2016

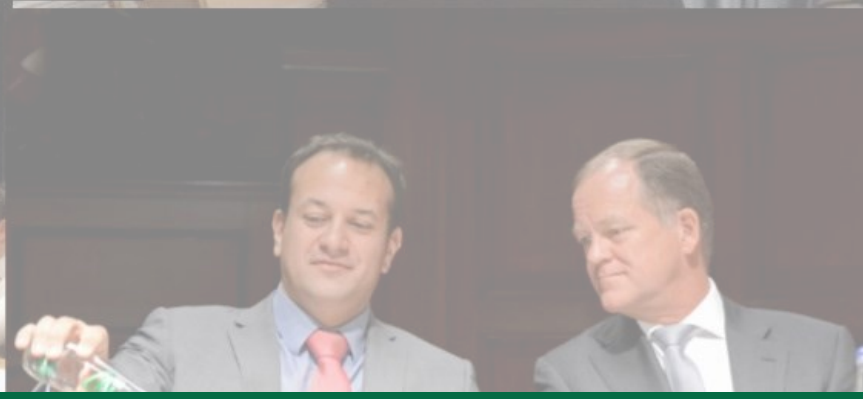
ANNUAL **REPORT**

IITOS
THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY

Irish Institute of Trauma and Orthopaedic Surgery

Excellence in
Patient Care and Surgical Training



THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY

" Delivers orthopaedic training and guidance on developments in musculoskeletal health at national level under the auspices of the Royal College of Surgeons in Ireland."




Key Figures 2016

30
Council Committee Members

24
Trainers' Committee Members

7
Education Committee

30
Mentors

83
Consultant Supervisors (Trainers)

52
Higher Surgical Trainees

104
IITOS Members
+ 31 hon members

28
Clinical Programme Sub Groups

3
Orthopaedic RCSI Council Members

8
Joint and Regional Clinical Leads

Trauma and Orthopaedic Clinical Programme MILESTONES

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

REPORT CONTENTS

IITOS
THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY

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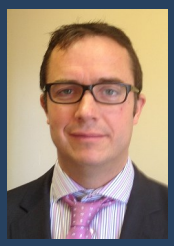
Executive Committee

Mr Paddy Kenny
President

Mr John Quinlan
Honorary Academic Secretary

Mr Seamus Morris
Honorary Clinical Secretary

Mr Mark Dolan
Honorary Treasurer



Mr Finbarr Condon
Director of Training

Mr Eoin Sheehan
Assistant Director of Training

Prof John O'Byrne
Professor of Orthopaedics

Mr David Moore
Joint Clinical Lead

COUNCIL COMMITTEE

Paddy Kenny	President
Seamus Morris	Honorary Clinical Secretary
John Quinlan	Honorary Academic Secretary
Mark Dolan	Honorary Treasurer
John O'Byrne	Prof of Orthopaedics
Finbarr Condon	Director of Training
Gary O'Toole	Intercollegiate Board
Maurice Neligan	Private Sector
Pat Kiely	SAC Representative
Joe O'Beirne	RCSI Representative
Michael O'Sullivan	RCSI Representative
Michael Donnelly	Beaumont
Peter Keogh	Cappagh
Bridget Hughes	Castlebar
Olivia Flannery	Connolly
Rehan Gul	Cork
David Moore	Crumlin
Fintan Shannon	Galway
Anthony Shaju	Letterkenny
Brian Lenehan	Limerick
Marcus Timlin	Mater
Paul Harrington	Navan / Drogheda
William Gaine	Sligo
Tom McCarthy	St James's
Kieran O'Shea	St Vincent's
Tbc	Tallaght Elective
John Quinlan	Tallaght Trauma
Noelle Cassidy	Temple Street
John Rice	Tralee
Eoin Sheehan	Tullamore
Gerry McCoy	Waterford

TRAINERS COMMITTEE

Paddy Kenny	President
John Quinlan	Honorary Academic Secretary
Finbarr Condon	Director of Training
John O'Byrne	Prof of Orthopaedics
Michael Donnelly	Beaumont
Peter Keogh	Cappagh
Bridget Hughes	Castlebar
Olivia Flannery	Connolly
Sinead Boran	Cork
Paula Kelly	Crumlin
Fintan Shannon	Galway
Anthony Shaju	Letterkenny
Brian Lenehan	Limerick
Marcus Timlin	Mater
Aaron Glynn	Navan / Drogheda
William Gaine	Sligo
Tom McCarthy	St. James's
Kieran O'Shea	St. Vincent's
Tbc	Tallaght Elective
John Quinlan	Tallaght Trauma
Noelle Cassidy	Temple Street
John Rice	Tralee
Eoin Sheehan	Tullamore
May Cleary	Waterford

A Message from the President

Paddy Kenny
PRESIDENT

The workload of the IITOS and the Clinical Care Programme is growing month by month. The work involved in the training of orthopaedic surgeons is also becoming more challenging.

We are now involved in multiple projects to try improve the lot of Orthopaedic and Trauma patients across the country. Many Institute members are involved in these projects but there is always room for more. I would encourage any of our members to put themselves forward for assignment to a project. Because of the increased amount of work, we now have two Honorary Secretaries, Seamus Morris, who is the Honorary Clinical Secretary, who has been involved in developing the IITOS website and John Quinlan who is the Honorary Academic Secretary.

Finbarr Condon has been leading the development of the training programme for Orthopaedic surgeons. In recent times, we have had many difficult meetings with the RCSI and Finbarr has been at the forefront of trying to ensure that the IITOS remains as the body that delivers orthopaedic training.

As President, I would also like to note the death this year of Mr Albert Wilson, Honorary member of the IITOS. Retired orthopaedic surgeon who worked in Galway from 1975 - 1996.

My update on the Clinical Programme follows.

Acknowledgements
There are many members of the Institute who deserve our thanks. Many of them are mentioned in the reports included in the annual report.
We also a debt of gratitude to Catherine Farrell and Niamh Keane who work tirelessly for the Clinical Programme. They are constantly driving the orthopaedic agenda.

Barbara White and Amanda Wilkinson deserve our thanks for all the work they put into the training programme, the organisation of core curriculum days and IITOS conferences and documents.

My term of office comes to end after this meeting. I intend to stay involved in several of the ongoing projects. I am sure that the incoming President will provide new impetus for the IITOS.

Paddy Kenny

Hospital Visits (MOC)
These are ongoing. Presentations are prepared for each visit and activity data. There is consultation with local Clinical Leads prior to and after the visit. The Programme's engagement with hospital management teams has resulted in some positive developments for the T&O Service.

Trauma Assessment Clinics
A business case has been submitted to Dr Colm Henry for staffing these clinics in the 2017 Service Plan. Eoin Sheehan and the MRHT have led on the project to date. The Clinical Leads, Programme Manager and Project Manager wish to express their appreciation to Eoin and his colleagues. Four development sites have been identified – UHW, OLOL, OLCHC, Tallaght/Naas. Each site will have the support of the programme in rolling out this initiative. Niamh Keane is the Project Manager.

Trauma Policy
Work on the trauma policy is continuing with a view to completion in Q4 2016

Fracture Liaison Service
We are collaborating with Dr Donncha O Gradaigh from UHW to progress the business case for the development of a national Fracture Liaison Service.

Advanced Nurse Practitioner
Nursing roles are developed as a direct response to patient/service/ health needs and organisational requirements at local and national level. Considerations include: Particular needs of the service in the context of the skill mix of the staff available. What are the competencies needed by all staff to deliver the service. Is the expanded role appropriate to Staff Nurse, Clinical Nurse Specialist or Registered Advanced Nurse Practitioner. The post development in UHL is an excellent example of how these posts can be developed locally. The planning element is very important and the consultant role in mentoring and assisting with the role development is critical to the rollout of these posts. Niamh Keane has been instrumental in developing this programme objective. The National Office of Nursing and Midwifery has expressed support for the development of the ANP role in Trauma and Orthopaedics.

Peri-op (Theatre Nursing)
HSE National Theatre staffing review group will commence work in September 2017. Also collaborating with Independent Hospitals is the Director of Nursing on developing the ODA role through a FETAC type course. Collaboration is on-going with the Head of the Applied Science Department in Tallaght Institute of Technology, to explore options for developing a course through the Institute. The response from the Institute has been very positive and the first meeting of the National Review group was on the 10th November.

Five Year Plan
We need assistance with costing demand and capacity planning; a Health Economist will be employed to work on the plan.

GP Referral Guidelines
Support will also be given from Dr Carroll for this. Brian Lenehan has developed the spine guidelines and hopefully will move to pilot in a Primary Care in Q4. A meeting will be arranged with Brian Lenehan, NCAGL/Aine Carroll and the OPD Group.

Irish Hip Fracture Database
The IHFD is a national clinical audit established from the collaboration of the IITOS and IGS. Using audit, defined standards and feedback, the aim is to improve the care and outcomes of hip fracture patients. The National Office of Clinical Audit provides operational governance for the audit. This year the IHFD will publish it's third and most comprehensive national report, including data on 2,962 hip fracture cases from all 16 trauma units in the Republic of Ireland. Coverage for the 2015 report is: **81%** of all hip fractures is due to injury (HIPE total – 3591 cases). Twelve hospitals had coverage of 90% or more, compared to 6 hospitals in 2014.

HSE Procurement
New process for national procurement will commence in Q4. A new HSE Business lead has been identified for this project. A meeting was held on October 24th with the new HSE Lead.

Acute under care of T&O clinicians both had surgery and those whose care did not involve a surgical primary procedure.	**Planned under care of T&O clinicians** both had surgery and those whose care did not involve a surgical primary procedure.
Emergency HIPE 2015 data **Trauma Activity** **24,938**	**Planned HIPE 2015 data** **Planned Orthopaedic Activity** **45,353**
Total Trauma and Orthopaedic Inpatient/Day Case Activity 2015 = 70291	

T&O Outpatient Attendances 2015

399,135

New 134,429

Review 264,706

Waiting for appointment 53,000

	No of codes	Volume
Lower Limb	103	20,466
Upper Limb	84	12,397
Spine	19	1,048
T&O other	26	5,056
Non surgical	17	13,184
	249	52,151

Procedure codes done >20 times per year = 249

Musculoskeletal Physiotherapy Initiative

As of July 2016

59,794 new patients seen (16,418 in 2015 alone)

Total removed from Rheumatology and Orthopaedic waiting lists

71,714

The HSE Business Section has terminated the tendering process for Hip and Knee Implants. A new Framework for all trauma and orthopaedic implants will be launched shortly. The Programme has highlighted the importance of being involved in setting the clinical criteria.

MSK Physiotherapists

The six additional posts secured through the programmes service plan submission, have been allocated based on the waiting lists, and the hospitals capacity to facilitate the post. Performance monitoring of the impact of the posts on the orthopaedic waiting list will be carried out.

National Back Pain Pathway

The programme is exploring the feasibility of developing a national back pain pathway, similar to the one in the UK.

Trauma and Orthopaedic Pathways

We are in the process of listing the T&O conditions and injuries for which we will draw up guidelines and pathways. These will be similar to the BOAST guidelines, for example, spine, lower limb, upper limb etc. Sub speciality clinical leads will be identified to lead individual pathway development.

T&O Operations

All clinical programmes are responsible for setting and auditing Key performance Indicators for their speciality. National Quality Assurance Intelligence System (NQAIS) is the database of all patients admitted to acute hospitals annually. Niamh is a trained NQAIS administrator and she monitors the T&O activity statistics on the system. Thus we are able to monitor AvLoS, DoSA rates, 30 day re admission rates, rates of Arthroplasty or, in fact, any T&O procedure. The Clinical Strategy and Programme Division of the HSE require all clinical programmes to keep and update project plans for each work stream we are involved with. This takes the form of an online tracker which Niamh and I have to maintain weekly and return to the Performance Management Office monthly. On this tracker we must include: deliverables, milestones and risks/issues. There are quarterly meetings with the PMO.

Meetings

Weekly office meeting are held on Monday mornings to discuss the work plan for the week.

There are quarterly meetings with Dr Colm Henry (National Clinical Advisor and Group Lead . Preparation work pertaining to the agenda, presentations etc. is carried out prior to each meeting.

Regular meetings are held with the Business Intelligence Manager

Meetings are held with the Chief Nurse in the Department of Health and Office of Nursing and Midwifery Directorate (ONMSD) to advance the recommendations in the Model of Care pertaining to Advanced Nurse Practice.

There are regular meetings with the Programme Manager of the Rheumatology Programme, re MSK Physiotherapy KPI's, business cases and project planning.

Workforce planning Taskforce Collaboration with other clinical programmes on joint initiative, e.g. The Productive Operating Theatre programme to increase efficiencies in the T&O theatres in UHW.

HSE Theatre staffing Review Group, preparation in advance of the meetings, development of job descriptions and analysis of theatre closures nationally.

Drafting of letters and memos for clinical leads, preparing presentations and sending and receiving correspondence.

Attending Workshops and Conferences which are relevant to the National Clinical Programme for Trauma and Orthopaedic Surgery.

Developing the T&O Programmes submission for the service plan annually.

Arranging site visits with Group CEO's/Hospital CEO's.

Prior to each site visit, preparing performance reports and liaising with the clinical lead of the hospital.

Taking part in teleconferences pertaining to the work of the programme nationally and internationally.

