NZOA
New Zealand
Orthopaedic Association

New Zealand Orthopaedic Association

ANNUAL REPORT 2020 – 2021

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

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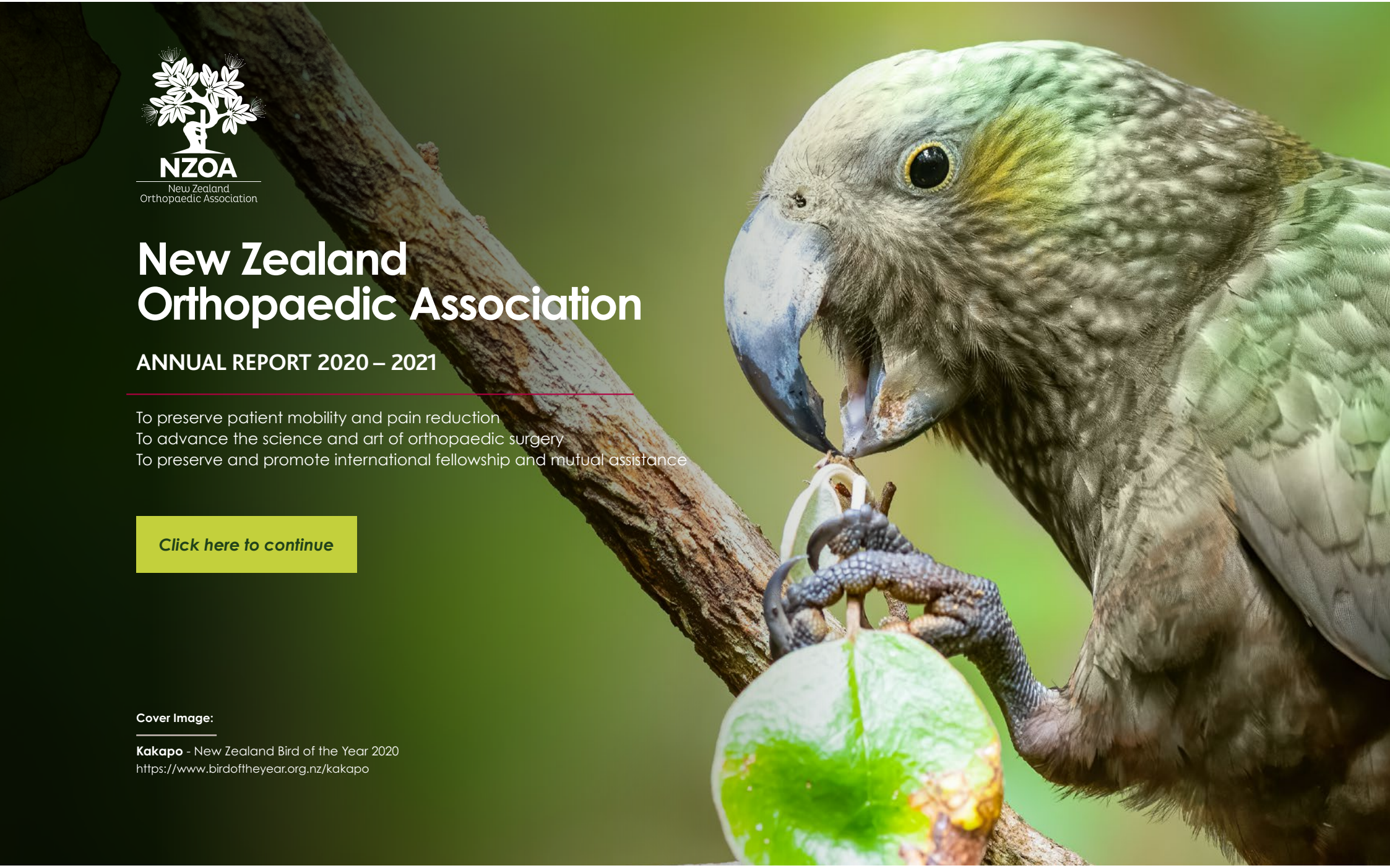

Cover Image:

Kakapo - New Zealand Bird of the Year 2020
https://www.birdoftheyear.org.nz/kakapo

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President's Report

Peter Devane
President 2020/2021

The effects of the global COVID pandemic will be with us for some time yet. At the time of writing this (early Sept 2021) Auckland has plunged back into a Level 4 lock-down since 18th August, with the Delta COVID variant from Sydney penetrating our border on 7th August.

The rest of New Zealand is currently in Level 2, but the prevailing uncertainty has just caused us to cancel the upcoming Te Papa ASM due to restrictions on gatherings and travel. After the initial Level 4 response in 2020, there was some discussion among the Presidential Line (PL) about whether it should be pushed back a year to allow some normalcy of International Carousel function for Peter and Suzanne Robertson. In the end they made the call not to proceed with this, which turned out to be the correct decision. Earlier this year I called 2020 the year of the lockdown, 2021 the year of the vaccine and 2022 the year of re-opening. Recent events haven't changed this view, except to strongly suggest that re-opening and return to business as usual will be much longer than 12 calendar months! Last year's August Auckland lockdown pushed the Annual Scientific Meeting (ASM) down to Te Papa in Wellington. What a success it was, with involvement of all the Sub Specialty Societies in a shortened, highly clinical programme, and the highest member attendance in living memory. It was also the only face-to-face Orthopaedic meeting in the world during 2020.

Although there have been some challenges thrown up since then, New Zealand continues to be exceptionally lucky in avoiding some of the horrifying scenes caused by the COVID-19 pandemic in other countries. Lack of international travel has allowed us to focus on the specific (mainly New Zealand) issues listed below.

Important New Initiatives

In 2020 a group of Māori Orthopaedic Surgeons and Trainees formed a group called Ngā Rata Kōiwi (NRK) to promote knowledge in order to improve outcomes for Māori patients within orthopaedics. The group were offered a position on Council to help with this, and their nominee John Mutu-Grigg has made important contributions towards their goal by liaising with multiple groups to improve cultural competence within our Association. LIONZ is a group formed and very ably led by Margy Pohl. It is another group that has made an important contribution to improving the gender diversity in Orthopaedic surgery in New Zealand. As acknowledgement of this initiative, Council has offered a position to this group also, and we are delighted to welcome onto Council Josie Sinclair (Auckland sports surgeon) as the LIONZ Council representative. A further step towards widening the inclusion of New Zealand Orthopaedics, and in line with overseas initiatives, a Diversity Committee has been formed. At its inaugural meeting in August, members from both NRK, LIONZ and others established a framework for progression in this area.

The recent explosion of Artificial Intelligence (AI) and robotics (particularly in knee surgery) has prompted Council to stay ahead of the curve by formation of the NZOA Health Technology Committee, ably chaired by Council member Richard Peterson. Its goal is to set guidelines for the introduction, training and assessment of new technologies in orthopaedic surgery, and they have already developed very good guidelines for adoption of robotic assistance during total knee replacement.

Political & Patient Advocacy

We have had meetings with the Minister of Health, Opposition Health Spokesperson and the Health Transition Unit. Our message to all these has been consistent, revolving around increasing pressure on elective services in our public hospitals caused by the inadequate resourcing of the acute workload.

In early March 2021, Health Minister Hon Andrew Little instructed the Director General of Health, Ashley Bloomfield, to start investigating acute care of patients within the DHB's. This resulted in establishment of the Acute Sector Advisory Group, a Committee which meets monthly to advise the Ministry on care of acute patients in our health system. The NZOA has representation on that Committee. This is the first attempt by the Ministry to develop a strategy for management of acute care in our hospitals. Data is finally being collected on this issue which has stretched our public hospitals to breaking point, and we intend to continue pushing this issue as implementation of the new health reforms occur. There is clear evidence that there needs to be an increase in the number of orthopaedic surgeons being trained in New Zealand. This message is also being clearly communicated to the above people and groups.

Regulatory Activities

On July 1st 2022, the New Zealand Medical Council (NZMC) will require new re-certification standards for all doctors in New Zealand. This breaks Continuing Professional Development (CPD) into three

categories, reviewing and reflecting on practice (a yearly performance review with a peer which currently occurs in many DHB's), measuring and improving outcomes, and educational activities (our current web based NZOA CPD system).
This update in re-certification requirements is being facilitated by Ed Yee and the CPD Committee in integrating our individual New Zealand Joint Registry results into the NZOA CPD system. Overlying this, the NZMC requires that cultural safety and a focus on health equity are embedded across all three CPD categories and this is being facilitated by John Mutu-Grigg and Ngā Rata Kōiwi.

At a meeting with the new Health and Disability Commissioner, we agreed to provide an updated list of advisors to aid with recommendations when complaints are received by her office. With the aid of Sub Specialty Societies, a list of Orthopaedic Surgeons currently in operative practice has been compiled for this important task.

Education, Specialty Orthopaedic Training Board (SOTB) and Examiners

The NZOA is recognised by surgeons and institutions around the world as producing trained orthopaedic surgeons of the very highest standard. This is because of the very high quality of the people involved in the Education Committee, the Specialty Orthopaedic Training Board (SOTB), and the NZ Court of Orthopaedic Examiners. On 18th June the SOTB and Education Committee (observed by John McKie) selected 15 future Orthopaedic Trainees from 32 high quality Applicants. For the fourth year, in line with international practice, a composite reference on each candidate contributed 40% of the candidates' final score. This composite reference as well as the multiple mini-interviews are statistically evaluated for validity, are a work in progress, and have generated robust discussion as to how to improve the selection process. My Wellington colleague Tim Gregg steps down as Chair of the Education Committee this year. He has done an outstanding job over the last 4 years, but is not quite finished yet, as he is replacing Richard Keddell as Chair of the Speciality Orthopaedic Training Board (SOTB). Tim is being replaced by Dawson Muir who will, I'm sure you will all agree, continue the hugely important role of supervising the training of our future colleagues. Oversight by the SOTB, which Council intends will remain as a Committee of the NZOA, is invaluable in providing guidelines for selection and training.

The May Fellowship Exam (FEX) resulted in all New Zealand Orthopaedic surgery candidates passing, attributed by the Senior Examiner, Bruce Hodgson, to the quality of training. This was Bruce's last FEX, and this very important position has been passed to Associate Professor Sue Stott. Due to the recent Delta variant outbreaks in Australia and New Zealand, the Council of the RACS cancelled the November 2021 FEX at the recommendation of their Education Board. After vigorous discussion this decision was reversed on 3rd September. Although New Zealand has no orthopaedic candidates, the ramifications of cancelling the November FEX exam would have been major for both Australia and New Zealand in 2022.

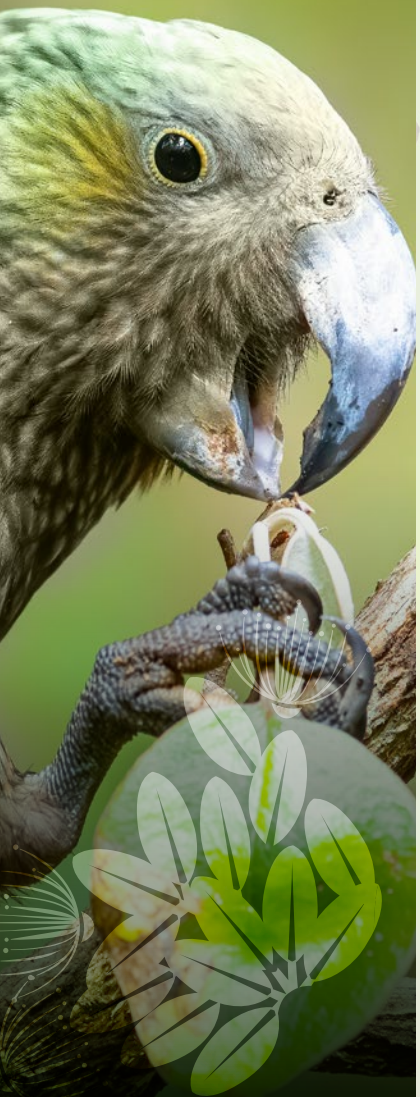
Council and Committee Activities

The NZOA Council has had two face-to-face meetings in December 2020, and May 2021, but has had to Zoom for both the March and August 2021 meetings due to the COVID restrictions. Everyone is becoming more proficient at zoom, but it still doesn't replace the interactions which occur during in-person events. Finance will be part of the Annual Report, and Angus Wickham, our Honorary Treasurer will give greater detail, but this year's balance sheet is looking healthy largely due to a lack of travel.

A significant portion of funds has been built up in the NZOA Trust, overseen by the NZOA Trust Committee Chaired by Richard Street. These funds are managed by Craigs Investment Partners, and a decision has been to review the level of risk these funds might be exposed to. The CPD Committee met in April, and visitors and visitees for the Practice Visit Programme (PVP) for 2021/2022 were selected. The PVP runs in a 5-7 year cycle, and members can be reassured that the selection process is rigorous and carefully thought through. Wishbone Walks, like everything else since March 2020, have been severely impacted by COVID. One of the busiest Committees is the NZOA ACC & Third Party Liaison Committee, which meets regularly with ACC management. Khalid Mohammed has been its very thorough and effective Chairperson for the last four years and has been instrumental in building up a good relationship with this Wellington bureaucracy.

Sub Specialty Societies & the Te Papa ASM

With a paucity of 2020 meetings, there was an explosion of Sub Specialty Society meetings scheduled for 2021. The inaugural meeting of the Sarcoma special interest group, organised by Andy Johnston was held in March 2021 in Auckland. This was a very successful integration of all people (surgeons, oncologists, pathologists and allied health) who treat sarcomas in New Zealand. The second meeting of this group, scheduled for October in Christchurch, has had to be postponed. May was the turn of the Hip Society in Queenstown, followed by the Paediatric Orthopaedic Society in June in Turangi. Both had great scientific programmes, were well organised, and had very good member turnout. July was the turn of the Shoulder and Elbow Society, back-to-back with the Society for Surgery of the Hand, at the recently completed Hilton Hotel in Queenstown. Again, very good turnout and



programmes. The Foot and Ankle Society meeting in Wanaka for August got hit with the Level 4 COVID lockdown and has been re-scheduled to April 2022. The NZOA COE Knee and Sport Surgery Society meeting back at the Queenstown Hilton the following week, put together by Bruce Twaddle, was shaping up to have a huge turnout, but also has required postponing till February 2022. The Spine meeting in Dunedin in September, already affected by an All Blacks venue/date change, has also been postponed.

On 7th September the Presidential Line, Chief Executive and Organising Committee of the Te Papa ASM met. Due to uncertainty around lockdown Levels in New Zealand and associated restriction on gatherings and travel caused by the current COVID Delta outbreak, we have been forced to cancel this years' ASM. Planning is underway for official portions of the ASM such as the Council Meeting, Annual General Meeting, Registrar convocation and Presidential handover.

International/Carousel Events

In October 2020 the Australian Orthopaedic Association ASM held a one-hour Presidents Carousel discussion on the effects of COVID-19 on the Carousel countries (UK, US, Canada, South Africa, Australia and New Zealand), to which I zoomed. Michael Gillespie, an arthroplasty surgeon from Canberra took over as President, and we have conversed regularly over various issues which have affected our Associations. This was followed by two further zoom contributions, Mo Bhandari ran a very successful virtual Canadian Orthopaedic Association ASM, and Bob Bernstein similarly a South African Orthopaedic Association ASM.

Summary

In a supporting statement in 2018 for the election of Second President Elect, one of my statements was "continued representation on the world stage, where we continue to punch above our weight". Little did we know! While travel has been restricted, the Presidents Carousel remains strong, with a unanimous commitment to its continuation some time in the (hopefully near?) future. Cancellation at a late date of the Te Papa ASM is disappointing, but it is what it is! The last year has been challenging in some ways, but rewarding in many, many more. It has given us a chance to "reset" our goals and targets as an Association. We are no longer a subscription based organisation of 292 orthopaedic surgeons. Two of the key aims I have tried to achieve throughout the year have been transparency and communication, mainly through the fortnightly Presidents Comments. From these, I have had much feedback (thank-you all!). One, from a member who has been in this role before me and whom I greatly respect (not from Wellington!), appears below.

I have just read the latest NZOA newsletter and write to congratulate you and Exec on the work you have been doing recently. Beneficial change results through establishing good relationships, collaborating and discussing difficult issues. You with Andrea's support are clearly developing NZOA as a trusted and respected health care organisation.

Well done!

On behalf of Judy and myself, I would like to thank Andrea and the office staff, the Presidential Line and Council, and most importantly thank you, the members, for the privilege of serving as your President throughout the last year. Despite the cancellation of the ASM, our Association is in good heart going forward, and Judy and I wish John and Jill McKie all the best for their upcoming Presidential year.

Peter Devane
President 2020/2021

Chief Executive's Report

I have pleasure in writing my NZOA annual report for 2021. Sadly, this year was as unsettled as 2020 but we have robust systems and processes in place enabling most of our staff to continue to work from home during lockdown. Despite the disruptions, we have made great progress in many areas.

