

ANNUAL REPORT 2018



IITOS

SCOPE OF ACTIVITIES
FINANCIAL STATEMENTS



IITOS
THE IRISH
INSTITUTE OF
TRAUMA AND
ORTHOPAEDIC
SURGERY

Surgical Education



Postgraduate Training (CCST)

Fellowship Programmes

Examination and Curriculum Setting

Public Health and Patient Education

Research and Innovation

ABOUT US

The Irish Institute of Trauma and Orthopaedic Surgery is a non-profit organisation established by professionals within the Trauma and Orthopaedic community in the Republic of Ireland. We promote and develop excellence in surgical education and patient care with integrity and compassion.

Delivery of Patient Care



Clinical Programme

Consultative Role in National Clinical Governance

Voluntary Overseas Patient Care

Audit

Sub Specialty Organisations



IITOS
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INSTITUTE OF
TRAUMA AND
ORTHOPAEDIC
SURGERY

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* Some of the information in this report has been updated since it was printed to reflect agreed changes at the AGM on the 30th November 2018

[Surgical Education](#)

[Delivery of Patient Care](#)



PRESIDENT'S REPORT



John O'Byrne

I would like to start my report by acknowledging and thanking my fellow Officers, Directors and Members for their hard work during the year.

I would also like to acknowledge the fantastic work done by Amanda Wilkinson.

Mission Statement of Purpose

Our Mission Statement of Purpose document has progressed and our "Scope of Purpose" has been formally acknowledged to expand to include offering orthopaedic work and training in overseas under-developed areas.

Training Programme

The Training Programme goes from strength to strength, and I would particularly like to acknowledge Finbarr Condon and the Trainers Committee for their commitment to the development of the Equivalent Training Pathway.

Clinical Programme

I would like to acknowledge, yet again, the work done by Mr. Paddy Kenny, Mr. David Moore with regard to clinical care programmes.

I would like to thank Ms Catherine Farrell, Programme Manager and Ms Niamh Keane, Project Manager, who work tirelessly with Paddy and David to continually develop the Trauma and Orthopaedic Clinical Programme.

Finances

I would like to thank Aaron Glynn, who has taken on the role of Treasurer at this time and has been very involved in the presentation of our expanded Purpose Statement to the Charities Regulator and Revenue.

I would like to formally thank Mr. Shay O'Flanagan for his service as a Director of the Institute and wish him all the best, now that he has retired from that.

Orthopaedica Hibernica

I would like to congratulate Mr. David FitzPatrick, Mr. Ossie Fogarty and Mr. James Nixon for their book entitled "Orthopaedica Hibernica", which was launched in RCSI during the Summer. This was a very successful launch and is a fantastic resource to have, and we strongly encourage all members to purchase a copy of this book.

Members' Contributions

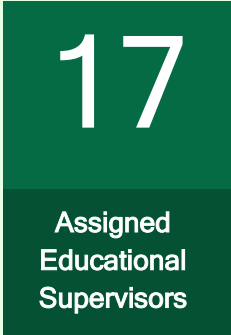
Trauma and Orthopaedic Surgery continues to develop and go from strength to strength and this is due completely, to the hard work that was done by our predecessors and is being done by our current members. I really encourage members to participate in the Institute, and contribute in whatever way that they can. There are so many different areas involved in training, education, clinical programmes, surgical skills teaching and undergraduate teaching. All volunteers wishing to contribute in any part of these activities are welcome.

Finally, I wish all members a Happy Christmas, and all the best for 2019.

John O'Byrne



Key Figures 2018



Executive Committees

COUNCIL COMMITTEE

John O'Byrne	President
Tom McCarthy	Hon Clinical Secretary
John Quinlan	Hon Academic Secretary
Aaron Glynn	Honorary Treasurer
Finbarr Condon	Director of Training
Gary O'Toole	Intercollegiate Board
Maurice Neligan	Private Sector
Pat Kiely	SAC Representative
Joe O'Beirne	RCSI Representative
Michael O'Sullivan	RCSI Representative
Neil Burke	Beaumont
Keith Synnott	Cappagh
Bridget Hughes	Castlebar
Paddy Kenny	Connolly
Colm Taylor	Cork
David Moore	Crumlin
Fintan Shannon	Galway
Anthony Shaju	Letterkenny
Brian Lenehan	Limerick
Seamus Morris	Mater
Paul Harrington	Navan / Drogheda
William Gaine	Sligo
Johnny McKenna	St James's
Kieran O'Shea	St Vincent's
Brendan O'Daly	Tallaght Elective
James Sproule	Tallaght Trauma
Noelle Cassidy	Temple Street
John Rice	Tralee
Eoin Sheehan	Tullamore
Gerry McCoy	Waterford

TRAINERS COMMITTEE

John O'Byrne	President
John Quinlan	Hon Academic Secretary
Finbarr Condon *	Director of Training
Eoin Sheehan *	Assistant Director of Training
Neil Burke	Beaumont
Keith Synnott	Cappagh
Bridget Hughes	Castlebar
Olivia Flannery	Connolly
Sinead Boran	Cork
Pat Kiely	Crumlin
Fintan Shannon	Galway
Anthony Shaju	Letterkenny
Brian Lenehan	Limerick
Seamus Morris	Mater
Aaron Glynn	Navan / Drogheda
William Gaine	Sligo
Catherine Bossut	St. James's
Kieran O'Shea	St. Vincent's
Brendan O'Daly	Tallaght Elective
James Sproule	Tallaght Trauma
Noelle Cassidy	Temple Street
John Rice	Tralee
Muiris Kennedy	Tullamore
May Cleary	Waterford

* Mr Finbarr Condon will be finishing his term in June 2019 and Mr Eoin Sheehan will then take over as the new Director of Training

* Mr Eoin Sheehan, Assistant Director of Training will be finishing his term in June 2019 and Mr Brendan O'Daly will then take over as the new Assistant Director of Training

Treasurer's Report



The current year has seen an expansion of the financial activities of IITOS, in addition to regular activities such as administration, sponsorship of educational events including core curricula and the Irish Hip Fracture

Database National Meeting, social events such as the annual IITOS dinner and graduating ST-8 dinner, and the sponsorship of Travelling Fellows.

Change in Constitution

A change in the IITOS constitution incorporated the sponsorship of overseas charity work, and following approval from the Charities Regulator, we will be able to incorporate the old Irish Orthopaedic Haiti Fund account monies into IITOS to use for an approved Disaster Relief Fund.

Membership

In addition to sponsorship from Industry, we are hugely dependent on members supporting IITOS activities through their annual subscription. All members should be aware by now that the old Danske bank account has closed since November 2012, and the current account is with AIB. Standing Order / Direct Debit is the best way to pay, and we currently have 78 members paying with this method. Details of the AIB account are available from the IITOS office.

Total monies collected this year total €45,230, including €21,830 from Industry and €23,400 from Membership Subscriptions. Total expenditure was €33,616.30, not including outstanding Fellowship funding of €20,000. The annual closing balance on the account is €28,622.34

Goals

I would hope to increase IITOS funding through increased membership subscriptions and industry sponsorship, and to continue working with all stakeholders involved in research, education, training and charitable activities on behalf of the Institute

Acknowledgements

I would like to thank Ms Amanda Wilkinson for her invaluable help and support as I came to grips with my role as IITOS treasurer. I would also like to thank you all for your ongoing support towards ongoing IITOS educational, research, charitable and social activities.

Charity Registration No. 15041

Company Registration No. 318237 (Ireland)

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY

GUARANTEE DIRECTORS' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 AUGUST 2017

IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE

LEGAL AND ADMINISTRATIVE INFORMATION

Directors

James O'Flanagan

David Cogley

David Moore

John McElwain

John O'Byrne

Mark Dolan

Secretary

Mr John Quinlan

Charity number

15041

Company number

318237

Principal Address

IITOS
Royal College of Surgeons
121 St Stephen's Green
Dublin 2

Registered office

C/o Moore Stephens,
83 South Mall,
Cork.

Auditors

Moore Stephens,
Chartered Accountants &
Statutory Audit Firm,
83 South Mall,
Cork.

Bankers

Allied Irish Bank,
Bishopstown,
Cork.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE**CONTENTS**

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IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE DIRECTOR'S REPORT

FOR THE YEAR ENDED 31 AUGUST 2017

The directors present their report and financial statements for the year ended 31 August 2017.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the Companies Act 2014 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)".

Objectives and activities

The company, Irish Institute of Trauma & Orthopaedic Surgery Company Limited by Guarantee, which has a charity status (CHY 15041), aims to promote and advance the training, education and research of Orthopaedic Surgery.

Achievements and performance

The Statement of Financial Activities and Balance sheet for the year ended 31 August 2017 are set out on pages 6 and 7. Deficit on ordinary activities before tax amounted to €114,288 compared to a surplus of €38,375 in the previous year.

The deficit in the current year is due to the write off of old subscriptions that had been recognised as debtors of €74,126, as these are not collectable.

Principal risk and uncertainty

The principal risk and uncertainty facing the company would be a reduction in the membership which would result in a reduction in subscription income.

Financial review

The results for the year are set out on pages 6 and 7.

It is the policy of the company that unrestricted funds which have not been designated for a specific use should be maintained at a level equivalent to between three and six month's expenditure. Due to the timing of receipts of cash flow by the Institute at the year end date, the reserve is not maintained at this level. However, the directors confirm that the reserves have been restored post year end. The directors consider that reserves at this level will ensure that, in the event of a significant drop in funding, they will be able to continue the company's current activities while consideration is given to ways in which additional funds may be raised. While this level of reserves has not been maintained fully throughout the year, the directors are satisfied that this will be maintained going forward and are further satisfied that it is appropriate to prepare the accounts on the going concern basis.

Post balance sheet events

No matters or circumstances have arisen since the end of the financial period which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company in financial year subsequent to the financial period ended 31 August 2017.

Structure, governance and management

The company is a company limited by guarantee without a share capital. There is a voluntary board of directors.

The directors who served during the year were:

James O'Flanagan
John O'Byrne
John Paul McElwain
David Cogley
Mark Dolan
David Moore

None of the directors above hold any beneficial interest in the company.

**IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
DIRECTORS' REPORT (CONTINUED)**

FOR THE YEAR ENDED 31 AUGUST 2017

Administrative Details

Charity Number : 15041

Company Number : 318237

Auditor

In accordance with the Companies Act 2014, section 383(2), Moore Stephens continue in office as auditor of the company.

Disclosure of information to auditor

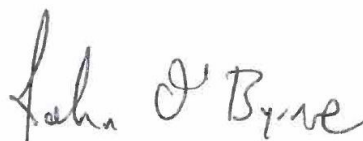
Each of the directors in office at the date of approval of this annual report confirms that:

- so far as the director is aware, there is no relevant audit information of which the company's auditors are unaware, and
- the director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

The directors' report was approved by the Board of Directors.



David Moore
Director



John O'Byrne
Director

Dated: 20th November 2018

**IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
STATEMENT OF DIRECTORS' RESPONSIBILITIES**

FOR THE YEAR ENDED 31 AUGUST 2017

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable Irish law and Accounting Standards (Ireland Generally Accepted Accounting Practice).

The law applicable to charities in Ireland requires the directors to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that year.

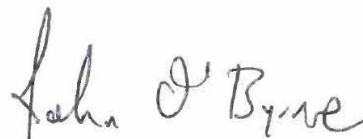
In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The directors are responsible for keeping sufficient accounting records that disclose with reasonable accuracy at any time, the financial position of the charity and enable them to ensure that the financial statements comply with the Companies Act 2014. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



David Moore
Director



John O'Byrne
Director

Date 20th November 2018

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED
BY GUARANTEE

Opinion

We have audited the financial statements of Irish Institute of Trauma & Orthopaedic Surgery Company Limited by Guarantee for the year ended 31 August 2017 which comprise, the Balance Sheet, the Statement of Cash Flows and the related notes. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council.

In our opinion the financial statements:

- give a true and fair view of the state of the company's affairs as at 31 August 2017 and of its surplus for the year then ended;
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- have been prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard for Auditors (Ireland) issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) required us to report to you where:

- the directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE INDEPENDENT AUDITOR'S REPORT (CONTINUED)

TO THE MEMBERS OF IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE

Opinions on other matters prescribed by the Companies Act 2014

Based solely on the work undertaken in the course of the audit, we report that in our opinion:

- the information given in the Directors' Report is consistent with the financial statements; and
- the Directors' Report has been prepared in accordance with applicable legal requirements.

