

2019

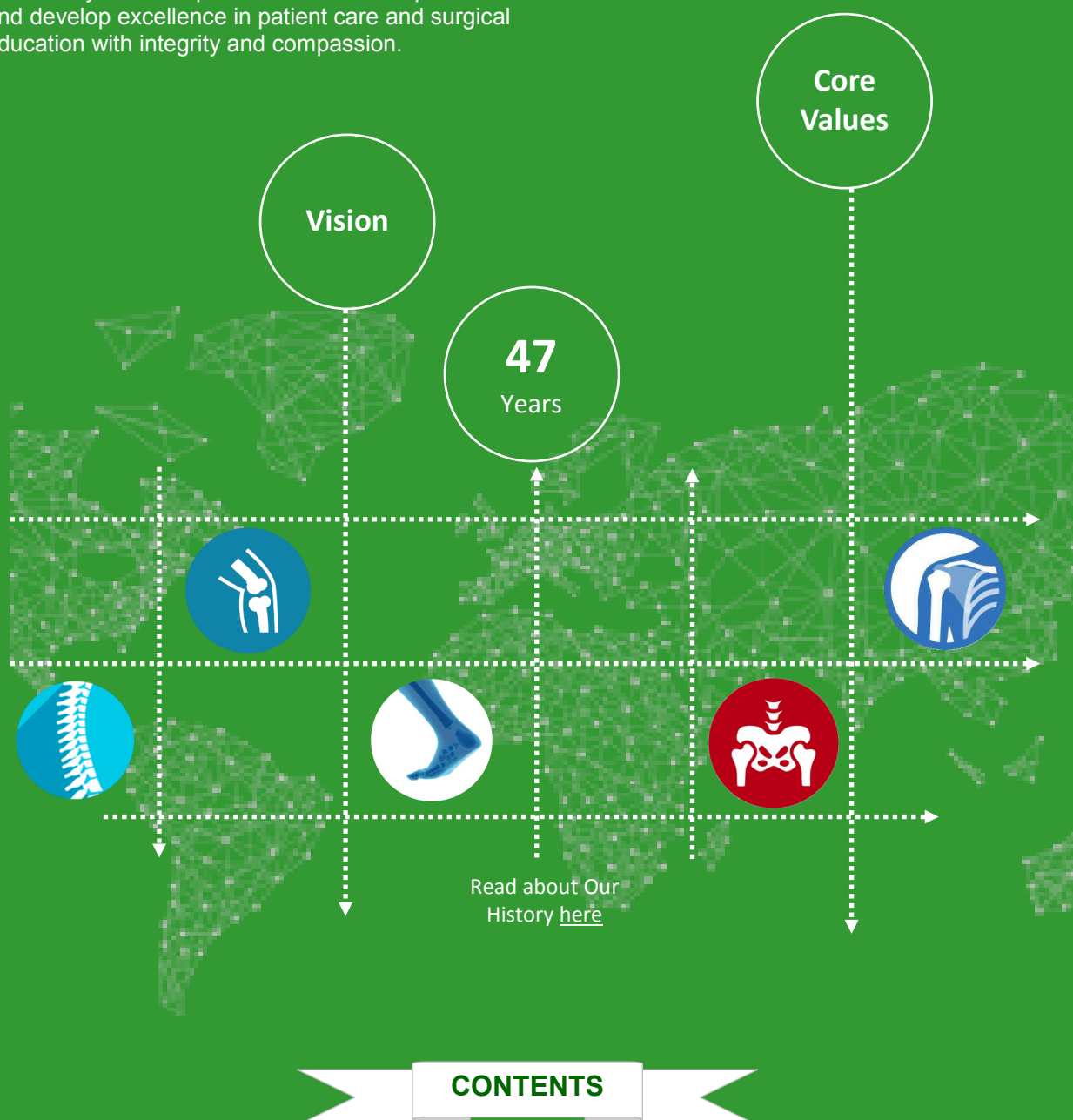
Annual Report and Financial Statements



IITOS
THE IRISH
INSTITUTE OF
TRAUMA AND
ORTHOPAEDIC
SURGERY

Mission

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 patient care and surgical education with integrity and compassion.



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SCOPE OF ACTIVITIES

Orthopaedic Surgical Education

Postgraduate Training (CCST)

Fellowship Programmes

Research and Innovation

Examination and Curriculum Setting

Public Health and Patient Education

Delivery of Patient Care

Clinical Programme

Consultative role in National Clinical Governance

Voluntary Overseas Patient Care

Audit

Sub Specialty Organisations

PRESIDENT'S REPORT



“I believe the Institute will continue to be a unifying body with several levels and areas of activity that will continue to contribute to the delivery of the highest quality of care to our patients.”

John O'Byrne
President

Yet again, as we come to the end of 2019, I would like to acknowledge and express my deep gratitude to my fellow Officers, Directors and Members for all of their hard work during 2019.

Again, I would like to highlight the crucial and central role played by our fantastic Administrator, Amanda Wilkinson.

Our training programme continues to produce the highest calibre trainees with an excellent pass rate in the exit FRCS(Orth). I must pay particular tribute and praise to Mr. Finbarr Condon, who has been the Training Programme Director for several years. During his directorship, there have been many changes in the training programme and in particular I would like to acknowledge the central role Mr. Condon has played in the establishment and development of an equivalent training route for trainees who are not on the CST programme. Mr. Condon has completed his term of office and we thank him for all that he has done.

Mr. Condon is succeeded by another dedicated, skilled and highly respected surgeon in the form of Mr. Eoin Sheehan. We thank Eoin for taking on this onerous responsibility and look forward to supporting him in the years to come.

I would like to thank Mr. Aaron Glynn for his term of office as Honorary Treasurer. This was a momentous time with many changes in our constitution and sphere of activities and Aaron has played a central role in this.

There have been a series of changes of roles and to each and every one of the Officers and those who have taken on specific roles, I extend a deep thank you. The Institute is a very effective and active organisation and this is only made possible by all of the surgeons and members who give generously and freely of their time, to help develop our specialty.

With regard to the clinical programme, I again would like to thank Mr. David Moore and Mr. Paddy Kenny for all the work they do with regard to structure and organisation of orthopaedic services throughout the country.

We welcome the establishment of clinical leads and in particular in those areas that are in the orthopaedic clinical arena we are very grateful that some of our members are active in these roles.

Catherine Farrell and Niamh Keane have been integral and essential to support the clinical programme and we are very grateful for their efforts.

Over the last few years, there has been significant change in the work practice of the average consultant orthopaedic surgeon. We have seen the introduction of job sharing and part-time posts. We have seen increasing activity over the years in the private sector. The Institute over the last few years, has expanded to include consultants in these areas and while in the past the consultants who are part-time or in the private sector did not play a significant role in the business in the Institute, in my opinion, this should change over the next few years. I would like it to be emphasised that those consultants who are part-time appointments in public hospitals should feel and should be as engaged in the activities of the Institute, both training and education, and clinical care development.

Orthopaedics will continue to expand. With an aging population and increasing average body mass index, the workload of orthopaedic surgeons will continue to increase. Trauma patterns are varying. However, trauma services are being redesigned and orthopaedic surgeons have a central role to play in all of this.

Finally, I believe the Institute will continue to be a unifying body with several levels and areas of activity that will continue to contribute to the delivery of the highest quality of care to our patients.

May I take this opportunity to wish all Institute members, and all of our supporters, a very Happy Christmas and all good things for 2020.

Executive Committees

COUNCIL COMMITTEE

John O'Byrne	President
Tom McCarthy	Hon Clinical Secretary
John Quinlan	Hon Academic Secretary
Aaron Glynn	Honorary Treasurer
Eoin Sheehan	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
Michael Donnelly	Beaumont
Paddy Groarke	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
John Kelly	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
Tom McCarthy	Hon Clinical Secretary
Eoin Sheehan	Director of Training
Brendan O'Daly	Assistant Director of Training
Neil Burke	Beaumont
Paddy Groarke	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
John Kelly	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



Financial Section

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Treasurer's Report



Aaron Glynn

In addition to sponsorship from Industry, IITOS is hugely dependent on members supporting 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 83 members paying with this method. Details of the AIB account are available from the Institute office.

Total monies

Total monies collected for year ending 31/08/2019 total €105,030 including €80,130 from Industry and €24,900 from Membership Subscriptions. Total expenditure was €68,933.09. The annual closing balance on the account as of 31/08/2019 was €64,719.31.

This has increased substantially over the past year, not least in part due to increased number of members paying their subscriptions.

Acknowledgements

I would like to thank Ms Amanda Wilkinson for her invaluable help and support during my time as IITOS treasurer. I would also like to thank you all for your ongoing support towards ongoing IITOS educational, research, charitable and social activities, and wish my successor good fortune in their new role.

Aaron Glynn

HIGHLIGHTS

Income of circa €45K which is in line with previous year

Expenditure of circa €34K



Surplus for the year of circa €11K



Reserves of circa 18K in line with August 2018



Charity Registration No. 15041

Company Registration No. 318237 (Ireland)

**IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUAR-
ANTEE DIRECTORS' REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 AUGUST 2018**

IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	John O'Byrne
	Mark Dolan
	David Moore
Secretary	John Quinlan
Charity number	15041
Company number	318237
Principal Address	Royal College of Surgeons 121 St Stephen's Green Dublin 2
Registered office	C/o Moore 83 South Mall, Cork.
Auditors	Moore 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

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

FOR THE YEAR ENDED 31 AUGUST 2018

The trustees present their report and financial statements for the year ended 31 August 2018.

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 2018 are set out on pages 7 and 8. Surplus on ordinary activities before tax amounted to €10,651 compared to a deficit of €114,288 in the previous year.

The level of deficit in the prior year is due to the write off of old subscriptions that had been recognised as debtors of €74,126, as these were 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 7 and 8.

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 2018.

Structure, governance and management

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

The trustees who are also the directors for the purpose of company law, and who served during the year were:

James O'Flanagan	(Resigned 30 November 2018)
John O'Byrne	
John Paul McElwain	(Resigned 30 November 2018)
David Cogley	(Resigned 30 November 2018)
Mark Dolan	
David Moore	

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

Administrative Details

Charity Number: 15041

Company Number: 318237

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

FOR THE YEAR ENDED 31 AUGUST 2018

Auditor

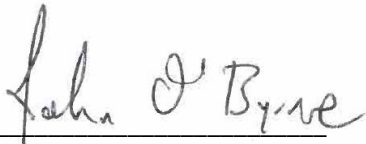
In accordance with the Companies Act 2014, section 383(2), Moore continue in office as auditor of the company.

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 trustees' report was approved by the Board of Trustees..



John O'Byrne
Trustee



David Moore
Trustee

Dated: 11th October 2019

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

FOR THE YEAR ENDED 31 AUGUST 2018

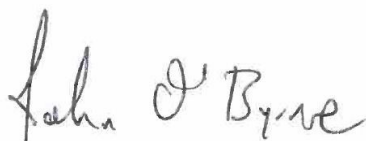
The trustees are responsible for preparing the Directors' Report and the financial statements in accordance with applicable Irish law and Accounting Standards (Ireland Generally Accepted Accounting Practice).

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 trustees 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.



John O'Byrne
Trustee



David Moore
Trustee

Dated: 11th October 2019

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 2018 which comprise the Statement of Financial Activities, 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 2018 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 trustees use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees 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 trustees 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 Trustees' Report is consistent with the financial statements; and
- the Trustees' 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 Trustees' 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 trustees remuneration and transactions specified by sections 305 to 312 of the Act are not made.

Responsibilities of the trustees for the financial statements

As explained more fully in the Trustees' Responsibilities Statement, the trustees 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 trustees 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 trustees 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 trustees 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.

**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**

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
Chartered Accountants and
Statutory Audit Firm,
83 South Mall,
Cork.**

Statement of Financial Activities

INCLUDING INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 AUGUST 2018

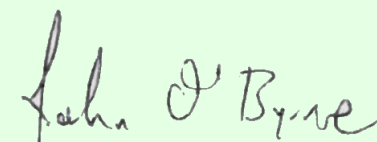
		Unrestricted funds	Restricted funds	Total 2018	Total 2017
	Notes	€	€	€	€
<u>Income and endowments from:</u>					
Members' subscriptions	3	23,100	-	23,100	22,108
Fellowship donations	4	-	20,600	20,600	20,000
Other income	5	930	-	930	2,750
Total income and endowments		24,030	20,600	<u>44,630</u>	44,858
<u>Expenditure on:</u>					
Charitable activities	6	33,969	-	<u>33,979</u>	159,146
Net (expenditure)/income for the year/ Net movement in funds		(9,949)	20,600	10,651	(114,288)
Opening Fund balances at 1 September 2016		7,810	-	<u>7,810</u>	122,098
Closing Fund balances at 31 August 2017		(2,139)	20,600	<u>18,461</u>	7,810

Balance Sheet


AS AT 31 AUGUST 2018

		2018		2017	
	Notes	€	€	€	€
Current assets					
Debtors	11	677		592	
Cash at bank and in hand		23,604		12,291	
		24,281		12,883	
Creditors: amounts falling due within one year	12	(5,820)		(5,073)	
Net current assets			18,461		7,810
Income Funds					
Restricted funds	13		20,600		
<u>Unrestricted funds</u>					
General unrestricted funds		(30,326)		(20,377)	
Other reserve		28,187		28,187	
			(2,139)		7,810
			18,461		7,810

The financial statements were approved by the board of trustees and authorised for issue 11th October and signed on its behalf by:



John O'Byrne
Trustee



David Moore
Trustee

Statement of Cash Flows

FOR THE YEAR ENDED 31 AUGUST 2018

			2018		2017
	Notes	€	€	€	€
Cash flows from operating activities	16				
Cash generated from(absorbed by) operations			11,313		(41,562)
Net cash used in investing activities			-		-
Net cash used in financing activities			-		-
Net increase /(decrease) in cash and cash equivalents			11,313		(41,562)
Cash and cash equivalents at the beginning of year			12,291		53,853
Cash and cash equivalents at end of year			23,604		12,291

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 AUGUST 2018

1. Accounting policies

1.1 Charity 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, 83 South Mall, Cork.

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 trustees have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees' 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 trustees 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.