Andrea Pettett
Chief Executive

Impact of COVID-19

Whilst reviewing my annual report for 2020, it was apparent at the time of writing that report that we were similarly affected with COVID lockdown and the associated uncertainties.

A lot of the enablers for operating under lockdown were agreed in 2020 such as the provision of funded Telehealth and clarity around the services that can be provided under the various Alert Levels, in particular Levels 3 and 2. We were however surprised when ACC made a conservative call to prohibit face-to-face consultations under Level 3. Pleasingly, this decision was quickly reversed.

With Auckland facing prolonged restrictions at the time of writing this report, we sadly decided that the Annual Scientific Meeting would not be able to proceed at Te Papa in Wellington. Many of our members and indeed our sponsors reside in Auckland, travel restrictions and rules around gatherings make larger meetings more difficult. As we commence planning for the combined NZOA / AOA meeting scheduled for 31st October – 3rd November 2022 at Te Pae in Christchurch I am hopeful I won't be writing the same story for next year's Report.

Education and Training

In 2020 a lot of effort went into ensuring the FEX and Set Selection were able to proceed. This year, we were fortunately all in Level 1 when Set Selection took place. RACS disappointed us all with their decision to abandon the FEX, the thankfully this decision was reversed. All of the NZOA Trainees passed their Fellowship Exam in May, so none were directly affected, but the log jam of Candidates would have made things difficult going forward.

Conference and Events Management

We were fortunate to organise a Hip meeting in Queenstown in May and a Paediatrics meeting in June. Sadly, the Knee and Sports Surgery COE due to be held in Queenstown in August was postponed for the second time and the Sarcoma meeting scheduled for September was also postponed. Other Specialty meetings have also necessitated postponement which is disappointing for all involved.

Hopefully our borders are open, and we are once again able to host large meetings by then.

Continued Professional Development

The CPD Committee continues to refine the CPD requirements, which will require further revision to accommodate the MCNZ requirements in 2022. All of our members are CPD compliant for the year which is something we should be proud of as an Association. The Practice Visit Programme is complete for 2021 with no visit necessitating postponement. The online PVP programme appears to be well received and is paying its part in saving the planet!

NZOA ACC & Third Party Liaison Committee

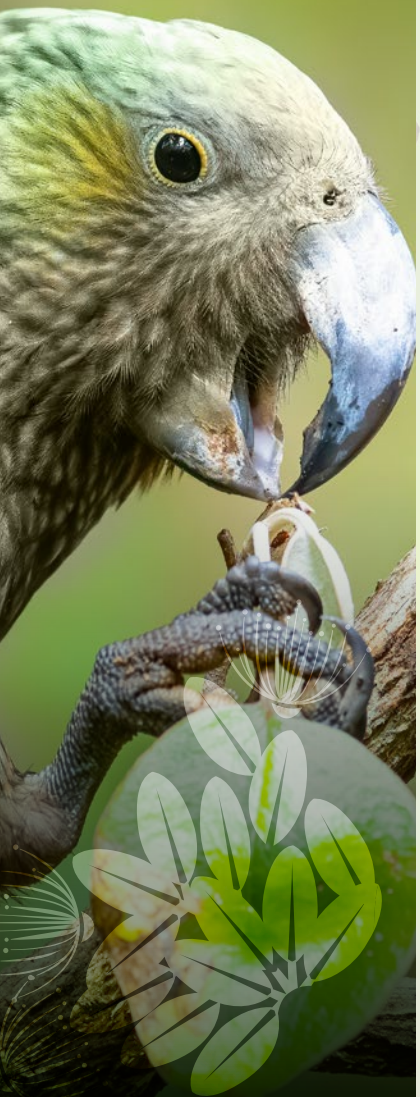
The workload of this Committee continues to grow. One area of focus is ACC funding for Training in Private Hospitals. Unfortunately, ACC have been advised that this is not permissible within their current policy settings and that it remains the responsibility for the Ministry of Health to fund all training placements.

Advocacy and Stakeholder Engagement

Our advocacy with the Ministry of Health through the Orthopaedic Sector Group was halted on the arrival of COVID. The Ministry of Health is almost entirely focused on COVID and related activities. We have met with the Minister of Health, the Hon Andrew Little and the Health Transition Unit to discuss the scope and details of the Health Reforms which continue quietly behind the scenes. We have a productive relationship with the NZ Private Surgical Hospitals which is beneficial in particular as we move through the Alert Levels.

NZOA Trust

We have commenced a review of the investment policy settings for the Trust's investments to ensure we are careful stewards and good governors of our members funds. This has been an interesting process which we hope to complete by the end of 2021.



The New Zealand Joint Registry

We continue to strengthen the accounting policies for the NZ Joint Registry to ensure a smooth audit. We are currently recruiting a successor for Toni Hobbs who is due to retire after 24 years as NZJR Coordinator. Whilst there are many benefits of the Registry being hosted by the CDHB, the Registry staff were unable to work remotely during lockdown and it is clear the digital platform will need to be redesigned to be more futureproof in coming years.

New Zealand Hip Fracture Registry Trust

Nicola Ward who was employed by the NZ Hip Fracture Trust is now employed by NZOA to support the Registry and the FFR through the provision of service agreements with each entity. This arrangement is much better for Nicola and affords her good IT support for these roles.

The Australia New Zealand Hip Fracture Registry Trust now has all DHB's entering data and is focused on continual data quality improvements through the provision of Hip Fests.

The Wishbone Foundation

We have supported Wishbone Walks in Invercargill, Dunedin, Palmerston North, Rotorua and Counties Manukau. Unfortunately Walks planned for other areas of Auckland, Waikato, Hawkes Bay, Gisborne, Whakatane, Tauranga, Wellington, Nelson, Blenheim, Christchurch and Timaru will be held in 2022 because of COVID disruptions. A Research Grants round has been held with a high calibre of Applications. Grants were under consideration at the time of writing this Report.

NZOA Infrastructure

We have made great progress the past 12 months on building much needed infrastructure at the NZOA office including a Client Relationship Management (CRM) system which links each of our members with their specialty interests, society membership, ACC red list status and Committee engagement. We are upgrading and cleansing our Membership data so we can be confident of its accuracy. Our CRM (called Civi) is linking through to our new website which is due to go live over the next few months. Much of the content has been revised with iterative improvements to come over the next 6-8 months. Members will see a fresh modern website with intuitive navigation and easy click through to CPD and NZJR. New website pages have been created for specialty groups such LIONZ, Ngā Rata Kōiwi and Specialty Societies. The public will be able to use the 'Find a Surgeon' function to locate a surgeon to meet their needs.

NZOA Staff and Council

There have been changes to the NZOA team over the last 12 months. We have welcomed Nikki Wright (Conference & Events Manager) and Louise Gibson (Finance & Administration Manager). Both are great additions to the team. I would like to thank the NZOA staff including Karyn, Prue, Bernice, Vanya, Nikki, Louise and Nicola for their resilience and productivity in another challenging year.

I also want to thank the team at NZJR including John, Toni, Shona, Lynley, Mike Wall (IT Consultant) and Chris Frampton (Statistician) who do a fantastic job supporting the Registry.

I wish to thank the Council, NZOA Trust, NZOA Joint Registry Board and Management Committee, the SOTB, the Education and Training Committee, the NZOA ACC & Third Party Liaison Committee, NZ Hip Fracture Registry Trust, Wishbone Foundation, Health Technology Committee, Ngā Rata Kōiwi, and LIONZ for all their hard work during the year. Special thanks to Angus Wickham (Treasurer) and Andrew Graydon (Secretary), whom I work closely with. My particular thanks to the Presidential Line who communicate with me on a daily basis and whose tremendous teamwork during yet further COVID lockdowns have been particularly rewarding. Pete Devane has provided great leadership which I thank him for.

Andrea Pettett
Chief Executive

2021 Honorary Treasurer's Report – NZOA Annual Report

Angus Wickham
Honorary Treasurer

The outgoing Treasurer, Antony Field, has done an outstanding job during his tenure, overseeing some significant changes and leaving the books in excellent shape.

Antony worked closely with Sharon Jansen, Finance Manager, who has left to pursue a career as a chartered accountant. Louise Gibson has now taken over the Finance Manager role and is an outstanding asset for the NZOA.

I have three impressions since entering the role of the Treasurer. Firstly, how complex the NZOA Group has become, including the NZOA incorporated, NZOA Trust, Wishbone Trust, Joint Registry Trust. Secondly, the huge amount of work done by the staff at the office of the NZOA, whom facilitate the smooth running of these companies. Third is the reliance of pro bono work from the executives of each of these companies, the balance sheets benefiting significantly as a result.

The 2021 year has seen a positive result through a combination of increased revenue from services provided by the NZOA, reduced costs due to the effect of COVID, and the positive returns from the Group's investments.

NZOA Incorporated

As budgeted, income from subscriptions has increased slightly due to increased membership while expenses incurred from the secretariat have only slightly increased. Significant deviations from budget occurred in two main areas.

The ASM posted a surplus of $185,000 due to an exceptional job done by the organising committee in very uncertain times, and increased attendance by members.

COVID restrictions continued the pause on Presidential travel which had a significant effect on the balance sheet this financial year. It is expected this travel is likely to be taken by Past Presidents when travel restrictions are eased. After discussion with BDO auditors, it has been agreed a 'Provision for Presidential Travel' will be seen in the accumulated funds section in next year's Profit & Loss.

NZOA Trust

The NZOA Trust has continued to provide $36,624 per year to fund the TIMS IT upgrade.

Travelling Fellowships have been halted due to COVID, reducing expenses significantly.

The NZOA Trust currently has $3.3 million invested in shares with gains of 12.4% over the last year. A regular review of the investment strategy is currently underway in conjunction with an independent consulting company, Makao Investments. A revised SIPO (Statement of Investment Policy and Objectives) has been completed and proposals from six different investment firms have been requested as part of this review.

Wishbone Trust

The fundraising ability of the Wishbone Trust has been affected by COVID with many Wishbone Walks being postponed, reducing expected income. However, investments of $788,000 have seen gains of 14.87%.

This has allowed an increased number of research projects to be funded totalling $35,100.

Joint Registry Trust

The Joint Registry Trust is now integrated into the NZOA Trust and has essentially escaped any financial implications of COVID. A change in accounting practices now see invoices generated the day Joint Registry Forms enter the office, as opposed to the date of the operation. While this seems trivial, it allows accounts to be easily closed at year end improving auditing processes.

While the NZOA Group has had a successful year, we are yet to experience the full effect of COVID. The loss of the ASM and COE will leave significant holes in the budget. However, with the current management team and cash reserves available, the NZOA is well positioned for the year ahead.

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Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2021

	Group		Association	
	2021	2020	2021	2020
Revenue				
Donations, fundraising and other similar revenue	31,876	76,507	36,624	36,624
Fees, subscriptions and other revenue from members	739,899	709,567	739,899	709,567
Revenue from providing goods or services	1,889,674	1,386,599	1,307,888	957,791
Interest, dividends and other investment revenue	496,463	211,833	4,043	10,222
Total Revenue	**3,157,912**	**2,384,506**	**2,088,454**	**1,714,204**
Expenses				
Volunteer and employee related costs	976,204	911,452	748,300	679,858
Expense related to public fundraising	4,384	301	-	-
Costs related to providing goods or service	772,828	575,984	710,954	517,123
Grants and donations made	60,937	75,618	-	-
Other expenses	351,499	526,405	242,639	429,218
Total Expenses	**2,165,852**	**2,089,760**	**1,701,893**	**1,626,199**
Surplus/(Deficit) for the Year	**992,060**	**294,746**	**386,561**	**88,005**

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Statement of Financial Position

New Zealand Orthopaedic Association Incorporated
As at 31 July 2021

	Group		Association	
	2021	2020	2021	2020
Assets				
Current Assets				
Bank accounts and cash	2,117,740	900,025	1,414,919	520,907
Debtors and prepayments	435,846	390,105	328,103	356,815
Inventory	1,749	569	-	-
Investments	477,702	1,037,634	104,289	411,565
Other current assets	139,950	41,450	-	7,789
Total Current Assets	**3,172,987**	**2,369,783**	**1,847,311**	**1,297,077**
Non-Current Assets				
Property, Plant and Equipment	27,650	30,059	26,299	27,356
Work in progress	76,049	-	76,049	-
Intangibles	168,966	196,572	167,111	192,863
Investments	4,072,095	3,666,731	-	-
Other non-current assets	60,167	60,167	60,167	60,167
Total Non-Current Assets	**4,404,927**	**3,953,529**	**329,627**	**280,387**
Total Assets	**7,577,914**	**6,323,312**	**2,176,937**	**1,577,463**
Liabilities				
Current Liabilities				
Creditors and accrued expenses	371,112	162,252	277,656	119,498
Income Received In Advance	251,377	215,047	251,377	215,047
Goods and services tax	82,055	65,798	39,116	21,688
Other current liabilities	1,147	50	1,147	150
Total Current Liabilities	**705,691**	**443,148**	**569,296**	**356,383**
Total Liabilities	**705,691**	**443,148**	**569,296**	**356,383**
Total Assets less Total Liabilities (Net Assets)	**6,872,223**	**5,880,164**	**1,607,642**	**1,000,861**
Accumulated Funds				
Accumulated surpluses or (deficits)	6,872,223	5,880,164	1,607,641	1,221,080
Total Accumulated Funds	**6,872,223**	**5,880,164**	**1,607,641**	**1,221,080**

NZOA ASM 2020 Report

Peter Robertson
Immediate Past President, NZOA

"An Extraordinary Meeting in Extraordinary Times" – Wellington, October 2020.

The 2020 ASM was 'Extraordinary' as a result of the global COVID-19 pandemic.

In March 2020, the AAOS meeting was cancelled at very short notice as the pandemic swept through the western world. Very soon after all of our sister Associations cancelled their annual meetings. Travel was not possible, and restrictions on social gatherings meant that early cancellation was required to avoid significant contractual penalties.

However, as the year progressed it became clear that the situation here in New Zealand was very different. A successful COVID-19 elimination strategy had been followed, and with the borders closed, the Presidential Line made the decision to progress with a local ASM. Previous discussions regarding the evolving structure of the ASM, and in particular the desire to involve Specialty Societies in the meeting, gave the opportunity to make changes to the traditional format. There was a very conscious decision to avoid non orthopaedic, political, and management topics, focusing purely on Orthopaedic Science. Along with the involvement of the Specialty Societies, there was a very clear desire to showcase the work of our registrars. Professor Gary Hooper opened the meeting with an invited lecture addressing challenges that our profession faces. The Societies each contributed to sessions with the invitation to provide and 'Update' on the respective Specialty, and also to showcase new locally derived science. This proved very popular.

With all seemingly set in stone, COVID-19 further disrupted plans. The August Level 3 lockdown resulted in a 'last minute' move of the meeting venue from Auckland back to Te Papa in Wellington, and this happened seamlessly thanks to the wonderful work by the NZOA Conference and Events Manager, and all of the NZOA office staff at Ranchhod Tower.

"An Extraordinary Meeting in Extraordinary Times" proved to be an outstanding success! Registrations exceeded all expectations, and indeed had to be closed two weeks before the meeting! Industry support was superb! The social events were a true highlight and very popular. And the meeting was a financial success not seen for many years! Here in New Zealand, despite the absence of Guest Speakers and Overseas Presidents, we were indeed fortunate to host the only 'live' Orthopaedic Association meeting in the world!

Special thanks to Paul Monk – the Programme Secretary; Philippa Shierlaw, Prue Elwood, and Vanya Schoeler as the Conference team for the NZOA; to all the staff within the NZOA office in Wellington for providing full support for the meeting; and to the executive members of the Specialty Societies – for their strong support of this ASM. Finally, thank you to all members of the NZOA who attended and enjoyed a truly memorable event!

Continuing Professional Development & Standards Committee Report

Edward Yee
NZOA CPD Chair

The composition of the CPD Committee has remained unchanged for 2021. Mr Richard Lander's position was originally established for the RACS EDSA for New Zealand. It has been an important component of the Committee and integrated seamlessly by the fortuitous appointment of two senior NZOA members.

CPD Committee

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

First, Mr Allan Panting followed by Mr Richard Lander. The new EDSA for New Zealand has been divided into two positions by RACS, currently held by Professor Spencer Beasley a paediatric surgeon and Dr Sarah Rennie a general surgeon. The constitution for the NZOA CPD Committee regarding composition/ membership does not stipulate that the RACS EDSA for New Zealand is required to have a position on our Committee. The current members of the NZOA CPD Committee are concerned about the effects and issues a non-orthopaedic surgeon will introduce. In conclusion, the EDSA (NZ) will no longer occupy a position in our committee.