Spine Services

There is a significant deficit in the provision of surgical management of spine conditions. The model of care clearly outlines the framework for the delivery of a national spine service. A considerable amount of clinicians time was devoted to developing the spine plan. To date the framework has not been implemented, one of the key objectives of the programme for 2017 is the implementation of the spine plan, even in an incremental manner.

Website

Seamus Morris and Amanda Wilkinson have been working on development of the new IITOS website over the last year.

INOR

In May 2016, INOR began collecting arthroplasty data live in pre op, theatre and post op assessment clinics in SIVUH, Cork. The electronic system has remained stable and the adaptation to use of the system by all users has been accepted with minimal issues. Over the past number of months, Roseanne Smith and the local implementation team have worked to ensure Hospital requirements for implementation, communication timelines and the INOR minimum dataset, through the NOCA website, are readily available to all. The National implementation Team has met with Group and Hospital CEOs of Midlands Regional Hospital, Tullamore (Second site) and The National Orthopaedic Hospital, Cappagh (Third site) and requirements for implementation have been discussed. In late October, the National Implementation team will have the first local implementation team meeting in MRH, Tullamore and the business process changes required for implementation of INOR in site 2 will begin.

Roseanne Smith has resigned her position as the Manager of INOR in order to return to a clinical nursing job. I am delighted to announce that her position is being filled temporarily by Ms Debbie McDaniel. The position has been advertised.

FINANCIAL SECTION

2016 Year in Review

Mark Dolan
Hon Treasurer

The accounts published refer to the period **September 2014 to end of August 2015.**
The number of members paying by direct debit has increased from 44 last year to 60 in 2016.
The account is currently in a positive balance of 25,774 euro.
There are currently 104 ordinary members of the Institute and a concerted campaign is required in the next few months to obtain 100% compliance. Amanda will continue to email members and send the standing order forms. I would propose that the clinical leads in each region could check local compliance and that the private practice lead would liaise with members in full time private practice. This year, fellowship bursaries totalling 35,000 euro were awarded to 5 candidates. 30,000 was donated by PEI and the remaining 5000 euro came from IITOS funds.

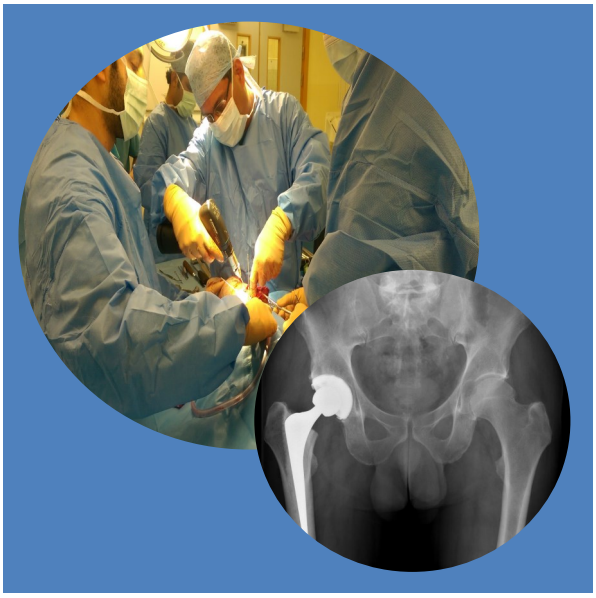
I would like to thank PEI and Smith and Nephew for their contributions towards training, research and education.
I would also like to thank Moore Stephens for their audited accounts.
Amanda Wilkinson has provided superb support for the Institute and I would like to formally acknowledge her contribution.

104 MEMBERS + 31 HON MEMBERS

FINANCIAL HIGHLIGHTS
in the Accounting Year

€13,700
Trainee Funding

€12,300
Membership Fees Received



6
CCSTs

12
New Members 2014/2015

50
Member Profiles on IITOS website

FELLOWSHIPS 2016

Bordeaux, France
Cardiff, Wales
Cambridge, UK
Belfast, Northern Ireland
New York, USA
Sydney, Australia

THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY LTD.
(A COMPANY LIMITED BY GUARANTEE)
COMPANY INFORMATION

Directors	Mr David Cogley Mr David Moore Mr James O'Flanagan Professor John McElwain Professor John O'Byrne Mr Mark Dolan
Honorary Secretaries	Mr John Quinlan (* for CRO) Mr Seamus Morris
Company number	318237
Registered office	c/o Moore Stephens 83 South Mall Cork
Auditors	Moore Stephens, Chartered Accountants & Statutory Audit Firm 83 South Mall, Cork
Bankers	Allied Irish Bank, Bishopstown, Cork

THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY LTD.
(A COMPANY LIMITED BY GUARANTEE)
DIRECTORS' REPORT
FOR THE YEAR ENDED 31 AUGUST 2015

The directors present their report and financial statements for the year ended 31 August 2015.

Principal activities and review of the business

The principal activity of the company is to promote and advance the training, education and research of Orthopaedic Surgery.
A review of the operations of the company during the financial year and the results of those operations are as follows:
The Income & Expenditure Account and Balance Sheet for the year ended 31 August 2015 are set out on pages 6 and 7. Deficit on Ordinary Activities before tax amounted to €3,798 compared to a surplus of €27,375 in the previous year.
The principal risk and uncertainty facing the company would be a reduction in the membership which would result in a reduction in subscription income.

Results and dividends

The results for the year are set out on page 6.

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 years subsequent to the financial period ended 31 August 2015.

Directors

The following directors have held office since 1 September 2014:

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

Directors' and secretary and their interests

As the Irish Institute of Trauma & Orthopaedic Surgery Ltd. is limited by guarantee and does not a have share capital, the directors do not hold any beneficial interest in the company.

THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY LTD.
(A COMPANY LIMITED BY GUARANTEE)
DIRECTORS' REPORT

FOR THE YEAR ENDED 31 AUGUST 2015

Accounting Records

The measures taken by the directors to ensure compliance with the requirements of Section 281 to Section 285, Companies Act 2014, regarding proper books of account are the implementation of necessary policies and procedures for recording transactions, the employment of competent accounting personnel with appropriate expertise and the provision of adequate resources to the financial function. The books of account are maintained at Suite 2.4, Consultants Private Clinic, Cork.

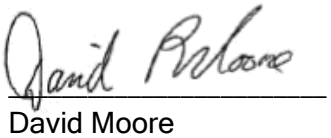
In the employment of accounting personnel, the directors will consider whether such personnel:

- are suitably qualified,
- have the knowledge and experience needed to understand the business and how its particular circumstances impact the books of account,
- and are able, without undue difficulty to ascertain at all times the financial position and results of the company.

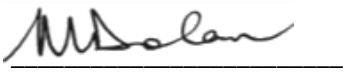
Auditors

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

By order of the board



David Moore
Director



Mark Dolan
Director

Date signed: 21st September 2016

THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY LTD.
(A COMPANY LIMITED BY GUARANTEE)
DIRECTORS' RESPONSIBILITIES STATEMENT
FOR THE YEAR ENDED 31 AUGUST 2015

The directors are responsible for preparing the Annual Report and the financial statements in accordance with applicable Irish law and Generally Accepted Accounting Practice in Ireland including the accounting standards issued by the Financial Reporting Council and published by the Institute of Chartered Accountants in Ireland.

Irish company law 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 company and of the profit or loss of the company for that period.

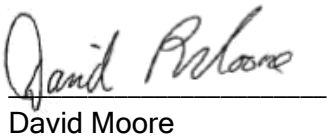
In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

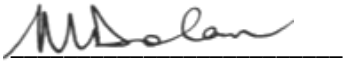
The Directors confirm that they have complied with the above requirements in preparing the financial statements.

The directors are responsible for keeping proper books of account that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland and with Irish statute comprising the Companies Act 2014. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

By order of the board



David Moore
Director



Mark Dolan
Director

Date signed: 21st September 2016

THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY LTD.
(A COMPANY LIMITED BY GUARANTEE)
INDEPENDENT AUDITORS' REPORT
TO THE MEMBERS OF THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY LTD.

We have audited the financial statements of The Irish Institute of Trauma and Orthopaedic Surgery Ltd. for the year ended 31 August 2015 which comprise the Income and Expenditure Account, the Balance Sheet, the Cashflow Statement, the Reconciliation of Movements in Members' Funds and the related notes. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

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 our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the directors and auditors
As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and otherwise comply with the Companies Act 2014. Our responsibility is to audit and express an opinion on the financial statements in accordance with Irish law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements
An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Directors' Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Basis for qualified opinion on financial statements
Included in the debtors shown on the balance sheet is an amount of €16,953 of fees due from members which relates to 2013 or older. In our opinion an allowance of €16,953 should have been made for this amount as a bad debt provision as at 31st August 2015. Accordingly, debtors should be reduced by €16,953, and the deficit and retained Income and Expenditure account should be adjusted by a corresponding amount.

Qualified opinion on financial statements
In our opinion, except for the effects of the matter described in the Basis for qualified opinion paragraph, the financial statements:
- give a true and fair view of the assets, liabilities and financial position of the company as at 31 August 2015 and of its loss for the year then ended; and
- have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland; and
- have been properly prepared in accordance with the requirements of the Companies Act 2014

Matters on which we are required to report by the Companies Act 2014
- We have obtained all the information and explanations which we consider necessary for the purposes 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.
- The financial statements are in agreement with the accounting records.
- In our opinion, the information given in the directors' report is consistent with the financial statements.

Matters on which we are required to report by exception
We have nothing to report in respect of our obligation under the Companies Act 2014 to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by sections 305 to 312 of the Act are not made.

_____

John Callaghan
For and on behalf of,
Moore Stephens
Chartered Accountants and Statutory Audit Firm,
Cork

Date signed: 21st September 2016

Income and Expenditure Account

For the Year Ended 31 August 2015		2015	2014
	Notes	€	€
Income	2	32,703	52,427
Administration expenses (Schedule 1)		(36,501)	(25,077)
Operating (deficit)/surplus		(3,798)	27,350
Other interest receivable and similar income	3	_	25
(Deficit)/surplus on ordinary activities before taxation		(3,798)	27,375
Tax on (deficit)/surplus on ordinary activities	4	-	-
(Deficit)/surplus for the year	7	(3,798)	27,375

Continuing operations

The income and expenditure account has been prepared on the basis that all operations are continuing operations.

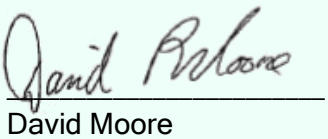
Total recognised gains and losses

There are no recognised surpluses and deficits other than those passing through the income and expenditure account.

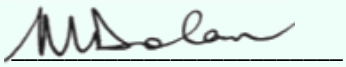
Balance Sheet

As at 31st August 2015		2015		2014	
	Notes	€	€	€	€
Current assets					
Debtors	5	60,626		44,311	
Cash at bank and in hand		34,379		54,062	
		95,005		98,373	
Creditors: amounts falling due within one year	6	(11,282)		(10,852)	
Total assets less current liabilities			83,723		87,521
Capital and Reserves					
Other reserves	7		28,187		28,187
Income and expenditure account	8		55,536		59,334
Members' funds	9		83,723		87,521

The financial statements were approved by the board on the 21st September 2016 and signed on its behalf by the following directors:



David Moore
Director



Mark Dolan
Director

Cash Flow Statement

For the Year Ended 31 August 2015		2015		2014
	€	€	€	€
Net cash (outflow)/inflow from operating activities (Note A)		(19,683)		9,165
Returns on investments and servicing of finance Interest received	-		25	
Net cash inflow for returns on investments and servicing of finance		-		25
Net cash (outflow)/inflow before management of liquid resources and financing		(19,683)		9,190
(Decrease)/increase in cash in the year (Note C)		(19,683)		9,190

Schedule 1 Administration Expenses

For the Year Ended 31 August 2015	2015	2014
	€	€
Web development and hosting	9,379	1,015
Office expenses	325	800
Annual and other meeting expenses	10,061	8,766
Training Expenses	7,743	8,080
Professional fees	1,063	2,514
Audit fees	3,813	3,813
Bank interest & charges	32	89
Bad debts	4,085	–
	36,501	25,077

NOTES TO THE CASH FLOW STATEMENT FOR THE YEAR ENDED 31 AUGUST 2015

A Reconciliation of operating surplus/(deficit) to net cash inflow/(outflow) from operating activities	2015	2014
	€	€
Operating (deficit)/surplus	(3,798)	27,350
Increase in debtors	(16,315)	(6,840)
Increase/(decrease) in creditors within one year	430	(11,345)
Net cash (outflow)/inflow from operating activities	(19,683)	9,165

B Analysis of net funds	1st September 2014	Cash Flow	Other non-cash charges	31 August 2015
	€	€	€	€
Net cash:				
Cash at bank and in hand	54,062	(19,683)	-	34,379
Net funds	54,062	(19,683)	-	34,379

C Reconciliation of net cash flow to movement in net funds	2015	2014
	€	€
(Decrease)/increase in cash in the year	(19,683)	9,190
Movement in net funds in the year	(19,683)	9,190
Opening net funds	54,062	44,872
Closing net funds	34,379	54,062

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 AUGUST 2015

1 Accounting policies

1.1 Accounting convention

The financial statements are prepared under the historical cost convention.