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.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 AUGUST 2018

1 Accounting policies

(Continued)

1.7 Financial instruments (cont'd)

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.

Other financial assets

Other financial assets, including investments in equity instruments which are not subsidiaries, associates or joint ventures, are initially measured at fair value, which is normally the transaction price. Such assets are subsequently carried at fair value and the changes in fair value are recognised in net income/ (expenditure), except that investments in equity instruments that are not publically traded and whose fair values cannot be measured reliably are measured at cost less impairment.

Derecognition of financial assets

Financial assets are derecognised only when the contractual rights to the cash flows from the asset expire or are settled, or when the company transfers the financial asset and substantially all the risks and rewards of ownership to another entity, or if some significant risks and rewards of ownership are retained but control of the asset has transferred to another party that is able to sell the asset in its entirety to an unrelated third party.

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.

Other financial liabilities

Derivatives, including interest rate swaps and forward foreign exchange contracts, are not basic financial instruments. Derivatives are initially recognised at fair value on the date a derivative contract is entered into and are subsequently re-measured at their fair value. Changes in the fair value of derivatives are recognised in or in finance costs or finance income as appropriate, unless hedge accounting is applied and the hedge is a cash flow hedge.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 AUGUST 2018

1 Accounting policies**(Continued)*****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 trustees 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.

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

	2018	2018
	€	€
Membership fees	23,100	22,108
	<u> </u>	<u> </u>

4 Fellowship donations

	2018	2017
	€	€
Fellowship donations	20,600	20,000
	<u> </u>	<u> </u>

5 Other income

	2018	2017
	€	€
Other income	930	2,750
	<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 2018

6 Charitable activities

	2018 €	2017 €
Training costs	12,335	2,998
Fellowship disbursement (restricted)	-	50,000
Fellowship disbursement (unrestricted)	-	13,000
	<u>12,335</u>	<u>65,998</u>
Share of support costs (see note 7)	16,552	87,861
Share of governance costs (see note 7)	6,092	5,287
	<u>33,979</u>	<u>159,146</u>
	<u>39,979</u>	
Analysis by fund	<u>33,979</u>	
Unrestricted funds	<u></u>	
Restricted funds	<u></u>	
For the year ended 31 August 2017		109,146
		<u>50,000</u>
		<u>159,146</u>

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 AUGUST 2018

7 Support and governance costs

	Support costs €	Govern- ance costs €	2018 €	2017 €	Basic of allocation
Web development and hosting	1,422	-	1,422	423	
Office expenses	4,045	-	4,045	2,015	
Meeting expenses	9,698	-	9,698	6,088	
Bad debts written off	-	-	-	74,126	
Bank charges	387	-	387	209	
Donations	-	-	-	5,000	
Audit fees	-	4,992	4,992	4,305	Governance
Legal and professional	-	1,100	1,100	982	Governance
	<u>15,552</u>	<u>6,092</u>	<u>21,644</u>	<u>93,148</u>	
Analysed between Charitable activities	<u>15,552</u>	<u>6,092</u>	<u>21,644</u>	<u>93,148</u>	

8 Trustees

None of the trustees 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 2018

9 Employees

There were no employees during the year

10 Financial instruments

Financial instruments	2018	2017
	€	€
Carrying amount of financial liabilities	5,820	5,073
Measured at amortised cost		

11 Debtors

Debtors	2018	2017
Amounts falling due within one year:	€	€
	677	592
Prepayments and accrued income	<u> </u>	<u> </u>

12 Creditors: amounts falling due within one year

Creditors: amounts falling due within one year	2018 €	2017 €
Trade creditors	600	600
Accruals and deferred income	5,220	4,473
	<u>5,820</u>	<u>5,073</u>

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 2017	Incoming resources	Resources expended	Balance at 31 August 2018
	€	€	€	€
PEI Surgical funds	-	20,600	-	20,600

These funds are used to assist medical practitioners I 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 2018

14 Analysis of net assets between funds

	Unrestricted funds €	Restricted funds €	Total €
(Fund balances at 31 August 2018 are represented by: Current assets/ (liabilities))	(2,139)	20,600	18,461
	<u>(2,139)</u>	<u>20,600</u>	<u>18,461</u>

15 Related party transactions

During the current and prior financial years, an annual subscription of €300 was paid to the charity by each of the following trustees:

- Mr David Cogley
- Mr Mark Dolan
- Mr David Moore
- Mr James Flanagan

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

16 Cash generated from operations	2018	2017
	€	€
Surplus/(deficit) for the year	10,651	(114,288)
Movements in working capital		
(Increase)/decrease in debtors	(85)	73,534
Increase/(decrease) in creditors	747	(808)
Cash generated from/(absorbed by) operations	<u>11,313</u>	<u>(41,562)</u>

15 Approval of financial statements

SURGICAL EDUCATION

SpR Training



See pages 29-32



Fellowships



See page 33



SAC



See pages 34-35





Director of Training



Eoin Sheehan

Introduction

This is my first report to the IITOS AGM as TPD. Firstly, I would like to thank Finbarr Condon for all his hard work and dedication to the role for the last 6 years. He steered the programme through tumultuous change both within and outside

the institute. I took over formally in July after a 6-month hand-over period. Brendan O'Daly is the Assistant TPD, as well as the Orthopaedic Director for ST1/2 and sits on the RCSI Committee for Surgical Training. I think succession planning is important for any organisation and, through our structure and network, we have a skill set built up that in essence allows any of our Education Committee Members to represent the programme on various committees and bodies within the RCSI. There are many committees! However, if we are not sitting at the dining table, we may find ourselves on the menu! It is therefore important that we are all up to date with the progressions and iterations of training and its execution as a group. This flexibility and shared knowledge allows us to participate and engage with all stakeholders outside of the IITOS and avoids miscommunication.

Support

I am grateful to the other members of the Education Committee - John Quinlan, Brendan O'Daly, Pat Kiely, Ruairi MacNiocaill, John O'Byrne and Niall McGoldrick, as well as to Samantha Henson, Amanda Wilkinson and Leah Daly. I would like to wish Leah and her new baby, "Jake", who arrived on 29th July 2019, all our best wishes from the Training Programme and the IITOS. She will no doubt be back in business next year dealing with her other "grown up babies!"

I would like to welcome Samantha to the orthopaedic family. She is extremely well organised and well able to deal with the intricacies, sensitivities and bluster of the orthopaedic training group!

I would like to thank the support and advice of our SAC liaison, Mark Crowther. Mark was TPD in Bristol and ran a very successful programme there. He is extremely knowledgeable in the various aspects and complexities of training and offers solid sensible advice. Mark's peers in the UK hold him in extremely high regard and we are lucky to have him working with us. I would like to thank Joe Queally and Finbarr Condon for collating our new mentorship system.

Joe has had extensive experience of this and, indeed, mentorship in orthopaedics formed the basis of his Masters in Cambridge.

We are one of the most organised and highly functioning training programmes within the college and are grateful for the support we receive from Kieran Ryan, Caroline McGuinness, Oscar Traynor, Padraig Kelly, Donncha Ryan and Niamh Carroll amongst others. I would also like to thank Helen Harty for her patience in dealing with us as we strive to realise the full potentials of the ISCP platform.

I also need to acknowledge the hard work and key roles played by our current RCSI Council members. The Training Programme is led by trainers that come in under various guises, whether they be Clinical Supervisors or Educational Supervisors (AESs). These trainers allow us to deliver a programme that acts like a finely tuned machine, which is often imitated but never duplicated. I would like to personally thank you all for sharing your craft with your junior brethren and for all the time you spend in a difficult healthcare system teaching, mentoring, examining, counselling, filling out forms and travelling to meetings like today's one. Our trainees hold our scheme in high regard and this is predominantly down to the dedication and volunteerism of our consultant body.

Surgical Training Programme

We are now the largest surgical training programme with 61 trainees (see Trainee breakdown per Specialty table - next page). We train 25% of all HST trainees registered with the College.

We are acutely aware that these trainees need consultant posts put in place for their training on the programme to be successful. Several proposed expansions including the new National Children's Hospital as well as the Major Trauma Centres will need expert orthopaedic specialists on staff. Notwithstanding this, there still exists a dire need to expand our consultant numbers to enhance our service. Many consultants are now working flexibly and trainees are expecting flexibility in training, the difficulty will be marrying both these working practices with seamless quality training. Another challenge!

BOA Best of Paper



Congratulations to **Gerard Sheridan** for his paper, "A Radiographic Clinic for DDH", which won a prize at the 2019 BOA 'Best of the Best Session'. [Link](#) to paper. The Prize was a place on the Limb Deformity Correction course in Hull 2020.

Trainee Breakdown Per Specialty Table, 2019

Specialty	ST3	ST4	ST5	ST6	ST7	ST8	Total
Trauma and Orthopaedics	10	9	10	12	11	9	61
Plastics	3	3	5	5	5	6	27
Cardio	2	1	1	1	1	2	8
ENT	5	5	3	1	6	5	25
Urology	4	4	5	2	6	1	22
Paediatrics	1	0	0	1	1	1	4
General	9	10	8	12	11	10	60
Ophthalmic	0	9	6	4	4	0	23
Neuro	3	2	0	1	1	2	9
OMFS	0	0	2	0	0	0	2
Vascular	3	2	3	3	0	0	11

Congratulations

Congratulations to Adrian Gheiti, Ciara Fox, James Hepburn, Enda Kelly, Mary Nugent and Francis O'Neill on their recent Rita G sign off from the programme. I wish you all every success with your fellowships and your journey towards a consultant job.



Adrian Gheiti



Ciara Fox



Enda Kelly



James Hepburn



Mary Nugent



Francis O'Neill

ISCP/Logbooks

Of note, many units were having difficulties in gaining adequate logbook numbers for their trainees. As our programme expands, I am acutely aware of logbook deficiencies developing amongst our junior trainees. It is a requirement from 2020 onwards that for a successful sign off, a trainee needs to have 1200 procedures performed whether this be STU/STS/P or T. Trainees must have 1800 procedures done with at least 70-75% performed by the trainee. I am satisfied with 1200 procedures done (not assisted) including indicative numbers achieved.

Our trainees invariably exceed this number but I am cognisant that many minor ops are appearing in high numbers now.

These include, but are not limited to, removal of metal (pins/screws), injections (major joints) and wound washouts. I plan to introduce a cap on the number of these procedures that can be counted in the final operative tally for sign off. These are operations that can be done as an ST3, but should not count after that training year. I am happy to discuss this further though. I would urge trainers to insure that their trainees are uploading all their cases through the ISCP dashboard. The ISCP logbook is the only real time visual that I have of a trainee and a training unit's operative performance.

With regard to AES reports, I would encourage all the clinical supervisors in a unit to discuss each trainee and to enter a comment on their ISCP, if possible. The AES can then collate a consensus opinion regarding a trainee's performance throughout their rotation. The training committee generally meet 3 times a year in Jan, June and Sept I am always happy to discuss issues or procedure off line and on occasion a quick phone call can clarify an issue before it gains momentum.

We continue to assess and liaise with trainees regarding OOPT/OOPE and retrospection applications. We are also attempting to introduce flexibility into our scheme. I advise trainers and mentors that OOPT and retrospection applications need to be applied for at least six months in advance of the proposed date.

This allows us to liaise and facilitate changes with the SAC. The final say on any of these flexibilities is at the discretion of the Training Committee of the IITOS. IITOS generally meet three times a year in January, June and September.

Lastly, I met with all the Deanery TPDs in the UK recently at the British Orthopaedic Association. Multiple Consultant Assessment is the latest assessment tool and Lisa Hadfield Law is implementing it through the training bodies in the UK.

Mock Exams/FRCS

I would like to thank the Mater Hospital for organising the mock clinics this year and look forward to Cappagh hosting them next year. The Mock Vivas once again were a great success thanks to all the participants. There is always a great turnout and all are welcome to help.

I would still encourage every unit in the country to field an examiner in the FRCS Orth. You need to have five years as a consultant to allow clear distance with potential exam candidates. It is an excellent opportunity to learn and network with colleagues. Trainees also prefer to go to units with established examiners particularly in the peri-exam years. As it stands, we have a shortfall of Irish examiners. The more we have, the more up-to-date we are on the curriculum and the better our Training Programme becomes.

Despite the ambivalence of Brexit and the incessant political posturing around it, my own opinion is that the Intercollegiate FRCS Orth is still the best benchmark for our trainees. We should therefore stick with it. Gary O'Toole is our lead examiner and the IITOS representative for the JCHST exam board. I would like to thank Gary for his hard work and frequent trips to the UK for these important meetings.

I would like to wish all of our exam trainees all the best in the forthcoming MCQ's as well as the Part 2 in Wigan in early November. At the time of writing this piece, I do anticipate a successful outcome for our troops! I can deliver a more updated report on the day of the AGM.

SAC

The SAC are an important quality assurance metric as well as an external assessment of our unit's performances with regard to training. This year Sligo, St James, Cork and Crumlin were assessed outside of the quinquennial visitation schedule. Temple Street are also due to be assessed later this year. I would like to thank Pat Kiely and Amanda Wilkinson, as well as our SAC liaison Mark Crowther, for orchestrating these successful visits. It takes a lot of work arranging and re-arranging schedules around consultants and units. Mark Crowther and Mark Bowditch (Chair SAC) were the inspectors.