Mr Lander has expressed his interest to remain on the Committee and retains his position. Communication with RACS will continue through the Chair and the regular attendance to the PSAC (Professional Standards and Advocacy Committee, formerly PDSB) meetings.

CPD Compliance

Full compliance for 2020 was achieved on 29 June 2021. Three hundred and nine (309) members were required to report CPD for the 2020 year. One particular member has a consistent predilection for last minute completion of his annual CPD requirements. I have toyed with the idea of establishing an annual award for who should come closest to an encounter with the Medical Council.

In comparison to the College and AOA we are simply exemplary. I attended the PSAC meeting on 23rd June 2021 via zoom and the AOA only had 44% compliance while the RACS had 80%, encompassing all Specialties.

RACS implemented a new CPD programme on the 1st July this year. They originally planned for a change of the RACS CPD year from June to July but have reverted back to a calendar year. This means participants will have an 18-month period to complete their CPD as a period of re-adjustment. A lot of emphasis has been placed on reflective practice, an area that is well covered by our programme through activities like the Practice Visit Programme and mandatory NZJR audit review.

Annual Audit will become a Bi-annual Requirement

Our current CPD Programme requires an annual audit to be performed for mandatory compliance. A senior NZOA Council member felt the requirement appeared trifling. Historically our CPD Programme required a minimum of four audits per year and a change was made 2018 to one per year. This aligned our CPD Programme with the RACS and was also envisioned to benefit our private only surgeons. A number of private only surgeons expressed difficulty performing four audits per year. In recognition of the importance of regular audits and the emphasis placed on well conducted audits in the new RACS CPD Programme the NZOA CPD Committee has decided on a bi-annual audit requirement. With our original quarterly audit requirement, it was apparent that missing an audit meeting or two throughout the year was common, either through annual leave or other commitments. The requirement of a bi-annual audit will overcome those shortfalls of a quarterly audit and still leave our CPD Programme ahead of the colleges.

2021 CPD Year

Last year the point's requirements for the CPD year were halved in recognition of the effects of the COVID-19 pandemic. For 2021 it has returned to the standard obligations. Although overseas meetings remain unfeasible there have been a range of local meetings to attend.

The New Zealand Joint Registry

Reception to the new outlier policy implemented last year has been positive. The Committee has had a favourable response from those particular members identified. It is evident from reading the reports that a significant amount of reflection has gone into each member's arthroplasty practice in order to produce such a document.

In summary, this is how the outlier policy currently works. It is mandatory for any NZOA member who performs hip and knee arthroplasty to report to the Registry. The policy requires each surgeon to nominate a peer and guidelines for selecting an appropriate peer have been written. The NZJR produces statistical reports annually for each surgeon detailing their performance. New graphical results have been introduced to facilitate interpretation. A surgeon with a statistically significant difference of a higher revision rate compared with the New Zealand average is identified. This has been arbitrarily set as the upper 5% of revisions. The surgeon, their nominated peer and the NZOA CPD Committee are notified by the NZJR. The surgeon is then required to arrange a meeting with his/her nominated peer, review the cases and report back to the CPD Committee with their findings.

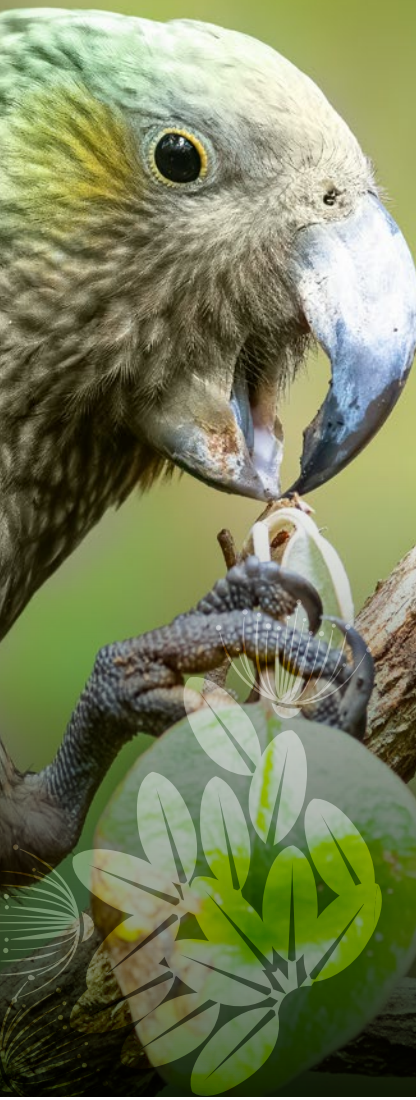
This is not to be confused with the annual NZJR audit meeting, which is a mandatory requirement for all members who perform joint arthroplasty and report to the Registry. The online programme now makes it compulsory for all NZJR participants to upload the minutes of their meeting. Professor Rothwell, former Chair of the NZ Joint Registry had always envisioned that this became a compulsory section within our CPD Programme.

A database of surgeons who no longer perform hip and knee arthroplasty will be established. This is to avoid those surgeons who have ceased hip/knee arthroplasty and is an outlier receiving their annual letter notifying them of their performance.

Practice Visit Programme

Our Practice Visit Programme goes digital. I trialled the system last year and is a significant improvement over the paper-based system. Benefits include a centralised database to monitor the progress of data acquisition, elimination of manual entry, easy dissemination of data to visitors and reducing paper waste. Naturally there were a few technical issues, but these have been corrected and it will continue to be refined and developed.

Edward Yee
NZOA CPD Chair



Practice Visit Programme Report

This year we have successfully moved the programme onto the digital platform.

Julian Ballance
PVP Chair

The COVID-19 disruptions in 2020 delayed some of the visits scheduled for the 2019/2020 year. These have now all taken place along with the 17 scheduled for this year. Those 17 visits were all part of the new digital version of the programme, and I am pleased to advise that this has been a positive change. Visitees can now simply upload their practise data to their web portals for immediate viewing by visitors. The move to electronic feedback from patients has also proved successful with many visitees setting up the questionnaire on a tablet for ease of response. We have also saved trees as Bernice no longer needs to spend most of a week printing out all the paperwork needed for the programme.

The CPD Committee met in April to select the 28 members on the 2021/2022 programme. The upgrade to the NZOA website has meant that there has been a delay in contacting members this year.

Practice Visit Programme

The PVP has now been running since the pilot undertaken in 2010. To date 218 members have been visited. The programme is designed to provide a full picture of a surgeon's practice.

From its inception it had been run as a paper-based process. Last year we moved to a digital format allowing visitees to upload data electronically which can then be viewed by their visitors. The online visit programme is now linked to the NZOA CRM simplifying record keeping and programme management in the Office.

The online questionnaires from patients and colleagues/co-workers now provide an opportunity for feedback directly to the surgeons. It is pleasing to see respondents have taken the opportunity to acknowledge the work that surgeons and their staff do.

The reports following the visits are comprehensive reflecting the 360° nature of the visit programme. The visit process is a Privacy Quality Assurance Activity (PQAA) enabling visitees to discuss issues in confidence. Visitors can also provide guidance to surgeons being visited on how their practise can be improved to provide the best care for their patients. For example, while most surgeons use electronic record keeping a few still have paper-based systems and these surgeons have been encouraged to seek better solutions. Surgeons who work solely in private practice are commended for maintaining links with the wider orthopaedic community.

A common thread in the visit reports is the need for surgeons to be mindful of their wellbeing and make sure they take adequate annual leave. A number of reports have noted the frustrations and limitations of working in public hospitals, due to funding restrictions and the nature of working in a large organisation.

Surgeons in the early stages of their careers can also see how more experienced surgeons run their private practices. This can be a valuable experience as their training does not give them this opportunity.

The PVP is regularly reviewed by the CPD Committee to ensure it meets best practice, provides a valuable tool to enhance collegial relationships and supports best care for patients.

Specialty Orthopaedic Training Board Report

Richard Keddell
Chairperson

This year has seen the NZOA Specialty Orthopaedic Training Board balancing progress on the review of our training regulations, syllabus and curriculum and liaising with the RACS Board of Surgical Education and Training over COVID-19 modifications to our training and final fellowship examinations.

With regard to the latter, Zoom has meant a much reduced need to visit RACS headquarters in Melbourne, but on the other hand, it hasn't helped reduce the feeling that we in New Zealand are just a small addition to the extensive Australian RACS network. Zoom is efficient but cuts out the networking opportunities so important to our organisations. This year the RACS is also undergoing review of its training programmes by the Australian and New Zealand Medical Councils who have the ultimate responsibility for Medical and Surgical education in Australasia.

While the work on our curriculum and syllabus is largely sorted, the process of selection is continually under review. The Board is currently reviewing the relative value of the Curriculum Vitae and how to improve the candidate references. Worldwide, there is increasing evidence that the candidates CV's poorly correlate with their suitability for training and may be best considered as confirmation that the candidate has met the criteria set for selection. Equally, the ability for references to provide a true assessment of candidates is an issue, with a tendency to score candidates close to perfect, something we also share with other Orthopaedic Associations.

However, balancing the experience of those who have observed the candidates over one to two years with the selection panel who have seen them for seven 8-minute interviews, while keeping the process fair and defendable, is an issue the Board takes very seriously and is constantly under review.

We are still working on increasing training posts as will be noted in the Education Committee report. We are still short of the Ministry of Health (MoH) workforce guidelines but again, a gradual increase as we confirm the suitability of new training posts, will ensure our excellent training programme is not compromised.

It is important to differentiate the role of the Training Board from the Education Committee. While the Committee delivers the training programme, the Board is responsible for the training regulations and syllabus and their implementation. Part of that responsibility is the selection process and the legal consequences of the management of the training programme. The Board has representation from all components of training including a trainee rep, a female rep, a representative from Ngā Rata Kōiwi (NRK), as well as an independent consumer and cultural rep. It also includes the Senior Examiner and the Chair of the Education Committee and Education Advisors. While the Board reports to the NZOA, it is also a conduit to and from the RACS and the College's Board of Surgical Education and Training.

As I come to the end of my time on the Training Board, I look back on the significant progress we have made over the last 4 years. This reflects the dedicated personal on the Board and my thanks to all members over this time for their hard work and support. I have no doubt Tim Gregg, as the new Chair, will continue to guide this Board with its very important role supporting our world-renowned training programme.

Education Committee Report

Despite a lot of disruption in the last year, we have been able to hold all our training events and exams as planned. Some required modification, but we have been lucky that they have all been able to be completed.

Tim Gregg
Chair

Training Events

The SET 2-5 Spring Training Weekend was held in September 2020 in Christchurch, convened by Tom Sharpe. Unfortunately, due to COVID-19 levels, Trainees and Consultants from Auckland were unable to attend. This made for a smaller training weekend. Trainees and Committee members commented that a smaller group created a better environment for learning. As our training numbers increase the training weekends are growing in size and complexity to run. The Education Committee is looking at the possibility of splitting the training weekends into SET 1/2 and SET 3/4/5 groups. Each group would have two training weekends a year. No firm decision has been made on this yet.

Clinical rotations included a diverse range of cases with patients and the use of 30-minute video computer cases as given for the Fellowship Exam for SET 4 and 5's.

The weekend included a presentation on research and a Strengthening our Resilience During Challenging Times workshop run by Ruth Robertson.

SET 2-5 Autumn Training Weekend was in Tauranga in March 2021.This was convened by Ian Galley and held at Grace Orthopaedics. There was an excellent range of clinical cases in 4 rotations. Group sessions included panel discussions on cultural awareness and professionalism panel discussions. Thanks to Tom and Ian for all the organisation that goes into a running a large training weekend.

The Orthopaedic History and Examination SET 1 Mini Training Weekend was held in Whangarei on 19th-20th November 2020, convened by Margy Pohl. The emphasis of this two-day course is the principles of good Orthopaedic History taking and examination technique. This is the last in the cycle of Whangarei hosting this training before it moves to Nelson for the next 3 years. All the department at Whangarei have been fully involved in supporting this training event.

The SET 1 Autumn Training Weekend was convened by Pierre Navarre in Invercargill on 26th-27th March 2021. A good initiative at this weekend was workshops on traction, casting and application of external fixators.

The Education Committee would like to thank all the local surgeons and patients who volunteer their time to help out with these training events. Their support is invaluable.

Fellowship Exams

The Fellowship Exam was postponed at the beginning of 2020, so we therefore ended up having two cohorts of SET 5 Trainees sit their Part II exams over the last year.

After a Pre exam course run by Brendan Coleman at Middlemore hospital, SET 5 Trainees (the 2020 COVID cohort) sat the Fellowship exam 10th-11th October 2020. All SET 5 Trainees passed this exam. Congratulations to Sanka Bambarawana, Elizabeth Bond, Richard Cowley, David Morley, Gareth Rooke, Paul Sharplin, Otis Shirley, Mark Stringer and Frances Whiting.

This year's SET 5 Trainees had a Mock exam in November 2020. This was convened by Salil Pandit who spent a great deal of time organising the programme. Thanks also to Tim Lynskey who put in many hours of planning and to the Orthopaedic Department in New Plymouth for their support. Three past examiners also attended as examiners, thanks go to Sud Rao, Gary Hooper, and Brett Krause. Dean Schluter ran a pre-exam course at North Shore hospital in May. The fellowship exam was sat 28th-29th May 2021 with all our SET 5 Trainees passing. Congratulations to Alex Carslaw, Liam Dunbar, Ryan Gao, Tim Godwin, Daniel Lemanu, James Recordon, Tim Roberts, Earle Savage and Herv Vidakovic.

Selection to SET Training

Again, because of the postponement of selection interviews in June 2020, we had two rounds of selection in the past year.

SET Selection was held in Wellington at Boulcott Clinic on 4th September 2020. Social distancing COVID restrictions meant there were modifications required including zooming in of some interviewers to the interview stations. Despite the challenges the day ran smoothly. 32 candidates were interviewed. Congratulations to Ailsa Wilson, Caitlin Bodian, Doug Hancock, Fraser Prendergast, Justin Mathews, Kong Koul, Laura Singleton, Marinus Stowers, Mark Zhu, Michael van der Merwe, Nic Buckley and Nicola Atkinson who were selected for the 2021 training year.

Selection to enter training in 2022 was performed at Boulcott Hospital on Friday 18th June 2021. 32 applicants were interviewed and 15 selected. Congratulations to Dean Ramage, Michael Douglas, Sarah Hunter, Jay Jefferies, Blair Mason, Alexander Campbell, Jonathan Chan, Zanazir Alexander, Andrew Suchowersky, Ryan Chaffey, Atua Fuimaono Asafo, Brendon Newton, Tangi Purea, Annabel Dekker and Ayaaz Ebramjee.

Trainee Information Management System

TIMS has now been a mandatory part of training for 18 months now. Work Based Assessments (WBA's) and Feedback Entries are very helpful in assessing Trainees progress. Trainees need to complete 3 WBA's and 12 Feedback entries in a 3-month period. Compliance to do this is slowly improving. Too many trainees leave it to the end of a 3-month period to get these assessments done. The process will work much better if it becomes part of our day-to-day assessment of Trainees. I would encourage all Trainers (consultants who have trainee registrars) to try and make these part of normal weekly activities. In general, Trainers need to become more proactive in initiating both WBA's and feedback entries.

TIMS has given us an easy way for Supervisors to review these assessments. Research is easily recorded and is accessible for review. Feedback from Trainees is that the e-Log logbook is more manageable and user friendly than the previous MALT RACS version.

A Learning Tab has been added to TIMS. This will enable trainees to log all other activities they do during training. This includes exams, compulsory training activities, courses, presentations, conferences, and Sub Specialty Society meetings attended. This will give good oversight to all activities completed.

Online Learning (VLE)

Over the last year we have been developing an online teaching programme for the Trainees. These have been done over zoom with weekday evening sessions lasting 60-90 minutes. The idea is to cover the NZOA curriculum over a 2-3 year period. Sessions happen every two weeks. Initially members of the Education Committee (and members of the initial working group who developed this) were involved in a pilot which has now become ongoing. Several NZOA members have now hosted sessions. There will be an ongoing requirement for interested surgeons to get involved.

Education Committee Changes

From 2022 there will be some changes to representation on the Education Committee. Hospitals with four or more trainees will have a permanent position on the Education Committee. Hospitals should have no more than four years without having a member on the Committee.

There will be 15 members consisting of:

- Education Committee Chair
- NZOA Secretary
- NZOA Censor
- North Shore
- Auckland/Starship
- Middlemore
- Waikato
- Tauranga
- Wellington/Hutt
- Christchurch
- Dunedin
- Whangarei and Hawkes Bay in 4-year rotation
- Taranaki and Palmerston North in a 4-year rotation
- Nelson and Invercargill in a 4-year rotation
- Small Centres Rep – Rotates through Timaru, Whanganui and Rotorua

The Education Committee would like to recognise Angus Don, Chris Birks, Tom Sharpe and Jason Donovan who finish their time on the Committee this year and thank them for their work over the last 4 years. New members this year are Mike Flint from Middlemore Hospital and Dean Schluter from North Shore Hospital. Andrew Graydon has joined the Committee in his role as NZOA Honorary Secretary.

