



New Zealand Orthopaedic Association

ANNUAL REPORT 2024 – 2025

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



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President's Report

This report is being written two months before the completion of my Presidency. Some of the matters discussed will have progressed by the time this is published. Previous reports to Council have been in the style of a chronology of key events in each period.



Khalid Mohammed
President 2024/2025

In keeping with this, I shall update on my activities. Further detail on some aspects will follow in this report and be more clearly outlined by the Committee leads.

Head of Department Zoom Meetings were held on 14 July and 11 August, and meetings are scheduled for 8 September and 13 October. Outsourcing of public hospital waiting list patients into the private sector is currently the main topic. The Presidential Line and Andrea Pettett, Chief Executive, met with the Minister of Health, Simeon Brown, on 17 July. The topic was outsourcing. On 18 July at our NZOA Council Meeting, the topic of the deep dive was outsourcing. The Presidential Lines and Chief Executives of the NZOA and AOA met by Zoom on 30 July. This meeting and many other letters have been on the Due Diligence project for Direct Accreditation. On 12 August Andrea and some of the Presidential Line met with Cath Cronin, the DCE lead for outsourcing and Andrea will report favourably on that meeting, which I was unable to attend. On 13 August the Procurement Committee met by Zoom. This Committee is led by Stephen Parkinson, with regional representation from Kevin Karpik, Neville Strick, Fred Phillips, Jonny Sharr, and includes Andrea and I. Andrea summarised the regional reports and this is very useful in advocacy for all regions of the country.

On 21 August, Jacqui and I left for South Africa, travelling with our Australian counterparts. We are spending a few days together before joining the remainder of the Carousel for a retreat in a wildlife park for three nights. This is followed by the SAOA meeting, where I will give four presentations, as well as attend business meetings and functions. We then

travel to England with six free days before a BJJ meeting, followed by two nights in Cambridge with the Carousel, then the BOA in Liverpool. We return to New Zealand for two weeks, then travel to Tasmania for the Carousel retreat, the AOA meeting, then on to Queenstown for the ASM. This will mark the end of my term as President.

The main topics have been outsourcing, and the Due Diligence programme with the AOA to explore the option of Direct Accreditation.

Outsourcing

Although outsourcing has been undertaken to a variable degree in Orthopaedics for many years, the new planning for a more structured and higher volume approach by HNZ has been controversial. The NZOA were unhappy with the HNZ approach to engage with providers and not with us. We have met with relevant high-level personnel in HNZ, including the Minister, the Commissioner, the CEO and the DCEs. We have met with the main private providers. We believe we have been well heard and have published the NZOA Position Statement, after consultation with Council.

However, even within the medical profession, opposition to outsourcing exists. Some ASMS, for example, say the work should be done in the public sector and funds should be directed there. They oppose getting the patients' surgery done where capacity exists in the private sector as fee for service. Some feel registrar training will be compromised. In Orthopaedics we already have some private rotations to help registrar training and allow greater

exposure to procedures that may be infrequently performed in the public sector. The New Zealand RACS has stated they oppose outsourcing. This is their stated position, representing surgeons, including us, yet we support it. An internal source of controversy has been from some full time private Orthopaedic surgeons' misunderstanding of the NZOA position on their role in outsourcing. The NZOA Position Statement includes a section on full time private surgeons.

NZOA, AOA Due Diligence for Direct Accreditation

We have been attempting to make our members aware of this programme and the background as to why we are doing this. This has involved a series of Members' Updates, presenting at the Trauma COE and at the HOD Zoom, as well as deep dives at Council. A summary was sent to all members with a survey. Around half our members replied to the survey with 92% responding that they approved of continuing the Due Diligence programme. Around half of the respondents wrote a comment, and in those that implied a preference to stay or leave the RACS, about two-thirds wanted to keep some kind of official relationship with RACS. My impression is, that overall, AOA members may be more likely to want Direct Accreditation than NZOA members. We are hearing that RACS are talking about setting up their own Orthopaedic training if AOA and NZOA leave to form a separate entity. This is a very difficult and important decision pending for our members, and we need to know what the options are, including the costs and benefits or disadvantages to make an informed decision.



Advertising

This year there have been complaints made to our Association by some of our members over advertising by other members. One achieved resolution earlier in the year and the other was around the time of writing this report. The Medical Council and RACS both have rules around advertising. Fundamental to these rules is that a surgeon may not claim their results or techniques to be superior to others. This is something to highlight to our members and will be further discussed at Council.

ASM

Planning for the ASM is a major piece of work. Our NZOA conference organiser resigned, leaving three months before the ASM. The team in the office, led by Prue Elwood, stepped up to really turn things around. I personally want to thank them for their enthusiasm, initiative, reliability and meticulous approach. The co-convenors have also done a lot of work, and I thank Brad Stone, Nick Lash and Richard Lloyd. We have tried to plan a programme of interest and relevance to all surgeons. New sponsors include Southern Cross Hospitals and Medical Assurance Society. I also thank our industry sponsors. Gold Sponsors are Enovis, Stryker, Smith and Nephew and Johnson & Johnson.

Other Activities

- During the year several Zoom meetings have been held on the Spinal Networks, led by Simon Hadlow. Although progress has been made in some regions, there is still work to do, agree upon and implement.
- Another ambitious project recently initiated by HNZ is to set up a Clinical Harmonisation Expert Advisory Group to "harmonise" FSAs. This is initially working on hip and knee arthroplasty patients. Pierre Navarre and Simon Young have assembled a good team of surgeons from the regions to work on this well-intentioned project which has ambitious goals and time frames.

- At the time of writing, we are arranging to meet with national radiology leaders to discuss a project to rationalise and decrease low value aspects of imaging selection and reporting.
- John Matheson is writing an invited article on the history of the NZOA for the RACS centenary. I will help with this, especially the section on "the future".
- There is a transition occurring over the next two years to the Past President travelling on the Carousel, in line with most of the other Associations. This will allow the President to focus on issues at home and plan the ASM during their tenure.

Opinion

As President, it is my role to represent the consensus views of the membership on issues. Information should be presented and discussed, rather than councillors pushing their own opinions over those of the members. However, I do have some thoughts to share on departing this role. Nearly everything I have outlined in this report is related in some way as we try to ensure the best for our patients now and in the future.

It is essential to adequately staff our public hospitals in all geographical regions to manage trauma, and other acute conditions. To do this we need to advocate and achieve more FTEs from HNZ and allow future planning of appointments. We must make jobs attractive and have enough support in each region to make departments viable. National networks are required for many conditions, including spinal trauma, major Orthopaedic trauma, tumours and some paediatric conditions. The NZOA serves all its members and must continue to practice fiduciary responsibility. We need to ensure the best structure to provide value and effective advocacy. We should be aware of and respectful of diversity of opinions but strive to achieve positive unity wherever possible. Collegiality is important. Collegiality is a positive relationship, and relationships involve more than one party. Each person or party in a relationship has some responsibility and potential influence on the relationship.

I would like to respectfully acknowledge the passing of some of our members this year. Stu McCowan, Bill Gillespie, Tony Hardy, Don Allen, Francois du Toit and John MacCormick. We send our thoughts to their families. They will be missed.

I would like to thank and commend Andrea and her team in the office, the Council members, the members of all our Committees for the huge amount of work they do, as well as all the members of the NZOA who have contributed to our Association. The NZOA Annual Report includes reports from our Chief Executive, Treasurer and Chairs of our valuable standing Committees. Not only the effectiveness, but also the financial viability of our Society depends on this pro bono work. My successors in the Presidential Line are expertly qualified for the challenges ahead with the Direct Accreditation Due Diligence programme, having individual leadership experience the key requirement. Chris Hoffman in FRACS examining, Dawson Muir in registrar training and Ed Yee in CPD. I would also like to thank Simon Hadlow for his guidance and support as Past President. This has been so important to me. Last, but not least, I would like to thank my wife, Jacqui, for her support, for which I am extremely grateful.

Khalid Mohammed

President 2024/2025



Chief Executive's Report

I have pleasure in writing my report for 2025. This year we have been working closely with Health New Zealand on a number of initiatives; the most complex being outsourcing of public patients to private hospitals.



Andrea Pettett
Chief Executive

We have begun projects with ACC on Return to Work Guidelines, and commenced discussions with Southern Cross Insurance on Approved Procedure Coding. All health agencies are under significant financial pressure. As Orthopaedic surgeons, we have an opportunity to constructively advocate for our patients and improve health outcomes, and to assist with initiatives that may reduce unnecessary costs.

At the same time the NZOA core programmes have undergone change, which are discussed in the following report.

Education and Training

The formal introduction of private training runs was surveyed at the end of 2024, with very pleasing feedback. Additional training runs are being approved and more private hospitals are being accredited. Other specialties and Health New Zealand have expressed an interest in replicating the NZOA model, although to date this has not been progressed.

The increased number of Trainees has put pressure on the Training weekends and the Education Committee, with changes made to the training programme as a result. Thanks to Tim Gregg, Dawson Muir, and Prue Elwood for their work developing this programme.

Conference and Events Management

The combined Sarcoma, Knee, and ASM meetings in New Plymouth in 2024 received great feedback. We also organised a successful Trauma COE and a LIONZ meeting. My thanks to Nikki Wright for planning and managing these events.

Continued Professional Development

We were surprised in late 2023 to be told that the NZOA CPD Programme needed to be accredited through RACS. Accreditation requirements are specified by the Australian Medical Council and adopted by MCNZ. They require additional policies and functional requirements. The requirement for formal verification will be tested later this year. Part way during 2025, we moved our CPD IT provider to Pikselin, which required a further upgrade and significant testing. My thanks to Michael Flint and Bernice O'Brien for their work developing this programme.

NZOA ACC & Third Party Liaison Committee

This Committee is always active, although our ability to progress matters this year has been constrained by ACC's fiscal pressures and the very high turnover of senior management. We have finally progressed a review of Elbow codes, and commenced development of Guidelines for Return to Work for high volume procedures. My thanks to Alex Malone and Karyn Eggers for their support of this Committee.

NZOA Trust

It's been three years since the Trustees agreed the Statement of Investment Performance (SIPO) for invested funds. We then selected JBWere and Simplicity as our investment funds managers.

It is timely to review their progress and to assess whether our SIPO settings are appropriate. This review will take place over the next financial year. Thanks to Haemish Crawford and Karyn Eggers who supported the Trust.

The New Zealand Joint Registry

The Registry recently welcomed Ange McKendry as a Data Entry Administrator. This year we commenced the long overdue upgrade of the NZJR IT platform. The platform was in UAT at the time of writing this report, but once it is live it will greatly improve productivity. Thanks to Jinny Willis, John McKie, Lynley Diggs, Donna Thomson, Shona Tredinnick and Ange McKendry for their efforts this year.

New Zealand Hip Fracture Registry Trust

The Australia and New Zealand Hip Fracture Registry continues to grow and evolve. The NZ Hip Fest was held this year on 16 September 2024 and has been enthusiastically received. My thanks to Mark Wright, Sarah Hurring and Nicola Ward for their work supporting this Registry.



The Wishbone Research Foundation

This year has been a relatively quiet year for the Wishbone Research Foundation. We thank the following Societies for their contributions towards Wishbone: NZ Hip Society, NZ Knee Society and NZ Foot & Ankle Society. We also thank members who donated \$18,290 to Wishbone this year.

Applications for Wishbone Research Grants are now in two tranches; March and October. Our thanks to Richard Keddell, Neville Strick and Bernice O'Brien who supported Wishbone initiatives this year.

NZOA Health Technology Committee

The Committee has been focused on developing Position Statements requested by ACC for the following:

- The Use of PRP Injections for Post Traumatic Osteoarthritis of the Knee
- The Use of PRP in Hip Osteoarthritis
- The Use of PRP in Hip GTPS
- The Use of DAC in Arthroplasty Surgery
- The Use of DAC in Spine Surgery
- The Use of PRP in Ankle Osteoarthritis
- NZSES Position Statements on Biologic and Surgical Adjuncts in Shoulder Surgery

Thanks to Mark Clatworthy and Karyn Eggers for their support of this Committee.

NZOA Procurement Committee

The Procurement Committee was formed earlier this year. It is focused on transparency and consistency in outsourcing across the four regions of the country. Thanks to Stephen Parkinson and Karyn Eggers for their support of this Committee.

RACS

RACS has been rebuilding since their financial stresses in 2023, however significant staff turnover continues. We have ongoing Tripartite meetings with RACS, AOA and NZOA to explore our future working relationships, opportunities to reduce costs and improve productivity.

Health New Zealand | Te Whatu Ora

We continue to meet regularly with Health New Zealand with a number of significant initiatives. The most challenging is the NZOA Position Statement on Outsourcing of Public Patients to Private Hospitals. HNZ processes do not align with all the principles contained in our Position Statement and we are working with HNZ to hopefully better align their processes. Other initiatives include the clinical harmonisation of Hip and Knee FSAs, MSK Pathways, and Review of low value and non-value adding imaging.

Head of Department (HOD) Meetings and Spine Working Group

We have formed a Head of Departments group which convenes monthly and is a valuable source of feedback from our large and small public hospitals.

The Spine Working Group was convened due to the pressures of providing acute Spine services in Auckland, Waikato, Wellington, and parts of the South Island. The development of minimum and consistent rosters and working conditions remains an aspirational goal.

Australian Orthopaedic Association (AOA)

We continue to work with the AOA on the development of a business case for Direct Accreditation with the Australian Medical Council and Medical Council New Zealand. We are not yet at a point where we can assess the preferred business model. In the meantime, we continue to work with the AOA Education and Training team to leverage their knowledge and experience, which they generously share with us.

The CEO's meeting of the Combined Carousel Associations

The Chief Executives of the Carousel countries have formed a close alliance and agreement to meet in person annually and share knowledge. This year we met at the Canadian Orthopaedic Association meeting in Vancouver. The meetings are very interesting and helpful and show how, in many ways, the NZOA provides more services (such as education and training and CPD) than several other Associations. We always have a lot to learn from our sister Associations.

Membership Services and Secretariat Support

Membership Services are managed by Karyn Eggers and Elaina Fellows. Secretariat support and diary management is managed by Karyn, who supports the Chief Executive, Presidential Line, Council and various Committees and Trusts. My thanks to Karyn and Elaina for their support in these roles.



Sub Specialty Societies Support

We provide a range of support for the Sub Specialty Societies, in particular emails to their membership, collecting their membership fees, providing financial management and entity management support, as well as managing and organising some of their meetings. This year we have had a particular focus on assisting many of the Sub Specialty Societies to upgrade their Constitutions so that they are compliant with the new Incorporated Societies Act 2022.

We have successfully proposed amendments and re-registered Constitutions for the following Societies:

- Paediatric Orthopaedic Society of NZ
- NZ Hip Society
- NZ Knee & Sports Surgery Society
- NZ Orthopaedic Trauma Society
- NZ Shoulder & Elbow Society
- LIONZ

We have also provided advice to the Sub Specialty Societies on the tax treatment of surplus conference and events revenue generated by non-charitable events organisers. Thanks to Karyn and Louise for their support for the Specialty Societies.

NZOA Staff and Council

The NZOA office team has seen some turnover this last year, with the departure of Nikki Wright and Elaina Fellows. We have welcomed Kirsty Stratford (Conference and Events Manager), Alex Woolf (Continuing Professional Development and Education & Training Support), and Rachael Priest (Education and Membership Administrator). With Bernice O'Brien wishing to reduce her hours, Alex Woolf will assume some of Bernice's current responsibilities.

I would like to thank the NZOA Council, NZOA Trustees, NZOA Joint Registry Trust Board and Management Committee, the AoNZ Orthopaedic Training Board, the Education Committee, the NZOA ACC & Third Party Liaison Committee, CPD Committee, the NZOA Health Technology Committee, the Procurement Committee, the New Zealand Hip Fracture Registry Trust Board, the Wishbone Orthopaedic Research Foundation Trust Board, LIONZ and Ngā Rata Kōiwi for their hard work during this past year. My particular thanks to the NZOA Presidential Line whom I communicate with on a daily basis. Khalid Mohammed has been very engaged and provided great leadership and support to me this year.

Andrea Pettett

Chief Executive





Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated

As at 31 July 2025



James Blackett
NZOA Honorary Treasurer

I am pleased to report on the Financial Performance for the NZOA Incorporated year ending 31 July 2025.

2025 represents my second year in the position of Honorary Treasurer and third year overall on the NZOA Council. 2025 represents another year of stable positive financial performance for NZOA incorporated, along with the NZOA Trust and Wishbone Trust. Unfortunately, this year has seen the Joint Registry post a loss of \$25,069.

Income for the NZOA primarily comes from membership fees, along with conference income from the ASM, and for education and training, the Trainee fee. In 2025 we have seen steady increases in membership numbers and another successful ASM in Taranaki. Expenditure for the Association has increased by close to \$200,000, largely as a result of increased legal expenditure as part of the NZOA/ AOA due diligence process, some staff recruitment expenditure and increased travel costs for the presidential line. The travel cost increase is largely due to the inflation in travel costs globally. Despite this increased expenditure, I'm pleased to report the association has posted a net surplus greater than 2024 of \$235,752.

The NZOA Trust is responsible for managing the investments and dispersal for the NZOA Group. The Trust also funds grants for various travelling fellowships or leadership forums on an annual basis. The Trust investments are split between JBWere and Simplicity. We have posted returns of 7.93% from JBWere and from Simplicity Growth 9.05%, Balanced 7.32% in the last financial year, which brings us to a total of \$6 million invested across both companies. Overall, the Trust posted a surplus of \$422,230.

The NZOA Trust is currently reassessing its SIPO (Statement of Investment Policy and Objective) to ensure we have the right investment portfolio to maintain our investment returns on an annual basis.

The Wishbone Trust has had a quieter year after the success of the relay. Despite an expected and significant drop in donations received, the Wishbone Trust has still posted a surplus of \$124,474 in the last financial year. Similar to the NZOA Trust, funds from large fundraising years, such as 2024, are invested with both JBWere and Simplicity. With total investments of \$1.4 million and similar returns to the NZOA Trust, this enables Wishbone to continue to fund Orthopaedic research activities in years where there are no large fundraising events.

The Joint Registry has seen a mixed year, with many positives such as another record number of procedures recorded and the transition to the new database. Whilst the increased number of recorded procedures does mean increased income for the Registry, an across-the-board increase in expenditure, including staff costs, computing and IT consultancy, provision of bad debt for unpaid fees and travel costs has seen the registry post a loss of \$25,069 for the financial year. It is worth noting that outside of some IT consultancy costs the database upgrade has been fully funded by the Joint Registry's investment reserves. With IT expenditure expected to decrease, a budgeted small profit is expected for the next financial year. Further discussion of the financial position of the NZJR with my fellow Trustees is planned at the upcoming AGM in Queenstown.

Expected big ticket expenditure for the NZOA in the coming financial year includes the NZOA/AOA due diligence and previously delayed TIMS upgrade. These have been carefully budgeted for and the 2025/2026 financial year sees the NZOA Group budgeting for a small profit across most entities that form part of the NZOA group, with the NZOA Trust remaining in a very strong budget position.

