

The History of the New Zealand Orthopaedic Association

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The Beginnings

During the Second World War the majority of orthopaedic surgery was carried out by general surgeons with a small number of dedicated orthopaedic surgeons in the main centres. Junior medical officers attached to the three general hospitals of the New Zealand Division in the Middle East became interested in orthopaedic surgery and after the war ended completed training in the specialty mainly in the United Kingdom. Subsequently, these orthopaedic surgeons returned to New Zealand and worked in both private and public practice. In 1950, there were 16 practising orthopaedic surgeons and on 17 February, 1950, 7 surgeons met in Wellington to form the New Zealand Orthopaedic Association (NZOA). Alexander Gillies was the leading personality and elected first President.



Group photograph taken at the first annual meeting of NZOA in Christchurch, 21 September, 1950.

From the time of NZOA formation to the present day there has been considerable debate on the relationship and affiliation with the Royal Australasian College of Surgeons (RACS). The NZOA was created as an independent organisation with a constitution based on that of the British Orthopaedic Association (BOA). Strong links were formed internationally with other associations from the outset. Annual meetings followed and the first overseas visitor was Sir Reginald Watson-Jones in 1951, with 18 NZOA registrants. Attendance of eminent international speakers was then sporadic because of funding limitations. From 1965, NZOA has sponsored an annual overseas speaker. From 2014, RACS funded a speaker, discontinuing this in 2022. Alternative funding streams, from industry support, and the NZOA Trust, have resulted in significant additional international faculty which has enhanced the scientific quality of meetings and provided important education and contacts for overseas Fellowships. The Australian Orthopaedic Association (AOA) and NZOA Annual Scientific

Meetings are held close to one another on the calendar. The Carousel of international presidents attends both meetings and also contribute to the scientific program.

The Presidential Carousel

In 1952, President Alexander Gillies and Secretary Kennedy Elliot first attended the combined meeting of the English speaking Orthopaedic Associations. These were the American Academy of Orthopaedic Surgeons, the American Orthopaedic Association, The Canadian Orthopaedic Association, The South African Orthopaedic Association, the British Orthopaedic Association, the AOA and the NZOA. All presidents were presented with the Presidential Jewel of Office by the Queen Mother. This jewel is worn by the president at annual meetings and other official events. The presidents, and often their partners, travel to each of the association meetings with the group being known as The Carousel. Being the smallest association this relationship is especially important for the NZOA. The Carousel meetings were unable to take place during the COVID pandemic as the disruptions to society and health care were of greater concern. The NZOA was ably led by Peter Robertson, then Peter Devane during that difficult period, neither travelling overseas. Most of the other carousel members are the immediate past presidents, and the NZOA is transitioning to this as well so the president is able to be more available for local issues and organising the ASM.



ABC Travelling Fellows

Another strong link between the NZOA and the Carousel associations is the American British Canadian (ABC) Travelling Fellowship. The first travelling fellowship involved 5 fellows from Britain and Canada visiting North America in 1948. In 1954, New Zealand, Australia and South Africa were invited to join the program, with one fellow from each country travelling with the British fellows in alternate years. Our first travelling fellow was Ross Nicholson in 1956. The current format is fellows are

up to 45 years of age, with academic achievement and leadership potential. 13 of the first 18 ABC fellows have become NZOA president.

NZOA Structures and Functions

The mission of the NZOA, as stated in the Strategic Plan, is to “Optimise Patient Care through the Science and Art of Orthopaedics”. The NZOA has over 500 members in 2025, with nearly all orthopaedic surgeons in New Zealand being members. The NZOA has evolved to manage registrar selection, training, and examination preparation, monitor CPD (Continuing Professional Development), and advocacy for members, patients and orthopaedics generally. The sub-specialist societies are affiliated societies of the NZOA and, together with the NZOA, have scientific meetings and provide ongoing education. Associated entities include the NZOA Trust, the Wishbone Research Trust, The New Zealand Joint Registry (NZJR), as well as the ACL (Anterior Cruciate Ligament) Registry and the New Zealand Hip Fracture Registry. The NZOA maintains a strong governance structure.