1.2 Compliance with accounting standards

The financial statements have been prepared on a going concern basis and in accordance with accounting standards generally accepted in Ireland and Irish statute comprising the Companies Acts 2014. Accounting Standards generally accepted in Ireland in preparing financial statements giving a true and fair view are those published by the Institute of Chartered Accountants in Ireland and issued by the Financial Reporting Council.

1.3 Income

Income represents amounts receivable in respect of annual subscriptions from members.

1.4 Company Status

The Irish Institute of Trauma & Orthopaedic Surgery Limited is a company limited by guarantee and therefore has no share capital and no shareholders.

2. Income

The total income of the company for the year has been derived from its principal activity wholly undertaken in the Republic of Ireland.

3. Other interest receivable and similar income	2015 €	2014 €
Other interest	–	25

4. Taxation

The company has been granted charitable status by Revenue which exempts it from corporation tax.

5. Debtors	2015 €	2014 €
Trade debtors	60,626	44,311

6. Creditors: amounts falling due within one year	2015 €	2014 €
Trade creditors	1,408	1,408
Accruals	9,874	9,444
	11,282	10,852

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 AUGUST 2015

7. Statement of movements on reserves

	Other reserves (see below)	Income and expenditure account
	€	€
Balance at 1 September 2014	28,187	59,334
Deficit for the year	-	(3,798)
Balance at 31 August 2015	28,187	55,536

In respect of prior year:	Other reserves (see below)	Income and expenditure account
	€	€
Balance at 1 September 2013	28,187	31.959
Surplus for the year	-	27,375
Balance at 31 August 2014	28,187	59,334

	2015	2014
	€	€
Other reserves		
Balance at 1 September & at 31 August	28,187	28,187

8. Statement of movements on income and expenditure account

	2015	2014
	€	€
Opening balance	59,334	31,959
Retained (deficit)/surplus for the year	(3,798)	27,375
Closing balance	55,536	59,334

9. Reconciliation of movements in members' funds

	2015	2014
	€	€
(Deficit)/surplus for the financial year	(3,798)	27,375
Opening members' funds	87,521	60,146
Closing members' funds	83,723	87,521

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 AUGUST 2015

10. Employees

Number of employees

There were no employees during the year.

11. Approval of financial statements

The financial statements were approved by the Board of Directors and authorised for issue on the 21st September 2016.

END OF FINANCIAL STATEMENTS

"The extra effort all Trainers devote to training, examining, mentoring and organising Core Curriculum events is the key factor in the esteem our programme is held both nationally and internationally."

Finbarr Condon, Director of Training

This is my fourth annual report as Director of Training, and significant challenges continue to arise in Surgical Training. This year we had our second intake of ST3 Trainees, in a parallel interview process with the Gap Year Applicants and two repeat CST Trainees. We welcomed twelve new Trainees to the programme as a result of these HST interviews. We now have 52 Trainees on the programme from ST3-8 and six new post CCST Trainees are now on fellowship abroad. IITOS, in conjunction with the RCSI, negotiated the Irish Medical Council Accreditation process in June 2015, and we still await the outcome of that process, 16 months on! Whilst 2015 saw the introduction of the Intercollegiate Surgical Curriculum Programme (ISCP www.iscp.ac.uk), in the RCSI, 2016 has seen Trainees and Trainers expand their use and understanding of ISCP in Trauma and Orthopaedic Surgery. We now have all ST3-ST7 Trainees registered and using ISCP (48 Trainees). This means their paperwork is now online and has led to increased transparency and also allows us contemporaneous access to this data for you as Trainers and me. The updated version 10 of ISCP, arrived a year late, this August, and there are still considerable teething problems with this upgrade, which we bring to their and the RCSI's attention regularly.

From July 2017, all Trainees on the HST programme in Trauma and Orthopaedic surgery will be registered and using ISCP.

Gratitude

I wish to take this opportunity to acknowledge and thank you, the Trainers, once more for your unparalleled and invaluable contribution year-in year-out, and I seek your continued support as we face the challenges ahead. I wish to extend particular gratitude to all of you for the additional tutorials and mock examinations you organised and ran to help equip Trainees for their FRCS examinations including the mock clinicals which were held in Waterford in January 2016 and will be held in Cork in January 2017. Without doubt, the extra effort all Trainers devote to training, examining, mentoring and organising Core Curriculum events is the key factor in the esteem our programme is held both locally and internationally and the very high pass rate Trauma and Orthopaedic Surgery Trainees from the Republic of Ireland Deanery enjoy in the FRCS examinations. The FRCS pass rate from our trainees remains one of the highest of all the UK and Ireland Deaneries. Many of the other specialties within the Republic of Ireland Deanery look to Trauma and Orthopaedic surgery for inspiration on how to best handle ST3 inductions; ISCP and annual reviews and for ideas on how to develop or incorporate UKITE, mock clinicals, mock vivas, RITA G sign-offs, mentoring and Core Curriculum programmes, the latter six are areas unique to the Trauma and Orthopaedic surgery training programme.

Success

The completion of training by six more Trainees this year, culminating in a very successful RITA G sign-off day, which included post-training relevant lectures organised by IOTA and a celebratory dinner to mark the occasion, is an indication of the exemplary training provided by you all. I wish to add my congratulations formally to:

Derek Cawley, Paul Magill, David Morrissey, David O'Briain, Barry O'Neill and Fiachra Rowan. (pp 25, 26) We wish them all the best on their international fellowships and hope they return in the future as colleagues, key members of IITOS and also as future Trainers.

In addition, I wish to congratulate John Kelly, Emmet Cullen and Frank Lyons on their successful graduation in the FRCS Trauma and Orthopaedics following their successful completion of FRCS part 1 and 2 last year.

Emmet Cullen

Frank Lyons

John Kelly

Congratulations to Neil Burke, John Galbraith, Cian Kennedy, Khalid Merghani Salih Mohamed, and Sven O'hEireamhoin for passing the FRCS Trauma and Orthopaedics November 2016.

All Trainee success is a direct result of the training and guidance provided by you all and this was formally acknowledged by former IOTA President, Fiachra Rowan, at the Trainers Committee meeting in June. Indeed, IOTA, as recognition of the contribution of the Trainers, established a new award this year for Best Trainer. The nominees for this award were: Mr Paul Curtin, Mr Diarmuid Molony, Mr Michael O'Sullivan and me. Well done to Mr O'Sullivan who was the inaugural winner of this award, and he was presented in abstentia, with an intriguing bespoke trophy at the IOA in Castlebar.

The New Surgical Training Pathway
This remains a considerable challenge and many issues still continue to be discussed at each and every ISPTC meeting. Trauma and Orthopaedic surgery as the largest surgical specialty are still at the forefront of amendments made and will continue in this role until all issues are resolved.

A key issue, that will remain a challenge, is the de facto lesser levels of clinical experience the Pathway ST3 candidates possess at ST3 and ST4 level, in comparison to their Gap Year and Repeat counterparts. This presents a big challenge to us as Trainers, especially when one considers the service environments we all work in, EWTD implications, low morale and the generational differences between ourselves and these so-called "Millenials". We are also still grappling with how to handle ST2 Trainees who fail to achieve their MRCS in time for their ST3 interview, though at least those who fail to progress to ST3 at interview can now be offered a second chance to apply for a place on the programme.

We continue to engage with the RCSI through the ISPTC mechanism, and directly, to protect the professional standards we have striven for over the decades, so that we can continue to stand over the trainee "end product" confidently in the years ahead.

This is a constant battle, as not all specialties see things the same way, or indeed have the same issues that we as a specialty have, yet the Medical Council and thus the RCSI, continue to work to a "one size fits all" mantra. Recently, with a change in attitude at ISPTC level, however, progress appears to have been made resolving "repeat" issues to our satisfaction. The Training Programme Governance revision document has been drafted and redrafted many times over the past 6 months by the RCSI Department of Surgical Affairs and is still undergoing revisions at present.

The FRCS pass rate from our trainees remains one of the highest of all the UK and Ireland Deaneries.

This document was first mooted by the RCSI and aims to map out governance structures, for the various committees involved in surgical training, which are in place in the RCSI to ensure that the Surgical Training Programmes operate singularly within certain the guidelines of the RCSI, IMC and other Intercollegiate structures. Trauma and Orthopaedics, through IITOS (and other specialties), continue to seek revisions to this document until it reflects the ethos, values and importance of IITOS, and aligns itself with the existing governance structures the IITOS has had in place for many years already, unlike most other specialty organisations.

Conclusion
The next twelve months will continue to be challenging, with ISCP developments, dealing with Version 10 bugs, establishing how best to handle the various entry routes to the training programme for intake applicants, formal accreditation of the training programme by the IMC and dealing with the increase in Trainee numbers and their relative inexperience, in the absence of any meaningful consultant manpower increases, against the background of the problems on the ground in the hospitals in which we work
My three year term of office drew to a close this past summer, but apparently I have been nominated for a second term, and after due consideration and deep soul searching, and if I continue to have the full support of you, my colleagues in IITOS, I would be happy and honoured to accept this role again. If elected, I will strive to manage and maintain the training standards in a balanced, unbiased and fair way; a standard which we have worked very hard collectively to attain. I thank you all again for your continued diligent work and support, especially **Barbara White**, without whom this job would be impossible, **Amanda Wilkinson** ditto, and the continued support of the IITOS executive and I look forward to working with all of you for the good of Trauma and Orthopaedic Surgery in Ireland, for another while yet.

Finbarr Condon
November 2016

CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING - JUNE 2016

Barry O'Neill

On 3rd August 2016, Barry commenced a Senior Clinical Fellowship in Trauma at the University Hospital of Wales in Cardiff, under the supervision of Mr Khitish Mohanty. The University Hospital of Wales is a busy trauma centre and provides a tertiary referral service for spinal trauma, pelvic and acetabular trauma and complex limb trauma, including the use of circular external fixators and limb reconstruction surgery. The service provides primary trauma care for a population of 500,000 people, and tertiary trauma care for 2.5 million people across South and Mid Wales, feeding from nine regional referring centres.

Barry will receive focussed training in orthopaedic trauma, and will be responsible for independent operating sessions along with supervised sessions with 16 consultant surgeons taking part in the trauma service. These services are provided within a dedicated trauma theatre in The University Hospital of Wales. Further responsibilities include co-ordinating the tertiary referral trauma service, and supervised sessions on the trauma ward, and out-patient clinics on the Cardiff and Llandough University Hospital campuses. The post also provides dedicated trauma research sessions on a weekly basis, and The Academic Centre at Llandough Hospital houses research laboratories and the Bone Research Unit.

The post has been awarded BOA Transitional Fellowship status and runs for a period of 12 months. The Orthopaedic Transitional Fellowship programme is a tailored leadership and improvement development programme to support Orthopaedic Transitional Fellows in leading improvement and transformation in Orthopaedics. The programme is delivered through a combination of master classes, tutorials and coaching sessions with experts in their field. The legacy of this one year development programme is a significant innovation and improvement piece of work delivered by each Transitional Fellow related to their Trusts strategic change agenda and improvement of Orthopaedics services. Completion of the Fellowship will lead to a Post Graduate Certificate in Leading Clinical Innovation and Improving Performance, subject to a contribution to the Diploma Course.

David Morrissey

David will be in Addenbrooke's Hospital, Cambridge from August 2016 - August 2017 undertaking a shoulder and elbow fellowship. He will be working with Graham Tytherleigh-Strong, Lee van Rensburg and Neil Kang.

Paul Magill

July 2016 to January 2017:

David Beverland, Belfast, Northern Ireland. Hip and Knee arthroplasty. Having spent his final year of training as, 'Out of programme training' working with Professor Beverland, Paul will spend a further six months as clinical fellow. The main reason for this is to continue work on a randomised controlled trial which he helped set up. Clinical exposure to primary hip, primary knee and unicompartmental knee replacement will continue at the same high-volume level and I am increasingly working with revision surgeons in the unit.

January 2017 to January 2018: Rob Sharp, North Shore Hospital, Auckland, New Zealand. Revision hip and knee arthroplasty. North Shore Hospital is a 600 bed public university hospital. His main supervisor will be Mr Sharp, who is an Exeter-trained surgeon and specialises in hip and knee revision arthroplasty. There are 15 other orthopaedic consultants in the unit of which seven specialise in hip and knee arthroplasty. The ethos of the fellowship is transition from residency to consultancy via supervised progressive case ownership and decision making. Paul's focus will be on revision hip and knee arthroplasty but I will also be on the consultant call rota for trauma approximately on a 1 in 10 basis. As such I will be well prepared for independent work on return to Ireland.

CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING - JUNE 2016

David O'Briain

David will be travelling to Sydney, Australia in June this year to undertake a clinical fellowship with the Sydney Shoulder Research Institute. This is an operative fellowship spread over several leading hospitals in Sydney, under the supervision of some of the antipode's most renowned upper limb surgeons including Professor David Sonnabend and Drs Ben Cass and Allan Young. The fellowship balances clinical work, research and a structured education programme to provide a broad experience in shoulder and elbow surgery. There is extensive exposure to all areas of shoulder and elbow surgery including primary and revision arthroplasty, arthroscopy, sports reconstructive surgery, and trauma. There is also exposure to industrial and rural trauma in Dubbo Base Hospital in regional New South Wales. The research facilities of the SSRI programme include clinical research projects conducted in a high volume service with well developed shoulder and elbow research databases. Basic science research topics in the unit include biomechanical and cadaveric research into implant design, rotator cuff repair constructs and tissue engineering, to name but a few.