James Blackett
NZOA Honorary Treasurer



Statement of Financial Performance

New Zealand Orthopaedic Association Incorporated Group

As at 31 July 2025

	Group		Association	
	2025	2024	2025	2024
Revenue				
Donations, koha, bequests and other general fundraising activities	66,711	433,510	-	-
Government service delivery grant/contract	156,250	143,750	-	-
Membership fees and subscriptions	1,051,819	988,742	1,051,819	988,742
Revenue from commercial activities	1,781,524	1,870,436	1,421,203	1,256,377
Interest, dividends and other investment revenue	742,130	868,936	26,934	32,897
Total Revenue	3,798,434	4,305,374	2,499,956	2,278,016
Expenses				
Employee remuneration and other related costs	1,529,346	1,450,085	1,082,123	1,019,953
Expenses related to fundraising	-	119,603	-	-
Expenses related to commercial activities	614,666	572,865	559,144	509,479
Grants and donations made	76,308	112,212	-	-
Other expenses related to service delivery	744,785	534,687	550,531	407,916
Other expenses	75,950	109,606	72,406	106,371
Total Expenses	3,041,055	2,899,059	2,264,204	2,043,719
Surplus/(deficit) for the year				
	757,379	1,406,315	235,752	234,297



Statement of Financial Position

New Zealand Orthopaedic Association Incorporated Group

As at 31 July 2025

	Group		Association	
	2025	2024	2025	2024
Assets				
Current Assets				
Cash	1,684,179	1,063,973	1,181,388	333,214
Short term deposit	-	600,000	-	600,000
Debtors and prepayments	652,009	869,799	404,631	479,548
Inventory	1,480	1,304	-	-
Total Current Assets	2,337,667	2,535,076	1,586,019	1,412,762
Non-Current Assets				
Property, plant and equipment	94,686	86,876	84,080	86,005
Investments	8,337,861	7,612,392	-	-
Intangibles	350,008	97,474	172,737	96,680
Total Non-Current Assets	8,782,553	7,796,742	256,817	182,685
Total Assets	11,120,221	10,331,818	1,842,836	1,595,447
Liabilities				
Current Liabilities				
Creditors and accrued expenses	363,473	299,925	284,441	232,419
Deferred revenue	316,291	259,500	316,291	259,500
Employee costs payable	136,323	139,424	99,561	110,525
Other current liabilities	130,108	216,321	130,108	216,321
Total Current Liabilities	946,195	915,170	830,401	818,765
Total Liabilities	946,195	915,170	830,401	818,765
Total Assets less Total Liabilities (Net Assets)	10,174,026	9,416,648	1,012,435	776,682
Accumulated Funds				
Accumulated surpluses or (deficits)	9,971,126	9,213,748	1,012,435	776,682
Other reserves	202,900	202,900	-	-
Total Accumulated Funds	10,174,026	9,416,648	1,012,435	776,682



AoNZ Orthopaedic Training Board Report

Selection day was held at Grace Hospital in Tauranga. This was the first year in Tauranga after several years at Boulcott in Lower Hutt. There was definitely some anxiety about moving out of Wellington.



Tim Gregg
Chair AoNZOTB

The expert work from Prue and the NZOA staff meant that the day ran smoothly. Thanks also to Claire Newton, business manager at Grace for her help in running things. This year, 63 Orthopaedic registrars registered with RACS as potential applicants (29 female, 34 male). Of these, 52 progressed through assessment (22 female, 30 male), including six Māori applicants (two female, four male). Following interviews 13 new Trainees were selected to commence training in 2026. Over the last few years we have seen increased diversity in selection, with females, Māori and Polynesian being more represented. Increased diversity in selection is becoming more in line with the increasing diversity of those applying.

Earlier this year we conducted a survey of all the Trainees (100% included), looking at their non-urban backgrounds and pre-SET non-urban experience as markers for return to a non-urban practice. This survey showed that we are already selecting significant numbers of surgeons with non-urban backgrounds and experience, the outcome being that at the moment we do not need to be looking at any selection initiatives for non-urban (rural) candidates. We should repeat this survey in 3-4 years to be sure this is still the case. What we need to do is ensure we are training for non-urban surgeons (AoNZOTB is aware of improving this) and retaining for non-urban practice (AoNZOTB has no influence on this, but NZOA may have influence). An initiative for one of our recent exiting Trainees is a non-urban fellowship based out of Tauranga. The fellowship is based in the Bay of Plenty, with clinics in Tauranga and Whakatāne,

plus outreach in Ōpōtiki. While Tauranga itself is no longer classified as rural, most of the fellowship experience is rurally focused, providing exposure to diverse clinical challenges and independent practice in smaller centres. This initiative addresses regional workforce needs and enhances surgical training outside major metropolitan centres.

Competency Based Training (CBT) will commence for the new cohort of SET 1 Trainees in 2026. The delay in implementation allowed finalisation of documentation, development of specialty-specific modules, and integration with the TIMS platform.

Most Trainees will move through the programme in their SET years. There will be a greater emphasis on competency assessment and completion of modules aligned to the curriculum. This will allow a greater visibility of a Trainee's progress and implementation of remediation when required. WBAs will become more important with specific requirements for module completion. There will be some increased work for surgical supervisors, particularly reviewing Trainees progress. I would encourage all Heads of Department to review the remuneration packages for surgical supervisors in their departments to ensure that appropriate time is given for this role. This is, of course, a requirement for accreditation. Professional skills will be assessed throughout the curriculum. The current requirement to attend the TIPS course will be replaced by a SET 1 Training weekend dedicated to professional skills.

We feel confident CBT can be introduced without significant disruption. Communication has been shared with all applicants and Trainees to ensure transparency and preparation for this transition.

The number of Trainees on the training programme has increased significantly over the past eight years. In 2026 there will be 75 Trainees on the programme. As evidenced by the continuing high pass rate in the Part 2 exam, we continue to produce high quality trainees. All 11 SET 5 Trainees passed their Part 2 exam first try this year. Congratulations to Ailsa Wilson, Caitlin Bodian, Nicola Atkinson, Doug Hancock, Fraser Prendergast, Justin Mathews, Kong Koul, Mark Zhu, Michael van der Merwe, Nic Buckley and Ayaz Ebrahimjee. We wish them every success as they transition to consultant practice.

Hospital inspections and accreditation occur every year. Nelson Hospital was inspected in April 2025, and we performed two out of cycle accreditations. A review of current private hospital placements has been highly positive, with potential for future expansion based on Trainee and supervisor feedback.



The AoNZOTB actively participates in CSET to maintain alignment with Australasian surgical education standards. Key meetings and activities in 2025 included:

- **14 February 2025:** In-person workshop in Melbourne on selection initiatives, cultural competence, and diversity.
- **8 April 2025:** Virtual meeting addressing Trainee support, Fellowship Exam outcomes, and bias mitigation.
- **10 June 2025:** Online meeting and workshop on advocacy, accreditation updates, and selection frameworks for Indigenous and rural applicants.

Through CSET we have contributed to workshops on refinement of the mitigating bias framework, planning for rural initiatives in Trainee selection, implementation of competency-based training and TIMS integration and maintaining a strong national voice on surgical education and standards. Although these workshops are often very Australian based, there is usually relevance to training in New Zealand.

As part of the ongoing RACS AMC/MCNZ accreditation process the AoNZOTB and NZOA submitted a comprehensive report addressing nine new standards. The report was well received and formally acknowledged as excellent and contributes to the wider RACS submission for accreditation.

The Due Diligence the NZOA is doing with the AOA for Direct Accreditation with the AMC means that a review of the current NZOA Training Regulations needs to be undertaken. This review is to identify components that currently rely on RACS regulations, highlighting where there is need to develop NZOA-specific policies and procedures. Several meetings have occurred to re-write SET Training Regulations for Newco, ensuring clarity, consistency, and alignment with the competency-based training model. There are many more regulations that will need to be re-written as part of this Due Diligence process.

My term as Chair of the AoNZ Orthopaedic Training Board ends this year. David Bartle takes over from me and is well equipped to excel in this role. I want to thank all those NZOA members who have given their time to be involved in education and training, whether it be on the AoNZOTB, the NZOA Education Committee or as hospital consultants teaching Trainees.

I would like to acknowledge the tremendous role Cultural Adviser Matua Ken Te Tau has had on the AoNZ Orthopaedic Training Board. Ken finished his role with the Board after Selection in June 2025. Ken is very wise. His thoughts given at our Board meetings often helped give direction to the task at hand. He has been focused on supporting and advocating for all Trainees and Te Kāhui Kahurangi (applicants). Ken helped significantly improve our selection day. The mihi whakatau is an established part of the day which has made the process a lot more welcoming and less stressful.

Prue, our Education and Training Manager, and I started on the NZOA Education Committee together in 2017. A very special thank you to you Prue. Your dedication, organisation, and unwavering support have been instrumental in everything that has been achieved. Your professionalism and guidance have made my role as Chair, of the Education Committee and subsequently the Board, both fulfilling and enjoyable.

I will miss being involved, but am sure that under the guidance of David, the Board members and the Education Committee our Training programme will continue to improve and remain the envy of all other surgical specialties.

Tim Gregg
Chair AoNZOTB



Education Committee Report

Training and Education remains a core task of the NZOA with good support from the membership and governance from the Committee, Board, Council and the office.



Dawson Muir
Education Committee
Chair

In 2026 there will be 75 Trainees, and we will be introducing a structured competency-based training model for the incoming SET 1 cohort. We have been working on this concept for the past three years and now feel confident that it can be introduced without significant disruption and without onerous requirements for the Trainees and supervisors. The aim of this programme is to focus the Trainee experience and assessment to align with the curriculum. In simple terms, the Trainees will be required to complete all Sub Specialty modules over five years, with specific work-based assessments and to have demonstrated competency in a distinct, but small number of representative procedures in each module.

Apart from the activities highlighted below, the Education Committee and AoNZ Orthopaedic Training Board have also completed two out of cycle accreditation visits both in Whanganui and Invercargill, as well as subsequent reviews of these plus a regular accreditation visit to Nelson. Prue Elwood, Tim Gregg and I attended regular CSET meetings and workshops in Melbourne. These interactions remain useful in maintaining relationships and learning from specialist educators and other specialty groups within the College. Work is also being done in the background, as part of the Due Diligence process, we are undertaking with the AOA, to envision what training could look like without College oversight. Prue is over all these activities and continues to provide phenomenal support for the

Trainees and trainers. Elaina Fellows has provided excellent support for Prue but sadly is leaving as I write this. Hopefully an able replacement will be found rapidly.

I would like to thank a large group of excellent leaving Committee members who have all helped enhance and promote Orthopaedic education in New Zealand namely Salil Pandit, Adam Dalglish, Pierre Navarre, John Mutu-Grigg, David Gwynne-Jones, Jonny Sharr and Lyndon Bradley. Tim Gregg also finishes his four-year tenure as Board Chair, Tim has been an enormous help to me personally and I have greatly appreciated his input over the past four years.

Overall, the partial splitting of the training programme has worked well and allows us to continue to use small and medium sized centres for training events.

We are starting to see more Trainees prepared to call out unprofessional behaviour in consultants. These Trainees are not doing this lightly and we support their actions. Some of the conduct we have been made aware of is very disappointing. To avoid being included in any investigation of bullying or harassment I suggest don't be a dick.

As we grow in number and the programme continues to mature, I am excited for the future of our specialty, but deeply concerned with the demise of public hospital elective surgery and what future public hospital jobs for our Trainees will look like.

Training Events:

NZOA ASM New Plymouth: A large graduating group of SET 5s were celebrated at a self-funded dinner and congratulated officially at the gala dinner. The research prize was awarded to Matthew D'Arcy and top Trainee to Teriana Maheno. Tim Lynskey was awarded the NZOA best educator prize for his decades' long contribution to surgical education in New Zealand.

7-8 November 2024: The SET 0 Training weekend was held in Whangārei. This is set up as an introduction to training with a focus on history and examination, included was an excellent session on Māori health, chaired by Ken Te Tau and Dr Danny Delore (Paediatrician in Rotorua). Margy Pohl organised surf lessons for the sporting afternoon team building activity. Pleasingly no one drowned. Margy and Pedro then kindly hosted us all at her magnificent bush home retreat. The Whangārei faculty are a great group who put on an excellent educational experience.

15-16 November 2024: James Aoia and the Tauranga group hosted the mock exam. The structure is identical to the Fellowship Exam format and an excellent guide for the SET 4s.



7-8 March 2025: SET 1-2 Training Weekend in Rotorua. Martyn Sims and the local team were joined by additional faculty from Tauranga and Hamilton to put on another great event. Adrienne Socci, a visiting academic Paediatric Orthopaedic surgeon from Boston, who was on sabbatical at Starship, spoke about the challenges of Paediatric elbow injuries. Adrienne also attended the Invercargill training event three weeks later. Like Whangārei, no one drowned rafting the Kaituna waterfall and they all enjoyed an excellent Saturday night social event, with plenty of terrible speeches and a clear demonstration that the SET 1 cohort are likely to get into more trouble than their immediate seniors.

27 March 2025: Paper Day in Invercargill. Once again, there was a large number of outstanding quality papers presented. The winner of Paper Day this year was Cindy Ou from Waikato Hospital, presenting her research on "The effects of a challenge state intervention on patients undergoing elective Orthopaedic surgery - a randomised controlled trial". Highly Commended papers were from Raphael Matsis with "Inter-rater reliability in the diagnosis of carpal tunnel syndrome between an Orthopaedic hand surgeon and hand therapists using CTS-6" and Supilate Mikaele with "The effect of pelvic obliquity on accurately defining the CSVL in AIS: a retrospective review of radiographs".

Getting large numbers of Trainees and non-Trainees to a small or medium sized centre in New Zealand is difficult and can cause staffing difficulties at their home hospitals. Because of this the Paper Day in 2026 will be held in Auckland on the day prior to the SET3-5 Training Weekend in Tauranga. This should allow all the presenters to get home in time to cover their Trainee colleagues, if necessary.

28-29 March 2025: SET 3-5 in Invercargill. Pierre Navarre and the Invercargill department hosted another fine educational event with excellent patients. Unlike the SET 1-2 weekend, the entire Education Committee attends this weekend. Thank you to Pierre and Lauralie for hosting the Friday evening social function.

12-16 May 2025: The Pre-exam course was held in Dunedin. This is the biggest burden on any department in the NZOA calendar. Special thanks to Lizzie Bond and Liam Dunbar, as well as the entire Dunedin Orthopaedic department for all their work to create an outstanding intensive educational experience.

Josh Kempthorne also came down from Christchurch to help with CIM tumour cases. Emma Lacey, Pierre Navarre and Russell Fowler all came up from Invercargill to help and it was great to see John Matheson out of retirement to lend his wisdom.

24-25 May 2025: Clinical exam component of FRACS. All the SET 5s passed. A pat on the back to them and the Dunedin team mentioned above.

27 June 2025: SET Selection in Tauranga. Thank you to the Tauranga surgeons who gave up their rooms for the day and to Claire Newton, our Business Manager, who helped Prue. The mihi whakatau was led with passion and skill by Ken Te Tau for his final time. For the first time, the Kaikaranga was performed by an NZOA graduate, Ailsa Wilson.

Of the 31 interviewed, we selected 13 for the 2026 intake. One additional training post has been established as a private run in Whangārei. The successful candidates are Adam Payne, Zach Van Hout, Katy Kim, Morgan Short, Christine Zhang, Supilate Mikaele, Charlotte Tuimana, Nick Jones, Ariane Williams, India Hansen, Sean Gerlach, Jane Nicholas and Arielle Bok.

The day ran smoothly, and the candidates selected themselves. There was appropriate heated discussion around composite construction in general, which we continue to work hard to improve but acknowledge

that it is always open to manipulation. The only blot on the day was the early leaking of the entire list of successful candidates, which resulted in some unsuccessful candidates finding out from friends rather than their nominated supervisor. Special thanks to Lee Muir, her moose and children for hosting the post selection dinner.

19-20 September: SET 2-5 Spring Training weekend in Christchurch. As I write this Jonny Sharr and Gordon Burgess and the local faculty are organising what will no doubt be another outstanding training event.

Thank you to all who have helped us in the past 12 months. I will miss this, but am confident that the wisdom and energy of the dual chairs – Margy Pohl SET 0-2 and Robert Rowan SET 3-5 – from next year will put the training programme in a better place than it is now.

Dawson Muir
Education Committee Chair



Trainee Representative Report

Another year of excellent training has passed in 2025. Congratulations to all the Trainees who have passed their final exams and look forward to fellowships in the coming year.



Tyler Campbell
New Zealand Orthopaedic
Trainee Representative

This report looks to focus on the positives through the year, give thanks to those that have given so much of their time and expertise to Trainees and to express our focus areas for the future.

This year we welcome 13 new Trainees to the Orthopaedic training programme. These doctors represent a wide range of candidates from around the country with diverse backgrounds and each will bring something unique to the Orthopaedic community. On behalf of the Trainees, I thank everyone who took part in selection. It is a difficult task and one that is not without its controversies.

It is with sadness we say goodbye to Matua Ken Ta Tau. Ken has been with the NZOA as the Tikanga Māori representative. He has helped guide the way for representation of Māori in Orthopaedics and ensured that tikanga is practiced and enjoyed during Orthopaedic events. This has enriched the Orthopaedic space in New Zealand, as we reconnect to the heritage of the whenua. Good luck on your next journey Ken.

New Zealand Trainees did exceptionally well at the exit exam this year. With high pass rates, it is a representation of the quality of both candidate and tutor. Clearly our training programme works for most and continues to create high calibre surgeons who are the leaders of the future. Many who passed are former senior registrars of mine, who I have looked up to and I am excited to hear about their next foray into a wide range of fellowships and other roles globally.

Spaces to watch as they develop include Trainee weekends being split between year groups and decoupling of exams.

Trainee weekend splits have offered the ability to tailor the weekend to year groups skill levels. Early years can focus on basic skills and general competencies. Whilst later years can focus on exam preparation and honing skills for the grand finale. The downside being the loss of connectedness between the Trainees. It is important to have some event during the year where all groups can come together and form strong collegial bonds.

Decoupling exams has been met with mixed reviews. Some appreciate the additional time for study between written and clinical exams. Others find the drawn-out process draining, as the period for study is elongated. No change is without fault, and the true test will be pass rates in the coming years.

Wider ranging issues continue to be access to elective surgery and protection of the training experience. With hospitals under more pressure around the country, it is tempting for hospitals to see Trainees as a resource for service provision. It is essential that we continue to train surgeons who can provide excellent care in the acute, academic and elective space. It must be a key focus of the NZOA that Trainees are offered the opportunity to excel in all these areas.

Finally, to all of those who are leaving the training programme, thank you. To all who are joining us, welcome. It is the culture of service and mentorship which allows Aotearoa to be the centre of surgical excellence that it is.

Tyler Campbell
New Zealand Orthopaedic Trainee Representative

Cultural Advisor Report

Te Aroha Noa o ngā Mātanga Kōiwi

The grace, love, care and respect of the Orthopaedic surgeons



Ken Te Tau
Pou Tikanga/Cultural
Advisor

This year the SET Selection was held at Grace Hospital in Tauranga, a change in location and scenery. We were graciously received and hosted. The wet weather didn't dampen the enthusiasm of the 30+ Kāhui Kahurangi – Our Shining Stars, standing in the foyer waiting for the traditional Māori welcome into the Hospital. This year I was supported by my wife Raewyn who blew the conch shell and our kaikaranga/caller Ailsa Wilson.

With everybody inside, our attention turned to a pounamu boulder lovingly polished by David Bartle and gifted as a mauri stone - a touchstone for patients and visitors to Grace Hospital. David read the inscription: "Arahura Pounamu – crafted with care, gifted with respect, presented with aroha to our patients and their loved ones".

I was honoured to bless and give this pounamu taonga the name: Te Aroha Noa o ngā Mātanga Kōiwi - the grace, love, care and respect of the Orthopaedic surgeons. This name reflects the origins of Grace Hospital, which was named after Reverend Thomas Samuel Grace, the Anglican missionary who worked in the Tauranga community in the mid to late 1800s. It is said that Rev Grace was courageous and resilient; his ministry was marked by his great love for Māori people and Māori aspirations.

"Ko au te awa; ko te awa ko au" – I am the river; the river is me

My gaze then turned to Te Kāhui Kahurangi, our treasured shining stars who had entered this ritual

of engagement and in particular, Adam Payne, Te Āti Haunui-a-Pāpārangi, who would be speaking on behalf of the manuhiri along with John Mutu-Grigg, Ngāti Kahu, Te Rarawa.