The NZOA has a Presidential Line of 2nd president elect, president elect, president and past president. The NZOA Council consists of the Presidential Line, the CEO, and a number of other members, including honorary secretary, treasurer, honorary editorial secretary, CPD Committee chair, 3rd Party Committee chair, Education and training chairs, Maori and female representatives and elected councillors. Committees include the Speciality Orthopaedic Training Board (SOTB), the Education Committee, the CPD Committee, the NZOA ACC and Third Party Committee, the Membership Committee, the Finance Committee, and the Health Technology Committee. The sub-specialist societies include Spine, Shoulder and Elbow, Paediatric, Hand, Hip, Knee and Sports Surgery, Foot and Ankle, Trauma, Sarcoma societies. There are also the LIONZ (Ladies in Orthopaedics NZ) and Nga Rata Koiwi groups. The NZOA and these societies rely on a huge amount of honorary work by its members.

The NZOA office is based in Wellington and has been led by a succession of very capable Chief Executives, including Kim Myles and the current CEO, Andrea Pettett. There are over a dozen staff employed by the NZOA, including managers for Education and Training, CPD, Finance, as well as Registry staff. NZOA is currently in a sound financial position. Revenue sources include donations and fund raising, membership fees, profit from the Annual Scientific Meetings and investments. The finance committee is careful in planning the annual budget as well as being vigilant to longer term planning.

NZOA Orthopaedic Training Programme

In December 1966, a NZOA subcommittee of Alan Alldred, Ross Nicholson and Peter Grayson was appointed to “confer with our Australian colleagues to arrange a programme of Orthopaedic training”. This followed an address by Peter Williams, of Melbourne, at the NZOA AGM in September 1966 advising that Australia and New Zealand should train their own orthopaedic surgeons. Following further discussion of orthopaedic training and accreditation at the combined meeting of Carousel Associations in Sydney in 1970, and at an inaugural conference of the International Council for Orthopaedic Accreditation in Edinburgh in 1971, NZOA resolved to

establish an Education subcommittee of NZOA. The first Education committee meeting was held in March 1972 and initially elected to have 4 entrants per year. It was determined that NZOA should have sole control of the Training programme but the RACS be the examining and accrediting body at the completion of Training.

In April 1973, the first applications were approved. Regional members of the Education subcommittee coordinate local training. Trainees have traditionally moved around training posts spending at least the final year in a major centre. The Aotearoa Orthopaedic New Zealand Training Board (AoNZOTB) oversees training and liaises with the RACS and accreditation authorities. The selection process for eligible candidates is multifactorial and objective and now includes assessment of cultural competency. The Surgical Education and Training (SET) programme is spread over 5 years. Trainees have national training weekend courses for pre SET candidates, SET 1 trainees annually and 6 monthly for SET 2 to 5. A mock exam is held, often at a smaller centre, 6 months before the final exam and a week-long pre exam course just prior to the final fellowship exam. These activities involve considerable input from regional departments.

In 2025, 52 Registrars (22 female, 30 male) including 6 Maori applicants (2 female, 4 male) progressed through the assessment process. After interviews, 13 new trainees were selected to commence training in 2026. The increasing number has placed stress on approved public based training facilities and now limited positions are available in the private system. Private practice training rotations also allow trainees to gain exposure to the different scope of practice, with ACC funded cases and many other elective surgeries being prevalent in the private sector. Most graduates spend at least 1 year in overseas Fellowship training. The majority return to prearranged positions in NZ departments but the shortage of government funded public hospital consultant jobs is a persistent concern.

The AOA and NZOA have set up successful independent education training programmes, with RACS responsible for the final examination and other oversight, and accreditation of training with the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ). In 2023, RACS submission for AMC accreditation failed to meet the requirements for 20 of the standards. The AMC position was that RACS did not have enough information from Specialty Training Boards to determine whether their activities were appropriate to achieve the standards. These concerns, combined with a crisis in RACS financial situation, criticism over fees, value, and other issues, led to AOA and NZOA undertaking a due diligence program to explore the option of direct accreditation with the medical councils.

The NZOA Training programme is recognised internationally as being of very high quality, producing well trained and competent surgeons. It is a highly organised scheme and NZOA have been fortunate to have a succession of dedicated chairpersons performing this onerous but rewarding role. It has been particularly challenging for most recent chairmen, Tim Gregg and Dawson Muir, in managing selection, assessment and accreditation issues. After retirement from the Education Committee, several members progress to the FRACS Examiners' Court. New Zealand examiners contribute highly to the development and banking of examination material used in the combined Australian and New Zealand examinations, and participate in every Australian based exam. Tim Lynskey's longstanding roles in education and examinations were recently recognised by the RACS with award of the Louis Barnett

medal for outstanding contribution to education, training and advancement of Surgery.

