowman, Matt D'Arcy, Reinie Gregor, Rushi Penumarthy, Shea Timoko-Barnes, Shiran Zhang, Teriana Maheno and Tyler Rudolph. Unfortunately, three candidates missed out but hopefully they will have passed by the time this is published.
- **SET Selection** – interviews were held at Boulcott Hospital on 21 June 2024 and 17 trainees were selected, two females and 15 males. Thanks again to Boulcott Hospital for hosting us and the support they provide. The day began with a mihi whakatau, the sound of the Pūmoana (conch shell) followed by the NZOA Kaikaranga, Dr Mairarangi Haimona, who called and invited the Te Kāhui Kahurangi to make their way upstairs. The Kaikaranga for the Kāhui Kahurangi was Kyla Matenga (SET applicant), Ngāti Toa, who called in response. Mātua Ken Te Tau began with a whaikōrero (oratory) and concluded with the waiata Haere Mai. Kaikōrero Ezra Nordstrom then spoke on behalf of the Kāhui Kahurangi, concluding with the waiata Te Aroha. The final speaker for the NZOA was mātua John Mutu-Grigg, Ngāti Kahu and Te Rarawa, who concluded with the waiata Tūtira Mai.

Congratulations to the following registrars – Andrew Kim, Anshuman Gupta, Chris Ling, Connor Fitz-Gerald, Dan Goddard-Hodge, Ezra Nordstrom, Jack Hanlon, Jaeha Lee, Jon Bartlett, Keith Lee, Kelsey Rao, Kyla Matenga, Naji Ghamri, Nick Keddell, Sam Choi, Tanushk Martyn and Tom Hoffman, joined by Alex Boyle who was selected in 2023 but deferred to 2025.

The Board met in July to finalise the SET Regulations for 2025. New runs have been created with a second trainee post at Starship Hospital, who have removed a general fellowship position to provide this, as well as a new second Middlemore hands run and a Middlemore private run. There may be capacity to create more training posts, largely as private runs, for 2026 with only 11 trainees finishing at the end of 2025 currently. Having said that, the Board and Committee are both reluctant to increase training numbers excessively, partly because of concerns about workload and quality but mainly because there is no clear pipeline for Orthopaedic consultant positions in public hospitals and we don't see this landscape changing materially until there is significantly more capacity.

Trainee Information and Management System – the use and utility of TIMS continues to improve. There is a plan to transition to a new platform during 2025 and this will create more flexibility and allow us to incorporate the necessary changes to make the competency-based education programme fit seamlessly into our current TIMS system. It is important to highlight that even with the simplest and best system in the world it needs to be used for the purpose it was designed for. I encourage all trainees and the membership to be proactive with doing work-based assessments (WBA) (e.g. to get the best from a surgical skills assessment, the plan to use a case as a WBA should be signalled as early as possible to make observation of the consenting and initial patient discussion as well as every aspect of the case a potential for learning). Being asked to do a WBA retrospectively is definitely inferior.

Online Learning (VLE) – in the post-COVID era the necessity for these sessions has reduced. Although there has been significant value, live attendance has been variable and enthusiasm to deliver this as a teaching medium has diminished. We can revisit this at any time and if there is a desire to offer a nationwide teaching session via Zoom I am certainly open to it, even ad hoc.

Competency-Based Training – this will be covered in detail in the report from Tim Gregg. Our intention is to commence this for the SET 2 group starting in 2025.

Education Committee – I remain grateful to the contributions from all members of the Education Committee, who are working hard for the betterment of training. We continue to have strong support and governance from our Board, Andrea Pettett and the Presidential Line.

I would like to thank leaving members Dean Schluter and Martyn Sims and welcome Sean van Heerden and Josh Sevao. Robert Rowan also finishes his time as the NZOA Censor and member of the Committee and SOTB. His contribution has been enormous and his wisdom will be missed. His replacement will be announced following the SOTB meeting in September.

Dawson Muir
Chair

NZOA ACC & Third Party Liaison Committee Report

"Stay in your lane!" is used as a term of admonishment or advice against those who express thoughts or opinions on a subject about which they are viewed as having insufficient knowledge or ability. (Merriam-Webster)

Peter Robertson
Chair

Since our last report there have been four more face-to-face meetings with ACC through the 2023-2024 year. Thankfully on-line meetings are now a memory although some of the ACC attendees continue 'distant participation'. The meetings have been fruitful, and in addition the Presidential Line were able to meet recently with the new Minister for ACC – The Honourable Matt Doocey. The latter meeting, although brief, gave an unfettered opening for clarification of the NZOA position on several issues.

This year the Committee continues without change in membership and continued accumulation of institutional knowledge. Alex Malone (Shoulder and Elbow), Sandeep Patel (Wrist and Hand), Antony Field (Spine), Warren Leigh (Hip), Bruce Twaddle (Knee), Tony Danesh-Clough (Foot and Ankle), Andrea Pettett (Chief Executive NZOA) and Peter Robertson (Chair) make up the Committee, and Khalid Mohammed rejoins the Committee, this time as the Presidential Line representative.

ACC representations have been led by Stafford Thompson and there has been some ACC consistency in representation although the Medical Officer, CAP Chair, and Senior Manager have all changed in recent months.

The above reference to the phrase "stay in your lane!" nicely summarises our Committee's work with ACC. For all NZOA Members doing ACC work in the private sector the delays in ARTP processing, initially post COVID, then more significantly through into late 2023 and early 2024, were unacceptable. ACC justified these delays on reduced ACC workforce and 'delays obtaining medical information'. The latter reason seems most likely to have become an automatic response to 'justify' the former reason! As most Members will be aware, ACC have 'invented' new cover categories of 'Deemed Cover' and 'Soft Declines'. The former grants entitlements for operation but not for ERC and rehab, while the latter is a 'temporary decline' whilst further information is obtained. Both seem to exist to allow ACC to bypass legislated time frames for ARTP processing.

Our Committee has asked ACC to "stay in your lane" and maintain their focus on ARTP approval/decline processes. Prolonged delays do no service to patients with pain and disability, ERC expenses and RTW likelihood in challenging economic times.

Currently ACC are trialling electronic ARTP submission and processing. Their workforce has apparently been increased substantially and these measures certainly seem to have improved workflows and ARTP response times.

In relation to widespread Association concerns regarding seemingly unreasonable declines of ARTPs by a senior and longstanding CAP member, action taken by several Committee members may have reduced this occurrence, however time will tell.

Over the last decade, current and past members of this Committee have all witnessed excursions from ACC's core business. A decade ago, 'outcomes-based funding' was proposed by external consultants to ACC. The Committee is continually updated on ACC's ongoing desire to see 'value-based healthcare' where there is 'evidence-based practice' (not that this latter description of practice seems necessary in several other ACC funded areas of healthcare!). The trial of Escalated Care Pathways which has grown into ICP (Integrated Care Pathways) represents a further attempt to develop new models of care. While ICP may well optimise assessment, treatment and management there is still considerable concern that the initial cherry picking of 'slam dunk' diagnostic groups may not mean that the processes are expandable to a full range of ACC clients. The most recent concern relates to the initial mention of 'differing purchasing processes', 'payment for volumes of surgery', and 'best practice commissioning processes' at our last meeting (at the time of writing).

Commissioning then subsequently rapidly expanded to RFIs on the topic of 'commissioning for shoulder'. The initial information indicated that ACC would consider centralised care for operative management of shoulder conditions (with perhaps only a single unit nationwide), guaranteed minimum volumes, and that they would even consider interest in purpose-built facilities. This proposal by ACC can only have been introduced by outside 'disruptive consultancy thinking' that bears no reality to clinical care, no understanding of care models evolved over decades, no understanding of the commercial realities of running private commercial hospitals - and all of this with the thought that this may lead to greater efficiencies and savings when ACC are already getting first world care at wholesale costs with an increasing number of the operative codes

being unprofitable to the private hospitals. These are all examples of 'disruptive thinking' that has little chance of sustained benefit and represents continual distractions from core ACC activities. This Committee will continue to advocate that ACC "stays in its lane!"

The transfer of semi acute trauma awaiting acute but 'normal hours' care, will likely continue to evolve. ACC have eventually understood that these transfers will have the possible role of expediting excellent care, decompressing the overloaded public hospital acute load, and improving the rehabilitation of ACC clients. There are still considerable problems and as always – if you don't understand the problem then follow the money! ACC are unhappy to pay for such operations under elective surgical contracts as they feel they have 'already paid' under PHAS funding. Having cash strapped public hospitals pay for outsourcing of acutes would also seem both unlikely and unreasonable. The Committee will continue to work on this with ACC, and the Presidential Line made strong representations to the Minister of ACC on the subject.

At all times it is appropriate for all NZOA Members to remind themselves that with ACC we are lucky enough to work within a compensation and treatment system that is the envy of the world. Despite the ongoing matters outlined above we all remain very fortunate thanks to the foresight of the ACC system originators.

In relation to other Committee activities, the group will have met with Southern Cross Insurance (SXI) by the time of our AGM. This is our first meeting with this major insurer this year.

Over the last two years many Members were directly affected by complaints regarding ethics of ownership and joint venture involvement with radiology practices. The complaints were from competing radiology groups that had generally been bought out by venture capital and failed in all forums where the issue was tested. This matter appears inactive; however, all Members must continue to recognise and declare financial conflicts of interest in the interests of best patient care.

On behalf of the NZOA Members, thank you again to the Committee members, recognising their considerable sacrifices of time, and their expertise in their roles. Thank you also to Andrea Pettett whose endless advocacy for our Association is of tremendous benefit, particularly in this forum. From November this year, Alex Malone will take over the role of Chair of the Committee.

Peter Robertson
Chair, NZOA ACC & Third Party Liaison Committee

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Senior Examiner's Report

The financial difficulties of the College continued to cast a shadow over the examination process this year. The Examiners workshop was able to be conducted in person in Melbourne using the College facilities in Spring Street.

Dr Chris Hoffman
Chief Examiner

The alternative was running a weekend workshop with 50 examiners over Zoom and thankfully this was avoided. The format for the Clinical components remains split between clinical videos for Clinical 1 and actual patients for Clinical 2.

The uncoupling of the Written and Viva Voce components of the exam is being proposed and this produces some challenges with marking - the timeframe is tight to mark the written and have enough time to advise those who failed that they will not be eligible to continue to the Viva. The marking and collation process is being trialed this year. The marking format remains the same for May and September 2024, but the examiners have been asked to complete the marking of the Written Examinations within a tight several week framework with results being submitted to the College for final confirmation. So far, this process has worked but with uncoupling there would be a bare three weeks' notice advising those who passed the Written section that they could continue to the Viva's, and those who failed, that they could not. A final confirmation of the proposed changes will be made after the September Examinations.

In Christchurch, Julian Ballance stepped in as Acting Senior Examiner due to my absence on medical leave. The local coordinator Tom Sharpe put together a great set of clinical cases, helped by local examiners Rod Maxwell, John McKie and Gordon Beadel. There were some examiner accommodation problems, but the actual exam was conducted without incident. There were 18 candidates presenting, one of whom was from Australia, and 14 candidates were successful (78%) with four unsuccessful. My thanks to Julian for covering my absence. For Rod Maxwell and Helen Tobin it was their last exam. Both are thanked for their significant contributions.

In Brisbane there were 41 candidates, of whom 32 were successful (78%), and I thank the contingent of NZ examiners who travelled over to assist. The FEX exam in Australia in the second half of the year will be held in Sydney in September. There are 38 candidates sitting including 3 New Zealanders. My thanks to the NZ examiners who will travel to assist.

The Orthopaedic Principles and Basic Sciences OPBS MCQ was being coordinated by Simon McMahon, with the assistance of an Australian examiner. Simon has passed this over to Andrew Oakley. I thank Simon for his years of work with this exam.

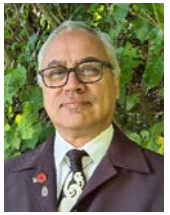
In Christchurch, we welcomed two new examiners - Wesley Bevan and Vaughan Poutawera. With increasing numbers of Trainees being selected the Court will need to continue to expand. The Court is looking for diversity across regions, provincial vs large centre, Sub Specialities, gender and ethnicity. There were many strong applicants this year and a number missed out due to the need to maintain the diversity required across the Court. The Court will again call for applications in due course.

Dr Chris Hoffman
Chief Examiner

Cultural Advisor Report

Whāia te iti kahurangi

Strive for something of great value



Ken Te Tau
Pou Tikanga/Cultural Advisor

In my report last year, I used this Māori whakataukī: 'Whāia e koe te iti kahurangi; ki te tuohu koe me he maunga teitei', 'Seek the treasure that you value most dearly, if you bow your head, let it be to a lofty mountain'. It exhorts us to persevere and endure, refusing to let obstacles get in the way while striving to reach your goals. Quite apt at the time of writing this report with the Olympics taking place in Paris, France.

We can also reflect on this proverb by thinking about how we conquer our own personal mountains, the inner struggles we face with conflicting thoughts that cloud our understanding and restrict us from reaching our fullest chiefly potential. While we're aware that we are capable of achieving greatness and doing extraordinary things, these internal conflicts can obscure that realisation.

The arrival of 'Te Kāhui Kahurangi – Our Shining Stars' into Boulcott Hospital is always a beautiful occasion as this year's kaikaranga, Dr Mairarangi Haimona and Michaela (Kyla) Matenga, exchanged greetings which allowed the group to enter the sacred ritual space of the mihi whakatau. Some are fresh first timers whilst others are seasoned returnees but indeed, there is a huge weight of expectation resting on this illustrious 'Shining Star' cohort, perhaps on some more than others which begs the question, will they enter either surgical training heaven or remain firmly fixed on terra-firma?

He iti te mokoro

The small mokoroa grub

As a part of my whaikōrero / speech, I reflected on the mokoroa grub, the larva or caterpillar of the pūriri moth. It can gnaw its way into the trunk of the pūriri tree and live on the sap, thus causing the trees eventual death. This gave rise to the Māori saying: He iti te mokoroa nāna i kakati te kahikatea / Although the mokoroa grub is small it can gnaw its way through the kahikatea tree. This whakataukī suggesting that something that appears insignificant can bring down the mighty, that tiny mokoroa grub can fell a pūriri tree.

I used the aforementioned whakataukī to inform 'Te Kāhui Kahurangi – Our Shining Stars' to the fact that although they had received an invitation to SET Selection, in metaphoric terms of the mokoroa grub tale, they had but chewed only through the outer layer of bark. This notion brought on a few chuckles from the listeners but it's no secret that there is a long training road ahead for those who will be selected this year with no guarantees that they will eventually fell the tree.

Tōku toa, he toa rangatira

My chiefly inherited bravery

As I mentioned earlier in the piece there is a heavy burden placed upon the shoulders of those who seek Orthopaedic surgical stardom, there is a perceived weight of expectation bearing down on them for an infinite number of reasons mostly known only to the seeker who may derive motivation and inspiration from these pressures or conceivably, buckle under the weight.