There is a saying that is expressed by Adam's iwi from the Whanganui River. "E rere kau mai te awa nui mai te kāhui maunga ki Tangaroa, ko au te awa; ko te awa ko au." The river flows from the mountain to the sea, I am the river; the river is me.

This saying expresses the deep spiritual and physical connection between the Whanganui River and Whanganui iwi. It signifies that the river is not just a body of water, but an ancestor, a living entity, and a part of the people themselves. From the orators bench I acknowledged Adam; "Ko koe te awa; ko te awa ko koe" – you are the river; the river is you.

This saying led me to reflect on the Star Wars 'Rogue One' movie where the blind character, Chirrut Îmwe, would calmly repeat the mantra "I am one with the force; the force is with me," until he felt confident enough to stride forward into a perilous theatre of engagement with deadly laser beams whizzing all around him. This scene is not unlike a surgeon that enters an operating theatre, although they may not verbally utter the words, they intrinsically know and have earned the right to say, "I am a surgeon; a surgeon is me" and proceed to stride confidently into the fray of the surgical procedure at hand.

Back to the mihi whakatau; I issued another challenge to Adam and those in attendance, "Ko koe te tākuta, te tākuta ko koe" – you are a

doctor; a doctor is you, and yet you desire to say "Ko au te mātanga; ko te mātanga ko au" – I am a surgeon; a surgeon is me. Indeed this is the overwhelming aspiration of all 30+ shining stars in the room that have navigated down a mighty river to reach SET Selection, overcoming many obstacles with courage and resilience like Rev Thomas Grace himself.

"Ko au te Ihupuku; ko te Ihupuku ko au" – I am a Trainee; a Trainee is me

To those selected for the 2026 training year, he aumihi – congratulations, well done and welcome, You have made it this far, you are a Trainee; a Trainee is you, and yet you have still further to go. Only time will tell whether you will one day declare: "I am a surgeon; a surgeon is me". In the meantime – kia kaha, kia māia, kia manawa nui – be strong, be brave, be steadfast, be amazing.

"Ko au te rākau kōpikopiko; ko te rākau kōpikopiko ko au" – I am the crooked tree; the crooked tree is me

The NZOA logo of the crooked pōhutukawa tree lashed to a stake reflects the surgeon's work to make straight the child's deformed limb. It was to this crooked pōhutukawa tree that I was encouraged to lash my own waka as "I am a Cultural Advisor; a Cultural Advisor is me". I was asked to help seek and support an accord over cultural safety and Māori engagement, as well as support a strong desire to select a more diverse and inclusive workforce.



I was born with bilateral congenital talipes equinovarus and underwent many traumatic corrective surgeries. I identified with Nicolas Andry's leaning tree because, I am the crooked tree; the crooked tree is me. The irony wasn't lost on me to now find myself surrounded by the kind of people I feared and who made my childhood an absolute misery.

"Mā te kore e whakamate, ka whakakaha i te tangata" – *That which does not destroy, strengthens the person*

Adding to my medical misadventures, I was bowled-over by a car resulting in torn ligaments in both knees, a fall from a cliff resulting in a compression fracture T9, and more recently a rotator-cuff repair. In a way, the plethora of surgical misery only made me stronger. A later-in-life transtibial amputation helped me accept and farewell my childhood trauma and, in many ways, fuelled my decision to accept the Training Board advisory position. Could I influence decision-making? I want our tamariki undergoing surgical procedures to have a more caring and mana-enhancing experience. Could I influence culture? I would love to see diversity in the workforce, in particular more Māori surgeons and a more culturally capable and supported workforce.

"Ko te pae tawhiti, whāia kia tata, ko te pae tata, whakamaua kia tina" – *Seek out distant horizons, and cherish those you attain*

It was seven years ago when we courageously set sail for the distant horizon of a culturally competent and culturally diverse workforce. With the graduation of new Māori surgeons and the successful onboarding of gender and ethnic diversity, I can hand-on-heart say and see that the Orthopaedic world in Aotearoa New Zealand has been transformed for the better and that this is something that should be cherished by all who believed in it. I would like to acknowledge all the people involved in this transformative journey: NZOA CEO Andrea Pettett, Prue Elwood and the Training Board members, John Mutu-Grigg and Ngā Rata Kōiwi, NZOA staff, surgeons, doctors, trainees, so many more people and whānau without whom we would never have attained the far-off distant shore.

"Wetekina te here o te waka, kia rere ai ki raro iho i te awa" – *Unfasten the lashings of the canoe, that it may journey freely downstream*

In conclusion, it is now time for me to untie my waka lashed to the crooked pōhutukawa tree and set sail for newer horizons, thus allowing others to lash themselves to the tree, to the cause and new course. I depart grateful, blessed, and honoured to have been a part of this transformation of Orthopaedics in Aotearoa and in return realign my own Orthopaedic trauma as Nicolas Andry's child to one of restored faith in humanity.

Nō reira noho ora mai rā e āku mātanga rangatira, haere pai atu ki mua – *And so, stay well chiefly surgeons and go well into the future.*

Nāku noa nā,

Ken Te Tau

*Ngāti Kahungunu me Rangitāne i Wairarapa
Ngāti Porou, Ngāi Tahu*



Senior Examiner's Report

After the turmoil of recent years with difficulties associated with RACS, both financially and with its relationship with the Orthopaedic Associations, it has been good to return to a more “business as usual” approach in the past year.



John McKie
Chief Examiner

The format of the individual segments of the exam have remained stable with clinical videos now an accepted and integral part of the clinical segment, in addition to the presence of live patients.

Much work goes into the preparation of exam questions before the February workshop where the exam is finalised and blueprinted. This year the examiners workshop was held in Manly, Sydney.

The NZ exam in May was hosted by North Shore in Auckland and this superb event was organised by local examiner Peter Poon and Ryan Gao. Thirteen candidates presented, including one Australian. All 11 of the NZOA SET 5 Trainees passed. Special thanks to recently retired examiner Simon McMahon, who subbed in at short notice due to examiner illness.

The Australian exam was in Brisbane the following week. As an incoming Senior Examiner, I had the opportunity to observe the process as a supernumerary. It gave me further insight into the exam process and how robustly it works to support and enable Trainees to demonstrate their competence in a fair, moderated assessment.

The second Australian exam was in Adelaide, and I thank Chris Hoffman for deputising for me as I had other commitments. Roy Craig was welcomed to the court as a new examiner this year.

The relationship between the written and viva voce components of the exam are in a state of transition. In the future it is likely that the exam will move to a complete separation, as do most of the other medical colleges where satisfactory completion of the written segment is required to proceed to the viva voce segment, with a prescribed number of viva attempts allowed before a written resit is required.

This concept is still in the development stage and will be flagged with the Trainees and Education Committees well ahead of any changes.

It is likely that there will be written papers towards the end of the SET 4 year, possibly with marking completed before the Christmas break. The viva components would then likely take place at the same times as currently occur for candidates who have successfully passed the written segments.

The senior examiners of the college will work through all the implications of this when we meet in November.

The changes in Australia regarding regulatory requirements for IMGs has reduced the number of exam candidates (and resits) and will have some implications on the number of examiners required. We remain keen to foster the Trans-Tasman exchange of examiners, giving all examiners the opportunity to examine in both countries, but also for all to examine often enough for maintenance of standards.

While our Trainee numbers are growing, the need for an expansion of numbers may not be necessary with the likely shrinking of the size of the Australian exam.

Finally, thanks again to Chris Hoffman for the outstanding job he has done as an examiner and Senior Examiner and I wish him well in his new role as NZOA President.

John McKie
Chief Examiner



Continuing Professional Development & Standards Committee Report

2025 has been an eventful year as we adjust to the new changes to the CPD programme necessary to comply with the new MCNZ / AMC requirements.



Michael Flint
NZOA CPD and PVP Chair

CPD Committee

Michael Flint	Chair
Grant Kiddle	Committee Member
Kate Ball	Committee Member
Chris Birks	Committee Member
Julian Ballance	Committee Member and PVP Chair
Andrea Pettett	Chief Executive
Bernice O'Brien	Continuing Professional Development Manager

I would like to highlight the debt we owe to Julian Ballance, who has been the PVP Chair, as his term came to an end in the middle of this year. He has provided years of outstanding service and has left the PVP programme in excellent shape.

Grant Kiddle is also finishing up his term on the CPD Committee at the end of this year. I would like to take the opportunity to express my thanks to both Julian and Grant for their support and wise counsel over the year.

Kate Ball joined the Committee this year and her experience with the Canadian CPD programme has already been of great value to us.

Chris Birks has also joined the Committee, bringing his many years of experience on the Education Committee to the CPD programme.

Thank you also to Khalid Mohammed, our President, who has maintained a close interest in the CPD programme, particularly since the new changes were introduced at the beginning of the year.

Andrea Pettett has been very helpful this year, as always, particularly when dealing with the many enquiries from RACS with respect to our CPD accreditation.

Bernice O'Brien continues to be an invaluable member of the Committee. Her hard work throughout the year has enabled the programme to continue to run smoothly, despite the changes. Her management of the website changeover and the CPD changes have meant that no significant issues have been expressed by members.

CPD Compliance

Again, all members who were required to report CPD activities for 2024 achieved compliance by the set date earlier this year. Congratulations to our members as the NZOA is only organisation affiliated with RACS that regularly achieves this result. I believe future compliance will continue in this manner despite the added burden of the new verification policy. The regulatory bodies, MCNZ and AMC, have been trying to initiate regular updates on compliance throughout the year but this has been resisted by the NZOA CPD Committee and RACS, as it is deemed unfair when the compliance certificate is issued at the end of a calendar year. The date for registering

compliance may, however, be moved to earlier in the following year, meaning that members will have less time after December to report their activities for 2025. The membership will be notified if, or when, the compliance dates are changed.

NZOA CPD Programme Changes

2025 has been the first year when the new changes have come into force. I reiterate that these have been forced upon us by the regulatory bodies. The main differences are in the PDP plan, incorporating elements of cultural safety, advocacy, professionalism and ethics (CAPE) to comply with the latest regulations. This has caused a degree of discussion amongst members and I have been made aware of this on multiple occasions. However, the Committee feels that these changes are acceptable to most members and have not caused a significant imposition on our normal practices. The Medical Council of New Zealand has been somewhat slow in accepting our changes, although we strongly believe we have complied with their recommendations and have highlighted to them where they sit in our programme. Therefore, we will continue to run with the CPD programme as it currently stands.



The verification policy has been a significant change. The Committee has decided to accept a variety of different verification documents this year. However, some members have attempted to incorporate blank documents or photos of scenery to allow events to be uploaded; these have been picked up by our staff at NZOA and will obviously not be accepted as valid verification. The verification policy will continue to evolve as we have more experience with it, but it is important to note that 5% of all members will be randomly selected annually to show they have complied with all documentation and requirements. This is a requirement forced on us by the regulatory body.

Registries

NZJR's early release of the surgeons' reports this year has been beneficial for members to achieve compliance with Joint Registry audits. The outlier policy is now more refined, recognising that it will take time for outliers to achieve statistical improvements in their data. Instead, the trend of their data will bear more significance going forward. The NZACL Registry has reorganised its structure to meet the requirements of modern Registry governance and provides ongoing value to the CPD programme.

RACS

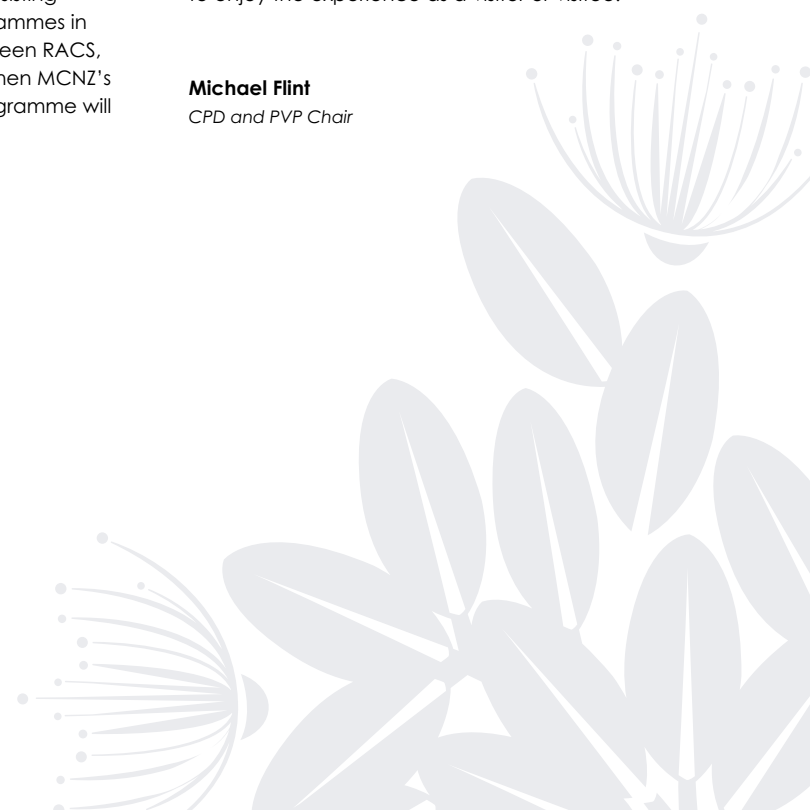
My interaction with RACS has again been an interesting experience this year. The NZOA and AOA are the only two surgical organisations affiliated with RACS running their own independent CPD programmes. Currently, the AOA is moving ahead with rehoming their CPD and is applying to AMC for recognition of their programme, therefore not requiring RACS to have any input or oversight of their CPD. This has not been met favourably by other members of the RACS PSFSC Committee, but in my view is likely the best way forward for those organisations who have an independent CPD programme. Currently, MCNZ is resisting recognising new CPD homes for programmes in New Zealand. As the relationship between RACS, AOA and NZOA continues to evolve, then MCNZ's views on NZOA rehoming our CPD programme will likely need to change.

Practice Visit Programme

The Practice Visit Programme continues to run smoothly and I thank Julian Ballance for his oversight of this. Eighteen members were visited in the 2024/2025 year and all achieved grade A marks. I personally undertook a visit to explore the programme in more detail and found the experience extremely rewarding for promoting collegiality amongst our group, as well as learning valuable insights into others' practices and practice management. It is not meant to be a confrontational experience and should be viewed as mutually beneficial. I encourage all of those who are selected to enjoy the experience as a visitor or visitee.

Michael Flint

CPD and PVP Chair





NZOA ACC & Third Party Liaison Committee Report

In 1849, French writer Jean-Baptiste Alphonse Karr wrote "plus ça change, plus c'est la même chose" – the more things change, the more they stay the same. Unfortunately, this phrase is opposite to our past year of work with ACC.

Since 2024 we have experienced three Ministers for ACC (Currently Scott Simpson), four Deputy Chief Executives for System Commissioning and Provider Performance (current interim Thomas Ronan), and a host of other flow on changes of guard in the tiers below. In addition to these revolving doors, ACC continue to attempt to downgrade interactions by limiting exposure to senior leadership, suggestions of on-line meetings and resistance to fund travel costs for our Committee. We have resisted such moves where appropriate; ACC spends approximately \$3 billion annually on treatment costs (40% of ACC's budget) including 40,000 surgical procedures, a large proportion of which are Orthopaedic. It is critical to maintain good relationships between providers and funders. Our Committee continues to advocate for face-to-face meetings with senior executives, where we feel we are best able to maintain key relationships, provide clinical and corporate knowledge, and hold ACC accountable for their decision-making.

ACC's major issue at present is financial sustainability, as treatment and weekly compensations costs continue to rise despite no significant increase in claims volumes. ACC clients are spending longer off work and a major focus for our collaborative efforts in the coming year will be to develop return to work guidelines after common procedures.

Other recent work includes new decision-making tools for Knee and Shoulder surgery. These are designed to allow claims officers to make early decisions and avoid referral to the Clinical Advisory Panel (CAP).

We are also progressing work to update the ACC Elbow (ELF) codes and funding structure, which have been in place for over 20 years. This is a major review of all Elbow codes and we expect the outcomes to better reflect modern Elbow practice, surgical complexity and costs to facilities.

Other areas of advocacy include funding for in-rooms injections, expansion of Non-prior Approval (NPA) codes and development of the new format ARTP, which will be live shortly.

We also met with Southern Cross Insurance and top of the agenda for our last meeting was identifying and dealing with outliers in terms of surgical fees. We have to ensure their data and processes are robust, but where appropriate will support their efforts to protect the sustainability of private healthcare by encouraging reasonable levels for surgical fees. Other areas of discussion include specialty credentialing with use of the ACC Red List. We have also successfully negotiated funding for bespoke prostheses for the first time.

I would like to take this opportunity to thank Mark Clatworthy and Marc Hirner for their leadership and the whole NZOA Health Technology Committee for their extensive and detailed work developing the NZOA Position Statements for use of Defensive Antibacterial Coatings, Platelet Rich Plasma and Augmentation in Cuff Repair. These evidence-based guidelines contain recommendation for use statements which will be published shortly and used to negotiate appropriate support from our health funders.



Alex Malone
Chair NZOA ACC & Third
Party Liaison Committee

I would finally like to thank all members of the Committee, on behalf of our membership, for all their expertise and sacrifice to ensure that we have always had excellent representation for all our major Sub Specialty Societies at our meetings. Ian Galley has taken over my previous Shoulder and Elbow portfolio, Anthony Cheng has succeeded Sandeep Patel for Wrist and Hand, and Ed Yee is our new Presidential Line representative. I extend my personal thanks to Sandeep for his service and representation on this Committee, and Khalid Mohammed for his many years of representation, continued leadership and support. Our other members are Antony Field (Spine), Warren Leigh (Hip), Bruce Twaddle (Knee), Tony Danesh-Clough (Foot and Ankle) and last, but by no means least, Andrea Pettett our Chief Executive.

The Committee represents all members of the Association in our interactions with external entities and I welcome communication from any member on issues of concern.

Alex Malone
Chair NZOA ACC & Third Party Liaison Committee



NZOA Health Technology Committee Report

The Committee's project this year was to review the literature and provide Position Statements on the use of PRP for OA of the Knee, Hip, Shoulder and Ankle, for rotator cuff disease of the Shoulder and the use of defensive antibacterial coatings for arthroplasty and Spine surgery following a request from ACC. The Position Statement recommendations are below.



.....
Mark Clatworthy
Chair NZOA Health
Technology Committee
.....

We have also added Lloyd Roffe to our Committee as our AI expert.

NZOA Position Statements August 2025

The NZOA supports the use of Defensive Antibacterial Coatings in Arthroplasty with an increased risk of infection (e.g. significant patient comorbidity, revision procedures for infection and resection with tumour prostheses).

The NZOA supports consideration for use of Defensive Antibacterial Coating in Spine Surgery for procedures with a higher risk of infection (e.g. significant patient comorbidity, revision, complex deformity and tumour reconstruction procedures).

The NZOA supports the Intraarticular use of Platelet Rich Plasma in cases of early Osteoarthritis of the Knee (Kellgren and Lawrence grades 1-3).

The NZOA supports the use of patch augmentation in selected patients with rotator cuff tears who are at a higher risk of retear.

Clinical criteria should be developed to help identify those most likely to benefit.

The NZOA does not support the routine use of Platelet Rich Plasma for Soft Tissue Disorders or Osteoarthritis of the Hip.

The NZOA does not support the routine use of Platelet Rich Plasma for Osteoarthritis of the Ankle.

The NZOA does not support the use of PRP in rotator cuff tendinopathy.

The NZOA does not support the routine use of PRP in partial thickness rotator cuff tears.

The NZOA does not support the use of PRP during rotator cuff repair.

There is insufficient literature to provide a position statement on the use of PRP in shoulder osteoarthritis.

Decisions regarding the use of surgical adjuncts should be made by the clinician based on patient circumstances, details of the specific procedure, and an analysis of individual risks and benefits, including costs.