Ladies in Orthopaedics New Zealand (LIONZ)

The New Zealand Orthopaedic Training Scheme has traditionally had low numbers of female trainees, however numbers are increasing. LIONZ aims to improve gender diversity and has focused on understanding barriers for women to pursue Orthopaedic careers and encourage interested females. LIONZ was initiated in 2017, Margy Pohl being the inaugural chairperson. It provides a forum to advocate for and support women in orthopaedics. Annual meetings attract over 100 delegates, half of whom are medical students. These meetings include practical workshops and are strongly supported by the orthopaedic industry.



LIONZ Annual forum Dunedin, 2025

Nga Rata Koiwi is a group of Maori orthopaedic surgeons and trainees in the NZOA. The group was formed in 2019 and aims to promote awareness of Maori outcomes and help deliver healthcare to Maori in New Zealand. John Mutu-Grigg has been active as the representative on NZOA council and in other roles. His work has been recognised by being awarded the RACS Maori Health Medal in 2025.

Continuing Professional Development (CPD)

The CPD Committee began in 2003 with Dennis Atkinson as the first Chair. CPD is an essential part of accreditation with the Medical Councils of New Zealand (MCNZ) and Australia (AMC). The NZOA manages CPD for its members and reports the results to RACS, who in turn, forward this to the Medical Councils. The NZOA developed its online CPD program and practice visit program in 2013, under the leadership of Rod Maxwell. Attendance is recorded for activities relating to Clinical Care and Governance, Maintenance of Knowledge and Skills, Teaching, Examining and Research. The program includes a Practice Visit Program, where around 20

surgeons are visited each year and undergo a structured review by two colleagues. Another feature is the Professional Development Plan (PDP), which all members must complete and review with a colleague. Self-reflection and awareness of cultural aspects are embedded throughout the program. Commonly, 100% of the NZOA members achieve compliance. From 2025, verification of activities entered has been required, and in 2026, 5% of the membership will be randomly selected and audited for their CPD.

Advocacy

Advocacy has traditionally been a core role of the NZOA. The Presidential Line and CEO meet with Government Ministers, Commissioners and DCEs of Health NZ, other operational tiers of Health NZ, the leaders of the major private hospital providers, the MCNZ, the AMC, Physiotherapy NZ, the Health and Disability Commissioner and others. There are monthly meetings with the regional orthopaedic Heads of Departments.

The **ACC and 3rd Party Liaison Committee** was formed in 2000, John Calder being the first chairperson. It has evolved to have representatives from the sub-specialities, and meets 4 times a year with ACC and sometimes with other relevant stakeholders, including insurers. The ACC is a Crown entity that administers the no fault accidental injury scheme, and provides financial compensation, support and rehabilitation services to citizens and temporary visitors who have suffered personal injuries. The system has been in place since 1972. Orthopaedic surgery is the biggest surgical provider of care in this system, and elective cases with ACC entitlement are predominantly treated in the private system. The scheme also covers medical treatment injuries. As a result, orthopaedic surgeons cannot be sued for treatment injuries and open disclosure of these injuries is encouraged. If medical negligence is considered, this may be referred to the MCNZ. The NZOA has worked with the ACC to develop Consideration Factor documents for common musculoskeletal conditions, Knee and Shoulder Decision Tools to assist in making timely decisions about entitlement, created a Red List process to identify complex sub-specialist procedures and appropriate providers, developed procedural codes, and many other projects. Currently, work is being done to develop Return to Work Guidelines, and Position Statements for new technologies.

Recognizing the importance of evaluating new technologies, and the relevance of this to funding agencies, the **NZOA Health Technology Committee** was formed in 2021. Mark Clatworthy is the first Chair, with members representing the sub-specialist societies. In 2024, the committee developed detailed guidelines for robotic knee, hip and spinal surgery. In 2025, the committee produced NZOA position statements for the use of Platelet Rich Plasma for joint and soft tissue use.