We have obtained all the information and explanations which we consider necessary for the purpose of our audit.

In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited, and the financial statements are in agreement with the accounting records.

Matters on which we are required to report by exception

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified any material misstatements in the Directors' Report.

We have nothing to report in respect of our obligation under the Companies Act 2014 to report to you if, in our opinion, the disclosure of the directors remuneration and transactions specified by sections 305 to 312 of the Act are not made.

Responsibilities of the directors for the financial statements

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on IAASA's website at: [http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-\(Ireland\)/ISA-700-\(Ireland\)](http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-(Ireland)/ISA-700-(Ireland)). This description forms part of our audit report.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the company's members, as a body, in accordance with section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members as a body, for this report, or for the opinions we have formed.

John Callaghan

for and on behalf of Moore Stephens

Chartered Accountants and

Statutory Audit Firm

83 South Mall

Cork

Date signed: 20th November 2018

Statement of Financial Activities

Including Income and Expenditure Account
For the Year Ended 31 August 2017

		Unrestricted funds	Restricted funds	Total 2017	Total 2016
	Notes	€	€	€	€
<u>Income and endowments from:</u>					
Members' subscriptions	3	22,108	-	22,108	32,100
Fellowship donations	4	-	20,000	20,000	30,000
Other income	5	2,750	-	2,750	3,950
Total income and endowments		<u>24,858</u>	<u>20,000</u>	<u>44,858</u>	<u>66,050</u>
<u>Expenditure on:</u>					
Charitable activities	6	<u>109,146</u>	<u>50,000</u>	<u>159,146</u>	<u>27,675</u>
Net (expenditure)/income for the year/ Net movement in funds		(84,288)	(30,000)	(114,288)	38,375
Opening Fund balances at 1 September 2016		<u>92,098</u>	<u>30,000</u>	<u>122,098</u>	<u>83,723</u>
Closing Fund balances at 31 August 2017		<u><u>7,810</u></u>	<u><u>-</u></u>	<u><u>7,810</u></u>	<u><u>122,098</u></u>

Balance Sheet

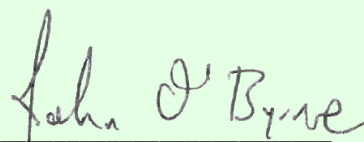
As at 31 August 2017

		2017		2016	
	Notes	€	€	€	€
Current assets					
Debtors	11	592		74,126	
Cash at bank and in hand		12,291		53,853	
		12,883		127,979	
Creditors: amounts falling due within one year	12	(5,073)		(5,881)	
Net current assets			7,810		122,098
Income Funds					
Restricted funds	13				30,000
<u>Unrestricted funds</u>					
General unrestricted funds		(20,377)		63,911	
Other reserve		28,187		28,187	
			7,810		92,098
			7,810		122,098

The financial statements were approved by the board of directors and authorised for issue on 19th November and signed on its behalf by:



David Moore
Director



John O'Byrne
Director

Statement of Cash Flows

FOR THE YEAR ENDED 31 AUGUST 2017

			2017		2016
	Notes	€	€	€	€
Cash flows from operating activities	15				
Cash (absorbed by)/generated from operations			(41,672)		19,474
Net cash used in investing activities			-		-
Net cash used in financing activities			-		-
Net increase / (decrease) in cash and cash equivalents			(41,562)		19,474
Cash and cash equivalents at the beginning of year			<u>53,853</u>		<u>34,379</u>
Cash and cash equivalents at end of year			<u>12,291</u>		<u>53,853</u>

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 AUGUST 2017

1 Accounting policies

Company information

Irish Institute of Trauma & Orthopaedic Surgery Company Limited by Guarantee is a limited company domiciled and incorporated in Ireland. The registered office is C/o Moore Stephens, 83 South Mall, Cork.

1.1 Accounting convention

These financial statements have been prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") and the requirements of the Companies Act 2014.

The financial statements are prepared in euros, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest €.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the directors have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. Thus the directors' continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the directors in furtherance of their charitable objectives unless the funds have been designated for other purposes.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in note 13 to the financial statements.

1.4 Incoming resources

Income is recognised when the company is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Unrestricted income received by the charity relates to members' subscriptions which are payable on an annual basis.

Restricted income received by the charity is a result of fellowship donations which are received on an ad-hoc basis.

1.5 Resources expended

Support costs are those functions that assist the work of the company but do not directly undertake charitable activities. Support costs include back office costs, finance and governance costs which support the company's activities. These costs have been allocated between costs of raising funds and expenditure on charitable activities. The basis on which support costs have been allocated are set out in note 7.

1.6 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 AUGUST 2017

1 Accounting policies

(Continued)

1.7 Financial instruments

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the company's contractual obligations expire or are discharged or cancelled.

2 Critical accounting estimates and judgements

In the application of the company's accounting policies, the directors are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

Critical judgements

The directors are of the view that there are no judgements (apart from those involving estimates) in applying their accounting policies that have had a significant effect on amounts recognised in the financial statements.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 AUGUST 2017

2 Critical accounting estimates and judgements (Continued)

Key sources of estimation uncertainty

The directors are of the view that there are no estimates or assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities.

3 Members' subscriptions

	2017	2016
	€	€
Membership fees	22,108	32,100
	<u> </u>	<u> </u>

4 Fellowship donations

	2017	2016
	€	€
Fellowship donations	20,000	30,000
	<u> </u>	<u> </u>

5 Other income

	2017	2016
	€	€
Other income	2,750	3,950
	<u> </u>	<u> </u>

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS
For the year ended 31 August 2017

6 Charitable activities

	2017 €	2016 €
Training costs	2,998	3,558
Fellowship disbursement	50,000	-
	<u>52,998</u>	<u>3,558</u>
Share of support costs (see note 7)	100,861	19,502
Share of governance costs (see note 7)	5,287	4,615
	<u>159,146</u>	<u>27,675</u>
Analysis by fund		
Unrestricted funds	109,146	27,675
Restricted funds	50,000	-
	<u>159,146</u>	<u>27,675</u>

7 Support and governance costs

	Support costs €	Govern- ance costs €	2017 €	2016 €	Basic of allocation
Web development and hosting	423	-	423	4,458	
Office expenses	2,015	-	2,015	825	
Meeting expenses	6,088	-	6,088	14,133	
Bad debts written off	74,126	-	74,126	-	
Bank charges	209	-	209	86	
Fellowship disbursements	13,000		13,000		
Audit fees	-	4,305	4,305	3,373	Governance
Legal and professional	-	982	982	1,242	Governance
	<u>100,861</u>	<u>5,287</u>	<u>106,148</u>	<u>24,117</u>	
Analysed between Charitable activities	<u>100,861</u>	<u>5,287</u>	<u>106,148</u>	<u>24,117</u>	

8 Directors

None of the directors (or any persons connected with them) received any remuneration or benefits from the company during the year.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
For the year ended 31 August 2017

9 Employees

There were no employees during the year

10 Financial instruments (excluding cash and cash equivalents)	2017 €	2016 €
Carrying amount of financial assets	-	74,126
Debt instruments measured at amortised cost		
Carrying amount of financial liabilities		
Measured at amortised cost	5,073	5,881
11 Debtors	2017	2016
Amounts falling due within one year:	€	€
Trade debtors	-	74,126
Prepayments and accrued	592	-
	592	74,126
12 Creditors: amounts falling due within one year	2017 €	2016 €
Trade creditors	600	1,408
Accruals and deferred income	4,473	4,473
	5,073	5,881

13 Restricted funds

The income funds of the charity include restricted funds comprised the following unexpended balances of donations and grants held on trust for specific purpose:

	Movement in funds		
	Balance at 1 September 2016 €	Incoming resources €	Resources expended €
			Balance at 31 August 2017 €
PEI Surgical funds	30,000	20,000	(50,000)
			-

These funds are used to assist medical practitioners in their travel expenses in order for them to fulfil their studies abroad in their chosen fields.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
For the year ended 31 August 2017

14 Related party transactions

No guarantees have been given or received.

During the year, an annual subscription of €300 was paid to the charity by each of the following directors:

- Mr David Cogley
- Mr Mark Dolan
- Mr David Moore
- Professor John O'Byrne
- Mr James O'Flanagan

No other related party transactions occurred during the current or prior financial years.

15 Cash generated from operations	2017	2016
	€	€
(Deficit)/surplus for the year	(114,288)	38,375
 Movements in working capital:		
Decrease/(increase) in debtors	73,534	(13,500)
(Decrease) in creditors	(808)	(5,401)
	<hr/>	<hr/>
 Cash (absorbed)/generated from operations	 (41,562)	 19,474
	<hr/> <hr/>	<hr/> <hr/>

16 Approval of financial statements

The board of directors approved the financial statements for issue on the 20th November 2018

SURGICAL EDUCATION



Director of Training



Finbarr Condon
Director of Training

Introduction

This is my sixth and final annual report as Training Programme Director! This year we had our fourth intake of ST3 Trainees, in a parallel

interview process with the adjusted route A and the Second-Chance CST Trainees. We welcomed eight new Trainees to the programme as a result of the HST interviews. We now have 57 (55 in placements and 2 on OOPT) Trainees currently on the programme ranging from ST3-8. Seven post-CCST Trainees are now on their fellowships at present. We, both Trainees and Trainers continue to expand our knowledge and use of the Intercollegiate Surgical Curriculum Programme (ISCP www.iscp.ac.uk). All Trainees are now registered and using ISCP, which resulted in our 2018 RITA G sign-off been conducted online. Having an online Trainee paperwork portal such as ISCP increases transparency and enables us to contemporaneously assess Trainee paperwork and monitor their progress, with an aim to not only ensuring Trainees achieve the targets set at each level, but also to highlight any Trainees who require extra attention or guidance.

Gratitude

I would like to take this opportunity once again, to acknowledge and thank the Education Committee members for their continued diligence and support throughout the year and individually you the Assigned Educational Supervisors (AES), Clinical Supervisors (CS) and Mentors again for the fantastic contribution you have made yet again this year.

The mock clinicals held in Tallaght in January 2018 were a great success and no doubt, the upcoming mock clinicals been held in the Mater in January 2019 will continue in this vein. Your commitment is much appreciated by me and the Trainees. Without doubt the hard work and diligence of the Consultants towards the function of training; validating work based assessments; being a rater for Trainees multi-sourced feedbacks; creating AES and CS reports for Trainees learning agreements, examining, reviewing, mentoring and also assisting with Core Curriculum events, continues to be a major defining factor in the success of our Trainees with their FRCS

examinations. Some specialties are in the process of emulating many aspects of the Trauma and Orthopaedic surgery programme particularly in relation to mock vivas, mentoring, Core Curriculum, mock clinicals, ST2 information sessions, ISCP protocol, ST3 inductions and interview debriefing sessions. Following on from the Consultant Vascular Surgeons attendance at our mock vivas/ annual reviews last year they have now gone on to run their own. They were such a success that the Vascular Committee have now made this an annual event. In addition, Emergency medicine are now using the T&O mentoring programme template for their own programme.

Success

This year we had the completion of training by seven more Trainees culminating in a very successful RITA G sign-off day/ Annual Review of Competency Progression (ARCP 6). IOTA organised post-training lectures relevant to these Trainees. A celebratory dinner was also organised to mark this momentous occasion, which was appreciated by the Trainees and their partners. A special thanks to John Quinlan for assisting me with the "RITA G" (now final ARCP) debriefing session meetings with the Trainees who completed the programme this year. I wish to add my congratulations formally to our CCST Trainees, Ali Abdulkarim, Oisin Breathnach, Rob Bruce-Brand, Cian Kennedy, Adeel Memon, Khalid Merghani Salih Mohamed and Sven O'hEireamhoin and wish them all the best in their fellowships and hope they return in the future as colleagues, key members of ITOS and also valued Trainers.

Congratulations to Yahya Elhassan, James Broderick, Enda Kelly, Samuel Lynch, Niall McGoldrick and Rajiv Merchant, for passing Part 1 of the FRCS in June.