Outside of structural/administrative and clinical protocol issues, the SAC was broadly supportive of the level of training provided in the visited units. Recommendations were made and are currently being addressed.

Future

As we move into 2020, we will launch our ESR scoring system for 2021 entrants onto HST. The continuum ST training aka "the run through" will continue and the "second chance" ESR will also run in tandem. I would like to thank John Quinlan for collating the new scoring system and for his years of pouring over CV's of applicants and the difficult task of scoring these.

I am going to try to create a research portal through the college. In essence, it will be a platform that allows all levels of orthopaedics, researchers, funders, trainers and universities to meet and post ideas. The ambition is to create a confluence of research ideas and promote reciprocity and collegiality. Firstly, we need to know what types of research are currently active and ongoing. Then, we can set about linking parties together. This idea is in its infancy but I have spoken to David Moore and Kieran Ryan in the RCSI and am hoping that Aaron Glynn and Mike Dodd will assist in rolling it forward from here.

Conor Greene has proposed an exchange-type six-week programme with UCLA orthopaedic residents and we are in the process of expanding upon this for implementation next year. This will open avenues to our trainees and allows us to "cross pollinate" with other systems abroad. I do see a time where our trainees will spend six months in a unit outside of our own units training with a particular specialist.

Finbarr Condon will continue to work with the RCSI and ISPTC setting up a Mentorship Programme to scale across the other training platforms.

I will work with Brendan O'Daly and Khalid Merghani in simulated training. We have already explored augmented reality and will be inviting proponents and industrial simulation suppliers to an upcoming core curriculum to get trainee feedback. I think that we need to look at this as a supplement to training but I would still be a strong advocate for hands on "live" training. The UK has had differing experiences of simulation from Virtual Reality to fresh cadaveric training; the jury still seems to be out on it. I would rather we explore all avenues before spending money on these entities.

Once again, I am happy to hear of any ideas or plans that any of our trainers/trainees have to improve our programme.

Many thanks,

Eoin Sheehan

Assistant Director of Training



Brendan O'Daly

I commenced as Assistant Director of Training in June 2019. My role is to provide assistance to the Director of Training, Prof. Eoin Sheehan, and I look forward to working with him.

I have responsibility for co-ordination of training for Core Surgical trainees, many of whom have aspirations of continuing to HST in Trauma and Orthopaedic Surgery. I am a member of the Education Committee as well as the CST Committee in the RCSI.

In this role, I look forward to continuing to contribute to Trauma and Orthopaedics and working with any consultants who are interesting in the area of training their future colleagues.

I would like to thank Mr Finbarr Condon for all his hard work over the last number of years, and to thank Prof Eoin Sheehan who has stepped into a challenging and hopefully rewarding role.

The system of training has undergone many changes in the past five years and orthopaedics have played a key role in instigating this positive change.

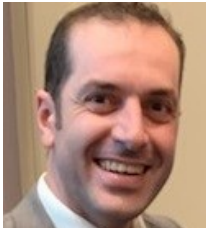
I look forward in the years ahead to continuing to develop and strengthen the Trauma & Orthopaedic Training programme.

Brendan O'Daly
Assistant Director of Training



**There are 61
Higher Surgical Trainees
on the Programme and
11 Core Surgical Trainees
(ST2's specialising in
Orthopaedics)**

Fellowships 2019



ADRIAN GHEITI

Adrian will be commencing his fellowship in July 2019 in Toronto, Canada. This year long fellowship will be based in Mount Sinai Hospital and the Women's College Hospital, both of which are hospitals affiliated with the University of Toronto. During this fellowship Adrian will work alongside Dr David Backstein, Dr Allan Gross, Dr Oleg Safir, Dr Paul Kuzyk and Dr Jesse Wolfstadt to gain clinical experience in Adult Arthroplasty and Lower Limb reconstruction. Mount Sinai is a tertiary referral unit for complex primary and revision lower limb arthroplasty and takes referrals from many units across Eastern Canada. Adrian will gain clinical and surgical exposure in tertiary care surgery with an emphasis on revision arthroplasty of the hip and knee. In addition to this, considerable experience will be gained in outpatient arthroplasty, the use of osteotomies about the hip and knee and the use of fresh osteochondral allografts for post-traumatic defects particularly around the knee. While on fellowship, Adrian will have the opportunity to harvest multiple site bone grafts from donors. Treatment of periprosthetic infection in revision cases will also be a focus of this fellowship as this is an area that Dr Backstein and Dr Safir have interest in.



JAMES HEPBURN

James is commencing his Paediatric Orthopaedic Fellowship training starting August 2019 at University Hospital Southampton. He will be working with Mr Mathew Barry and Mr Alex Aarvold during his year. University Hospital Southampton is a major trauma centre and James will be expected to manage trauma as well as a full elective caseload across all aspects of Paediatric Orthopaedics. Following on from this year of training, James will do a second fellowship year working at the Children's Hospital in Vancouver, BC alongside Dr. Kishore Mulpuri and Dr. Christopher Reilly. It is the only pediatric hospital in the province. There are seven Orthopaedic Surgeons on staff specializing in all aspects of paediatric orthopaedics including complex limb reconstruction, hip surgery, and oncology. There is a busy emergency department and the service handles all types of paediatric trauma.



ENDA KELLY

I am currently the paediatric fellow in Children's Health Ireland at Temple St. I have a supernumerary role which allows me concentrate on learning the core skill set and knowledge base which I will require to work in a tertiary referral centre. I have access to Temple Street and Cappagh Kids clinics/theatre, while also attending sub speciality neuromuscular clinics and the gait lab at the Central Remedial Clinic. It has been an excellent experience to date with a strong focus on formal and informal teaching both in and out of the operating theatre. I will be traveling to the West Coast of America to complete a further year of fellowship at the Orthopaedic Institute for Children at UCLA California in August 2020. This fellowship is a POSNA/ACGME approved programme and integrates clinical practice with excellent academic/research activities.



CIARA FOX

My fellowship plans have been slightly deferred due to my maternity leave but I'll be eagerly jumping back in to the real world in 2020. Following in the successful footsteps of Grainne Colgan, I am planning to do the Dublin Hand Interface Fellowship. This is the official fellowship of the Irish Hand Surgeons Society (IHSS) and involves training with both plastic and orthopaedic hand surgeons. I will have access to both trauma and elective theatre lists as well as clinics across several Dublin sites. As part of this fellowship, I will be sitting the FESSH examination.



FRANCIS O'NEILL

I am undertaking a 12 month Arthroplasty Fellowship at Musgrave Park Hospital Belfast. This is a high volume unit that specialises in Primary Hip and Knee Arthroplasty, There is also access to Revision Arthroplasty, Unicompartmental Knee Arthroplasty and Hip Arthroscopy at this Unit. Professor D. Beverland, Mr D. Molloy and Mr L. Cusick are supervising this fellowship.

Speciality Advisory Committee



Pat Kiely
SAC Representative

The Trauma & Orthopaedic SAC continues to run 3 full-day meetings per annum, new chairperson elect Mr. Rob Gregory has been voted in October 8th to succeed Mark Bowditch as

Chairperson from 2020. Mark Crowthers continues as Liaison Member role for the Republic of Ireland.

SAC Visits

SAC panel training site revisits May 23rd & 24th 2019. Following the quinquennial [2017 review] of all training units, re-inspection was sought and undertaken for 4 of 5 centres namely Cork, Crumlin, St James' and Sligo, with Temple street is to be reviewed separately later in November 2019. These specific centres had addressed concerns identified. Sligo has been evaluated, and successfully added to the training group and has T&O HSTs from July 2019. The maintenance of established training posts in St James University Hospital was not supported because of identified risk in accepting responsibility for care and further management of acute head injury presentations and admissions. [this major risk issue, of long term concern to the orthopaedic consultants there, has repeatedly reported upon at review, and identified as such to senior management and clinical directors]

Training posts have not been filled from July 2019. It is hoped that overall service and structural change within St James's will facilitate resumption of SPR training in 2020.

Training Standards Committee & 2020 Curriculum

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, first major revision since 2007, has been completed. The new curriculum has been accepted by the Curriculum Oversight Group, and is 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.

The new T&O curriculum is due to come into force in August 2020. Trainers have received communications from ISCP detailing the new assessments being implemented alongside the new curriculum. The aim of which is to re-focus training assessments away from exhaustive lists of individual competencies and towards capabilities required to be a safe day 1 consultant.

The new assessments will take place prior to each interim and final Learning Agreement meeting. This will negate the need for mandatory CS reports prior to sign off of the final

Learning Agreement meeting.

Each trainee will be expected to perform a self assessment. The trainee's lead Consultant Supervisor (i.e. nominated trainer) will be expected to meet with at least 2 other CSs to generate a Multiple Consultant Report (MCR).

This assessment will be based on 2 main domains

Generic Professional Capabilities

GPCs are common to all surgical specialties and are evaluated under 9 specific headings:

1. Professional Values
2. Professional Skills
3. Professional Knowledge
4. Health Promotion
5. Leadership and Team-working
6. Patient Safety and Quality Improvement
7. Safeguarding
8. Education and Training
9. Research and Scholarship

Each trainee will be assessed on their ability in each of these areas based on their level of training, these are set at the standard of certification. Trainers are enabled to use pre-populated descriptors or free text to provide feedback for the trainee

Feedback will be given to help the trainee set personalised training goals.

Capabilities in Practice

CiPs are common to all surgical specialties but will be assessed in the context of Trauma & Orthopaedics

1. Managing an Outpatient Clinic
2. Managing the Emergency Take
3. Managing Ward rounds and Inpatient Care
4. Managing an Operating list
5. Managing Multi-disciplinary meeting

Each trainee will be assessed on their ability in each of these areas based on the end point of training (i.e. day 1 consultant). Trainers will be able to assess each trainee using defined supervision level requirements that range from 'Able to observe only' to 'Performs beyond the level expected of a day 1 consultant'.

The introduction of yet more assessments will be a daunting prospect for many trainees but overall simplifies issues primarily as documented progression is by developing competency. The aim is to move away from arbitrary assessment quotas (i.e. ≥40 WBAs per year) towards meaningful assessments linked with valuable feedback to guide trainees towards becoming a safe and competent day one T&O consultant.

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.

TIG (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.

TIG fellowships in Hand surgery continue to be highly competitive and sought after.

Spinal surgery {orthopaedic and neurosurgery combined} is due to commence its pilot of TIG fellowships and will be interviewing in Spring 2020.

Pat Kiely, SAC Rep

More details on TIG's available [here](#)



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 3 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 it's 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 breadth of Orthopaedics.



Examiners at the recent Wigan exams. Included in the photo is Eoin Sheehan, May Cleary, Anant Mahapatra, Keith Synnott and Tony Shaju.

UEMS / EBOT

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



Gerry McCoy



Derek Bennett

Since we last reported, the section met in November (2018) in Bled (Slovenia) and in May in Rotterdam (Netherlands). The number of delegates attending the Bled meeting was somewhat lower than normal given the often complex travel arrangements required to get there. Paulo Felicissimo presented his last report as president to be replaced later in the meeting with Nanni Allington as our new president. The report recounted the multiple meetings at Central UEMS which dealt mainly with finances, training issues and future strategies. There was much discussion on the EBOT/EFORT exam with some concerns as to the origin/training certifications of the candidates. Further liaison with EFORT on this matter was proposed.

UEMS

Deitrich Bornemann (Germany) outlined improvements to the website (www.uems-ortho.org password Paulo) and also discussed the role of EACCME (European Accreditation Council for Continuing Medical Education) in the accreditation based on e-learning material. He also reported that 20 countries with the EU recognise EACCME in their trauma and orthopaedic training programmes. The reports from the Multidisciplinary Joint Committees confirmed that most such committees are inactive at this time. The exception was the Clinical Skill Centres which appear to be functioning satisfactorily.

National Society presentation

The national society presentation was from the Netherlands. As always, the deficiencies in manpower and facilities which exist in Ireland are brutally exposed when compared with countries like the Netherlands. With a population of 16.8 millions they have 750 practicing orthopaedic surgeons and 250 trainees. The training comprises 1.5 years of common surgical training, 4.5 years of trauma and orthopaedics with an exit exam and certification.

Any subspecialty is undertaken during training by choice/selection and augmented by fellowships abroad in the respective subspecialty.

EBOT Exam

The EBOT exam report confirms the increasing acceptance of this examination in several EU states as the end of training assessment. The exam is compulsory in Portugal, Spain (in Spanish) and increasingly promoted in France and Turkey. The pass rate in Part 2 is just under 70%, and is the same in both English and Spanish. The European curriculum for trauma and Orthopaedics is agreed but as yet there are no sanctions on any state for non-compliance. The exam itself is costly to run and the UEMS contributes 25,000 Euro annually to its running costs. The importance of the annual contributions of National Societies to the UEMS was emphasized.

Finally at the Bled meeting the European Foot and Ankle Society expressed a wish to have a separate EBOT sponsored exam. This was not supported at this time due to concerns that this might degrade the general EBOT examination at a relatively early stage in its development and acceptance.

In a footnote to the meeting the Greek delegates asked for UEMS support in their discussions with their Department of Health who unilaterally had removed mandatory paediatric training from core training.