In my SET Selection panel group, I was charged with the job of posing the 'what if' question, what if you don't get selected? It's a tough question to be asked in the very first panel. After years of hard work, sweat and tears, what if you don't succeed, how will you and your whānau cope with the disappointment? What strategies will you implement to ensure success next year? There's a lot riding on success especially if your parents are already shining stars of the Orthopaedic world, the weight of expectation is perceivably heightened in light of surgical linage. I was so delighted to hear that Nick Keddell, Tom Hoffman, Jack Hanlon, Kelsey Rao and Will Caughey were all successful and their respective whānau undoubtedly even more so.

There is also a weight of expectation on iwi Māori too for a 'by Māori for Māori' solution to the poor health statistics that burden and afflict iwi Māori. I want to acknowledge Michaela (Kyla) Matenga (Ngāti Toa Rangatira) and Ezra Nordstrum (Ngāti Hine, Ngāti Kahungunu ki Wairoa) for their support and commitment to upholding the mana of the mihi whakatau process, and as providence would have it, the stars would align for these two Māori descendants as they would go on to be selected. Tōku toa, he toa rangatira is another Māori proverb stating that 'my bravery and success is inherited from the chiefly people who were my forbears'. It's a bit like acknowledging the fact that we stand on the shoulders and successes of those who have gone on before us.

He kākano ahau

I am a seed

He aumihi ki a koutou katoa e te Kāhui Kahurangi, I congratulate all seventeen of this year's successful Kāhui Kahurangi who with their grit, determination and Olympian bravery, continue to strive for the treasure of great value, a golden orthopaedic surgical career. For those who were unsuccessful, it's time to implement those strategies for next year's attempt. I saw and heard something quite beautiful in this year's cohort, a love, a passion and commitment to honour the belief that their whānau and village have in them and to make good on the time invested.

In closing, this final whakataukī, 'he kākano ahau i ruia mai i Rangiātea' this statement implies that, I am a seed born of greatness. You have all come this far and are all inherently capable of doing extraordinary things, descending from a linage of great people you were all born of and for greatness.

Nāku noa nā Ken Te Tau

Pou Tikanga/Cultural Advisor

Ngāti Kahungunu me Rangitāne i Wairarapa

Ngāti Porou, Ngāi Tahu

Smaller Centre's Report

RACS are continuing to develop the rural health equity plan, but with the current financial issues they face there has been little progress with this over the last year.

Andrew Meighan
Orthopaedic Surgeon
Smaller Centre Representative

Small provincial centres continue to struggle to recruit NZ trained surgeons and rely on IMGs to run the Orthopaedic service. Rotating trainees through these units would encourage them to consider the career opportunities available in the small centres, as well as providing them with excellent access to public and private surgical training. I'm sure Amir Sandiford, my successor, will continue to advocate for this.

Andrew Meighan
Orthopaedic Surgeon
Smaller Centre Representative

Trainee Representative Report

Teriana Maheno
New Zealand Orthopaedic Trainee Representative

2024 has continued to be a busy year for training with a number of forecasted changes to training curriculum, training weekend structures as well as the ongoing challenges of working in the public sector with access to elective experience and the like.

Selection numbers continue to be large with 18 new SET 1 Trainees starting training next year. There's still some generalised anxiety about SMO jobs for many people on training at the moment, now only added to by the recent hiring constraints for Health New Zealand (Te Whatu Ora). The increased numbers of individuals selected for training has presumably been driven by the Ministry's workforce predications which seems counterintuitive to the current hiring situation. Many of us in the later stages of training are obviously waiting with bated breath to see what SMO positions will become available as we make the transition into consultant practise.

Next year will represent the first time (that I'm aware of) that the Autumn training weekend will be separated into SET 1/2 and then SET 3/4/5. While the Spring training weekend sees the SET 2-5s reunited at this stage, it would be my hope that these aren't further divided. Collegiality has always been a strong point of the NZ training programme and something that training weekends has always fostered. This obviously comes with an understanding of the evolving challenges that a training group of our current size poses and therefore the adjustments that must be made to keep the wheels turning.

Those of us that recently sat the fellowship exams in May this year extend our sincere thanks to Mr Sharr and the Christchurch department for their work on the mock exams in November 2023 - a both terrifying and hugely beneficial experience. We also owe Mr Deverall and the Waikato team our gratitude for a phenomenal pre-exam course. We estimated we examined over 100 patients in that week, and I think I speak for my entire year when I say this was amazing preparation for the exam itself.

On behalf of the Trainees our sincere thanks to the Education Committee and Departments across the country for the ongoing input to our training and education. While I'm personally very excited for this next stage of Orthopaedic practise I feel equally grateful for the exceptional commitment to education and training I've benefited from over the last 5 years, and I know I am not alone in this sentiment.

Teriana Maheno
New Zealand Orthopaedic Trainee Representative

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Wishbone Orthopaedic Research Foundation of New Zealand Report

This has been quite a year of progressive change for the Trust moving from our traditional Joint Effort Walks to the new initiative Wishbone Relay conceived by Perry Turner and Ian Galley.

Wishbone Orthopaedic Research Foundation of New Zealand

Richard Keddell
Chair

I am sure you have all seen or been involved in the walk, cycle, paddle event from Bluff to Cape Reinga. As well as being a fund-raising event, it was also a great collegial event for Members of the Association. The Trustees are very grateful to Ian and Perry, backed by Vanya and Nikki and all the NZOA staff who worked so well to put this together.

Following the Relay, the Trustees had a planning meeting with Ian and Perry and all involved in the relay to discuss future fundraising ideas. While we are not planning another national relay again soon, the event has given lots of inspiration for local fundraising events and we will be approaching someone from each centre to coordinate this on a yearly or biennial basis.

The Trust is being increasingly well supported by the Sub Specialty Societies. This is really appreciated by the Trustees and will enable us to support more research. Studies to be supported are still determined by the Research Committee and need to be considered of an appropriate standard. However, I encourage members of the Sub Specialty Societies to apply for research grants.

Our aim, after a quieter period around COVID, was to get to one million invested. We have achieved that over the last two years and will keep increasing our capital so we have a sustainable inflation adjusted target each year which should allow for good distributions to appropriate applications.

Vanya has also reignited the Wishbone Club this year. This allows the Trust to keep our patients informed about the research done in New Zealand and the activities of the Trust. It has been a long term aim of the Trust to encourage endowment bequests to support research and I see the Wishbone Club and its newsletters as a vehicle for highlighting this option. We will be exploring convenient ways of adding your patients to the club so please encourage them to sign up.

The accounts show now our accumulated funds to be $1,439,004. Our surplus for the year was $364,255 with $176,385 raised from the Wishbone Relay, $109,400 from Sub Specialty Society Donations and again great support from individual Members who donated $27,574 at the time of membership renewal.

We received 18 grant applications for the 2023 funding round of which 13 were approved totalling $57,900 paid out during the year. My thanks to my fellow Trustees, Vanya, Andrea and all the members of the NZOA office for their continued support of the Trust.

Richard Keddell
Chair

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NZOA Wishbone Orthopaedic Research Committee Report

Wishbone Orthopaedic Research Foundation of New Zealand
Orthopaedic Research Committee

Neville Strick
Chairperson Wishbone Orthopaedic Research Committee

After the significant fund-raising efforts over the last year the Wishbone Trust has reached a level of significant capital and thanks must go to all who were involved in the fund-raising efforts over the last year.

This usefully builds on the many efforts made over the years by our membership. This allows us to look to a bright future of New Zealand Orthopaedic research.

The Committee has been in the enviable position to be able to award funding to many and varied projects at our recent Committee meeting with 15 applications received and considered for the 2024 funding round. The funds will especially help our younger Members get important research projects off the ground.

I must thank and note the long years of service by our retiring members, especially Sue Stott and David Gwynne-Jones, who have served on the Committee for a combined 17 years! They have all been very helpful in helping me transition into the role this year. As new Members come on to the Committee, it is noted that the focus is to ensure Committee membership is broad and representation of all Sub Specialty areas are valued. As and when needed, Sub Specialty Societies will be asked to nominate suitable Members to the Committee to ensure broad representation.

Lastly, I must also thank Bernice O'Brien for her patient help attempting to get me up to speed, and her dedication and energy in the administration of the Committee.

Neville Strick
Chairperson Wishbone Orthopaedic Research Committee

Wishbone Orthopaedic Research Reports Summary

Wishbone Orthopaedic Research Foundation of New Zealand

Reports from researchers who have received funding from the Wishbone Orthopaedic Research Trust show the breadth of Orthopaedic research in New Zealand.

Imposter Syndrome in Non-Trainee Orthopaedic Registrars in New Zealand

Ampili (Ampz) Mathews

Specific Aims and Objectives

Imposter syndrome (IS) is a psychological phenomenon where individuals experience pervasive self-doubts despite being high-performing and successful. This can lead to adverse mental health effects and long-term job dissatisfaction. Our study aimed to investigate the prevalence and severity of IS in non-trainee Orthopaedic registrars in New Zealand, identify associations with the phenomenon, and understand its impact on performance and mental health in orthopaedic surgery. To our knowledge, no prior research has characterised IS in this specific group. This study has the potential to raise awareness, normalise strategies to overcome IS, and provide insights for targeted interventions to improve the well-being and professional growth of junior registrars in Orthopaedics.

Methods

An anonymous cross-sectional study was distributed to non-trainee Orthopaedic registrars in New Zealand. The Clance Imposter Phenomenon Survey (CIPS), a cross-culturally validated survey, was used to characterise the severity of imposter characteristics in each respondent - mild, moderate, severe and intense. The survey was sent to all known junior registrars in orthopaedics in New Zealand. The presence of severe and intense IPS was correlated with demographic and employment variables to determine risk factors. Both univariate and univariate analysis were performed.

Results

A total of 65 responses were collected, with a ~55% response rate. Among the respondents, 46.8% were females, and 53.1% males. Those with moderate to intense CIPS scores were considered to have characteristics of IS. The prevalence rate was 93%. Among the respondents with IS, 23.3% showed moderate signs, 50% severe, and 20% had an intense symptomatology. On univariate analysis, female sex ($p=0.014$), the presence of self-reported burnout ($p<0.001$) and belief that mental health affected the individual's work performance ($p<0.001$) were associated with an increased CIPS score. Age ($p=0.21$), ethnicity ($p=0.63$), work experience ($p=0.14$), working hours (0.422) and previous diagnosis of anxiety/depression ($p=0.26$) were not significant predictors. On multivariate analysis, the presence of self-reported burnout ($p=0.013$) and belief that mental health affected the individual's work performance ($p=0.005$) were significant predictors of IS severity.

Discussion

This research underscores the elevated occurrence of imposter syndrome among junior orthopaedic professionals. Self-reported burnout and belief that mental health was affecting performance were key predictors of increased intensity of IS, whereas demographic factors and work experience were not predictive. Strategies to enhance awareness of IS and for overcoming IS need to be developed for the cohort studied, with an emphasis on burnout management (independent of working hours) and the influence of mental state on clinical decision making.

My involvement in the study:

I played a central role in conducting the study, being the lead investigator of this project from its inception to completion. The conceptualisation and development of the study originated from my ideas, driven by a personal interest in the topic, particularly as someone familiar with the challenges of imposter syndrome (IS). Recognising the potential impact of mitigating IS on long-term career progression and protecting mental health, I embarked on extensive research and sought guidance from the research academic supervisor(s) at Waikato Hospital.

I successfully applied and got funding approval from Wishbone Trust Funding, securing $2000 for the execution of this study. Prior to commencing the study, I also obtained consent from Dr. Rose Clance, the copyright owner of the CIPS survey. I utilised Survey Monkey to create the survey, and its distribution was facilitated through the NZOA secretary. Orthopaedic trainees at each hospital received the survey and were responsible for forwarding it to non-training orthopaedic registrars within their DHB.

To ensure confidentiality, all collected data was anonymous. Statisticians were enlisted to perform the data analysis, and my supervisors also contributed to the statistical interpretation of the results. The responsibility for crafting the abstract and developing the presentation of this study rests with me.

Host, Pathogen, and Environment in Childhood Bone and Joint Infection

Sarah Hunter

The project titled 'Host, Pathogen, and Environment in Childhood Bone and Joint Infection' includes a large, case-control study in the Auckland region currently underway in Starship and Middlemore Kidzfirst Hospitals. This study is recruiting patients who have been diagnosed with acute osteomyelitis or septic arthritis and looking at risk factors for infection compared to matched controls. Matched controls are children without any history of bone or joint infection recruited through fracture clinics.

Reviewing all cases that were treated in the Auckland region since 2018, we have confirmed that Māori and Pacific children have the highest rates of childhood bone and joint infection. Incidence of osteomyelitis in NZ European children has risen in recent years, reaching 17.1/100,000/year, while incidence in Māori has remained stable at approximately ~25/100,000/year for the past two decades. Only the incidence of septic arthritis has fallen across all ethnic groups.

Early analysis from our study compared characteristics of cases with osteomyelitis or septic arthritis to a sample of children in the New Zealand Health Survey (NZHS). Cases were ethnically matched to controls from the NZHS and variables such as the NZ deprivation index and medical comorbidities were compared between groups. We have found that risk of invasive bone and joint infection appears higher in the setting of childhood eczema.

Socioeconomic deprivation assessed via the NZ deprivation index was associated with higher disease risk for Pacific children. Conversely, children of NZ European ethnicity have higher risk of invasive bone and joint infection in the least deprived deciles. Reasons for this are incompletely understood but hypothesised to be associated with social contact via daycare and preschool care. The odds of developing childhood osteomyelitis or septic arthritis in Māori were not significantly increased by exposure to increasing levels of socioeconomic deprivation, although confidence intervals were wide. Inequitable rates of disease do not have a linear relationship with childhood poverty. Moving forward, further elements of risk should be explored and addressed, and will be informed by the results of our individually matched case-control study.

On behalf of the research team, I would like to extend our gratitude to the Wishbone Orthopaedic Research Foundation of New Zealand.

The Kouvalchouck Procedure v Distal tibial allograft for Posterior Shoulder Instability (Ref 2023/5)

Ryan Gao

Shoulder instability is a common problem, particularly in New Zealand where a large proportion of our population engages in contact sports such as rugby and league. In the majority of patients, the head of the humerus (ball) dislocates to the front of the socket (glenoid). However, in up to 10% of patients, the dislocation is 'out the back', i.e. posterior shoulder instability. To date, the management of posterior shoulder instability is controversial and results are often unpredictable.

The findings from this multinational study showed for the first time in a cadaveric model that a novel surgical technique developed in France called "The Kouvalchouck" procedure has the potential to revolutionise treatment of patients with recalcitrant posterior shoulder instability.

The Kouvalchouck procedure involves surgical transfer of a piece of the scapular bone (acromion) with an attached deltoid muscle to function as a "hammock" to prevent the shoulder from dislocating in patients with posterior shoulder instability.