Mark Clatworthy
Chair NZOA Health Technology Committee



NZOA Procurement Committee Report

In March 2025, the NZOA Presidential Line, NZOA Council and Executive moved to form a centralised Committee to facilitate the outsourcing of patients from the public hospital waiting list into the private sector.



Stephen Parkinson
Chair NZOA Procurement
Committee

Health New Zealand has given clear direction on providing waiting lists that have less than four months from the booking of surgery to undertaking the surgery. The goal being to facilitate more timely therapeutic surgical interventions.

Purpose

The Procurement Committee to include and have oversight from NZOA Council and Presidential Line and Senior Executive.

The primary goal is to provide equity of access to patients throughout New Zealand.

Membership

Equal representation from the four regions of Health New Zealand.

Procurement Committee Regional Representatives: Kevin Karpik, Neville Strick, Fred Phillips, Jonny Sharr, and Stephen Parkinson (Chair).

NZOA Presidential Line, Chief Executive, NZOA Council.

Activity Report

Report presentation to NZOA Council, 15 May 2025, 18 July 2025.

Procurement Outsourcing

Regional Committee Zoom meeting, 13 August 2025.

Interaction between the regional representatives and the hospitals within their region.

Regular contact with health leaders within Health New Zealand, the private hospitals, and the Minister of Health.

Terms of Reference of the Procurement Committee

Aim:

- To provide the centralised Committee to facilitate the outsourcing of patients from public hospital waiting lists in the private sector.

Purpose:

- Committee is to include and have oversight from NZOA Council and Presidential Line and Senior Executive (NZOA).
- Primary goal, to provide equity of access for patients throughout New Zealand.
- Work toward for fiscal merit in the fair and reasonable economic basis for all stakeholders.
- All Orthopaedic Sub Specialties to be included.

- Public hospital clinicians to decide which patients are suitable for public hospital outsourcing.
- Provide a pathway for private only surgeons to be involved when criteria have been met.

Membership:

- Equal representation from four regions of Health New Zealand.
- Presidential Line, CEO, Council.
- Committee shall elect a Chairperson and Secretary with appointments of one year.

Meeting Structure:

- A minimum of four meetings per year, to take place with use of video calling as required.
- Chairperson has the right to call special meetings as required.
- Appropriate persons may be co-opted to the Committee for their expert knowledge on an ad hoc basis.
- Decision-making takes place by a majority vote and/or informed discussion and/or expert advice.

Minutes:

- Recorded by the Secretary and circulated to Committee members within one week.
- Minutes are discussed and confirmed at the following meeting.



Agenda:

- Agenda items are to be forwarded to the Chairperson and Secretary at least seven days prior to the meeting. Notice of meeting and the agenda will be circulated to Committee members within five days of the meeting.

Authority and Lines of Communication:

- The Chairperson and Secretary communicate inward/outward correspondence unless otherwise delegated.
- The Committee shall provide the NZOA Council and Presidential Line with minutes of each meeting, detailing the discussion and activities it has reviewed.

Confidentiality:

- Terms of Reference are to be reviewed every two years as required.
- Committee members are to be conversant with the Nga Pāerewa Health and Disability service standards.
- The Committee's authority is limited by:
 - a) New Zealand Council approval, and;
 - b) Relevant governing acts and regulations.

Tasks:

- Centralised Committee representing NZOA members to facilitate pathways of public hospital patients for surgical care in the private system.
- Engagement of Health New Zealand and private surgical hospitals.
- Clinicians maintain control of the appropriate patients for outsourcing and by who.
- Primary focus on long wait patients, greater than 120 days.
- Lines of authority to NZOA Council and the Presidential Line.

Stephen Parkinson

Chair NZOA Procurement Committee





Smaller Centres' Report

I have had the privilege of being the NZOA Small Centres' representative over the last nine months. Having attended three Council meetings so far, it is reassuring to see that the NZOA values the work performed in the smaller centres and the care we provide for our communities. It also understands the unique challenges we face as smaller centres



.....
Amir Sandiford
Smaller Centre
Representative
.....

I'd like to start this report by thanking Andy Meighan, my predecessor, for his work and advocacy.

I have taken the opportunity to engage with several Heads of Departments of smaller centres over the last nine months. The main issues discussed initially were having senior Trainees allocated to their departments, and also difficulty recruiting senior medical officers.

There is no doubt that it is important for Trainees to be encouraged to spend time in rural centres. I think it would give them the opportunity to experience the benefits of working in such a collegial environment, with excellent work life balance and the opportunity to develop rewarding public and private practices. In the long term, such exposure is likely to encourage at least some to return to these centres. I'm pleased to say over the last nine months this issue seems to have improved significantly.

I have also spoken to the Education Committee leaders and I'm aware that they also understand the importance of Trainees being allocated to smaller centres.

Another significant issue is that of consultant recruitment and retention. Reasons for this are multifactorial; however, it is an important issue that needs to be addressed. Smaller centres need to be made more attractive to our Trainees. Some regions risk having no NZ trained surgeons in their departments. One example is Southland Hospital, where the last New Zealand trained surgeon was appointed 26 years ago.

I have started some work with the ASMS to look into potential mechanisms to make smaller and regional centres more attractive, such as retention bonuses for SMOs. I think this will be helpful in the long term and will attract more locally trained surgeons to the regions.

I will report the progress of these discussions to you in due course.

I look forward to seeing you all at the ASM in Queenstown later this year.

Amir Sandiford
Smaller Centre Representative





New Zealand Joint Registry Trust Report

Following discussions between the Trust and the NZOA, a formal service agreement now exists between the two entities with the NZOA providing support mainly with billing, HR management and general day-to-day running of the Registry.



Gary Hooper
Chair

Current Trustees

Gary Hooper
(Chair)

James Blackett
(NZOA Honorary Treasurer)

Joe Baker
(NZOA Honorary Secretary)

Rod Maxwell

Richard Keddell

Ex Officio Members

John McKie
(Supervisor of the NZJR)

Andrea Pettett
(Chief Executive)

This should enable NZJR staff to concentrate on data entry and management of the Registry. It will also enable the Registry to retain its independence, which is seen as being critical to maintain its role as a leading and reliable international database. Along with the service agreement, the Trust has maintained its charitable status.

Members often comment on the rising costs of running the Registry. The money recovered from arthroplasty surgeons covers not only the salaries of Registry staff but also the maintenance of the software required for the database. This year has seen a major upgrade in the Registry software which was long overdue. This has required significant financial expenditure and this has only been possible because of trust funds invested over the last 27 years. The software upgrade should improve not only the ability of the staff to process data but also enable better interaction with surgeons. At the time of writing this report the upgrade was almost complete, on budget and on time.

The number of procedures registered on the NZJR continue to increase placing significant stress on the small number of data entry staff employed and it is anticipated that staff increases will be required. Our Registry also responds to a large number of requests for information, both from industry and members, which also adds to the workload. We believe that receiving this information in a timely way is important and will be considerably improved with the software upgrade.

In February we hosted the International Societies of Arthroplasty Registries annual conference in Christchurch. There was an excellent number of registrations with all the Registries represented and the feedback confirmed that the NZJR is held in very high regard internationally. There were well over 100 papers presented with many New Zealand surgeons and registrars involved.

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

I wish to thank all of the Trustees who give up their time to ensure that the NZJR remains robust and viable and all the Registry staff who work tirelessly to maintain your Registry.

Gary Hooper
Chair



New Zealand Joint Registry Management Committee Report

The current year continues to be a busy and challenging time for the Registry with a commitment to keep providing the regular service to our Orthopaedic community while at the same time managing the transition to a new IT platform.



**NEW ZEALAND
JOINT REGISTRY**

John McKie
Joint Registry Supervisor

At the time of writing this report the existing database has been migrated and the staff are completing training and user testing of the platform. Until this week the Registry has been running on the original bespoke database set up in 1997 which has been increasingly unreliable and vulnerable. While there will be the inevitable challenges and glitches associated with the system change and data migration, to date the transition has been running smoothly.

The volume of joint registrations continues to grow which is reflective of the size and demographics of our population along with the clinical efficacy of arthroplasty. In 2013 we registered almost 18,000 cases, while in 2023 that number exceeded 27,000 – an increase of 50%. The 2024 calendar year rose to 28,000, and the financial year ending 31 July 2025, has seen growth to approximately 30,000 theatre forms received.

With the growth and expansion of the Registry, there has been the need to increase staffing levels. Two new staff were appointed in the past year (an IT person and a new data entry administrator), one has chosen to undertake further study and unfortunately the other proved unsuitable and has also left. Members were introduced to Angie, our newest member in a recent update. She is proving to be a valuable new member of the team.

Our Registry organised and hosted the International Society of Arthroplasty Registries (ISARs) congress in Christchurch in February. This was the first time that this

meeting has been held in the southern hemisphere and was a great success. A lot of high-quality clinical research was presented, and it provided an excellent forum for developing ongoing collaborative research projects.

Members have all received their individual reports, funnel plots and snail trails. This is the first year we have had sufficient data for meaningful statistics for the shoulder surgeons, but this will be an ongoing data stream as we have been doing for hip and knee arthroplasty.

The data has been sent to the CPD Committee and statistical outlier surgeons to enable the required collegial discussions to occur. Members are reminded that this is a confidential protected quality assurance activity designed for practice improvement and enhancement.

While we would have liked to have produced the formal Annual Report earlier, this simply has not been possible with the competing demands on staff time. The Management Committee are planning to have a further workshop at the end of the year to bed in any substantial changes to next year's report well ahead of time to enable appropriate and timely statistical analysis.

Once the new platform is running smoothly, there are a number of further enhancements we are keen to explore. Ultimately this will involve direct online entry from operating theatres. We are keen to rapidly develop limited real time access for operating theatre suites to determine in situ implants for acute revision cases which will provide a useful tool for surgeons while reducing work volume for the staff.

It is a tribute to Jinny Willis as Joint Registry Manager and her staff, that we have been able to negotiate what has been in many ways "a perfect storm" this year with staffing issues, platform upgrade, ISARs conference and the growing data volumes this year.

I thank them all for their support and service throughout the year and look forward to the ongoing development and continuous improvement of the Registry over the coming year.

John McKie
Joint Registry Supervisor



Wishbone Orthopaedic Research Foundation of New Zealand Report

It has been a quieter year for the Trust, with no National fundraising events.



 Wishbone Orthopaedic
Research Foundation
of New Zealand

Richard Keddell
Chair Wishbone Trust

Our desire is still to encourage smaller local or regional events to raise the profile of Wishbone and to raise money to fund Orthopaedic research in New Zealand.

However, we have still been well supported by our Sub Specialty Societies and members with \$35k from Societies and \$18k from member donations. Our Trust now has total assets of over \$1.5m, so our original aim of getting over \$1m in the fund has been well achieved and that gives us a sustainable fund for Orthopaedic research.

You will see in the reports from the Research Committee, we are encouraging good research project applications now with two funding rounds each year.

During the year, Ian Galley was added as a Trustee after his great work with Perry Turner during the Wishbone Relay last year. I'm sure Ian will help focus the Trust now on further fundraising opportunities in the future.

My thanks to my fellow Trustees, to Andrea and all the team at NZOA for their support of the Trust and special thanks to Vanya for her communication support during the year.

Richard Keddell
Chair Wishbone Trust



NZOA Wishbone Orthopaedic Research Committee Report

The Committee remains able to provide funding for a wide array of research projects throughout New Zealand.



 Wishbone Orthopaedic
Research Foundation
of New Zealand
Orthopaedic Research Committee

Neville Strick
*Chairperson Wishbone
Orthopaedic Research
Committee*

Most applications received continue to be funded, and applicants are encouraged to submit their projects. To maximise the reach and impact of our funding, we have moved to holding funding rounds twice a year, which has enabled more projects to be supported. In addition, refinements have been made to the funding rules to promote consistency in decision-making.

Recent changes to the Committee's structure have ensured that all Orthopaedic Sub Specialties are represented. Committee members are now nominated by their respective Sub Specialty Societies when needed. I would like to extend my gratitude to the longstanding Committee members, all of whom have now stepped down, for their dedicated service.

At our March meeting, the Committee was fortunate to be in a position to provide funding to a diverse selection of projects. Of the nine applications received and reviewed, eight were awarded either full or partial funding. These funds are particularly significant in supporting younger members as they initiate important research efforts. The next Committee meeting for 2025 is scheduled for mid-October.

Finally, I wish to express my sincere thanks to Bernice O'Brien for her patience, dedication, and energetic commitment to the administration of the Committee.

Neville Strick
*Chairperson Wishbone Orthopaedic
Research Committee*



Wishbone Orthopaedic Research Reports Summary



Setting Global Standards for Outcome Measurement in Shoulder Surgery Research

Helen Ingoe

An international research programme led from New Zealand has achieved a significant milestone in improving the way shoulder surgery research is conducted worldwide. The study has developed the first-ever Core Outcome Set (COS) for surgical treatment of acromioclavicular joint (ACJ) injuries and lateral clavicle (LC) fractures, two common injuries that can have a profound impact on patients' quality of life and ability to return to work, sport, and everyday activities.

For decades, research in this field has been hampered by inconsistency. Different studies have focused on very different outcomes, ranging from pain and function to X-ray findings or surgical complications. This lack of alignment has made it difficult to compare studies, combine findings, and identify the treatments that genuinely lead to the best outcomes for patients. Without a shared framework, progress in developing strong evidence-based recommendations has been slow. This project set out to change that by creating an agreed standard that reflects what truly matters to patients, clinicians, and researchers alike.

The study used a structured international consensus-building process known as the Delphi method, combining multiple rounds of surveys with patient and clinician focus groups. More than 500 potential outcomes were identified through a systematic review of the literature and evaluated by 209 participants representing over 10 countries. These participants included patients, surgeons, physiotherapists, occupational therapists, and allied health professionals, ensuring that every perspective was represented.

After three survey rounds and detailed discussions, the long list of potential outcomes was refined to a final set of 16 core outcomes.

Importantly, the results revealed a shift in research priorities toward patient-centred recovery. Across all groups, participants consistently prioritised outcomes such as sleep quality, pain at rest, and the ability to perform everyday activities. These measures were ranked above traditional surgeon-focused metrics, such as X-ray healing or cosmetic appearance, reflecting a growing recognition that patients' lived experiences are central to understanding recovery after shoulder injury.

This project represents the first internationally agreed COS for these injuries and provides a global benchmark for future studies. By standardising what is measured and reported, the COS will make research findings easier to compare, strengthen clinical trials, and improve the quality of evidence available to guide treatment decisions. The work does not end here, however. The next phase of the project focuses on identifying the most appropriate measurement tools for each outcome, using the internationally recognised COSMIN methodology. This process involves systematically reviewing existing patient-reported measures, performance-based assessments, and clinician-reported tools to ensure that each outcome is assessed consistently, accurately, and in a way that reflects the priorities identified in this study. Only when these high-quality tools are adopted widely across studies will it be possible to fully reduce variation in outcome reporting and improve the reliability of evidence.

This ambitious project would not have been possible without the generous support of the Wishbone Orthopaedic Research Foundation of New Zealand. Wishbone's funding enabled international collaboration, patient engagement, and the extensive data collection and analysis required to deliver findings of global significance. By investing in research like this, Wishbone is helping ensure that Orthopaedic care in Aotearoa and beyond is guided by the highest-quality evidence and delivers outcomes that matter most to patients.

The AAHKS Clinical Research Award: Intraosseous Regional Diclofenac for Postoperative Pain Management in Total Knee Arthroplasty

Jian-Sen Ng

Project Aim

Effective pain management following total knee arthroplasty (TKA) is important and contributes to overall satisfaction and outcomes. While opioids are effective analgesics, they are limited by detrimental side effects. There is no universally accepted optimal perioperative analgesic regimen, however, recent literature focuses on multimodal analgesia, which targets multiple pain pathways, and has demonstrated success in reducing postoperative opioid consumption.

Intraosseous regional administration (IORA) is a novel technique that yields higher local concentrations of antibiotics compared to intravenous (IV) administration, and can be applied with other medications. IORA offers advantages including rapid delivery of medication directly to the surgical area, and it achieves higher local concentrations while reducing systemic exposure. This approach is expected to enhance pain relief and potentially



create a depot effect. A previous non-randomized study suggested administering non-steroidal anti-inflammatory (NSAID) medication via IORA may improve postoperative pain following TKA, however, data is limited, therefore we decided to investigate further.

Diclofenac, the chosen study medication, is a COX-1 and COX-2 inhibitor, but may be more selective for COX-2. It inhibits the synthesis of prostanoids which are elevated during the inflammatory response. The inhibitory effect on COX-2 occurs mostly at the site of target, such as synovial fluid and joint capsules. It also has peripheral analgesic effects, likely from the downregulation of peripheral pain receptors. Diclofenac is the only NSAID with a suitable IV option for IORA in New Zealand. Other options commonly used for IORA, such as ketorolac, are unavailable. There have been no prior studies utilizing diclofenac for IORA.

In this study we investigated the efficacy of IORA diclofenac in managing postoperative pain after TKA, by comparing it to IV systemic diclofenac. We aimed to answer the following questions; Does IORA diclofenac: (1) Provide better pain management compared with IV diclofenac? (2) Result in reduced postoperative opioid consumption? (3) Lead to improvements in knee health and functional outcomes? (4) Lead to improved quality of life comparisons, including recovery following anaesthesia, length of admission, and patient satisfaction? We hypothesized that IORA diclofenac would provide more efficacious analgesia than IV diclofenac, based on the aforementioned categories.

Processes and Progress

There were 46 primary TKA patients (twenty-three per group) enrolled in a prospective, double-blinded, randomized controlled trial. The intervention group received 75 mg IORA diclofenac and IV normal saline placebo. The control group received 75 mg IV diclofenac and IO normal saline placebo. The primary outcome was pain measured on a Visual Analog Scale (VAS-P) until postoperative day (POD) 7. Secondary outcomes included opioid

consumption, quality of recovery (QoR-15), impact of pain on walking and sleep, length of admission, patient satisfaction, the Knee Injury and Osteoarthritis Outcome Score for Joint Replacements (KOOS, Jr), and Oxford Knee Score (OKS). All patients, surgeons and anaesthetists were blinded.

Pre-operative surveys were completed by the participants prior to surgery, including: demographic information, baseline opioid use converted to morphine milligram equivalent (MME), score for baseline knee pain using a Visual Analogue Scale for pain (VAS-P), Pain Catastrophising Scale (PCS), Pain Disability Index (PDI), the Knee Injury and Osteoarthritis Outcomes Score for Joint Replacement (KOOS, Jr) survey, and the Oxford Knee Score (OKS). Those with a BMI ≥ 40 , or a PCS score ≥ 30 were excluded from the study.

Following surgery, patients completed the postoperative outcome measurements in the Pain Diary provided to them. VAS-P scores were recorded at the following time points: 1 hour, 2 hours, 3 hours, 4 hours, 5 hours, 12 hours, and 24 hours post-op. Patients also recorded twice daily VAS-P scores in the morning and evening from post-op day 1 to post-op day 7. These twice daily recordings were used to calculate daily averages of pain scores. All VAS-P scores were recorded as 'pain at rest'.

Secondary outcome measurements completed by patients included:

- Recording additional postoperative opioid medications taken from post-op day 0 to post-op day 7, which was converted to total daily MME.
- Quality of recovery after anaesthesia (as per QoR-15 survey), completed post-op day 1.
- Numerical rating scale (NRS) for effect of post-operative pain on gait/walking ability and sleep, which was recorded for 1 week post-op.
- Participant length of hospital stay, from date of admission to date of discharge.
- NRS for patient satisfaction, recorded at post-op weeks 2 and 6.
- KOOS, Jr survey scores at post-op weeks 2 and 6.
- OKS at post-op week 6.

The study has now been completed. Not included in the final 46 patients, there were 4 previously enrolled participants who withdrew from the study, were lost to follow up, or were excluded. Reasons for withdrawal were not related to the study itself. Participants who did not return their surveys at the end of the study, but did not indicate that they would like to withdraw, were considered as lost to follow up. There was one exclusion, which was due to surgical/procedural error, where the intraosseous medication was administered prior to tourniquet inflation.