Yahya Elhassan



James Broderick



Enda Kelly



Sam Lynch



Niall McGoldrick



Rajiv Merchant

Congratulations to Niall McGoldrick, Rajiv Merchant, Yaya Elhassan, Enda Kelly, James Brockerick and Sam Lynch for passing Part 2 of the FRCS. Having had an opportunity to assess the standards of the current batch of trainees at the recent Hip Arthroplasty Core Curriculum in Limerick, I have high expectations that one of our current crop will join the ranks of Keith, Ruairi and Sven this time round. In addition, I wish to congratulate Adeel Memon, Adrian Cassar Gheiti, Ciara Fox, Jamie Hepburn and Francis O'Neill on their FRCS graduation following their successful completion of FRCS part 1 and 2.



Adeel Memon



Adrian Gheiti



Ciara Fox



James Hepburn



Francis O'Neill

I am also especially delighted to congratulate Neil Burke, Khalid Merghani, Barry O'Neill, John Kelly, Paddy Groarke, Sven O'hEireamhoin, Cian Kennedy and Oisin Breathnach on their recent appointments. The success of these Trainees, our colleagues, is a testament to the in-depth training they received from their Trainers. The contribution of great Trainers is frequently acknowledged and appreciated by IOTA.

Accreditation

It's hard to believe another year has gone by and my comments from last year still stand, with no final outcome provided to this process as yet. Last year I wrote: "You may recall we produced a detailed Trauma and Orthopaedic Surgery accreditation document in 2015, which followed a lengthy process in consultation with David Moore, Paddy Kenny, Eoin Sheehan and Surgical Affairs in RCSI. Back in 2015 this document was presented to the Irish Medical Council and we have recently received a response from the Irish Medical Council regarding it. The main item the IMC has queried is in relation to establishing clearly the governance relationship between IITOS and the College. The College is in the process of drafting a response to these IMC queries and will revert back to me with this draft in the near future. In brief it was noted at the IITOS Trainers Committee meeting held on 9 September 2017 it is the Consultants who perform the function of training and the College has the license to train

from the Department of Health". Hopefully before I formally hand over the reins, this matter will be put to rest. Entry routes to specialty training The 2017 intake was the last intake whereby Gap Year Trainees could apply for a place on the higher surgical training programme. CST pathway candidates in ST2 will have one opportunity to enter ST3 Higher training from now on. Following T&O campaigning for an alternative entry route to ST3, the Equivalent Standards Route (ESR) has come in to being. RCSI will advertise this for all specialties on the last Friday in October and close the application process on the first Friday in December. T&O, uniquely, will use the Adjusted Route A marking scheme and application form, as the basis for pre scoring applications to ESR.

This process is open to applicants who have completed a CST or equivalent basic surgical training programme, including the afore mentioned ST2 applicants who fail to progress first time round, as long as they can provide evidence of their previous training and have passed the MRCS.

Conclusion

The next twelve months will be busy and challenging as ever. The SAC will be back to re visit certain units in 2019, Cappagh are hosting the FRCS Trauma and Orthopaedics exam in February, we await the training programme accreditation still and of course we still also have the mock vivas/ annual reviews, repeat mock vivas, shortlisting, inductions, Education, Trainers and Council Committee meetings, to name but a few of the upcoming events!

My second term of office draws to a close next summer, and I wish my successor all the best in the coming years. I am happy to assist in any way I can, the new Training Programme Director. It is a busy, challenging but ultimately rewarding role, and one that no trainer who feels they have the skill-set should shy away from. The system cannot succeed and grow without the continued volunteerism that sadly is waning in modern society, but without which very few of us would be where we are today.

So, finally, thank you again and just to reiterate, I will do my utmost to lead and direct the training programme and uphold the high training standards previously established, until my successor is well ensconced in the hot seat!. I wish to thank you all, and especially Barbara White, Leah Daly and Amanda Wilkinson, for your ongoing and invaluable contribution year-in year-out and I look forward to working with you for the good of Trauma and Orthopaedic Surgery in Ireland.

Finbarr Condon
November 2018

Fellowships 2018



OISÍN BREATHNACH

I am looking forward to moving to Toronto in July to commence my Orthopaedic Sports Medicine Fellowship. The University of Toronto Orthopaedic Sports Medicine (UTOSM) Programme is

comprised of a core group of teaching hospitals that are affiliated with the University of Toronto. The home base for the UTOSM clinical and research program is at Women's College Hospital – a state of the art ambulatory centre with a strong academic focus. Additional affiliated hospitals include: Hospital for Sick Children, Mount Sinai Hospital, St. Michael's Hospital, Sunnybrook Hospital, Toronto East General Hospital, and the University Health Network. University of Toronto Orthopaedic Sports Medicine (UTOSM) offers an Orthopaedic Sports Medicine Fellowship with a wide range of tertiary referrals. Upper limb cases include: shoulder/elbow arthroscopy and reconstruction with some arthroplasty. Lower limb cases include hip arthroscopy, primary/revision ACL, multi-ligament knee reconstruction, cartilage restoration, ankle arthroscopy, and paediatrics. There is also opportunity for the coverage of amateur, collegiate and professional sporting events including the University of Toronto Varsity Blues, Toronto Maple Leafs, Toronto Raptors, Toronto FC, and Toronto Blue Jays.



SVEN O'HEIREAMHOIN

Sven is currently doing a six month arthroplasty fellowship as in Musgrave Park Hospital, Belfast under the supervision of Prof David Beverland. Professor Beverland has one of the largest single-surgeon series for Corail/Pinnacle hips and

LCS knees and is renowned for his innovative approach to knee balancing. The main focus is on uncemented hip, knee and unicondylar knee replacement. The fellowship combines significant operative exposure with extensive research opportunities supported by a dedicated research team. Following this he will be travelling to Toronto for a 1 year trauma fellowship in two level 1 trauma centres (Sunnybrook and St Michael's) followed by a further year of primary and revision arthroplasty with Dr Waddell in St Michaels. Both Sunnybrook and St Michael's receive significant volumes of trauma (1,600 and 800 trauma team activations respectively). The trauma fellowship provides experience with multiply injured patients, pelvic and acetabular surgery and complex peri-articular fractures. The subsequent arthroplasty fellowship focuses on primary and revision arthroplasty with each supervisor having a subspecialty interest including osteotomy, complex arthroplasty in inflammatory arthritides and haemophilia.



ROB BRUCE-BRAND

I commence a 12 month fellowship in lower limb arthroplasty at Musgrave Park Hospital, Belfast under Professor Beverland and colleagues on 1st August 2018. Musgrave Park is the regional centre for elective orthopaedic surgery

in Northern Ireland, and one of the largest elective orthopaedic units in the British Isles. There are 44 consultant orthopaedic surgeons working across 9 operating theatres and 7 orthopaedic wards. The hospital performs around 2,500 hip and knee replacements each year. Professor Beverland is highly regarded internationally for his high volume surgery, research and publications in hip and knee arthroplasty. His areas of research include optimising acetabular and femoral component placement, restoration of leg length during hip replacement, minimising blood loss, improvement of patient experience from first contact to discharge, patient satisfaction following knee replacement and general measures of how patients do following arthroplasty surgery. I will be continuing the recent fellowship established between Musgrave Park and IITOS, following on from Sven O'Heireamhoin and Paul Magill who have both highly recommended their fellowships in this unit.



ADEEL MEMON

I am currently doing arthroplasty fellowship in Dunedin NZ. My main supervisors are Prof Jean Claude Theis and Mr Davis Gwyne Jones. Dunedin is a high volume arthroplasty unit for the South Island with excellent results from NZ joint registry.

There is a high proportion of complex primary hips and revisions for aseptic loosening. As a fellow I have my independent list for and supervised list for revisions and complex procedures. My goal is to refine my skills in arthroplasty and learn new tips and tricks in hip and knee revisions.



ALI ABDULKARIM

Ali is currently doing a Senior post CCT fellowship in Cambridge University Hospitals NHS Foundation Trust, Addenbrooke's level 1 Trauma Centre for East England. A full range of

Orthopaedic Trauma is covered, including limb reconstruction, complex periarticular fractures, as well as non-union, deformity, bone infection surgery and pelvic and acetabular trauma. Ali main focus is on lower limb Reconstruction Surgery with particular expertise in TSF and Ilizarov techniques. And on treating major lower limb injury with severe bone loss and management of bone infection He is also actively involved in a number of national Orthopaedic Trauma trials in Cambridge A great deal of research is carried out within the hospital with Over 1,000 projects and 400 clinical trials are run by Addenbrooke's staff. Ali's second fellowship will be on complex hips and knees arthroplasty and will be based in Southmead Hospital in Bristol, UK.

Fellowships 2018



CIAN KENNEDY

I am currently in my second 6 month in lower limb arthroplasty in Wrightington Orthopaedic Hospital. The history of Wrightington is well established dating back to Sir John Charnley, followed by my Prof Mike Wroblewski and more recently Prof Peter Kay and Prof Martyn Porter. It is the tertiary referral center for complex revision arthroplasty cases in the Northwest of the UK and currently performs the largest volume of revision work in the UK. There are 19 Consultant Hip and Knee surgeons divided into 5 firms, all of which deal with lower limb primary and revision arthroplasty in high volumes. There are 7-8 lower limb theatres running per day. Some firms have additional interests including hip arthroscopy, soft tissue knee surgery and pelvic and acetabular reconstruction, and your fellowship needs can be tailored to accommodate your subspecialty interest.

I was working with Mr Anil Gambhir (Clinical director) for first 6 months, and second 6 months are with Mr Bodo Purbach and Prof Martyn Porter .Along with high volume primary and revision hip/knee arthroplasty this fellowship thus far, has allowed me exposure to anterior approach to hip, complex primaries using of patient specific implants (Trumatch, Corin, Symbios, S-ROM), use of structural allograft, and morcellized impaction grafting for acetabular and femoral defects, and periprosthetic fracture management. The main highlight thus far has being the fantastic working environment, with a huge emphasis on teaching and intercollegiate interaction is excellent. Weekly MDT is very well attended and I found it an invaluable learning opportunity, is held in a very open, honest forum, where inter-change of case load is not uncommon and joint operating for more complex cases is encouraged, where one colleague may cover a particular skill set.

The weekly schedule involves 3 operative days, 1 day clinic commitments (either consultant or fellow led) and 1 or ½ day committed to research/administrative duties. From an operative viewpoint all revision work as a fellow is supervised. Once a fellow is established then there is ample opportunity to perform independent fellow lists which are separate from your consultant lists, or performed on days your consultant is away. The trust gets reimbursed for this work, so it's mutually beneficial. This will usually involve 3 primary hip/knee arthroplasty cases and a few day case surgery. I found this highly beneficial in terms of improving your autonomous decision making and being able to run a list efficiently. Should aim to do 30-40 of these lists separate from team related sessions during the year. There is a large research department and research is strongly encouraged. There is ample data

files available to work off, or if you have a particular topic or interest then the data will be sourced for you pending ethics approval. There is a monthly research meeting, where all research projects are presented and discussed. From a formal teaching viewpoint, there is a fellow led presentation every week prior to MDT, also Wrightington has regular formal FRCS and North West Deanery courses throughout the year, all fellows are encouraged to be faculty members. Other aspects to fellowship I found instructive were certain aspects for elective service provision e.g early discharge pathways, use of orthopaedic practitioners, virtual clinics, streamlining of periprosthetic management from trauma to elective service, strict implementation of team brief, use of cell salvage and pre-op patient education. I plan to do another 6 months fellowship in the UK after Wrightington, with a main focus on revision knee arthroplasty.



KHALID MOHAMED

Launceston is a riverside city in northern Tasmania, Australia. It's famed for the Cataract Gorge, with panoramic views, walking trails, sculpted gardens and a chairlift. The Queen Victoria Museum, in a 19th-century railway workshop, has exhibitions on Tasmanian history. Its sister Art Gallery lies across the river, by sprawling Royal Park. The vineyards of the Tamar Valley stretch northwest along the Tamar River. Launceston General Hospital History: The first Launceston General Hospital was established in 1863 on a site at Mulgrave Square in Launceston. It has since grown into Tasmania's second largest hospital and is the major referral centre for the north of the State.



It is famous among the orthopaedic community for developing and performing the first procedure under general anaesthesia in the southern hemisphere where anaesthesia was administered for a surgical procedure. This was performed by Dr William Russ Pugh MD (1805-1897) in the St John's Hospital and Self Supporting Dispensary, Launceston on 7 June 1847 where he administered ether to remove a tumour from the lower jaw of a young woman and later removed a cataract from a man's eye.