The findings from this study have certainly been a "Game Changer" in the management of patients with posterior shoulder instability. This study was selected as one of only a handful of podium oral presentations out of over 800 abstracts submitted to the American Society of Shoulder and Elbow Surgeons Annual Scientific Meeting in Arizona 2023. Furthermore, this study has been selected as a podium presentation at the upcoming European Society for Surgery of the Shoulder and Elbow in Munich in September 2024. We are pleased to also report that the results were published a few months ago in the premiere journal in the field of shoulder surgery ~ The Journal of Shoulder and Elbow Surgery. The Wishbone Orthopaedic Research Foundation is acknowledged in the manuscript.

Mixed Reality Navigation (MR-NAV) in Shoulder Arthroplasty

Ryan Gao

Shoulder replacement surgeries (arthroplasty) is an excellent surgical solution in management of a number of end stage shoulder pathologies such as arthritis and fractures. Accuracy and precision in the placement of implants during shoulder replacement is paramount to enable surgeons to give their patients the optimal outcome in terms of shoulder function and implant longevity.

Mixed Reality Navigation (MR-NAV) is a novel and cutting edge technique that enables surgeons to use surgical holograms to accurately and precisely place implants into the patient's shoulder during replacement surgeries. Despite the technology being available since 2020, there has not been any basic science studies that validate its efficacy and accuracy.

With the help of the generous funding from The Wishbone Orthopaedic Research Foundation, we have completed this multinational study in collaboration with our Canadian colleagues to test Mixed Reality Navigation in shoulder replacement surgeries. This study is the first of its kind in the world which compared the utility of Mixed Reality Navigation using a head mounted Microsoft Hololens goggle (MR-NAV) with current gold standard way of performing surgery with the help of custom surgical guides.

The findings from this study showed for the first time, that the precision and accuracy of MR-NAV is comparable to superior to traditional way of doing surgery using the currently available guides.

The study has been published earlier this year in the premiere shoulder and elbow peer reviewed journal – The Journal of Shoulder and Elbow Surgery (JSES). The findings have been presented in a number of prestigious international meetings including the Advanced Shoulder Arthroplasty Meeting in Salt Lake City 2024, The Athens Shoulder Meeting 2024 and the upcoming Korean Orthopaedic Society Annual Meeting in Seoul in October 2024.

Pyrocarbon Shoulder Hemiarthroplasty

Ryan Gao

In New Zealand and the rest of the world, a number of young patients suffer from end stage shoulder osteoarthritis for which joint replacement is the only option. However, as with any joint replacement, the implants have a "shelf life" whereby after a certain period of time, revision surgery may be needed to replacement 'worn out' parts. This is analogous to servicing a car and having to replace the brake pads after several years of driving it. The dilemma with doing surgery in young patients is choosing the optimal implant that has got the best "shelf life".

In the shoulder joint, the patients can have the entire joint replaced with a procedure called total shoulder replacement. However, if the glenoid (socket) is relatively normal, only the humeral head (ball) need to be replaced with a procedure called hemiarthroplasty. The traditional material in both total shoulder replacement and hemiarthroplasty is to use a metallic alloy made of stainless steel and cobalt chromium. However, with advances in material science engineering and implant design, Pyrocarbon has been developed as an alternate bearing surface for shoulder hemiarthroplasty. The proposed benefit of Pyrocarbon is that it is 'cartilage friendly' and it has been successfully used as an implant in the hand and elbow joint. In the shoulder, clinical studies reporting on the outcomes of Pyrocarbon hemiarthroplasty remains scarce. To date, there has not been any clinical studies comparing Pyrocarbon Hemiarthroplasty (PyCHA) with more traditional types of shoulder replacement mentioned above.

With the assistance of The Wishbone Trust, we were able to conduct a study that that compared Pyrocarbon shoulder hemiarthroplasty to other types of shoulder replacements. This study represents the largest cohort of patients treated with Pyrocarbon Hemiarthroplasty (PyCHA) in the world and the first to compare stemmed PyCHA to conventional hemiarthroplasty and total shoulder arthroplasty in young patients. We have shown PyCHA has very low revision rates and the short term clinical outcome appeared to be promising. However, further studies are required to elucidate the long term outcome of PyCHA.

The study has been published in the premiere shoulder and elbow peer reviewed journal – The Journal of Shoulder and Elbow Surgery (JSES) and the findings presented in a number of international meetings.

Comparing immediate weight-bearing versus delayed weight-bearing after ankle Open Reduction Internal Fixation

Blair Mason

Research purpose

Our study aims to assess the feasibility of a large scale randomised control trial (RCT) to assess whether immediate weight bearing following ankle fracture open reduction internal fixation (ORIF) is safe, and of benefit to patients. Current practice, while variable, usually involves a period of six weeks non-weight bearing following ankle ORIF. Some evidence exists to suggest that immediate weight bearing is safe, and that patients benefit, however the evidence base is limited. If patients are able to safely weight bear immediately post operatively, we anticipate better patient reported outcomes, faster return to work and sport, and reduced time in hospital.

We are recruiting patients with ankle fractures who require operative fixation, and randomising them into an immediate weight bearing group, and a non-weight bearing group (for six weeks). Broadly, we exclude patients who are skeletally immature, cognitively impaired, compound injuries, multiple injuries, or patients with demonstrated syndesmosis instability.

Our pilot study aims to assess recruitment and dropout rates and optimise the study design by recruiting patients at Christchurch Hospital. We anticipate the primary goal of the full RCT being the Olerud and Molander Ankle Score (OMAS) at 12 weeks post-operation, with various secondary outcome measures including wound and fracture complications. We hope to prove that immediate weight bearing is safe and effective.

Progress to date

Our pilot trial commenced in March. Initial patient recruitment was challenging, however once local staff were familiar with the inclusion criteria, we began to recruit patients steadily. At the time of writing, we have recruited 19 patients, with a view to recruiting 32 for the pilot study. We learned to navigate the challenge of patients being operated on at multiple sites, including public and local private hospitals. We have made slight changes to our recruitment and consenting process, which is now more streamlined and gives a more practical timeframe for patients and staff.

We have a dedicated research assistant based in Christchurch, and the orthopaedic department has been supportive of the study. Successful recruitment is heavily dependent on having motivated individuals based locally to champion the study and help with logistical issues as they arise.

Conclusions to date

No formal conclusions have been drawn to date, however we have anecdotal evidence of patients in the immediate weight bearing group reporting positive experiences with pain free mobilisation. We are also aware of one patient in the immediate weight bearing group who has required a return to the operating room for washout of a superficial infection. It also looks likely that our pre-study estimates of recruitment rate won't be met, and in order to reach the expected numbers for the full RCT, we anticipate needing to recruit from other sites.

Future work

This pilot study will be invaluable in fine tuning the study protocol and setting us up logistically to complete the full RCT at multiple sites. We aim to conduct the study at tertiary and regional hospitals to enhance the generalisability of any findings. If we are able to secure funding and ethics approval, we anticipate extending recruitment to two further hospitals, subject to local approval.

Publication/Presentation

The protocol was published in the Contemporary Clinical Trials Communications Journal (Volume 39, June 2024, 101304).

Acknowledgement

Our research group wishes to acknowledge the Wishbone Orthopaedic Research Foundation for their generosity in funding this study, and hope that together we can promote improved outcomes for patients both nationally and internationally.

PHINZ trial, pilot study (Comparing Nail versus Locking plate in displaced three-part proximal humerus fractures)

Richard Lloyd

Our objective of this study was to test the feasibility of a randomized controlled trial (RCT) comparing nail versus plate surgery for fixation of three-part proximal humerus fractures (PHF). This pilot study was designed to estimate the recruitment rate and identify challenges before conducting a large-scale, multi-centre RCT.

Twelve participants were to be recruited and followed for their clinical outcomes and complications for 6 months. Participants data including pain and function and range of motion was collected by a blinded assessor using 'REDCap'. Participants complications and adverse events were monitored during their clinical visits by operating surgeons.

Participants enrolment began on Jan 15th and completed on July 2nd. During this time, we recorded 94 PHF referrals to Christchurch Public Hospital Orthopedic Service for consideration of surgical management. These patients were discussed in orthopedic trauma meetings. Patients diagnosed with three-part PHFs and deemed suitable candidates for surgical fixation were approached and informed about the study. Of the 15 potential participants, 13 consented to participate in our pilot study. Eight participants were allocated to nail group and five to the plate group. Data collection for all participants will be completed by the end of this year. The pilot trial at Christchurch Hospital has been running for eight months, during which we encountered the following challenges.

1) Unbalanced distribution of participants in groups. Two participants were excluded after randomisation to the plate group. One was subsequently diagnosed with a different fracture type (not 3-part) and the other was withdrawn from the study to allow the surgeon to gain experience with both techniques (the minimum threshold of five cases for each technique was required).

2) Complications in the nail group; one participant underwent a revision surgery due to a fragment loose in greater tuberosity. Revision surgery was comprised of removal of the loose fragment and rotator cuff tendon repair to the rest of greater tuberosity.

3) Complications in the plate group; one participant passed away two weeks post-operation due to Covid-19 and another participant is scheduled for revision surgery due to screw penetration.

Conclusions drawn from the research

The pilot trial identified several key challenges before proceeding with the full RCT. These included 1) the importance of agreed treatment decision (i.e., operative, conservative treatment) before approaching patients, 2) the necessary of having a single person to oversee randomization to maintain integrity and avoid unnecessary randomisation, 3) the need for effective communication among surgeons to ensure adherence to study protocols, 4) the importance of distinguishing between human error from medical complications when reporting complications in full trial and 5) challenges related to the delivery of physiotherapy including commuting difficulties for some participants, the need for longer with lower intensity exercise sessions due to aging, and contracting with different physiotherapy centres to ensure standard treatment for all participants.

Future work

Once we have secured funding, we plan to recruit 210 participants for the full trial. We have communicated with four other centres including Dunedin, North Shore, Whangarei, and Hamilton Hospitals to recruit participants during the full RCT trial.

NZOA Trust Report

The Trust assets are secure and growing at a very satisfactory rate. The international financial situation has improved since last year's report and there has been a very favourable return on our investments from JBWere and Simplicity as you can read in the financial reports of the NZOA.

Haemish Crawford
Chair
NZOA Trust

Richard Street has done a superb job chairing the Trust for the previous 4 years and the change of investment plan from a single provider to JBWere and Simplicity has certainly rewarded the NZOA with improved financial returns and greater transparency and communication with our Portfolio Managers – thank you Richard for all your hard work and wisdom.

Thank you also to Mr Wayne Hughes our Independent Member of the NZOA Trust who has been invaluable over the past 4 years. Wayne is a very astute and successful businessman who gives fantastic advice and direction to the Trust. Wayne rotates off at this year's ASM and he will be replaced by David Cleal from Auckland who will be a wonderful replacement. David has extensive experience as a Financial Advisor and Trust Board Member.

The NZOA Trust has funded the following activities in 2023/2024:

- ABC Travelling Fellowship
- ASEAN Travelling Fellowship
- Hong Kong Young Ambassador
- Korean Orthopaedic Travelling Fellowship
- NZOA young surgeons (2) to attend the AOA Emerging Leaders Forum
- NZOA ASM Guest Speaker funding
- NZOA Registrar prizes
- Sarcoma Foundation

In light of the struggling financial situations of other Australasian medical colleges the NZOA remains very confident in how it manages and invests the funds on behalf of the Members. We welcome requests from Members for financial support for the advancement of Orthopaedic surgery in keeping with the mission statement of the NZOA Trust.

Haemish Crawford
Chair
NZOA Trust

New Zealand Joint Registry Trust Report

NEW ZEALAND JOINT REGISTRY

Gary Hooper
Chair

The NZOA has recently obtained a legal opinion on the relationship between the New Zealand Joint Registry Trust ("NZJR") and the Association to clarify the role of the Trustees.

Current Trustees

Gary Hooper
(Chair)

James Blackett
(NZOA Honorary Treasurer)

Joe Baker
(NZOA Honorary Secretary)

Rod Maxwell

Richard Keddell

Ex officio members

John McKie
(Supervisor of the NZJR)

Andrea Pettett
(Chief Executive)

This opinion has confirmed that the Trustees are responsible for approving any changes to the structure of the NZJR and have the overall role of overseeing the governance of the Registry. Although the NZJR is part of the "entities" of the NZOA this enables the Registry to maintain a degree of independence. The Trustees are acutely aware of the international value of the Registry and that we are acting on behalf of the membership of the NZOA. We have an important role in liaising and collaborating with the NZOA Council and to this end two of the Trustees will always be Council Members.

The above point is important to clarify as the Registry is about to invest in a significant IT upgrade. This process will be expensive and is likely to require considerable consultation and careful appraisal before we commit to it. The membership can be assured that the Trustees will be collaborating with NZOA to get the best possible outcome for the Association.

As a result of the legal opinion about the role of the Trust we will now have to enter into a formal service agreement with NZOA to provide the assistance with running the Registry's day-to-day activities. At the time of writing this was still in the consultation phase, but it is expected that the previous services offered by the staff in the NZOA office will still be required.

The number of procedures registered on the NZJR continues to increase placing significant stress on the small number of data entry staff employed and it is anticipated that staff increases will be required. Our Registry also responds to a large number of requests for information, both from industry and Members, which also adds to the workload.

We believe that receiving this information in a timely way is important and that consideration to employing an epidemiologist may add value to the delivery of this information.

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

I mentioned in my last report that in 2025 we will be hosting the International Societies of Arthroplasty Registries. This is a significant honour for the Association and it is a recognition of the esteem our Registry is held worldwide. This will be a significant meeting and all surgeons and researchers are encouraged to prepare Registry based papers which can be presented to this meeting. I encourage all surgeons interested in outcomes following arthroplasty surgery to get involved.

I wish to thank all the Trustees who give up their time to ensure that the NZRJ remains robust and viable and all the Registry staff who work tirelessly to maintain your Registry. Finally, a big thank you to Andrea and the office team for their continued support.

Gary Hooper
Chair

New Zealand Joint Registry Management Committee Report

NEW ZEALAND JOINT REGISTRY

John McKie
Joint Registry Supervisor

The 2023-2024 year has been another busy year with ongoing year on year growth of Registry joint registrations.

Those who have reviewed the 25 year report will have noted that the Registry has grown by over 50% in the last 10 years. In 2013 we registered almost 18,000 primary joints which has risen to in excess of 27,000 last year.

Surgeon reports were sent out in June and the completed NZJR annual report to end December 2023 was sent to the designer for publication in late July. Thanks to the staff and members of the Management Committee who have worked on tight timelines to produce the annual report.

In line with other International Registries, we have changed the presentation of the KM curves to now show the cumulative revision rate and cohort at risk, rather than the total survivorship rates in the past. This move will enable easier comparison and collaboration with other Registries.

We have a full time IT staff member with Ben Olds who is now familiar with the Registry operation. Ben's appointment has reduced our dependence on the previous contractor who had been with the Registry since its inception. He is adding value in this space and will play a major role as we transition to a new database platform. As part of his orientation and understanding of how the Registry operates, Ben has done a lot of data entry which was vital in our ability to get the data to the statistician in order to get the report finished and published in an appropriate time.

The existing database we are using is still the original bespoke programme that was developed at the outset of the Registry. This is well past its use by date and in urgent need of upgrading. As a bespoke product, we have been dependant on our IT contractor for ongoing support and maintenance.

