

ANNUAL REPORT 2017



ORTHOPAEDIC SURGICAL EDUCATION / DELIVERY OF PATIENT CARE



IITOS
THE IRISH
INSTITUTE OF
TRAUMA AND
ORTHOPAEDIC
SURGERY

“The Institute is a vibrant, dynamic organisation of highly committed members, and it is a pleasure and privilege to be President of this Organisation. I look forward to the future years as we continue to build and develop on our key areas of activity and our vision, which is to ensure that our patients will always have access to trauma and orthopaedic care of the highest standards.”

- President John O’Byrne 2017



CONTENTS

About Us	3
Executive Committees	4
President’s Statement	5
Executive Board	7
Treasurer’s Report	8
Financial Statements	10
Director of Training Report	26
Assistant Director of Training Report	32
Intercollegiate Report	33
Specialist Advisory Committee Report	34
UEMS Report	38
Irish Hip Fracture Database Report	39
Professional Competence Report	40
Clinical Programmes	42
Events over the Year	50
Societies	52
Committees	56
It’s in the Genes	58
Members’ List	62
Newest IITOS Members	63
Obituaries	68
Calendar of Events	71

ABOUT US

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

OUR COMMITTEES AND PROGRAMMES PROMOTING EXCELLENCE IN TRAINING

Council Committee
Trainers Committee
ARCP Review Group
Education Committee
Mentor Programme
Core Curriculum Programme



Executive Committees

COUNCIL COMMITTEE

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

TRAINERS COMMITTEE

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

“An increasing area of activity undertaken by members of the Institute is in delivery of patient care. This involves participation in the development of clinical programmes and also voluntary overseas patient care.”

It has been an honour to serve as President of the Irish Institute of Trauma and Orthopaedic Surgery over the last year. I must pay tribute to my predecessor, Paddy Kenny.

I must also pay tribute to the vast amounts of work that is being done by several members of the Institute.

This has prompted the presentation of our Mission Statement and Purpose document.

This document highlights the ever-expanding role of the Institute. Traditionally, the Institute's role was very much involved with Training future Orthopaedic surgeons. However, clearly it is realised that the areas of education and training are much more extensive than that. The areas are highlighted in the document enclosed, which illustrates the extent of educational activities undertaken by the Institute.

An increasing area of activity undertaken by members of the Institute is in delivery of patient care. This involves participation in the development of clinical programmes and also voluntary overseas patient care.



**Professor John O'Byrne
President**

President's Statement

Within each of these headline areas of activity there is a range of activities, all of which require huge input, time and effort, and expertise, which is given voluntarily by members of the Institute. This will, hopefully, lead to improving access to trauma and orthopaedic care of the highest standards for all our patients and it will also lead to the continuing supply of excellently trained orthopaedic surgeons serving these patients.

There will be separate reports delivered by Mr. Finbarr Condon, who has been the Director of the Training Programme and has advocated strongly and effectively for opportunities and flexibility in training, that we believe are essential in order to ensure best quality orthopaedic trainees and ultimately consultants.

I also thank Mr. David Moore and Mr. Paddy Kenny who lead the clinical care programmes.

I would also like to thank all the officers who have participated very actively throughout the year.

I would like to thank and acknowledge Mr. Mark Dolan, who has served as Treasurer for many years and is stepping down this year. Mark has given a fantastic, consistent service to the Institute and we thank him for that.

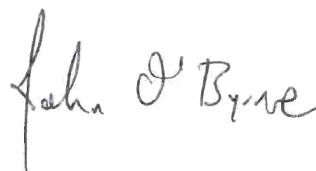
Let us remember Mr Richard Creedon, Cork who passed away in January 2017, Mr Conor Meehan, May 2017 of Limerick and Professor Timothy O'Brien, the first Abraham Colles Professor of Orthopaedic Surgery in RCSI who passed away in October.

I would also like to thank and congratulate Mr. David FitzPatrick and Mr. Ossie Fogarty for preparing a book on "The History of Irish Orthopaedics" and we really look forward to this publication.

I would particularly like to acknowledge the work done by Amanda Wilkinson and Barbara White, who are central to the effectiveness of the Institute and the training programme. They have worked tirelessly and with huge enthusiasm and made fantastic contributions throughout the year.