Assistant Director of Training



Eoin Sheehan
Assistant Director of
Training

I would like to thank the members of the Educational Committee for their hard work during the year. I would also like to thank the administrative team of Barbara White and Amanda Wilkinson for their patience and diligent work ethic during the year. I would like to welcome Leah Daly on board.

This will be my last report and as such I will be stepping down from this role after the AGM.

The system of training has undergone change in the past five years and orthopaedics have played a key role in driving and directing this change process. It has been a learning experience no doubt.

Our ambition has been to deliver a quality robust and reproducible training system that creates the best surgeons internationally.

Education Committee

I am indebted to all the Educational Committee but in particular Finbarr Condon, John O'Byrne, John Quinlan, Paddy Kenny and Dave Moore for their leadership advice and support.

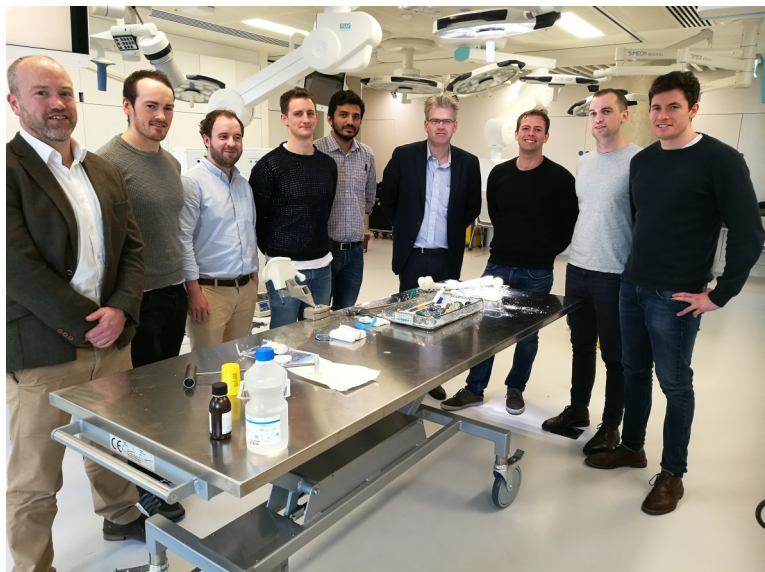
Special Thanks

Finbarr Condon has been an excellent TPD and has dedicated an enormous amount of time and energy into crafting, modelling and remodelling the system to what it is today. He has driven the Orthopaedic agenda as supported by all of us through adverse situations, he persisted where many would have faltered and dropped the baton. For this he deserves admiration. I have always been impressed by his blunt honesty and fairness dealing with everyone, this is the sign of true leadership.

I wish him every success and hope that he will continue to involve himself in the educational activities of the IITOS and the RCSI.

I wish my successor every success and will happily partner them through the initial bedding in stages.

Eoin Sheehan



ST2 training day in the RCSI simulation lab 7th November 2018. Mr Eoin Sheehan along with Mr John Kelly left. Organiser, Mr Brendan O'Daly.

Speciality Advisory Committee



Pat Kiely
SAC Representative

The SAC has now runs three full-day meetings per annum, under chairperson Mr. Mark Bowditch (most recent meeting October 9th). Biannual meetings of the

Training Standards Committee also are held in spring and autumn, (most recently October 9th). Pat Kiely as RCSI representative, has been in attendance at SAC and TSC meetings through 2017, 2018 and has taken up Liaison Member duties for the UK South West sector (Severn & Peninsula deanery) in 2018. SAC Chairman Mark Bowditch, took over office from December 2016, and has travelled to Ireland this past year for National Selection. Mark Crowthers continues as Liaison Member role for the Republic of Ireland.

2017 SAC Quinquennial Visit – follow up

Following on from the 5-yearly invited review of all training units in the Irish T&O Programme, by visiting SAC teams in May 2017, re-inspection has been recommended for 4-6 units, wishing accreditation for training. Specific centres had concerns identified, these will require significant changes or adjustments for training and clinical practice, with a planned schedule for review in May 2019. Two sites not currently receiving HSTs (Kerry and Sligo) have real infrastructural and organisational change required to enable training to take place. Four established training units required specific improvements and further re-inspection (Cork, Crumlin, St James's and Temple Street). The return SAC visit is provisionally planned for May 23-24, 2019.

Training Standards Committee

The Training Standards committee has continued working for the past number of years in design and revision of the T&O curriculum. The new Curriculum was planned to be established by 2018, but GMC-led delay, has pushed back the date for its adoption. The revised curriculum has been accepted by the curriculum oversight group its has to pass through the curriculum application process next. It is expected to be in place by 2020, leaving a 2-year window for trainees to adapt to the altered requirements.

As outlined previously the curriculum is competence-based and, therefore, not time-defined. Accordingly, it allows competences to be acquired in different time frames in relation to variables such as the structure of the programme and the ability of the trainee. As a result, any time points used are indicative only. In trainees performing to a very high level, it is foreseen that training time may be reduced, should in-depth analysis, review and agreement allow.

Curriculum

The curriculum focuses on the ability of trainees to demonstrate the knowledge, skills and the generic professional capabilities that they have acquired in their training through observable behaviours specified in a series of Capabilities in Practice (CiP) which are more generic than speciality specific. Though 2016-2018, we have adopted 'critical conditions' within the taught curriculum, we should keep some focus that these (including major trauma management -Damage Control Orthopaedics, Necrotising Fasciitis, the Diabetic / Septic Foot, Spinal emergencies etc), are covered where every opportunity arises.

Logbooks

Regional Irish and other logbook variations in specific procedure types and indicative numbers, compared with UK, are understood and allowed. But there are major changes of emphasis coming forth to reflect the focus in achieving Capabilities in Practice (CiP) linked to competencies and core generic orthopaedic skills.

Training

Training across the generality of the specialty continues to be delivered through attachments to the eight recommended subspecialty interests, Adequate clinical exposure and experience in all 8 major subspecialty interests ie Hand & Wrist, Shoulder & Elbow, Hip, Knee, Spine, Foot & Ankle, Paediatrics, Major Trauma, will be required to achieve appropriate competence as a day 1 consultant. Overall there is, an acknowledgement, that absolute numbers of Web Based Assessments (WBAs) are a rough guidance or target for activity.

SAC Report, Pat Kiely

Multi-consultant and multiple feedback reports are becoming of a higher weighting as we move to assess development of true competency. This type of assessment 'tool' will probably lead to a need to develop a formal awareness or methodology to upskill, all involved in training.

Overall currently approximately 54% of core trainees continue with the programme to its completion, the majority change direction at ST1-2 year transition.

Fellowships / OOPT

The continuing view of the SAC is that with run-through training, working and training time restrictions, and current case volumes for SpRs, that in general fellowships should be post completion of training CST/CSSD. However as previous, discretion and judgement, by the relevant deanery/ Training Committee may be reserved in selected cases, for individuals applying for out of programme training (OOPT) and Fellowship opportunities. The award of recognition for OOPT can only be given by application prior to its commencement and must be in an accredited position. OOPT has usually been awarded for 1 year of the programme, but may, with agreement, be sanctioned for more than 1 year.

Application for early CCT

In general, where supported by evidence, corroborative data and correspondence from the TPD applications for early CCT are considered and granted, the usual practice being an advancement of CCT by 6 months. It is highly unusual that CCT date advancements of 12 months or more will be granted, applications must be made early to be considered.



List of SAC members [here](#)

Training Interface Group

Training interface group fellowships are designed to allow high level trainees develop a wider skill set in areas of clinical cross-over (eg, hand surgery - combined plastic surgery and orthopaedic surgery training)

For senior T&O trainees TIG fellowships for final year (ST8) trainees in Major trauma, Hand surgery now exist, are well developed and advertised through the JCST. It is hoped that spinal surgery TIG with neurosurgery and orthopaedic training elements will be incorporated in 2020, with potential posts advertised in 2019.

Pat Kiely, SAC Rep

Intercollegiate Board



Report by Gary O'Toole

Intercollegiate Representative

Board Meetings

Since our last AGM there have been 3 scheduled Intercollegiate Examination Board Meetings. All three

meetings went ahead and were held in the College of Surgeons in Edinburgh. The meetings were on the 1st of December 2017, the 15th of March 2018 and the 5th of July 2018. I attended all 3 meetings.

Examiner Numbers

The effort to increase Examiner numbers continues. Unfortunately, there were no new Irish applications this year. A total of 15 new applicants were approved at the Board Meetings. Any Consultant Orthopaedic surgeon who is five years in practice is eligible to apply and application forms can be downloaded via the following link www.jcie.org.uk and follow the link to "Application list" and then click on the "Panel of Examiner Applications" and finally click on "Trauma & Orthopaedic Surgery" for all the forms and criteria.

There have been 2 Part I exams and 3 Part II Intercollegiate clinical exams since our last AGM. Wakefield / Leeds in February 2018, Northumbria in May 2018 and Sheffield in November 2018. The pass rates remain quite consistent. The overall average pass rate was 66% for all Part II exams. Irish exam candidates continue to perform well and maintain an impressively high pass rate when compared to other Deaneries.

FRCS (Tr&Orth) Overseas

This year 2018, saw the first running of the FRCS (Tr & Orth) in an overseas location. The took place on the 23rd of November in Qatar. It was successful and there was excellent feedback from candidates and examiners. Unfortunately, some candidates were denied visas and could not sit the exam. The College continues to seek other suitable countries to hold the exam into the future.

NICE Guidelines

Finally, it is now accepted that all exam candidates from all training jurisdictions should be familiar with NICE guidelines and how they pertain to orthopaedic practice. Irish candidates will be expected to know the guidelines on such practices as DVT prophylaxis and intra-articular injection therapy.

Intercollegiate Exam

The FRCS (Tr & Orth) Part II exam is scheduled to be held in Cappagh Hospital on Sunday, 3rd of February 2019. If you have patients that you consider to be suitable we would very much appreciate if you could try recruit them for the exam as the College plans its biggest ever staging of the exam. From their point of view they will get the opinion of the many examiners on the day which will be officially fed back to the consultant in charge of their care. We are looking for patients suitable for short and long cases. Upper limb pathology (arthritis, rotator cuff pathology, impingement, Erb's / brachial plexus palsy or other neurological conditions), lower limb (CMT, polio, arthritis, hallux valgus, foot drops etc) and spine conditions such as scoliosis etc. Essentially patients demonstrating the broad breath of Orthopaedics.

UEMS / EBOT



**European Board of
Orthopaedic & Trauma
Surgeons / Union of
European Medical
Specialists, Section of
Orthopaedics**

Derek Bennett

There were two meetings held in 2018, the meeting in May was held in Turku in Finland and the meeting in November was held in Bled in Slovenia. Ireland's interests were represented by Mr. Gerry McCoy and Mr. Derek Bennett. A new president of EBOT/UEMS has been elected: Dr. Nanni Allington who is a paediatric orthopaedic surgeon from Belgium.

The Central Union of European Medical Specialists

The central Union of European Medical Specialists has submitted a document to the European Council in response to a growing practice in mainland Europe for allied health professionals to carry out surgical procedures and manage patients in their entirety without medical intervention. This includes physiotherapists who are managing back pain without medical involvement for diagnosis or prescription of treatment and podiatrists some of whom in Germany have now ventured as performing knee arthroscopy. The text of the declaration is

“The Union of European Medical Specialists stresses the importance of the central role of medical doctors in the diagnosis, treatment and co-ordination of multi-disciplinary care of patients.”

The document has been sent to the European Council for consideration.

Subscriptions

In relation to finances the Irish subscription to UEMS is €172.00 per year. European Board of Orthopaedic & Trauma Surgeons have committed until 2020 to spend a maximum of €25,000.00 per year to co-ordinate running of exams. This amount is currently used almost in its entirety to subsidise the interim EBOT exam as the final EBOT exam is largely self-funding. Numbers of candidates who sit the EBOT exam continues to rise and in excess of 700 candidates sat the exam in 2018 with a pass rate of approximately 65%.

The EBOT exam is now the recognised national qualification in Spain and is regarded as equivalent to a national exit qualification in France and Portugal. It is also widely taken in Italy and in Turkey which as a European Union candidate country has observership status in EBOT.