Rotterdam meeting

The Rotterdam meeting was hosted by Bart Berger and Anouk Giesberts. Our new president Nanni Allington presented outlining the many meetings she attending on our behalf at central UEMS. A presentation from the president of the Dutch Orthopaedic Association entitled, "European Orthopaedic Uniformity: everlasting dream or possible reality" was well received. The financial situation of the section was presented. Whilst the finances are stable at this time, the cost of co-financing the exam is steadily draining resources. The importance of continued financial support from the national societies was restated.

The continued updating of the website was presented by Dietrich. The new password reflects the change of president and is now nanni. Dietrich also updated the meeting of developments at EACCME. The reviewers for UEMS in respect of the T&O section now include Derek Bennett. The issue of revalidation is now being discussed but is only currently mandatory in the UK.

The reports from the various multidisciplinary joint committees illustrated the only a few of them are active currently (Clinical skill centres, infection control and adolescent medicine). Reports were presented from the national societies of Hungary and Norway. In Hungary, Orthopaedics and Trauma are separate specialties. For a population of 10 millions there are 645 orthopaedic consultants and 848 trauma specialists. The waiting lists for surgery are close to what exists in Ireland.

University Trauma Centres

There are four University Trauma Centres and seven helicopter bases. In Norway for 5.3 million people there are 755 T&O specialists. All hospitals are state run and the country is served by 4 major traumas centres.

A presentation was received from Don McBride on behalf of the European Foot and Ankle Association (EFAS). Such sub-specialty training is additional to rather than instead of general orthopaedic training. A heated discussion ensued regarding podiatric surgery. The UEMS position is that such surgery must be performed by medically qualified personnel.

EBOT Exams

A report was received regarding recent EBOT exams. There was some concern about forged documents. The passing of the exam allowed for the issuing of a certificate of having passed but was not a certification of completion of specialist training. The pass rate remains at 65 – 70%.

Erasmus Medical Centre

A visit to the new Erasmus Medical Centre (Rotterdam) took place. The rebuilding has taken almost 10 years and has cost 1.1 billion Euro. The adjoining Childrens' hospital has not yet been rebuilt and is there not included in the cost. The new facility has 1700 beds (mostly single rooms) and 39 theatres. They have been unable to open all the beds and almost 10 theatres due to lack of staff!

UEMS Meeting Vienna

The UEMS (orthopaedic section) met in Vienna on the 15th and 16th of November welcomed by our hosts Stefan Nehrer and Catherina Chiari with the new president Nanni Allerton in the chair. Jorge Minero presented the progress of the EBOT exam and its role in harmonising training/ curriculum/ exit exam throughout the union. The common curriculum is now agreed and is based largely on the intercollegiate examination curriculum.

The interim (initial) exam is multichoice, conducted in English, is multi-centre and is free to European trainees. The final exam takes place in English and Spanish and (from 2020) in French. This exam is compulsory in Portugal, Spain and, from next year, in France. The pass rate is currently just over 60%.

A number of delegates discussed continuing difficulties with the amalgamation of elective orthopaedics and orthopaedic trauma as has now taken place in Germany, Austria and the Netherlands.

A report from our Swedish delegate on the accredited skill centres (NASCE) was received. She detailed progress in assessing trainees in the Russian Federation and in China, where AI and virtual reality are being used to assess progressive development in manual skills and operative competence.

Medical Devices Regulations

Per Kjaersgaard-Andersen (Denmark – immediate past president of EFORT) reported on the EU Medical Devices Regulations due to go live in May 2020. He cited past medical disasters (breast implants, the ASR resurfacing and intervertebral disc replacements) as the stimulus for the commission to tighten the regulations. All orthopaedic implants will be classed as high risk whether they are “permanent” such as hip and knee prostheses, or potentially “temporary” such as IM nails or bone screws. They will be subject to extensive investigation and assessment before being awarded a CE mark. In addition, all orthopaedic devices will be subject to re-accreditation every five years. The accreditation process will not only apply to implants but to orthoses and external medical devices such as wheelchairs and crutches. This process is potentially very expensive and will almost certainly inflate the price of such implants. The accreditation process will also extend to proven “legacy” implants such as Exeter hip components. These less expensive devices are less profitable than others and the concern is that manufacturers may take this opportunity to remove such implants from the marketplace citing that it is uneconomic to continue to produce them. This potential increase in implant costs has driven some national governments to reconsider national tendering. National tendering has commenced in France this year. In light of the issues raised by the new regulations, the UEMS has written to the EU Commission citing its concerns. The meeting ended on this somewhat sombre note with the next meeting to take place Tartu (Estonia) on 29th and 30th May 2020.

Gerry McCoy Derek Bennett

Irish Hip Fracture Database



Irish Hip Fracture Database Report 2018

Conor Hurson
Clinical Orthopaedic Lead

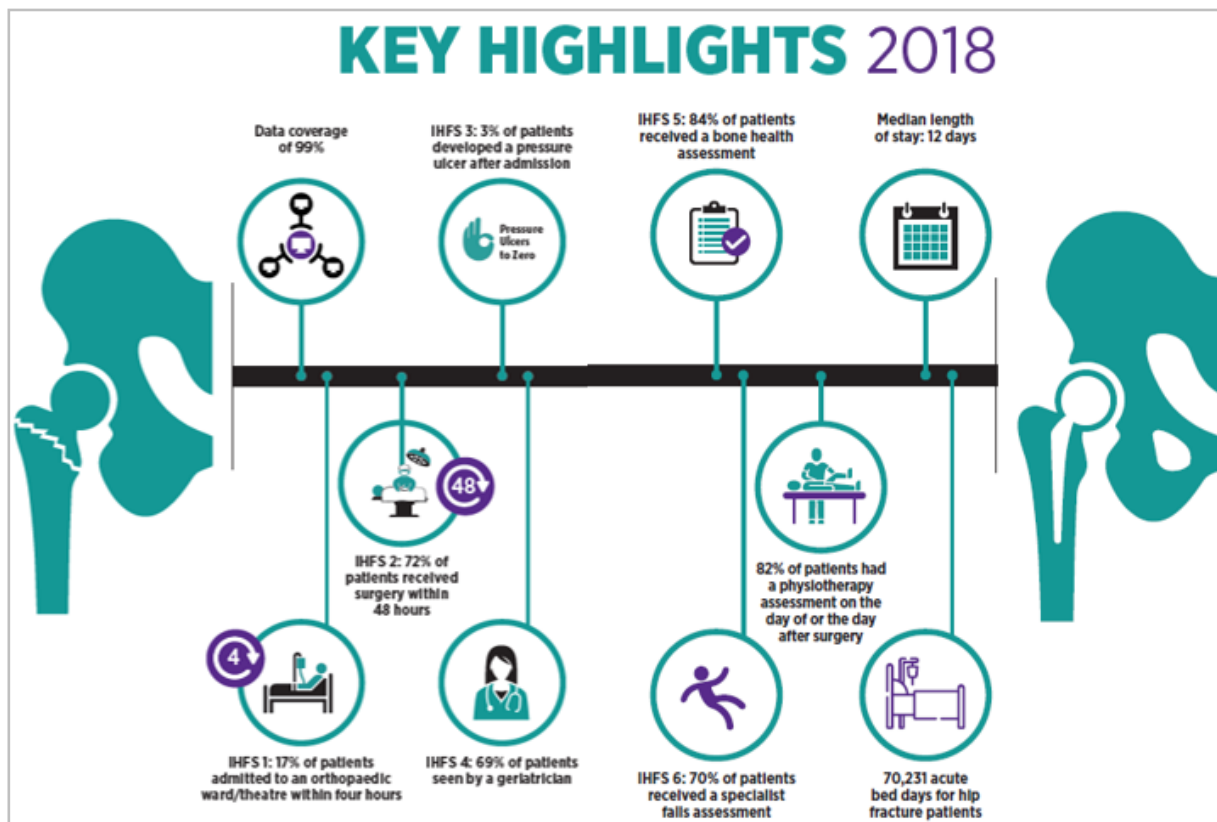
The Irish Hip Fracture Database has just published its sixth and most comprehensive report (12th November). This report includes data on 99% (N=3,751) of all hip fracture cases.

Key Achievements

In 2018 a number of key achievements or changes have been made including:

The successful introduction of the best practice tariff. A payment of €1000 is given to hospitals for each case that meets all six Irish Hip Fracture Standards and enters over 90% of data on time and has a hip fracture governance committee. In 2018, €278,000 was paid out to the hospitals participating in the audit. This money is spent on the trauma service eg equipment for ward, bladder and ultrasound scanners, warming blankets, better seating, dementia friendly equipment for ward environment, staff education etc.

- Highest level of data coverage ever achieved 99%.
- 15 out of 16 hospitals have a hospital hip fracture governance committee.
- Improvements in 5 out of 6 Irish Hip Fracture Standards
- 15 out of 16 hospitals now have an orthogeriatric service
- Hospital stories as exemplars of good performance or improvement.
- Quality Improvement collaborative for the IHFD hospitals on the 30th September 2019
- New quarterly reports issues to the hospital to further enhance their improvement work.



Professional Competency Scheme



PROFESSIONAL DEVELOPMENT AND PRACTICE COMMITTEE

Frank Dowling PCS Representative

This scheme is now in its eight year having been introduced by the Medical Council as a result of

legislation in 2011.

The RCSI Professional Development and Practice Committee meets 4 – 5 times per year and Mr Simon Cross, Council Member was in the Chair of the Committee from September 2018 – taking over from Mr Joseph O'Beirne. 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)
The College continues to work closely with the Medical Council to expand professional development activity offerings for non-consultant hospital doctors, working in the fields of surgery and emergency medicine. 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. Enrollees on this scheme can avail of up to three CPD courses free of charge.

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. There has been a substantial increase in the number of courses available on the CPD Support Scheme and booking of courses is now online.

Evaluation of Committee

During the year it was agreed that the Terms of Reference of the Committee be broadened to include: Governance for new educational courses / programmes and proposals should be submitted to the Committee for approval. The development of a surgeon assistance programme. Surgeon remediation and wellbeing/personal support which would provide a better professional service to surgeons and, as a professional body, help surgeons in professional difficulty.

PCS Credits Review 2017 – 2018

It was noted that 60% of all doctors engaging with RCSI PCS meet or exceed the minimum requirements

with 77% of those on the Specialist Register meet or exceed that standard. While 80% of doctors meet requirements with regard to external activities audit is the area that provides the greatest challenge with only 60% uploading evidence of a completed audit in their portfolio.

CPD approval – Appeal Regulations

Appeals regulations in relation to CPD approval were approved. The procedures laid out in the document have a mechanism in place to allow an appeal on decisions regarding approval of events. GDPR Guidelines booklet is available. GDPR and length of time data can be retained by the PCS database.

In consultation with the College legal advisors it was agreed that data should not be retained beyond the time required for statutory purposes. Therefore, the RCSI PCS cannot hold data beyond six years and the portfolio has been revised to accommodate this and users will be informed. A process will be put in place to notify doctors of when this deletion of records will take place.

RAS v RCSI Court Appeal Hearing

RCSI won the Supreme Court case. The Supreme Court overturned the Court of Appeal reversal of the original High Court finding in favour of RCSI. This has taken six years to resolve and RCSI had to pay its own legal costs.

Maintenance of Professional Competence (MPC) model

The Medical Council plans to undertake an independent review of the Professional Competence Schemes as they are now in existence for eight years and the Forum requested that the terms of reference of the review be discussed in the first instance. Also the Medical Council is exploring the creation of a new independent process for CPD approval.

Medical Council – zero credits

The Medical Council will be liaising with Doctors with zero credits recorded in the last three consecutive years. The RCSI will continue to liaise with such doctors offering appropriate support. On 31st May 2019, the RCSI PCS department are required to advise non-compliant doctors that their details will be sent to the Medical Council by 7th June 2019. The committee continues to assist the college in negotiations with the Medical Council.

For further information on any of the topics covered please email me frankedowling@gmail.com

PATIENT SAFETY

Clinical Programme



See pages 42-44



Clinical Advisors



See pages 46-47



Regional Leads



See pages 48-49



Trauma and Orthopaedic Clinical Programme

2010

INCEPTION

2011

Orthopaedic Project established by Mr David Moore, Mr Paddy Kenny (with the support of IITOS) in collaboration with Dr Barry White, then Director of Strategy and Clinical Programmes, HSE.

2012

Set up of MSK Physiotherapy project in collaboration with the Rheumatology Programme. Developing the Irish Hip Fracture Database in collaboration with the Irish Geriatric Society

2013

The National Clinical Programme for Trauma and Orthopaedic Surgery was set up under the auspices of the Clinical Strategy and Programmes Division of the HSE.

2014

The development of the Model of Care for Trauma and Orthopaedic Surgery

2015

Commencement of the development of a Policy for a Trauma Network for Ireland in Collaboration with the Department of Health.

2016

Implementation of the Model of Care recommendations. Continuing the development of a Policy for A Trauma System for Ireland

2017

Completion of the Policy for a Trauma Network for Ireland Development of Trauma Assessment Clinics

2018

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

2019

National Clinical Lead for Trauma appointed

The National Clinical Programme for Trauma and Orthopaedic Surgery (NCP TOS)

Trauma and Orthopaedics is a high volume, high-risk specialty in terms of both waiting times and service delivery, crossing both planned (scheduled) and trauma (unscheduled) care and is a 'tracer' specialty for most mixed specialty hospitals.

The Programme acts as an advisory body for acute hospitals and the DOH across a range of issues, Metal on Metal implants, Taskforce for staffing and skill mix, development of Operating Department Assistant role, Bypass protocols. The programme regularly supports hospital management/hospital group management/consultants in trauma and orthopaedic hospitals.