Sub-Specialty Groups

In 2004, President Barry Tietjens rationalised the diversity of orthopaedic sub-specialisation through the Continuing Orthopaedic Education Committee programme. Constitutional operating guidelines were developed under the NZOA umbrella. Initially, each year a sub-specialty society constituted a national CME meeting on a rotational basis. Revenue generated from these CME meetings was split 50% between NZOA and the featured group, which allowed the latter, often with industry support,

to attract high quality overseas faculty for their meetings in other years. There are now 9 sub-specialty groups; Knee, Hip, Paediatric, Spine, Hand, Shoulder and Elbow, Foot and Ankle, Trauma and Sarcoma. All have regular scientific meetings, with 2 each year aligned with the NZOA ASM. With increasing sub-specialisation these dedicated meetings attract high participation and quality speakers. The NZOA Annual Scientific Meeting is now shorter in duration and is themed for general issues which have relevance for all Orthopaedic surgeons although maintains an important forum for presentation of research work and collegial interaction.

The NZOA Trust

The NZOA Trust was established in 2005 under the chairmanship of John MacCormick. The Trust is responsible for managing investments and dispersal of funds. The Trust actively supports Overseas Travelling Fellowships for emerging members as well as providing funding for NZOA ASM Guest speakers and Trainee prizes. The Trustees are composed of senior NZOA members with former president, Haemish Crawford, the current Trust Chair. The trustees include an independent trustee with financial expertise. In 2022, a Strategic Investment Policy Objective (SIPO) was introduced and formal review of this strategy is carried out by an independent financial consultant.

The Wishbone Orthopaedic Research Foundation Trust

This Trust has funded research in orthopaedic surgery in New Zealand since 1994. Richard Keddell has been a strong leader of this group since its inception and is the Trust Chair. Sources of funding include individual donations, business contributions, investments and bequests. Regional fundraising Joint Effort walks have progressed to a national Wishbone relay which raised \$176,385 in 2024. NZOA members Ian Galley and Perry Turner received the 2024 presidential award as organisers of this successful fundraising event. Total assets are now over \$1.5million. In 2024, sub-specialty donations totalled over \$100,000 and individual NZOA members contributed over \$25,000. Between 1994 and 2021, there were 300 applications for grants, with 178 being approved for a sum of over \$1,900,000, and 120 achieved publication. Funds allocated by the Wishbone Orthopaedic Research Committee for research projects are especially important for younger NZOA members to initiate projects.

New Zealand Joint Registry (NZJR)

In 1997, 30 years after the first total hip replacement was undertaken in New Zealand, NZOA agreed to establish a National Hip and Knee Register. This was enthusiastically initiated and directed by then NZOA President, Professor Alastair Rothwell and based in the Orthopaedic Department, Christchurch Hospital. The initiative recognised the importance of determining the characteristics of joint replacement in New Zealand by reviewing patient outcomes and comparing performance of individual implants. From the outset, revision arthroplasty has been recorded, like other national registries, but also patient reported outcome measures (PROMs) with Oxford Scores. Furthermore, it serves as an important audit activity for surgeons, and a data base for research. The NZJR became fully nationally operational in April 1999, and soon after, data collection was expanded to include

unicompartmental knee replacement, and total joint replacements for ankles, elbows and shoulders. Total joint replacement for fractured neck of femur and review of lumbar and cervical disc replacement are also now included. The annual report is openly available and each surgeon is sent a confidential report of their results.



At the time of writing, there are over 450,000 joints registered. In the period from 2013 to 2024, there has been a 60% increase in registrations. The registry continues to evolve and invest in new software as needed, under the leadership of Gary Hooper, NZOA Joint Registry Trust Chair, and John McKie, Chairman and Supervisor of the Management Committee.

The Registry is mainly funded by the fees for patient registration, paid for by surgeons in the private sector, and public hospitals in the public sector. A smaller funding contribution comes from the government, Accident Compensation Corporation (ACC) and industry. Presentation of individual surgeons report within audit groups is a compulsory CPD activity. Confidentiality is ensured as this is a Quality Assurance Activity and protected under Section 44 of the Health Practitioners Competence Act 2003. This NZJR has a high compliance rate with over 95% of cases performed being registered.

Some notable retired NZOA members

The list is limited to surgeons who are no longer practising.