This is my last year as Chair of the Education Committee. This has been a very rewarding role. Over the last 4 years there has been a lot of work done on Trainee assessment and selection. I would like to thank all the Education Committee members for their support and invaluable input over that time. In particular, I would like to thank Prue Elwood for her hard work and keeping us all in line.

NZOA ACC & Third Party Liaison Committee Report

The main component of the work of this Committee is to meet with and represent our patients and members interests with representatives from ACC.

Khalid Mohammed
Chair

We meet 4 times a year and there is communication between our Committee members, our NZOA membership and through our very capable Chief Executive, with the ACC throughout the year. In the last year we also had one meeting with representatives from RANZCR (the College of Radiologists) with the ACC.

Last year I concluded my report by writing "We look forward to another year of advocacy for our members. Who knows what might happen in such a changing world!" There have indeed been a lot of changes in the last year.

Our Committee has planned carefully for changes in our group as most of the members were due to complete their terms at the end of this year. I would like to thank Peter Robertson, Chris Birks, Fred Phillips, Andrew Vincent, and Sandeep Patel for their excellent work this last year and for all but Sandeep, who joined a year ago, thanks for the last 4 years. We have planned a transitional period to stagger the changes in personnel. My tenure as Chair finishes in November this year and Peter Robertson will be Committee Chair for 2 years. A new representative for Spine will be appointed with the Committee Chair becoming a separate role. Fred Phillips (Hip) and Chris Birks (Foot and Ankle) will serve another year. Alex Malone will represent Shoulder and Elbow and Bruce Twaddle will represent Knee, replacing myself and Andrew Vincent. Both Alex and Bruce are the incumbent presidents of their Sub Specialty Societies. We are also looking to include representation from the Presidential Line.

There have been changes in the ACC personnel and priorities. Scott Pickering, the CEO has resigned as of 20 June 2021 and his replacement has not been appointed. The Chairman of the Board of ACC, Dame Paula Rebstock finished her term on the same date and Steve Maharey appointed. Steve's background includes an MA in sociology, Minister in the Helen Clark era and Vice Chancellor of Massey University. There have been many changes in the roles and personnel of those we meet with as well, but thankfully some continuity. A year ago, Scott Pickering attended our meeting and gave a presentation outlining changes in philosophy from a claims to customer focus, changes in systems with more cloud based and paperless systems, desire for collaboration, integrated care, the ECP (Escalated Care Pathways), and the ACC's desire to ensure optimal outcomes and equity. A year on, in our most recent meeting, we were presented with a paper entitled "What matters most: Our priorities".

The 3 main priorities are:

1. "Helping people recover faster from injury while helping Māori successfully access and complete the rehabilitation services they need.
2. Improving the lives of people with long term needs by better managing the services they use and taking a targeted approach to improving outcomes (with a deliberate focus on Māori).
3. Increasing the depth and breadth of Health Service Strategy delivery by rapidly scaling up commissioning for outcomes and developing new services that provide choice for Māori."

In the August 2020 meeting, we were advised that the ACC had a Manager of Māori Health and there were data documenting differences in the number of elective procedures in different ethnic groups. We requested more information and data and have engaged the NZOA Ngā Rata Kōiwi representative, John Mutu-Grigg to come to our meetings. The Manager of Māori Health came to our last meeting, but no data has been presented or shared.

Other topics discussed have included the ECP projects, which appear generally successful so far, entitlement for work related and gradual process injuries, contracts, the ACC looking at the cost of implants, and defining H1 criteria on ARTPs. We have been advocating strongly for the ACC to assist in funding some registrar training in private practice, this is still a work in progress.

Special thanks must go to Andrea Pettett and her able staff at the NZOA. It has been my privilege to work with them, serve the membership of the NZOA and work with colleagues who have the best interests of our patients as core to their values.

Senior Examiner's Report

Sue Stott
Chief Examiner

While 2020 has been a very unusual year for the RACS, 2021 has proved to be even more challenging. We were lucky that New Zealand was in a strong position to proceed with the final FRACS examination in May this year.

While we usually have the support of several Australian examiners, as well as some Australian candidates, this was not possible due to COVID-19 travel restrictions. Thus, the number of candidates were smaller than usual, and this led to a less-pressured feel to the exam (at least from the examiners point of view!). On the day, the able assistance of the local coordinator, Helen Rawlinson, the team at Greenlane Clinical Centre led by Amanda Rae and the superb local College staff meant that the May FEX proceeded without a hitch. All candidates were successful in passing the exam and the examiners noted that candidates were very well prepared for the exam. Unfortunately, we were not able to congratulate the successful candidates in person.

Given COVID-19 restrictions, there were no patients in the exam and all clinical cases were examined as video clinicals. These videos had been prepared by a sub-group of examiners who met regularly to edit clinical videos submitted by their fellow examiners and write appropriate higher order thinking questions around the cases. The emphasis was on a short patient history, relevant observed physical signs, with the candidate developing differential diagnoses, interpreting investigations, and coming up with a well-justified management strategy. Chris Hoffman is currently the lead for Video Clinicals and did a fantastic job in preparing and editing clinical videos for the May exam. Some immediate benefits were seen on the day, including a wider range of more unusual patient-related problems, such as younger paediatric cases and patients with significant pain (both historically difficult to bring into the exam setting). As well, there was greater standardisation of marking and assessment of each candidate's performance, as all candidates heard and saw the same history and examination.

Although there had been concerns that this type of clinical exam may prove too easy, our initial feedback from exam candidates was that this was not so. Nevertheless, the Senior Examiner group see merit in continuing with observation of a candidate's ability to take a succinct history and examine a patient. The plan for the future, as COVID permits, remains a hybrid model, with some carefully chosen clinical patients and some clinical videos.

I have started writing this report four times and each time the key information about the FEX exam in Australia in the second half of the year has changed. Followers of the College bulletins will see that the original examination planned for September in Sydney was moved to the end of November, given concerns about the COVID-19 pandemic in Sydney. A second date change was then actioned, to 5th-7th November, at the request of the local training Boards in Australia who needed to know the final outcome for candidates by mid-November to plan next year's registrars positions. Considerable work was done in the Australian Orthopaedic Court to run this exam across multiple hubs in early November, calling on retired examiners and seeking offers of appropriate venues. However, at the last minute, the November FEX exam was cancelled by the College citing issues with COVID-19 impact on travel, venues, availability of examiners etc. To my knowledge this may be the first time the College has cancelled a Part II Fellowship Exam. The decision caused considerable consternation in the larger specialty courts and the local training boards, where moving candidates to 2022 was simply not a tenable option. Pleasingly the FEX has now been reinstated for 5th-7th November with the written component on the 12th October.

The College message to the candidates reads as follows:

> *"Following a special RACS Council meeting on 1 September, the Fellowship Examinations will be reinstated for 2021 for all specialties except for Neurosurgery and Vascular Surgery with a new date set for the written exam on 12 October and the existing dates of 5 – 7 November kept for the clinical vivas. Many of you shared your deep concerns about the cancellation of the examinations with us. We have listened to you and considered the feedback received and have decided to run the exam for as many candidates as possible…. ….For the specialties holding an exam, this is planned to proceed, however, we may not be able to accommodate all candidates. Please be aware that due to the ongoing COVID-19 conditions, we may be required to make further changes, including cancellations. In the meantime, all candidates*

are required to withdraw from the current exam event. If you have already withdrawn your registration, a full refund will be provided If you hadn't withdrawn your registration, we will do this for you and provide a refund."

Fifty Orthopaedic candidates were eligible to sit in Australia and it remains to be seen how many will take up the offer to register into the reinstated exam, once they have withdrawn from the previous exam. This is clearly a very unsettling time for all candidates and some may withdraw given the vagaries of the last month or so. Although New Zealand examiners are very unlikely to be able to cross the Tasman, we will be called upon to observe exam segments by Zoom. Observation of an exam segment by a third examiner is an important part of the exam, bolstering exam integrity and reassuring the candidate that questioning is appropriate and consistent across candidates. Trial Zoom observation in May both in Auckland and Australia had some teething problems with difficulties with sound and visibility but was working better as the days progressed

The Orthopaedic Principles and Basic Sciences OPBS MCQ exam (the old Part I) is run by the New Zealand Court and is currently coordinated by Simon McMahon. The June exam ran without significant difficulty and a high pass rate. We are hopeful that the OPBS will run without event again in October this year.

Currently, the New Zealand court is strong with 11 members. Given the inability of Australian examiners to travel the Tasman, we will be seeking an additional Examiner to join in 2022 (replacing Bruce Hodgson) and very likely one further Examiner to join in 2023.

Cultural Advisor Report

Ken Te Tau
Pou Tikanga/Cultural Advisor

In 2018 I was welcomed into my role as Cultural Adviser to NZOA, part of this role required me to be a part of the SET 1 Selection interview day as a panel member and the honour to facilitate the launch of the very first mihi whakatau for the SET Selection candidates.

After my whaikōrero/speech, I uttered the following Māori proverb as words of encouragement:

"Ko te pae tawhiti whāia kia tata, ko te pae tata whakamaua kia tīna - Seek to bring distant horizons closer, sustain and cherish those that have been arrived at".

This Māori proverb compels us, with determined passion, to courageously seek out our dreams and aspirations and make them a reality, importantly, holding securely the affirmative objectives that we have already achieved.

The last four years have seen meaningful change, we should all be proud of the progress NZOA and the Specialty Orthopaedic Training Board (SOTB) have made to date. Through the courageous decisions of the SOTB and Interview Panels to prioritise inclusivity, Māori, Tagata Pasifika and Women have been selected into training thereby actively moving towards a diverse and inclusive workplace that reflects the multicultural society that we live in.

This multifarious workforce allows us to respond to the diversity of our patient population and increases our efforts to be a part of the solution of turning the tide of poor health statistics, particularly those plaguing Māori in Aotearoa New Zealand.

Under the leadership of the NZOA Specialty Orthopaedic Training Board and supported by Ngā Rata Kōiwi we are making tremendous headway in crossing the cultural horizon, however, regarding the vast oceanic expanse of human differences we cannot drift aimlessly or anchor ourselves in the still waters of a slack tide, we have come too far in our passage for Diversity, Equity and Inclusion (DEI) to not do more, veritably amid a shifting tide we need to hoist the sail and with purposeful intent navigate further.

"Kia whakatōmuri te haere whakamua - I walk backwards into the future with my eyes firmly fixed on the past".

On 12th August an NZOA Working Group, which included representation from Ngā Rata Kōiwi, LIONZ and LBGTQ, gathered to discuss and create a formal NZOA Diversity and Inclusion action plan for the next five years. The depth of discourse was honest, authentic and understandably at times, direct and raw. At this point, I don't wish to delve into some of the outcomes of this hui as more meetings are scheduled and report tabled in due course. What I would like to add is my observations and perceptions regarding NZOA and as I look back over the last four years, the journey thus far.

My appointment as Pou Tikanga/Cultural Advisor to NZOA was a significant and symbolic change in direction for NZOA and its desire to voyage into the uncharted seas of Te Ao Māori me ōna Tikanga and incorporate cultural competence into the selection processes and curriculum. Since my inclusion, I have felt nothing but genuine warmth and sincere appreciation for my contribution from those at the helm, matua Richard Keddell, whāea Andrea Pettett and the Speciality Orthopaedic Training Board, matua John Mutu-Grigg and Ngā Rata Kōiwi, matua Peter Robertson and the Presidential Line, indeed absolutely everyone.

Plotting a course through the aforementioned waters of Te Ao Māori historically hasn't been smooth sailing, we collectively applaud and celebrate sailing over the lofty crests with the inclusion of more Māori trainees and Māori Board members, contrarily, we also find ourselves wallowing in traumatic troughs of bias, decades of old thinking that has shaped and still affects our present. I have observed and listened to some of the wounded and discontented Māori souls in our waka who have experienced mamae/ pain in Orthopaedics under ageing monoculturalism. For an associative collection of medical healers having cultural casualties operating on the front line doesn't bode holistically well for those affected souls or allow them to reach their fullest potential if the wounds are left to suppurate unattended.

Mā te rongo, ka mōhio
Mā te mōhio, ka mārama
Mā te mārama, ka mātau
Mā te mātau, ka ora

Through discussion comes awareness
Through awareness comes understanding
Through understanding comes knowledge
Through knowledge comes wellbeing

The travelator of trauma never stops cycling more and more human cargo into your clinics and on to your operating tables, however, in your prodigious professional efforts to heal the sick and mend bone for the well-being of our nations populous the stethoscope may need to be reversed and placed on your own heart to see if bias beats within. Upon self-examination how well are we doing and what is it that we need to do for our organisation to survive and thrive in the new divergent world. Saying we don't need to change because we've always done it a certain way is now unquestionably outdated, kei tua o tāwauwau tērā kaipuke waikura, that antiquated ship has truly sailed.

Diversity accepts the many platforms and mana on which others stand, mana Wāhine, mana Pasifika, mana Takatāpui (LBGTQ), mana Māori, mana Pākehā, mana Tauiwi (people from far and wide). Māori stand as indigenous people of the land, proudly standing on the mana of our ancestors and the mana of the Te Tiriti o Waitangi platform that was negotiated on behalf of all their descendants. Today the Treaty is widely accepted to be a constitutional document that establishes and guides the relationship between Māori and the Crown in Aotearoa New Zealand (embodied by our government).

Te Whare Piki Ora o Māhutonga (RACS) recently produced their own inspirational Māori Health Strategy and Action Plan, Te Rautaki 2020 - 2023 consciously calculating their future course toward achieving the vision of Māori health equity and a culturally safe and competent surgical workforce. Their strategy is well worth reading and viewed as a credible template for NZOA as we embark on our own parallel journey. Honouring Te Tiriti o Waitangi features strongly in their action plan and also the adoption of principles, tino rangatiratanga (Māori sovereignty), partnership, active protection, options and equity, as recommended by the WAI 2575 Hauora Report 3. RACS action plan is thorough and shows that they weren't afraid to honestly check their pulse on the (DEI) meter and recognise that they are a long way from achieving health equity. RACS fully understand and concede that to make a significant change, they will need to acknowledge and address the legacy of colonisation processes and the resultant racism and privilege at curricular and institutional levels.

Kaua e rangiruatia te hāpai o te hoe, e kore tō tātou waka e ū ki uta - do not lift the paddle out of unison, our canoe will never reach the shore.

Inclusion means we all get a paddle, not just the selected few, we can all participate in the propulsion of our canoe. We all have an opportunity to be heard and valued at every influential level of engagement allowing for a diversity of culture and thought to be respectfully considered, valued and intentionally cultivated in Orthopaedics Aotearoa. This concluding Māori proverb serves to emphasise the importance of us all working together to successfully land our waka, our (DEI) strategy safely on shore, no matter how far or how hard the strenuous effort. Failure to continue to work in unison would see us lose our bearings and founder off-course in shifting seas where there is increased global importance to acclimate and embrace Diversity, Inclusion and Equity.

In closing I would like to acknowledge and congratulate the leadership team at the helm of NZOA and the journey thus far, the last four years has seen fresh new arms grasp the paddles, ka kōhanatia te waka kia ū ki uta, to propel, steer and turn our waka towards new horizons and approach distant shores during the most difficult of times with determined passion, as we courageously seek out our dreams and aspirations and make them a reality, importantly, holding securely the affirmative objectives that we have already achieved.

Nāku noa nā Ken Te Tau
Pou Tikanga/Cultural Advisor
Ngāti Kahungunu me Rangitāne i Wairarapa
Ngāti Porou, Ngāi Tahu

Smaller Centre's Report

David Templeton did much work around establishing a Rural Fellowship. There are issues with funding from central government to achieve these positions in all of our rural centres.

Andrew Meighan
Orthopaedic Surgeon
Smaller Centre
Representative

As the Small Centres Representative, I was nominated to attend a RACS initiative, developing the Rural Health Equity Advisory Plan. They feel there is high priority and urgency to resolve rural workforce issues of recruitment and retention. 25% of New Zealanders live rurally, and they have poorer access to health care, a higher mortality and worse health outcomes than those in urban areas. Recruitment is not just an Australian issue, and it is clear for all to see that small centres here struggle to attract New Zealand trained surgeons. There are some interesting ideas in the plan which are presented under 5 headings:

Represent for Rural

Rural surgery needs to be positively presented to Trainees. It is a myth that all Trainees want to stay in urban units - most gain excellent experience and lots of hands-on operating in rural units, and often gain exposure to ACC and private procedures. 30% trainees state they wish to work in small centres at the start of training but only 5% take on rural positions.