I would also like to thank Catherine Farrell and Niamh Keane, managers of the Clinical Programme, who have been doing an exceptional job with the Model of Care document and their tireless efforts visiting units around the country. They are central to our advocating for patient care on the Clinical Programme.

The Institute is a vibrant, dynamic organisation of highly committed members, and it is a pleasure and privilege to be President of this Organisation. I look forward to the future years as we continue to build and develop on our key areas of activity and our vision, which is to ensure that our patients will always have access to trauma and orthopaedic care of the highest standards.



John O'Byrne
President

Executive Board



Prof John O'Byrne
President



Mr Seamus Morris
Honorary Clinical
Secretary



Mr John Quinlan
Honorary Academic
Secretary



Mr Mark Dolan
Honorary
Treasurer



Mr Finbarr Condon
Director of
Training



Mr Eoin Sheehan
Assistant Director
of Training



Mr David Moore
Joint Clinical Lead

Treasurer's Report

“Cash on hand at the year end is strong and stands at €53,853. The cumulative carry forward “Income Funds” also remain strong at €122,098 as at 31st December 2016.”



Overall income from member subscriptions has remained fairly static year-on-year but with a small decrease in the current year. The number of people paying by standing orders has increased from 30% in 2013 to 60% in 2017.

There is an increase in, “Other Income” arising from fellowship monies received but not utilised until post year end. Expenditure from charitable activities has fallen by circa 24% on the previous year with the most notable decreases being in the areas of training provided and web development and hosting expenditure incurred.

Debtors have increased from €60,626 as at 31st August 2015 to €74,126 as at 31st August 2016. The increase is due to the fact that not all members pay by direct debit yet. It is vital that all members pay by standing order. It may help if regional and clinical Leads would raise the issue locally with their colleagues. Amanda will forward the standing order form. It is important for each member to check with their bank to ensure that the subscription is paid annually.

Cash on hand at the year end is strong and stands at €53,853. The cumulative carry forward “Income Funds” also remain strong at €122,098 as at 31st December 2016.

I will be standing down as Treasurer this year and would like to wish my successor the very best in this role. I hope the institute will continue to support research education and training in the future.

I would like to thank Amanda Wilkinson for all her hard work and support over the last six years.

Mark Dolan
Treasurer

Financial Highlights

Membership subscription fees

Fee remaining fairly static for 2017

Charitable donations

Expenditure fallen 24%

Operation Walk

Now under the umbrella of the IITOS

Irish Hip Fracture Database

Now under the umbrella of the IITOS

Cash carried forward

Cash and cumulative funds strong



Charity Registration No. 15041

Company Registration No. 318237 (Ireland)

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
DIRECTORS' REPORT AND AUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 AUGUST 2016

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

Directors	Mr David Cogley Mr David Moore Mr James O’Flanagan Professor John McElwain Professor John O’Byrne Mr Mark Dolan
Secretary	Mr John Quinlan
Charity number	15041
Company number	318237
Principal Address	Suite 2.4, Consultants Private Clinic, Cork University Hospital, Wilton, Cork.
Registered office	C/o Moore Stephens, 83 South Mall, Cork.
Auditors	Moore Stephens, Chartered Accountants & Statutory Audit Firm, 83 South Mall, Cork.
Bankers	Allied Irish Bank, Bishopstown, Cork.

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

	Page
Directors' report	1 - 2
Statement of directors' responsibilities	3
Independent auditor's report	4 - 5
Statement of financial activities	6
Balance sheet	7
Statement of cash flows	8
Notes to the financial statements	9 - 13

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

FOR THE YEAR ENDED 31 AUGUST 2016

The directors present their report and financial statements for the year ended 31 August 2016.

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

Objectives and activities

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

Achievements and performance

The Statement of Financial Activities and Balance sheet for the year ended 31 August 2016 are set out on pages 6 and 7. Surplus on ordinary activities before tax amounted to €38,375 compared to a loss of €3,798 in the previous year.

Principal risk and uncertainty

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

Financial review

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

It is the policy of the company that unrestricted funds which have not been designated for a specific use should be maintained at a level equivalent to between three and six month's expenditure. The directors considers that reserves at this level will ensure that, in the event of a significant drop in funding, they will be able to continue the company's current activities while consideration is given to ways in which additional funds may be raised. This level of reserves has been maintained throughout the year.