In addition to speaking with a number of local IT professionals, we have also had extensive discussions with other International Registries about the strengths and challenges of their systems.

We have ended our relationship with QlikView due to its spiralling costs and relatively poor uptake by Members. We envision that Members will have direct access to their own results once the upgrade is live and in the interim, the staff can provide personal data on request.

At the time of writing the NZOA IT consultant Richard McIntyre is leading a request for proposal for a platform upgrade. I hope to be able to provide a further update in person at the AGM.

Ultimately the platform upgrade should allow some efficiencies with a move to more digital data capture, however it is likely that whichever provider is chosen, there will be a significant bedding in period before these efficiencies are realised, and in the interim an additional staff member will be required to enable greater robustness of the Registry operation.

PROMs data collection is a major and expensive workstream. We are looking to developing a phone App, which if successful will both save cost and enable a greater level of sampling of our outcomes.

In line with requests from the AMC and MCNZ, we will provide Members with ethnicity data in their reports next year.

We are hosting the International Society of Arthroplasty Registries (ISAR) in Christchurch 19-21 February 2025. This is the first time the meeting is being held in the southern hemisphere and we're counting on New Zealand surgeons to support the meeting and help make it a success.

As in previous years, we are indebted to all the Registry staff and Management Committee for their ongoing commitment and hard work enabling a quality Registry to function effectively in at times challenging circumstances, particular Dr Jinny Willis, our Registry Manager.

John McKie
Joint Registry Supervisor

New Zealand Hip Fracture Registry Trust Report

We are delighted to announce the release of the ninth annual report of the Australian and New Zealand Hip Fracture Registry (ANZHFR).

ANZHFR

Mark Wright
Chair

This year's report contains data on 3,668 patient care episodes with the total number of records from New Zealand now totalling 23,400. This report captures information on 89% of all hip fractures that occurred in New Zealand in 2023 with data completeness of 99%.

Hip fractures can be a devastating event for older people with many having significant loss of independence and a mortality rate of 27% at one year post hip fracture. The average age of these patients is increasing, and people aged 90 years and older make up 26% of hip fracture patients in New Zealand.

The focus of the ANZHFR is to measure care against the Hip Fracture Clinical Care Standards which were updated in September 2023. These were developed by the Australian Commission on Safety and Quality in Healthcare and endorsed by the Health Quality and Safety Commission New Zealand. Care is also audited against items in the Australian and New Zealand Guideline for Hip Fracture Care. This year the Golden Hip was again awarded to North Shore Hospital for the best performance against these indicators and to Timaru Hospital for making the greatest improvements in their performance.

It is pleasing to see ongoing improvements in several areas. Teams have clearly been putting a focus into ensuring that a person's cognitive state is documented and that the presence of delirium is assessed before and after surgery. The assessment of clinical malnutrition has improved significantly, and further gains have been made in the completion of a frailty assessment.

The growing demand on Emergency Departments (ED) is well recognised and this is having an impact on the length of time a patient with a hip fracture spends waiting to be assessed and admitted. The average time in ED has risen from 6.6 to 7.5 hours and during this time 68% have pain relief administered either by the paramedic service or within 30 minutes of arrival to the hospital. The time to surgery is also increasing with an average time now of 38 hours. The Clinical Care Standard for 2024 is for patients to have received surgery within 36 hours. Meeting this standard will be a challenge and require collaboration between all stakeholders. The greatest reason for delays to surgery is theatre availability at 45%.

There are two areas which remain key targets for improvement. The number of people who stand and take a step on the day after surgery is only 39% and the rates of people discharging home on bone protection medication remains low at 37%.

Further information can be seen in the digital report available on our website https://anzhfr.org/registry-reports/.

This report is possible because of the extraordinary efforts of the teams involved in hip fracture care across Australia and New Zealand. We extend our sincere thanks to all those involved in Registry activities. We look forward to continuing to work together towards better outcomes for older people after hip fracture.

Mr Mark Wright & Dr Sarah Hurring
Co-chairs - New Zealand Hip Fracture Registry Implementation and Management Committee

Addendum: Statement of Service Performance - ACC

The New Zealand Hip Fracture Trust has maintained the number of hospitals contributing data to the Registry with the total number of records up to 24,794 as at 30 June 2024.

Implementation of Data Collection

All 22 New Zealand hospitals are contributing data to the Registry. 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 into the ANZHFR website. The data for 2023 was 99% complete with an ascertainment rate of 89% 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.

Hospital Name	1 July 2023 to 30 June 2024	2023 NMDS
uckland City Hospital	267	398
Christchurch Hospital	483	563
Dunedin Hospital	143	170
Gisborne Hospital	48	38
Hawkes Bay Hospital	23	176
Hutt Valley Hospital	153	129
Middlemore Hospital	282	328
Nelson Hospital	110	138
North Shore Hospital	442	424
Palmerston North Hospital	170	190
Rotorua Hospital	74	87
Southland Hospital	74	107
Taranaki Base Hospital	124	126
Tauranga Hospital	221	222
Timaru Hospital	66	92
Waikato Hospital	361	380
Wairarapa Hospital	5	0
Wairau Hospital	59	64
Wellington Hospital	268	224
Whakatane Hospital	22	39
Whanganui Hospital	61	62
Whangarei Hospital	171	152
Total Count	3628	4109

* NMDS – National Minimum Data Set

Reporting of Data

The Clinical Care Standards for Hip Fracture Care were updated and launched on 11 September 2023. The key changes were a reduction in time to surgery of 36 hours, increased focus on the assessment and management of delirium, nutrition and frailty and the addition of cultural and equity considerations.

The 2024 Annual Report shows that the demographics of people having a fractured hip is unchanged with a quarter of people aged 90 years or older and 4% of the population identifying as Māori or Pacific. There has been further progress in the assessment of cognition before surgery and in the assessment of delirium following surgery with the majority of patients having this recorded. There has been considerable improvement in the assessment of clinical malnutrition with this being completed in 71% of patients. Patients are, unfortunately, spending an average of 7.5 hours in the Emergency Department which is a continuing trend. The average time to surgery has also got increased up to an average of 38 hours, with almost half of the delays due to theatre unavailability. There continues to be plenty of room for improvement in the rates of people able to walk on the first day after surgery and in the rates of patients being treated with bone protection medication before hospital discharge.

The ANZHFR continues to report on outliers against each Hip Fracture Clinical Care Standard indicator, which shows where hospitals are delivering high quality care and provides a focus for where further work is needed. This year caterpillar chats have been introduced to display hospital performance which improves the ability to see how each site is performing compared to other sites ad against the national average.

Research

The 2023 sprint audit was focused on pre-operative fasting. This highlighted that patients are fasted for significantly longer periods of time than guidelines advise – a median time of 12 hours for food and 10 hours for fluids. This has prompted discussion and support for programmes that minimise fasting times.

The 2024 sprint audit is examining the use of anticoagulant medications which is an area which can contribute to delays to surgery.

A poster on 'Improving Fragility Fracture Care in a New Zealand Rural Setting' was presented at the World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal Disease by the NZHFR Co-ordinator.

Education

The 2023 Hipfest meeting was held in Auckland on 18 September with 100 attendees. Once again, we were delighted to welcome Carolyn Cooper, Aged Care Commissioner to join us for the day and to present the annual Golden Hip awards. A highlight of the day was a multidisciplinary panel case discussion which included the Consumer representatives. Members of the ANZHFR community also attended the annual Fracture Fest in Christchurch on 9th and 10th May organised by the Australian and New Zealand Fragility Fracture Registry.

We continue to engage regularly by email with all the data collectors and the Principal Investigators to provide updates, check in with the groups, provide support and address any queries.

Mark Wright
Chair

NZOA Health Technology Committee Report

The NZOA Health Technology Committee is a new Committee which started in 2021.

Mark Clatworthy
Chair

Our brief is evaluating new technologies in Orthopaedics and to determine training requirements for surgeons to use these technologies. The initial members of the Committee were predominantly arthroplasty surgeons however, we now have representatives from each Sub Specialty Society.

The Committee Members are

Mark Clatworthy – *Auckland (Chair)*
Matthew Walker – *Auckland*
Paul Monk – *Auckland*
Nicholas Lash – *Christchurch*
John Scanelli – *Dunedin*
Anand Segar – *Auckland, Spine Representative*
Ramez Ailabouni – *Christchurch – Hip Representative*
Marc Hirner – *Whangarei – Shoulder Representative*
Allen Cockfield – *Christchurch - Hand Representative*
Chris Birks – *Dunedin, Foot & Ankle Representative*

Our first project has been to set the guidelines for robotic total knee arthroplasty which has shown significant adoption by knee arthroplasty surgeons in New Zealand. We have over 25 TKA robots in New Zealand. This is one of the highest global adoption rates. The same guidelines have been set for robotic hip and spine surgery. An extract from the document is below:

NZOA ROBOTIC TKA SURGEON TRAINING REQUIREMENTS FOR SURGEONS, IMPLANT COMPANIES AND HOSPITALS

1. Introduction

The New Zealand Orthopaedic Association (NZOA) Health Technology Committee has recently finalised surgeon training requirements for 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.

TO PEFORM ROBOTIC TKA SURGERY THE FOLLOWING TRAINING MUST TAKE PLACE

2. Education Session/s

The NZOA requires that surgeons must 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. Sawbone workshops must 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 NZOA Joint Registry will report a separate category to surgeons using TKA Robotics to identify outcome and revision rates. This information must be presented at peer reviewed audit meetings annually.

6. Implant Companies Obligations and Certification Document:

As all current TKA robots to date are TKA implant specific the training requirements will be provided by the implant company. A certification document must be given to the surgeon, NZOA and hospital CMO on completion of the training.

7. Surgeon Obligations

Surgeons cannot perform robotic TKA until they have completed the training requirements and the certification document has been received.

If a surgeon has already started using a TKA robot prior to this document being circulated on the 1st June 2023 they have eight weeks to complete their training requirements

Future Direction

Our current project is to audit that the guidelines have been followed by asking the implant companies to provide us with confirmation that surgeons have completed their training requirements and the training certificate has been given to the surgeon and their hospital CMO.

The Hip and Spine Society have adopted the same training guidelines.

Mark Clatworthy
Chair

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Ladies in Orthopaedics New Zealand Report (LIONZ)

LIONZ has moved from strength to strength over the past year with our annual forum in June another success with our highest attendance yet.

Nikki Hooper & Georgina Chan
Chairs LIONZ

This year we extended the forum to cover 1.5 days and had a record 120+ attendees including 50 medical students. We were, again, thankful to receive huge industry support with six different companies supporting the sawbones workshop with two further companies sponsoring medical students to attend from Christchurch and Southern Cross Hospitals sponsoring our keynote speaker, Michelle Dickinson. The forum covered sessions on resilience, professional supervision, fertility (including fertility preservation and IVF), research and interview preparation.

We are pleased to see the NZOA's support for diversity in the now published Diversity, Equity and Inclusion Plan and look forward to the strategies being implemented to continue to promote diversity within our organisation. Nikki spoke on the evolution of LIONZ and importance of diversity at the RACS ASC in Christchurch this year and we look forward to Emma-Kate Lacey talking at the ASM in New Plymouth.

We are excited to note two LIONZ wāhine (Kyla Matenga and Kelsey Rao) were successful at the recent selection interviews and we look forward to celebrating our first two māori wāhine (Ruth Tan and Teriana Maheno) to graduate our training programme in early 2025.

Plans are underway for next year's LIONZ forum which will be run by the new Chairs of LIONZ – Emma-Kate Lacey and Jillian Lee who are scheduled to take over the reins in early 2025. We are excited to see which direction they will take LIONZ next year and beyond.

Nikki Hooper & Georgina Chan
Chairs LIONZ

Ngā Rata Kōiwi (NRK) Report

2023 was a very successful year for Ngā Rata Kōiwi with three more Māori passing the Part 2, Ruth Tan, Bryden Nicholas and Josh Knudsen.

John Mutu-Grigg
Ngā Rata Kōiwi Representative

A very special note to be made for Ruth, who is the very first wahine Māori Orthopaedic surgeon. However, this record three fellows has now been improved on, with four further Māori passing the exam in 2024, with our second wahine fellow Teriana Maheno and also Tyler Rudolph, Shea Timoko-Barnes and Marinus Stowers.

On a more unfortunate note, the winding up of the Māori Health Authority will delay by decades progress to address the health inequities Māori face. This policy will directly disadvantage Māori and will entrench the currently accepted poorer outcomes for Māori within our health care system. In the end this will cost New Zealand significantly as it will be very expensive for the country as a whole in the long run. With this in mind Māori Orthopaedic research has also been progressing, with our first NZ Joint Registry paper about Māori hip and knee arthroplasty and ACC for Māori being finalised shortly.

The NRK continues to engage within Te Ao Māori (the Māori world), to promote surgery and orthopaedics. 2023 and 2024 has seen a number of 'bone workshops' being held at Pūhoro events (in high schools) and at the Te Ora Hui-a-tau (Māori Doctors AGM). Our "Do your first hip joint replacement" station (special thanks to Mathys) won the best college award for RACS at the AGM of all the colleges at the Te Ora Awards dinner. 2024 has seen in increase in Pūhoro presentations with Ruth Tan stepping up, presenting in Waikato.

In Te Ao Pākehā, in the advocacy realm the NRK has continued to engage with the Council of Medical Colleges, the Medical Council of New Zealand and the Royal Australasian College of Surgeons to promote the interests of both Māori and Orthopaedics.

2023/2024 saw the genesis of Te Rau Poka – the Royal Australasian College of Surgeons Surgical Academy for Māori. The aim of this rōpu is to move from the 26 Māori fellows of the College presently to 150 by 2040, the bicentenary of the signing of Te Tiriti o Waitangi. The first hui of this group is to be held in Wellington in August 2024.

Noho ora mai

John Mutu-Grigg
Ngā Rata Kōiwi Representative
Ngāti Kahu, Te Rarawa

New Zealand Orthopaedic Foot and Ankle Society Report

Chris Birks
Secretary

It has been another busy year for the NZOFAS. It began with the inaugural meeting of the Southern Federation of Foot and Ankle Societies, held in Queenstown 14 – 17 September 2023.

President: Tony Danesh-Clough
Secretary: Chris Birks
Immediate Past President: Rhett Mason
Immediate Past Secretary: Hamish Leslie

This was notable as the first combined meeting of the recently formed southern chapter (South Africa, Australia and New Zealand Foot and Ankle Societies) of the International Federation of Foot and Ankle Societies (IFFAS). This was the first time that the South African Society was formally invited.

The conference started with a day of Instructional Course Lectures and small group teaching sessions aimed at Orthopaedic trainees. This was the brainchild of Suren Senthi, who organised an excellent day of teaching and cases for the registrars.

Gordon Burgess and James Aoina organised a fantastic two and a half days of lectures from guest speakers, local and Australian faculty. There were also cases from the attendees. Guest speakers included Martinus Richter (Germany), Scott Ellis (USA) and Mark Easley (USA). They were current, innovative and engaging speakers who gave different perspectives on many foot and ankle conditions.