Select for Rural

There need to be rural voices present on the Selection Committee. There could be extra points given, or positions ring fenced for those applying from rural posts. The perception that those in urban positions are more likely to get training posts needs to change and there should be acceptance that hands on skills and breadth of experience gained in rural units will be advantageous at SET interviews. Interviews should include questions relating to equity of access and outcomes in underserviced communities.

Train for Rural

There is good evidence that 12 months spent in a rural hospital strongly increases rural recruitment. All Trainees should have the option of rural exposure, and this could be extended to a flipped model of rural centred training with some urban secondments. Registrar accommodation, travel allowances, change over dates fitting with school holidays make relocating easier. There is a concept of a dual fellowship done towards the end of training to ensure breadth of experience as well as a supporting a Sub Specialty interest.

Retain for Rural

Fostering partnerships between rural and urban centres with CPD networks, outreach clinics and combined MDM`s could reduce feelings of isolation. There are concepts of rural focused urban surgeons and dual credentialing at rural and urban facilities to allow bidirectional movement of surgeons. On-call rotas need to be sustainable with task substitution if locums are not found. Supervision of Trainees by SIMG`s should be an option where RACS surgeons are not available – examples of a retirement causing a unit to lose its registrars were discussed.

Collaborate for Rural

We need to recognise there is a collective responsibility for health equity. Urban committees making decisions for rural units need to manage conflicts appropriately. Surgical care needs to be available close to home, and there should be clear transfer protocols in place if tertiary care is required.

This plan is currently being worked through by the Rural Health Equity Advisory Group who are data gathering on current hospital conditions. They will be presented back to the Steering Committee and then to the Department of Health and the New Zealand and Australian Medical Councils. There is concern that if rural recruitment does not improve that central government will intervene in the selection process and influence the number of Trainees accepted on to the programme.

Trainee Representative Report

Dulia Daly
New Zealand Orthopaedic Trainee Representative

This report could be summarised as "Thank you NZOA for your continued support and education" but I guess I'll elaborate.

Firstly, congratulations to another successful year with all of the SET 5's passing the Fellowship Exam, we wish you all the best for your next adventure: Alex Carslaw, Liam Dunbar, Ryan Gao, Tim Godwin, Daniel Lemanu, James Recordon, Tim Roberts, Earle Savage and Herv Vidakovic.

Then next congratulations are to our newly selected Trainees, we know what an exciting and hard earned achievement this is: Dean Ramage, Michael Douglas, Sarah Hunter, Jay Jefferies, Blair Mason, Alexander Campbell, Jonathan Chan, Zanazir Alexander, Andrew Suchowersky, Ryan Chaffey, Atua Fuimaono Asafo, Brendon Newton, Tangi Purea, Annabel Dekker, Ayaaz Ebramjee.

The Trainees continue to receive excellent education from the NZOA. Of note, we were treated to the Paediatric Orthopaedic Society's meeting being focused on Trainee education, small group discussions and practicals. The Trainees turned up in force and were extremely grateful for the excellent weekend. Who needs Noosa when you have volcanoes and fly fishing?

We also continue to have regular excellent virtual training sessions. The Trainees that attend find these of huge value. The topics and teaching is spot on for our needs and despite how many of us dislike being put on the spot to answer questions it is a great place to practice before the exam. Thank you to all the consultants who have taken part and please continue to do so it is greatly appreciated. I have already gone back on more than one occasion to rewatch them when preparing for certain topics.

Training weekends as always are invaluable and Trainees leave with notebooks full, minds buzzing and a sense of awe for all the surgeons who give up their time and pass on their expertees to us.

Unfortunately, like many of you the Trainees too have missed out on the various Sub Specialty meetings this year and were disappointed to miss out on valuable learning and skiing opportunities. We think especially of our Auckland colleagues as they face a prolonged lockdown and hope you can make the most out of the different opportunities lockdown brings.

I would also like to report that 2021 has been the first year Timaru has had a Trainee and I'm pleased to say it has been a positive experience and the consultants have been great educators.

Lastly but far from least a special mention and gratitude to Prue Elwood for her continued care over training. Thanks for always being so organised and easy to contact, we all appreciate it.

Wishbone Orthopaedic Research Foundation of New Zealand Report

Wishbone Orthopaedic Research Foundation of New Zealand

Richard Keddell
Chairperson

Like all Charitable Trusts, the COVID era has made fundraising difficult this year. However, our Research Trust is gradually building its reserves and continues to look for innovative ways to raise money to support orthopaedic research in New Zealand.

Haemish Crawford has gained support for Wishbone sponsored walks this year with 5 events taking place and two more planned for later in the year. These are well supported public events which aim to raise awareness of the Trust and orthopaedic research in New Zealand and do increase the membership of the Wishbone Club which gives us a database for further support. Our thanks to those involved in the walks in Auckland/Middlemore, Rotorua, Palmerston North, Dunedin and Invercargill. Tauranga and Whakatane have walks planned for later this year.

The Trust has also been very well supported this year by some of the Sub Specialty Societies with donations coming from the Paediatric Society ($25,000) Spine Society ($30,000) and the Hip Society ($30,000). My thanks to these Societies who have seen the value of our Association pooling its resources to support research.

Again, members have supported the Trust with donations at the time of paying their NZOA subs. $12,550 has been donated this year including the substantial single sum of $5,000 from one member. My special thanks to these members for their direct support.

This year, the Trust continued its support of 15 research grants paying out $50,937. 9 new Applicants were received by the Research Committee who approved 3 for funding.

The Trust received $101,475 from its investments this financial year. We now have $869,763 of assets. As our funding base grows, we will soon get to the $1M level where good sustainable research funding can be maintained.

We have some exciting innovative fundraising options planned as well as continuing the expansion of our Wishbone Club database ensuring the Trust has a strong future. My thanks to our dedicated Trustees and support staff especially Vanya Schoeler, Louise Gibson and Karyn Eggers.

NZOA Wishbone Orthopaedic Research Committee Report

Wishbone Orthopaedic Research Foundation of New Zealand
Orthopaedic Research Committee

Gary Hooper
Chairperson Wishbone Orthopaedic Research Committee

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

Members

Gary Hooper
(Chairperson, Editorial Secretary)

Michael Barnes, Tom Sharpe
(Education Representatives)

Sue Stott, David Gwynne-Jones, Paul Monk, Dawson Muir

Funding in the past has been made available by the NZOA Council from the surpluses from the Annual Scientific and COE meetings. In 2021 funding has been made available by the Wishbone Trust for research projects in 2021-2022. Several of the Sub Specialty Societies have also committed to contributing to this research fund and the Committee thanks them for this initiative which will allow significantly more orthopaedic focused research to be funded nationally.

This year there have been 11 strong Applications submitted. The Grant Application is a competitive process and Applicants need to make sure that the study protocol submitted follows the application template and that the methodology is described in detail. The Committee considers the Applications in two categories: either a smaller or pilot study which is often registrar based and is limited to $5,000 or a full research proposal which is over $5,000. The purpose of the smaller grants is to encourage registrars to become involved in research activity and eventually be eligible for a full grant. It is pleasing to see the large number of Trainees and potential Trainees who have applied for funding and who are completing higher degrees. Having Orthopaedic surgeons within our Association with masters or PhDs will only improve the quality of research activity within the NZOA and benefit us all. We believe that research is a core function of the Association and that the promotion of this research should be a priority for all members.

Unfortunately, the COVID lockdown delayed the Committee meeting to assess the current applications and this meeting has now been scheduled for the 14th September. This year there are a wide variety of interesting projects which are likely to significantly affect clinical practise and impact on our delivery of care in the future.

The Committee continues to track the progress of projects which have previously received funding. Last year the NZOA Council approved the development of a Research register which will be linked to the new NZOA website and will allow all members to see what current research projects are underway or in the development stage. This project is still in the development stage but is anticipated to be finalised by this time next year. The object of this is to enable researchers to link on similar projects to improve multicentre collaboration. This register should also allow a closer follow up of funded studies.

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

Wishbone Orthopaedic Research Foundation of New Zealand
Orthopaedic Research Committee

Wishbone Orthopaedic Research Reports Summary

Spine adipose index (SAI) is an independent predictor of deep infection of the spine

Vikesh Gupta, Jonathan Manson, James Watt

We wanted to assess the association between the spine adipose index and deep surgical site infection and determine a threshold value for spine adipose index that can assist in preoperative risk in patients undergoing posterior instrumented lumbar fusion (PILF).

This was a retrospective study of 8 years of PILF with 42 patients in the final analysis. All patients developing an SSI within 90 days of surgery were identified. We gathered potential pre-operative and intra-operative deep infection risk factors for each patient. Spine adipose index was measured on pre-operative mid-sagittal cuts of T2 weighted MRI scans with the measurements repeated twice by three authors in a blinded fashion with six weeks between measurements.

The spine adipose index was significantly greater in patients developing deep SSI ($p=.029$), and this relationship was maintained after adjusting for confounders ($p=.046$). The spine adipose index had excellent (ICC >0.9; $p<0.001$) inter- and intra-observer reliabilities. This demonstrates it is a novel radiographic measure and an independent risk factor for developing deep SSI, with 0.51 being the ideal threshold value for pre-operative risk stratification in patients undergoing PILF surgery.

Evaluating lactoferrin in the prevention of prosthetic joint infections

Scott Bolam, Jillian Cornish, Paul Monk, Jacob Munro

Prosthetic joint infection (PJI) is a devastating complication following joint replacement surgery. The current treatment for PJIs is inadequate, and, has a failure rate of over 50%. This unacceptably high failure rate is largely due to the formation of biofilm on implant surfaces and the inability of antibiotics and joint washout to eradicate the biofilm.

The Bone and Joint Research Group at the University of Auckland, led by Professor Jillian Cornish, has recently demonstrated that lactoferrin may be able to penetrate biofilm and stimulate bacterial motility. If lactoferrin can be found to effective against joint replacement infections, it could rapidly be translated into clinical use.

This project successfully established a reproducible in vivo model of PJI in a rat knee that accurately represents the human clinical scenario. We also developed imaging techniques and methodologies to measure in vivo bacterial burden and implant surface biofilm coverage, respectively.

This model will now be used to evaluate if lactoferrin, in combination with antibiotics, can be used in either a surgical wash or dissolvable cement beads to improve the clearance of biofilm. The pre-clinical PJI model established through this grant has allowed our research group to expand our focus into orthopaedic infection and biofilm research.

Assessing the non-inferiority of prosthesis constructs in (i) primary total hip replacement (THR) and (ii) primary total knee replacement (TKR) surgery using data from the New Zealand Joint Registry: a benchmarking study

Michael Wyatt, Chris Frampton CF, Michael Whitehouse, KC Deere, A Sayers, David Kieser

The aim of the study was to compare the performance of THR and TKR prosthesis constructs compared to the best-performing construct, the benchmark, using a noninferiority analysis and illustrate any variability in performance. Constructs were examined against noninferiority margins of 20% and 100% relative risk at 3, 5, 7 and 10 years after surgery.

THR: There were 135,432 primary THR included in the NZJR of which 62,251 were available for the final analysis. There was substantial variation in the performance of THR constructs. The best practice benchmarks were hybrids with a dual taper polished cemented stem, metal-on-polyethylene bearing and uncemented cup. At 10 years the benchmark was the Exeter V40/Trident MP. This strongly suggests that a hybrid construct such as the Exeter V40/Trident combination or a construct non-inferior to it could be used as default options for the majority of patients.

TKR: There were 110,183 primary TKR included this study. There was substantial variation in the performance of TKR prosthesis constructs. The best practice benchmarks were cemented fixed-bearing

cruciate-retaining constructs at all time points. The references prosthesis construct at 10 years was identified as the PFC Sigma Fixed bearing cemented cruciate retaining construct which is soon to be superseded. The Triathlon, Genesis II and Nexgen cemented fixed bearing CR constructs were all non-inferior to benchmark. This strongly suggests these combinations could be used for the majority of patients. Alternative constructs are necessary for specific indications however for example PS TKR's when there is significant valgus deformity, post-patellectomy and in the context of inflammatory arthritis.

The findings have potential implications for the way both practicing surgeons, purchasers and patients approach total joint replacement. It is essential purchasers have access to all sources of data to ensure as many patients will be treated as possible within the available budget constraints. This study may also be particularly relevant for inexperienced surgical teams, as they can focus training on, and become expert with, a single prosthesis construct.

Safety to Drive in an Upper Limb Cast- "At two weeks post distal radius fracture injury treated in a cast, are you fit to drive?" A Prospective Study

Keith Lee, Michael Foster

There is limited research regarding the safety of patients to drive while one arm is immobilised in a cast. Six patients were recruited for the study. The primary objective is to investigate whether patients immobilised in a below-elbow cast, will be safe to drive on public road, by undergoing a medical driving assessment. The secondary objective is to investigate if there are factors that may influence patient's ability to drive, for example, laterality of the casted arm vs hand-dominance, and whether there is a correlation between pass/fail of the driving assessment with clinical examination findings such as grip strength, pain, range of motion of the fingers and forearm rotation.

None of the patients had their dominant hand injured. All patients passed the off- and on-road medical driving assessment and no vehicle modification was recommended for any patients. The patients drove on public roads in a cast for the duration of the study and they all recommended the driving assessment.

NZOA Trust Report

The NZOA Trust has continued to function well over the last difficult COVID-affected year and the total equity held by the Trust as of 30th April 2021 was $3.233 million. The majority of this is invested by Craig's Investment Partners.

Richard Street
Chair
NZOA Trust

I would like to thank my Co-Trustees who are Andrew Oakley, Simon Dempsey, Angus Wickham (NZOA Honorary Treasurer), Andrew Graydon (NZOA Honorary Secretary), and Wayne Hughes (Independent Trustee). All meetings are also attended by Andrea Pettett, Chief Executive.

The NZOA Trust has been asked by your Presidential Line and Council to also help with investment of NZOA surplus funds which traditionally have earned relatively low rates of interest return. Work is also being done to look at the best returns for the NZOA Wishbone Trust and the NZOA Joint Registry Trust, although these are not under the control of the NZOA Incorporated Trust.

In order to perform the appropriate level of due diligence to make sure members funds are invested as wisely, safely, and effectively as possible, the Trust has employed the services of Makao Investments, an independent investment advisory company, to look carefully at our mixture of bonds and shares, our risk level, and the performance of different investing companies. Introductory talks have occurred, but a new strategy has not yet been defined.

Trust outgoings have minimised over the last year and support for visiting groups has almost completely disappeared with the COVID crisis. There has been no call on funds to support the ABC Fellows, the Korean & Hong Kong Young Ambassadors, the AOA Emerging Leaders Forum, the ASEAN Visiting Fellows, or the Trans-Tasman Fellow. Funding for the NZOA Guest Speaker has also been significantly affected. The Trust is still funding the Guest Registrar Prize, the Best Trainee Research Prize, and the Paper Day Prize. The majority of Trust disbursements are to the website upgrade at NZOA with a staged purchase of a CRM and Trainee Information System.

In general, our investment policy is designed to limit risk, but allow sufficient return to fund this variety of NZOA activities.

New Zealand Joint Registry Trust Report

Gary Hooper
Chairperson

Over the last twelve months, the Joint Registry Trust has continued to facilitate and monitor the alignment of the NZJR within the NZOA group of entities. In particular, the Trust has agreed to formally approve the NZOA Joint Registry Trust Surgical Contributions Accounting Policy.

Current Trustees

Gary Hooper
(Chair)

Rod Maxwell, Richard Keddell,
Angus Wickham (NZOA HonoraryTreasurer)

Ex officio members

John McKie
(Supervisor of the NZJR)

Andrea Pettett
(Chief Executive)

This essentially now tracks the surgical contributions of members from the point the Joint Registry Trust receives formal notification the surgery has been performed. This will now clearly identify when the surgeon has an obligation to pay the contribution rate and will avoid the accounting problems identified in the historical billing mechanism. NZOA member's contributions for joints performed in Private is still the greatest contributor to the financial security of the Registry and our claim to ownership.

The Trustees feel that the surpluses in the NZJR Trust fund needs to be retained to protect the Registry if in the future it needs to relocate. Currently the NZJR is "hosted" within the Canterbury DHB but with the current changes in health administration there is a good reason to be concerned about whether this relationship will continue. Any relocation on a commercial basis is likely to be expensive. There is also the need for a substantial re-platforming of the infrastructure, and we have only commenced early discussion with the Ministry of Health who are interested to help develop a system that can be leveraged across multiple Registries. The surplus will therefore need to be retained and tagged for future infrastructure investment. It was thought the current charges of $25 plus GST per surgeon was appropriate as we need to sustain our reserves. The surplus will be invested with NZOA's Investment Manager when the discussions with Craig's Investment Partners has been resolved.

This year Toni Hobbs will be retiring from her role as the NZ Joint Registry Coordinator. Toni has been with the Registry since its beginning in 1998 with Alastair Rothwell. She has been the "face" of the Registry and will be missed. We are indebted to Toni for her energy and enthusiasm over 23 years and thank her for her dedication to ensuring that the NZJR continues to be recognised nationally and internationally as one of the preeminent arthroplasty Registries.