Results

There were similar baseline characteristics between intervention and control groups, measured by the preoperative surveys. The results showed that IORA Diclofenac provided a statistically significant improvement in post-op pain (VAS-P), compared to IV diclofenac, at 1 hour ($p=0.007$), 12 hours ($p=0.002$), and 24 hours ($p=0.003$) post-op, as well as post-op day (POD) 1 morning and POD1 average ($p=0.01$) VAS-P scores. The intervention group had a significant decrease in daily post-op opioid use (MME) on the day of surgery ($p<0.001$) and POD1-3 ($p<0.01$), improved recovery after anaesthesia (QoR-15 score; $p=0.04$), reduced impact of pain on walking ($p=0.001$) and sleeping POD1 ($p=0.003$), and improved patient satisfaction at 2 weeks post-op ($p=0.04$). More patients were discharged on POD2, although statistically there was no significant reduction in length of admission. On direct comparison with the control group, the intervention group had better knee function at 2 weeks post op based on the KOOS, Jr survey ($p=0.03$). There is a statistically significant improvement of post-op OKS and KOOS, Jr scores, from pre-op scores in the intervention group.



Conclusions

This study demonstrates that IORA diclofenac, administered immediately before skin incision, effectively manages postoperative pain after TKA and can be a useful addition in multimodal analgesia to help improve patient outcomes. Compared to IV systemic administration, IORA Diclofenac provided superior pain control, reduced opioid use, and improved early function and patient satisfaction.

Presentations

- NZOA Registrar Paper day – 2024.
- American Association of Hip and Knee Surgeons (AAHKS) Annual Meeting – 2024.
- NZOA ASM – 2024.
- International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) - Munich 2025.
- Publications and Awards: The AAHKS Clinical Research Award 2025. Ng, J., Van Der Werf, B., Nicholson, L., Farrington, W., & Young, S. W. (2025). The AAHKS Clinical Research Award: Intraosseous Regional Diclofenac for Postoperative Pain Management in Total Knee Arthroplasty. The Journal of Arthroplasty. <https://doi.org/10.1016/j.arth.2025.05.013>.

Future Work

There is no plan for further studies presently, however this may be considered.

If your research has been published or presented at an Orthopaedic meeting, how have you identified that funding has been awarded by the Wishbone Orthopaedic Research Foundation of New Zealand?

Funding from the Wishbone Orthopaedic Research Foundation was credited in all presentations and publications.

Dual Mobility vs. Conventional Total Hip Arthroplasty for Femoral Neck Fractures: A Multicenter Propensity-Matched Study on Dislocation Risk

Kong Koh

Background

Total hip arthroplasty (THA) is a common treatment for displaced femoral neck fractures (FNF). Dual mobility (DM) THA has been advocated to reduce dislocation risk in high-risk patients, such as those with FNF. However, comparative studies remain limited.

Questions/Purposes

1. What is the dislocation incidence between DM THA and conventional THA (c-THA) in patients with FNF?
2. What is the revision incidence between DM THA and c-THA in patients with FNF?
3. What are the risk factors for dislocation in patients with THA for FNF?

Methods

A multicenter retrospective cohort study involving 822 patients who underwent THA for displaced FNF at four public hospitals between 2012 and 2020 was conducted. Propensity matching (2:1) balanced age, sex, ASA score, surgical approach, and surgeon experience to analyse dislocation and revision incidence between DM THA and c-THA. Kaplan-Meier survival analysis and multivariable logistic regression were performed.

Results

Following propensity matching (209 DM THA vs. 418 c-THA), DM THA demonstrated lower dislocation incidence up to 5 years [0.48% [95% CI 0-2.5%] vs. 4.8% [95% CI 3.0-7.2%], $p=0.005$]. However, there was no difference in revision for instability (DM THA: 0.48% vs. c-THA: 2.0%; $p=0.2$) or revision for all causes (DM THA: 3.1% vs. c-THA: 3.9%; $p=0.3$). Hybrid THA was the only protective factor against dislocation (OR 0.3, 95% CI 0.14-0.68, $p=0.002$).

Conclusion

DM THA reduces dislocation risk in FNF without increasing overall revision incidence, supporting its use in high-risk patients.

Level of Evidence Level III, Prognostic Study.

Investigations of Mechanically Induced Structural Damage in Ovine Double Spinal Motion Segments

Vonne van Heeswijk, Peter Robertson, Ashvin Thambyah & Neil Broom

Internal disruption or herniation of the lumbar intervertebral disc is the most common cause of low back pain. To reduce the risk of incurring lower back injuries during typical manual labour, ACC advises to "try to avoid bending, reaching forward and twisting while lifting, carrying or moving a particularly heavy or bulky load". The effect of such postures on the vulnerability of the intervertebral disc to disruption and herniation can be investigated ex vivo.

With a previous ex vivo study, we investigated the effect of impact loading on the structural failure of flexed ovine lumbar intervertebral discs. This work received support from the Wishbone Orthopaedic Research Foundation of New Zealand and this has been acknowledged in the publication titled: "Endplate fractures with subtle structural damage in impact loaded flexed ovine lumbar segments: a potential initiator of disc degeneration" in the European Spine Journal**.

As with the above impact loading study, the majority of ex vivo studies have been confined to segments containing one intervertebral disc. Therefore, the aim of this new project was to apply our well-tried and proven combined mechanical and structural experimental techniques to investigate the response of ovine lumbar segments containing two intervertebral discs (i.e. double motion segments), to better approximate loadbearing in the spine system in vivo.



To date our investigation has shown that ovine lumbar motion segments containing two intervertebral discs are more likely to fail via endplate fracture when flexed and compressed at 40 mm/min while segments with one intervertebral disc have been reported to be more prone to fail via herniation. Our preliminary data analysis seems to indicate that one intervertebral disc in the double segment experiences an increase in flexion during compression to failure, thereby increasing the likelihood of this disc suffering an endplate fracture. Currently, we are working towards completion of the data analysis with the aim of preparing a manuscript for submission to an international journal such as the European Spine Journal.

The Wishbone Orthopaedic Research Foundation of New Zealand awarded funding to support our research conducted by the principal investigator Dr Vonne van Heeswijk who was funded with a Lottery Heath Research Post-Doctoral Fellowship. The support of the Wishbone Orthopaedic Research Foundation of New Zealand for the double motion segment project has been and will continue to be acknowledged in presentations at the following events:

- The Centre for Innovative Materials for Health Workshop 2024
- The NZOA Annual Scientific Meeting 2024
- The Australasian Society for Biomaterials and Tissue Engineering Regional Showcase 2024
- The first Chemical and Materials Department Annual Staff Research Symposium 2024
- The Spine Society of Australia 36th Annual Scientific Meeting 2025
- The International Society for the Study of the Lumbar Spine (ISSLS) conference 2025
- The 30th Congress of the International Society of Biomechanics 2025
- The 13th Asian-Pacific Conference on Biomechanics 2025

The Wishbone Orthopaedic Research Foundation also provided support for the research into the effect of impact loading on the structural failure of flexed ovine lumbar segments containing one intervertebral disc and has been acknowledged in presentations at the following meetings:

- The Spine Society of Australia 33rd Annual Scientific Meeting 2022
- An invited talk at the 9th World Congress of Biomechanics 2022
- An invited talk for the Centre for Innovative Materials for Health 2022
- The ISSLS Spine week 2023
- The Australian & New Zealand Orthopaedic Society Annual Conference 2023

Finally, we would like to express our appreciation to the Wishbone Orthopaedic Research Foundation for their positive assessment of our original research proposal and providing funding in support of the spine research reported here.

* ACC (2015) How are we injuring ourselves at work?

Retrieved from <https://www.acc.co.nz/assets/injury-prevention/081f131705/acc7286-civil-construct-data-dude.pdf>

**van Heeswijk, V., Robertson, P., Thambyah, A. et al. Endplate fractures with subtle structural damage in impact loaded flexed ovine lumbar segments: a potential initiator of disc degeneration. *Eur Spine J* 34, 2117–2126 (2025). <https://doi.org/10.1007/s00586-025-08888-9>



NZOA Trust Report

The NZOA Trust has had another successful year financially. We have investments equally allocated in the JBWere and Simplicity Growth funds.



Haemish Crawford
NZOA Trust Chair

We have benefitted already by having Mr David Cleal as our new Independent Trustee. David has extensive experience in leading institutions, with over 30 years as a wealth advisor, and is a Trustee of a large not-for-profit Cardiology Trust. David has already made a big impact and is actively looking at alternate ways to grow the size of our reserves through fundraising initiatives. Dr Helen Rawlinson has joined as a Trustee this year, replacing Dr Simon Dempsey. Simon has been a superb Trustee and his voice of reason is always greatly appreciated. Dr Angus Wickham has also joined, completing our complement of Trustees. Angus was very involved in setting up the Trust's investment strategy when he was Treasurer of the NZOA. Having the Treasurer of the NZOA transitioning on to the NZOA Trust provides invaluable corporate knowledge. Along with the dividend payments from the investments, a large portion of the NZOA Trust income is from the NZOA profit each year.

In 2022, the NZOA Trust introduced a new Strategic Investment Policy Objective (SIPO) and diversified the investments to two separate investment funds at JBWere and Simplicity. It was decided at the initiation of this decision that a formal review of that strategy would be carried out three years after its inception. We have appointed an independent financial consultant to review our SIPO and investment strategy and will report back to the NZOA members when that has been completed later this year and advise of any changes we will make.

The NZOA Trust has funded the following activities in 2024/2025:

- ABC Travelling fellows from USA and Canada
- NZOA Korean Travelling Fellow
- ASEAN Travelling Fellow
- Hong Kong Young Ambassador
- NZOA Guest Speaker Fund
- Trainee President's Award
- Trainee President's Research Award
- NZOA Trans-Tasman Fellow
- Past President APOA Participation
- Asia Pacific Orthopaedic Association Affiliated Membership
- Registrar Paper Day Winner

I wish to thank the NZOA Trustees for their ongoing work in managing the funds, not only of the NZOA but also the Wishbone Trust and NZOA Joint Registry Trust.

We also greatly appreciate the support we receive from Andrea and the staff at NZOA office who make our job enjoyable and seamless.

Haemish Crawford
NZOA Trust Chair



New Zealand Hip Fracture Registry Trust Report

This year we celebrate 10 years of Annual Reports by the Australia and New Zealand Hip Fracture Registry (ANZHFR).



Mark Wright
Chair Hip Fracture
Registry Trust



Sarah Hurring
Clinical Lead and Co-Chair NZ
Implementation Committee,
ANZHFR

We have seen considerable progress against the Hip Fracture Clinical Care Standards since the inception of this Registry. This reflects the hard work and collaboration across all the stakeholders, clinical staff, Registry staff and the valuable input of our consumers.

The ANZHFR strategy, available at anzhfr.org, was released this year providing clarity for our direction for the next 5 years. We are taking the first steps to commence a Peri-Prosthetic Fracture Registry for Australia and New Zealand.

In 2025 New Zealand hospitals collected 3737 patient care episodes with the total number of records now totalling over 28,000. Across both countries we have data on more than 110,000 patients. This provides a wealth of research opportunities to further our knowledge of hip fracture care. For the first time we have captured 90% of all hip fractures that occurred in New Zealand in the past year. This is a great achievement accepting that there are approximately 50 data points collected for each patient.

Accuracy is vital and we as Orthopaedic Surgeons and Registrars must describe the fracture exactly so that the data collectors can accurately complete the data sheets.

Highlights of progress in the past 12 months include 82% of patients receiving a nerve block prior to surgery, illustrating teamwork between the Emergency and Anaesthetic clinical teams.

Despite the challenges of increasing demand there has been a slight reduction in average time to surgery of 35 hours and the new standard of patients

receiving surgery within 36 hours was met in 62% of cases. We know that continuing to improve on this metric will result in improved outcomes for our patients. We are aware that patients remain nil by mouth for long periods and all hospitals should by now have a sip 'til send policy.

In recognition of the value of appropriate nutrition, a new measure of provision of oral nutritional supplements has been introduced with 71% of patients receiving these.

The importance of instituting bone protection medication is well understood, and we are now achieving this 57% of the time within 3 months from injury. We value the ongoing work of the ANZ Fragility Fracture Registry in striving to lift this important facet of secondary prevention.

Many opportunities remain to optimise the ability of patients to recover from the devastating event of a hip fracture. Time spent in the Emergency Department remains long for frail patients with cognitive impairment and operating theatre availability is the commonest reason given for delay to surgery. Both areas require a systems approach to smooth the pathway for these vulnerable patients.

The gold standard of care is that of a shared orthogeriatric model, however New Zealand does not have full coverage of geriatric services, with the regional areas most impacted. Clinical teams on the wards have further work to do in assessing patients for delirium after surgery along with supporting a greater number of people to walk on the first day after surgery.

We encourage you to continue to look at your real-time data via hipfracture.co.nz.

We hope the information in these reports will provide opportunities for your hospital and regions to improve the care to your hip fracture patients and that your teams will embrace the challenges.

Further information is available on our website <https://anzhfr.org/registry-reports/> including a comprehensive e-report and an animated video summarising the key findings.

This report is possible because of the ongoing exceptional efforts of the teams involved in hip fracture care across Australia and New Zealand. In New Zealand we benefit from the aid of the NZOA executive team who assist with the day-to-day financial management of the registry in New Zealand and with the NZOA HFR Trust which provides financial and general oversight in New Zealand.

We extend our sincere thanks to all those involved in Registry activities and to the members of the NZOA and its executive team. We look forward to continuing to work together towards better outcomes for older people after hip fracture.

Sarah Hurring, Clinical Lead and Co-Chair NZ Implementation Committee, ANZHFR

Nicola Ward, NZ Implementation Manager, ANZHFR

Mark Wright, Chair Hip Fracture Registry Trust



Ladies in Orthopaedics New Zealand Report (LIONZ)

LIONZ continues to grow from strength to strength.



Emma Lacey & Jillian Lee
Co-Chairs LIONZ

LIONZ Forum 2025

We brought the LIONZ Forum to Dunedin for the first time and it was extremely well received. We had over 100 attendees including 50 medical students. The talks on the first day focussed on resilience, communication and stress management strategies as well as some of the difficulties faced by female Trainees. We are grateful to our speakers Nick Petrie (sponsored by Enovis) Fiona Moir and Professor Carrie Newlands. Our sawbones workshop was well attended and received excellent feedback, and again we are grateful for industry sponsorship; Arthrex, DBM Medical, Johnson & Johnson, LifeHealthcare, Orb Medical, Smith + Nephew and Stryker plus Te Rau Oranga Fund, Medtronic & LIONZ members sponsored 5 students/HO's attendance.

The Forum dinner sponsored by Southern Cross Healthcare was held at Lanarch Castle where Tim Love was presented with the 'Mane Award' for his advocacy and support of diversity and recently retired Sue Stott was presented with the 'Legends Award'.

We have advocated for our juniors to access funding to attend our forum and we are grateful to Khalid Mohammad for the letter of support provided for this.

Other News

We have also been assisting and advocating for Trainees and SMOs to access female specific lead and most centres now have these, thanks to the hard work of our members.

In March this year, LIONZ celebrated the first Māori Wahine Orthopaedic Surgeons Ruth Tan and Teriana Maheno, with a beautiful dinner and ceremony where Ruth and Teriana were gifted pounamu and korowai with Ken Te Tau (NZOA cultural advisor) and John Mutu-Grigg (Ngā Rata Kōiwi) overseeing proceedings.

We were pleased to see the 2026 intake of Trainees included 8 females and we congratulate you all on your success. Congratulations go to the following who were selected for the 2026 training year: Charlotte Tuimana, Ariane Williams, Jane Nicholas, Supilate Mikaele, Katy Kim, India Hansen, Arielle Bok and Christine Zhang.

We are currently planning a basic arthroscopy course for early SET Trainees in conjunction with Arthrex which we hope to run in early November.

In 2025, LIONZ formalised the change to re-register as an Incorporated Society.

Plans for the LIONZ Forum 2026 in Auckland – the 10th anniversary of LIONZ are well underway.

Emma Lacey & Jillian Lee
Co-Chairs LIONZ







Ngā Rata Kōiwi (NRK) Report

The last few years has been a roller coaster ride of emotions, with the setting up of the NRK and working with the NZOA, RACS and Te Ora to achieve many milestones.



John Mutu-Grigg
Ngā Rata Kōiwi
Chair

So it is sad that 2025 will be my last year on Council, but exciting in that I will be replaced there by Ryan Johnston (Rongowhakaata). The NRK role on the Selection Committee and AoNZ Orthopaedic Training Board will be taken over by my whanaunga Dan Lemanu (Ngāti Kahu). I am very pleased to be able to give these two roles over to colleagues who I am very sure will do exceptionally well.

Māori like to use whakatauki (proverbs) in their kōrero:

"Ka pū te rūhā, ka hao te rangatahi" – *When the old net withers, the new net goes fishing*

Through the collective efforts of Council, the Selection Committee and Training Board, the NZOA has come to be recognised not only within RACS but also across other medical colleges as the leader in selection. This was clearly demonstrated in this year's intake, where the top-ranked candidates as promoted and selected by the surgeons of New Zealand reflected — almost exactly — the diverse makeup of New Zealand society.

This will without doubt give Orthopaedics a significant advantage in the future.

"Nāu te rourou, nāku te rourou, ka ora ai te iwi"
– *With your food basket and my food basket, the people will thrive*

The NRK are now kaitiaki (guardians / caretakers) of two korowai. These korowai are for the use of NRK or the wider NZOA for the appropriate ceremonial purposes. The two korowai are named after our two first female Māori Orthopaedic Surgeons and reflect them both. The first korowai is named for Ruth Tan and Te Rau Ora, the Māori initiative that Ruth has been involved with to promote Māori wellness. It has a multitude of layers making it a bit wherēhi (Louis-Vuitton like) which encompasses Ruth in a nutshell.

This korowai represents the pursuit and promotion of health and wellbeing.



Te Korowai o te Rau Ora o Ruth Tan



The second korowai named after Teriana Maheno is called Te Korowai o te Mātauranga Hā Parapara o Teriana Maheno, which acknowledges Teriana's academic achievements and being awarded top Trainee. Its design is traditional, being solid and reliable, like Teriana. The name speaks of the pursuit of knowledge and skills.



Te Korowai o te Mātauranga Hā Parapara o Teriana Maheno

Finally, I would like to thank all of my colleagues and friends that I have worked with over the last 4 years on the various NZOA Boards. It has been very enjoyable and rewarding. Although I am looking forward to a break, I will miss the maul of training weekends, Selection and Council.

John Mutu-Grigg

Ngā Rata Kōiwi Chair
Ngāti Kahu, Te Rarawa



The New Zealand Orthopaedic Foot & Ankle Society Incorporated (NZOFAS) Report

It has been another busy year for the NZOFAS. This began with our annual meeting in September 2024.



Chris Birks
Secretary
NZ Foot & Ankle Society

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

An excellent day and a half conference was arranged by Rupesh Puna and Eric Swanton, in central Auckland, with stunning views, from the conference room, of the viaduct harbour. Our guest speakers Charlie Saltzman and Havinder Bedi, were very enlightening and presented differing viewpoints on several topics including TAR, and MIS surgery. A number of instructional talks on cavovarus and flat feet were also given. Several local speakers were able to present talks that had been given by invitation in Korea and Vancouver. These were very well received. The registrars were very fortunate to be treated to a half day teaching session on hindfoot trauma, kindly arranged and run by Eric Swanton, Suren Senthil and Tony Danesh-Clough. Our thanks to them for an amazing job. This teaching session will continue to be attached to the annual meeting. The AGM was held on Saturday afternoon. As part of compliance for re-registration as an Incorporated Society, the revised Constitution was approved, members were confirmed. Mr Rhett Mason was appointed as the third Board member. It was voted to donate \$10,000 to the Wishbone Trust for 2024/25.