Millbrook was an excellent venue with almost perfect weather. Tanya Turchie did an excellent job arranging the venue, audio visual and logistics around a relatively large conference by NZOFAS standards. The trades were as always, supportive of the meeting.

All in all, an excellent meeting with a good mix of education, camaraderie and a few laughs along the way. Our thanks to Gordon Burgess, James Aoina, Suren Senthi and Tanya Turchie for organising a very educational and informative meeting.

The AGM was held on 15 September 2023. Rhett Mason stood down as President and was thanked for his exceptional service to the NZOFAS both as President and Secretary over the years. Specifically, he was congratulated in orchestrating the collaboration with IFFAS and establishing the southern chapter with the Australians and South Africans.

Tony Danesh-Clough was voted in as President. I am sure he will do an excellent job and is very well supported by the Society.

At the AGM, it was voted to continue to support the Wishbone Trust. The decision was made to continue our Charitable Status, and we are working towards being compliant by 2026 when the new Act takes effect.

A number of members attended the IFFAS meeting held in Korea (30 May – 1 June 2024). This was the first official attendance for NZOFAS as a member nation. This was an excellent meeting and a fascinating country to visit.

The NZOFAS was a guest nation at the American Orthopaedic Foot and Ankle Society annual meeting, held in Vancouver in September. There was a contingent of members presenting, and a booth available to the NZOFAS for networking.

Rupesh Puna and Eric Swanton are convening an exciting annual meeting to be held in Auckland on 18 – 19 October 2024. Chalie Saltzman (Utah, USA) and Havinder Bedi (Melbourne) are the guest speakers. From there Members can proceed to the NZOA ASM in New Plymouth.

The NZOFAS is joining with NZOA and the NZ Shoulder and Elbow Society to host the combined ASM on 18 – 22 October 2025 in Queenstown. Charlotte Allan and Carrie Lobb are convening, what promises to be an interesting meeting. They have secured Anish Kadakia from Chicago and Murray Penner from Vancouver as guest speakers. We look forward to their contribution and fellowship.

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 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 NZOA Wishbone Orthopaedic Research Committee.

Chris Birks
Secretary

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New Zealand Hip Society Report

Pierre Navarre
President

Executive Committee

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

Past Year

The Hip Society held a very successful combined meeting on 4-5 November 2023, convened by Georgina Chan and Ramez Ailabouni, alongside the NZOA ASM in Nelson. There were 61 delegates. One of the highlights of the meeting was a combined Hip Society and Paediatric Society session. There was a breadth of national expertise showcased, supplemented by very stimulating talks by exceptional international speakers including Richard Field (London, UK), Michael Millis (Boston, USA), Michael Solomon (Sydney, Australia), and John Timperley (Exeter, UK). There were very high calibre talks, some career-summarising, and very thought-provoking panel discussions. The AGM was held on Sunday 5 November 2023, moderated by Matt Boyle who finished his term as President.

Hip Society COE: Everything Hip

The Hip Society COE took place on 2-3 August 2024 at Millbrook in Queenstown, convened by Pierre Navarre and Matt Street. There were 104 delegates. This was a very special event, showcasing a wealth of expertise from around the country with exceptional talks, challenging case discussions and panel discussions. There were outstanding contributions from a bariatric surgeon and ID physician highlighting multidisciplinary care considerations. The AGM was held on Friday 2 August 2024, moderated by Pierre Navarre. The atmosphere at the conference dinner at Stoneridge was warm and collegial.

AGM and Future Meetings

The next AGM is planned during the NZOA ASM in Queenstown in October 2025. At that stage it will be determined where and when the 2026 meeting will occur.

Charitable Status

The Hip Society has achieved Charitable Status in 2022, with repeat registration for incorporation having required modification from the previous Rules to the Constitution, which has been accepted by the membership during the AGM on Friday 2 August in Queenstown. We thank Andrea Pettett and the NZOA Executive for their assistance with this.

Finances

The Hip Society's financial status remains healthy, and the two meetings this year have provided significant revenue. The Hip Society continues to donate significant funds annually to the Wishbone Orthopaedic Research Foundation in order to support Orthopaedic research in New Zealand.

Officers

Congratulations to Vaughan Poutawera, President Elect, who will commence his term as President of the Hip Society at the next AGM during the NZOA ASM in Queenstown in October 2025.

Pierre Navarre
President

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New Zealand Knee & Sports Surgery Society Report

Simon Young
President KSSS

The Society is preparing for its annual meeting in New Plymouth this year immediately prior to the NZOA ASM meeting, with Martin Roche as the invited speaker. Martin is one of the early developers of robotic and sensor-assisted knee surgery and is an international leader in this area.

During a recent conference call with the leadership of the Combined Orthopaedic Knee Societies (New Zealand, Australia, South Africa, and the UK), the future of these meetings was discussed. The most recent COKS meeting was in Oxford; however it was poorly attended by Australian and NZ surgeons due to its proximity to ISAKOS. All four Societies felt the concept was worth continuing, and a four-year cycle was agreed. New Zealand will host the meeting in 2026, with the date and venue yet to be finalised but likely to be in Queenstown in March 2026. It would then follow on with South Africa 2030, and Australia in 2034. These will be non-ISAKOS years. There is also enthusiasm from the Australian Knee Society for continuing with regular bilateral meetings, with the years to be determined.

Andrea Pettett has advised that it is necessary for all Incorporated Societies to re-register under new legislation, including the New Zealand Knee & Sports Surgery Society. A proposal has been put forward to shorten the name to the New Zealand Knee Society as part of this process, and opinions of Members will be canvassed and discussed at the AGM in New Plymouth.

This year I took over the Presidency of the Knee Society from Bruce Twaddle, with Mike Rosenfeldt continuing as Secretary. I would like to acknowledge the effort Bruce has put in over the past years as President, steering the Society through a number of successful meetings though a very challenging COVID period, and for his continuing work with the NZOA ACC & Third Party Liaison Committee.

I look forward to catching up in New Plymouth in October.

Simon Young
President KSSS

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New Zealand Shoulder & Elbow Society Report

NZSES
NEW ZEALAND SHOULDER AND ELBOW SOCIETY

Marc Hirner
President NZSES

On behalf of the NZSES Membership, I would like to extend our gratitude to our Immediate Past President, Alex Malone, for the superb job he did representing the Society.

President:	Marc Hirner
Secretary:	Warren Leigh
President Elect:	Andy Stokes
Meeting Coordinator:	Ryan Gao

Although the NZSES traditionally holds biannual meetings, the Executive Committee recognised the need to become more proactive in registrar education. In collaboration with Arthrex, we hosted a 'Fundamentals in Shoulder Arthroscopy Course' at the Auckland Medical School cadaver lab. The course was fully subscribed and successfully run by NZSES members Craig Ball, Mike van Niekerk, Andy Stokes, Adam Durrant, Warren Leigh, Ritwik Kejriwal and Marc Hirner. The feedback was overwhelmingly positive, and we plan to make this an annual event

Continuing our commitment to education, next year's NZSES annual meeting will feature a half-day session on Shoulder Principles dedicated to the registrars. This initiative underscores our ongoing efforts to support and enhance learning opportunities for our members.

In addition to our educational initiatives, we created a dedicated WhatsApp group this year. The group has quickly gained popularity among our Members, facilitating discussions around difficult cases and other issues affecting the membership. This platform has proven to be a valuable tool for communication and collaboration.

On the administrative front, Ian Galley is the new NZSES representative to the ACC Committee, and Alex Malone is currently gathering input from the membership regarding updates to the ACC Elbow codes. These efforts aim to ensure that our members' needs and concerns are adequately represented.

Several of our members hold positions on the board of ACASEA, and we will represent NZSES at the biannual meeting in Taiwan this year. Furthermore, Craig Ball is the ANZ representative on the prestigious board of ICSES, which will host its tri-annual meeting in Vancouver in 2026. These international engagements highlight our Society's active participation in the global medical community.

Looking ahead, 2025 marks the 25th anniversary of the NZSES. We will celebrate this milestone by hosting our biannual meeting in Queenstown.

Additionally, the NZSES, in collaboration with Khalid Mohammed, will host a session at the 2025 NZOA AGM. We have secured an outstanding lineup of international Shoulder experts for both events, promising an enriching experience for all attendees.

The field of Shoulder and Elbow surgery is experiencing exponential growth, driven by advancements in arthroscopy, arthroplasty, augmented reality, artificial intelligence, and robotics. These developments herald an exciting future for our specialty, and we are eager to embrace the opportunities they present.

Marc Hirner
President NZSES

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New Zealand Society for Surgery of the Hand Report

NZSSH
NEW ZEALAND SOCIETY FOR SURGERY OF THE HAND

Chris Lowden
President NZSSH

As outgoing President for the NZSSH I would like to say a big thank you to all of my colleagues who have put up with my democratic and procrastinating style of tenure. And an especially big thank you to the outgoing Secretary who has kept us on track.

Executive Committee

President	**Chris Lowden**
Secretary/Treasurer	**Robert Rowan**
President Elect	**Jeremy Simcock**
Secretary/Treasurer Elect	**Allen Cockfield**
Immediate Past President	**Tim Tasman-Jones**
Immediate Past Secretary/Treasurer	**Sandeep Patel**

I would like to thank Albert Yoon and Tanya Turchie for organising what promises to be an excellent meeting in Fiji.

Last year we were talking about COVID and the ongoing effects on the health system. This year we are still talking about the ongoing political and financial effects on the health system which continue to constrain the delivery of healthcare.

Last year I talked about change management, this year we did the opposite of that! Since our last AGM we have done something I have never done before, we went on strike!

This is something that has not happened before for the Senior Doctors in NZ that I am aware of and I think reflects the level of frustration in the profession. I am not sure if we are any further ahead but, even if only briefly, we felt we had been heard.

I talked about renewed travel and being able to travel to conferences again post COVID and it makes you realise how much has changed in a year, as already we take it for granted. You may also have noticed that our CME travel allowance has not gone up for several years and with the post COVID airfares being about 40% higher the disparity is becoming more obvious.

Since our last AGM we have held the NZOA COE meeting Wrist and Hand in August 2023 which was in Queenstown organised by our previous exec team; Tim Tasman-Jones and Sandeep Patel. The International Guest speakers Don Lalonde and Randy Bindra provided a great and sometimes divergent philosophy on treatment methods for common and not so common conditions. I think it was an excellent meeting and raises the bar for the COE meetings.

We are lucky enough that visiting other institutions is still possible and the connections we keep with our international colleagues are incredibly valuable. While visiting the UK this year to upskill and learn new techniques I was reminded that we all face the same challenges.

On a full day list with three complex cases, we were whittled down to one by a combination of COVID and a skin infection over the planned operative site. The bonus of this unfortunate cancellation meant we were able to bounce ideas around over a cup of tea and came up with the proposal for a future combined conference.

I also talked about international conflict and global recession and the subsequent influences on health funding and the supply chain. There continues to be shortages of certain drugs and supplies with flexibility and forward planning being the watchwords of the day.

We are also reminded that practice in isolation can have its challenges. The time that we don't want to share our problems is probably the very time that we should be sharing them. This may not be obvious to us at the time and taking help and advice from colleagues should be seen as support rather than failure.

We all have our ups and downs in both life and our professional practice and without exception there are always times when we need support from colleagues and family.

Remembering and being an advocate for our patients remains the core principle that we should not forget while navigating these challenging years. Primum non nocere.

Chris Lowden
President NZSSH

New Zealand Orthopaedic Spine Society (NZOSS) Report

New Zealand Orthopaedic Spine Society

Hamish Deverall
President NZOSS

The AGM was held in Nelson in conjunction with the NZOA AGM. The guest speaker was Mike Vitale who shared his valuable experience and insights into the life cycles of spine surgeons, striving for safety and efficiency.

This year the NZOSS Trust achieved Charitable Status which will enable the Society to further the objectives of enhancing Spine Surgery in New Zealand through collaboration and supporting aspiring Spine surgeons.

Angus Don, Antony Field and Peter Robertson have been in discussions with insurers regarding establishing a Spine Registry.

The Health New Zealand Spine Working group has been established to review the provision of acute spine services across the regions. This has proved an opportunity to create ideal models of care however it remains to be seen if these can be delivered in the current environment.

This year's Spine Society meeting will be held at the Sofitel in Denerau, Fiji. The guest speaker is Sean Molloy, and the programme is shaping up well with a good mix of papers submitted.

Hamish Deverall
President NZOSS

New Zealand Orthopaedic Spine Society

The Paediatric Orthopaedic Society of New Zealand Report

There have been many famous books whose first sentence has been immortalised in literary history over the years.

James Donovan
President POSNZ

POSNZ Committee Members

President	Jason Donovan
Secretary	Allen Cockfield
President -Elect	Ian Galley
Secretary-Elect	James Aoina
M**ember at large**	Tim Gregg

That sentence will not be one of them, but so starts the 2024 annual report for the Paediatric Orthopaedic Society of New Zealand Incorporated. The addition of "Incorporated" was one of the success stories for POSNZ, with our application to become an Incorporated Society being accepted, along with subsequent success in gaining Charitable Status. For their assistance with this I would like to thank Andrea Pettett and Karyn Eggers along with their gentle reminders to keep things moving. Without their help I am sure the application process would still be in progress.

The Society annual meeting was held in association with the NZOA Annual meeting in Nelson last year, along with the Hip and Spine Society Annual meetings. We had exceptional speakers in Dr Michael Vitale, Professor Stuart Weinstein, Professor Anne Van Heest and Dr Jimmy Chong covering a wide variety of subjects. The benefit of combining with the NZOA was evident with the quality and number of speakers we were able to have, along with catching up with colleagues from other Societies that don't often cross paths.

Planning for the next meeting is in full force with Nichola Wilson and Jonathan Tan putting together a cerebral palsy centric meeting to be held in Auckland in March next year. Confirmed speakers include Unni Narayanan from Sickkids in Toronto, Jason Howard from Nemours Children's Hospital Delaware and Erich Rutz from Royal Children's in Melbourne, so is lining up to be another great meeting.

The annual APOS/POSNZ instructional course lecture series returns to its roots with the meeting being held back in Noosa in August of this year. Once again, there will be several of our Society members presenting and assisting with the running of this excellent course. Thanks to all those that are helping and representing the society in this fashion. The lecture series is an excellent source of education for the trainees coming up to their exams, and a good update for those of us for whom the exams are a bit of a distant memory.

Finally, my congratulations to Ian Galley and James Aoina who have been voted in as President-Elect and Secretary-Elect respectively, with Tim Gregg continuing his service to POSNZ as Committee member. Their assistance with decision making in the society is very much appreciated.

James Donovan
President POSNZ

New Zealand Orthopaedic Trauma Society Report

The Orthopaedic Trauma Society remains in its "constitutional infancy" with good progress being made over the last 12 months since being officially listed.