Principles of the National Clinical Programme for Trauma and Orthopaedic Surgery

- Increase the safety and accessibility of trauma and orthopaedic care to patients through robust, streamlined care implemented consistently across the service.
- Equity of access for patients to unscheduled and scheduled care.
- Development Networks /Hub & Spoke Model for Scheduled Care similar to the Trauma System Model.
- Improvements in waiting times delivered through an effective partnership between Primary and Secondary Care, with appropriate protocols and documentation in place for referral and discharge.
- Care delivered at the lowest appropriate level of complexity through comprehensive care pathways that patients can easily access and service providers can deliver, which is a principle of Sláintecare.
- Audit Governance – Irish National Joint Register and Irish Hip Fracture Database

Trauma and Orthopaedics has led on change in healthcare delivery.

Best Practice Tariff

A major achievement for the programme was the agreement by the Healthcare Pricing Office in collaboration with Dr Colm Henry and the NCP TOS to pay a Best Practice Tariff for Hip (BPT) Fracture patients. To qualify for the BPT all the Irish Hip Fracture Standards must be met. This tariff has incentivised improved quality care for a vulnerable group of patients.

The Irish Institute of Trauma and Orthopaedic Surgery is the Clinical Advisory Group for the programme. Two new groups will be established in January 2020, a Health and Social Care Group and a Nursing Group. Both of these will be available as a resource for the programme in their specialist areas. This will be particularly important for updating the model of care.

Trauma Assessment Clinics

Trauma Assessment Clinics (TAC) model is a proven method of ensuring that only patients who require follow-up at fracture clinics would receive such appointments (National Model of Care for Trauma and Orthopaedic Surgery 2015). Studies from centres with established virtual fracture clinics reveal a safe and robust patient pathway with good functional outcomes and patient satisfaction. TAC clinics are consultant delivered with multidisciplinary input. The Programme is delighted that the awarding of a Sláintecare grant of €200,000 has recognised the success of TAC. We continue to lobby for the additional funding required to rollout TAC nationally.

Musculoskeletal Physiotherapy Triage Programme:

Continues to perform exceptionally well, an Interface Model has been developed and the Programme is currently seeking funding to launch this.

Mr Brian Lenehan has already commenced a pilot of the Interface Model in North Clare and we commend his initiative.

The vacant MSK Performance and Planning Lead post (PPL) will be advertised in January, the former MSK lead Aisling Brennan has returned to clinical work. We would like to acknowledge the great work that Aisling has done in developing this role. We have secured an agreement with the MSK Steering Group that the PPL post will transfer to RCSI from January.



L-R Ms Catherine Farrell, Ms Niamh Keane

Delivered Benefit:

MSK Triage Initiative led to a 130,000 reduction in Orthopaedic and Rheumatology waiting lists (combined), 80% of these are orthopaedic.

Planned Benefit: Interface Clinics will remove an estimated 7,800 MSK patients (or more) from the acute setting over the 3-year period.

Planned benefit: Interface clinics, if adopted nationally post pilot, will remove an estimated 65% of MSK patients from the acute setting.

Planned Benefit: Patient experience improved as Interface Clinics triage patients in a far more efficient and effective manner.

Fracture Liaison Services:

The programme established a National Fracture Liaison Development Group Committee in 2018. The purpose of this multidisciplinary steering group is to develop and implement a national programme to improve patient outcomes after a fragility fracture through compliance with national and international standards. The group's focus is on implementing recommendation 15 of a Trauma System for Ireland: Report of the Trauma Steering Group (2018) – The HSE should develop a comprehensive Fracture Liaison Service to provide high quality, evidence-based care to those who suffer a fragility fracture with a focus on achieving the best outcomes for recovery, rehabilitation and secondary prevention of further fracture.

The group meet regularly and are currently scoping out the establishment of a FLS Database pilot. Pharma funding has been secured for the pilot.

Trauma Review Implementation Group (TRIG)

The NCP TOS continues to drive and support the implementation of the national trauma system. Collaborate and advise the National Clinical Lead for Trauma Services, in developing trauma network protocols for major trauma patients. Provide advice and support to the candidate major trauma centres and trauma units on best practice in delivering trauma and orthopaedic care. Continued focus on driving expansion of bypass protocol implementation

Back Pain Pathway. This is the first in a suite of standardised referral guidelines, to be developed, with the aim of establishing best practice GP electronic referral guidelines to improve primary care assessment and treatment and reduce referral patterns from GPs to secondary care.

The programme continues to provide governance and support to the Irish Hip Fracture Database, The Irish National Orthopaedic Register, The Major Trauma Audit and scoping out the development of a National Spine Audit.

Collaboration:

We continue to have close collaboration with a range of senior decision makers in the HSE and the DOH, including, the National Clinical Advisors and Group Lead for Acute Hospitals and Primary Care, the Chief Clinical Officer, Deputy Director General for Strategy HSE, National Treatment Purchase Fund and the Chief Clinical Information Officer. We also liaise with other Clinical Programmes, HSE Strategy and Acute Divisions.

Irish College of General Practitioners (ICGP)

To date we have had limited engagement with GP's, it has been challenging to progress any of our integrated projects through the HSE Primary Care route. Early this month we held a meeting with Dr Tony Cox the Medical Director of the ICGP. This was a very productive meeting; we now have a communication channel with the ICGP and its various subgroups. Dr Cox expressed a particular interest in the development of an injection therapy course for GP's. We have requested an opportunity to present to the ICGP Council on the wider musculoskeletal agenda.

Special Thanks / Mention

The Programme leads would like to thank the following:

The clinical advisors, Marcus Timlin and Eoin Sheehan

The regional leads, Brian Lenehan, Eoin Sheehan, May Cleary, Alan Walsh, Seamus Morris, Bill Gaine, and Paula Kelly.

The Health Social Care and Professional (HSCP) lead for the Programme - Edel Callanan.

We also wish to acknowledge the cooperation and collaboration of our colleagues nationally, this is very important, as the programme is here to support and assist you all.

We would also like to congratulate Keith Synnott in his new role as National Clinical lead for Trauma. The appointment of a national clinical lead for trauma is a milestone day for the speciality and in particular for trauma patients.

David Moore
Clinical Lead

Paddy Kenny
Clinical Lead

Irish National Orthopaedic Register

We are delighted to announce that IRISH NATIONAL ORTHOPAEDIC REGISTER (INOR) is now live in eight Hospitals nationally, SIVUH, MRHT, Croom Orthopaedic Hospital, Kilcreene Regional Orthopaedic Hospital, Our Lady's Hospital, Navan, Cappagh, National Orthopaedic Hospital and University Hospital, Kerry. The most recent Hospital to Go Live is Kerry, which went Live in Pre Op Assessment on Tuesday 17th September, followed by Theatre Go Live on Monday 30th September. INOR in Cappagh is under the clinical leadership of Mr John Rice, Ms Eimear Conroy and Mr Tony Higgins, Orthopaedic Surgeons.

80% of national activity in the public elective sites has now been captured.

Next Go Live Site

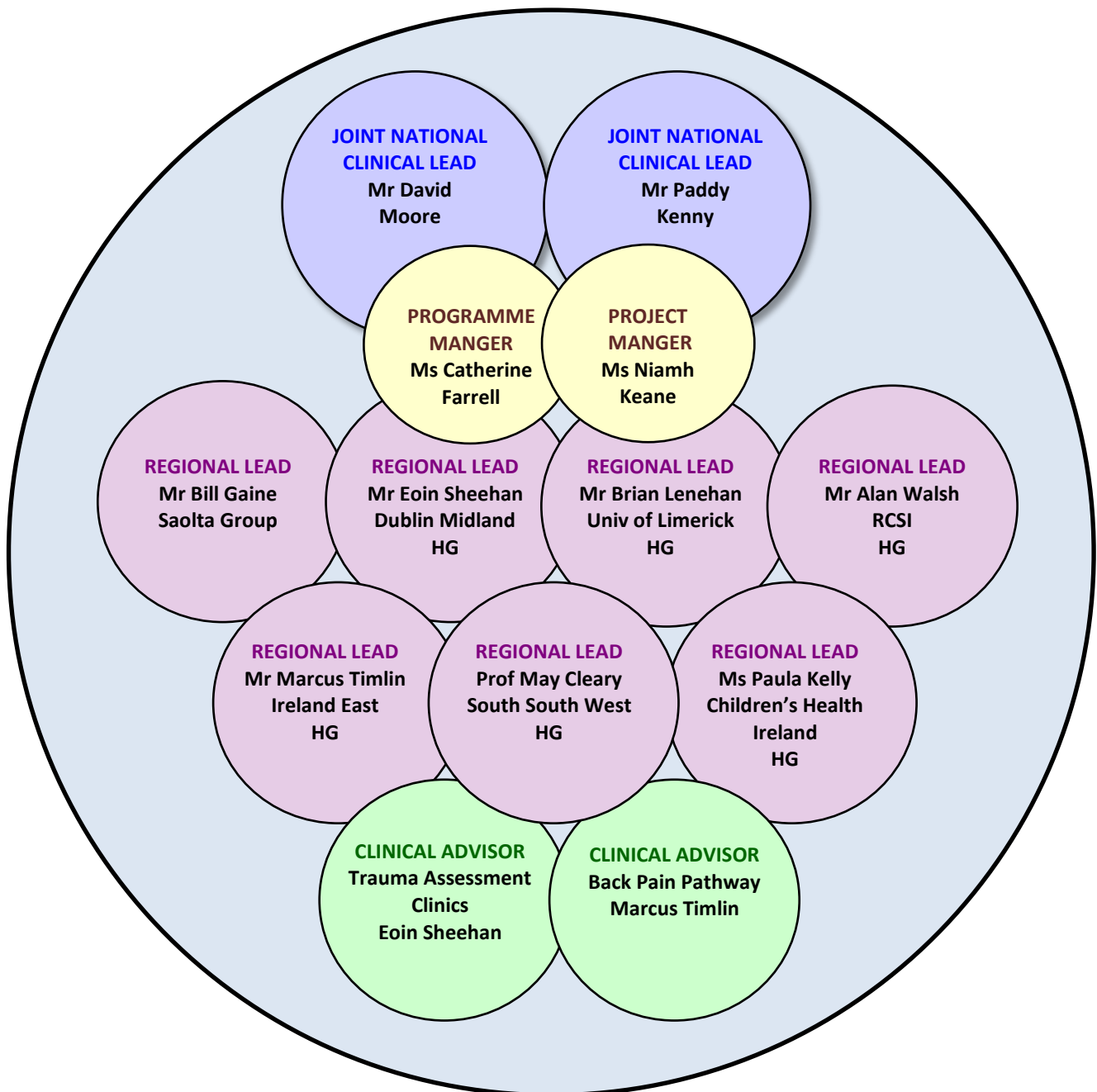
Our next site planned to Go Live in our first Private Hospital, the Blackrock Clinic and the project has progressed very quickly with an expected Go Live date before the end of the year. Implementations has commenced in Tallaght University Hospital. Other private hospitals have engaged with the INOR National team. The remaining public sites are due for implementation in early 2010 and INOR Governance are advocating for ANS in the remaining sites, without which a site cannot progress further. The first hospital reports will be issues in Q1 2020 where hospitals will start to review their own data initially.

If you wish to receive any information by us in your Hospital, please email inor@noca.ie or contact 087 9781008.



INOR goes Live in Merlin Park University Hospital with INOR Clinical Lead, Mr Colin Murphy (fourth from left).

NATIONAL CLINICAL PROGRAMME FOR TRAUMA AND ORTHOPAEDIC SURGERY



Trauma Assessment Clinic (TAC)

Mr Eoin Sheehan, Trauma Assessment Clinic (TAC) Clinical Advisor

TAC

At this stage, you all know that the TAC is an initiative of the National Clinical Programme for Trauma and Orthopaedic Surgery. I have been involved in it for the past 3 years. Last year I became an official advisor to the programme, funded by the HSE Clinical Design and Innovation Division. Our plan is to scale the TAC nationally to all our trauma units. We run it successfully in Tullamore covering our network hospitals Mullingar, Portlaoise and Primary Care centres in Longford and Athlone. Its benefits are enormous for both the service and the patients. We started the national rollout with a briefing workshop hosted by the RCSI last year. Over eighty participants attended and it was an excellent kick-start to the whole process.

Clinical Leadership

Local orthopaedic consultants lead the process with the assistance of paramedical staff and administration. Crumlin hospital launched and are now fully functioning. Blanchardstown, Tallaght Paediatric and the Mater are also up and running. Cork, Waterford, Letterkenny, SVUH and Drogheda have piloted and are in the process of streamlining and hopefully these units should be up and running in 2020. Tallaght adult and Sligo are also on the verge of piloting and driving the process forward. Many other units are also attempting to get the system up and running.

Process Mapping

To simplify the process and to avoid “re-inventing the wheel” we have borrowed the Glasgow virtual fracture clinic protocols and systems. The process starts with a visit to Tullamore to see the system in operation. This visit is essential so all stakeholders and people involved in any proposed pilot have opportunity to air questions regarding the processes. In earnest, all it takes is 2-3 committed paramedical staff to drive the agenda. Most units find that involving their physio departments early helps. Many ESP/MSK physios are well skilled in orthopaedic assessment and are willing to participate in the TAC. Nursing staff in OPD can occasionally be suspicious but once they see the realisations and advantages generally, they are happy to participate. It is a simply a proposal that allows better utility of staff and patients time. Personally, it has freed up 12-16 clinics for me. The obvious net effect of this “time release” is that I have more time to see and operate on elective patients as well as being able to allocate time to trauma patients who need a higher level of consultant support.

The Team

I am grateful to Marc O'Reilly and to Prof John O'Byrne for facilitating Marc's pursuit of an MCh through the RCSI.