Carrie Lobb and Charlotte Allen are in full swing arranging the annual meeting in Queenstown 18th-19th October 2025. This will coincide with the NZOA ASM. We are very lucky to have secured Murray Penner and Anish Kadakia as our guest speakers. We are very much looking forward to showing them some southern hospitality. As previously, there is planned a registrar teaching session on the Friday.

Pleasingly the last few years have seen a continued steady growth in our Society, with an increase in the number of Trainees completing Foot and Ankle Fellowships and subsequently returning to consultant positions. The country overall is now well served with Foot and Ankle specialists, able to service most of our urban and peripheral centres. We have renewed our charitable status. As well, we maintain a relatively healthy financial position, which enables us to offer funding for Foot and Ankle research projects as well as support for the NZOA Wishbone Orthopaedic Research Trust.

2026 is an exciting year ahead for the Society, we are combining with the Australian Society to hold a combined meeting in Singapore. We will likely hold our AGM at this time. We are currently beginning to organise the COE for 2027. The dates and venue will be announced shortly. Going forward I will be stepping down as Secretary knowing the Society is in good hands and well placed to continue growing and maturing as a Sub Specialty.

Chris Birks
Secretary
NZ Foot & Ankle Society



New Zealand Hip Society Incorporated Report



Pierre Navarre
President NZ Hip Society

Executive Committee

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

Past Year

Hip Society COE: Everything Hip

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

AGM And Future Meetings

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

Clinical Harmonisation Expert Advisory Group

Thank you to the Hip Society members who have volunteered to contribute to Health New Zealand's Clinical Harmonisation Expert Advisory Group for hip and knee arthroplasty FSAs.

Charitable Status

The Hip Society maintains its charitable status.

Finances

The Hip Society's financial status remains healthy. The Hip Society continues to donate annually significant funds to the Wishbone Orthopaedic Research Foundation in order to support Orthopaedic research in New Zealand.

Officers

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

Pierre Navarre
President NZ Hip Society



New Zealand Knee Society Incorporated Report

The Society is preparing for its annual meeting in Wellington in September this year, with Professor Michael Dunbar as the invited speaker. Michael (Halifax, Canada) brings a wealth of expertise in surgical innovation, biomechanics, and patient outcomes research



Simon Young
*President NZ Knee &
Sports Surgery Society*

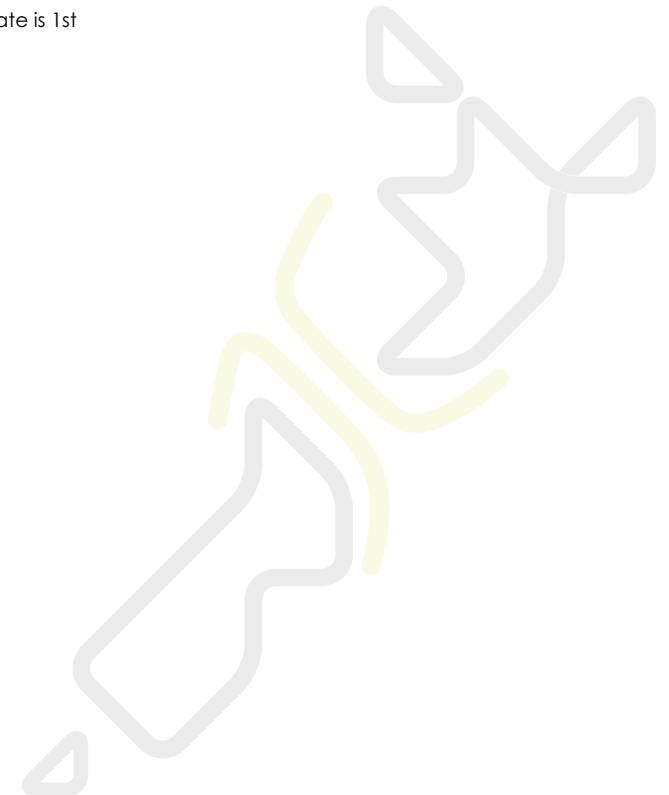
Last year we were advised that it was necessary for all Incorporated Societies to re-register under new legislation. As part of this process, at the 2024 AGM a motion was passed to change the name of the Society to the New Zealand Knee Society, from the previous Knee and Sports Surgery Society. Although the Society was originally broader to incorporate sports surgery, with the advent of separate Sub Specialty Societies, it was felt this was no longer required. The motion was passed unanimously.

New Zealand will host the Combined Orthopaedic Knee Societies meeting in 2026. This event brings together colleagues from the British, South African, Australian, and New Zealand Knee Societies to exchange insights, share expertise, and advance our collective knowledge in knee pathology and surgery.

We are delighted to host next year's meeting at the Millbrook Hotel and Resort in Queenstown from Friday 30th October to Sunday 1st November 2026. The meeting spans two and a half days and centres on the theme, "Tradition, Precision, and Progress: The Future of Knee Surgery." A call for abstracts will open 1st November 2025, abstract closing date is 1st June 2026.

I look forward to catching up in Wellington in September.

Simon Young
President NZ Knee & Sports Surgery Society





New Zealand Shoulder & Elbow Society Incorporated Report

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



NZSES
NEW ZEALAND SHOULDER AND ELBOW SOCIETY

Marc Hirner
Past President NZSES

President:	Andrew Stokes
Secretary:	Carl Jones
1st President Elect:	Adam Dalglish
2nd President Elect:	Warren Leigh
Meeting Convenor:	Elizabeth Bond

2025 marked the 20th anniversary of the New Zealand Shoulder and Elbow Society (NZSES). To celebrate this milestone, we held our bi-annual meeting at Millbrook, Queenstown, in July. The event featured an outstanding international faculty, and we were pleased to welcome several colleagues from SESA, who made significant contributions to the meeting.

The conference was well attended, with 120 delegates and strong support from the Orthopaedic industry. A dedicated physiotherapy session was also included in the program, which was very well received. Special thanks go to Ryan Gao, who excelled in his role as Meeting Convenor.

In a notable development, we held our inaugural Registrar Symposium and Dry Lab, sponsored by Arthrex, prior to the main meeting. Convened by Lizzy Bond, this session was a great success and will become a bi-annual feature, alternating with the Fundamentals in Arthroscopy Cadaver Lab.

Looking ahead, NZSES will host a Masters Case Series Meeting preceding the 2025 NZOA Annual Meeting.

In 2026, Ritwik Kejriwal will coordinate the APOS meeting in collaboration with our Australian colleagues, as part of the International Conference in Shoulder and Elbow Surgery.

Our members continue to play a significant role within the New Zealand Orthopaedic Association (NZOA), serving on several Committees and advocating for the Shoulder and Elbow community.

We are pleased to announce the following leadership updates:

Andy Stokes	<i>Incoming President</i>
Carl Jones	<i>Incoming Secretary</i>
Ryan Gao	<i>European Travelling Fellow</i>
Adam Dalglish	<i>1st President Elect</i>
Warren Leigh	<i>2nd President Elect, ensuring continuity in governance</i>

We thank all our members, for their continued support and look forward to another productive year ahead.

Marc Hirner
Past President NZSES



NZSES Gala Dinner



NZSES Gala Dinner



New Zealand Society for Surgery of the Hand Incorporated Report

Since the last report we had a most successful meeting in Fiji in 2024 organised by Albert Yoon and Tanya Turchie.



Jeremy Simcock
President NZSSH

Executive Committee

President:	Jeremy Simcock
Secretary:	Allen Cockfield
Past President:	Chris Lowden
Past Secretary:	Robert Rowan
President Elect:	Simon Chinchawala
Secretary Elect:	Jennifer Hicks

This year we have recently enjoyed a one day meeting in Queenstown organised by Emma Lacey, Jenny Hicks and Tanya. Our visiting speaker, Vaikunthan Rajaratnam ran an AI workshop on the day prior with infectious enthusiasm which was a revelation for many of us!

Next year we look forward to combining with the Hand Therapy Society for a two-day meeting preceding the NZOA ASM in Wellington on 17 and 18 October 2026.

This year, many of us have attended IFSSH or FESSH and it has been a privilege to be able to meet with our international colleagues again and discuss common challenges in healthcare that we are all facing. The next IFSSH-IFSHT congress is coming to our region (Singapore) in 2028.

Locally, our AGMs have traversed the usual topics of discussion with an overall goal of improving patient access to hand surgery across the country. In the last year we have made little progress with ACC unfortunately.

I'd like to thank the members of the Society for their comments and ideas and the executive for their work throughout the year.

Jeremy Simcock
President NZSSH





New Zealand Orthopaedic Spine Society Incorporated (NZOSS) Report

The spine services work group have continued to meet at regular intervals over the past year.



David Arden
President NZOSS

This was set up to evaluate and formalise workflow primarily for urgent spine cases (both trauma and non-trauma) across Aotearoa. The area is a complex one but progress is being made. It is clear that much goodwill has historically kept our urgent spine services functioning over past decades. This dedicated service continues and is compensating for the concerning resource shortfall in a number of regions.

Initial efforts to set up a National Spine Registry in collaboration with third party insurers have not been fruitful and the project shelved for the foreseeable future.

The 2024 NZOSS meeting was held in Fiji and very successful on almost all counts. It is particularly memorable as guest speaker from London Sean Malloy sustained a lumbar disc herniation unloading his bag from the carousel. He soldiered on however with some enlightening talks and managed to engage with us socially despite being in pretty severe pain.

The third Canada, Australia and New Zealand Combined Spine Society Meeting (CANZ 2025) will be held in Hamilton Island October 22-25. Under the direction of convener Dr Rob Kuru, we anticipate an outstanding opportunity for reconnecting with old friends, making new ones and exchange of ideas within a world class setting.

David Arden
President NZOSS



New Zealand
Orthopaedic
Spine Society



The Paediatric Orthopaedic Society of New Zealand Incorporated Report

POSNZ has had a busy year of meetings. The Society meeting was held in March this year in Auckland, with conveners Sue Stott, Jonathan Tan and Nichola Wilson putting together a great programme concentrating on neuromuscular conditions.



Jason Donovan
President POSNZ

POSNZ Committee Members

President: Jason Donovan
Secretary: Allen Cockfield
President Elect: Ian Galley
Secretary Elect: James Aoina
Member at large: Tim Gregg

Finally, this is my final annual report as President. Ian Galley takes over in October, with James Aoina taking over as Secretary. Tim Gregg continues his service to POSNZ as Committee member. They will be joined by a President-Elect and Secretary-Elect yet to be determined. I wish them all the best.

Jason Donovan
President POSNZ

They were assisted by the gait lab team, with the programme incorporating a mix of didactic teaching, interview sessions, and small group gait interactive sessions. There was a good mix of attendees including registrars, therapists/physios and surgeons, with the programme catering well for them all. There were exceptional international speakers bringing a wealth of knowledge with them from Canada (Unni Narayanan), USA (Jason Howard) and Australia (Erich Rutz).

The annual APOS/POSNZ instructional course lecture series had just completed the weekend of writing this report and, although I was not present, I am sure we were well represented by members from New Zealand. Next year it is coming to Queenstown, meaning that more will be required from local faculty, with Dawson already in organisation mode and requesting input from members. This will be followed by the APOS/POSNZ combined meeting. Confirmed international speaker is Kishore Mulpuri from Vancouver, and he will be joined by three POSNZ fellows yet to be decided. It promises to be another great meeting with Nikki Hooper convening. So set aside 26th-29th August 2026 in your diaries to attend.



New Zealand Orthopaedic Trauma Society Incorporated Report

The New Zealand Orthopaedic Trauma Society was incorporated in 2023, and continues to build momentum and visibility across the national Orthopaedic community.

We remain committed to advancing the practice, education, and systems of Orthopaedic trauma care throughout Aotearoa.

Our most significant milestone this year was the Trauma Society Meeting COE in Christchurch, held in May 2025. The theme of the meeting was "Innovations in Orthopaedic Traumatology – Elevating Trauma Management For Every Surgeon". This session marked a major step forward in our mission to foster collaboration, share contemporary trauma knowledge, and strengthen our identity as a dedicated Trauma group.

The event featured three internationally recognised guest speakers from the USA, UK, and Canada, who provided outstanding contributions to the programme. Their insights into complex trauma systems, decision-making in high-energy injuries, and innovations in Orthopaedic trauma management were particularly well-received.

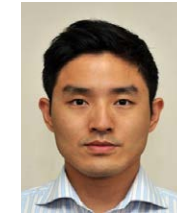
The conference was met with strong national participation, with excellent attendance from Orthopaedic surgeons across the country. The level of engagement and discussion reflected a clear and growing enthusiasm for trauma as a core Sub Specialty.

Following the meeting, the Trauma Society Annual General Meeting was held. A key focus for the Trauma Society moving forward is stronger national representation in both policy and trauma system development. The needs of acute trauma care are effectively reflected in ACC-related planning and reimbursement discussions, and that our Society has a strong and informed voice in shaping funding models and care pathways across New Zealand. In particular, we are aware that our Society could have a role in assisting the current NZOA ACC & Third Party Liaison Committee with advocating for current and future contracts codes respective to trauma care provision.

At our AGM, members discussed the growing need for a formal representation of Orthopaedic surgeons within the existing National Trauma Network. With the expected growth of the Society, we believe we are well-positioned to become a key stakeholder in this space.



Jonny Sharr
*President
Trauma Society*



Alex Lee
*Secretary
Trauma Society*

This is an exciting development in our strategic direction, and one that will ultimately enhance our ability to improve trauma care for severely injured patients and adopt world-class standards in major Trauma system design.

Finally, the members unanimously voted to establish a dedicated Trauma Society Meeting every two years.

We extend our sincere thanks to our members and colleagues for their ongoing support. We look forward to building a stronger, more visible, and more effective voice for Orthopaedic Trauma in New Zealand – Alex Lee.

Jonny Sharr
President Trauma Society

Alex Lee
Secretary Trauma Society



Sarcoma Society of New Zealand Report

2025 marked a milestone achievement for Sarcoma care in New Zealand.



Josh Kempthorne
Secretary Sarcoma NZ



Michael Flint
President Sarcoma NZ

President: Dr Michael Flint
Secretary: Dr Josh Kempthorne
Treasurer: Dr Isaac Cranshaw

The Sarcoma Guidelines Working Group successfully completed work on two cornerstone documents:

- Optimal Clinical Care Pathway for Sarcoma.
- Complex Sarcoma Services document.

These first-edition guidelines have now been ratified by Te Whatu Ora – Health New Zealand and are available online via Te Aho o Te Kahu – Cancer Control Agency.

The publication of these documents represents the culmination of several years of dedicated work and collaboration, and the response from Sarcoma teams and the wider Sarcoma community has been overwhelmingly positive. This achievement provides a robust national framework for equitable, consistent, and high-quality sarcoma care.

With the guidelines now in place, the next major project will be to work with Te Whatu Ora on

establishing a Sarcoma Advisory Group. This group will be tasked with maintaining the documents, monitoring implementation, and ensuring that sarcoma services in New Zealand continue to evolve and improve.

The Society remains committed to advocacy, education, and fostering collaboration across all disciplines involved in sarcoma diagnosis and treatment.

Key goals for the coming year:

- Establish and operationalise the Sarcoma Advisory Group.
- Support dissemination and uptake of the Optimal Clinical Care Pathway and Complex Sarcoma Services documents across all regions.
- Continue to advocate for a national Sarcoma Registry.
- Plan our 2 yearly national multidisciplinary meeting.

We thank all members, contributors, and stakeholders for their tireless efforts in advancing sarcoma care in New Zealand.

Josh Kempthorne
Secretary Sarcoma NZ

Michael Flint
President Sarcoma NZ





Orthopacifix Charitable Trust Report

This year, 36 NZOA members donated approximately \$9,000 to the Trust.



Vaughan Poutawera
Trustee Orthopacifix
Charitable Trust

We are very grateful to NZOA members for their ongoing support. We remain grateful also to the various Orthopaedic companies that continue to contribute funds and support our projects. We would particularly like to thank Life Healthcare and Stryker. LifeHealthcare continue to support the Trust with regular donations. Stryker have also continued to strongly support the charity and provide stipends for registrars to experience Orthopaedic practice in the Pacific Islands.

In the past year the Trust has again supported the Pacific Islands Orthopaedic Association (PIOA) training modules. This year we had Alpesh Patel, Andy Vane and Ben Funaki attend the teaching course in Honiara, Solomon Islands. Jason Donovan, Vaughan Poutawera and James Aoina have worked in Apia. David Bartle is examining in Fiji for the PIOA in September. Further trips to Pago Pago and the Cook Islands are planned for the end of 2025.

Dr Naseri Aitaoto from Pago Pago was our Pacific Ambassador at the NZOA ASM in New Plymouth last year and found his visit stimulating and very worthwhile. Please read his report directly after mine. Naseri spent two years working at Tauranga Hospital. We encourage members to consider whether their hospital department may be able to accommodate a Pacific surgeon in a non-trainee registrar role. Please contact any one of us to discuss any of the above or with other queries.

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

Nga mihi, yours sincerely

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





Orthopacifix Pacific Islands Ambassador Report

First and foremost, I would like to take this opportunity to thank NZOA for inviting me to the 2024 Annual Scientific Meeting, and to Orthopacifix Charitable Trust for the sponsorship as their ambassador to this gathering.



Aitaoto Naseri Aitaoto
Orthopacifix Ambassador
Pago Pago, American
Samoa

The event brought several well-respected leaders in the Orthopaedic community together who shared valuable lessons and ideas contributing to a dynamic and engaging atmosphere.

While the overall meeting was a resounding success, characterised by insightful discussions and a shared commitment to progress, I had the following points as the highlights of my attendance.

- I came away with “robotic surgery” as a major topic with possibly the way forward, but I also learned that it’s still the surgeon’s choice, and the foundation knowledge of the basics surgical skills must be maintained. Guiding and encouraging the use of AI as a useful tool was very interesting.
- The breakout sessions were very entertaining with new research and studies by the Trainees, and they were well structured with good engagement by the participants. I had the pleasure of meeting the other ambassadors and learning about where they’re from and their work.
- The event Gala Dinner and the President’s Dinner were memorable, and I greatly enjoyed them. It was also great as we met up with some of my former consultants from Tauranga Hospital where I was attached for about two years prior to the meeting.
- This was also an opportunity for me to visit New Plymouth, and I got to see Mount Taranaki which was breath-taking. My accommodation was conveniently near the convenor for the meeting, and it was a good walk back and forth.

Attending and actively participating in this sponsored meeting was a rewarding experience for me. It not only advanced my understanding but also laid the groundwork for ongoing partnerships and future innovation.



This report stands as a testament to the value of sponsored meetings, where thoughtful organisation and genuine collaboration converge to produce meaningful results. The connections forged and the action items established will drive continued growth and achievement within our field. I look forward to future engagements and the continued support.

Thank you,

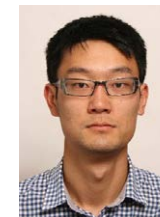
Aitaoto Naseri Aitaoto, MBBS
Orthopacifix Ambassador Pago Pago,
American Samoa





2024 Trans-Tasman Travelling Fellow Report

It was an honour to attend the 2024 AOA Annual Scientific Meeting as the Trans-Tasman Travelling Fellow. The event took place at the Brisbane Convention Centre, centrally located in the vibrant South Bank area of Brisbane, from 14th-17th October 2024.



Dr John Zhang
NZOA Trans-Tasman Fellow

The theme of this year's meeting was "Making Data the Solution", with plenary sessions held in the impressive main auditorium and multiple concurrent breakout sessions focused on various Sub Specialties. It was difficult at times to know which session to attend, as all Sub Specialties sections had renowned overseas guest speakers!