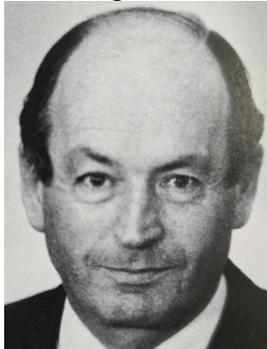
Alexander Gillies was the first President of the NZOA. Along with Charles Norwood he founded the Crippled Children's Society of NZ in 1935. This Society became very important in coordinating care of disabled children. In 1959, Gillies was conferred a knighthood, the only NZ Orthopaedic surgeon so honoured. The Gillies Medal continues to be awarded for the best paper on paediatric orthopaedics at the NZOA Annual Meeting.



James (Snowy) Will was appointed the foundation surgeon in the Christchurch hospital orthopaedic department in 1922 and the second President of the NZOA in 1952. Known for his generous sense of humour and community goodwill, he was president of the North Canterbury Red Cross and Crippled Children's Societies and director of the Royal Humane Society. Even after retirement he continued clinics on the West Coast. He was NZ chairman of RACS and awarded the CBE in 1955.

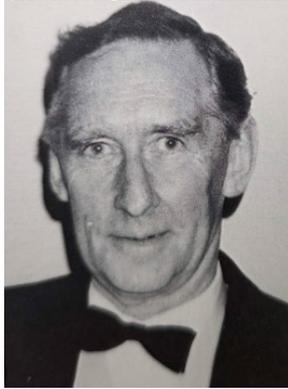


O. Ross Nicholson was the eighteenth President of the NZOA in 1982-83, and the first New Zealand ABC fellow in 1956. He was arguably the person who most advanced the specialty both in New Zealand and internationally. He was a Consultant at Middlemore hospital from 1957 until 1987 and the leading figure in establishing the Spinal unit in Auckland and founding the Academic unit in the University of Auckland Department of Surgery. He held many roles in the NZOA and was regularly invited as a guest speaker at overseas meetings. He was a recipient of many awards including an OBE in 1976.

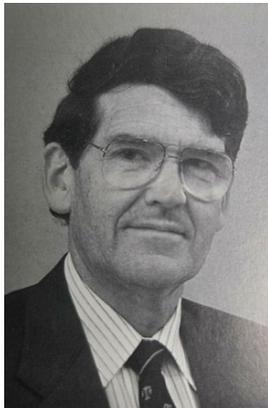


Victor Hadlow established an orthopaedic service in Taranaki as the sole orthopaedic surgeon at New Plymouth in 1964. Having recognised the importance of early

diagnosis and treatment of neonates with hip instability, Hadlow set up an extensive screening programme with von Rosen splinting for any instability. He maintained meticulous records and published compelling results, with his work becoming a blueprint for hip screening throughout the country. He was NZOA President in 1988-89. He had an avid interest in flying, initially with the Royal NZ Airforce, and locally for pleasure and clinic travel until aged 70. Two sons, Alastair (Auckland) and Simon (New Plymouth), have continued the Hadlow orthopaedic dynasty.



A. Keith Jeffery had a distinguished career as an academic surgeon in Dunedin. He was President of the NZOA in 1993-94, and an ABC fellow in 1972. He successfully advocated for autonomy of the Otago University Department of Orthopaedic Surgery, achieved in 1976. He was a brilliant undergraduate and post graduate teacher and his research, especially in articular cartilage morphology, degeneration and repair, was highly regarded internationally. He was a RACS examiner. He was honoured with an OBE in 2003.



Alastair Rothwell, as Professor of Orthopaedic Surgery in Christchurch, was notable for his work in restoring upper limb function for tetraplegic persons at the Burwood Spinal Unit. The results of this clinical research achieved international recognition. As President of NZOA in 1999-2000, Rothwell had foresight to drive initiation of the National Joint Registry, commenced in 1999, which has been hugely influential in defining clinical practice. He was awarded the ABC fellowship in 1980, the University of Otago Gold medal for 50 years of excellence in teaching in 2009, Officer of NZ Order of Merit (2006) and Colin McCrae Medal (2015).