Marc chose the TAC as the subject of his thesis and really ran the whole concept from the start. He has written and published five papers, which are themed on the TAC. He has also produced a thesis focusing on quality improvement and patient reported outcomes. To this end, he was the principal applicant in the recent “Sláintecare ” funding call for HSE projects that marry technology with scalability in better patient care.

Sláintecare Integration Fund

The Integration Fund will focus on supporting the development of existing and new best practice projects that are capable of being scaled nationally. The detailed application required an EBM approach coupled with statistics, predicted outputs and patient satisfaction ratings. It also had to be readable and digestible for the reviewers. Catherine and Niamh also had a huge input into this application and will continue to do so. Over 477 projects nationwide applied for the Integration Fund, our application was one of the 122 projects from across the country that was successful.

This is the first time any orthopaedic project has received central allocated funding. A sum of €200k has been allocated in the first round of funding for a national roll out. We intend to use this funding in an attempt to assist units that have established or are about to ramp up the TAC concept. There will be a requirement to have a memorandum of agreement in place outlining the governance arrangement and reporting of activity. Pobal on behalf of Sláintecare is administering the fund. The national clinical programme will have to have programme and system management tools in place to ensure funded projects work within agreed guidelines. As more funding comes on line, we will scale nationally.

The Future

It is an interesting and rewarding concept for anyone that involves themselves in it. It can be at times a difficult task dealing with the various bodies each with their own baggage and agendas. We intend to hold another workshop later this year or early in 2020, all are invited and we urge each unit to have a representative there.

Gratitude

I would like to pass on my thanks to Marc, Breda (CNS), Michelle (ESP), Niamh, Catherine and Oisín Breathnach as well as my colleagues in Tullamore and in the units around the country. I would also like to thank Dave Moore and Paddy Kenny for constantly pushing the project both on the ground in their own units and nationally at the various committees. It is an excellent idea and we all need to get this across the line as I feel it sets our profession apart from the other disciplines. The award of the Sláintecare funding is testament to the merits of the project. It represents an endorsement from the Dept of Health/HSE that we are able to develop innovative models to improve patient care and that through clinical leadership we can actually implement them.

Back Pain Pathway

Marcus Timlin
Clinical Advisor

Initial Remit and progress

Initially was tasked with composing an e-referral form to rationalise and improve the clinical pathway for patients with back and neck pain (spinal conditions). This is to be a fore runner to sub specialty specific referrals eg shoulder, hip, knee, foot and ankle.

Initial progress was slow.

Had some worthwhile meetings with National leads David Moore and Paddy Kenny to map process. Catherine Farrell and Niamh Keane have been incredibly helpful and supportive (many thanks!)

We then set about trying to secure funding. Had encouraging meetings with Vida Hamilton and her team in HSE who were supportive of the initiative but unfortunately the e-referral process is 2 years away!

We struggled to obtain funding for a pilot project from HSE and Sláintecare.

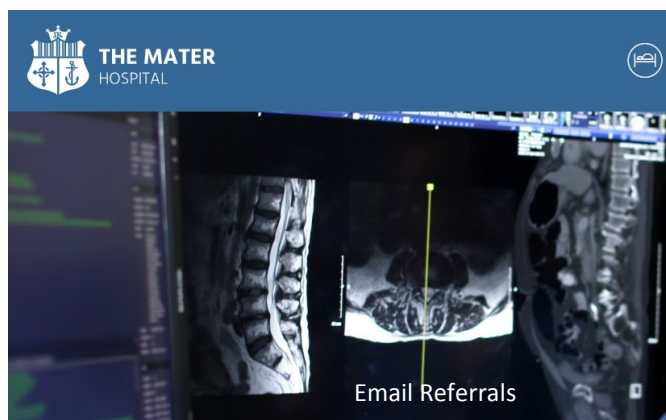
Ultimately have self funded the pilot project in the Mater (using NTPF funds) with incredible help from Dervilla Danaher and Caitriona Murphy. Our MSK physio team have engaged with the process and we have composed a referral form and commenced clinics following a mail shot to GPs.

We have also put the form on our website and invited e-mail referrals. <https://www.mater.ie/healthcare-professionals/gp-referrals/>

We have followed some of the guidelines from the UK and found the Get It Right First Time document on spine surgery process improvement helpful.

Pilot project underway. We will have 6 months of data in February and will re-engage with HSE for potential national rollout. Looking at process improvement in general term for clinics (Lean, Super clinics)

Future direction is e-referral and rationalising local pathways including pain team, rheumatology and MSK physio. Have discussed with neurosurgeons at Irish Spine Society and tabled for discussion at IITOS.



Click on [link](#) to view document

Dublin North East (RCSI) Group

By Mr Alan Walsh

Beaumont Hospital

- Mr. Neil Burke has joined the consultant staff as a new appointment.
- Ms. Annmaria Byrne has commenced in a locum consultant position, including the provision of waiting list initiative clinics in St. Joseph's Hospital, Raheny.
- The number of non-consultant hospital doctors employed in the unit has increased from 4 to 6 registrars and from 2 to 3 senior house officers.
- The orthopaedic theatre has been modernized with new extraction, lighting, audiovisual and IT systems.

James Connolly Memorial Hospital

- Mr. Patrick Groarke has joined the consultant staff, providing a tertiary referral upper limb service with Ms. Olivia Flannery.
- Trauma Assessment Clinics have commenced in JCMH.
- Hip fracture patients from Cavan continue to attend JCMH for treatment with hip fracture bypass in place. This has lightened the hip fracture load for the trauma unit at Our Lady of Lourdes Hospital, Drogheda considerably.
- All hip fracture patients are now receiving fascia iliaca blocks with positive results on pain scores.

Our Lady of Lourdes Hospital, Drogheda

- A major capital development program has taken place in the hospital resulting in the provision of a new state of the art orthopaedic ward this year, with the majority of patients occupying single rooms.
- The program has also included the completion of 5 new operating theatres. 2 of the new operating theatres will be dedicated to orthopaedic trauma between 08.30 - 17.30 Monday to Friday from November 2019.
- Dr. Helen O'Brien has been appointed as a Consultant Orthogeriatrician, providing a full time medical consultation service for orthopaedic patients.

- A fracture liaison nurse has been appointed to manage the bone health needs of fracture patients.
- Trauma assessment clinics continue to run alongside traditional fracture clinics for the Louth / Meath / Cavan / Monaghan / North County Dublin Region.

Our Lady's Hospital, Navan (IEHG)

- The baseline joint replacement activity has been increased to 700 for the first time in many years.
- OLHN was the 5th hospital in Ireland to go live with the Irish National Orthopaedic Register, where the multi-disciplinary team worked closely with the National Office of Clinical Audit to ensure a smooth transition.
- Additional MSK physiotherapists are now triaging all G.P. referrals, resulting in a downward trend in out-patient waiting lists for the first time in many years.
- A refurbishment programme in the Regional Orthopaedic Unit has seen significant +improvements in facilities for both patients and staff.
- Plans have commenced to centralise regional orthopaedic clinics from Cavan, Monaghan and Dundalk to the ROU at OLHN, alongside existing elective orthopaedic clinics.
- Approval has been given from the IEHG for a shared Consultant Spinal Surgeon post between the Mater Misericordiae University Hospital, Cappagh National Orthopaedic Hospital and Our Lady's Hospital Navan, to help cater for the spinal surgical needs of the adult population of the North East.

UL Hospitals Group

Regional Lead
Brian Lenehan

UL Hospital
University Orthopaedic Hospital, Croom
University Hospital, Nenagh

Mr. Cian Kennedy has joined the Consultant staff as a new appointment.

-Special Interest, Hip/Knee Arthroplasty/Revision Arthroplasty

Mr Oisin Breathnach has been appointed, has yet to take up Consultant post.

Approval received for the appointment of Consultants 7 & 8

-Advertisement Jan 2020

Mr Dermot O'Farrell & Mr Brian Lenehan appointed Adjunct Clinical Professors University of Limerick, GEMS strengthening the association between the Dept of Orthopaedics & UL GEMS.

The number of non-consultant hospital doctors employed in the Group remains unchanged 7 SPR/Reg, 9 SHOs, 4 Interns.

Orthopaedic Interface Clinic has commenced in North Clare Primary Care Group.

ANP Lead TAC operational for Nenagh & Ennis LIU with expansion to St John's Hospital Dec 2019.

Acute Fracture Unit(AFU) Complete. AFU is novel new model of care for the delivery of Ambulatory Fracture Care. Phased introduction Q4 2020.

Capital Investment for University Orthopaedic Hospital Croom redevelopment remains Priority 1 for Department in 2020.

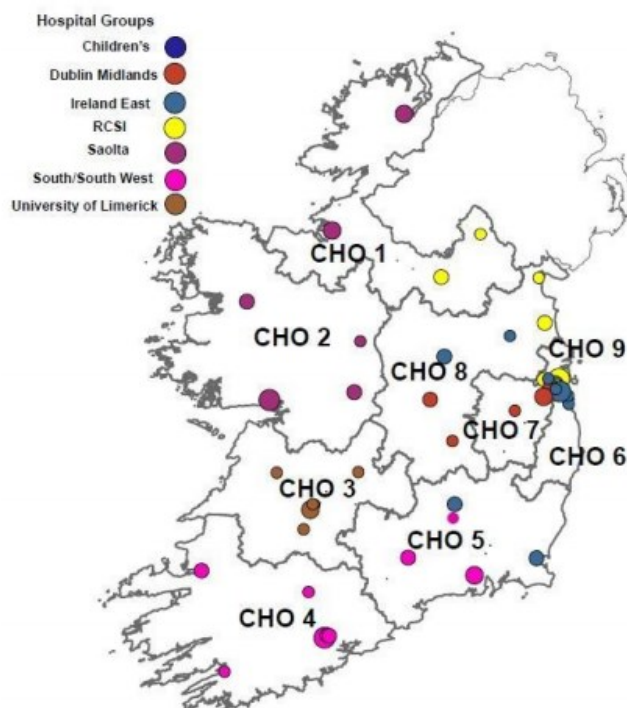
SAOLTA Group

Regional Lead
William Gaine

Mr John Kelly takes up position as our fourth consultant putting us on a 1:4 rota and providing a lower limb arthroplasty service.

We have also get two specialist registers from July A successful Atlantic Meeting was held last November in Sligo Radisson Hotel.

We have also reached most targets in treating our fracture neck of femur patients.



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.

Irish Shoulder and Elbow Society



Irish Shoulder & Elbow Society

It has been a busy and successful year starting with the annual scientific meeting in January. Dr Evan Flatow proved to be an extremely engaging and insightful speaker and give us the benefit of his experience in both shoulder surgery and transitioning from medical to management of a major healthcare network. Ms Lori Michener travelled from the University of Southern California to be the ISERS's guest speaker. Ms Michener is a world-renowned physiotherapist and academic. Director of COOR (Clinical biomechanics, Orthopaedics and sports medicine OutcomesResearch) Laboratory, her research focuses on the study of mechanisms and the diagnosis and treatment of orthopaedic and sports injuries of the shoulder and she was an excellent speaker.

Many ISERS members attended the SECEC meeting in Geneva to support our bid to host SECEC 2021. The bid was presented by Ruth Delaney on behalf of the committee and we were delighted that we were successful - plenty of work for the next couple of years but an opportunity to put Irish shoulder and elbow surgery on the map. We also welcomed both visiting SECEC and ASER fellow for the first time. We look forward to Ms Jo Gibson from Liverpool and Mr Gilles Walch from Lyon as guest speakers for our annual meeting on January 11th 2020 in the RCSI.

Hannan Mullett

Irish Orthopaedic Foot and Ankle Society (IOFAS)



The year 2019 began with the award of two IOFAS Dilworth-Stephens Travelling Fellowships at the Difficult Cases Conference, which took place at the Ulster Hospital Dundonald in January. Mr Ray Dilworth was honored to have been invited to the Conference and to have his name attached to the Fellowship. The recipients were Paula McQuail and Shane O'Neill. The Expert Guest was Mr Steven Hepple from Bristol.

The IOFAS Annual Spring Scientific Conference was held at the Dunraven Arms Hotel in Adare, Co. Limerick. The Expert Guest Speaker was Dr Mark Easley from Duke's Medical Centre, North Carolina. He was eager to share his experience and knowledge with us. The conference was well attended by Trainees, Consultants, Allied Health Professional and Industry Partners.

In the Free Papers session, Raymond McKenna won 1st prize with his paper on 'Morphology and Metabolism of Muller-Weiss Disease'.

The next IOFAS Difficult Cases Conference will take place on Saturday 18th January 2020 at Cappagh with Dr Yves Tourne from Grenoble as Expert Guest. The 2020 IOFAS Annual Scientific Meeting welcomes Dr Martinus Richter from Germany as the Expert Speaker on Saturday 9th May at La Mon Country House in Castlereagh, Belfast. He will give one Keynote lecture and three important lectures related to surgical complications around the foot and ankle, which is the theme of the conference.

IOFAS commits itself to further Education and Promotion of Foot and Ankle Care on the island of Ireland. The British Orthopaedic Foot and Ankle Society will run the BOFAS Principles Course in Derry in May 2020. Thereafter, IOFAS plans to run the same course at different venues throughout Ireland.

The current Secretaries are Mr Dessie Gibson in Derry and Mr Thomas Bayer in Tullamore. The Presidency changes at the May 2020 meeting, with Lester de Souza from Limerick assuming presidency of the IOFAS.

For up-to-date news on IOFAS, please visit the website on www.iofas.org.

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.