A standout presentation was by Simon Kos, Chief Medical Officer at Microsoft, who showcased the potential integration of generative AI into clinical practice. AI can create patient summaries, write referral letters, prescribe medications, and manage billing and coding—all with minimal human input.

Multiple speakers highlighted that current generative AI technology like ChatGPT are essentially advanced "predictive text", which will predict the next word, sentence, paragraph, based on the data that the AI was trained on. They are not (yet) trained on medical literature found in journals and the dataset the AI is trained on is not live, it is historical from a single point in time. Generative AI will also fill in gaps in its dataset with "hallucinations", an example from ChatGPT attempt to reference it's article, the references on cursory inspection appeared genuine, but delving deeper, it became apparent they were not real. Generative AI is not "conscious", and will rely on clinicians for checking the output, and to put the data into the human context.

Further presentations explored the encroaching role of machine learning in medical specialties with a heavy emphasis on diagnostics, such as radiology, dermatology and anatomical pathology.

However, Orthopaedics will not escape AI. I see a future where AI will automatically calculate angles, correct deformities and alignment, and template — tasks we currently perform manually on imaging.

The enthusiasm for robotics is also noteworthy. Currently, 40% of primary knee replacements in Australia are robotic-assisted, with an additional 20% navigation assisted. I believe that robotic-assisted surgery will eventually become the global standard of care.

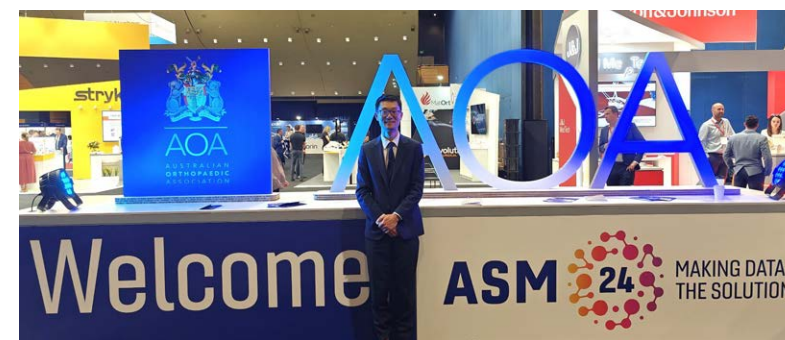
I was able to present research from Christchurch in the general section, alongside some very interesting talks. There was a small but outstanding contribution from Kiwis at the meeting.

Aside from the academic content, the meeting provided a wonderful opportunity to make new friends.

The robust social programme featured a welcome function at the Queensland Art Gallery, industry dinners, and a gala dinner themed "A 70s Extravaganza". Highlights from the gala included a live band, fronted by an Orthopaedic surgeon from Victoria, and Mr Hadlow showcasing his best 70s attire. It was also pleasing to see the Orthopaedic Women's Link (OWL) soiree well attended – OWL is the equivalent of LIONZ, with insights from Australia's first female commercial pilot – Deborah Lawrie.

Finally, I would like to extend my gratitude to the NZOA and AOA for their generous sponsorship of the travelling fellowship, and to the AOA staff for their warm welcome. After this fantastic experience, I strongly encourage everyone to seize such opportunities—you will not regret it!

Dr John Zhang
NZOA Trans-Tasman Fellow





2024 Hong Kong Young Ambassador Travelling Fellow Report

I had the privilege to be selected as the NZOA Hong Kong Young Ambassador 2024. It was truly an eye opening experience for me, and I would highly recommend this programme to other colleagues.



Alex Lee
Hong Kong Ambassador

Shortly after checking in to the hotel, I was taken to the Welcome Dinner for an eight course Chinese degustation menu. The Chinese delicacy of fried bird's nest was a highlight. It was here that I realised the Chairperson/Host of the Hong Kong Orthopaedic Association (HKOA) Congress 2024 was an alumni of University of Otago. Interesting conversations naturally followed, 're-living' the university days.

Attending the HKOA Congress was an enriching experience, blending professional development with cultural immersion. One of the most valuable aspects of the Congress was the collaboration among international experts. Renowned surgeons from around the globe delivered instructional lectures and presented clinically relevant, practical research findings. This exchange of knowledge not only enhanced my understanding of current practices but also encouraged innovative approaches in Orthopaedic surgery.

Furthermore, I was deeply impressed by the commitment to research demonstrated by medical students and junior doctors in Orthopaedic surgery. Their innovative research projects showcased the depth of talent and commitment within the field, and bodes well for the future of HKOA.

The Congress Banquet was another delightful evening, with enriching speeches and awards ceremony. I was seated with the Young Ambassadors from other countries. I found this particularly rewarding. It provided a unique opportunity to bond with fellow surgeons at similar career stages from various countries. Sharing experiences and challenges created lasting connections and a supportive network that I am sure will continue beyond the congress.

I would like to thank NZOA for providing the opportunity for this rewarding experience, and to the HKOA for their hospitality and kindness throughout my journey.

Alex Lee
Hong Kong Ambassador





2024 Korean Travelling Fellow Report

"Fusion of the past and present"

I had the privilege of representing the NZOA as the Ambassador to the Korean Orthopaedic Association (KOA) Scientific Congress in Seoul. Attending the meeting in such a historic yet vibrant city highlights the fusion of past and present, as Seoul continues to be a beacon of surgical innovation, driving the future of Orthopaedic surgery.



.....
Ryan Gao
NZOA Korean Travelling
Fellow 2024
.....

The meeting was held in the historic Swiss Grand Hotel overlooking Seoul. As a first year consultant with a Sub Specialty interest in shoulder surgery, I have always wanted to visit this "Powerhouse" in shoulder surgery. Korean Orthopaedic surgeons have been at the forefront of advancing arthroscopic procedures, enabling minimally invasive treatment for various Shoulder and Elbow conditions. I was blown away by the scientific calibre of this meeting. It was eye opening to see the entire meeting presented in English and I was especially interested to see some preliminary data on the use of The Da Vinci robot in rotator cuff repairs. I was grateful to be given the chance to showcase some research funded by the NZOA Wishbone Trust. Our study on the use of "Mixed Reality Navigation in Shoulder Surgery" stimulated excellent discussions.

During the meeting, I had the opportunity to visit the world renowned Samsung Medical Centre (SMC) and observe some cutting edge Shoulder surgery with Professor JC Yoo. The SMC is a premier healthcare facility with 1,800 beds and treats over 3 million patients annually. I was impressed with their state of the art infrastructure and the quality of their surgeries was world class.

Overall, the experience was rewarding, and I would encourage my friends and colleagues to represent the NZOA as an Ambassador in the future. Finally, I would like to thank the NZOA, Karyn Eggers, Khalid Mohammed, Haemish Crawford and the executive members for their support.

Ryan Gao
NZOA Korean Travelling Fellow 2024



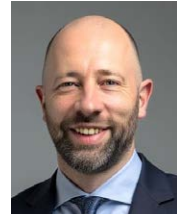


AOA Emerging Leaders Forum Report

I was honoured to be selected alongside Gareth Rooke to attend the Emerging Leaders Forum 2025. It was an amazing opportunity to meet other young surgeons from New Zealand and around Australia and create a network of like-minded people.



Jillian Lee



Gareth Rooke

The programme was varied and valuable; we heard from leaders within the Orthopaedic community as well as from different industries (including charitable organisations and large banking organisations) who spoke to us about what leadership means to them and how they implement different leadership strategies to effect change.

I loved the well-being focus of the forum and learnt many strategies to manage stress, rumination and the other challenges that come with being an early career surgeon.

Thank you to NZOA and AOA for this opportunity; I learnt so much and I've already started implementing some of the strategies taught in my day-to-day practice - Jillian Lee

Jillian Lee & Gareth Rooke

AOA Emerging Leaders Forum Representatives





Peke Waihanga Artificial Limb Services Report

Our commitment to delivering high-quality prosthetic and orthotic care has never been more important. In the face of global challenges, including rising costs, funding constraints, increased demand, and a shortage of healthcare professionals, we have continued to uphold a strong patient focus, ensuring timely and equitable access to essential services.



Peke Waihanga
Artificial Limb Service
Orthotic Service

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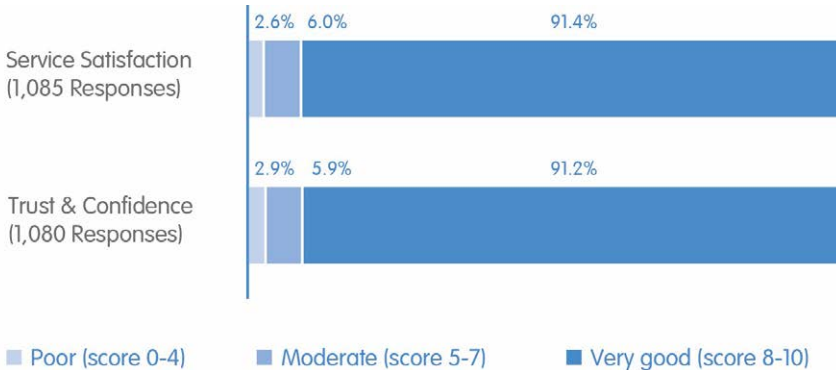
Sean Gray
Chief Executive Officer

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Driving digital excellence for better patient care

In 2024–2025, Peke Waihanga made significant improvements to our Manaaki Patient Management System to improve staff workflows and free up time for patient care. For example, it provides real time data used to improve delivery times for patients. Supported by a dedicated team, Manaaki continues to evolve as part of Peke Waihanga's vision for digital excellence.

We remain focused on ongoing improvements and last year received a 91.4% service satisfaction rating of "very good", along with a 91.2% trust and confidence rating of "very good".



In the same timeframe, our peer support service received a "high satisfaction" rating of 99.9%.

Equity of Access Initiatives

Our commitment to improving equity of access was also demonstrated in the launch of new metro clinics in Manurewa and Ōtara, specifically designed to make prosthetic and orthotic services more accessible for South Auckland communities. Supported by a mobile workshop, these clinics provide minor repairs, reviews, and deliveries, offering a convenient and responsive service. Early feedback has been invaluable in guiding the ongoing development and refinement of these services.

Analysis from Manaaki showed that Did Not Attend (DNA) rates exceeded 30% for some ethnicities at our Auckland community-based orthotic clinic. In response, the Ōtara Metro Orthotic Clinic achieved:

- Near-zero non-attendance, with only two missed appointments to date
- Significant improvement in patient engagement and satisfaction
- Reduced transport burden for whānau

Building on this success, a second Metro Orthotic Clinic is now being developed in Māngere, a high-needs area experiencing growing demand.

Pain Pilot Programme

A new six-month pilot pain programme, led by Dr Sheela Perumal, was launched to support post-amputation pain management through a combination of in-person and telehealth clinics. Clinics were held virtually every fortnight and received strong support from pain services, with a national presentation planned to share initial findings. The pilot will be reviewed in August 2025 to determine its future direction.



Improving Patient Outcomes

Across New Zealand, our teams are redefining what's possible in prosthetics and orthotics. By combining advanced technology with personalised care, we continue to help patients overcome challenges and achieve life-changing outcomes.

For example, a groundbreaking transhumeral prosthesis, featuring pattern recognition control, an electronic elbow, and a multi-articulating hand, was fitted for a patient in Auckland. This was one of the first such devices prescribed globally. Despite initial challenges, the project resulted in excellent functional outcomes and highlighted New Zealand's leadership in embracing advanced prosthetic technologies.

As we look ahead, Peke Waihanga remains focused on empowering patients and advancing prosthetic and orthotic care. With a continued emphasis on collaboration, innovation, and delivering person-centred solutions, we are well-positioned to build on our achievements and continue to find innovative ways to help our patients lead more active and fulfilling lives.

Sean Gray

Chief Executive Officer



Tributes to Past Members



Prof William (Bill) Gillespie

8 November 2024

Born in Stirling, Scotland in 1940 Bill was a former Professor of Orthopaedic Surgery, Christchurch School of Medicine of the University of Otago; former Foundation Chair in Orthopaedic Surgery, Newcastle, NSW, Australia; former Professor of Orthopaedic Surgery, University of Edinburgh; former Dean, Dunedin School of Medicine, University of Otago; and Founding Dean, Hull York Medical School in the United Kingdom.

Surgeon, researcher, teacher, passionate advocate for equity in medicine, and proponent of patient centred care.

Bill was a very enthusiastic walker, lover of classical music, voracious reader and lifelong acquirer of knowledge in all its forms.

It was with great sadness that I advised Members of the passing of Professor William (Bill) Gillespie, aged 84 years. The above obituary summarises some of the achievements of this remarkable man.

I was his medical student, house surgeon, and junior registrar. He was a great thinker, a loyal leader, a dedicated doctor, and a wonderful person. He was both formidable and approachable, even by a junior. The people of Christchurch are fortunate for his insightful decision to separate acute and elective surgical sites with the development of Burwood Hospital. We send all our love and thoughts to his wife Lesley, his sons Peter and Ian, and his grandchildren.

Written by, Khallid Mohammed

Tributes to Past Members



Stuart Allister McCowan

1 December 2024

Stuart (Stu) McCowan commenced Auckland Medical School in 1971, where he met classmate Lesley Heron and they quickly formed a lifelong partnership. He enjoyed playing rugby for the med school doctors team (the Orchids). Stuart and Lesley went to the Cook Islands for their elective, where Stuart undertook a surgical run. Completing his MB ChB in 1976, Stuart spent 1977-78 as a house surgeon in Auckland hospitals. He was accepted into the Orthopaedic training programme in 1979, rotating through Auckland and Middlemore Hospitals with a year at Waikato Hospital. Having gained FRACS(Orth) in 1984, Stuart and Lesley (who had also completed her training in Obstetrics and Gynaecology) and their family moved to Canada.

Returning to New Zealand in 1987, Stuart specialised in Trauma and quickly became recognised for his expertise in pelvic injuries, and surgery of the lower limb. With a strong commitment to education, Stuart was a member of the Northern Clinical Training Network in 1992 and in 1996, as well as Director of the Auckland Orthopaedic Training programme, holding that role until 2003. He was a member of the New Zealand Orthopaedic Training Programme 1992 – 2003 and Chair of the Auckland Orthopaedic Society 2002-03. He was a RACS Examiner for several years.

At 65 years he retired from private practice and took on the challenging role of Clinical Director of Orthopaedics at Auckland Hospital. He fully retired in 2020 moving to Point Wells (known as the garden village) an hour north of Auckland.

Mike Hanlon, Clayton Brown, Helen Rawlinson and Bruce Twaddle have offered personal insights into Stuart's professional contributions

Mike: "He was the complete surgeon, not just technically great, but what set him apart was that he was a good doctor who demonstrated empathy for his patients as he willingly gave patients his time and energy, principled even when it was to his personal detriment. The motto, that he tried to instill in all of those he taught and trained was, 'Set your own high standards, walk to your own beat, be true to yourself and look after patients'."

Clayton: "At a certain point in life many of us reflect on years past, and consider what we have achieved, relationships, friends, those we have helped, the good times and the bad. We ask ourselves - did we make a difference? Stuart, you really did make a difference, you made a difference to almost everyone who was in your presence. You always sought to do things a little better, no matter how accomplished you already were."

Helen: "He was a natural leader, diplomatic and fair, always careful in his choice of words and able to make calm in a crisis. Stuart understood that in surgery, the shortcut was always the longest road. He was a supportive, respectful, thoughtful colleague and as a woman doing Orthopaedic surgery, he uplifted my strength and confidence, not by stepping in to do the job for me, but I felt his support right behind me. Stuart balanced professionalism with camaraderie, generously rewarding his teams of doctors and nurses with fishing trips and social functions".

Bruce: "I succeeded Stu McCowan as the head of department when he chose to change direction after his encounter with cancer and focus on exploring life and his passions with Lesley, his family and friends. Tragically we have all been robbed of many more years of him enjoying this retirement that he so richly deserved. Stuart was a man of great integrity, an exemplary practitioner of Orthopaedics who never wavered from putting the care and priorities of the patients and his work mates ahead of the priorities of the government and managers who came and went."

Stuart McCowan was a remarkable man who took great pride in the care he provided for the patients who put their unerring faith in him and as doctors, surgeons and as people we should all aspire to be like him."

Tributes to Past Members

Anthony Eric Hardy

20 December 2024

Anthony Eric Hardy or Hards as many knew him, graduated Otago Medical School as youngest in his class aged just 22. He was a house surgeon in Dunedin in 1969 and 1970 when he also married Rosemary, the love of his life. After obtaining his Fellowship in 1973, he worked at the Princess Margaret Rose in Edinburgh under the tutelage of Professor Jip James, one of that era's most revered figures in British Orthopaedics.

Aged 31, Tony returned to Auckland Hospital as a consultant and chaired the department for the extraordinary duration of 1991-2014.

In 1982 he was the NZ ABC Travelling Fellow to the USA and Canada, and in subsequent years he held almost every executive position in NZ Orthopaedics, including: Secretary and Chairman of the Auckland Orthopaedic Society, Executive Member of the NZOA from 1992-95, Examiner for the Part 2 Fellowship from 1992-2000, 2002 President of the NZOA, served as member of the NZ Committee of RACS for nine years, plus RACS Councillor from 2003-2007. In 2013 Tony was the recipient of the prestigious Hamilton Russell medal from the Australasian College, whereupon he delivered a masterly lecture titled "Science and Charity" in homage to the famous 1897 Picasso painting of the same name.

Tony could be fearsome, tempestuous and simultaneously charming. He was always deeply respected, complex and sometimes an abstruse, truly three-dimensional character. When Tony Hardy left Auckland City Hospital in 2014, it was like Trafalgar Square losing its Nelson.

At work, he set and demanded the highest standards, but what other head of department would lie down, in his suit, on the asphalt in front of a tow truck driver to prevent his colleague's car getting towed?

Many generations of Orthopaedic surgeons fortunate enough to have been taught, exhorted, bolstered, guided or influenced by a man for whom integrity, honesty and loyalty were non-negotiable attributes will recognise the debt we owe him.

Tony's lectures, clinical meetings and informal tutorials were luminary and memorable, but still grounded due to his genuine enthusiasm for his subject and allied with a rare ability to pitch content at the appropriate level and his encyclopaedic knowledge. Tony's gravitas was a rarity in today's flatter world.

He drew you in, encouraged deeper thought and was somehow able to weave the prosaic nature of Orthopaedics into history, art and literature, as well as invite parallels, leaving one inspired and challenged.

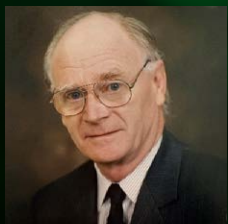
He was adept in guiding young consultants towards their full potential, whilst allowing them to flourish professionally without feeling suffocated or servile. He championed the cause of female Orthopaedic surgeons at a time when that was not the norm and in more than 25 years as a consultant, I never heard Tony traduce or disparage colleagues.

Outside of work, Tony was a thorough gentleman, relaxed and engaging, sociable and impeccably mannered, his chivalry almost anachronistic in the modern era. He was at his most animated when discussing life, literature, art, history and people. He had an aphoristic, intellectual and perceptive sense of humour.

If legacy is defined as 'not leaving something behind for other people - but leaving something behind in other people,' then Tony's legacy is irrefutable & immense. He will be greatly missed.

Written by, Clayton Brown

Tributes to Past Members



John Charles MacCormick

5 January 2025

John, an Orthopaedic surgeon, devoted family man, and caring grandfather passed away peacefully at the age of ninety. Born in Auckland in 1934 to Dr Kenneth MacCormick and Kathleen Reilly, John's early years were happy but marked by the departure of his father to serve in WWII and the death of his mother in 1942.