Multi-disciplinary Joint Committees

There are a range of multi-disciplinary joint committees which have been set up to advise EBOT on matters relating to sub-specialist interest such as spine and hand. Many of these are inactive for instance the spine multi-disciplinary joint committee has not met in the last four years. A new multi-disciplinary joint committee on adolescent medicine which will incorporate an input from paediatric orthopaedics has been established.

Manpower Planning

Data was again presented on ratios of orthopaedic surgeons to population which again show that



Ireland is not only in lowest place in the European Union but is far behind international norms. Also in terms of manpower planning it is noted that retirement ages in a number of European countries are rising. In Norway and

Sweden a surgical retirement age of 72 is optional but the surgeons are subjected to 360° peer review after the age of 65. Increase in retirement age for orthopaedic surgeons in Germany to 70 is currently under discussion.

EACCME

EACCME (European Accreditation Council for Continuing Medical Education) remains active in assessing CME points for educational activities and Mr. Derek Bennett has joined this council. This council scrutinises international meetings which are Live Educational Events and also electronic learning material which is disseminated over the internet.

UEMS / EBOT

UEMS / EBOT cont'd

Joint Register

Specific health data was presented for the Netherlands. This country of 16.8 million people has 750 orthopaedic consultants and 250 orthopaedic residents. They have a National Joint Registry for all joint replacements which provides outcome data and there is a mechanism where by a hospital which has below average performance in any of the joint registries may request a visit from the National Society to help improve performance in that unit. In terms of orthopaedic training in the Netherlands: is comprised of one and a half years of general and trauma training followed by four and a half years of orthopaedic training including the sub-speciality. Post training Fellowship is optional.



European Foot and Ankle Society

A proposal from the European Foot and Ankle Society to provide and make mandatory certification of foot and ankle surgeons without which surgeons would not

be entitled to carry out foot and ankle operations was unanimously rejected by EBOT. A proposal from Greece to seek support of EBOT to maintain a minimum mandatory six month period in paediatric orthopaedics as part of their national training was supported unanimously by EBOT.

European Union

In the event of the UK exiting the European Union EBOT is happy to maintain representation from the UK at EBOT / UEMS meetings. There is no suggestion that the UK would be removed from any of the European Union orthopaedic committees.



It is noted that Norway and Switzerland also have access and representation on EBOT/UEMS and that Turkey as an EU candidate country has had representation on EBOT/UEMS for many years. Having said the UK sent only one delegate to the meeting in Turku in May and no delegates to the meeting in Slovenia in November. The issue that will come up if Brexit proceeds is that it is an entry requirement for the EBOT exam to be working and resident in an EU country while sitting the exam and many candidates currently sitting the exam are resident in the UK.

This will be discussed further at the next meeting in May in Rotterdam in the event of a UK withdrawal from the EU.

Derek Bennett

Irish Hip Fracture Database



Mr Conor Hurson
Clinical Orthopaedic Lead

The Irish Hip Fracture Database has just published its fifth and most comprehensive report (29th November). This report includes data on 95% (N=3,497) of all hip fracture cases.

In 2017 a number of key achievements or changes have been made including:

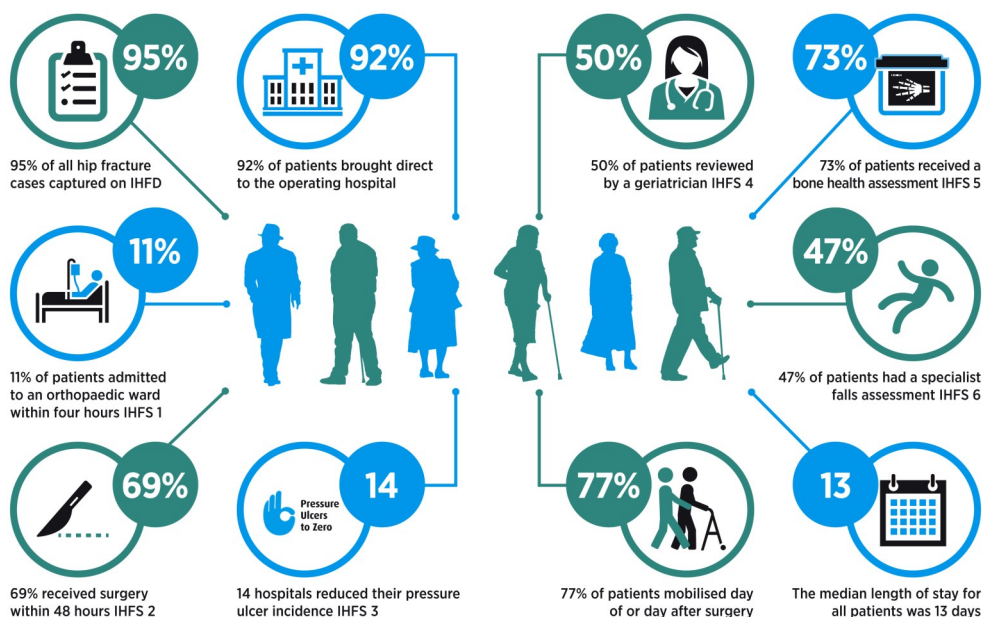
- Increasing numbers of orthogeriatric services (three quarters of hospitals)
- 92% hip fractures are going direct to the operating hospital due to the national bypass (87% 2016)
- Reduction in pressure ulcers in 14 hospitals during 2017
- The commencement of the Best Practice Tariff (first payments for quarter 1 & 2 of 2018 paid in October) €105,000 paid out so far
- Transition to the Irish Hip Fracture Standards (IHFS) from the traditional Blue Book Standards

- Development of hip fracture governance committee guidance
- Reporting hospital level data for 2016 and 2017 across the IHFS
- Reporting hospital stories as exemplars of good performance or improvement
- Quality improvement summary from each hospital
- Subgroup analysis of patients discharged directly home
- The IHFD clinical leads chaired the international Fragility Fracture Network Congress held in the RCSI in July 2018.

For the next year:

- The IHFD wants to reduce variation in all IHFS
- Support further development of hip fracture governance committees in all hospitals
- Continue to support the roll out of the best practice tariff
- Promote early admission, surgery and mobilisation
- Promote development of orthogeriatric services in all hospitals

KEY HIGHLIGHTS 2017



Professional Competency Scheme



PROFESSIONAL COMPETENCE SCHEME

Frank Dowling

This scheme is now in its seventh year having been introduced by the Medical Council as a result of legislation in 2011. The

Committee oversees the following in relation to the Professional Competence Scheme Numbers enrolled on the scheme

- Assessment of total enrolled and their credit accumulation
- Oversee the Statements of Participation
- Oversee the annual verification process (5% annually stratified and random)

Continuous Professional Development Support Scheme

RCSI's Continuous Professional Development Support Scheme (CPD_SS) has been developed by RCSI to support the ongoing career development of NCHDs working in public hospitals. Who are not enrolled and specialty training programs.

Enrollees on this scheme can avail of up to three CPD courses free of charge. The launch of this new and improved CPD_SS was held in August 2018. The Continuing Professional Development Support Scheme (CPD_SS) provides an expanded suite of technical skills and human factors modules for surgeons in all surgical disciplines and other specialists. [Link](#) to document



Code of Practice for Surgeons

A code of practice for surgeons was launched at the 2018 RCSI Charter Day Meeting in February 2018. Developed by RCSI, the professional training body for surgery in Ireland, the Code of Practice for Surgeons aims to consolidate the national guidelines which surgeons are obliged to follow. It also provides guidance on how a surgeon should deal with a situation where they feel their ability to meet their professional responsibilities is compromised. This is available on the RCSI website. It is continuously updated [Link](#)



CODE OF PRACTICE FOR SURGEONS
RCSI 2018

Medical Council Reporting Requirements

RCSI are required by the Medical Council to send them a list of the doctors who are enrolled on the Professional Competence Scheme at different times during the year. The aim of this exercise is that the Medical Council will then be able to reconcile lists with the current Register and identify doctors who are not enrolled on the Scheme and thus require follow-up.

RCSI are required by the Medical Council to send them a list of doctors who are enrolled on the Professional Competence Scheme and who have not recorded any CPD activity for three years in a row.

Verification Process

The 2016 – 2017 Verification Process was completed and reports sent to the Medical Council Strategic Plan for Operation of PCS 2018 – 2020. The Strategic Plan was compiled and reviewed by the Committee and submitted to the Medical Council in June 2018 and response is awaited from the Medical Council.

Leave from Clinical Practice

RCSI can now reflect leave from clinical practice, of greater than three months, on the Annual Statement of Participation. Registered medical Practitioners should inform RCSI of leave taken during the PCS year.

Leave from clinical practice, cont'd

This may be done by writing or emailing the RCSI pcs@rcsi.ie and giving the outline of the reason of leave e.g. maternity, sick, compassionate, sabbatical or overseas leave and the duration, if known. The Medical Council have asked that practitioners declare this leave in a prospective manner (if possible) stating the reason for the leave. RCSI are not required to collect precise details for the leave but the Medical Council may ask for this, if you are audited by them.

General Data Protection Regulations (GDPR)

General Data Protection Regulations (GDPR) for Surgeons in Private Practice was drafted during the year and the regulations are due to be launched at the November 2018 Millin Meeting

CPD Approval of Events

The terminology used in the approval of Events for CPD credits from “accreditation” to “approval” as the term “accreditation” may be misleading to mean certification. This change is followed from legal advice.

CPD Approval – Appeal Regulations

The Royal College of Surgeons in Ireland takes very seriously its responsibility to have a mechanism in place to allow an appeal on decisions affecting a doctor's professional development or decisions regarding approval of events. The procedures laid out in this document apply to all doctors enrolled on the Professional Competence Scheme (PCS) or applicants to PCS or applicants for events approval. It is outlined under the following headings. Appeal Committee Structure. Matters for Appeal. Submitting an Appeal. Procedures of Appeals Committee. Formal Committee Hearing. Powers of the Appeals Committee. Communication of Decision. Confidentiality and Data Protection. Timescale for Appeals

In summary, the majority of doctors (**60%**) of all those engaging with PCS meet all the minimum requirements and this rises to **77%** of those on the Specialist Register. Compliance is greatest with regard to external activities where **80%** of doctors meet the minimum requirements. The area that challenges most doctors is Audit where only 60% have some evidence of a completed audit in their portfolio. In general (with the exception of external credits), those in the specialist division are more likely to be compliant than those in the General or Supervised division. The numbers in the supervised division are very small. There are a small number of doctors who are not engaging with PCS and addressing this issue may require a different approach.



[PCS login and enrolment](#)

Any members of IITOS are free to contact me if they have a problem with CPD.

Frank Dowling
Orthopaedic Representative

Research and Innovation

Micro Motion Enabled Tibial Nail

We have completed the first phase of Ct scan analysis of micro motion enabled tibial nails study along with the ct scan analysis of these cases. We have done approximately 15 cases using a micro motion nail and completed ct scan analysis of 9 of these . Once we have a full matched case control number of cases completed we will present and publish. We have just completed contracts to begin a study in the USA with Dr Rich Yoon.

We have also received FDA approval for a micromotion proximal femoral and retrograde femoral nail and hope to begin analysis of this in the next few months.



Ortho-Xel The apex tibial nail system



Professor James Harty. Patient was a 42 year-old female with a spiral mid-shaft tibial fracture.

DELIVERY OF PATIENT CARE

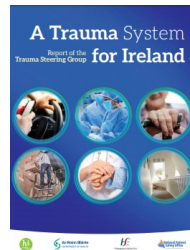


Trauma and Orthopaedic Clinical Programme

PUBLICATIONS

Waiting list Solutions
Document September
2017

A Trauma System for
Ireland Report 2018



A Trauma System for Ireland Report –
Published & Launched by the Minister for
Health - February 2018



Health Service Excellence Awards in December
2017 - the Trauma Assessment Clinic

National Fracture Liaison Service

Established by the Trauma and
Orthopaedic Programme

Trauma and Orthopaedics has led on change in healthcare delivery:

- Reduction in AvLoS
- Increase in DoSA
- Pre-assessment clinics/ Joint Schools
- Enhanced Recovery Programmes
- Day Surgery for acute conditions
- Prospective Funding (ABF)
- Development of the job specification for the role of
Advanced Nurse Practitioner in Trauma and Orthopaedics.