David previously worked with the SSRI surgeons as an RMO in 2005 in Royal North Shore Hospital prior to the genesis of the SSRI group. At the time he was very impressed with the educational programme and the ethos within the department. In 2013 he worked with Diarmuid Molony who had been through the Royal North Shore Hospital fellowship programme, which he had found hugely beneficial. David said he owes Diarmuid a debt of gratitude for paving the way for him and putting in a good word with the unit and he is delighted to have earned the chance to return in a more senior capacity and relish the opportunity to expand my surgical experience and repertoire. In addition to shoulder and elbow surgery, David is also keenly interested in hand surgery and is currently in the process of negotiating a fellowship in hand surgery from July 2017. Obtaining further experience in orthopaedic hand surgery will enable him to provide a more comprehensive upper limb service upon his return home.

Fiachra Rowan

Fiachra matched to the ACGME approved clinical fellowship in Adult Reconstruction Surgery at Hospital for Special Surgery, New York. He will start at the end of July 2016. HSS performs similar volume of arthroplasty cases as Ireland per annum. There are 21 attending surgeons and six fellows that typically log 600 cases in their year's training. It offers comprehensive training in total and partial joint replacement surgery. Arthroscopy procedures, including hip arthroscopy, are also performed during the fellowship year.

Extensive experience is offered in the management of the complex rheumatoid and the revision patient. An active teaching interest is necessary as the Fellow is responsible for instruction of residents and medical students. Several weekly and monthly academic conferences, where unique and complex cases are presented and discussed, provide didactic and Socratic instruction to complement the hands-on skills obtained in clinics and operating theatre. HSS offers unique educational opportunities such as the Bioskills Education Laboratory where fresh cadaveric samples and synthetic models are available for surgical simulation. There is also the Computer-Assisted Surgery Center, a biomechanics laboratory and the largest implant retrieval repository in the world. Research in clinical and/or basic science is expected. Most Fellows attend two or more of the following: Current Concepts in Joint Replacement (CCJR), the American Association of Hip and Knee Surgeons (AAHKS) Annual Meeting, and the American Academy of Orthopaedic Surgeons (AAOS) Annual Meeting. Yearly, the highly-respected work of Fellows, along with other members of the Service, is published in peer-reviewed articles and abstracts, which are accepted to international and domestic conferences.

Derek Cawley

Is going to CHU Bordeaux in July 2016 to work as a SOFCOT Bourse Etranger spinal fellow under the direction of Prof Jean Marc Vital. During that time as a BOA Zimmer travelling fellow, he will travel to Lausanne under the direction of Dr John Duff to do a short fellowship in craniovertebral surgery. Derek then plans to work for one year from August 2017, as a spinal fellow at Stanmore RNOH under the direction of Mr Seán Molloy.

Assistant Director of Training

I would like to thank the members of the Educational Committee for their hard work during the year. I would also like to thank the administrative team of Barbara and Amanda for their patience and diligent work ethic during the year. Currently we have 18 ST2 trainees in T&O. They are widely dispersed in many units. Our plan for the next year's intake is that we only take ST1s who express a first preference for orthopaedics. This may reduce the numbers to 12-14 which I feel is a manageable number.

"Once again it is imperative that as trainers each of us identify and mentor the ST2 assigned to our respective unit. They potentially could be your ST3 next year".

Logbooks
Although logbooks comprise less than 10% of final markings they are the only barometer I have of assessing how engaged a trainee is with their unit. Most ST2 posts are performing well and as usual we have outliers. This needs to be addressed by each head trainer in their unit.

Indicative Procedures
The list of indicative procedures circulated is exactly that, indicative not mandatory but I feel we should set a high bar for our ST2's. There are many other facets of the CST programme and its evolution which I will convey in a more constructive forum at our AGM.

Future Programme
There is still much debate and dialogue, sometimes "monologue" regarding the future of the programme and its guises. The IITOS still continues to be heavily involved with the RCSI in developing a framework for the future of orthopaedic training. There is still lots of spadework to be done and I am sure it will make for a lively AGM.

Acknowledgements
I would also like to thank Brendan for his work in the RCSI organising Bootcamps and orthopaedic training sessions for the trainees. I would also like to thank the officers of the IITOS, Paddy, John and Seamus as well as our Council members for their assistance during the year.

Director of Training
Finbarr has worked exceptionally hard, in what at times seems like a thankless task, and he is to be congratulated for this. It is important that we have fairness and a strong voice at the ISPTC table.

Warm regards,

Eoin Sheehan

ST1

TRAINING PATHWAY

The training pathway to becoming a Trauma & Orthopaedic Surgeon in Ireland commences at Core Surgical Training ST1

ST2

MRCS

The Member ship exam of the Royal Colleges (MRCS) is an important part of the eligibility criteria for progression into Higher Specialty Training (ST3-ST8) & must be completed before Specialty Interview in March each year.

ST3

HIGHER SURGICAL TRAINING

ST3 is entry level into Higher Specialty Training which completes at ST8 . This is based on on-going progression assessment (CAPA), successful completion of the MRCS exam and specialty interview (ST3-ST8)

Intercollegiate Board

There has been a concerted effort to increase the number of Irish examiners.

Report by Gary O'Toole

Since our last AGM, there have been three Intercollegiate Examination Board Meetings. All meetings were held in Edinburgh. The meetings were on: the 2nd December 2015, the 17th March 2016 and the 7th of July 2016.

I attended both the December and March meetings and interacted remotely with the meeting on the 7th of July.

Increase in Examiners

There has been a concerted effort to increase Examiner numbers. At all meetings, potential examiners were discussed and either approved as potential examiners or asked to reapply after certain criteria had been met. In total there were 26 applicants considered at the three meetings. Only 1 applicant was Irish and by satisfying the qualifying criteria, Mr. Eoin Sheehan has become the newest Irish Examiner on the Intercollegiate Board. The ratio of the Irish examiner contingent to British examiner contingent is now disappointingly disproportionately tipped in favour of our British colleagues. There have been 3 Intercollegiate clinical exams since our last AGM.

Liverpool 7th – 9th February 2016, Leicester 8th – 10th May 2016 and Norwich, 6th – 8th November 2016.

Pass Rates

The pass rates remain quite consistent. The overall average pass rate was 53% and 59% for Liverpool and Leicester exams. Of note the pass rates for the Dublin exam held in November 2015 were 60% overall. These results are included as they were not available at the time of last year's AGM. Type 1 trainees have as high as a 90% pass rate (an unexplained dip to 77% was seen at the Leicester sitting) with candidates not on a formal training program having a more varied pass rate. Those trainees 'not in training programs' had a pass rate of 46% in Dublin, the highest recorded rate of this subset of trainees seen in recent years. The usual pass rate of such trainees is about 25-30%. The compulsory 'bank questions' for the oral questions are now widely accepted by the panel of examiners.

These 'bank' questions are rigidly assessed before being introduced into the exam. All questions adhere to Bloom's taxonomy of hierarchical classification. This divides the answer to the question into six cognitive levels knowledge, comprehension, application, analysis, synthesis and evaluation. The further up this hierarchy the candidate achieves, the better their mark. Having used this system for the last 5 years, it appears fair and consistent.

Paper Free

The exam is now 'prop and paper free'. Huge efforts have been made to upload all questions onto iPads, and these iPads are the only way for examiners to ask questions. The more conservative of us will be delighted to learn that pens and pencils continue to be used to mark the candidates. However, I fear for these implements may go the way of the bird's plume soon.

So if you want to be part of the pen and pencil examining generation, please apply soon.

Specialist Advisory Committee

There has been proven educational benefit of accelerated learning opportunities which included enhanced induction.

Pat Kiely
SAC Representative

The SAC has met 3 monthly meetings, with biannual meetings of the Training Standards Committee arranged to coincide with these dates in spring and autumn. Pat Kiely as RCSI representative, has been in attendance at all SAC and TSC meetings this past year. SAC chairman by David Large, remains in office until December 2016, and he has advised the group of his readiness to continue, if requested, as SAC Liaison for ROI after 2016.

Quality of Care

There have been no specific issues regarding the Irish Training Programme, recognition and leeway pertaining to the differences between our jurisdictions has been given. Overall the quality of care and the standard of training was found to be good. There have been no recent inspections in Ireland, the SAC review visit is provisionally scheduled for May 2017, dates have been suggested and we are awaiting final confirmation.

Training Standards Committee

The Training Standards committee has been in session for the past year, it is comprised of a subgroup of representatives from the SAC, and is charged with curriculum development.

The new Curriculum is planned to be established in 2018. Major curriculum alterations have been withheld until the new version is completed in later 2017.

There is specific wish to include certain 'critical conditions' within the taught curriculum, namely Damage Control Orthopaedics, Necrotising Fasciitis and the Diabetic / Septic Foot, curriculum plans should allow for these inclusions. Case-based discussion can be utilized to cover this additional focus on severe or overwhelming limb infection.

ROI logbook variations in specific procedure types and indicative numbers, compared with UK, are understood and allowed.

Indicative Operative Numbers

An evidence-based update of the indicative operative numbers is planned, to be created in consultation with the SAC and specialist societies. Guidance on Entrustable Professional Activities (EPAs) and Generic Professional Competences (GPCs) will be produced separately from the curriculum, and made available via http://www.boa.ac.uk.

A critical condition Case-Based Discussion (CBD) on necrotising fasciitis is planned (although it was suggested that this should be generalised to cover all severe limb infections [including the diabetic and septic foot).

Revised Curriculum

Within the revised curriculum new Procedure-Based Discussions (PBAs) and Direct Observation of Procedural Skills (DOPS) have been created. The JCST's curriculum blueprinting project has moved ahead, and is useful in revealing gaps in the curriculum, and clarifying links between the curriculum and preparation for the intercollegiate exam.

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 judgment, by the relevant deanery / Training Committee may be reserved in selected cases, for individuals applying for out of programme training and Fellowship opportunities. In addition the placement of a Year 5 or 6 trainee in an accredited Fellowship training post, while meeting the training requirements for the ST year may also lead to an accreditation for such a fellowship, once completed. OOPT has usually been awarded for 1 year of the programme, but may, with agreement, be sanctioned for more than 1 year. Accreditation for OOPT and Fellowships while in training can only be granted prospectively.

This draft will be circulated through TPD Forum and to Ireland and to merge approaches and further develop enhanced induction "bootcamp" educational activities. Alongside the imminent document for guidance on desired courses, trainees should probably engage with their Educational Supervisors about which specific courses are appropriate for them.

A small SAC working group is shortly to report on types of courses/educational activities needed to meet curriculum requirements. The aim is to marry the current knowledge syllabus and indicate how/which courses marry with this best to deliver educational requirements.

Enhanced Induction Programmes
There is increasing vogue for enhanced induction programmes [also referred to as "bootcamps"]. Use of this training modality is currently variable, but there were well-established examples of good practice in the Royal College of Surgeons in Ireland (RCSI), the Scottish Surgical Simulation Collaborative, Neurosurgery and the Severn School of Surgery. We need to consider included what portions of core curriculum can be augmented by use of a 'bootcamp' structure and how, to adjust the syllabus and programme delivery. Funding and oversight of these initiatives as they are more technically and labour intensive is another challenge.

Funding
Funding for Training Programmes and Orthopaedic Courses.
SAC considered these items together given their links. There were huge variations in England, compounded by differences in approach to defining and controlling funding. Many regions were top-slicing budgets, while others were inviting funding from industry.

BOA
The British Orthopaedic Association (BOA) is considering the subject, with a particular focus on enhanced induction. There is currently huge variation both in the amount of funding available for trainees and in who controlled it, whereas there should be a baseline for all trainees to ensure fairness and consistency. The current debate is being about what trainees should do and how it should be funded. Funding of training, a devolved administration matter is under discussion.

Accelerated Learning
There has been proven educational benefit of accelerated learning opportunities, which included enhanced induction. It is particularly valuable at the start of programmes for foundation years and potentially at other time points. There is some discussion about whether enhanced induction programmes should be run annually or at least at different phases during training. Manchester Deanery runs an enhanced induction at an early stage, supplemented later by a non-technical skills programme. There was good evidence from Canada (Reznick et al) of the effectiveness of simulation-based programmes.

Simulation
Quarterly reviews and a annual report on simulation in T& O have been provided. The current available and possible future modalities are presented. Opportunity and capacity to utilize simulation-enhanced training is probably still relatively under-appreciated throughout the UK and ROI.

Opportune timepoints

1 Preoperative discussion,
2 Focused technique planning and
3 Anatomical approaches/ cadaver courses are classic chances to

While preparation and training maybe enhanced by simulation , overall technical skills development to achieve competence is demonstrated to be slower if purely simulation based. The new curriculum has been mapped to identify opportunities for simulation training and TPDs will be encouraged to promote these concepts. Specialist society simulation groups were advising on the planned 2018 curriculum update, so that key or core skills training may incorporate this.

Support for simulation development continues to be granted with funding for innovation and sessional commitments guaranteed within SAC and BOA structures.

JCST Simulation Working Group
The JCST Simulation Working Group, now meeting annually, is focusing on core surgical training in the first instance and will bid for funding on the basis of the savings that can accrue from preventing medical accidents/ adverse events.

T&O Simulation development stages overall involve three workstreams:

1. General
2. eLearning
3. Research & Development

This will lead to drafting a BOA Simulation Strategy to be presented to SAC in the near future.