Boarding at King's College for the remainder of his schooling left him with a lifelong aversion to corned beef and custard but a deep affinity for books and learning. Although initially drawn to engineering, he followed his father's advice and pursued medicine at the University of Otago. After graduation, he began his career at Middlemore Hospital as a house surgeon and later as a junior Orthopaedic registrar. In 1961, his surgical training took him to England, where he earned his fellowship in Orthopaedics and—what his friends considered the greater challenge—his English driver's licence. After several years working in various hospitals, he returned to New Zealand to serve at Middlemore Hospital, where he met his future wife, Thesy. John and Thesy were married in Auckland before moving to Palmerston North, where John joined a practice with Peter Grayson. He remained in Palmerston North for the rest of his working life.

John was a dedicated Orthopaedic surgeon, trained in an era when junior doctors slept little and senior surgeons smoked pipes. While much of his professional life remained private, he was recognised as an excellent surgeon who cared deeply for his patients. He held himself to the highest standards and was greatly respected by his peers. His thoughtful decision-making was highly valued by colleagues. In his later working years, he chaired the New Zealand section of the Royal Australasian College of Surgeons.

Outside of work, John enjoyed holidays at the family bach on the southern shores of Lake Taupo, where he introduced his sons to sailing, trout fishing, and waterskiing. In later years, he relished exploring the Marlborough Sounds aboard his launch, Karibu, often taking friends and family on scenic and fishing adventures.

At 78, John took up cycling. As with everything he did, he applied determination, grit, and persistence. Most outings resulted in a fall and some loss of skin. Remarkably, he perfected the art of falling sideways—landing on his shoulder without ever leaving the seat or removing his feet from the pedals. At 88, he completed the Timber Trail, and at 89, he could still manage a round trip between Otumoetai and Maketu. He was an inspiration to his three granddaughters.

A man of sharp intellect, quiet integrity, and deep self-awareness, John reflected thoughtfully on matters of faith, morality, and human decency. He believed in causing no harm and living harmoniously—with people, with nature, and with one's own conscience.

He is survived by his wife Thesy; children Kenneth, Alastair, and Matthew; and grandchildren Haylea, Morgan, and Emily. His life was grounded in sincerity, simplicity, and a desire to help others—qualities that will long be remembered by all who knew him.

Written by, Alastair MacCormick

Francois du Toit

7 August 2025

Francois du Toit passed away peacefully at home in August 2025 - *Chérie du Toit*

Tributes to Past Members



Donald Edward Allen

15 August 2025

Don was born in 1934 and raised in Palmerston North, attending Palmerston North Boys High School before moving to Dunedin to complete his medical studies at Otago University. He returned to Palmerston North as a junior doctor, where his passion for Orthopaedic Surgery was developed. At that time Orthopaedics was still in its infancy in New Zealand, and Don travelled to the United Kingdom with his wife Gwenda and their young family to complete Orthopaedic training. Don trained at the Royal National Orthopaedic Hospital at Stanmore, where he lived on site as a resident doctor, while Gwenda and the children had to live off site. Maybe the first, but certainly not the last time Don deftly navigated the tightrope of his dual commitment to Orthopaedics and family.

Not long after returning from the United Kingdom Don was employed at Waikato Hospital and settled his expanding family in a hospital house on the site of the current blood bank. The year was 1966, and Don joined Bevan Hall, Bruce Hay, and Colin Hooker as the Orthopaedic surgeons at Waikato Hospital. Don would continue in this post for a remarkable 53 years, before finally retiring in 2019. This is a level of dedication and service to public Orthopaedic practice that is truly inspirational.

Don was a great surgeon, teacher, mentor and friend to many that have passed through Waikato Orthopaedics. His ability to do a hip replacement with a Bristow, AO sucker and words of encouragement from the far side of the table, while allowing the registrar to believe they were mastering the technique, was impressive to say the least. I have fond memories of ward rounds with Don, where we would enter a six bedded room and he would know many of the patients or their families, even though he was not caring for them in their current admission. He always took the time to say hello and enquire about their circumstances with genuine compassion.

Ever the gentleman and amazing host, the bottomless glass of wine at Don's journal clubs was the downfall of a number of registrars over the years! Don had an amazing rose garden at his Lake Crescent property, and many of the nursing and administrative staff around Waikato Hospital looked forward to Don popping in with a small gift from his garden to brighten their offices. He always took the time to know those who worked in all roles around the hospital, and would stop to have a brief chat with the ward cleaner regardless of how busy the ward round was.

Family was always extremely important to Don, and our thoughts are with them including his children, Janette, John, Margot, Susan, Richard, Jane, and David, his grandchildren, and great grandchildren. I trust they recognize the enormous contribution Don has made to Orthopaedics in the Waikato and the many lives he has touched.

Written by, Steve McChesney

NZOA Council & Committees: Composition

NZOA Council 2024 – 2025

President	Mr Khalid Mohammed
First President Elect	Mr Chris Hoffman
Second President Elect	Mr Ed Yee
Immediate Past President	Mr Simon Hadlow
Honorary Secretary	Mr Joe Baker (elected 2022)
Honorary Treasurer	Mr James Blackett (elected 2022)
Small Centres Representative	Mr Amir Sandiford (elected 2024)
Editorial Secretary	Mr Neville Strick (elected 2023)
AoNZ Orthopaedic Training Board Chair	Mr Tim Gregg (co-opted 2022)
Education Committee Chair	Mr Dawson Muir (elected 2021)
CPD and Standards Committee Chair	Mr Michael Flint (elected 2023)
NZOA ACC & Third Party Liaison Committee Chair	Mr Alex Malone (co-opted 2024)
Ngā Rata Kōiwi Representative	Mr John Mutu-Grigg (appointed 2020)
LIONZ Representative	Ms Jenny Hicks (co-opted 2024)
Councillors	Ms Georgina Chan (elected 2023) Mr Stephen Parkinson (elected 2023) Mr Jonny Sharr (elected 2021)
Chief Executive	Ms Andrea Pettett

AoNZ Orthopaedic Training Board

Mr Tim Gregg (Chairperson) (appointed 2021)
Mr Tyler Campbell (appointed 2024)
Ms Emma Lacey (appointed 2024)
Ms Fiona Timms (elected 2023)
Mr Ken Te Tau (appointed 2018)
Mr Chris Hoffman (appointed 2023)
Mr Dawson Muir (appointed 2017)

Mr David Bartle (co-opted 2019)
Ms Charlotte Allen (co-opted 2023)
Mr John Mutu-Grigg (appointed 2022)
Ms Catriona Doyle (appointed 2022)
Ms Andrea Pettett (Chief Executive)
Ms Prue Elwood (Education & Training Manager)

Education Committee

Mr Dawson Muir (Chairperson) (appointed 2021)
Ms Fiona Timms (Education Secretary) (appointed 2023)
Ms Charlotte Allen (Co-opted Female Representative) (co-opted 2023)
Mr John Mutu-Grigg (Ngā Rata Kōiwi Representative) (co-opted 2021)
Ms Emma Lacey (NZOA Censor) (appointed 2024)
Mr Adam Dalgleish (Auckland City Hospital) (appointed 2021)
Mr Alpesh Patel (Middlemore Hospital) (appointed 2023)
Mr Josh Sevao (North Shore Hospital) (appointed 2024)
Mr Lyndon Bradley (Whangarei Hospital) (appointed 2021)
Mr Hamish Deverall (Waikato Hospital) (appointed 2021)
Mr James Aoina (Tauranga Hospital) (appointed 2023)
Mr Ilia Elkinson (Wellington Hospital) (appointed 2022)
Mr Salil Pandit (Taranaki Base Hospital) (appointed 2021)
Mr Jonny Sharr (Christchurch Hospital) (appointed 2021)
Mr Sean van Heerden (Timaru Hospital) (appointed 2024)
Assoc Prof David Gwynne-Jones (Dunedin Hospital) (appointed 2021)
Mr Pierre Navarre (Southland Hospital) (appointed 2021)
Ms Prue Elwood (Education & Training Manager)



Continuing Professional Development and Standards Committee

Mr Michael Flint (Chairperson) (appointed 2023)

Mr Julian Ballance (PVP Chair) (appointed 2018)

Mr Grant Kiddle (appointed 2019)

Ms Kate Ball (appointed 2024)

Mr Chris Birks (appointed 2024)

Ms Andrea Pettett (Chief Executive)

Ms Bernice O'Brien (CPD and PVP Coordinator)

NZOA ACC & Third Party Liaison Committee

Mr Alex Malone (Chairperson – 2024)

Mr Bruce Twaddle (appointed 2021)

Mr Ian Galley (appointed 2024)

Mr Tony Danesh-Clough (appointed 2022)

Mr Warren Leigh (appointed 2022)

Mr Anthony Cheng (appointed 2025)

Mr Antony Field (appointed 2023)

Mr Ed Yee – Presidential Line Representative (appointed 2024)

Ms Andrea Pettett (Chief Executive)

Membership Committee

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

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

Mr Simon Hadlow (Immediate Past President) (appointed 2024)

Ms Andrea Pettett (Chief Executive)

NZOA Related & Associated Entities: Composition

NZOA Trust

Mr Haemish Crawford (Chairperson) (appointed 2023)

Mr Angus Wickham (appointed 2023)

Mr Helen Rawlinson (appointed 2025)

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

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

Mr David Cleal (Independent Trustee) (appointed 2024)

Ms Andrea Pettett (Chief Executive) (ex officio)

Wishbone Orthopaedic Research Foundation Trust

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

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

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

Mr Haemish Crawford (appointed 2016)

Mr Ian Galley (appointed 2024)

Dr Helen Tobin (appointed 2016)

Ms Andrea Pettett (Chief Executive)

Wishbone Orthopaedic Research Committee

Mr Neville Strick (Chairperson) (elected 2023)

Mr Paul Monk (appointed 2019)

Mr Rupesh Puna (appointed 2024)

Mr Joe Baker (appointed 2024)

Mr Ryan Gao (appointed 2025)

Ms Jillian Lee (appointed 2025)

Ms Andrea Pettett (Chief Executive)

NZOA Joint Registry Trust Board

Prof Gary Hooper (Chairperson) (appointed 2018)

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

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

Mr Rod Maxwell (appointed 2018)

Mr Richard Keddell (appointed 2018)

Ms Andrea Pettett (Chief Executive) (ex officio)



NZOA Joint Registry Management Committee

Mr John McKie (Supervisor) (appointed 2018)

Mr Simon Young (appointed 2016)

Mr Peter Devane (appointed 2008)

Mr Matt Debenham (appointed 2021)

Mr Brendan Coleman (appointed 2017)

Prof Chris Frampton (appointed 2017)

Mr Tony Lamberton (appointed 2019)

Mr Vaughan Poutawera (appointed 2021)

Mr Hugh Griffin (appointed 2010 and 2024)

Mr Philip Kearney (Arthritis NZ) (appointed 2020)

Dr Jinny Willis (Manager)

Ms Andrea Pettett (Chief Executive)

Hip Fracture Registry Trust

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

Ms Helen Tobin (appointed 2019)

Ms Sarah Hurring (appointed 2020)

Mr Vaughan Poutawera (appointed 2023)

Dr Min Yee Seow (appointed 2023)

Ms Andrea Pettett (Chief Executive)

Hip Fracture Registry Implementation Committee

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

Ms Sarah Hurring (CDHB & ANZHR Clinical Lead) (appointed 2020)

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

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

Ms Julie Wilson (ACC Health Partner) (appointed 2024)

Ms Christine Gill (Osteoporosis NZ) (appointed 2015)

Ms Amanda Welch (Osteoporosis NZ) (appointed 2015)

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

Ms Jenny Sincok (Orthogeriatrics Nurse CDHB) (appointed 2019)

Ms Rebecca Lilley (Research Otago University) (appointed 2019)

Ms Nicky Rooney (New Physiotherapy NZ Rep) (appointed 2024)

Mr Daniel Lemanu (NZOA Ngā Rata Kōiwi) (appointed 2024)

Mr Nicholas Buckley (Orthopaedic Trainee Registrar) (appointed 2024)

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

Ms Andrea Pettett (Chief Executive NZ Orthopaedic Association)

Ms Nicola Ward (National Coordinator) (appointed 2019)

NZOA Health Technology Committee

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

Mr Ramez Ailabouni (appointed 2023)

Mr Nicholas Lash (appointed 2021)

Mr Paul Monk (appointed 2021)

Mr John Scanelli (appointed 2021)

Mr Matthew Walker (appointed 2021)

Mr Marc Hirner (appointed 2021)

Mr Anand Segar (appointed 2023)

Mr Chris Birks (appointed 2023)

Mr Allen Cockfield (appointed 2023)

Ms Andrea Pettett (Chief Executive)

NZOA Procurement Committee

Mr Stephen Parkinson (Chairperson) (appointed 2025)

Mr Kevin Karpik (Northern) (appointed 2025)

Mr Neville Strick (Midland) (appointed 2025)

Mr Fred Phillips (Central) (appointed 2025)

Mr Jonny Sharr (Southern) (appointed 2025)

Ms Andrea Pettett (Chief Executive)

Peke Waihangā | Artificial Limb Services Board (appointed by the Assoc Minister of Health)

John McKie (appointed March 2023)



The Inaugural Meeting

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

The following is a list of Foundation Members:

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

Past Presidents of the New Zealand Orthopaedic Association

1950-51	Sir Alexander Gillies	2001-02	Mr A E Hardy
1952-53	Mr J L Will	2002-03	Professor J G Horne
1954-55	Mr M Axford	2003-04	Mr B R Tietjens
1956-57	Mr H W Fitzgerald	2004-05	Mr R O Nicol
1958-59	Mr A A MacDonald	2005-06	Mr R J Tregonning
1960-61	Mr J K Elliott	2006-07	Mr M R Fosbender
1962-63	Mr R Blunden	2007-08	Mr J Matheson
1964-65	Mr W Parke	2008-09	Mr D R Atkinson
1966	Mr R H Dawson	2009-10	Mr J A Calder
1967	Mr W Parke	2010-11	Assoc Prof G J Hooper
1968-69	Prof A J Alldred	2011-12	Mr B J Thorn
1970-71	Mr B M Hay	2012-13	Mr R O Lander
1972-73	Mr J R Kirker	2013-14	Mr M S Wright
1974-75	Mr H G Smith	2014-15	Mr Brett Krause
1976-77	Mr W A Liddell	2015-16	Prof Jean-Claude Theis
1978-79	Mr A B MacKenzie	2016-17	Mr Richard Keddell
1980-81	Mr P Grayson	2017-18	Mr Richard Street
1982-83	Mr O R Nicholson	2018-19	Mr Rod Maxwell
1984-85	Mr C H Hooker	2019-20	Mr Peter Robertson
1986-87	Mr G F Lamb	2020-21	Mr Peter Devane
1988-89	Mr V D Hadlow	2021-22	Mr John McKie
1990-91	Mr P D G Wilson	2022-23	Mr Haemish Crawford
1991-92	Mr J C Cullen	2023-24	Mr Simon Hadlow
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		

Compendium of Awards

Gillies Medal Recipients

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

ABC Fellows

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

2000	Mr K D Mohammed
2002	Mr H A Crawford
2004	Mr C M Ball
2006	Mr M M Hanlon
2008	Mr P C Poon
2010	Mr D C W Muir
2012	Mr G P Beadel
2014	Mr B Coleman
2016	Mr Andrew Graydon
2018	Mr Michael Rosenfeldt
2022	Mr Joe Baker
2024	Mr Anand Segar

President's Award

2005	Professor Alastair Rothwell
2006	Mr David Clews & Mr Allan Panting
2007	Professor Keith Jeffery
2008	Mr Chris Dawe & Mr John Cullen
2009	Mr Ross Nicholson
2011	Christchurch Orthopaedic Surgeons
2012	Mr Richard Street
2013	Mr Kevin Karpik
2014	Mr Richard Lander
2015	Mr Tim Lynskey
2016	Mr James Burn
2017	Professor Alastair Rothwell
2019	Mr Edward Yee
2022	Mr Chris Hoffman
2023	Mr Michael Barnes
2024	Mr Julian Ballance
2025	James and Helen Taylor

Hong Kong Young Ambassador

1993	Alastair Hadlow
1994	Peter Devane
1995	Peter Devane
1996	Stewart Hardy
1997	Kevin Karpik
1998	Geoff Coldham
1999	Hugh Blackley
2000	Matthew Tomlinson
2001	David Gwynne-Jones
2002	Terri Bidwell
2003	Ian Galley
2004	Perry Turner
2005	Angus Don
2010	John Ferguson
2011	Vaughan Poutawera
2012	Matthew Debenham
2013	Alpesh Patel
2014	Phillip Insull
2015	Godwin Choy
2017	David Bartle
2018	Michael Wyatt
2019	Matthew Boyle
2023	Ryan Gao
2024	Alex Lee
2025	Woo-Sung Kim



ASEAN Fellowship

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

Korean Orthopaedic Association Travelling Fellow

2018	Seung-Min Youn
2023	Anand Segar
2024	Ryan Gao
2025	Lloyd Roffe

ANZAC Travelling Fellow

2016	David Kieser and Jillian Lee
2017	Hogan Yeung

ANZAC Fellow

2016	Simon Young
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Trans-Tasman Fellow

2019	Anthony Maher
2023	Mustafa Saffi
2024	John Zhang
2025	Nicholas Buckley

ESR Hughes Award – RACS

2015	Chris Dawe
2017	John Matheson
2019	Peter Robertson

The Mary Roberts BMW Award

2021	Prof Bruce Hodgson
2022	Prof Tim Woodfield
2024	CEO Mr Oliver Hunt, MEDSALV



Awards and Memorabilia of the NZOA

Presidential Jewel

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

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

Presidential Miniatures

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

President's Wife's Brooch

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

Sterling Silver Bleeding Bowl

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

Sterling Silver Paul Revere Jug

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

Minute Book

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

London Emblem

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

Wall Tapestry

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

Sterling Silver Salver

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

Gavel

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

New Zealand Orthopaedic Association Golf Cup

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

Kirker Salver

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

Thomson Memorial Trophy

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

Hadlow Trophy for Tennis

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

Black and White Paintings (x 4) by Ansel Adams

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

Harold Lane Painting

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

Silver Bowl - Scottish Quaich

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



Wood Carving

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

Wood Tapestry - Kokanee

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

Wood Tapestry - High Air Selkirks

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

Old Bison Bone

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

Pounamu Mere

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

NZOA Annual Scientific Meeting Awards

Sir Alexander Gillies Medal

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

Trainee Prizes (Funded by the NZOA Trust)

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

David Simpson Award

– for best exhibit at ASM Industry Exhibition

Trainee Awards

- | | |
|-------------|---|
| 2009 | Michael Rosenfeldt , Best Scientific Paper |
| 2009 | Simon Young , Paper of Excellence at the ASM |
| 2009 | Andrew Graydon , President's Prize |
| 2009 | Jacob Munro , Research Prize |
| 2010 | Albert Yoon , President's Prize |
| 2010 | Fraser Taylor , Research Prize |
| 2011 | Simon Young , Research Prize |
| 2011 | Nicholas Lash & Simon Young , Joint President's Prize |
| 2012 | Matthew Boyle , Research Prize and President's Prize |
| 2013 | Stephanie van Dijck , President's Prize |
| 2014 | Nicholas Gormack , President's Prize |
| 2015 | Gordon Burgess , President's Prize |
| 2015 | Rupesh Puna , Research Prize |
| 2016 | David Keiser , President's Prize and Research Prize |
| 2017 | Tom Inglis , President's Prize |
| 2018 | Paul Phillips , President's Prize |
| 2018 | Neal Singleton , Research Prize |
| 2019 | Matthew Street & Carrie Lobb , Joint President's Prize |
| 2020 | Otis Shirley , President's Prize |
| 2020 | Lizzie Bond , Research Prize |
| 2021 | Tim Roberts , President's Prize |
| 2021 | Ryan Gao , Research Prize |
| 2022 | Matt Fisk , President's Prize |
| 2023 | Jess Mowbray , President's Prize and Research Prize |
| 2024 | Tim Lynskey , Top Educator, Teriana Maheno, Top Trainee, Matt D'Arcy, Research Prize |



New Zealand
Orthopaedic Association

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