Ongoing

- Engagement with the Head of the National Treatment
Purchase Fund
- Continued analysis of trauma and orthopaedic data
- Collaboration with Clinical Programmes, HSE Strategy
and Acute Divisions, NCAGL Acute Hospitals, NCAGL
Primary Care, DOH.
- Guide and support the implementation of the Model of
Care.
- Clinical prioritisation categories for IP & DC.
- Development of electronic GP referral guidelines
- Development of a postgraduate distance learning training
module for trauma nursing.

Best Practice Tariff for Hip Fractures

In 2017 we were successful in securing a **Best Practice
Tariff (BPT)** for Hip Fracture Patients who were
treated in accordance with all six standards. In addition
we added two further criteria for the BPT, ninety percent
data input and the presence of a Hip Fracture
Governance Committee in each hospital.

In 2017, 20 patients (out of 4,000) received care
according to all eight standards, in Q1 and Q2 of 2018,
105 hip fracture patients received care according to all
eight IHFS and the treating hospitals received €1,000 in
a BPT.

NATIONAL FRACTURE LIAISON SERVICE WORKING GROUP

Membership:

National Clinical Programmes for Older Persons, Rheumatology and Trauma and Orthopaedics, a representative from Endocrinology, Primary Care, and the HSE Quality and Patient Safety Division and Services for Older People.

Purpose:

To develop and seek funding for a national FLS service to improve patient outcomes after a fragility fracture through compliance with national and international standard, and to develop Fracture Liaison Database.

Progress Waiting List solutions:

National Director, and John Hennessy, National Director Acute Strategy & Planning, to discuss 2019 service planning for the specialty.

The programme regularly visits Trauma and Orthopaedic Hospitals to provide support and advice.

2018 visits:

University Hospital Galway (UHG) Merlin Park
Tallaght Hospital
Connolly Hospital
Cork University Hospital
University Hospital Kerry
Letterkenny (December)
Mayo University Hospital

IRISH NATIONAL ORTHOPAEDIC REGISTER (INOR)

The Irish National Orthopaedic Register is now Live in five Hospitals nationally, SIVUH, MRHT, Croom Orthopaedic Hospital, Kilcreene Regional Orthopaedic Hospital and recently in Our Lady's Hospital, Navan.

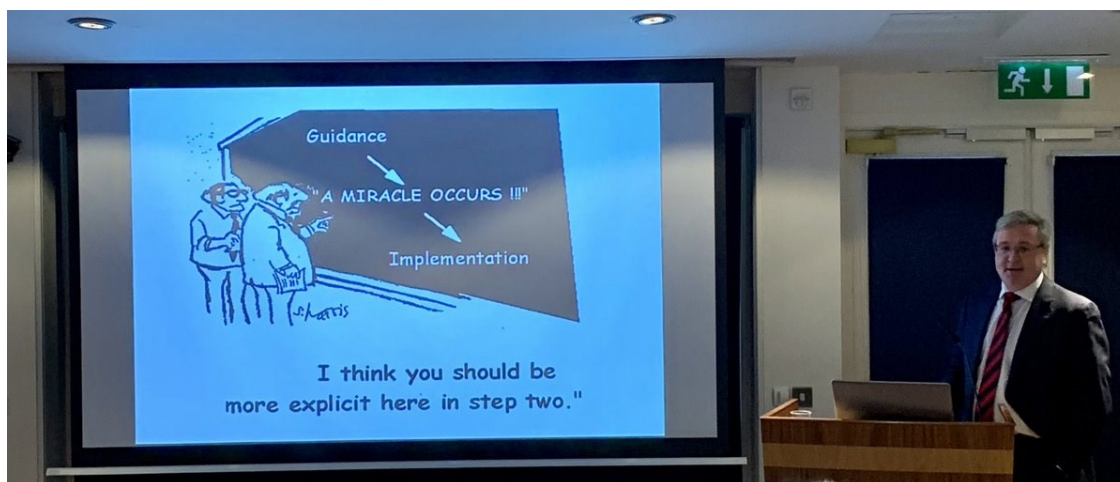
We would like to thank everyone in all hospitals who engaged and worked with the National Implementation Team (NIT) to successfully roll out the INOR project in three hospitals this year. INOR is planned to Go Live in both Cappagh National Orthopaedic Hospital and Merlin Park University Hospital in early 2019. The remaining sites are due for implementation in 2019. There has been initial engagement with the Private Hospitals regarding implementing INOR.

INOR received a Commendation at the recent Irish Healthcare Awards.

Suzanne Rowley
INOR Coordinator



Suzanne Rowley, Katie Sheehan, Brian Lenehan, Limerick



Mr Paddy Kenny addressing the Association of Anaesthetic trainees in Great Britain and Ireland on the 17th November. Talk entitled, 'Reorganisation of Trauma Services'.

Events Over the Last Year



Irish Shoulder and Elbow Society Annual Meeting, with President, Mr James Colville, Secretary, Mr Kieran O'Shea, Treasurer, Mr Diarmuid Molony. Guest Speakers, centre, Prof Pascal Boileau and Ms Anju Jaggi.



Mr Conor Hurson, Ms Louise Brent, Dr Emer Ahern, Prof Paulo Falaschi, President, FFN, Prof Matt Costa.



RCSI Charter Day, February 2018. Orthopaedic session, Mr Finbarr Condon v Mr Keith Synnott.



Launch of **Orthopædica Hibernica**

by Mr David FitzPatrick, Mr Ossie Fogarty and Mr James Nixon in the Royal College of Surgeons on Saturday, 7th of July 2018.

Review by RTE Health Correspondent [here](#)

This book was also reviewed by Professor Desmond (Des) O'Neill, Consultant Physician in Geriatric and Stroke Medicine and Professor in Medical Gerontology, Tallaght University Hospital and Trinity College Dublin.

"This book is an entertaining and Interesting read, a potent repository of the eclectic narrative of medical progress in Ireland, and can be warmly recommended to the wider medical profession as equally as to the orthopaedic surgery community".



Orthopaedic Trauma Association of Ireland annual meeting on Saturday, 14th April in the Wineport Lodge, Athlone. Conveners Mr David Moore, Mr Keith Synnott.

ORTHOPAEDIC SOCIETIES

Irish Spine Society



The Irish Spine Society

President - Prof John McCabe

Secretary - Mr Joe Butler

www.irishspinesociety.ie

info@irishspinesociety.ie

The Irish Spine Society held their annual meeting on 13th October 2018 in RCSI. The meeting was organised by Prof. John McCabe and Mr. Joseph Butler. There were 5 international guest speakers, 4 national guest speakers and over 80 attendees. There were 2 free paper sessions, including 20 oral scientific presentations. Speakers and attendees were from the disciplines of orthopaedic surgery, neurosurgery, physiotherapy and nursing. The meeting was interactive and well received by the attendees who provided feedback.

Joseph Butler

Secretary

Irish Shoulder and Elbow Society



Irish Shoulder & Elbow Society

The Irish Shoulder and Elbow Society (ISES) was established in October 2016 to support and advance the science, art and practice of shoulder and elbow surgery in Ireland. The president is Mr James Colville, Honorary Treasurer is Mr Diarmuid Molony and Honorary Secretary is Mr Kieran O'Shea. Their inaugural meeting was held in the Albert Theatre in RCSI on March 25th 2017. Applications are welcome from consultant orthopaedic surgeons, orthopaedic trainees and allied health professionals with an interest in shoulder and elbow surgery, to join the society which operates under the auspices of the IITOS. Next year's meeting will take place on Saturday, 12th January 2019 with guest speakers Dr Evan Flatow of Mount Sinai Hospital in New York and Lori Michener as guest of our physiotherapy colleagues.

Kieran O'Shea

Secretary

Orthopaedic Trauma Association of Ireland



The OTAI annual meeting 2018 took place in Wineport Lodge near Athlone. While some intrepid members took the opportunity to cycle there many more travelled more conventionally. The tranquil surroundings facilitated an interesting discussion about the future of trauma services in Ireland. The bulk of the meeting revolved around brief presentations and discussions on how orthopaedic trauma could be delivered in the context of the proposed trauma networks. While there was something of a vacuum given that a decision on how these networks will be arranged, it is clear that orthopaedics will have a pivotal role in the process and much reorganisation will have to take place.

A second theme of the meeting was a discussion on our preparedness for mass casualty events and our ability to respond to major disasters. Mr Tom McGuinness from the HSE outlined the planning that is taking place in Ireland to enable a response to such events while Mr Amer Shoaib spoke eloquently, movingly and informatively of the experience he had in Manchester when he was the lead orthopaedic surgeon on duty at the time of the terrorist bombing there. Again the meeting was successful in providing a forum for discussion and planning for orthopaedic and other trauma.

We are currently exploring options for the 2019 meeting which may develop the maritime theme introduced by the beautiful lakeside setting of Wineport.

Keith Synnott

Chairman

David Moore

Chairman

ORTHOPAEDIC SOCIETIES

Irish Foot and Ankle Society



Earlier during the year, Mr Paul Moroney hosted "The Difficult Cases Conference" in Cappagh Orthopaedic Hospital on Saturday 20th January. Complex cases were presented, which stimulated plenty of interactive and educationally useful discussion, with Mr Dishan Singh from the Royal National Orthopaedic Hospital in Stanmore as the Expert Extern.

IOFAS now has its own website up and running, with online membership and registration enabled. Look us up on www.iofas.org.

An IOFAS Travelling Fellowship has been approved and will be presented for the first time to the successful Trainee at its next Difficult Cases Conference in the Ulster Hospital Dundonald in January 2019. By consensus, it will be named the Dilworth-Stephens IOFAS Travelling Fellowship, in honor of the first Orthopaedic Surgeons who established Foot & Ankle Surgery as a Subspecialty on either side of the border in the island of Ireland.

The next IOFAS Annual Scientific Meeting will take place on Saturday 6th April 2019 at Dunraven Arms, Adare, Co. Limerick. Our local host is Mr Lester de Souza with expert assistance from his secretary, Nuala O'Flaherty. The 12th May 2018 in The Millennium Forum, Derry City. It will be preceded by the IOFAS Instructional Course on Friday 11th May. The Guest Speaker is Dr Mark Easley from Duke Medical Centre, North Carolina, U.S.A.

IOFAS commits itself to further Education and Promotion of Foot and Ankle Care on the island of Ireland.

Professor John Wong

President of the Irish Orthopaedic Foot and Ankle Society

Irish Orthopaedic Haiti Fund

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Keith Synnott
Chairman

John O'Byrne
Chairman

David Moore
Chairman

ORTHOPAEDIC SOCIETIES

Irish Paediatric Orthopaedic Society



Formally established in 2012
Committee

Chairperson— Mr Colm Taylor
Secretary - Ms Paula Kelly
Mr Aiden Cosgrove

Founding Members: Mr Ossie Fogarty,
Mr Frank McManus and Mr Frank Dowling.

Irish Orthopaedic Trainees Association



The aim of the **Irish Orthopaedic Trainees Association** is to promote and improve the standards of orthopaedic training in the Republic of Ireland and to represent the interests of Trainees in Orthopaedic Surgery in the Republic of Ireland. Full membership is open to those who are, at the time of application, a registered medical practitioner in the Republic of Ireland and has a genuine interest in Trauma and Orthopaedics as a career.

Membership is encouraged, but not compulsory, for those who have gained entry to the Higher Surgical Training pathway in Trauma and Orthopaedics and are entered into the Trainee Specialist Division with the Irish Medical Council.

President: **Adrian J Cassar-Gheiti**

Secretary: **Enda Kelly**

Treasurer: **Sam Lynch**

Operation Walk Ireland



Operation Walk is an American charity, set up initially by Larry Dorr which for the past 20 years have organised missions to Third World countries to

perform hip & knee replacements for patients who could not otherwise access this life transforming surgery.

2016 – First trip with Operation Walk Chicago - Team of 22 travelled from Ireland - 63 Patients, 84 joints

2017 – Operation Walk Ireland completed their first mission - a team of 56 travelled from Ireland -45 Patients, 67 joints

2018 – Operation Walk Ireland revisited Hanoi A team of 80 travelled as part of the mission - 48 Patients, 55 joints. This year there was a much greater focus on education and cooperation with our Vietnamese hosts

In 2019 we will again return to Hospital 108 in Hanoi for 2 back to back missions comprising 130 volunteers and aiming to perform 100 hip and knee arthroplasties.