IPOS Annual Meeting in Belfast, 11th, 12th October 2019

Irish Orthopaedic Trainees Association



The Irish Orthopaedic Trainees Association (IOTA) is a trainee-led organisation tasked with promoting and improving the standards of orthopaedic training in the Republic of Ireland. Specifically, we represent the interests of trainees in Trauma & Orthopaedic Surgery in the Republic of Ireland. Some events planned for the coming year include a Fellowship Evening, the annual Trainee Dinner in January and the Trainer of the Year award. 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 strongly encouraged, although not compulsory, for those who have gained entry to the Higher Surgical Training pathway in Trauma and Orthopaedic Surgery and have been entered into the Trainee Specialist Division with the Irish Medical Council. For more information, please visit www.ortho-trainee.ie.

President: Niall McGoldrick
Secretary: Matthew Nagle
Treasurer: Rebecca Lyons

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 returned to hospital 108 in Hanoi to do two back-to-back missions which took place over a 10 day period. This was the largest mission ever attempted and/or completed by any Operation Walk chapter.

We did 102 joint replacements in 100 patients over the 2 missions with excellent outcomes for all involved. We strengthened the teaching ties between ourselves and the Vietnamese staff and 2 of the Vietnamese surgeons attended the MAC meeting in Westport two weeks before our mission. **In 2020** we plan to return to hospital 108 for a further mission and do another 100 joint replacements. This mission will be led by Dave Mulcahy and Niamh Laffey Flynn.

Dave 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 year's 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 year's meeting. Good luck to Paul Harrington who will host next year's 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



John O'Byrne



John Quinlan



Brendan O'Daly



Ruairi MacNiocaill



Pat Kiely



Niall McGoldrick

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
RCSI
Hospital Group



May Cleary
Regional Lead
South / Southwest
Hospital Group



Marcus Timlin
Ireland East
Hospital Group



Paula Kelly
Children's Health
Ireland Hospital
Group

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, Ms Anju Jaggi,



Mr Adrian Gheiti with Mr Peter Keogh who won IOTA Trainer of the Year.



Tallaght Core Curriculum, Pelvic and acetabular surgery with Mr Brendan O'Daly in the RCSI.



St James's Core Curriculum with Ms Catherine Bossut, RCSI.

Events Over the Last Year



ST3 Induction Session, with Mr Eoin Sheehan, Director of Training and Mr Brendan O'Daly, Assistant Director of Training June 2019, RCSI.



Irish Spine Society Meeting, L-R Mr Michael Dodds, Mr Joe Sparkes, Mr Marcus Timlin.



Irish Hip Fracture Meeting in the RCSI, 12th November 2019
Mr Conor Hurson, Dr Emer Ahern.



Core Curriculum, Interface Day, RCSI for Prof Ruairi MacNiocaill and Mr John Quinlan.

Committee Members

RCSI Council	David Moore Joe O'Beirne Paddy Kenny
IITOS Education Committee	Mr Eoin Sheehan Professor John O'Byrne Professor John Quinlan Professor Ruairi MacNiocaill Mr Finbarr Condon Mr Pat Kiely Mr Brendan O'Daly Mr Niall McGoldrick
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 Paula Kelly - Children's Health Ireland Marcus Timlin - Ireland East Hospital Group
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	Niall McGoldrick - President Matthew Nagle - Secretary Rebecca Lyons - Treasurer
Professional Competence Scheme Committee	Frank Dowling - Orthopaedic Representative

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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
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 Flannery, Olivia, Ms
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 Glynn, Aaron, Mr
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 Kennedy, Jim, Mr
 Kutty, Satish, Mr
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 McKenna, Paul, Mr
 Mohamed, Khalid, Mr
 Molloy, Alan, Mr
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 Moran, Cathal, Professor
 Moran, Ray, Mr
 Moreno, Alonso, Mr
 Moroney, Paul, Mr
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 Morrissey, David, Mr
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 Mullett, Hannan, Mr
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 Murphy, Martin, Mr
 Murphy, Paul, Mr
 Murphy, Terence, Mr
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 Niall, Dorothy, Ms
 Nicholson, Paul, Mr
 Noel, Jacques, Mr
 O'Briain, David, Mr
 O'Byrne, John, Professor
 O'Donnell, Turlough, Mr
 O'Loughlin, Padhraig, Mr
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 Rice, John, Mr
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 Sayana, Murali, Mr
 Shaju, Anthony, Mr
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 Sparkes, Joe, Mr
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 Thomas, Joe, Mr
 Timlin, Marcus, Mr
 Vioreanu, Mihai, Mr
 Walsh, Alan, Mr
 Zubovic, Adnan, Mr

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 Byrne, John, Mr
 Colville, James, Mr
 Corrigan, John, Mr
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 Dowling, Frank, Mr
 Fenelon, Gary, Mr
 FitzPatrick, David, Mr
 Fogarty, Ossie, Mr
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 Shannon, Fintan Sr, Mr
 Smyth, Hugh, Mr
 Thompson, Frank, Mr
 Walsh, Martin, Mr

* List updated 30/11/19

Recently Appointed Consultants



Mr Joseph Queally MD FRCS (Tr & Orth) M Ed (Surg Ed)

Mr. Joseph Queally is a Consultant Orthopaedic Surgeon with positions at St James's Hospital, Tallaght Hospital and the Beacon Hospital. He graduated from UCD and completed surgical training via the RCSI surgical training pathway culminating in the award of CCST in 2015. He then completed a fellowship in complex trauma and arthroplasty at Addenbrooke's Hospital in Cambridge in 2015 and was subsequently appointed a Consultant in the unit in 2016. Addenbrooke's Hospital is one of the leading major trauma centres in the UK with a catchment population of 6 million. He was the departmental head of trauma at the time of his return home to take up a Consultant post in Ireland in 2019. His clinical areas of interest are major trauma, pelvic trauma, arthroplasty and bone infection. Along with his clinical activity, he is an active academic and has been awarded an MD from UCD on the failure of hip replacements. He is an NIHR grant holder and principal investigator for a multi-centre clinical trial in acetabular fracture management being led from Cambridge. He is also interested in education, has completed an M Ed from Imperial College London, and directed two cadaveric trauma courses in Cambridge.



Mr Padhraig O'Loughlin MD FRCS (Tr & Orth)

Padhraig is a Consultant Orthopaedic Surgeon at Cork University Hospital, South Infirmary University Hospital and the Mater Private Cork. He graduated MB BCH BAO from University College Dublin and was an intern at the Mater Misericordiae University Hospital and University Hospital Limerick. He then pursued a Research Fellowship at Hospital for Special Surgery, New York which generated basic science research towards his MD degree. During his final year in New York he was appointed as the Iscol Computer Assisted Surgery (CAS) Fellow and also served as Clinical Co-ordinator for an international mesenchymal stem cell study in lumbar spine fusion. Upon his return to Ireland he completed Basic Surgical Training obtaining MRCS. He then completed Higher Surgical Training, including two years in the West of Scotland deanery at Golden Jubilee National Hospital, Clydebank (Tertiary Arthroplasty centre serving all of Scotland excluding Greater Glasgow & Clyde) and Queen Elizabeth University Hospital (approx. 1770 bed Level 1 Trauma Centre serving the West of Scotland including the Western Isles). During this time, he completed his FRCS exams & obtained a Diploma in Computer-Assisted Orthopaedic Surgery. He was awarded his CCST in 2017. He then travelled to Lyon, France for a hip & knee arthroplasty fellowship and then to Genk, Belgium for further experience in hip arthroplasty. Finally, he organised a short clinical visit in St. Malo, France in hip & knee computer navigated joint replacement. His practice involves general trauma surgery with a tertiary referral interest in hip & knee surgery. He remains keenly involved in research and teaching with ongoing research collaborations both at home & abroad. He currently serves as the Lead Specialty Editor for Basic Science for the UKITE exam.



Mr Paddy Groarke FRCS (Tr & Orth) MCh

Mr. Patrick Groarke has recently been appointed to Connolly Hospital, Blanchardstown and Cappagh National Orthopaedic Hospital as an Orthopaedic Shoulder, Elbow, Wrist and Hand Surgeon. He graduated from UCD and underwent basic surgical training in Dublin, becoming a member of the Royal College of Surgeons. Following this, he completed a full time MCh by Module at the RCSI. He subsequently undertook orthopaedic Higher Surgical Training in Ireland, being awarded FRCS (Tr&Orth) in 2015 and completing two further years in Ireland specialising in upper limb surgery before being granted CCST. He then did a year of fellowship in Brisbane under Prof Mark Ross at Princess Alexandra Hospital and the Brisbane Hand and Upper Limb Research Institute. There, he gained experience in all conditions of the upper limb. He followed this with a fellowship under Prof Peter Brownson, the then President of the British Elbow and Shoulder Society (BESS) where he was exposed to more complex conditions of the shoulder and elbow. Patrick's practice involves all aspects of general orthopaedic trauma and all elective conditions of the upper limb.

Recently Appointed Consultants



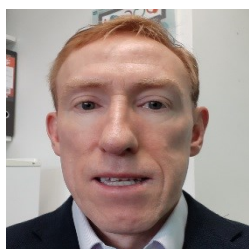
Mr John Kelly M.B. B.Ch. BA.O., M.D.,M.Sc., FRCS (Tr. & Orth.)

Mr. John Kelly has recently been appointed to Sligo University Hospital. He graduated from University College Dublin in 2005 and underwent Basic Surgical Training in Galway. He completed a two year research Medical Doctorate in the Department of Surgery & Regenerative Medical Institute (REMEDI), at the National University of Ireland, Galway and an MSc in Healthcare Informatics through UCD, in 2010. He subsequently commenced Higher Surgical Training with the RCSI, was awarded FRCS (Tr. & Orth.) in 2016 and CCST in 2017. He then undertook a 1 year fellowship in Hip and Knee Arthroplasty in Perth, Western Australia, returning to Ireland in 2018. His practice involves general trauma surgery and he has a sub specialty interest in Hip and Knee Arthroplasty.



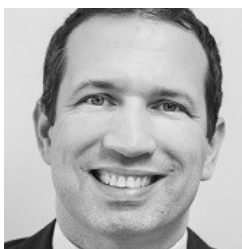
Mr Neil Burke FRCS MB BCh BAO, MCh, FFSEM, FRCS (Tr&Orth)

Mr Neil Burke is a consultant orthopaedic surgeon with a specialist interest in hip and knee surgery. Neil specialises in computer navigated total knee replacement, partial knee replacement, total hip replacement and sports knee injuries. He completed his medical degree in Queen's University Belfast in 2004. In 2012, he was awarded the British Elbow and Shoulder Society's (BESS) Lipman Kessel prize for his research involved in his Masters of Surgery (RCSI). He completed his higher surgical training scheme in Trauma and Orthopaedics in 2016, and is currently a Fellow of the Royal College of Surgeons in Ireland (RCSI) in Trauma and Orthopaedics and also in Sports and Exercise medicine. Neil completed a lower limb reconstruction fellowship in North Shore Hospital, Auckland, New Zealand. He works as a Consultant at Beaumont Hospital, Cappagh National Orthopaedic Hospital and the Sports Surgery Clinic.



Mr Rob Bruce-Brand BScEng MSc MB MCh FRCSI

Rob is originally from South Africa and after military conscription and 5 years working as an electronic engineer in Durban specializing in microprocessor-based embedded design, became interested in developing medical devices and completed a Masters in Medical Electronics & Physics at the University of London in 1999. While working part-time at St Bart's Hospital in London, he developed a calling towards clinical medicine and commenced a medical degree at Trinity College, funding his studies during the Celtic Tiger years as an embedded software programmer. He graduated as a Trinity Scholar in 2005. He proceeded with medical training in Ireland and an MCh from the RCSI, and completed the Irish National Orthopaedic Training Programme in July 2018. He completed a fellowship in lower limb arthroplasty at Musgrave Park Hospital in Belfast with Professor David Beverland and colleagues. His specialty interests include hip and knee arthroplasty and enhanced recovery after surgery. Current research includes novel means of optimizing acetabular component orientation. Rob was recently appointed as a consultant orthopaedic surgeon at Altnagelvin Hospital in Derry.



Mr David O'Briain MB BCh BAO, HDipMed, MCh, MSc, FFSEM, IMRCS, FRCS (Tr & Orth)

Mr David O'Briain graduated with honours from University College Dublin in 2004. He obtained a Masters degree in surgery from NUI Galway for his clinical research and obtained a further Masters degree in healthcare informatics from UCD. He was awarded FRCS(Tr&Orth) in 2014 and completed CCST in 2016. He undertook an AOA accredited fellowship in shoulder and elbow surgery in the Sydney Shoulder Research Institute. Mr O'Briain was awarded an ACGME accredited sports surgery fellowship from the University of South Florida and subsequently earned a further ACGME accredited fellowship in shoulder and elbow surgery from the Florida Orthopaedic Institute in Tampa, Florida. He returned to Ireland in 2018 to practice as a consultant in University Hospital Waterford and Kilcreene Regional Orthopaedic Hospital, Kilkenny. He now practices in the Mater and Cappagh hospitals in Dublin as a trauma and orthopaedic consultant with a subspecialty interest in surgery of the upper limb and sports surgery.

IITOS NATIONAL ORTHOPAEDIC LITERARY AWARD (NOLA)



Established in 2016
For undergraduate students in clinical years in Irish Medical
Schools, who have an interest in creative writing.

Roll of Honour

2016 - Stephen Flannery, TCD
"Tender Loving Care"

2017 - Catherine O'Mahony, UCC
"As Many Different Ways to Weather a Storm as There Will Be Storms to
Weather"

2018 - Laura Byrne, 3rd Year Med, TCD
"Tea Time"

Laura Byrne

Tea Time

It wasn't even that sore, really.