D. Harley Gray was appointed foundation Professor of Orthopaedic surgery in Auckland in 1975. He utilised a strong intellect, extensive research background and wide clinical skills to good effect in his academic position but also contributed to NZOA in various roles including ABC fellow in 1976 and NZOA President in 1997-98. A new Clinical Services building at Middlemore was named in his honour in 2014 and he received a Companion of NZ Order of Merit in 2003.



Allan Panting was a nationally highly respected orthopaedic surgeon who led a strong department in Nelson but also gave long and dedicated service to NZOA and RACS. He was a member of the NZOA Education subcommittee, secretary and President of NZOA (1998-99), a trustee of the Wishbone Trust, NZ Senior FRACS examiner as well as a member of the NZ Board of RACS and Executive Director for RACS Surgical Affairs. He was Chairman of the NZ Vietnam Health Trust and helped establish and facilitate surgical equipment and education for Vietnamese surgeons in Qui Nhon. His talents include researching and writing obituaries for many surgical colleagues. In 2005, Panting was awarded the Colin McCrae medal. He received the NZ Order of Merit in 201



Anthony (Tony) Hardy became a Consultant at Auckland hospital aged only 31 and chaired the department of Orthopaedic surgery from 1991-2014. He was an ABC fellow in 1982. He held many executive positions in Auckland and NZ Orthopaedics including President in 2001-2002 and was a RACS councillor from 2003-2007. Hardy is fondly remembered as an intellectual giant whose knowledge of history, philosophy and the humanities equalled that of his specialty. He was a charismatic leader who set and demanded high standards for himself and colleagues. His advocacy for Orthopaedics was legendary and his example of honesty and quest for excellence influenced all who knew him.



J. Geoffrey Horne spent 11 years in orthopaedic training in Canada and returned to Wellington as senior lecturer in 1981, becoming Professor and head of the department of Surgery in 1992. His main research interest was in hip and knee replacement and, for over 20 years, he convened an annual meeting on arthroplasty in Wellington. He established and chaired the Wellington Surgical Research Trust. As President of NZOA in 2002-2003, he successfully secured extra government funding for the Orthopaedic Joint Replacement Initiative, which increased hip and knee replacements in public hospitals by 95%.



Barry Tietjens, a dedicated knee surgeon, who completed a MSc. on a Nuffield Scholarship at Oxford University, was a leading figure in the advancement of Sports surgery in New Zealand. He was an ABC fellow in 1984 and NZOA President in 2003-2004. Tietjens was well respected by elite sports players, administrators and colleagues. He set up a Sports Medicine Institute in Auckland and his Knee Surgery Fellowship trained a generation of New Zealand and overseas surgeons. Although innovative, Tietjens was a strong advocate publicly for results based best practice, important in an area of Medicine where alternative therapies abound. He was highly respected internationally and honoured as President of the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) 2001-2003.



Richard Lander trained in Exeter and Hong Kong after graduating from the NZOA education program. He worked in Palmerston North for 30 years with a special interest in trauma, spine, adult joint reconstruction and surgical audit. He was a respected RACS examiner and his expert computer skills advanced the final exam preparation and result compilation process considerably both in Australia and NZ. Lander also examined in the Pacific Islands. He was NZOA president in 2012 and RACS executive director for surgical affairs in NZ for 6 years.



The Future

The NZOA has many challenges ahead. Public hospitals need adequate staff to provide essential care, particularly trauma. Positions must be available, and continued efforts must be made to make smaller centres attractive to surgeons. As an association, the NZOA relies heavily on volunteering from its members to function comprehensively and at high quality level. The association must continue to act with fiduciary responsibility and be mindful of its purpose and resources. Sub-specialist groups need to continue to be part of the NZOA to prevent fragmentation of the association. Differences in opinion between members need to be managed respectfully and constructively. New technologies need to be carefully evaluated and appropriately introduced. In accordance with the NZOA Mission Statement to “Optimise Patient Care through the Science and Art of Orthopaedics”, the NZOA aims to continue and develop its strong governance, advocacy, education and training, clinical practice, research and registries.

Looking outwards, the NZOA will likely have more formal involvement with Asian societies, as global and regional relationships evolve. The collaboration between the NZOA and AOA continues to be strong and productive. At the time of writing, the future relationship of the NZOA with RACS is uncertain. The NZOA will strive for

quality and value for its members, with respectful and effective relationships with associated stakeholders.

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