Jonny Sharr
President Trauma Society

The first official AGM was held in June last year during the AO course in Auckland, which allowed us to initiate the process to become an official Society. Since then, we have continued to chip away at the requirements to get the Society appropriately established and to attain Charitable Status. Thanks goes to Alex Lee, our Society Secretary, for working away on a process that is quite foreign to most of us. Also thanks to the team in the NZOA office for assisting in navigating the various requirements.

The formal establishment of an NZOA Trauma Society has been discussed and considered by many of our Members over the last couple of decades. To get our Trauma Society formalised will bring significant benefits to most of our Association, some of them obvious and others yet to be realised. We look forward to Members signing up for the NZOA Trauma Society and encourage your voice in helping us shape that potential in both our future activities and advocacy.

The first major activity the Trauma Society has on the horizon is to put together a Society meeting. The Presidential Line have encouraged our first official meeting to be the COE meeting for 2025. Planning is now underway for a meeting to occur on the Friday and Saturday May 16/17 in Christchurch at the Te Pae convention centre. More details will follow before the end of this year as we finalise the availability of our international guests, but it promises to be a valuable experience for all of us who contribute to Orthopaedic Trauma care for our NZ community.

Jonny Sharr
President Trauma Society

New Zealand Sarcoma Society Report

The New Zealand Sarcoma Society has had another productive year with the formation of a guidelines working group, the realisation of The Sarcoma Foundation of New Zealand, and the formalisation of the Sarcoma Society.

SARCOMA NEW ZEALAND

Josh Kempthorne
Secretary Sarcoma NZ

Michael Flint
President Sarcoma NZ

The Sarcoma Guidelines Working Group, chaired by Dr Josh Kempthorne, has been working with Te Aho o Te Kahu – Cancer Control Agency. The group is well underway to developing a Model of Care and Optimal Clinical Care Pathway documents for the care of patients with sarcoma and other related soft tissue tumours. This will prove invaluable in the increasingly challenging healthcare environment we are all experiencing.

Dr Andrew Johnston and Dr Joanna Connor (Medical Oncologist) have dedicated considerable effort to developing The Sarcoma Foundation of New Zealand's new website (www.sarcoma.org.nz). This user-friendly platform is now live and offers a wealth of resources for both patients and clinicians. It also features a donation portal, providing an easy way for supporters to contribute to the foundation's ongoing work supporting sarcoma patients and their families.

Actions to formalise The New Zealand Sarcoma Society were successfully concluded under the leadership of Mr Michael Flint, the Society's President. We are now open to membership from the diverse multidisciplinary cohort of qualified clinicians and allied health professionals dedicated to the care of sarcoma patients. This is a significant step forward in our mission to provide comprehensive support to those affected by sarcoma.

If you would like to be considered for membership, please email josh.kempthorne@cdhb.health.nz

The year concluded with a very productive and collegial one-day Sarcoma ASM meeting at The Cordis Hotel in Auckland on 30th October. This meeting, held every two years, is proving beneficial for governance, scientific, and collegial roles. The AGM was held during this meeting, and it was agreed Mr Flint would continue as President, Mr Isaac Cranshaw (Retroperitoneal surgeon) as Treasurer and Dr Josh Kempthorne as Secretary will continue in their roles for one more year, and the next AGM will be online for all paid-up Society Members in 2025.

Josh Kempthorne
Secretary Sarcoma NZ

Michael Flint
President Sarcoma NZ

Orthopacifix Charitable Trust Report

The Orthopacifix team were again busy in the past year.

This year, 63 NZOA Members donated approximately $20,000 to the Trust. We are very grateful to those Members for their ongoing support. We remain grateful also to the various Orthopaedic companies that continue to contribute funds and support our projects. In particular we would like to thank Pioneer Medical and Stryker. Pioneer continue to support the Trust with regular donations. Stryker have also continued to strongly support the charity and provide stipends for registrars to experience orthopaedic practice in the Pacific Islands.

In the past year the Trust has again supported the Pacific Islands Orthopaedic Association (PIOA) training modules. In September 2023, James Aoina, Sotiata Leilua, Hamish Leslie and Suren Senthi assisted with teaching on the PIOA training module and David Bartle helped with registrar examinations in Suva, Fiji. Vaughan Poutawera and Richard Cowley worked at the main hospital in Suva to facilitate local surgeon attendance at the lectures and practicums. David Bartle took two registrars to the Cook Islands in November 2023. Vaughan Poutawera took another two registrars to the Cook Islands in August 2024.

The Trust is continuing to work with the Ministry of Health in the Cook Islands on the project to refurbish the operating theatre in Rarotonga.

In addition to these activities, the Trust has once again facilitated the delivery of various Orthopaedic supplies to the islands this year. Last month we farewelled Dr Naseri Aitaoto from Pago Pago who spent two years working at Tauranga Hospital. We encourage Members to consider whether their hospital department may be able to accommodate a Pacific surgeon in a non-trainee registrar role. Please contact any one of us to discuss any of the above or with other queries.

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

Nga mihi, yours sincerely

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

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Orthopacifix Pacific Islands Ambassador Report

Titanium Elastic Nails (TENs) – A game changer in the Management of Paediatric and Adult Trauma in Samoa

Dr Shaun Mauiliu
Orthopacifix Pacific Islands Ambassador 2023

Samoa

Samoa is a tropical island in the middle of the South Pacific and south of the equator. We are situated northeast of Australia and NZ. We have two main islands Savaii and Upolu, with a population of 205,000 and half of this population are below the age of 22. The capital Apia is on the island of Upolu, and 75% of the population live around Apia.

Samoa and Solomon are the only countries in the Pacific doing Tens Nailing.

There is no current Literature in the Pacific on the use of Tens nail.

Historically in Samoa and the Pacific Island countries, every child that had a femoral fracture would be put under a form of skeletal traction. This involved 6-8 weeks of traction, or even longer for 3 months. There was a high rate of mal-reduction, pin site infection, stiff knee and ankles and there was a big socioeconomic burden on the families being in hospital to care for their child for the whole time the child spent in hospital. Not only was there a big cost to the families but also to the hospital in terms of resources and time.

Some of the common complication while the child was in traction was the high risk of shortening with immediate casting (older child & high energy injury). Relative contraindications: very distal femoral #, multi-trauma, head injury.

In 2019, we performed our first ever TENs nail fracture for a femoral fracture in a 11 yr. old male involved in MVA accident. This was a big achievement not only for us but for our patients and hospital services.

Titanium Nails have been around for the last 40 years, and multiple studies from multiple institutions now report excellent outcomes with few complications.

Appropriate Construct

2 nails with opposing curves. Concavities should face each other. Apex of the curve should be located at # site. Each Nail Diameter must be 40% of the canal, so total nail diameter should be 80% of canal diameter.

Results

From 2019 to 2023, there were 31 cases of TENs nail from our Data collection. Out of those 31 cases there were 21 femur fractures, 7 midshaft ulnar and radius fractures, 1 radial neck #, and an adult case with a comminuted humerus # treated with a TENs nail. The average age range was between 4- 13 years and there were 51% females and 49% males.

The most common mechanism of injury was falling from trees as a very common mechanism of injury for femoral fracture and followed by MVA accident as common mechanism for admission to hospital. There was also a decent number of rugby injuries causing fractures in kids.

Fracture Pattern

The most common pattern of femoral fracture is transverse in nature and accounts for 9 of the cases. Followed by Oblique & Spiral, then comminuted midshaft and then the odd proximal femur fracture.

Length of Stay for Tens Nail

Length of Stay for admission for these cases ranged from an average of 4-7 days and the longest stay was 2 weeks due to other injuries sustained.

Cost before Tens

So, the average cost for a hospital bed at TTM hospital is about 200-300 Tala per day (100USD). For a child to be in traction for 6 weeks costs the family 12,600 Tala (USD 4,660). So, every year there was average of 7 kids needing traction in hospital, and this would cost the government 114,000 tala per year (USD 43,000)

After Tens Nail

Average stay in hospital was only 2-3 days. The cost to the families was only 900 tala for 2-3 days. So, the cost benefit to the hospital, it saved 100,000 tala per year (USD 37,000), and in the last 3 years there was USD 150,000 saved by the hospital per cost for the use of the TENs nail system for femoral fractures.

Conclusion

TENS nail has changed the landscape of how we manage femoral fractures, and this is very evident in the cost to the government and especially for the care of our paediatric patients and this is a very important skill to have in the Pacific Islands in treating paediatric orthopaedic cases.

Dr Shaun Mauiliu
Orthopacifix Pacific Islands Ambassador 2023

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2023 Trans-Tasman Travelling Fellow Report

I had the privilege of participating in the Australian Orthopaedic Association's (AOA) Annual Scientific Meeting in Melbourne in November 2023 as the NZOA Trans-Tasman Fellow. This was kindly sponsored by the AOA.

Dr Mustafa Saffi
NZOA Trans-Tasman Fellow

The event was hosted at the Melbourne Convention Exhibition Centre along the Yarra River, spanning four days with comprehensive educational, specialty specific and plenary sessions. Attendees included local and international speakers and delegates from New Zealand, USA, Canada, UK, South Africa, the ASEAN region, and Turkey.

The central theme of the meeting was "Rural Surgery - Build it and they will come". Presentations from representative Presidents pinpointed challenges in providing surgical services to rural populations in each respective country. While the issues shared similarities, the scale of geographical distances, population density, and resource allocation varied significantly.

The industry exhibition hall left a lasting impression, featuring not only locally utilised systems but also a range of technologies offering insights into future possibilities. The practical application of artificial intelligence emerged as a recurrent theme within the realm of advancing technologies.

Social gatherings encompassed a President's reception on the eve of the event and a Gala Dinner with a Great Gatsby theme at the iconic Forum Theatre. Here, our Australian counterparts demonstrated their superior talents on the dancefloor.

I extend my gratitude to the AOA for the generous hospitality, and I eagerly anticipate reconnecting with familiar faces in upcoming meetings.

Dr Mustafa Saffi
NZOA Trans-Tasman Fellow

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2023 Hong Kong Young Ambassador Travelling Fellow Report

East Meets West. At the end of last year I had the great privilege and honour of representing the NZOA as the Ambassador to the Hong Kong Orthopaedic Association 43rd Annual Congress.

Ryan Gao
Hong Kong Ambassador

The meeting was a great success and I was very grateful for the opportunity to showcase some award winning research from Aotearoa and connect with friends and colleagues from around the globe.

The Congress was held at the state of the art Hong Kong Convention Centre in front of the picturesque Victoria Harbour. After a few years of COVID lockdown, it was great to see this commercial and economic hub buzzing again. Hong Kong is a unique and diverse metropolis harnessing the best elements from its Eastern roots and Western history. While the city was handed back to China as a Special Administrative Region (SAR) in 1997 after more than a century of British rule, one can still find vestige the past preserved in its architecture and various cultural traditions.

From an academic of view, Hong Kong has made significant contributions to Orthopaedic surgery, particularly in the field of spinal surgery and minimally invasive surgery. As a trainee, I remember learning the "Hong Kong Procedure" for treating spinal TB and it was particularly inspiring to hear of some of the speakers paying homage to the local legends during their talks at the congress. Overall, the quality of the research was outstanding and the scientific calibre of the meeting was world class. I was grateful to be given the chance to showcase some research from New Zealand and the study that I presented on behalf of the NZOA was a multi-centre, randomised controlled trial comparing oral versus IV tranexamic was the culmination of six years of collaboration from my mentors and colleagues in the NZOA, namely Mr. Marc Hirner, Mr. Brendan Coleman, Mr. Mike van Niekerk, Dr. Alex Gibson and Dr. Alex Campbell. We were very fortunate to have been awarded The Grammont Award at the 2022 European Society of Surgery of the Shoulder and the Elbow and the study was published as the Grammont Award Paper in the Journal of Shoulder and Elbow Surgery. The feedback from the audience was positive and I was particularly thrilled to learn that the findings from this study has changed a number of surgeons' practice since the congress.

Overall, the experience was rewarding and I thoroughly enjoyed the academic and social aspects of this congress. I would highly encourage my friends and colleagues to take the opportunity to represent the NZOA as an Ambassador in the future. Finally, I would like to thank the NZOA, Karyn Eggers, the NZOA executive members, and the Wishbone Orthopaedic Research Foundation of New Zealand for their ongoing support.

Ryan Gao
Hong Kong Ambassador

Hong Kong Orthopaedic Association 43rd Annual Congress Gala Dinner. Receiving a gift from Dr. Chun Hoi Yan, President, Hong Kong Orthopaedic Association

Victoria Harbour, Hong Kong

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2023 Korean Travelling Fellow Report

Anand Segar
NZOA Korean Travelling Fellow 2023

I had the pleasure of being selected as the 2023 New Zealand Orthopaedic Association (NZOA) / Korean Orthopaedic Association (KOA) Travelling Fellow and travelled to the Korean Orthopaedic Association Annual Meeting in Incheon.

The meeting was an interesting experience, with surprising industry support from pharmaceutical companies. The Korean hospitality was very welcoming, and my paper on failure in Paediatric Spine stimulated good discussion. The volume of work in Korea is incredible, with single-institution Spine studies larger than what we typically see in our country. We had the opportunity to visit the beautiful country, and I would encourage young Members to take advantage of this opportunity.

Anand Segar
NZOA Korean Travelling Fellow 2023

AOA Emerging Leaders Forum Report

We arrived in Melbourne unsure of what to expect and found the course thought provoking and inspiring.

Carrie Lobb

Ritwik Kejriwal

The course started with the emphasis that all surgeons are leaders in our day-to-day roles and the importance of our participation in hospital hierarchy and management is integral to improving patient care.

Leadership topics included purposeful leadership, inspiring and influencing change, empowering teams and followership, effective communication, conflict management, how to be collaborative, with insight in improving inclusion of indigenous leadership, and the benefits of diversity. There were also a series of outstanding talks on fostering successful business models including the perils and pitfalls of technology on the rise such as AI, and how to embrace it safely. We explored leadership in education, health advocacy and discussed the importance of wellness in leadership.

The esteemed and impressive panel were approachable and keen to mentor the attendees, and it was a great weekend for networking with our Australian cousins, surrounded by the renowned buzzing culture and food delicacies of Melbourne. We are both very grateful to NZOA and AOA for this opportunity, and highly recommend the course to those considering future leadership positions, but the course is excellent for providing tools in managing daily challenges as a surgeon as well.

Carrie Lobb and **Ritwik Kejriwal**

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2024 American British Canadian (ABC) Travelling Fellowship Report

"In person sharing of ideas continues to be of huge value in a digital world."

Anand Segar
ABC Travelling Fellow 2024

I was extremely privileged and humbled to be selected as the 2024 New Zealand Orthopaedic Association representative on the American British Canadian Travelling Fellowship. The Fellowship is steeped in Orthopaedic history. The first group of British fellows travelled to the United States in 1948 out of concern that British surgeons "would reach senior positions in England with little knowledge of the state of Orthopaedic surgery in North America." Surgeons from New Zealand, Australia, and South Africa were added to the Fellowship in 1954, and North American fellows first visited the Southern Hemisphere in 1985.