The missions in 2017 & 2018 were led by Derek Bennett and David Cogley and next year's mission will be led by David Cogley and Niamh Laffey Flynn.

David Cogley

Irish Hand Surgery Society



The Irish Hand Surgery Society started off originally as the Irish Hand Club, established in the early 1980's by Plastic and Orthopaedic Surgeons with a special interest in Hand Surgery. The Society continues to grow from strength to strength. The annual educational meeting earlier this year was held in Cork and attracted over 100 hand surgeons and therapist. No surprise, as this years annual educational meeting included an impressive international faculty including, Gilles Dautel. Gilles spent time lecturing and also took time to introduce different surgical techniques, demonstrated during an inaugural live anatomical dissection session incorporated into last years meeting. Good luck to Paul Harrington who will host next years meeting in Drogheda on the 7th and 8th of March 2019.

Richard Hanson, President

Trauma and Orthopaedic RCSI Council Members



David Moore



Joe O'Beirne



Paddy Kenny



IITOS Education Committee



Eoin Sheehan



Finbarr Condon



John Quinlan



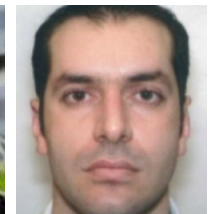
Brendan O'Daly



Ruairi MacNiocaill



Pat Kiely



Adrian Gheiti

Orthopaedic Clinical and Regional Leads



David Moore
Clinical Lead



Paddy Kenny
Clinical Lead



Brian Lenehan
Regional Lead
University of Limerick
Group



Eoin Sheehan
Regional Lead
Dublin Midlands
Group



Alan Walsh
Regional Lead
Dublin Northeast
Group



May Cleary
Regional Lead
South / Southwest
Group



Peter O'Rourke
Regional Lead
Saolta Group



Seamus Morris
Regional Lead
Dublin East Group

* New Clinical Advisors: Mr Marcus Timlin and Mr Eoin Sheehan

Committee Members

IITOS Education Committee

Finbarr Condon
Eoin Sheehan
John Quinlan
Brendan O'Daly
Ruairi MacNiocaill
Pat Kiely, SAC Rep
Adrian Gheiti, IOTA Rep

Orthopaedic Clinical and Regional Leads

David Moore - Clinical Lead
Paddy Kenny - Clinical Lead

Brian Lenehan - University of Limerick
Eoin Sheehan - Dublin Midlands
Alan Walsh - RCSI Group
May Cleary - South / Southwest Group
Peter O'Rourke - Saolta Group
Seamus Morris - Ireland East Hospital Group

Trauma and Orthopaedic RCSI Council Members

David Moore
Joe O'Beirne
Paddy Kenny

Irish Hip Fracture Database

Conor Hurson -
Chair/National IHFD Clinical Orthopaedic Lead
Emer Ahern -National IHFD Clinical Geriatric Lead
Paddy Kenny - IITOS

Irish Shoulder and Elbow Society

James Colville - President
Kieran O'Shea - Secretary
Diarmuid Molony - Treasurer

Irish National Orthopaedic Register

Paddy Kenny - Chair / (IITOS)
David Moore
James Cashman - Arthroplasty Committee
Maurice Neligan - Independent Hospitals Association of Ireland
Suzanne Rowley - National INOR Audit Coordinator

Irish Paediatric Orthopaedic Society

Colm Taylor - President
Paula Kelly - Secretary
Aidan Cosgrove

Irish Orthopaedic Haiti Fund

Keith Synnott
John O'Byrne
David Moore

Irish Spine Society

John McCabe - President
Joseph Butler - Secretary

Irish Orthopaedic Foot and Ankle Society

John Wong - President
Alistair Wilson - Secretary
Khalid Khan - Secretary

Irish Orthopaedic Trainees Association

Adrian Gheiti - President
Enda Kelly - Secretary
Sam Lynch - Treasurer

Professional Competence Scheme Committee

Frank Dowling - Orthopaedic Representative

Newest Members



Ms Ruth Delaney

Ms. Ruth Delaney graduated from University College Cork in 2006 and, after spending her initial postgraduate years in Cork, performed her orthopaedic training in Boston on the Harvard Combined Orthopaedic Residency Program. She was then appointed a Harvard fellow in shoulder surgery at Massachusetts General Hospital and the Brigham & Women's Hospital. She also spent time as a fellow with world-renowned French shoulder surgeons in Annecy and Lyon. In 2014 she was the recipient of the Neer Award, for research on shoulder instability surgery. Later that year, she returned to Dublin as a consultant and currently practices at Sports Surgery Clinic, Beacon Hospital and the Mater Private Hospital. Her sub-specialty interests include sports injuries of the shoulder, shoulder instability, rotator cuff disease and shoulder arthroplasty. She maintains an active academic interest as a reviewer for the Journal of Shoulder and Elbow Surgery, and as a member of the American Shoulder and Elbow Surgeons (ASES), the foremost shoulder surgery organisation in the world. She is also an Assistant Clinical Professor at University College Dublin. In 2018, she founded the Dublin Shoulder Institute, as well as the Irish Shoulder Fellowship programme, which takes in its first international fellow in May 2018.



Mr Martin Murphy

MB BCH BAO, FRCSEd, FRCSI, FRCSI(Tr. & Orth.)

Mr Martin Murphy is a Consultant Orthopaedic Surgeon at the Mater Misericordiae University Hospital. He graduated MB BCH BAO from University College Cork and underwent Basic Surgical training obtaining FRCSEd and FRCSI. He Completed Higher Surgical Training in Trauma and Orthopaedics and was awarded CCST in 2010. He has attended clinical attachments in Texas Scottish Rite Hospital in Dallas Texas USA and Boston Children's Hospital Boston. He was attached with Mr Michael Millis in Boston with exposure to adolescent / young adult hip surgery including Hip Arthroscopy, Periacetabular Osteotomies and Surgical Hip Dislocations. He has attended the Baltimore Limb Deformity Course and has completed a fellowship attachment in Ilizarov Frames with Prof Catagani In Lecco Italy. He has held Consultant positions for the last 6 years in Mater Misericordiae University Hospital / Cappagh Hospital, St James's Hospital / Tallaght Hospital and St Vincent's University Hospital / Cappagh Hospital with Trauma Commitment and an Elective Hip and Knee Arthroplasty commitment. Special interests are in Orthopaedic Trauma and Hip and Knee Arthroplasty and Knee Arthroscopy. He is an international member of American Academy of Orthopaedic Surgeons. He has multiple publications in peer review journals and presentations at International Orthopaedic Meetings.



Mr David Morrissey

Mr. David Morrissey has recently been appointed to the Bon Secours Hospital Cork as an Orthopaedic Shoulder and Elbow Surgeon. He graduated from TCD and underwent basic surgical training in Cork, becoming a member of the college of surgeons. Following this he completed a two year full time research fellowship at UCC in the development and clinical applications of orthopaedic gene therapy, obtaining a PhD in 2010. He subsequently undertook orthopaedic higher surgical training in Ireland, being awarded FRCS (Tr&Orth) in 2014 and completing two further years in Ireland specialising in upper limb surgery before being granted CCST. He further developed his subspeciality interest in shoulder and elbow surgery by completing a year long fellowship in Cambridge, UK, before moving back to Ireland in August 2017. His practice involves general trauma surgery with a tertiary referral interest in shoulder and elbow surgery allied to an elective practice dealing exclusively in all aspects of shoulder and elbow pathology.

Members

Awan, Nasir, Mr
 Barry, Kieran, Mr
 Bennett, Derek, Mr
 Boran, Sinead, Ms
 Borton, David, Mr
 Bossut, Catherine, Ms
 Brady, Owen, Mr
 Brennan, Stephen, Mr
 Burke, John, Mr
 Burke, Neil, Mr
 Burke, Tom, Mr
 Butler, Joseph, Mr
 Byrne, Ann-Maria, Ms
 Byrne, Fergus, Mr
 Byrne, Stefan, Mr
 Cashman, James, Mr
 Cassidy, Noelle, Ms
 Cawley, Derek, Mr
 Cleary, May, Professor
 Cogley, David, Mr
 Collins, Denis, Mr
 Condon, Finbarr, Mr
 Conroy, Eimear, Ms
 Curtin, Bill, Mr
 Curtin, Paul, Mr
 Delaney, Ruth, Ms
 DeSouza, Lester, Mr
 Devitt, Aiden, Mr
 Dodds, Michael, Mr
 Dolan, Mark, Mr
 Donnelly, Michael, Mr
 Dudeney, Sean, Mr
 Egan, Ciara, Ms
 Flannery, Olivia, Ms
 Fleming, Patrick, Mr
 Gaine, William, Mr
 Glynn, Aaron, Mr
 Green, Connor, Mr
 Guerin, Shane, Mr
 Gul, Rehan, Mr
 Harrington, Paul, Mr
 Harty, James, Professor
 Higgins, Tony, Mr.
 Hogan, Niall, Mr
 Hughes, Bridget, Ms
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IITOS NATIONAL ORTHOPAEDIC LITERARY AWARD (NOLA)

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**For undergraduate students in clinical years in Irish medical schools
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"As Many Different Ways to Weather a Storm as There Will Be Storms to Weather"

2018 - Laura Byrne, TCD

"Tea Time"

Catherine O'Mahony

"As many different ways to weather a storm as there will be storms to weather"

The rain. Lashing the window in fluid grey sheets, the kind of rain that soaks into your skin, reaches your very bones - it's all I can look at as I sit here in the confines of this tiny hospital room. It's all there really is to look at, other than the stark walls, the glowing monitors, the limp form of my daughter on the bed next to me. Eight hours I've been sitting here. Eight hours breathing in that antiseptic smell, the unforgiving contours of the hospital chair keeping me awake, keeping me watchful. I sent himself home for some sleep - he needed it more than I needed him here with me. Barely.

The other driver walked away from the wreckage completely unharmed, they said, a shake of the head in wonder, a hint - not enough, not nearly enough - of disapproval. Although staggering may have been a better word for it, stumbling, half blind with the drink, an auld lad down to the pub - "just the one now, I'm driving, sure you wouldn't put the dog out in this let alone make it walk home," until it turned to two, three, four and so on, an Irish goodbye with no chance to take his keys from him.

It's quiet here, for hours upon hours at a time, punctuated by brief whirlwinds of doctors, nurses, medical students doing the rounds. She still hasn't woken up so I sit, discarded books by my side, her favourites, in case she can hear me. The Hobbit. Harry Potter. Northern Lights. I read to her until my voice rasped and the words blurred on the page and now here I am, just sitting, an aching pit where my stomach should be, a black fear that I haven't felt in years.

I woke up gasping in the middle of the night, those years ago, convinced something was wrong, so wrong, a fiery band across my chest with every breath, a guttural noise of panic to wake himself. Surely not again... not now, with so little time left to go. We had arrived at the hospital drenched, the howling storm causing fluorescent lights to flicker briefly over the water pooling from us onto the floor of A&E until a nurse mopped it up quickly, muttering something about wet floors and broken bones, disapproval etched into the lines on her face.

Broken bones.

I almost laughed when we were told, the sheer giddiness of relief for our girl, our child we tried and failed for so long to have, safe inside me for a little while more. Broken bones, the pain wholly my own, nothing wrong with her, her heartbeat strong. I had known this time would be different - I felt her strength every time her small form moved inside of me. Strong enough to break my ribs, rare as the nurses assured me it was. "A kicker," my mother-in-law said knowingly. "A fine, strong baby" she said, with an added "...at last," a touch too insensitive, although more barbed comments about her lack of grandchildren had stopped after the last miss. Small favours.

The cheap plastic of the chair creaks beneath me as I shift, fingers twining in the soft blanket draped over me, unnecessary in the oppressive heat of the hospital room but comforting nonetheless. I drag my gaze briefly away from the curtain of rain, as though to check she's still there. I don't know why I do this to myself - just looking at her causes something to twist viscerally inside me, seeing her like this, immobile, immutable. It's like we're trapped in a moment of time - there's a permanence to this scene as though this is how it has always been

My ribs had burned, the day we finally met her, mere days really after they had fractured. They burned along with everything else for hours and hours until the pain was a deep sea I drowned in, breathed through, inhale, exhale. It was worth it, worth the agony when I held her for the first time, when she opened her eyes. Blue, a deep blue, like her grandfather's, God rest him, reminding me of summers spent with him on the beach, unearthing periwinkles from damp sand, worn smooth by the sea, washed clean by the rain. Showing him one the same shade as the flowers that share their name, the pure colour stark against the grime of a child's hands.