Intercollegiate Surgical Curriculum Programme (ISCP) Version 10 (V10)
ISCP V10 has been live since 3 August, 2016. Many of the immediate problems that had arisen since the launch had been fixed, but the web team is still working on some areas. Occasional losses in functionality and issues have been discussed at Q&A with the SAC.

The main points raised were as follows:

There is some concern about whether the ISCP team would be able to deal with the volume of feedback submitted via the website or whether some points would be lost. The site should automatically acknowledge all feedback and all should be considered. Calls and e-mails to the Helpdesk were the top priority, however, and users with urgent problems should use this route.

Some losses in functionality, particularly with regard to timelines, are making the CCT evaluation process harder. The web team Is working on this as a priority. PBAs are being sorted and grouped by topic, linking them together more logically.

Trainees can now delete WBAs. The web team explained that the system has allowed trainees to retract submissions, initially to allow error correction, the aim having been to allow them to undo processes without needing to call the Helpdesk.

However the ISCP team plan to withdraw this, however, given concern form TPDs that completed WBAs need to be kept available (whether positive or negative) Using ISCP the main priority for trainees seems to be the reinstatement of reminders to assessors, the ISCP system now allows a trainer to be nominated as both clinical and educational supervisor, separately or together. The Quinquennial inspection of Ireland will take place in May 2017.

There have been no specific issues regarding the Irish Training Programme, recognition and leeway pertaining to the differences between our jurisdictions has been given.

SAC
The RCSI has invited the SAC to continue the programme of 5-yearly visits ROI. This will be taking place in May 2017. It is anticipated that the visits would take place over a four-day period. Mr Large will have stepped down as SAC Chair prior to this but would be very happy to attend to provide continuity. A panel of SAC travelling members is being drafted. Formal agreement on dates and visiting schedules will be circulated in the near future. Mr Mark Bowditch will take over as Mr Large's successor in January

Courses / Activities
Throughout UK & ROI there are varying approaches and trainees in turn were bearing a variable burden of costs. With this in mind it is important that we try to define which courses/activities are mandatory, those which are desired and those which should be prioritized for funding.

Research requirements for CCT
Research guidelines for award of CCT is updated as follows: Trainees should undertake research during training and provide evidence recorded on the ISCP of a minimum of:

Either
Author of two peer reviewed publications from research (or instructional notes or literature review) performed during training (ST3 onwards) in print or accepted for publication at the time of award of CCT**.
Or
Evidence of the screening/ recruitment of 5 patients to an REC approved study.
And
Completion of a Good Clinical Practice course in Research Governance within 3 years of award of CCT.

Evidence of critical analysis of publications (i.e. journal club activity).

Author of two presentations (podium or poster) at national meetings from research performed during the period of training (ST3 onwards)**.

** Authorship should be according to "Guidelines on authorship: International Committee of Medical Journal Editors" BMJ p722 Vol 291 Sept 1985.

Journals
Note: The availability of an increasing number of eJournals with reduced standards for publication, immediate publication, and Journals providing publication for payment, has been discussed. It has been agreed that this is difficult to regulate and control, this may be kept under review by the Training Committee.

While participating in research and publications are a desirable goal for all trainees, the largest distinction or career enhancing effect for such achievement, is likely to come at the time of a competitive consultant interview.

UEMS / EBOT

Due to free movement of labour and regulations within the European Union, the number of foreign physicians has risen from 10,000 in 1993 to more than 40,000 in 2015.

The European Board of Orthopaedics and Traumatology met twice this year: in Lyon, France in May and in Bucharest, Romania in September. Nanni Allington from Belgium was elected as vice-president. The existing treasurer, Henri Schlammes from Luxemburg has been re-elected as treasurer. Andreas Tanos from Cyprus will replace Thomas Motycka from Austria as secretary.

European Accreditation Council for Continuing Medical Education
This group processes continuing medical educational activities throughout the European Union for points recognition internationally. About 100 conferences are approved per year and the system is very streamlined and rapid.

EBOT Exam
A total of 245 candidates sat the exam in 2016 and the oral exam was provided in English and Spanish. The costs of the EBOT exam are such that it is not self-financing and this is currently subsidised by EBOT to the tune of approximately €25,000.00 per year.

European Common Curriculum
The Europe wide curriculum draft has been presented at the UEMS council. It is hoped that the final draft will be finished in February of 2017 and should be approved at the council meeting in October of 2017. Further work is ongoing in terms of finalising the curriculum for general and specialist orthopaedic training. The exams and assessments will be part of this and recognition of training centres and trainers.

The standard is greatly exceeded by trainees in Ireland and the United Kingdom. There was ongoing discussion about an application by Germany, the Czech Republic and Austria to set up a specialist section in trauma surgery. The orthopaedic section has recommended to the UEMS that we feel that trauma surgery should be encompassed by the orthopaedic and traumatology group rather than setting up a new specialist section. This remains under discussion at central UEMS.

Developments in other European Countries

Finland:
There was a presentation in Lyon about developments in the Finnish health system. Finland faces the same challenges as the rest of Europe in relation to an aging population and expenditure in healthcare now has reached 9.1% of Gross National Product. They are currently in the middle of a programme to centralise services and reduce costs and this will include reducing the number of on call hospitals from 20 to 12 over the next five years. Finland also plans to introduce an entrance examination for post-graduate medical training in all specialties.

Estonia:

Estonia presented their training programme which is 55 months long and includes a mandatory element of general surgical training. There are annual evaluations and a final examination. They acknowledged long waiting lists for hip and knee replacements.

Germany:
At the meeting in Romania a presentation on the German healthcare system was presented. Their expenditure currently totals 11.2% of GDP (328 billion euro). Due to free movement of labour and regulations within the European Union, the number of foreign physicians has risen from 10,000 in 1993 to more than 40,000 in 2015. There is no demographic problem with their physician cohort as the percentage of physicians under the age of 35 is rising.

Romania:
The big issue with Romanian healthcare at present is emigration of their doctors. Currently approximately 10% of the physicians registered to work in Romania are emigrating every year. The Romanian state is very conscious of the fact that they are spending 140 million euro on training doctors every year for export. There is a proposal to compel new medical graduates to work at least five years in Romania before departing.

Safer Healthcare
There was a presentation on the challenges of healthcare in association with Europe-wide aging of the population and multi-morbidity.

Derek Bennett

Irish Hip Fracture Database

The IHFD has published its third and most comprehensive national report this November including data on 2,962 hip fracture cases from all 16 trauma units in the Republic of Ireland.

The IHFD is a national clinical audit established from the collaboration of the IITOS and IGS. Using audit, defined standards and feedback the aim is to improve the care and outcomes of hip fracture patients.

The National Office of Clinical Audit provides operational governance for the audit. This year the IHFD will publish it's third and most comprehensive national report, including data on 2,962 hip fracture cases from all 16 trauma units in the Republic of Ireland.

The key findings from this year's report are as follows:

Coverage for the 2015 report is: **81%** of all hip fractures due to injury (HIPE total – 3591 cases). Twelve hospitals had coverage of 90% or more, compared to 6 hospitals in 2014.

Time of initial presentation is calculated from arrival in ED of the first presenting hospital. Many patients still present to hospitals that do not have an orthopaedic trauma service.

Effects of bypass:
Increased length of stay: In 2013-2014 the group of patients who presented indirectly had an additional 6 days duration onto their length of stay compared to the group that came directly.

Delay in admission from ED to orthopaedic specialist ward within 4 hours of presentation: In 2015 Patients who presented directly to ED in the Operating Hospital were 4 .2 times more likely than patients in the indirect group to be admitted to Orthopaedic Ward within 4 hours.

Delay to surgery within 48 hours: In 2015 75% of direct group had surgery within 48 hours and within normal working hours v 57% of indirect group (i.e. those who came via a First Presenting Hospital). Patients who presented directly to ED in the Operating Hospital were 2.2 times more likely than patients in the indirect group to have timely surgery
Nine percent (**9%**) patients went directly from the emergency department to theatre.

In 2015, **72%** of medically fit patients received surgery within 48 hours and during normal working hours - this is an increase of 3 percentage point compared to 2014.

Sixty-nine percent (**69%**) of patients received cemented hemiarthroplasties fordisplaced intracapsular fractures in 2015, this is an increase of 14 percentage points compared with 2014. **48%** of surgery was carried out by an Orthopaedic Consultant.

Thirty-nine percent (**39%**) of patients were reviewed by a geriatrician at any time during their admission. The proportion of patients being reviewed pre-operatively is **15%** - this is an increase of 7 percentage points compared with 2014.

Seventy-five percent (**75%**) of patients received a bone health assessment in 2015. This is an increase of 8 percentage points compared with 2014.

The mean and median length of stay in 2015 are 20 days and 13 days respectively. This report includes a comprehensive facilities audit for all sixteen sites.

3rd Irish Hip fracture Database Report Recommendations:

All suspected hip fracture patients should be brought directly to the trauma operating hospital.

Hospitals should submit 100% of their data and provide protected time for data collection.

Conor Hurson

National IHFD
Clinical Orthopaedic Lead

Professional Competence Scheme Committee

RCSI accredited over 1,500 hours of CPD activities during this year.

1st May 2015 – 30th April 2016

This scheme is now in its fifth year having been introduced by the Medical Council as a result of legislation. The implementation of this scheme has been devolved to the post graduate training bodies in Ireland. The RCSI is the PGTB of most surgical specialties. The running of this program has been devolved to a subcommittee in the RCSI which has representation of most specialties coincidentally two of whom are orthopaedic as this year Mr Joe O'Byrne has taken over the role of chairman of this committee which has been named the PDC (professional development and practice committee). The medical Council recently reviewed the workings of the PCS schemes. The PDC meets four times per annum and formal minutes and reports are furnished to the Committee for Surgical Affairs which is a sub-committee of RCSI Council.

Review
The Professional Development Committee reviews the following in relation to the Professional Competence Scheme

-Numbers enrolled on the scheme

-Of those on the specialist register of which between 7-11% were not enrolled in any PCS

-Assessment of total enrolled and their credit accumulation

-Oversee the Statements of Participation

-Oversee the annual verification process (5% annually stratified and random)

The membership of the PDC represents the various surgical specialties with knowledge of the

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 provides an expanded suite of technical skills and human factors modules for surgeons in all surgical disciplines and other specialists.

NCHDs
The Programme, now in its fifth year, is funded by the HSE NDTP and is intended to facilitate NCHDs within the public health service, who are not on training schemes, to maintain their professional competence in line with Medical Council requirements, and provides a structured means of achieving external CPD credits. Consultants should encourage and facilitate NCHD's that are not on a training programs to enrol and attend the training provided by RCSI. 35% of those who are on the General register and not enrolled in any program are HCHD's.

Accredited Hours
RCSI accredited over 1,500 hours of CPD activities during this year. CPD activities can be published on the RCSI online calendar of activities if and when the organiser of the event requests their activity to be published. Consultants are encouraged to notify RCSI of CPD events as soon as possible so that credits can be expeditiously attained.

New Patient Feedback
During the year the Medical Council wrote to the Training Bodies requesting help in relation to identifying doctors to take part in the pilot of the new Patient Feedback form.

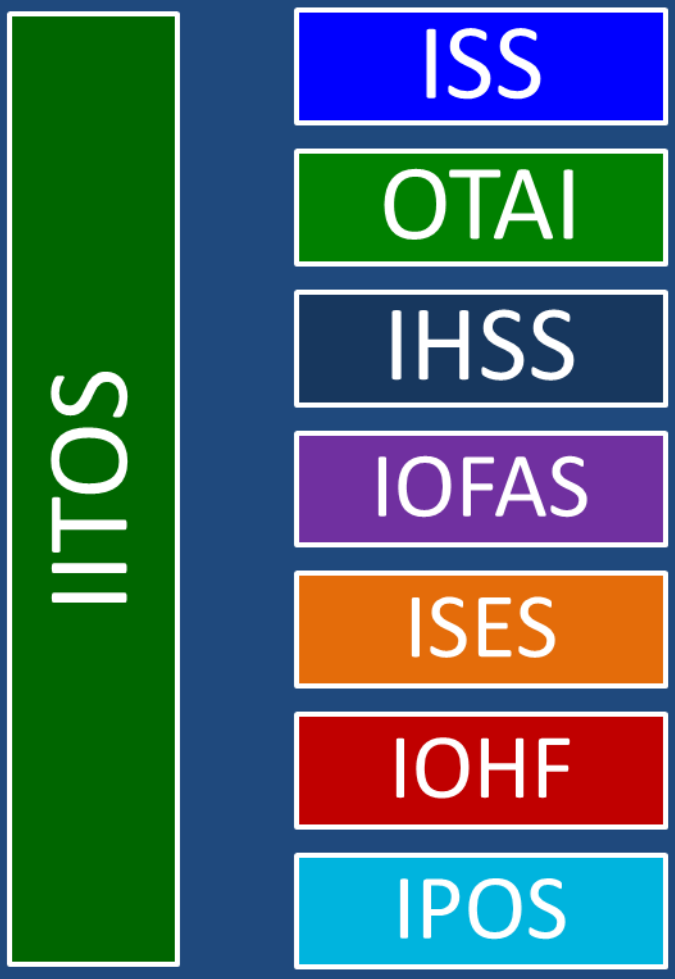
RCSI identified doctors who were interested in participating in the Medical Council Pilot and provided the names to the Medical Council. A briefing meeting on this Multi-Source Feedback (MSF) Pilot was held at the RCSI Millin meeting and it was well attended. Participation in the MSF pilot could constitute as an Audit for participants. The outcome of this Pilot is awaited from the Medical Council.