She looked at her new cast in the mirror. The shade of blue went well with her uniform actually – the navy knit jumper really made it pop. She shrugged the sleeve of her shirt down and tugged down the sleeve of the jumper. The longer she had to prepare her story before any questions were asked, the better.

The house was silent as she padded downstairs, bare feet sticking to cold wooden steps. The cool tiles felt nice on the soles of her feet as she hit the bottom. She grabbed her shoes from their home under the stairs, and stole warm socks from the hot-press. It was April, and not freezing, but these early mornings could be cold. Three minutes later, adorned with coat and scarf, she opened the door to a brisk, but sunny, morning.

The walk to school took longer than usual – a combination of trying not to break her contract on the slick gravel path, as well as the heaviness that seemed to settle right at the bottom of her feet, like lead in the soles of her shoes. It was as if moving in slow motion, while the rest of the world carried on around her as usual. Which she realised abruptly when she was nearly hit by a cyclist while trying to cross the road. The gesture he made to her with his middle finger was at a perfectly normal speed. Right, she seriously needed to calm down, it wasn't bloody rocket science. She tripped over the hose on Saturday while putting out the bins that night. Just didn't see it in the dark. Hit her arm off the step trying to catch herself. No big deal. It's not like she had a black eye or anything – now that one would be hard to pass off: 'I walked into a door' – yeah, right, sure you did love.

Jesus, she was freaking out over nothing. Pull it together you absolute nutcase.

8:47 am – perfect timing. Enough to answer a few inevitable questions from her friends and the hangers on, but not enough time to go into all the gory details of her extremely traumatic fall over the hose in the garden. She shoved her hands in the pockets of her green pea coat while walking in the front door, and made her way to room 6, shoulders braced against the weight of her backpack. She really need not have worried. After the initial round of questioning from the girls and a couple of jokes at Ciara's expense (she did break her arm tripping over a hose after all, what a plonker), the topic of conversation swiftly moved on to Aoife's birthday at the weekend and what they were all going to wear.

Ciara would have to wear something that didn't clash with her new cast of course – Aoife was the first of the group to turn sixteen and there would be pictures. She settled into the day and it passed like any other. None of her teachers seemed to care about her arm – it was only her left one, she could still do her homework. When that final bell rang though, that was when she knew she'd done it.

She'd pulled it off, and if she could manage to do that today, the first day, then she'd be fine. They'd never guess, and she'd never tell. She wasn't scared going home today.

She had worried she would be, had worried that it would only hit her as she crossed the bridge going through the town, that she'd make it nearly all the way and then turn tail and run. But she wasn't scared, not even a little. She knew he didn't mean to hurt her.

She wasn't scared taking her keys from the front pocket of her schoolbag, or as they jingled on the ring as she slid the front door key into the lock. She wasn't scared when she pushed the door open and stepped through into the hallway, or when she slid her bag off her right shoulder to land on the ground with a thump. She was scared when she heard crying coming from the kitchen.

Ciara closed the door slowly, holding the latch so it didn't make a sound. She didn't know if he had heard her come in yet, and didn't know if she wanted him to know she was there. She slid her shoes off on the mat, and slipped silently up the hall to the closed kitchen door. She felt like an intruder, heart hammering loud enough that it seemed like he should be able to hear it on the other side of the thick wood.

She didn't think there was anyone with him, just his small, broken sobs ringing through the walls, enveloping the house. She sighed and pushed open the door with her good hand. He was sitting at the kitchen table, hunched over, staring at his hands. Tears that seemed to weigh as heavy as drops of rain fell onto his grey suit trousers. Red-rimmed hazel eyes looked up at her, wild and endlessly sad in that moment.

"I'm so sorry", he choked out, and then the tears overcame him and he buckled in on himself, shoulders vibrating, the wrinkled skin on his neck reddening.

She rushed over and knelt by his chair, tried to pry his hands away from his face.

"Granddad you didn't mean to, it's ok, I'm fine".

“And what if I do it again? What if next time you aren’t fine, what if next time I kill you?” he sobbed, grabbing her by the shoulders. His grey eyes were burning now with an anger she’d only seen in periods where he hadn’t been at his fullest. At times where his strong mind played tricks on him. But he was completely aware now. “I am the adult here, I should be the one looking after you, not you looking after me. Not me hurting you. I need to call someone, to get us some help or- “

“No, no please don’t. I don’t want to be taken away, please don’t make me leave you”.

“But I can’t do this anymore, I can’t – I can’t- “the tears were gone now. Confusion, followed swiftly by fear, flitted over his face. He pushed back his chair, releasing her shoulders from a vice grip and staggered to his feet. “Who are you? What are you doing in my house?”

It was as if all the air had been knocked out of her. Ciara sagged back against the kitchen counter, and tried not to give in to the tidal wave that was threatening to drown her in this very moment. “It’s Ciara, grandad, it’s Annie’s daughter. Do you remember Annie?”

A flicker, a candle in a black hole of devouring strength. “Annie”.

“Yes grandad, Annie died, remember? I’m her daughter, Ciara, your granddaughter.”

It was as if he was finding out again for the first time, every time. Every time she told him his daughter had died, she saw the crushing pain in his eyes, quickly masked as only those who have lost much in life have learned to do. Later she would have to tell him about his wife, Marie, about how she had fought so long and so hard, about how pissed off she had been that it beat her in the end. That would come later.

“How about I make us a cup of tea grandad, how does that sound?”, she said, standing up and filling the rusted kettle with water. She glanced over. He looked confused, but not angry, and not scared, which was better than most days. He sat back down in his chair and began to study her with his eyes, as if he were trying to capture every detail, as if she might disappear at any moment.

Ciara poured the boiling water into two cups, and stood there at the counter, stirring the water, watching the teabag dance and bob.

“How did you hurt your arm, dear?”

Her tears fell into her teacup.



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



RCSI



UCC
Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland



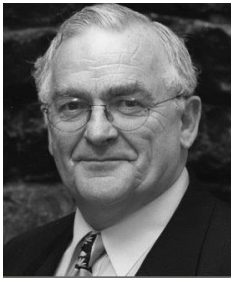
UNIVERSITY OF LIMERICK
OLLSCOIL LUIMNIGH



NUI Galway
OÉ Gaillimh



Obituary



JOSEPH M KELLY MCh ORTH, FRCSI

Joe was born in Dublin, on September 24th 1938 to Dr Tomas (GP in Belmullet) and Bridget Kelly. He was their fourth child.

Joe attended secondary school in Garbally College, Ballinasloe where he unfortunately developed TB and spent a year as a patient in the TB Sanatorium, ironically in Merlin Park Hospital.

He achieved first place, and a scholarship in the RCSI entrance examination and graduated from there in 1963, having won medals in Pathology and Midwifery, and in his final exams was awarded the Lyons Memorial medal in Surgery and Medicine, and the Fitzsimmons memorial medal for proficiency in Surgery.

He also represented the RCSI in rugby, in the Richmond Hospitals Cup.

After his internship in the Richmond and Jervis St Hospitals he worked in Cappagh National orthopaedic Hospital, obtaining his FRCSI in 1967.

He then moved to the USA, working in the Lahey Clinic and also attending Harvard Medical School before returning, to the UK where he worked in Clatterbridge Hospital, near Liverpool.

He obtained his MCh Orth from Liverpool University and also worked with Sir John Charnley in Wrightington gaining experience in the Charnley LFA. He also worked with Sir Denis Wainwright in Stoke-on-Trent.

His next move was to Navan, where he worked briefly as a Consultant Orthopaedic Surgeon, before being appointed Consultant in Merlin Park Hospital, where he took up duty in 1975. In Galway, he also worked in Galvia, now the BSH Galway, as well as lecturing in UCG/NUIG. He retired from active practice in 1999.

Outside of Orthopaedics Joe had many and varied interests: Archaeology, History, Genealogy, the Irish language, Art and Antiquarian books and was affiliated to many learned societies in these fields.

Also, a very keen sailor in his beloved Erris and Connemara, where he was also President of the Connemara Isles Golf Club.

He is survived by his wife (of 52 years) Angela, and his children Dr Tomas, Joe Jnr, Una, Aonghus, Eadaoin and Galvea and by his brother Dr. Des, sisters Mary, Dr Geraldine and Rosaleen; predeceased by his brothers Dr Vivian (ENT) and Tommy.

Ar dheis De go raibh a anam Dilis.

MFxG



BICYCLES
ATTACHED
TO THESE
RAILINGS
WILL BE
REMOVED

RCSI

Calendar of Events 2020

JANUARY

- 3rd** Interim ISCP Annual Review Board
- 11th** Irish Shoulder and Elbow Society Annual Meeting, RCSI
- 15th** Core Curriculum, Cappagh, Basic Science-Biomechanic/biomaterials/statistics, Mr Keith Synnott, Mr James Walsh
- 17th** Mock Clinicals, Cappagh
- 21st-24th** AO Meeting - Basic Principles in Fracture Management, Radisson Hotel, Golden Lane, D8
- 25th** Mock Vivas / Trainee Reviews, Trainers Committee Meeting, RCSI
- 31st** Exeter Hip Meeting - 50 Year Anniversary, RCSI

FEBRUARY

- 11th** Core Curriculum, Galway, Acute Spinal Surgery, Mr Aiden Devitt and Mr Michael Dodds
- 14th** Charter Day, RCSI
- 14th** SpR Shortlisting, RCSI

MARCH

- 5th-7th** 27th Sylvester O'Halloran Perioperative Symposium
- 8th-10th** Mayo Arthroplasty Conference
- 9th** Core Curriculum, St Vincent's, Adult and paediatric musculoskeletal oncology, Mr Gary O'Toole, Mr Alan Molloy
- 27th** Specialty Training Interviews, RCSI

APRIL

- 23rd** Core Curriculum, RCSI, Medicolegal-disclosure, resilience
- Tbc** Cappagh Foundation Day, including Resident's prize

MAY

- 15th** Core Curriculum, TBC, Foot and Ankle

JUNE

- 19th, 20th**, IOA Meeting, Limerick
- 22th** - Core Curriculum, Connolly RCSI, Applied Surgical Anatomy/Approaches, Ms Olivia Flannery, Mr Paddy Kenny

JULY

- Summer holidays

AUGUST

- Tbc** Council / Trainers Meetings

SEPTEMBER

- Tbc** Sir Peter Freyer Meeting
- 8th** Core Curriculum, Limerick, Revision hip and knee replacement

OCTOBER

- Tbc** Waterford Surgical Meeting
- 11th, 12th** Irish Paediatric Orthopaedic Society Meeting, Belfast
- 14th** Core Curriculum, Tallaght Elective, Shoulder and Elbow Elective, Mr Diarmuid Molony, Mr Hannan Mullett

NOVEMBER

- Tbc** Millin Meeting
- 12th** Core Curriculum, Navan/Drogheda, Fractures about the hip and knee, Mr Alan Walsh, Mr Eoin Sheehan
- 27th** IITOS Annual General Meeting and dinner

DECEMBER

- 5th** UKITE Exam, RCSI
- Tbc** FRCS Conferring
- 18th** Core Curriculum, Beaumont, Primary Knee Arthroplasty, Mr Denis Collins, Prof May Cleary

Key Documents

A Trauma System For Ireland Report

<https://www.gov.ie/en/publication/c8640e-a-trauma-system-for-ireland-report-of-the-trauma-steering-group/?referrer=/wp-content/uploads/2018/02/trauma-system-final.pdf/>

Irish Hip Fracture Database National Report 2018

http://s3-eu-west-1.amazonaws.com/noca-uploads/general/Irish_Hip_Fracture_Database_National_Report_2018_FINAL.pdf

Major Trauma Audit Report 2017

<https://www.noca.ie/documents/major-trauma-audit-national-report-2017>

National Model of Care for Trauma and Orthopaedic Surgery 2015

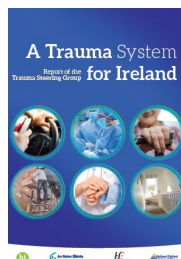
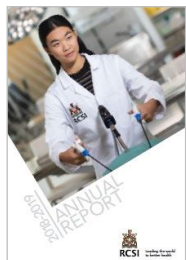
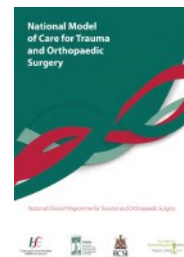
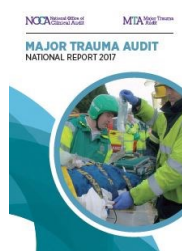
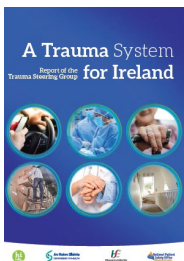
<https://www.hse.ie/eng/about/who/cspd/ncps/trauma-and-orthopaedic-surgery/moc/>

RCSI Annual Report 2018-2019

https://www.rcsi.ie/files/about-us/20191011112846_AD4301%20RCSI%20Annual%20report_FINAL.pdf

Sláintecare Action Plan 2019

<https://assets.gov.ie/9379/05384619bb2240c18c294b60578117e1.pdf>





RCSI MyHealth Lecture - "Arthritis – My Joint Health", chaired by Dr Annie Curtis, Lecturer in Molecular and Cellular Therapeutics at RCSI and featuring Dr Helen French, Senior Lecturer in the RCSI School of Physiotherapy; Professor Trevor Duffy, Consultant Rheumatologist at Connolly Hospital; Professor John O'Byrne, Consultant at the Mater Private Hospital and Specialist in Orthopaedics; and Dr Oran Kennedy, Lecturer in Anatomy and Regenerative Medicine at the RCSI Department of Anatomy. Professor John O'Byrne pictured above. [link](#)

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TEKNO
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