I wish to thank all of the Trustees who give up their time to ensure that the NZJR remains robust and viable. We welcome Angus Wickham onto the Trust as part of the "roll over" of the NZOA Honorary Treasurer. I am sure that his contribution will keep us financially secure. Finally, a big thank you to Andrea and the office team for their continued support.

New Zealand Joint Registry Management Committee Report

John McKie
Registry Supervisor

The beginning of this year saw the completion of 22 years of Joint Registry activity and the Annual Report in its final published form should be in the hands of members prior to the ASM in Wellington this year.

The new forms that have spent some time in development are now in regular use and the database has been modified to accommodate the changes in the forms. As previously, the validity of the Registry requires the inputting of accurate data, and I would encourage surgeons to continue to check the Joint Registry forms and in particular make sure that:

1. The patient label is attached;
2. The correct side for the procedure is specified; and
3. Having checked the results are correct to sign the form. Whereas knee replacements are side specific, this is not the case with hips and a number of forms are coming through without the side specified. If this can be improved, this will result in less toing and froing with Registry staff to make sure clean data is inputted.

Invoicing from the Registry is now occurring on a regular quarterly basis from the NZOA office in Wellington. Thank you to those who regularly pay their invoices in a timely manner. Thank you also to those who have subsequently paid following "prompting". We may consider a move to offering direct debiting of invoices to simplify payment collection if there is an appetite for this in the future.

Audit and CPD

This year marks the third year with members being presented their results in graphical form with the funnel plots and for the first time this year the "snail trail" of the results from the previous 3 years has also been presented.

The review of Joint Registry results as part of our CPD programme has been further refined in the past year and feedback and discussion from Joint Registry review is now able to be uploaded in the CPD section of the NZOA website as a mandatory requirement.

QlikView

Members are reminded that immediate access to your personal data is available via QlikView. There is a direct link to the QlikView server on the NZOA website. This is not a live link to the Joint Registry database, however, is updated approximately monthly.

Urgent Data Access

Many surgeons and theatre coordinators have found access to the Joint Registry to be invaluable for the surgical planning of revision surgery where the index components may not be known to the revising surgeon. This normally just requires a phone call or email to the Registry Coordinator. This was a problem in August this year with an immediate Level 4 lockdown and no ability for the Registry Coordinator to work remotely without prior notice. Members can be reassured that there is ability to access the Registry even if the Coordinator is "off line" and in the future we will make sure there is a clear access pathway detailed via Mike Walls, the IT Consultant, or via me as Registry Supervisor.

Workforce

The end of 2021 marks a milestone in the Joint Registry with the forthcoming retirement of Toni Hobbs as Registry Coordinator. Toni has been with the Registry since its inception and has taken a real guardianship role in care and management of the data for the last 23 years. On the behalf of the Registry Management Board and the orthopaedic community in general, I would like to wish Toni all the very best for her retirement and thank her for the tremendous and loyal service that she has provided to the Registry to date.

Currently the appointment process is underway for her successor, and she will continue to work alongside the new person in that role showing them the ropes until the end of the year.

As in previous years, I would also wish to pass a vote of thanks to the other Registry staff, Lynley Diggs and Shona Tredinnick who enter the primary data and make contact with you if it is incomplete. Also, to Chris Frampton our Biostatistician and Mike Walls, IT Consultant.

Future Initiatives

As discussed previously, the ultimate plan will be for the Registry to become digitalised with online data entry. However, we are still some distance away from being able to do this and with the national and worldwide events with COVID over the past 18 months, there hasn't been any further progress with the Ministry of Health regarding these issues.

Following the member survey, one of the strong recommendations was to develop preoperative Oxford score collection and we are working towards this. Initially this will be piloted at Burwood Hospital and hopefully at some stage early in 2022, we will roll this out around the country once any issues in data collection are assessed and managed.

NEW ZEALAND JOINT REGISTRY

New Zealand Hip Fracture Registry Trust Report

The sixth Annual Report of the Australian and New Zealand Hip Fracture Registry (ANZHFR), was released this year.

Mark Wright
Chairperson

In this year's report all 22 New Zealand hospitals that provide hip fracture surgery have contributed data on 3334 patient care episodes. This represents approximately 86% of all hip fracture episodes for 2020 calendar year. There are now over 66,000 records in the Registry with New Zealand contributing 14,600 of these.

Nearly 4,000 New Zealanders break their hip every year, and this is expected to rise. The average age of these patients is increasing, and people aged 90 years and older now make up 27% of hip fracture patients in New Zealand. Hip fractures can be a devastating event for older people with many having significant loss of independence and a mortality rate of 26% at one year post hip fracture. The arrival of COVID-19 in 2020 did result in altered models of care in some hospitals but no adverse impacts in outcomes were seen.

The focus of the ANZHFR is to measure care against the Hip Fracture Care Clinical Care Standards. 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 which was adapted from the 2011 NICE guideline and published in September 2014. For the first time an outlier report is included which monitors hospital performance against these quality indicators. This allows sites to identify where they are performing well and those areas which require further review.

The facility level audit shows ongoing improvements in the number of hospitals with clear pathways and protocols for the management of patients with a hip fracture. However only 45% of hospitals have a scheduled theatre list and theatre availability continues to be the primary reason for delays to surgery. The median time to surgery is 24 hours with 83% patients receiving an operation within 48 hours. An increasing number of hospitals report the presence of an Orthogeriatric shared care model but access to Geriatrician expertise is limited in a quarter of hospitals in New Zealand.

Sites continue to undertake Quality Improvement projects and maintain a focus on improving elements of care. This year we have seen further growth in the use of nerve blocks prior to surgery to manage pain while waiting. We are also seeing a greater focus on recognising the presence of dementia and monitoring for delirium which can be a complication of hospital admission and surgery in frail, older patients. Hospitals are reporting greater access to weekend therapy and almost 90% of patients are given the opportunity to walk the day after their operation.

This report again shows variation in treatment provided to patients. There have been further improvements in preoperative cognitive assessment and assessment of delirium. The time spent in the Emergency Department is increasing, although this is not impacting on time to surgery with half the patients having their operation within the 24 hours of presentation to hospital. Access to theatre continues to be the primary reason for delays to surgery and not all hospitals have ready access to geriatric medicine services. There has been a reduction in patients transferring to inpatient rehabilitation services, an area that needs to be monitored.

For the first time mortality data for New Zealand patients is available using the NHI linked data from the Ministry of Health. Adjusted data, pooled over three years, is reported for 30 days and 365 days.

Funding

The funding of the New Zealand arm of the Hip Fracture Registry is channeled through the New Zealand Hip Fracture Registry Trust, which was settled by the New Zealand Orthopaedic Association for the purpose of funding the ANZHFR in New Zealand and providing oversight to the New Zealand Implementation and Management Committee of the ANZHFR. At present there is secure funding thanks to the efforts particularly of Andrea Pettett and of Roger Harris (Geriatrician, Auckland) and Sarah Hurring (Geriatrician, Christchurch) who have been the clinical leads for the New Zealand arm of the ANZHFR. We have also presented to the NZOA ACC & Third Party Liaison Committee on a number of occasions and the Committee has generally been very supportive.

Fragility Fracture Registry

A new Registry has been started primarily by the New Zealand Geriatric Society in conjunction with Osteoporosis New Zealand, looking at fragility fractures as a group. This is complementary to the ANZHFR but is not directly linked. Roger Harris and Sarah Hurring are both involved in setting up this Registry. Nicola Ward, who is the Implementation Manager and National Coordinator for the ANZHFR will be taking a similar role for the Fragility Fracture Registry. This Registry will also be funded by the ACC and also by Osteoporosis New Zealand, and the negotiations for the funding have been completed by Osteoporosis New Zealand. Nicola Ward has been paid previously by the NZOA with money channeled through the Hip Fracture Registry Trust. To assist Nicola, we will also act as a conduit for the payments for implementing the Fragility Fracture Registry. The NZOA accounting structure can manage this without undue difficulty.

Data Collection

The accuracy of the report is dependent on accurate data collection. The ANZHFR has approximately 50 data points to collect for the patient level report and another 12 or so for the hospital level report. The data collectors in turn rely entirely on our accuracy for the data points related to Orthopaedic matters. For example, if it looks like your hospital treats 50% of intertrochanteric fractures with cannulated screws (see page 49 of the ANZHFR 2020 Report) this will reflect what the data collectors have read in the clinical notes and operation notes. It is therefore important that we try as best as we can to give an accurate description of the fracture and of the surgery.

ANZHFR Hip Festivals

Each year in Australia and New Zealand the Registry plans to run two Hip Fests. The one in Auckland this year was cancelled because of the Level 3 situation and was replaced with a Zoom Meeting. The South Island meeting was held face to face in Christchurch. This was a very successful meeting including Orthopaedic Surgeons, Geriatricians, Dieticians, Physiotherapists and data collectors. Presentations particularly on nutrition for hip fracture patients, rehabilitation following hip fracture and setting up and managing the Registry in a small hospital were very useful. We plan a single Hip Fest next year probably in Wellington.

Conclusion

The ANZHFR was first mooted in 2011. We are very grateful to all the people who were involved at that time, two of whom have now retired Shankar Sankaran, Geriatrician from Middlemore Hospital and Ian Harris, Orthopaedic Surgeon from Sydney. In New Zealand we have new members to the Implementation Committee, including Pierre Navarre from Invercargill and we are very grateful for their involvement. The ANZHFR, and now the Fragility Fracture Registry are dependent on the goodwill and expertise offered by the NZOA particularly with regard to due process and financial management. We are also very grateful to the members of the NZOA and the office staff for their support, assistance and expertise in this area.

NZ Artificial Limb Services Report

This Report has been prepared to share the top two key issues for Peke Waihanga over the last operating year.

Peke Waihanga
Artificial Limb Service
Orthotic Service

Sean Gray
Chief Executive Officer

Amputee Funding Inequities

Our ACC Prosthetic Service Agreement allows for prosthetic devices to be prescribed based on clinical need and justification i.e., what the amputee needs. The below table unfortunately shows our ACC amputees get 108% to 413% more prosthetic services and devices than our DHB amputees.

Average Job Cost for Prosthetic Service and Technology only (excludes rehab and consumables)				
Replacement prosthetic		ACC Funded Amputee	DHB Funded Amputee	Inequity gap
Lower limb	Activity level 0	$9,761	$4,682	108%
	Activity level 1	$8,458	$4,017	111%
	Activity level 2	$25,715	$6,078	323%
	Activity level 3	$18,328	$7,143	157%
	Activity level 4	$16,909	$7,075	139%
Upper limb		$29,392	$6,078	413%

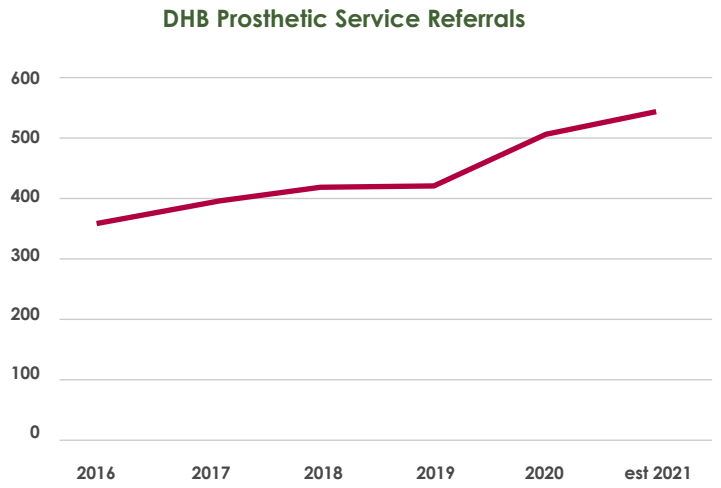
The DHB Prosthetic Service Agreement funding we receive does not provide sufficient funding to meet the above minimum and safe service to amputees, specifically, we spent Peke Waihanga received $5,031,000 the DHB bulk funded amount in the 2020/2021 financial year and spent $5,876,000 (17%).

The following table showing amputation rates data in New Zealand from the Ministry of Health have increased by 34% over the last 5 years with amputation rates for Māori and Pacific people, and people living with diabetes increasing at a significantly greater rate than the national average.

	All			Māori			Pacific		
	Without diabetes	With diabetes	Total	Without diabetes	With diabetes	Total	Without diabetes	With diabetes	Total
2016	403	806	1209	50	197	247	11	95	106
2017	475	931	1406	74	214	288	14	112	126
2018	421	1010	1431	49	291	340	11	129	140
2019	465	1049	1514	63	250	313	10	154	164
2020	514	1111	1625	74	307	381	17	151	168
Increase	111	305	416	24	110	134	6	56	62
% Increase	28%	38%	34%	48%	56%	54%	55%	59%	58%

The graph to the right shows demand for services to DHB new referrals for prosthetic services has increased by 49%. This increase is directly driven by the increasing amputation rates shown the previous table. Specifically, clinical decision making by the DHB's have a significant impact on prosthetic service.

Additionally, DHB budget pressure is generally leading to less community rehabilitation for amputees, which requires Peke Waihanga to fill this service gap under our due of care to ensure amputees are appropriately equipped, to provide a minimum level of rehabilitation.



COVID-19 Response

COVID-19 has seen New Zealand operating in unchartered territory with a great deal of uncertainty and unrest. As we are deemed an essential service that is best delivered face to face, our number one priority has been establishing alternative methods of care for our patients so that their health is impacted as little as possible during the pandemic Alert Levels. We were in action mode from the earliest opportunity last year to ensure our patients, staff and stakeholders went through the country's COVID-19 alert level systems as smoothly as possible from then and into the future. Peke Waihanga has remained flexible, adaptable, and resilient as we have navigated the changing environment and uncertainty within New Zealand due to COVID-19.

We created multiple procedures, forms, Alert Level plans, and guidelines for staff-patient interaction during COVID-19 and operating as an essential service. We also designed a substantial range of visual resources for the centres, website, and social media to help guide and reassure our patients, whānau, and staff.

We are proud of our team's efforts to adapt our service for the people we care for. It has required a high level of workforce, respect, and trust from Peke Waihanga staff, and we believe we are in a very fortunate position to be able to offer alternative services to amputees in New Zealand during this time.

Ladies in Orthopaedics New Zealand Report (LIONZ)

Margy Pohl
Chair LIONZ

2021 has been a busy year behind the scenes, which was to culminate in a stimulating all day LIONZ Forum in October prior to the ASM.

The Forum was intended to be an inspirational event including a morning workshop for students/juniors, similar to those we have undertaken in the past, offering a hands-on opportunity for these female students and juniors to have an introduction to Orthopaedics, and to meet and hopefully become inspired by some of our fantastic upcoming surgeons. The afternoon was to offer a series of talks covering issues of concern to our members, including diversity, imposter syndrome and resilience. Hopefully we will get another chance to host this.

It has been exciting being a part of developing international collaborations throughout 2021 supporting diversity and women in Orthopaedics. Groups such as IODA (International Orthopaedic Diversity Alliance) and WOW (Women in Orthopaedics Worldwide) are gaining momentum and providing a powerful voice and support. The first Global meeting focused on issues important to women in Orthopaedics, co-organised by AAOS and WOW, will be undertaken later this month.

Closer to home, we are very pleased the NZOA is taking a pro-active stance supporting diversity and women, by offering an ongoing Council Committee position to LIONZ. We are delighted to support Josie Sinclair in this position. LIONZ members appreciate also being actively involved in ongoing NZOA led initiatives to improve diversity and culture in our organization and the commitment NZOA has to these issues.

Looking ahead to 2022, it seems timely for LIONZ to become more formally established as an entity, and broaden our support, activities and engagement for the growing numbers of female surgeons and trainees. We look forward to discussing approaches to work towards this.

Ngā Rata Kōiwi Report

2019 saw the formation of a new group within the NZOA, Ngā Rata Kōiwi (NRK), the Māori Orthopaedic Surgeons.

John Mutu-Grigg

To date we have a membership of 8 surgeons from around the country. We also have 11 Trainees at various levels. Using these numbers, currently 1.8% of Orthopaedic surgeons are Māori. Within 5 years that will be 3.8%. Although still very low, that is a rapid increase, that will hopefully continue going forward.

This year the council has formally endorsed the independent, annual kaupapa Māori wānanga which follows tīkanga Māori, to support and prepare Māori non-surgical Trainees for SET Selection. This is a fantastic initiative by Māori and for Māori, which has been formed and run 100% by current Trainees.

Looking forward into 2022, we hope to increase the profile of Orthopaedics to the new generation of junior doctors through our links with RACS and Te Ora (The Māori Doctors Association). NRK has also partnered with the University of Auckland and stakeholders on a number of research projects to increase our understanding of Orthopaedic care to Māori. ACC has also taken an interest in their own data with regards to Māori. We will work with them to increase the quality of their data and share this with the membership.