Procedural Guidance
During the year new procedural guidance were issued for doctors who may go on leave from clinical practice. The Medical Council have asked the Training bodies to record an annotation on the Statement of Participation Certificate for any practitioner who informs the PCS office of a period of absence of three or more months from clinical practice.

During the year, the Medical Council Registration and Continuing Practice Committee requested that the Postgraduate Training Bodies share more information with the Medical Council on an individual named basis regarding doctors who are enrolled in the professional scheme. RCSI confirmed the names enrolled, however did not share information regarding accrual of maintenance of professional competence activities.

Frank Dowling
Orthopaedic Representative
Professional Competence Scheme Committee

Orthopaedic Societies



Societies

IRISH HAND SURGERY SOCIETY

The Irish Hand Surgery Society started off originally as the Irish Hand Club. This organisation was established in the early 1980's by a group of Consultants from the specialties of Plastic Surgery and Orthopaedic Surgery who had a special interest in Hand Surgery. It met annually to present scientific papers and to discuss interesting or complex case histories.
As the members of this informal group grew and the specialty become more established the Irish Hand Surgery Society was established. The first President was Mr Seamus O'Rian who was succeeded two years later by Mr John Varian. The current president is **Mr Michael O'Sullivan.** Treasurer **Kevin Cronin**, Secretary, **Richard Hanson**

IRISH ORTHOPAEDIC HAITI FUND

The Irish Orthopaedic Haiti Fund was established with funds raised following the 2010 Haitian earthquake. The monies have been used to facilitate direct orthopaedic care in Haiti. This initially involved extensive surgical missions immediately following the earthquake with teams comprising surgeons, anaesthetists, nurses and physiotherapists to assist in the management of the orthopaedic injuries sustained in the disaster.

Subsequently more focused missions aimed at general orthopaedics, paediatric orthopaedics, foot and ankle conditions and spinal pathology have taken place. The IOHF has also been involved with the Department of Global Health at Harvard University in trying to assist with the development of Haitian resident training. Missions to Haiti still take place as required in association with Partners in Health.

Directors:
Keith Synnott John O'Byrne David Moore

ORTHOPAEDIC TRAUMA ASSOCIATION OF IRELAND

The OTAI had its fourth annual meeting in France in March 2016. This was a more low key meeting than previously as much of the work of the association this year focused on building on previous work and how it was informing the planning for the development of a trauma network in Ireland.

It was gratifying to see that much of the draft report on trauma networks drew from the previous document prepared following the 2015 meeting. A steering group is overseeing several working groups who are preparing a report on a trauma network in Ireland.

This report had been intended to be delivered to the Minister of Health in Spring 2016 but publication was delayed for fears that it may be hijacked politically in the run up ti the election. Further delay in publication resulted from the uncertain political situation and it is now hoped that the report be published in September. Several members of the OTAI have served and indeed chaired the working groups and as such have ensured that trauma and orthopaedics are well represented in this endeavour. Delivering upon the recommendations of the report will be challenging and it is hoped that the OTAI meeting in 2017 will be an appropriate forum to move from the planning to the delivery stage.

Keith Synnott Chairman

David Moore Chairman

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Societies

IRISH SHOULDER AND ELBOW SOCIETY

The Irish shoulder and elbow society (ISES) was established in October 2016 to support and advance the science, art and practice of shoulder and elbow surgery in Ireland. The president is **Mr James Colville**, Hon Treasurer is **Mr Diarmuid Molony** and Hon Secretary is **Mr Kieran O'Shea**. Their inaugural meeting will be held in the Albert Theatre in RCSI on March 25th 2017. Applications are welcome from consultant orthopaedic surgeons, orthopaedic trainees and allied health professionals with an interest in shoulder and elbow surgery, to join the society, which it is hoped, will operate under the auspices of the IITOS.

IRISH SPINE SOCIETY

Established in 2006/2007 by Frank Dowling and Pat Kiely .

The President is **John McCabe** and Secretary **Marcus Timlin.** This is a society for orthopaedic and neurosurgeons with a special interest in spine surgery. It has been recently opened to trainees, physios and nurses with an interest Eurospine will be held in Dublin in October 2017. Local organisers: Frank Dowling and Ciaran Bolger

Public lecture day to precede the meeting under the auspices of IITOS

IRISH SPINE SOCIETY
PROMOTING BEST PRACTICE FOR SPINE CARE

IRISH ORTHOPAEDIC FOOT AND ANKLE SOCIETY

I am delighted to report that the Irish Orthopaedic Foot & Ankle Society continues to go from strength to strength. Our Annual Difficult Case Conference was hosted by Mr Paul Moroney in Cappagh Orthopaedic Hospital in January 2016. At this conference, Foot & Ankle consultants present their most challenging cases of the year. This meeting is an opportunity for frank and open discussion among colleagues regarding complex cases. We also follow-up on the outcome of cases presented the previous year. Mr Matt Solan from London was our extern and offered some insightful tips.

Our 2016 Annual Academic Conference we held in the Belfast Hilton Hotel and our invited speakers were Mr Lew Schon from Baltimore and Anne-Marie Hutchison from Wales. Over 80 delegates attended the meeting. Lew is an impressive speaker, covering topics including Neuropathies of the Foot & Ankle, Foot & Ankle Pathology in Dancers, The Diabetic Foot and MTPJ1 Interposition Techniques. Anne-Marie updated us on the set-up, evolution and outcomes of her Heel Pain Clinic. Eight registrars presented free papers and Mr Dessie Gibson from Altnagelvin, Derry won our best paper prize for his presentation entitled "The Lateral Malleolar Bony Fleck Sign - size matters". The IOFAS Scientific Committee is being chaired by John Wong. It held three meetings during 2016 and plan to establish national studies on Arthroscopic Ankle Arthrodesis and SPECT-CT imaging of the Foot & Ankle. Our 2017 Difficult Case Conference will be hosted again at Cappagh and the 2017 Annual Academic Conference will be held in Lyrath Estate Hotel, Kilkenny on Saturday May 20th. Professor Stefan Rammelt from Dresden has accepted our invitation as our external speaker. His chosen topics are: Fracture Management in the Elderly, Salvage Options in Complex Talar Fractures, Achilles Tendinopathy and Sesamoid Pathology.

Ian Kelly, Secretary/Treasurer IOFAS.

CLINICAL PROGRAMMES
TRAUMA AND ORTHOPAEDIC SURGERY

Left–right, Mr Declan Magee, recent President of the Royal College of Surgeons in Ireland, Mr David Moore, Joint Clinical Lead, Mr Paddy Kenny, Joint Clinical Lead.

Trauma and Orthopaedic Clinical Programme

Activity Based Funding

The programme continues to engage with Maureen Cronin the Head of the Healthcare Pricing Office, topic of the moment is uplift tariffs for T&O procedures.

Advanced Nurse Practitioners in Trauma and Orthopaedics

Nursing roles are developed as a direct response to patient/service/ health needs and organisational requirements at local and national level. Ms Audrey Butler is the first Trauma and Orthopaedic Candidate Advanced Nurse Practitioner in Ireland. (Limerick)

Budget Submission Service Plan

David Moore, Paddy Kenny, Niamh Keane, Catherine Farrell. Programme has made a submission for 2017 service plan. This includes additional consultants, health and social care professionals and nursing staff.

Complexity Coding Project

Seamus Morris, Pat Fleming, Hannan Mullett, Peter O'Rourke, Eoin Sheehan, Bill Curtin.

Integrated Care Pathways Complex Lower Limb

Gerry McCoy, Louise Brent This is now part of the trauma system development work.

Peri-Operative Support Worker Role

Catherine Farrell, Niamh Keane with HSE Human Resources Division. A national review of theatre staffing will get underway in Q4, engaging with the private hospitals,/ Institute of Technology with a view to developing a peri-operative course.

Electronic Referral Guideline Process

Brian Lenehan, May Cleary, Jimmy Cashman, Paul Moroney, Hannan Mullett, Edel Callanan, Louise Brent, Niamh Keane,Catherine Farrell. In collaboration with the OPD group, a pilot is planned to be lead by Brian Lenehan.

Fracture Liaison Services

Paddy Kenny, Dr Donnacha O Gradaigh UHW. The programme submitted the business case prepared by Dr Donnacha O Gradaigh for the 2017 service plan.

HIQA Health Techology Assessments

Kieran O'Shea, Pat Kiely, Tom McCarthy. This is complete.

HPO Patient Leel Costing

Catherine Farrell assisting. This is complete.

Hospital Engagement

Niamh Keane, Catherine Farrell, David Moore, Paddy Kenny. The round of hospital visits continues. Improvements in resourcing the T&O services have been achieved in some hospitals. There is more work to be done.

Inegrated Care Pathways– Fractured Neck of Femur

Conor Hurson, Louise Brent, Edel Callanan, Catherine Farrell. A pilot of an electronic version of the ICP is planned for Q1 2017.

Irish Hip Fracture Database

Conor Hurson, Louise Brent, Emer Ahern, Paddy Kenny, David Moore. This year the IHFD will publish it's third and most comprehensive national report, including data on 2,962 hip fracture cases from all 16 trauma units in the Republic of

Manpower

David Moore, Paddy Kenny, Catherine Farrell, Niamh Keane. The gap between activity and consultant manpower continues to widen. This is continually highlighted as a risk at meetings with the HSE.

Trauma and Orthopaedic Clinical Programme

Major Trauma Networks

David Moore is on the Network Organisation, Paddy Kenny chairs the Reconstruction and On-going Care Working Group. Catherine Farrell provides support to the project. Keith Synnott is on the Reception and Intervention group.

Model of Care Trauma and Orthopaedic Surgery

Launched on 15th July. National and Regional Leads, Niamh Keane, Catherine Farrell. The programme continuously advocates for the implementation of the recommendations in the Model of Care document.

MoM Hips

David Moore
The programme clinical leads continue to highlight the risk of patients not being reviewed.

MSK Physiotherapy Project

David Moore, Paddy Kenny, Edel Callanan, Catherine Farrell, Niamh Keane. This project continues to be an outstanding success.

National Waiting List Steering Group

David Moore, Paddy Kenny
The programme has negotiated additional funding for hospitals which have capacity to undertake additional, planned workload.

Point of Care Coding

Brian Lenehan, Niall Hogan, Olivia Flannery, Jimmy Cashman, James Walsh, Diarmuid Molony, Catherine Farrell, Niamh Keane.

Procurement Process

The HSE Business Section has terminated the tendering process for Hip and Knee Implants. A new Framework for all trauma and orthopaedic implants will be launched shortly.

Quarterly Meetings

With Dr Colm Henry, National Clinical Advisior and Group Lead, Acute Hospitals. These meeeting continue. During which T&O risks, issues and initiatives are discussed and actioned where possible.

Safe Clinic Guidelines

David Moore, Paddy Kenny, the regional leads, Niamh Keane, Catherine Farrell. The programme plans on developing these guidelines to NCEC level. Niamh Keane will undertaking this project. Input of clinicians will be required.

T&O Standards

Clinical leads, Regional leads, Programme Manager. This is ongoing.

Trauma Bypass Protocol

David Moore, Paddy Kenny, Niamh Keane, Catherine Farrell. This continues to prove problematic to implement but efforts continue.

T&O Five Year Demand and Capacity Plan

David Moore, Paddy Kenny, Niamh Keane, Catherine Farrell. The draft document is now complete but has to be costed by a Health Economist.

Health and Social Care Professionals

A strategy and scoping document is being developed by Edel Callanan. This will build on the HSCP section of the Model of Care with regard to further development of the role of physiotherapists and occupational therapists.

Trauma Assessment Clinics

David Moore, Paddy Kenny, Eoin Sheehan, Niamh Keane and Catherine Farrell. A very successful pilot was carried out in MRHT by Eoin Sheehan and his team. Three hospitals are currently doing site preparations.

MAJOR TRAUMA SYSTEM

Vision:

Saves more lives
Better access to specialist care
Best chance of optimum recovery
Better manages all cases

Objectives:

Minimise incidence of trauma
Decrease preventable mortality
Reduce severe disability

"This Model of Care is a significant milestone for trauma and orthopaedic surgery.
The new document provides the basis for a world-class trauma and orthopaedic service."