How quickly it must have happened. I can't stop imagining it. The torn wreckage, by the road, silence broken by the patter of rain and the mournful wail of far off sirens. Before that, the crunching shriek of tortured metal against metal, the seat belt snapping bones as the laws of motion carried my daughter forward for an instant more. Breaking ribs but sparing her the windshield, thank God, though there's a livid scar across her cheek, a shard that flew. The impact of the other car had been mostly on the left side, so at least himself was there to meet me at the hospital unharmed, safe, but shaken, terrified and that in itself was almost too much to bear - I'd always depended on him not to fall apart when I could feel myself ripping at the seams.

She lies now in the hospital bed, asleep for so long, and she looks so small, so small, white against the white sheets, in a white room, a stark contrast from the sullen, overbearing clouds outside. The hard strike of drops against glass punctuates the beeps of monitors, establishing a rhythm that I cling to - it's a harsh sound but a sound of life. I clasp her hand in mine, tempering the strength of my grief, my grip, to a barely there touch. Her fingers are so thin, her bones like the bones of a bird, hollow - I imagine the snap. I jerk my hand away, flutter it over my own ribs, remembering the burn, the pain, the molten love and rush of relief, thirteen years ago, when I knew she was safe. I'd let her break them all again, take her broken ribs, just to know she's safe but I can't and she isn't and I stay and hold her hand and stare at the drops trickling down the window pane.

Hours later. A gasp, a sudden sharp intake of air. I turn to the bed, my breath caught in my throat.

A flash of colour, periwinkle blue. The rain stops.

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Irish Hip Fracture Database (Clinical Orthopaedic Lead)	Conor Hurson
Irish National Orthopaedic Register	SuzanneRowley@noca.ie
Irish Orthopaedic Trainees Association (President)	Adrian Gheiti
Irish Paediatric Orthopaedic Society (President)	Colm Taylor
Irish Shoulder and Elbow Society (Secretary)	Kieran O'Shea
Irish Spine Society (Secretary)	Joseph Butler
Orthopaedic Trauma Association of Ireland	Keith Synnott

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Professional Competency Scheme	(01) 402 2743
RCSI Reception, 121 St Stephens Green	(01) 402 2422
RCSI Porters Desk, 123 St Stephens Green	(01) 402 2263

Obituary 2018



MR JOSEPH GALLAGHER

Born in Westport on March 17, 1925, Joseph was one of four children. A twin brother, Paddy, died in the early 1970s. He also had a brother Roger and a sister Margaret, who was a doctor too. His father was a civil servant and his mother, unusually for the time, a businesswoman who set up a knitwear factory, the Connaught Coziwear Company, in Westport.

Joseph was educated by Christian Brothers in Westport and Roscrea College, Co Tipperary, where he first fell in love with rugby. He studied medicine at UCD and represented the college at rugby and even captained St Vincent's in the Hospital Cup. In the early 1970s, he was appointed medical adviser to the IRFU and in 1989 was appointed to the International Rugby Board.

In the same month as he qualified as a doctor from UCD in 1948, he emigrated and worked at Leicester Royal Infirmary as a casualty officer. He commenced his surgical career in the trauma unit in Coventry Hospital. He then went to the Miller Hospital in Greenwich, London, and worked for two years in Great Ormond Street Children's Hospital and the Royal Orthopaedic Hospital in London.

While he enjoyed his time in the UK, Joseph was always happiest at home in Ireland. He returned to Dublin and was conferred with a Fellowship of the College of Surgeons in Ireland in 1956 and a Master of Surgery degree from the National University of Ireland, UCD in 1957. He became consultant to St Vincent's Hospital, Dublin, and Cappagh National Orthopaedic Hospital and set up the A&E department in St Vincent's.

Joseph was a pioneer of orthopaedics. He was one of the first Irish physicians to ever attempt spinal surgery and he was reputed to have carried out the first successful hip replacement in Cappagh National Orthopaedic Hospital.

He met Betty Davies, a nurse from Coventry, during his time in Leicester and they married soon after. Joseph and Betty had four children, Martin, Anne, John and Joe. He had eight grandchildren and two great grandchildren.

Joseph had many pastimes but sailing was one of his greatest obsessions. His children remember going for a drive in Dun Laoghaire one day when Joseph stopped the car, having seen a boat from the corner of his eye. Without further ado, he walked over to the owner, made him an offer and became the owner in the space of an hour.

Joseph was not only an accomplished sailor but, after he retired, a talented painter, an inveterate fisherman, an opera enthusiast and a keen golfer. He played golf in his club in Milltown up until a few weeks before he died.

Joseph was one of the nicest gentlemen you could care to meet. He could regale a room with stories or give you the wisest, most considered advice whenever necessary. He had no ego. He never needed to strut the halls of his hospitals like a deity. Joseph earned the respect of all who worked with him and anyone who knew him will feel great sadness at his passing.

From the Sunday Independent
Rory Egan
5th November 2018



Calendar of Events 2019

JANUARY

- 4th** Interim ISCP Annual Review Board
- 16th** Core Curriculum, Tullamore, Shoulder and Elbow Trauma, Mr Muiris Kennedy, Mr Kieran O'Shea
- 18th** Mock Clinicals, Mater, Mr Keith Synnott
- 21st-24th** AO Meeting - Basic Principles in Fracture Management, Radisson Hotel, Golden Lane, D8
- 26th** Mock Vivas / Trainee Reviews, Trainers Committee Meeting, RCSI

FEBRUARY

- 3rd** Intercollegiate Exam, Cappagh Hospital
- 8th** Charter Day, RCSI
- 8th** SpR Shortlisting, RCSI
- 12th** Core Curriculum, Temple Street, Paediatric foot and ankle/lower limb deformity, Mr Connor Green, Ms Paula Kelly

MARCH

- 1st, 2nd** Sylvester O'Halloran Meeting
- 8th-10th** Mayo Arthroplasty Conference
- 25th** Core Curriculum, Connolly, Applied anatomy; surgical approaches, Prof Ruairi MacNiocaill, Ms Ciara Egan
- 22nd** Specialty Training Interviews, RCSI

APRIL

- 12th** Core Curriculum, Castlebar, Primary Hip Arthroplasty, Ms Bridget Hughes, Mr Paul McKenna
- 12th** Cappagh Foundation Day, including Resident's prize

MAY

- 13th-17th** OTAI, Croatia, Mr Keith Synnott, Mr David Moore
- 9th** Core Curriculum, Tallaght Trauma, Pelvic and Acetabular Surgery, Mr Michael Leonard, Mr Brendan O'Daly

JUNE

- 14th, 15th** IOA Meeting, Galmont Hotel, Galway
- 17th** Core Curriculum, Waterford, Polytrauma; long bone fractures; open fractures, Mr Terence Murphy, Mr Fiachra Rowan
- 22nd** Council, Trainers Meetings

SEPTEMBER

- Tbc** Sir Peter Freyer Meeting
- 10th** Core Curriculum, Cork, Soft tissue knee, Prof James Harty, Mr Michael Donnelly

OCTOBER

- Tbc** Waterford Surgical Meeting
- 11th, 12th tbc** Irish Paediatric Orthopaedic Society Meeting
- 16th** Core Curriculum, St James's, Hand and wrist, Ms Catherine Bossut, Ms Eimear Conroy

NOVEMBER

- Tbc** Millin Meeting
- 14th** Core Curriculum, Mater, Elective spinal surgery including tumours, Ms Seamus Morris, Mr Marcus Timlin
- 29th** IITOS Annual General Meeting and dinner
- Tbc** Atlantic Orthopaedic Meeting

DECEMBER

- 7th** UKITE Exam, RCSI
- 9th** FRCS Conferring
- 13th** Core Curriculum, Crumlin, Paediatric Hip and Spine, Mr Pat Kiely, Mr Jim Kennedy

A BRIEF HISTORY OF THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY

David FitzPatrick



The late 19th and early 20th Century saw the emergence of Orthopaedic Surgery as a Specialty in its own right in Europe the United States and in these Islands. The American Orthopaedic Association (AOA) was established in 1887, the short-lived British Orthopaedic Society (BOS) in 1894 and the British Orthopaedic Association (BOA) in 1918. These organisations were not without Irish members. Nicholas Grattan from Cork was a corresponding member of the AOA and a Council Member of the BOS. William "Baldy" Haughton was a founding Member of the BOA as would Robert Lafayette Swann have been had he not died before this was confirmed. From Belfast Sir Samuel Irwin, Jimmy Withers, and Bob Wilson were later members as was Arthur Chance and others from Dublin.

Despite the turmoil in Ireland in the earlier 20th Century orthopaedic services continued to develop dealing with polio and tuberculosis throughout the country and in the North casualties of war and an influx of American medics. Nevertheless it would appear that relations between orthopaedic surgeons north and south were never worse than extremely cordial with the Irish College providing a common bond. It is pure conjecture but not improbable that the passage of the Republic of Ireland Act in 1948 and the advent of the NHS resulted in a formalisation of this cordial bond and the establishment of the Irish Orthopaedic Club (IOC) in 1951 whose purpose was to further the development of orthopaedics in Ireland. The emphasis was to be on clinical orthopaedics but there also was considerable social activity.

In Northern Ireland the organisation of Orthopaedic services and training since 1940 had come under the auspices of the North of Ireland Council for Orthopaedic Development (NICOD) a body quite distinct from the Club. The Club of course over the years flourished until it became the Irish Orthopaedic Association in 1985 as which it continues today.

It became clear that it was necessary that a separate group be established to negotiate with the Irish Government and Department of Health a function would be inappropriate for the IOC to develop. This necessity became acute when An Comhairle na n-Ospideal was formed in 1968 and at a meeting of relevant Surgeons in IMO House in **1972 the Irish Institute of Orthopaedic Surgeons was formed**. Its functions included determining the need for new orthopaedic appointments, involvement in the replacement of those retiring, and a commitment to develop a training program in line with that being established in the UK under the auspices of the Specialist Advisory Committee (SAC) of the Joint Committee of the Royal Colleges of Surgeons. Paddy MacAuley was the first Chairman, and Nial Mulvihill Hon Secretary for a number of years – in fact until the training programme was fully established.

One of the first asked to draw up a training programme was Jimmy Sheehan. After a full assessment by the SAC and on their advice a number of changes made the training programme was accepted and the first certificates awarded in 1976/77.

But It is interesting to review copies of the correspondence between Mulvihill and the SAC Committee, many prospective trainees, and those involved in the actual training. The amount of work was enormous and it is probable that the time spent on it and the excellent outcome on which our training programme continues to be based has until now been unacknowledged!! But "many a flower is born to blush unseen and waste its sweetness on the desert air" and when discovered must even belatedly be given the recognition and appreciation due!!

Since those early days the Institute has continued its training programmes modifying these as necessitated by changes in the examining system. It is due to the dedication of the trainers that the results over the years have consistently retained a very high standard which must of course be reflected in the quality of orthopaedic practice here.

A number of changes have of course taken place. In 1981 the Irish Orthopaedic Trainees Association was formed. The institute name has changed twice. First in 1999 the Institute became a limited company, the Irish Institute for Orthopaedic Surgery, and in 2001 to take into account the importance of Trauma in Orthopaedic Practice it was renamed the Irish Institute for Trauma and Orthopaedic Surgery.

In recent years the influence of Europe has become more noticeable. The body linking Europe's National orthopaedic Associations is the European Federation of National Associations of Orthopaedics and traumatology (EFFORT). Associated with EFFORT is the European board of Orthopaedics and Traumatology (EBOT) which has developed a specialist qualifying system and assessment for European orthopaedic trainees. This is available for all trainees across Europe and must be regarded as being in competition with that used here and in the UK. Whether EBOT will become equivalent to FRCS Orth or whether they will be recognised as being equivalent remains to be seen.

As The UK/EU discussions come to a conclusion or indeed possibly do not we must wait and watch. However there can be no doubt that the outcome will affect us here and provide ample material for our next Report.



RCSI 41st Millin Lecture by Mr Padhraig O'Loughlin. L-R, Mr David Moore, RCSI Council Member, Mr Padhraig O'Loughlin and President of the IITOS, Professor John O'Byrne

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