"He tāwhiti ke tō koutou haerenga, kit e kore haere tōnu
He tino nui rawa ō koutou mahi, kia kore mahi tōnu"

You have come too far, not to go further

You have done too much, not to do more

Sir James Henare

New Zealand Foot and Ankle Society Report

Rhett Mason
President

2021 has presented challenges to most of us and our Society is no different. Our postponed Annual Meeting in Wanaka in September 2020 was rescheduled to 20th-22nd August 2021.

As we all know, the country entered Level 4 lockdown on Wednesday 18th August. Our meeting was therefore again postponed at relatively short notice and after obtaining feedback from our members on their preferred option, we have now rescheduled this meeting to the weekend 1st-3rd April 2022 at the same venue in Wanaka. This has allowed us to transfer all our booking arrangements without incurring any financial loss. Our thanks go to Wes Beavan for his work in firstly organising and then rescheduling this conference.

We were planning to hold our 2021 AGM during the NZOA Meeting in Wellington in November.

Our thanks also go to Chris Birks for his ongoing work on the NZOA ACC & Third Party Liaison Committee. From a foot and ankle perspective there is ongoing work around the pricing structure for procedures as well as streamlining approval for acute and semi acute procedures.

As mentioned in last year's report, in 2020 our Society, along with those of Australia and South Africa, formed the Fifth Chapter of the International Federation of Foot and Ankle Societies (IFFAS), to be collectively known as the Southern Federation of Foot and Ankle Societies (SFFAS). Even though we are by far the smallest chapter on a population basis, it has allowed us to have four of the twenty seats on the IFFAS Council. I have been involved in this forum over the past year, all via Zoom, and as well as being recognised as a distinct entity, it has allowed us the opportunity to have a voice at this level. It also allows our members to access the IFFAS webinars which are held regularly. I participated in the first webinar given by the Southern Federation in May this year on Adult Acquired Flatfoot. The Triennial IFFAS Meeting, which was scheduled to be held in Vina Del Mar, Chile in April 2021 has been rescheduled to April 2022 at the same venue.

Our Sub Specialty Society continues to grow with an increasing number of our trainees taking up foot and ankle fellowships and subsequently returning to consultant positions. We have Charitable Trust status as well as a relatively healthy financial position and are therefore able to offer funding for foot and ankle research projects subject to approval from our research Sub Committee.

New Zealand Hip Society Report

Matt Boyle
President

The Hip Society has had a quiet twelve months since the last ASM due to the COVID-19 pandemic. Our scheduled scientific meetings are scheduled biennially, and so, with good fortune, we will be on track to run our usual meeting in Queenstown next year.

Executive Committee

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

AGM and Future Meetings

We enjoyed a fantastic biennial meeting in Queenstown in May, expertly convened by Peter Misur. There were 73 delegate attendees, including surgeons covering the breadth of hip surgery from preservation to replacement, reflecting the inclusive, collegial nature of our Society. The Hip Society strongly supports contributing to Sub Specialty sessions at the NZOA Annual Scientific Meeting and we were looking forward to providing a succinct Hip Society programme with generalist appeal at the ASM in November.

Charitable Trust Status

The Society continues to progress towards establishment as a Charitable Trust, supported by the NZOA. Several criteria remain outstanding however should be satisfied by the end of the year.

Finances

The Hip Society's financial status remains satisfactory. At our recent biennial meeting, the Society elected to contribute $30,000 to the New Zealand Wishbone Research Trust. We believe that this is the best mechanism through which we can support the funding of orthopaedic research in New Zealand, and we hope to undertake another significant commitment at our next biennial meeting.

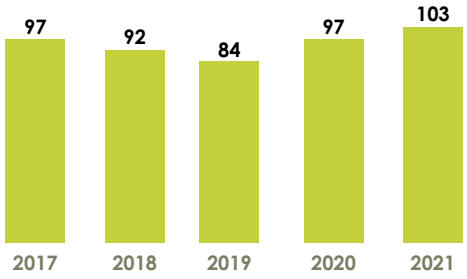
New Zealand Knee & Sports Surgery Society Report

The New Zealand Knee and Sports Surgery Society has a current membership of 103 and has been sitting around the 100 mark for the last 5 years.

Bruce Twaddle
President KSSS

The New Zealand Knee and Sports Surgery Society has a current membership of 103 and has been sitting around the 100 mark for the last 5 years.

Here is a table showing our membership over the last 5 years:



Sadly, for the NZKSS Society it has been another somewhat frustrating year with the influence of the COVID lockdowns in New Zealand and abroad. We were again poised to hold the NZOA CME meeting in Queenstown with several speakers from Australia attending in person and coordinated talks from a number of overseas faculty by the Zoom meeting platform. Unfortunately, the latest Delta strain outbreak both in Australia and New Zealand initially meant the Australian speakers were also going to be presenting remotely then eventually the meeting had to be postponed due to the restrictions placed on travel in New Zealand. The new date for this meeting is 16th-18th February 2022 and hopefully by scheduling this early in the year we can have a second CME meeting in the same year by the next scheduled Sub Specialty group to stop this rotation schedule falling even further behind.

The good news is, with the help of Nikki Wright, the new Conference and Events Manager for the NZOA, we have all the virtual options for this meeting and a very good programme already sorted. It has been sanctioned by ESSKA, the pre-eminent European sports Orthopaedic organisation, and the AOA has also allowed it to be promoted on their website and communications. There had been some interest shown in overseas "virtual" registrations and hopefully this will be the case in February. Registrations for this meeting have been very pleasing and our industry partners were also very much looking forward to some one-on-one interaction with the members attending, hopefully this will be the case in February. Registrations for this meeting were 110 and 6 remote registrations with a number of Australians surgeons being interested in either attending or online registration depending on what happened.

We were to present a selection of topics again at the NZOA ASM this year to update all members with a review of some of the "hot topics" on latest advances planned for this meeting.

The ACL Registry continues to function relatively seamlessly and is now collecting a very robust data set that is among the most well supported and accurate of the ACL Registries in the world. Thanks, as always to Hamish Love and his staff for his work on keeping this project up and running and Hamish will be presenting some of the research that is coming out of the registry at the meeting next year.

The Sub Specialty Society AGM meeting was to be held at the CME meeting in Queenstown and then as part of the annual meeting in Wellington on 1st-2nd November. Date, time and place still to be finalised!

As was reported last year, liaison with ACC continues through representation on the NZOA ACC & Third Party Liaison Committee and I will be taking over from Andrew Vincent as his term comes to an end. Thank you to Andrew for all his hard work and forward-thinking activity as part of this Committee. The Extended Care Pathways continue to be trialed in various parts of New Zealand and ACC are evaluating how they see this progressing in the future. No final decision is likely until closer to the end of the current trial period which has several years to run. How this translates into ongoing practice and service requirements for surgeons remains to be seen but

will no doubt be continued to be discussed as part of the ongoing relationship with ACC. There has been some review by ACC as to what constitutes a "high priority" diagnosis for Elective Surgery and the recommendations from the NZKSS Society for the knee include a locked knee requiring meniscal surgery or an acute osteochondral fracture requiring removal or repair. Please note that the code for repair has been removed from the ACC codes so this needs to be performed as KNE61 in most cases.

We are also looking to be registered as an Affiliated Society with a number of other organisations including ESSKA and the AOSSM and hopefully in the next year we will be able to share some benefits, particularly in terms of access to their online educational activities as part of this.

One of the other projects moving forward is to establish a comprehensive website for the organisation so that relevant meetings, research from the members and studies of interest from journals, possibly open access to some journals for our members or links currently available from the college's access can all be presented on one place. It also could provide the possibility of links to technique and educational videos and material also deemed as being useful to members. Further discussion regarding this need to take place.

We look forward to next year with the hope of progress and return to some normality.

New Zealand Shoulder & Elbow Society Report

NZOA
New Zealand Orthopaedic Association
NZ Shoulder & Elbow Society

Alex Malone
President NZSES

The New Zealand Shoulder and Elbow Society remains in good heart. An excellent meeting was held in Queenstown at the end of July, under COVID restraints in terms of overseas speakers.

This meeting, superbly organised by Andy Stokes and Tanya Turchie, was well attended and was supported well by the trades. The standard papers by consultants, registrars and physiotherapists was very high.

Alex Malone has succeeded Ian Penny as President of the Shoulder and Elbow Society and Warren Leigh is succeeding Gary McCoubrey as Secretary.

The Shoulder and Elbow travelling Fellow, Warren Leigh, obviously could not fulfil that behest because of the COVID situation last year and as such, his entitlement for that status and associated grant will be afforded through to the next two-yearly period.

During the AGM most members expressed disappointment and frustration re the performance of certain elements of the ACC CAP panel. This issue remains a blight on what otherwise on the whole is a good relationship between ACC and the Society. Craig Ball, a former member of that panel, has pointed out the difficulties ACC have in recruiting satisfactory panel members and in particular, those with experience in Sub Specialty knowledge.

Peter Devane attended the meeting and reiterated the collective wish that the NZOA AGM is well supported and as part of that process, Sub Specialty Societies are encouraged to take ownership of sections of the programme for broader interest involvement. This concept was generally supported by the members, as well as there being a desire that the Shoulder and Elbow Society should have independent meetings and possibly meeting organisation processes.

New Zealand Society for Surgery of the Hand Report

NZOA
NZ Society for Surgery of the Hand

Tim Tasman-Jones
President NZSSH

The last 12 months have proved challenging due to the COVID-19 pandemic outbreak. The 2020 lockdown and subsequent recovery resulted in high priority cases being treated initially with many patients finding their treatment being delayed.

Executive Committee

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

Conferences, teaching and meetings were either cancelled or postponed. The sudden confinement to home and family, however, appears to have provided many of us with a time to contemplate and re-jig life.

Subsequent shutdowns in Auckland and more recently Wellington have continued to remind us that further community outbreaks are almost certain, particularly with the emergence of the Delta variant and other more virulent strains. Fortunately, we were able to hold our conference in July before the Delta variant arrived in New Zealand with Auckland now likely to remain in an extended lockdown. Luckily for the rest of the country Level 3 is likely soon followed by a graduated return down the levels. For Auckland especially, promoting hand hygiene, social distancing, use of the COVID tracing rates, increased testing and encouraging vaccinations are crucial. Something we should all abide by.

On the other side of the coin "Zoom" and other online platforms have allowed us to continue to provide advice, treatment, teach, and participate in conference sessions and business meetings. Virtual consultations are now common, funded and recognized by ACC and other health providers as an acceptable way of providing treatment. Virtual live surgical workshops and video conferences have become the norm with the Australian Hand Surgery Society organising meetings on a regular basis. Options that were not easily available prior to the COVID-19 outbreak.

The FEESH 16th-19th June 2021 Online Week – Management of complications in common hand wrist surgery was available for our members. Similarly, the American Society for Surgery of the Hand Annual Conference in San Francisco, 30th September to 2nd October 2021 is also available online. Although it would be great to attend these conferences in person and catch up with long term friends, future travel is likely to remain restricted for the next year or two and therefore, we have to make the most of these opportunities.

The New Zealand Society for Surgery of the Hand held a scientific meeting at the Hyatt Hotel on the 29th-30th July which was well attended with over 80 delegates from both Plastic and Orthopaedic Surgery backgrounds. A few hand therapists were also able to make it to this meeting. We are grateful to Allen Cockfield who convened this meeting which was extremely well received by our members. There was also great support from our sponsors including Surgical innovations, De Puy Synthes, LMT, Medartis, OrthoMedics, Arthex, Device Technologies, ORB Medical. The opportunity to review the latest implants, techniques, technologies in between sessions is always beneficial.

The programme was varied with the nerve session including a useful review on nerve transfers in the paralysed upper limb presented by Jeremy Simcock. Professor Mark Ross, from Australia provided useful insights (via Zoom) into his latest thoughts on carpal instability.

The conference dinner was also a great success. The company, food and wine were exceptional and with the snow being kind we all enjoyed a great break away.

In 2022 we will be joining the Plastics surgeons for a combined meeting. This meeting is proposed for August 4th-7th in Wellington with the details to be confirmed.

This year's NZOA Meeting is scheduled for the 1st-2nd November 2021, at Te Papa, Wellington. As was the case last year there will be a session dedicated to hand surgery which I will be chairing. The planned programme was intended to cover areas of interest to all members including talks on wrist and thumb arthritis.

ACC guidelines on cover, entitlements and consideration factors on common hand and wrist conditions have been endorsed by the society and ACC and are now available on the ACC website.

Future directions for our Society include looking to add wrist and hand arthroplasty to the New Zealand Joint Registry and to work with the NZOA in developing a NZSSH website.

It has been another interesting year with some unique challenges to navigate, I wish you all a settled and safe year ahead.

New Zealand Orthopaedic Spine Society (NZOSS) Report

New Zealand Orthopaedic Spine Society

Andrew Oakley
President NZOSS

November 2020 saw the annual NZ Orthopaedics Spine Society meeting finally take place in Taupo.

Well supported by our constituency, a meeting full of local flavour given the restriction of travelling overseas guests. A sense of déjà vu hits us as we have just postponed this year's meeting scheduled for September in Dunedin. We now hope to go ahead in April 2022, only time will tell.

Work continues in the background to formalise the structure of our Society, looking towards formal Incorporation and Charitable Status.

The biggest task on the table at present is an ACC codes and funding review with Bruce Hodgson and Kris Dalzell advocating from our perspective.

New Zealand Orthopaedic Spine Society

The Paediatric Orthopaedic Society of New Zealand Report

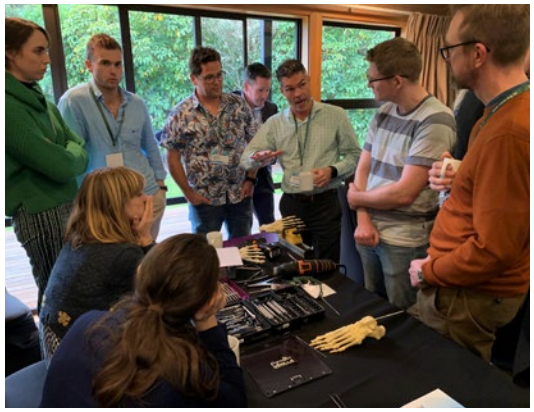
The Paediatric Society of New Zealand (POSNZ) continues to go from strength to strength. We now have 39 members of the Society and there is an excellent distribution of surgeons throughout New Zealand.

Haemish Crawford
President

It is especially encouraging how many young orthopaedic surgeons with paediatric fellowship training have returned to New Zealand and are enhancing the care of children throughout the country.

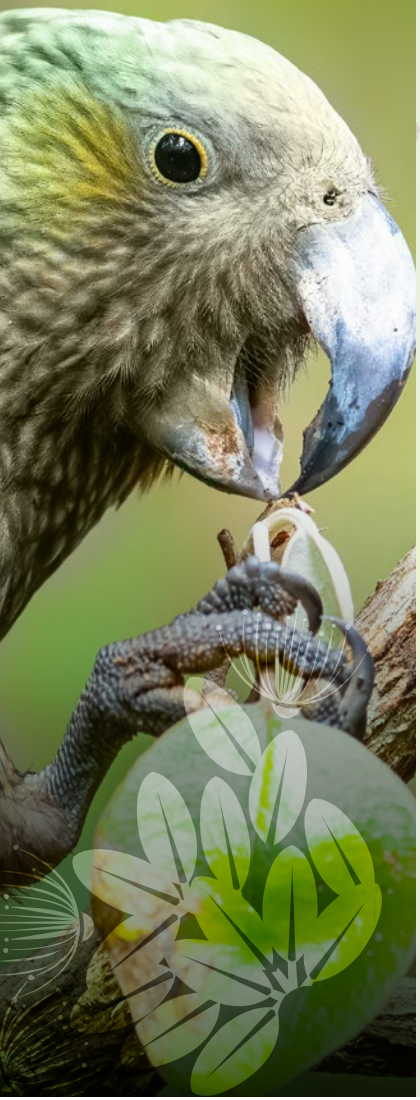
Nikki Hooper and Ramez Ailabouni are actively trying to set up a National Hip Registry for both DDH and SUFE in Christchurch. It is great they are going to do this alongside the National Joint Registry, and they will be able to link this in with the worldwide registries that Kishore Mulpuri has set up out of Vancouver Children's Hospital. Both Nikki and Ramez undertook Fellowships in Paediatric Orthopaedics at Vancouver Children's Hospital and one can see the value in this closer relationship leading to involvement in this registry.

Unfortunately, the combined Australian and New Zealand Paediatric Society Meeting and annual ICL course for registrars has been postponed from Perth due to COVID. This will now be held 22nd-24th September 2022 in Perth. We replaced this with a very successful POSNZ meeting held at Tongariro Lodge on 11th-12th June this year. This was extremely well attended by over 70 registrants. The two-day meeting comprised of round table case discussions combined with free papers and ICL type lectures. Not only was the course very educational, but the collegiality was fantastic and much needed after very few meetings last year. We really want to thank Nikki from the NZOA office who helped organise a superb meeting.