Leo Varadkar, Minister for Social Protection

Trauma and Orthopaedic RCSI Council Members

David Moore

Joe O'Beirne

Michael O'Sullivan

IITOS Education Committee

Eoin Sheehan

Finbarr Condon

John Quinlan

Brendan O'Daly

Ruairi MacNiocaill

Pat Kiely

Grainne Colgan

Orthopaedic Clinical and Regional Leads

David Moore
Clinical Lead

Paddy Kenny
Clinical Lead

Mr Brian Lenehan
Regional Lead
University of Limerick Group

Eoin Sheehan
Regional Lead
Dublin Midlands Group

Alan Walsh
Regional Lead
Dublin Northeast Group

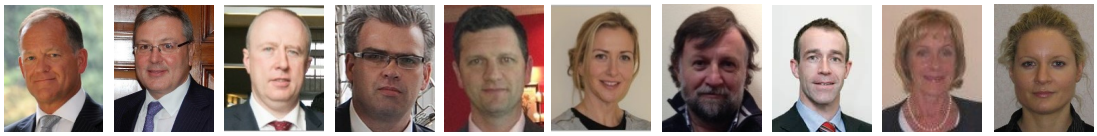
May Cleary
Regional Lead
South / Southwest Group

Peter O'Rourke
Regional Lead
Saolta Group

Seamus Morris
Regional Lead
Dublin East Group

16 Lower Limb Arthroplasty

10 Orthopaedic Clinical Programme



9 Irish Hip Fracture Database

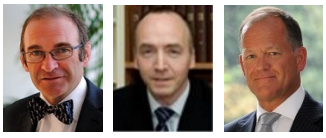
3 Irish Shoulder and Elbow Society

4 Irish National Orthopaedic Register

4 Irish Paediatric Orthopaedic Committee

3 RCSI Orthopaedic Council

3 Irish Orthopaedic Haiti Fund



2 Irish Spine Society

2 Orthopaedic Trauma Association of Ireland

Committees

- Intercollegiate Examination Committee
- RCSI Finance Committee
- RCSI Medicine and Health Science Board
- RCSI Board
- Joint Committee Intercollegiate Exams

- RCSI Core Surgical Training
- RCSI Council of Examines

- RCSI Policy & Standards Committee
- RCSI Surgery and Postgraduate Faculties

- RCSI Committee for Surgical Affairs
- National Office of Clinical Audit Committee

- RCSI Prof Development Committee
- Quality Assurance Lead -JCST

- Sr Lecturer in Postgraduate Surgical Education
- Major Trauma Audit Govern. Committee NOCA

- Specialist Advisory Committee

- Faculty of Sports and Exercise Medicine

- Road Safety Authority Committee

- Treatment Abroad Scheme

Excellence in Patient Care and Surgical Training

Contact Details

IITOS OFFICE	
IITOS Administration	(01) 402 2295 / (01) 402 5191
Honorary Clinical Secretary	skzmorris@gmail.com
Honorary Academic Secretary	johnfquinlan@gmail.com
CLINICAL PROGRAMMES	
Orthopaedic Clinical Programme Manager	catherinefarrell@rcsi.ie
Orthopaedic Clinical Programme Project Manager	niamhkeane@rcsi.ie
ST3-8 TRAINING	
Administration - ST3–8 Trainees	(01) 402 5185
Director of Training	finbarrcondon@hotmail.com
Assistant Director of Training	eoinsheehan@gmail.com
SOCIETIES / ASSOCIATIONS	
Irish Foot and Ankle Society	ianpeterkelly@gmail.com
Irish Hip Fracture Database	conorhurson@gmail.com
Irish National Orthopaedic Register	deborahmcdaniel@noca.ie
Irish Orthopaedic Trainees Association (President)	gcolgan@rcsi.ie
Irish Paediatric Orthopaedic Society	paulakelly@childrensorthopaedics.ie
Irish Shoulder and Elbow Society	keloshea@hotmail.com
Irish Spine Society	irishortho@gmail.com
Orthopaedic Trauma Association of Ireland	keithsynnott@gmail.com
RCSI	
Professorial Office	(01) 814 0487
Professional Competency Scheme	(01) 402 2743
RCSI Reception, 121 St Stephens Green	(01) 402 2422
RCSI Porters Desk, 123 St Stephens Green	(01) 402 2263

Members

Awan, Nasir, Mr
Barry, Kieran, Mr
Bennett, Derek, Mr
Boran, Sinead, Ms
Borton, David, Mr
Bossut, Catherine, Ms
Brady, Owen, Mr
Burke, John, Mr
Burke, Tom, Mr
Byrne, Ann-Maria, Ms
Byrne, Fergus, Mr
Byrne, Stefan, Mr
Cashman, James, Mr
Cassidy, Noelle, Ms
Cleary, May, Ms
Cogley, David, Mr
Collins, Denis, Mr
Condon, Finbarr, Mr
Curtin, Bill, Mr
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Devitt, Aiden, Mr
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Flannery, Olivia, Ms
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Guerin, Shane, Mr
Gul, Rehan, Mr
Harrington, Paul, Mr
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Higgins, Tony, Mr.
Hogan, Niall, Mr
Hughes, Bridget, Ms
Hynes, Darragh, Mr
Jackson, Mark, Mr
Kaar, Ken, Mr
Kearns, Stephen, Mr
Kelly, Eamonn, Mr
Kelly, Ian, Mr
Kelly, Paula, Ms
Kennedy, Muiris, Mr
Kenny, Paddy, Mr
Keogh, Peter, Mr
Kiely, Pat, Mr
Kutty, Satish, Mr
Lenehan, Brian Mr
Leonard, Michael, Mr
Lunn, John, Mr.
MacNiocaill, Ruairi, Mr
Masterson, Eric, Mr
McCabe, John, Mr
McCarthy, Tom, Mr
McCoy, Gerry, Mr
McGoldrick, Fergal, Mr
McKenna, John, Mr
McKenna, Paul, Mr
Moore, David, Mr
Moran, Cathal, Professor
Moran, Ray, Mr
Moroney, Paul, Mr
Morris, Seamus, Mr
Mulcahy, David, Mr
Mulhall, Kevin, Professor
Mullett, Hannan, Mr
Murphy, Colin, Mr
Murphy, Paul, Mr
Murray, Paraic, Mr
Neligan, Maurice, Mr
Niall, Dorothy, Ms
Nicholson, Paul, Mr
Noel, Jacques, Mr
O'Byrne, John, Professor
O'Rourke, Peter, Mr
O'Toole, Gary, Mr
O'Toole, Pat, Mr
O'Connor, Philip, Mr
O'Daly, Brendan, Mr
O'Farrell, Dermot, Mr
O'Flanagan, Shea, Mr
O'Grady, Paul, Mr
O'Shea, Kieran, Mr.
O'Sullivan, Michael, Mr
O'Sullivan, Timothy J, Mr.
Poynton, Ashley, Mr
Quinlan, John, Mr
Reidy, Declan, Mr
Rice, John, Mr
Sayana, Murali, Mr
Shaju, Anthony, Mr
Shannon, Fintan, Mr
Sheehan, Eoin, Mr
Sparkes, Joe, Mr
Sproule, James, Mr
Stephens, Michael, Mr
Synnott, Keith, Mr
Tansey, Cormac, Mr
Taylor, Colm, Mr
Thomas, Joe, Mr
Timlin, Marcus, Mr
Vioreanu, Mihai, Mr
Walsh, Alan, Mr
Zubovic, Adnan, Mr

Honorary Members

Barry, Owen, Mr
Byrne, John, Mr
Colville, James, Mr
Corrigan, John, Mr
Curtin, John, Mr
Dowling, Frank, Mr
Fenelon, Gary, Mr
Fitzpatrick, David, Mr
Fogarty, Ossie, Mr
Gallagher, Joseph, Mr
Gilmore, Michael, Mr
Glynn, Tom, Mr
Healy, Brendan, Mr
Hurson, Brian, Mr
Kelly, Joseph, Mr
Kenny, Fred, Mr
Lavelle, Eoghan, Mr
Macey, Andrew, Mr
McElwain, John, Professor
McGuinness, Anthony, Mr
McManus, Frank, Mr
Mulvihill, Nial, Mr
O'Brien, Timothy, Professor
O'Carroll, Patrick, Mr
O'Rourke, Kieran, Mr
Pegum, Michael, Mr
Quinlan, William, Mr
Shannon, Fintan Sr, Mr
Smyth, Hugh, Mr
Thompson, Frank, Mr
Walsh, Martin, Mr

Calendar of Events

JANUARY

6th Interim ISCP Annual Review Board

20th Mock Clinicals, Cork

25th - 28th AO Meeting - Basic Principles in Fracture Management, Mr Finbarr Condon, Mr John Quinlan

27th Core Curriculum, RCSI, Tips for Trainees, Mr. Ruairi MacNiocaill, Ms Lisa Hadfield-Law

28th Mock Vivas / Trainee Reviews, Trainers Committee Meeting, RCSI

FEBRUARY

10th Charter Day

10th HST Shortlisting

24th Core Curriculum, Castlebar, Primary and Revision Knee Replacement, Mr Gerry McCoy, Ms Bridget Hughes

24th-26th MAC16 Castlebar with Mr Derek Bennett, Knockranny House

MARCH

2nd- 4th Sylvester O'Halloran Meeting

10th & 11th Irish Hand Surgery Society, Belgium Hand Group Conference, RCSI

21st Core Curriculum, Tullamore, Shoulder and Elbow Trauma, Mr Muiris Kennedy, Mr Kieran O'Shea

24th HST Interviews, RCSI

APRIL

26th Core Curriculum, Temple Street, Paediatric foot and ankle/lower limb deformity. Mr Connor Green, Ms Paula Kelly

28th Challenges in Revision Knee Arthroplasty Cappagh Hospital, Mr Jimmy Cashman

MAY

6th & 7th Train the Trainer, Killenard Hotel

9th-12th SAC Inspection Visit

18th Core Curriculum, St James's Hospital, Wrist and Hand, Ms Catherine Bossut, Ms Olivia Flannery

JUNE

15th - 17th tbc IOA Meeting, Knockranny House, Castlebar.

26th Core Curriculum, RCSI, 'Theatrecraft', Ms Eimear Conroy, Mr Ruairi MacNiocaill

JULY

Summer holidays

AUGUST

Cappagh Prize Week-End, tbc

Council / Trainers Meetings

SEPTEMBER

Tbc FSEM Conference

Tbc Sir Peter Freyer Meeting

18th Core Curriculum, Cork, Soft tissue knee, Prof James Harty, Mr Fintan Shannon

OCTOBER

14th Waterford Surgical Meeting

17th Core Curriculum, Waterford, Polytrauma; long bone fractures; open fractures, Ms May Cleary, Mr Paul McKenna

NOVEMBER

Tbc Millin Meeting

15th Acute Spinal Surgery, Mater, Mr Marcus Timlin, Mr Seamus Morris

24th 38th Annual General Meeting

24th IITOS Annual Dinner

Atlantic Orthopaedic Meeting, tbc

DECEMBER

10th UKITE Exam, RCSI

Tbc FRCS Conferring

7th Core Curriculum, Beaumont, Muskuloskeletal radiology, Mr Michael Donnolly, Mr F McGrath

2018

25th May, Friday
Cappagh Foundation Meeting incorporating the Cappagh Prize lecture.

Events Over The Past Year

DUBLIN - Cappagh Foundation Meeting, May 2016 Professor John O'Byrne, Mr Keith Synnott, Chairman of the Cappagh Medical Board, special guest Dr Matthew Mermer.

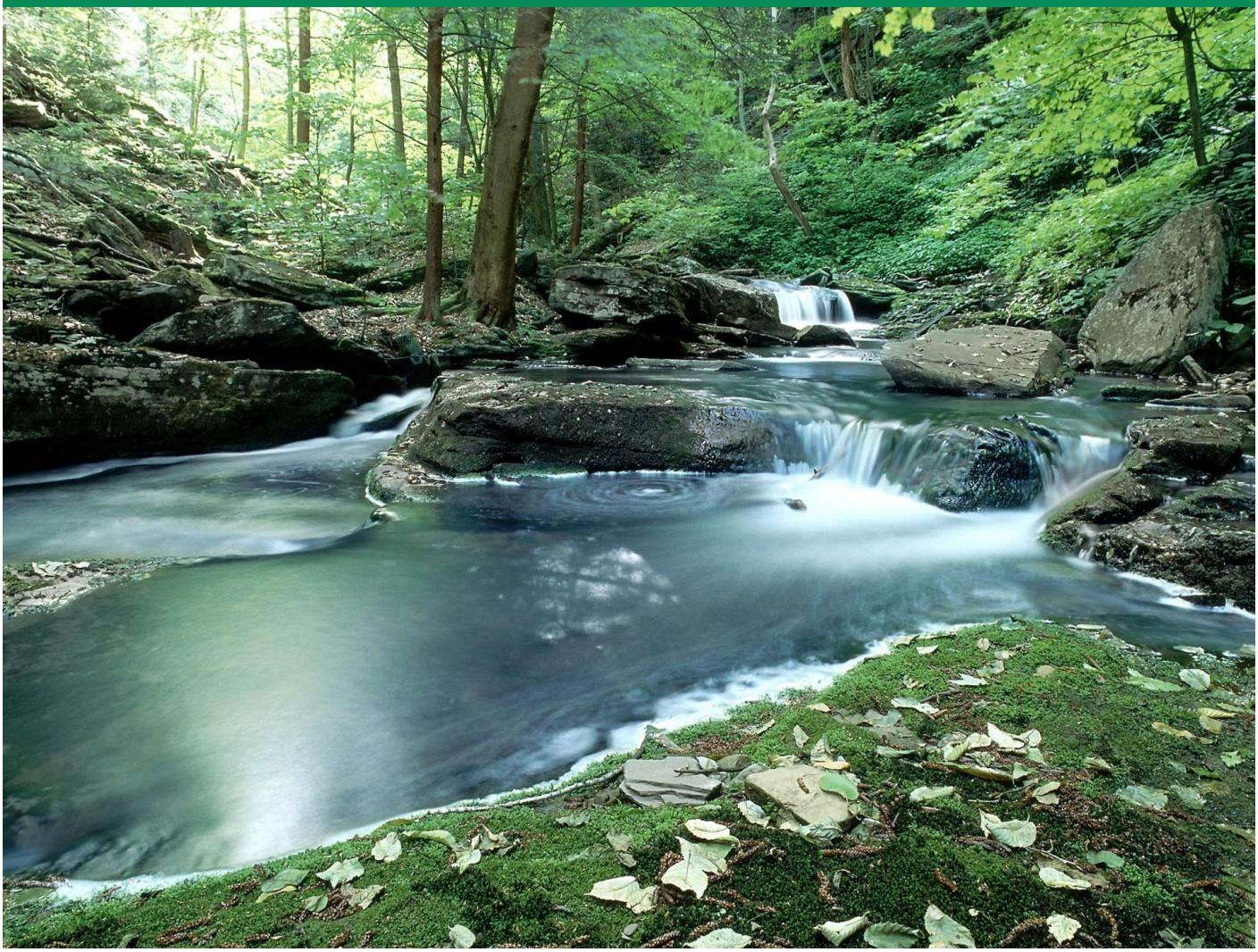
CASTLEBAR Mayo Arthroplasty Conference with Mr Derek Bennett. 16th April, Winners of 'The Apprentice', SpRs Adrian Gheiti and Sven O'hEireamhoin.