Our first NZ representative was O. Ross Nicholson. In 1956, he sailed from New Zealand to Southampton and then on to New York for the commencement of his Fellowship. In total, 11 ABC Fellows have also served our organisation as President, emphasising the importance of the Fellowship in developing leaders within our organisation.

The Fellowship has become even more valuable now as we return to normalcy after the pandemic. It used to be focused purely on clinical topics; however, it is now more concentrated on sharing ideas about higher-level topics concerning health systems and the challenges facing our specialty in various jurisdictions.

24 May – Auckland, New Zealand

The ABC Fellowship is a club "formed by and for the Fellows." I was farewelled by our local club at a dinner organised by Haemish Crawford (ABC 2002) at the Northern Club. Eleven past Fellows, including those from out of town, were in attendance to share their stories, provide support, and offer collegiality.

It was an absolute honour to finally meet Harley Gray (ABC 1976).

1-3 June – London, United Kingdom

As it always does, the Fellowship began in London, UK, and I travelled there from New Zealand on 31 May.

Leaving New Zealand was somewhat bittersweet, as this meant leaving my 4-week-old son behind. This was not a first for the Fellowship; JT Fairbank, a member of the original group in 1948, arrived, by ship, in New York from the United Kingdom to a telegram from his wife informing him of the birth of their first son. His Son, Jeremy Fairbank, eventually became an Orthopaedic Spine surgeon, an ABC Fellow in 1988, and my PhD supervisor at Oxford in 2012.

On June 2, I met my co-Fellows at a dinner hosted by the Bone and Joint Journal and realised I was traveling with an eminent group of young surgeons. These were Maritz Laubscher (Cape Town, South Africa), Sina Babazadeh (Melbourne, Australia), Jonathan Stevenson (Birmingham, UK), Xavier Griffin (London, UK), Tom Quick (London, UK), and Ciara Stevenson (Belfast, UK).

The dinner was attended by previous ABC fellows Deborah Eastwood (ABC 1992), John Skinner (ABC 2004), and Fares Haddad (ABC 2004), who provided entertaining stories of the previous Fellowships and set the expectations (of behaviour) for the coming tour. The following morning, we boarded the flight from Heathrow to Calgary, full of excitement and nervous anticipation for the weeks ahead.

3-8 June – Calgary, AB, Canada

Institution – The University of Calgary
Host – Dr Mike Monument, ABC 2021

Having recently completed the ABC tour himself, Dr. Monument showed kindness to our jet lag and allowed a slow start to recharge. We met Dr. Richard Buckley, the first Orthopaedic trauma surgeon in Calgary and now co-author of the peerless Hoppenfeld, Surgical Exposures in Orthopaedics.

A focus of the Calgary stop was leadership in academic Orthopaedics. We had the opportunity to meet with Dr. Todd Anderson (Dean of the Cumming School of Medicine), Dr. Kevin Hildebrand (Head of the Department of Surgery), and Dr. Jason Werle (Chief of Orthopaedic Surgery). We learned how departments were organised and problems solved within government-based systems and the challenges associated with inefficiencies and funding constraints.

A tour of the McCaig Institute for Bone and Joint Health left us in awe of the philanthropic donations that provide state-of-the-art facilities for clinical and academic research. Our academic afternoon with the Calgary Orthopaedic Resident Research Group (CORRG) coincided with the PGY5 residents receiving their fellowship exam results, affording us the opportunity to interact with the residents and celebrate their success.

We concluded our Alberta experience with a trip to Banff to take in the breathtaking views and enjoy the incredible hospitality of Calgary Orthopaedics.

8-12 June – Ottawa, ON, Canada

Institution – The University of Ottawa
Host – Dr Sasha Carsen, ABC 2021

We were met at the baggage carousel by Dr. Carsen's infectious smile, an incredibly genuine and enthusiastic gentleman. He introduced us to Dr. Baxter Willis, Past President of the Paediatric Orthopaedic Society of North America and previous Chief of Surgery at Children's Hospital of Eastern Ontario, who humbly spoke about his fellowship with Dr. Salter and the importance of mentorship, living by the ethos of 'pay it forward.'

We attended trauma grand rounds chaired by Dr. Steve Papp (Chief of Orthopaedics), which provided discussion of clinical cases and shared learning. A tour of the biomechanics lab taught us how collegiality within the department helped fundraise for the Kuka robot to advance research. One of the highlights of the visit was being hosted for dinner at the Rideau Club as guests of Dr. Paul Beaule.

12-15 June – Halifax, NS, Canada

Canadian Orthopaedic Association Annual Meeting

We arrived at a reception hosted in our honour, where we had the opportunity to reconnect with our new and longstanding Canadian friends. We each presented at the academic meeting and moderated various sessions, which allowed us to debate, stimulate discussion, and share learning from our own Registries and research. Highlights of the meeting included dinner with the Carousel of Past Presidents – not only an opportunity to don black tie and enjoy a fine evening but an incredible combined experience of leadership and clinical expertise.

15-19 June – Nashville, TN, USA

Institution – Vanderbilt University
Host – Dr Rick Wright

Running the border and heading south to Music City, Nashville, we were treated to southern hospitality with brisket and bourbon. Impressed by the facilities of the Vanderbilt campus and the general scale of the unit comprising 41 operating theatres, we witnessed efficiency and resources facilitating the running of two theatres simultaneously. The academic programme provided insight into producing big data from the MOON group (Dr. John Kuhn) and MARS (Dr. Rick Wright). A highlight was The Listening Room Café, with three amazing independent female singer-songwriters.

19-22 June – St Louis, MO, USA

American Orthopaedic Association Annual Leadership Meeting

Our Midwest travelling fellowship continued to St. Louis. Highlights of the meeting included symposia on residency programmes, diversity and inclusion, and the risk of practice creep from alternative providers. This provided us with insight into how the US training system operates and how the difficulties at home regarding selection and training were mirrored there.

The standout presentation of the meeting was by Dr. Rex Marco, who gave a heartfelt reflection on the use of mindfulness to survive his journey from being a prominent successful spinal surgeon to suffering a tragic mountain biking accident causing tetraplegia. We gained perspective in St. Louis.

22-25 June – Chicago, IL, USA

Institution – The University of Chicago
Hosts – Dr Mike Lee, ABC 2019 and Dr Rex Haydon, ABC 2009

The Windy City did not disappoint. Upon arrival, we were taken for deep-dish pizza and karaoke to celebrate the birthday of recently retired Professor of Orthopaedics from Loyola University, Dr. Terry Light.

The following day, we saw Chicago from the river on an architecture boat tour, followed by a Cubs game at Wrigley Field. On Monday, we had the privilege of a private tour of the Institute for the Study of Ancient Cultures Museum, followed by our academic afternoon. Our last night in Chicago was unforgettable. Dr. Haydon and his wife Nene hosted us at their family home on campus, where we celebrated the ABC legacy, sipped an ABC-themed bourbon cocktail (with an ice ball emblazoned with the ABC logo), enjoyed delicious Peruvian food, and watched the fireflies dance in the evening sky.

25-28 June – Memphis, TN, USA

Institution – The Campbell Clinic
Host – Dr Derek Kelly, ABC 2019

The tour took us back to Tennessee to the perennial ABC host, The Campbell Clinic. We made memories by staying at the Peabody Hotel, famous for its ducks in the fountain of the hotel foyer, taking a stroll down Beale Street, and making our way to BB King's – home of the blues.

Trauma grand rounds at Regional One, followed by a tour of Le Bonheur Children's Hospital, demonstrated the devastating prevalence of paediatric ballistic trauma. Academic discussions provided insight into the rich history of the ABC and The Campbell Clinic. We also had the opportunity to discuss how healthcare is funded in Tennessee with the CEO of The Campbell Clinic, Daniel Shumate. No visit to Memphis would be complete without a tour of Graceland, and with our hearts full of music, we made our way to Colorado.

28 June- 2 July – Denver, CO, USA

Institution – The University of Colorado
Host – Dr Evaline Burger, ABC 2000

We arrived for our last stop of the ABC tour in Denver as firm friends with a deep respect for each other's practices. Offering a unique blend of outdoor adventure and world-class clinical and research facilities, UC Health was a fitting final destination.

A particular highlight was an evening at a ranch where we learned how to rope and ranch, followed by a sunset meal from a 19th-century chuck wagon. On the morning of our departure, we had breakfast with Tom Gronow (CEO and President of UC Health), who provided valuable insights into his leadership style and how to promote cultural change within an organisation.

Learnings from the ABC 2024

1. Burden of Growing Healthcare Demand

Every country is struggling with the growing burden of healthcare demand associated with an aging population, compounded by the lasting impact of the pandemic. There are multiple strategies to tackle this problem. Canada is particularly challenged by a primarily government-funded system and an inherent fear of private medicine. While we often hear there is no private medicine in Canada, imaging and laboratory tests are conducted by private companies and private healthcare exists in Quebec. There is an odd loophole allowing patients to travel between provinces to receive privately funded healthcare that they cannot access in their home province due to legislative restrictions.

2. Practice Creep from Alternative Providers

There is a growing trend of alternative providers—podiatrists, optometrists, physician assistants, and nurse practitioners—expanding their scope of practice. In the US, podiatrists are growing faster than foot and ankle surgeons and can have a broad scope of practice, including any "treatment of the lower limb." Strong advocacy from the American Medical Association and the American Orthopaedic Association is working to maintain the medical profession as the leader in healthcare delivery in the United States.

In the United Kingdom, the government is pushing for increased numbers of physician and anaesthesia associates. With shorter training, these alternative providers seem like an ideal solution for the staffing crisis seen in the NHS. However, they lack the basic medical training and depth of knowledge. Despite not being medically qualified, patients often assume they are being treated by a doctor when it could actually be a paramedic or physiotherapist. This issue has recently come to a head, with the British Medical Association taking legal action against the General Medical Council over their decision to regulate physician associates.

3. Large Healthcare

Our colleagues in the United Kingdom and the US are finding it increasingly challenging to maintain their voice and relationship with patients. In the UK, private patients often view their healthcare provider as their insurer, which can control referral pathways to approved providers.

In the United States, physicians are being bought out by insurers, hospitals, and private equity firms, with 80% of doctors being hired by these broad groups. Small physician groups, not unlike private practices in New Zealand, struggle to negotiate with large funders who have been known to unilaterally cut reimbursements. Private equity buyouts of physician groups can initially seem like a windfall for the physician owners. However, the short-term focus of new corporate owners often means that the original physicians leave the practice and the quality of care suffers.

4. Equity, Diversity and Inclusion

There is an international push to make Orthopaedics more inclusive and to build a more representative and diverse workforce. This has been shown to improve patient outcomes. Implicit bias is a challenge faced globally. At many of our stops, chairs openly discussed the difficulties they face in implementing EDI (Equity, Diversity, and Inclusion) in their respective units.

Throughout the tour, we were consistently overwhelmed by the generosity and enthusiasm of everyone involved in hosting the ABC fellows. Dr. Stu Weinstein (ABC 1985), former American Orthopaedic Association President, once said, "There is no greater return on investment for our profession than the ABC Travelling Fellowship." Spending five weeks with like-minded individuals who share the same commitment and drive for our profession has earned us not only six treasured friends but also an international network for collaborative research, a sounding board for the exchange of innovative and transformational ideas, and ultimately an ABC family bonded by this incredible, life-changing experience.

It was immensely valuable to visit the North American health systems as an ABC Fellow, trying to understand the challenges faced by our colleagues. Overall, I feel we are very well placed in New Zealand. Our strong, centralised organisation ensures our voice is heard when we advocate for our patients and ourselves. Observing the problems faced by our colleagues abroad has deepened my respect and gratitude for the NZOA, our Council, and all the Sub Committees who work tirelessly for Orthopaedics in New Zealand. It has highlighted to me that we are much better off together as a cohesive group. I look forward to giving back and serving our organisation in the coming years.

I am extraordinarily grateful to the NZOA for providing me with the opportunity to undertake this Fellowship, to the institutions for their generous hospitality, and to my family for their steadfast and unquestioned support.

Anand Segar
ABC Travelling Fellow 2024

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ABC Fellows in Banff

At the COA Presidents Dinner with Canadian Orthopaedic leaders

ABC Fellows at the Anheuser-Busch Brewery in St Louis

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Peke Waihanga
Artificial Limb Services Report

Kia ora everyone, I would like to update you on where we are at in our work to gain pay parity with Health New Zealand following the recent Allied Health Pay Equity Settlement.

Peke Waihanga
Artificial Limb Service
Orthotic Service

Sean Gray
Chief Executive Officer

Our efforts so far have involved communication with several different agencies; however, we continue to be bounced between them with no clear resolution. Therefore, I have written to Margie Apa (CEO, Health New Zealand), and Megan Main (CEO, ACC) to advise them that resolving our pay parity issue is essential to prevent any negative impact on the services that Peke Waihanga provides to our patients.

In these letters, I urgently requested a $20 per hour rate increase on our service contract with Health New Zealand, and a $14 per hour increase on our contract with ACC ($20 less $6 which they have already committed). I reiterated that the funding increases we are urgently requesting are essential to address the ongoing salary gap created by the recent Allied Health Pay Equity Settlement. I have also detailed the steps Peke Waihanga has taken so far to address these issues, and advised of the negative impact we will see if this issue remains unresolved.

Currently, we are waiting on a response from Ms Apa and Ms Main, and I will update you again as soon as I hear more.

Peke Waihanga showcased at Parliament

Peke Waihanga work and its mobile workshop were showcased at Parliament recently during a day featuring the country's mobile health units which aim to remove access barriers by bringing healthcare directly to patients

The event started with a karakia from Parliament Kaumātua, Kura Moeahu as the sun struck Parliament. Members of Parliament, ministers, the public (including school children) and other health practitioners all visited the display which featured some upper and lower limb prosthetics, posters and flyers about our work.

Auckland prosthetist Paul Bargh (who had driven the van down from Auckland) showed off the inside of the van, wowing people with the workshop tools and the portable rails (used for rehabilitation) set up outside.

"A lot of discussion centred around what we are as a business, the impact of diabetes, the services we provide and our amazing new van. People came in for tours, checked out some limbs we had on display and got to talking with the team" said Peer Support Coordinator Matt Bryson who was helping at the display.

Also representing Peke Waihanga were CEO Sean Grey, Rākau Rangatira Ken Te Tau, Wellington technicians Summer O'Dwyer and Alex Stephenson and Graphic and Web Designers Nishita Wojnar and Michaela Pickup. Staff from the Wellington Centre and National Office also visited during the day together with some of our patients.

Summer and Alex talked to people about different types of prosthetics and the process of making them. A few people asked about career paths and how one would get into such a field of work. "It was great to have both of them represent women in STEM roles," Nishi said.

Nishi said the event was very interesting. "It was cool to see many different forms of mobile healthcare — among the services, we saw a mobile dental service, a mobile surgery (complete with a waiting room and an area for making coffee), and imaging services (x-ray). All of them spoke to a similar need of trying to capture the people who fall into the cracks of our healthcare system," she said.

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Peke Waihanga Appears at Parliamentary Select Committee

Peke Waihanga CEO Sean Gray and Board Chair George Reedy recently appeared before Parliament's Social Services and Community Select Committee.