The constitution of the Trust Board was updated this year and a special thank you to Rob Rowan's brother who is a lawyer who helped with this. Ian Galley is the Chairperson of the Trust and he has done another superb job running this. The Society has made a $25,000 donation to the Wishbone Trust to help fund ongoing research. The Paediatric Orthopaedic Trust also funds the Dave Clews Fellowship to Portland every two years, the Pacific Island Orthopaedic Registrars attending the ICL meetings in Australia, contributes money to the annual combined New Zealand/Australia Registrar ICL lecture series and next year hopefully will fund the air travel for Steph Van Dyck to go on her Asia-Pacific/POSNA travelling fellowship to North America. In the past, the Trust has also helped fund paediatric research and the New Zealand CP Registry.

In 2022, POSNZ will be hosting the COE meeting for the NZOA. This meeting is being convened by Dawson Muir and the topic will be "On-call Paediatric Orthopaedics". The meeting will focus on paediatric trauma and musculoskeletal infection that is relevant to all Orthopaedic surgeons who look after children in the acute setting. There will also be another section on limb deformity assessment and surgery. We have Professor Ken Noonan from the University of Wisconsin and Professor Leo Donnan from the Royal Children's Hospital in Melbourne as visiting lecturers. This meeting most likely will be 11th-13th August 2022 in Queenstown, however the dates are to be confirmed since so many other meetings have been deferred to 2021 due to COVID.



NZOA Council & Committees: Composition

NZOA Council 2020 – 2021

President	Mr Peter Devane
First President Elect	Mr John McKie
Second President Elect	Mr Haemish Crawford
Immediate Past President	Mr Peter Robertson
Honorary Secretary	Mr Andrew Graydon (elected 2019)
Honorary Treasurer	Mr Angus Wickham (elected 2019)
Executive Committee	Dr Margy Pohl (elected 2017)
	Mr Richard Peterson (elected 2019)
	Mr Stephen McChesney (elected 2019)
Small Centres Representative	Mr Andrew Meighan (elected 2020)
Editorial Secretary	Mr Gary Hooper (elected 2019)
Education Committee	Mr Tim Gregg (elected 2017)
CPD and Standards Committee	Mr Edward Yee (appointed 2015)
Ngā Rata Kōiwi	Mr John Mutu-Grigg (appointed 2020)
Orthopaedic Representative to RACS Council	Mr Greg Witherow Australia Orthopaedic Association (elected 2016)
Chief Executive	Ms Andrea Pettett

Specialty Orthopaedic Training Board

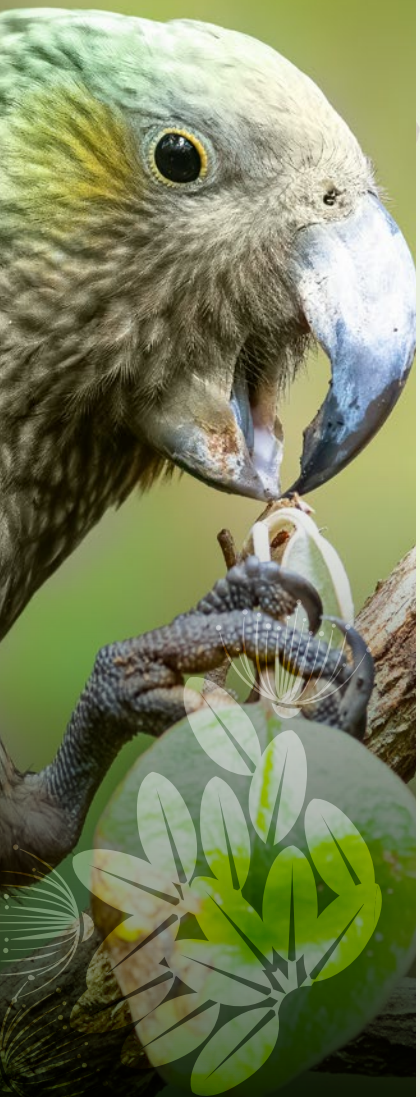
Mr Richard Keddell (Chairperson) (appointed 2017)
Mr Tim Gregg (appointed 2017)
Ms Dulia Daly (appointed 2021)
Dr Margy Pohl (appointed 2018)
Mr Andrew Graydon (elected 2019)
Mr Ken Te Tau (appointed 2018)
Professor Sue Stott (appointed 2021)
Mr Robert Rowan (appointed 2021)
Mr Dawson Muir (appointed 2017)
Mr David Bartle (co-opted 2019)
Ms Andrea Pettett (Chief Executive)
Ms Prue Elwood (Education & Training Manager)

Education Committee

Chairperson	Mr Tim Gregg (appointed 2017)
Honorary Secretary	Mr Andrew Graydon (elected 2019)
Auckland	Mr Angus Don (appointed 2017)
	Mr Michael Flint (appointed 2020)
North Shore/Whangarei	Mr Dean Schluter (appointed 2020)
Mid North Island	Mr Jason Donovan (appointed 2017)
Hawkes Bay/Tauranga	Mr Ian Galley (appointed 2019)
Wellington/Hutt	Mr Roy Craig (appointed 2019)
Wellington	Mr Robert Rowan (appointed 2019)
Central	Mr Simon Dempsey (appointed 2019)
Christchurch	Mr Tom Sharpe (appointed 2017)
Dunedin & Invercargill	Mr Chris Birks (appointed 2017)
Regional Small Hospital Rep	Mr Martyn Sims - (appointed 2020)
Chief Executive	Ms Andrea Pettett
Education & Training Manager	Ms Prue Elwood

Continuing Professional Development and Standards Committee

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



NZOA ACC & Third Party Liaison Committee

Mr Khalid Mohammed (Chairperson - 2017) (appointed 2008)
Mr Andrew Vincent (appointed 2017)
Mr Peter Robertson (appointed 2015)
Mr Chris Birks (appointed 2017)
Mr Fred Phillips (appointed 2017)
Mr Sandeep Patel (appointed 2021)
Ms Andrea Pettett (Chief Executive)

Membership Committee

Mr Andrew Graydon (Chairperson) (appointed 2019)
Mr Tim Gregg (Chair of Education Committee) (appointed 2017)
Mr Peter Robertson (Past President) (appointed 2020)
Ms Andrea Pettett (Chief Executive)

NZOA Related & Associated Entities: Composition

NZOA Trust

Mr Richard Street (Chairperson) (appointed 2018)
Mr Andrew Oakley (appointed 2019)
Mr Simon Dempsey (appointed 2019)
Mr Andrew Graydon (NZOA Hon Secretary) (elected 2019)
Mr Angus Wickham (NZOA Hon Treasurer) (elected 2019)
Mr Wayne Hughes (Independent Trustee) (appointed 2019)
Ms Andrea Pettett (Chief Executive)

Wishbone Orthopaedic Research Foundation Trust

Sir Bryan Williams (Patron) (appointed 2013)
Mr Richard Keddell (Chairperson appointed 2019) (appointed 2011)
Professor Gary Hooper (Chairperson of Wishbone Orthopaedic Research Committee, elected 2019) (appointed 2008)
Mr Andrew Graydon (NZOA Hon Secretary) (elected 2019)
Mr Angus Wickham (NZOA Hon Treasurer) (elected 2019)
Mr Haemish Crawford (appointed 2016)
Dr Helen Tobin (appointed 2016)
Ms Andrea Pettett (Chief Executive)

Wishbone Orthopaedic Research Committee

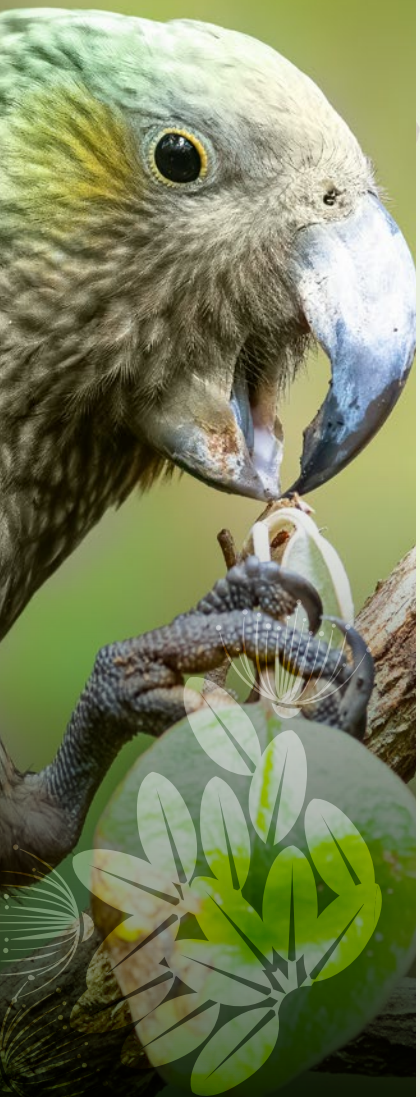
Professor Gary Hooper (Chairperson elected 2019) (appointed 2008)
Mr Tom Sharpe (appointed 2019)
Mr Paul Monk (appointed 2019)
Assoc Prof David Gwynne-Jones (appointed 2015)
Professor Sue Stott (appointed 2016)
Mr Dawson Muir (appointed 2018)
Mr Mike Barnes (appointed 2018)
Ms Andrea Pettett (Chief Executive)

NZOA Joint Registry Trust Board

Prof Gary Hooper (Chairperson) (appointed 2018)
Mr Angus Wickham (NZOA Hon Treasurer) (elected 2019)
Mr Rod Maxwell (appointed 2018)
Mr Richard Keddell (appointed 2018)
Ms Andrea Pettett (Chief Executive)

NZOA Joint Registry Management Committee

Mr John McKie (Supervisor) (appointed 2018)
Mr Simon Young (appointed 2016)
Mr Peter Devane (appointed 2008)
Mr Andrew Graydon (elected 2019)
Mr Matt Debenham (appointed 2021)
Mr Brendan Coleman (appointed 2017)
Mr Chris Frampton (appointed 2017)
Mr Tony Lamberton (appointed 2019)
Mr Hugh Griffin (appointed 2010)
Mr Philip Kearney (Arthritis NZ) (appointed 2020)
Ms Toni Hobbs (Coordinator)
Ms Andrea Pettett (Chief Executive)



Hip Fracture Registry Trust

Mr Mark Wright (Chairperson - appointed 2019) (appointed 2016)
Ms Sarah Hurring (appointed 2020)
Mr Roger Harris (appointed 2016)
Ms Helen Tobin (appointed 2019)
Ms Andrea Pettett (Chief Executive)

Hip Fracture Registry Implementation Committee

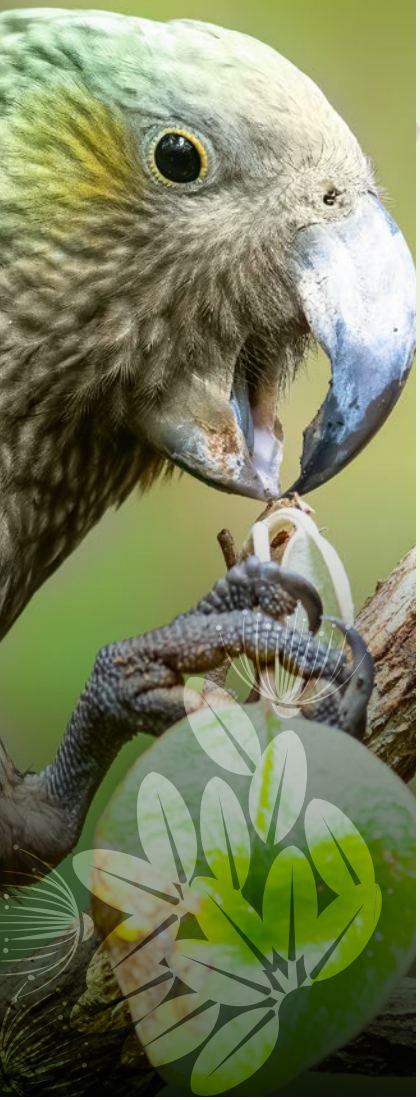
Mr Roger Harris – Co-Chair ANZHFR Board (appointed 2015)
Ms Sarah Hurring – CDHB & ANZHFR Clinical Lead (appointed 2020)
Ms Min Yee Seow – ANZSGM/WDHB (appointed 2020)
Mr Pierre Navarre – NZOA Orthopod Southland DHB (appointed 2021)
Ms Kim Ferguson – FLNNZ (appointed 2019)
Mr Phil Wood – MOH (appointed 2015)
Mr Thomas Jackson – ACC (appointed 2019)
Mr Anand Desai – ACC (appointed 2020)
Ms Leona Dann – HQSC (appointed 2021)
Ms Christine Gill – Osteoporosis NZ (appointed 2015)
Mr Stewart Fleming – SO3 IT Consulting (appointed 2015)
Ms Jenny Sincock – Orthogeriatrics Nurse CDHB (appointed 2019)
Ms Rebbecca Lilley – Research Otago University (appointed 2019)
Ms Jessie Snowdon – Physiotherapy NZ (appointed 2019)
Ms Caroline Miller – Consumer Representative (appointed 2021)
Mr Vaughan Poutawera – NZOA Ngā Rata Kōiwi (appointed 2021)
Ms Andrea Pettett (Chief Executive) – NZ Orthopaedic Association
Ms Nicola Ward (National Coordinator) (appointed 2019)

Orthopaedic Representative to RACS Council

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

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

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



The Inaugural Meeting

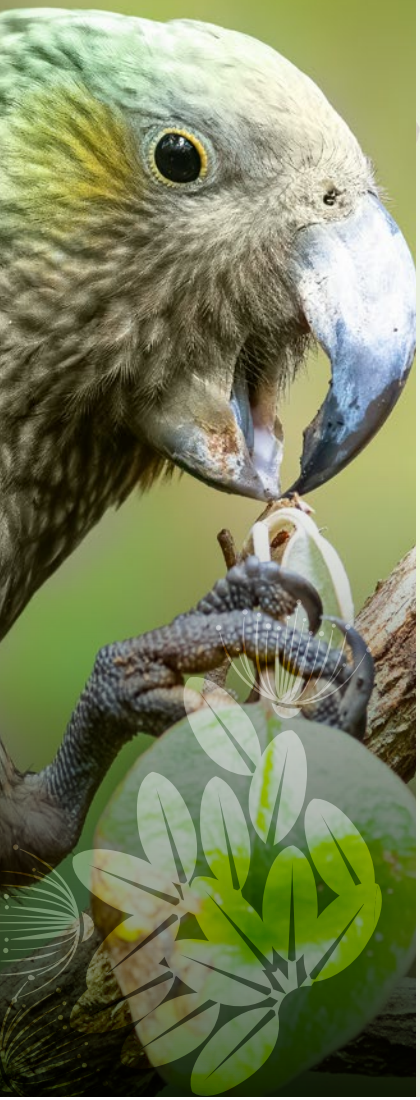
The inaugural meeting held in Wellington on 17 February 1950 decided to form the New Zealand Orthopaedic Association. The first Annual General Meeting was held in Christchurch on 20 September 1950. Mr Renfrew White was made Patron.

The following is a list of Foundation Members:

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

Past Presidents of the New Zealand Orthopaedic Association

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



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

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

Hong Kong Young Ambassador

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

ASEAN Fellowship

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

Korean Orthopaedic Association Travelling Fellow

2018	Seung-Min Youn

ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
2017	Hogan Yeung

ANZAC Fellow

2016	Simon Young

Trans-Tasman Fellow

2019	Anthony Maher

ESR Hughes Award – RACS

2015	Chris Dawe
2017	John Matheson
2019	Peter Robertson

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

Past President's Wife's Brooch

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

Sterling Silver Bleeding Bowl

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

Sterling Silver Paul Revere Jug

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

Minute Book

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

London Emblem

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

Wall Tapestry

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

Sterling Silver Salver

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

Gavel

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

New Zealand Orthopaedic Association Golf Cup

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

Kirker Salver

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

Thomson Memorial Trophy

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

Hadlow Trophy for Tennis

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

Black and White Paintings (x 4) by Ansel Adams

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

Harold Lane Painting

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

Silver Bowl - Scottish Quaich

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

Wood Carving

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

Wood Tapestry - Kokanee

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

Wood Tapestry - High Air Selkirks

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

Old Bison Bone

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

Pounamu Mere

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

NZOA Annual Scientific Meeting Awards

Sir Alexander Gillies Medal

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

Trainee Prizes (Funded by the NZOA Trust)

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

David Simpson Award

– for best exhibit at ASM Industry Exhibition

Trainee Awards

2009	**Michael Rosenfeldt**, Best Scientific Paper
2009	**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

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