LIMERICK Sylvester O'Halloran Meeting, 4th March 2016. Mr Brian Lenehan and Mr Dermot O'Farrell.

NAVAN - Navan Core Curriculum, 21st April 2016. L-R SpR Rajiv Merchant and one of the exhibitors

DUBLIN - ST2 Information Session in the VC Room, RCSI with Mr Finbarr Condon, Mr Eoin Sheehan and Mr John Quinlan

Obituaries 2015-2016



Obituaries 2015-2016

ALBERT WILSON (2016)

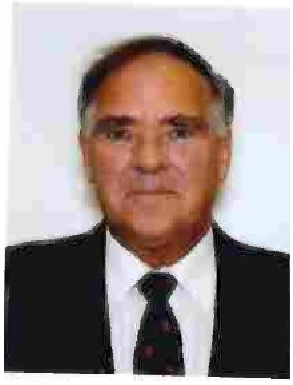
Albert was born in Claremorris in 1934 and, thanks to the determination of his widowed mother Sadie, followed his brothers to UCG, from where he qualified in medicine in 1959. He subsequently did various postings in Birmingham, Edinburgh and The Hammersmith in London before returning to Galway. During his summer holidays he began a love affair with the Aran Islands, doing many unpaid GP locums and eventually building a house there, where with his wife Carmel and their three children he spent many idyllic holidays. Indeed, this also gave him the opportunity to indulge one of his passions, sailing, which he did around the West Coast of Ireland and indeed in the Mediterranean. He was a very accomplished sailor, holding his Master's ticket. In 1974, he was appointed as Consultant Orthopaedic surgeon to the Western Health Board, one of only three surgeons at that time, covering all of the Western and North Western Health Board areas, and, once a month he would set off to service clinics in Letterkenny, Donegal, Ballyshannon (where he had to develop his own wet X-rays), Manorhamilton, Sligo, Ballina, Castlebar and Roscommon.

He was an excellent Surgeon and, while subspecialisation was not the norm in those days, Albert had a particular interest in Hand Surgery and I can well remember him instructing me in the intricacies of the Darrach and other wrist procedures for Madelung's deformity. Albert took early retirement in 1995, and with Carmel, enjoyed world travel and history. They made a great team. All of us who knew them will particularly remember their duet 'The Queen of Connemara' which was lovingly played on the violin by his daughter-in-law, Eileen at his Funeral Mass and graveside. Albert was a loving husband, father and grandfather, a true friend and a quintessential gentleman.

He passed away after a short illness on Sept 19th 2016. He will be sadly missed by Carmel, his children, Mark, Lorna and Pearse, all of whom followed Albert into Medicine and a wide circle of friends.

Ar dheis De go raibh a anam Dilis.

MFXG



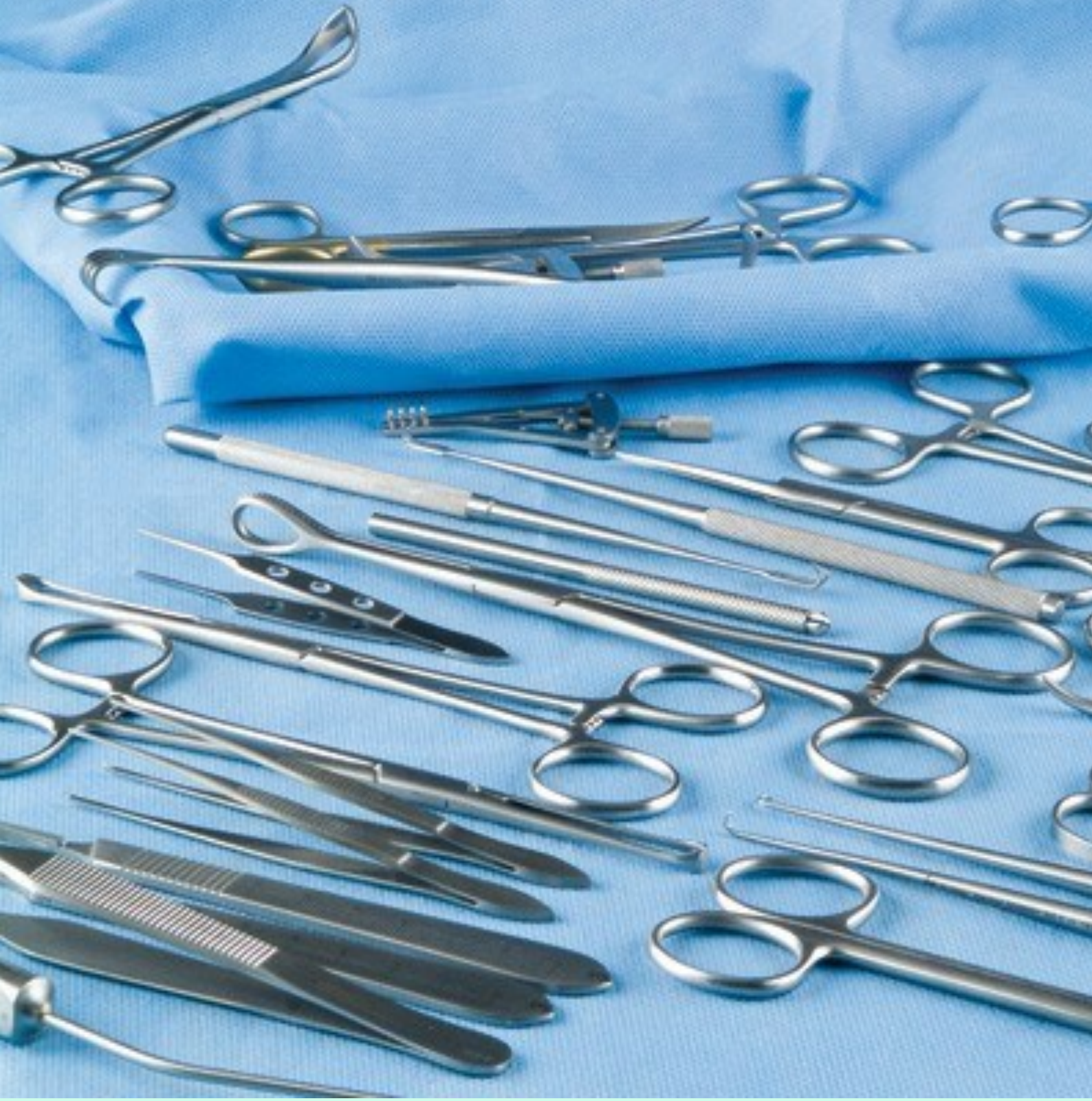
RICHARD O'CONNELL (2015)

Dick O'Connell was one of the founding fathers of modern Trauma & Orthopaedics in Ireland. In his own South East region, he modernised the Fracture Service by amalgamating the in patient fracture services on the Waterford site. This became the template for Fracture Services in other regions. Born in Baltimore in West Cork, he went to secondary school in Cork City. He emigrated to the U.S. in 1958 and worked to finance a pre-medical degree at Fordham University in New York. He returned to Ireland to study medicine n U.C.G. from 1961 – 1966. After a house job in Cork and S.H.O. posts in Dundee & Middlesex, he completed his Orthopaedic Residency in British Columbia, qualifying as Orthopaedic Specialist in 1975. He became a Consultant Orthopaedic Surgeon at Prince George Regional Hospital, British Columbia from 1975 – 1978. He returned to Ireland in 1978 and took up appointment as a Consultant Orthopaedic Surgeon to the South Eastern Health Board. With the support of his colleagues, he was to the forefront in modernising the Trauma Service of the South East centralising it in state-of-the-art facilities at the Waterford Regional hospital. He continued his interest in training and service development and was Chairman of the I.I.T.O.S. from 1989 - 1998. He retired on 20.10.03 but maintained his enthusiasm and interest for the Trauma and Orthopaedic service of the South East.

He passed away after a long illness in October, 2015. Our condolences to his wife Breeda and children Richard, Fionnuala and Sinead.

May he rest in peace. Ar dheis De go raibh a h-anam dilis.

Gerry McCoy



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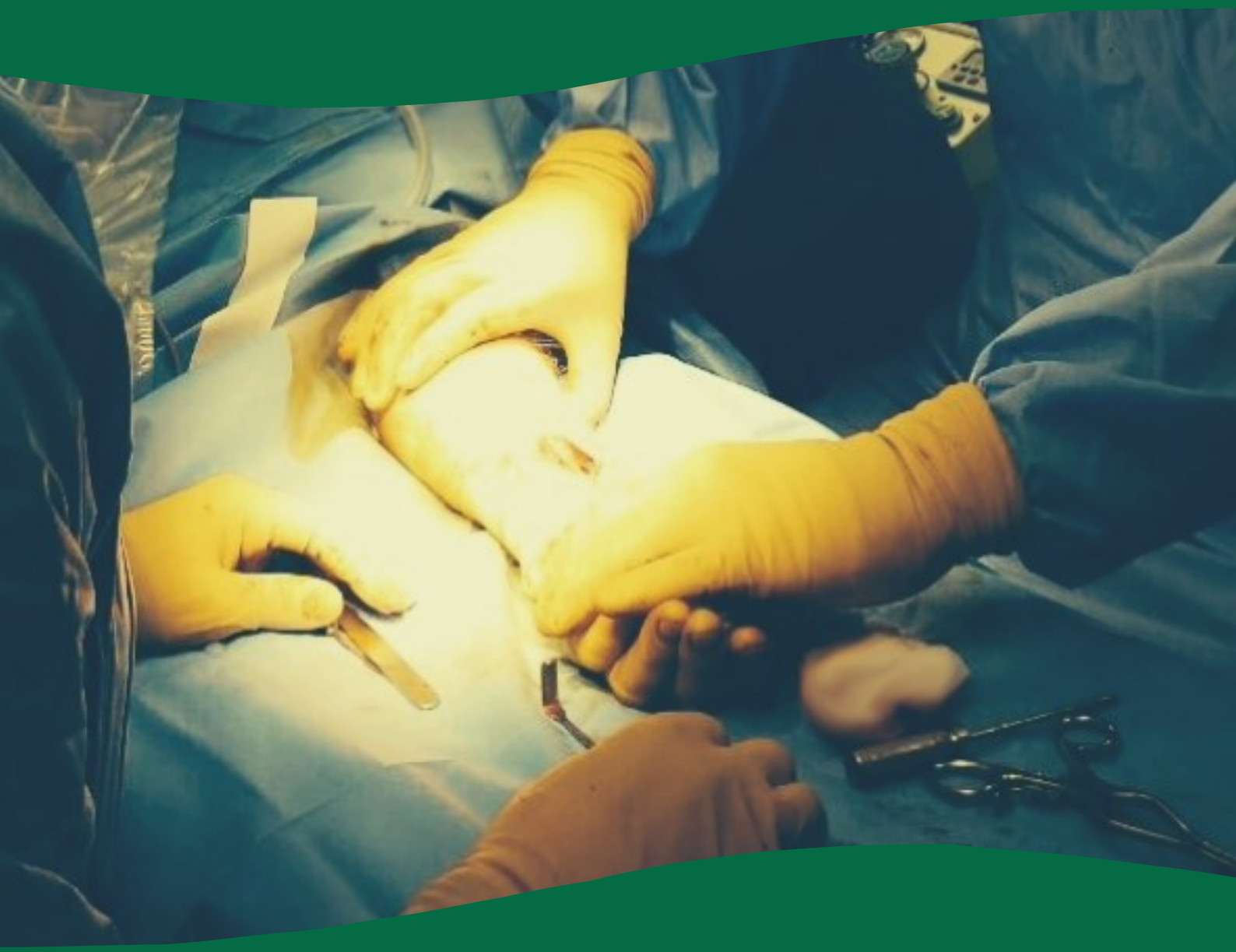

IITOS
THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY

Irish Institute of Trauma and Orthopaedic Surgery
Royal College of Surgeons in Ireland
2nd Floor, 121 St. Stephens Green
Dublin 2

T 353 1 402 2295 / 5191
F 353 1 402 2459
W www.iitos.ie
E amandawilkinson@rcsi.ie