They were there to provide a formal briefing review for the 2022-2023 year. Select Committees are charged with looking at Parliamentary business in detail and briefing reviews help ensure accountability by Government organisations such as Peke Waihanga, which is a crown entity.

All political parties are represented on the Committee which provide member MPs with the opportunity to ask questions and share expectations.

"Our approach was to provide an overview of the good work done by our team of experts and the importance of the need for the people we care for," says Sean.

He says a key part of the process are the questions asked by Committee Members. "We don't know what these are before the meeting and respond to them to the best of our ability."

During the hearing Sean and George shared how proud they and the board are of all the work done by the wider Peke Waihanga team.

"We also told them that people we care for deserve good coordination of care and a high-quality of service, a core belief all our staff keep central in their efforts on behalf of our patients. It was George and my pleasure to represent you all in this important oversight activity," says Sean.

Peke Waihanga Orthotist Celebrated at Parliament

Christchurch orthotist Jessica Lennon recently went to Parliament to mark her achievement as a holder of a 2023 Winston Churchill Memorial Trust Fellowship.

The Fellowship enabled Jessica to undertake a study trip last year to explore diabetic education practice and the implementation of diabetic foot care programmes in vulnerable communities in the USA and Canada and their adaptability to New Zealand.

On 13 June in Parliament's Legislative Council Chamber, Jessica along with other of the newest fellows joined Governor General Dame Cindy Kiro and the head of the Trust Dr Richard Davies to celebrate the work they have achieved during their Fellowships. Besides Jessica's study of the diabetic foot, other fellow's work ranged from sustainable urban design and water management practices to digital health equity and investigating young people's democratic participation.

Jessica said the study trip allowed her to better understand the barriers and enablers to public health and health education around preventable diseases.

Jessica has worked as an orthotist for Peke Waihanga in Christchurch since December 2023.

Sean Gray
Chief Executive Officer

Tributes to Past Members

Bryan John Thorn

15.11.1950 – 30.07.2024

Bryan was born in Dunedin, the oldest of a family of three boys, two of whom studied medicine. Bryan went to Mornington School, with his secondary education at Kaikorai Valley High School. Bryan then attended Otago University and graduated with a BSc, majoring in mathematics. Towards the end of this degree Bryan felt that medicine would be a better career option than mathematics and he was subsequently admitted to Otago Medical School, graduating in 1976.

Bryan's house surgeon years were undertaken in Nelson and Auckland, with Bryan then entering the orthopaedic training programme in surgery, completing the FRACS (Orthopaedics) in 1984. In 1981 Bryan spent a year in Bristol, working as a registrar before completing his final training in New Zealand.

After completing the FRACS Bryan worked at Middlemore Hospital until he was appointed Consultant Orthopaedic Surgeon at Tauranga Hospital in 1984. In Tauranga he joined a group of two other surgeons, this being a relatively small department at the time, but the department has expanded very rapidly since that time. Bryan played a large part in the development of the orthopaedic department at Tauranga Hospital and in particular the development of spinal surgery.

Bryan was drawn to the analytical and technical aspects of orthopaedic surgery from early in his training and he continued with this approach until his retirement. Bryan was always ready to embrace new technologies and concepts and he was one of the first New Zealand orthopaedic surgeons to adopt the use of lumbar disc replacement and stand-alone anterior spinal fusion. These were techniques that he had learnt and adopted after visiting Professor Robert Fraser in Adelaide. He was an active recruiter of young spine surgeons to enhance the department at Tauranga Hospital and he enjoyed mentoring and encouraging these surgeons. Bryan was a highly respected orthopaedic and spine surgeon who made a very large contribution to the many patients he treated, and to the profession he loved.

Bryan's accolades were many. He was President of the New Zealand Orthopaedic Association from 2011 to 2012, a past President of the New Zealand Orthopaedic Spine Society, and Clinical Director of Orthopaedic Surgery at Tauranga Hospital for a number of years.

Bryan's wife Kerry especially remembers the year Bryan was president. Kerry recalls that Bryan was deeply honoured to hold the role and that he gave it his all. He was proud to be a New Zealander and this was reinforced by being often told how good the young orthopaedic surgeons from New Zealand were when they were on fellowships at centres around the world. Bryan got considerable pleasure sitting at dinner next to the world's orthopaedic surgeons, who had written textbooks and papers that Bryan often referred to.

Both Bryan and Kerry loved the travel associated with the role, and like most New Zealand presidents, the safari in South Africa while attending the South African Orthopaedic Association meeting, was a major highlight. Another major highlight for both Kerry and Bryan was to host the overseas presidents and their wives in central Otago before the NZOA meeting in Dunedin. It was very special to Bryan that the meeting to be held in his hometown. He was very grateful to have had the experience of being the President of the NZOA and he enjoyed every moment of the year.

Bryan had a major interest in aviation for many years and shared the ownership of several aircraft which he flew regularly himself. He would attend Outreach clinics in Whitianga and would fly there, landing at the small local airstrip, doing the clinic in Whitianga and then flying back to Tauranga. He was an avid tennis player and played regularly with a group of medical colleagues. He took up golf in later years and again played with colleagues and others on a regular basis. Basketball was a major sport for him in his younger days and he continued to play at various levels over a long period of time.

My colleagues and I all remember Bryan as a very engaging man, who was calm under pressure and prepared to work behind the scenes without looking for personal recognition. Bryan had a keen sense of humour, which was often used as a diffuser in stressful situations. His opinion was always valued.

Our thoughts go out to Kerry and Bryan's family including his children, Rebecca and Richard, his stepchildren Lucy, Hamish and the late Olivia, as well as Bryan's two brothers Ian and Murray.

Written by Bryan's friends and colleagues,
Chris Dawe and David Ardern

NZOA Council & Committees: Composition

NZOA Council 2023 – 2024

President	Mr Simon Hadlow
First President Elect	Mr Khalid Mohammed
Second President Elect	Mr Chris Hoffman
Immediate Past President	Mr Haemish Crawford
Honorary Secretary	Mr Joe Baker (elected 2022)
Honorary Treasurer	Mr James Blackett (elected 2022)
Small Centres Representative	Mr Andrew Meighan (elected 2020)
Editorial Secretary	Mr Neville Strick (elected 2023)
Specialty Orthopaedic Training Board Chair	Mr Tim Gregg (co-opted 2022)
Education Committee Chair	Mr Dawson Muir (elected 2021)
CPD and Standards Committee Chair	Mr Michael Flint (elected 2023)
NZOA ACC & Third Party Liaison Committee Chair	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)
Councillors	Ms Georgina Chan (elected 2023)
	Mr Stephen Parkinson (elected 2023)
	Mr Jonny Sharr (elected 2021)
Chief Executive	Ms Andrea Pettett

Specialty Orthopaedic Training Board

Mr Tim Gregg (Chairperson - appointed 2021) (appointed 2017)
Ms Teriana Maheno (appointed 2023)
Dr Margy Pohl (appointed 2018)
Ms Fiona Timms (elected 2023)
Mr Ken Te Tau (appointed 2018)
Mr Chris Hoffman (appointed 2023)
Mr Robert Rowan (appointed 2021)
Mr Dawson Muir (appointed 2017)
Mr David Bartle (co-opted 2019)
Ms Charlotte Allen (co-opted 2023)
Mr John Mutu-Grigg (appointed 2022)
Ms Catriona Doyle (appointed 2022)
Ms Andrea Pettett (Chief Executive)
Ms Prue Elwood (Education & Training Manager)

Education Committee

Mr Dawson Muir (Chairperson) (appointed 2021)
Ms Fiona Timms (Education Secretary) (appointed 2023)
Mr Martyn Sims (Smaller Centres Representative) (appointed 2020)
Ms Charlotte Allen (Co-opted Female Representative) (co-opted 2023)
Mr John Mutu-Grigg (Ngā Rata Kōiwi Representative) (co-opted 2021)
Mr Robert Rowan (NZOA Censor) (appointed 2020)
Mr Adam Dalgleish (Auckland City Hospital) (appointed 2021)
Mr Alpesh Patel (Middlemore Hospital) (appointed 2023)
Mr Dean Schluter (North Shore Hospital) (appointed 2020)
Mr Lyndon Bradley (Whangarei Hospital) (appointed 2021)
Mr Hamish Deverall (Waikato Hospital) (appointed 2021)
Mr James Aoina (Tauranga Hospital) (appointed 2023)

Mr Ilia Elkinson (Wellington Hospital) (appointed 2022)

Mr Salil Pandit (Taranaki Base Hospital) (appointed 2021)

Mr Jonny Sharr (Christchurch Hospital) (appointed 2021)

Assoc Prof David Gwynne-Jones (Dunedin Hospital) (appointed 2021)

Mr Pierre Navarre (Southland Hospital) (appointed 2021)

Ms Andrea Pettett (Chief Executive)

Ms Prue Elwood (Education & Training Manager)

Continuing Professional Development and Standards Committee

Mr Michael Flint (Chairperson) (appointed 2023)

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 Tony Danesh-Clough (appointed 2022)

Mr Warren Leigh (appointed 2022)

Mr Sandeep Patel (appointed 2021)

Mr Antony Field (appointed 2023)

Mr John McKie – Presidential Line Representative (appointed 2021)

Ms Andrea Pettett (Chief Executive)

Membership Committee

Mr Joe Baker (Chairperson and NZOA Honorary Secretary) (appointed 2023)

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

Mr Haemish Crawford (Immediate Past President) (appointed 2023)

Ms Andrea Pettett (Chief Executive)

NZOA Related & Associated Entities: Composition

NZOA Trust

Mr Haemish Crawford (Chairperson - appointed 2023)

Mr Angus Wickham (appointed 2023)

Mr Simon Dempsey (appointed 2019)

Mr Joe Baker (NZOA Hon Secretary) (elected 2023)

Mr James Blackett (NZOA Hon Treasurer) (elected 2023)

Mr Wayne Hughes (Independent Trustee) (appointed 2019)

Ms Andrea Pettett (Chief Executive)

Wishbone Orthopaedic Research Foundation Trust

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

Mr Joe Baker (NZOA Hon Secretary) (elected 2023)

Mr James Blackett (NZOA Hon Treasurer) (elected 2023)

Mr Haemish Crawford (appointed 2016)

Dr Helen Tobin (appointed 2016)

Ms Andrea Pettett (Chief Executive)

Wishbone Orthopaedic Research Committee

Mr Neville Strick (Chairperson - elected 2023)

Mr Paul Monk (appointed 2019)

Assoc Prof David Gwynne-Jones (appointed 2015)

Professor Sue Stott (appointed 2016)

Mr Dawson Muir (appointed 2018)

Ms Andrea Pettett (Chief Executive)

NZOA Joint Registry Trust Board

Prof Gary Hooper (Chairperson - appointed 2018)

Mr James Blackett (NZOA Hon Treasurer) (appointed 2023)

Mr Joe Baker (NZOA Hon Secretary) (appointed 2023)

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 Simon Young (appointed 2016)

Mr Peter Devane (appointed 2008)

Mr Matt Debenham (appointed 2021)

Mr Brendan Coleman (appointed 2017)

Prof Chris Frampton (appointed 2017)

Mr Tony Lamberton (appointed 2019)

Mr Vaughan Poutawera (appointed 2021)

Mr Hugh Griffin (appointed 2010 and 2024)

Mr Philip Kearney (Arthritis NZ) (appointed 2020)

Dr Jinny Willis (Manager)

Ms Andrea Pettett (Chief Executive)

Hip Fracture Registry Trust

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

Ms Helen Tobin (appointed 2019)

Ms Sarah Hurring (appointed 2020)

Mr Vaughan Poutawera (appointed 2023)

Dr Min Yee Seow (appointed 2023)

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)

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 Janine Ryland – ACC Clinical Partners (appointed 2023)

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 Sharon Russell – New Physiotherapy NZ Rep (appointed 2023)

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

Mr Frazer Anderson – Geriatrician Northland and Fragility Fracture Registry Liaison Clinical Lead (appointed 2023)

Ms Lorraine White – Consumer Representative (appointed 2023)

Mr Peter White – Consumer Representative (appointed 2023)

Ms Andrea Pettett (Chief Executive) – NZ Orthopaedic Association

Ms Nicola Ward (National Coordinator) (appointed 2019)

NZOA Health Technology Committee

Mr Mark Clatworthy (Chairperson - appointed 2023) (appointed 2021)

Mr Ramez Ailabouni (appointed 2023)

Mr Nicholas Lash (appointed 2021)

Mr Paul Monk (appointed 2021)

Mr John Scanelli (appointed 2021)

Mr Matthew Walker (appointed 2021)

Mr Marc Hirner (appointed 2021)

Mr Anand Segar (appointed 2023)

Mr Chris Birks (appointed 2023)

Mr Allen Cockfield (appointed 2023)

Orthopaedic Representative to RACS Council

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

Peke Waihanga Artificial Limb Services Board

(appointed by the Assoc Minister of Health)

John McKie (appointed March 2023)

The Inaugural Meeting

The inaugural meeting held in Wellington on 17 February 1950 decided to form the New Zealand Orthopaedic Association. 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
2021-22	Mr John McKie
2022-23	Mr Haemish Crawford

Compendium of Awards

Gillies Medal Recipients

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

ABC Fellows

1956	Mr O R Nicholson
1962	Mr J B Morris
1968	Mr A R McKenzie
1972	Prof A K Jeffery
1976	Prof D H Gray
1980	Prof A G Rothwell
1982	Mr A E Hardy
1984	Mr B R Tietjens
1986	Mr A J Thurston
1988	Mr R O Nicol
1990	Mr G J Hooper
1994	Mr M J Barnes
1996	Mr P A Robertson
1998	Mr P A Devane
2000	Mr K D Mohammed
2002	Mr H A Crawford
2004	Mr C M Ball
2006	Mr M M Hanlon
2008	Mr P C Poon
2010	Mr D C W Muir
2012	Mr G P Beadel
2014	Mr B Coleman
2016	Mr Andrew Graydon
2018	Mr Michael Rosenfeldt
2022	Mr Joe Baker
2024	Mr Anand Segar

President's Award

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

Hong Kong Young Ambassador

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

ASEAN Fellowship

2013	Prof Jean-Claude Theis
2015	Mr Richard Lander
2017	Warren Leigh
2019	Rupesh Puna
2024	Suren Senthi

Korean Orthopaedic Association Travelling Fellow

2018	Seung-Min Youn
2023	Anand Segar
2024	Ryan Gao

ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
2017	Hogan Yeung

ANZAC Fellow

2016	Simon Young

Trans-Tasman Fellow

2019	Anthony Maher
2023	Mustafa Saffi
2024	John Zhang

ESR Hughes Award – RACS

2015	Chris Dawe
2017	John Matheson
2019	Peter Robertson

The Mary Roberts BMW Award

2021	Prof Bruce Hodgson
2022	Prof Tim Woodfield

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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
2022	**Matt Fisk**, President's Prize
2023	**Jess Mowbray**, President's Prize and Research Prize

NZOA

New Zealand
Orthopaedic Association

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