Post balance sheet events

No matters or circumstances have arisen since the end of the financial period which significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company in financial year subsequent to the financial period ended 31 August 2016.

Structure, governance and management

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

The directors who served during the year were:

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

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

Administrative Details

Charity Number : 15041
Company Number : 318237

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

FOR THE YEAR ENDED 31 AUGUST 2016

Auditor

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

Disclosure of information to auditor

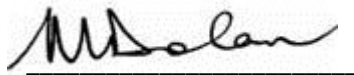
Each of the directors in office at the date of approval of this annual report confirms that:

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

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



David Moore
Director



Mark Dolan
Director

Dated: 9th October 2017

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

FOR THE YEAR ENDED 31 AUGUST 2016

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:

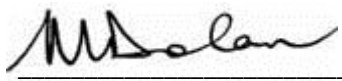
- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that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

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

The company is 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.



David Moore
Director



Mark Dolan
Director

Dated: 9th October 2017

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

We have audited the financial statements of Irish Institute of Trauma & Orthopaedic Surgery Company Limited by Guarantee for the year ended 31 August 2016 which comprise, the Balance Sheet, the Statement of Cash Flows and the related notes. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council.

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 directors and auditor

As explained more fully in the statement of directors' responsibilities, the directors, who also act as trustees for the charitable activities of Irish Institute of Trauma & Orthopaedic Surgery Company Limited by Guarantee are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable 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 charitable 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' Annual 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 €15,429 of fees due from members which relates to 2013 or older. In our opinion an allowance of €15,429 should have been made for this amount as a bad debt provision as at 31 August 2016. Accordingly, debtors should be reduced by €15,429 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 state of the charitable company's affairs as at 31 August 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council and, in particular, the requirements of the Companies Act 2014.

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

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

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,
83 South Mall,
Cork.

Date signed: 9th October 2017

Statement of Financial Activities

Including Income and Expenditure Account
For the Year Ended 31 August 2016

		2016	2015
	Notes	€	€
<u>Income and endowments from:</u>			
Members' subscriptions	3	32,100	32,703
Other income	4	33,950	-
Total income and endowments		<u>66,050</u>	<u>32,703</u>
<u>Expenditure on:</u>	5		
Charitable activities		<u>27,675</u>	<u>36,501</u>
Net income (expenditure) for the year/ Net movement in funds		<u>38,375</u>	<u>(3,798)</u>
Opening Fund balances at 1 September 2015		83,723	87,521
Closing Fund balances at 31 August 2016		<u>122,098</u>	<u>83,723</u>

Balance Sheet

For the Year Ended 31 August 2016

		2016		2015	
	Notes	€	€	€	€
Current assets					
Debtors	10	74,126		60,626	
Cash at bank and in hand		53,853		34,379	
		127,979		95,005	
Creditors: amounts falling due within one year	11	(5,881)		(11,282)	
Net current assets			122,098		83,723
Income Funds					
<u>Unrestricted funds</u>					
General unrestricted funds		93,911		55,536	
Other reserve		28,187		28,187	
			122,098		83,723
			122,098		83,723

The financial statements were approved by the board of directors and authorised for issue on 9th October 2017 and signed on its behalf by:



David Moore
Director



Mark Dolan
Director

Statement of Cash Flows

FOR THE YEAR ENDED 31 AUGUST 2016

			2016		2015
	Notes	€	€	€	€
Cash flows from operating activities					
Cash generated from / (absorbed by) operations	13		19,474		(19,683)
Net cash used in investing activities			-		-
Net cash used in financing activities			-		-
Net increase / (decrease) in cash and cash equivalents			19,474		(19,683)
Cash and cash equivalents at the beginning of year			<u>34,379</u>		<u>54,062</u>
Cash and cash equivalents at end of year			<u>53,853</u>		<u>34,379</u>

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 AUGUST 2016

1 Accounting policies

Company information

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

1.1 Accounting convention

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

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

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

These financial statements for the year ended 31 August 2016 are the first financial statements of Irish Institute of Trauma & Orthopaedic Surgery Company Limited by Guarantee prepared in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. The date of transition to FRS 102 was 1 September 2014. The reported financial position and financial performance for the previous period are not affected by the transition to FRS 102.

1.2 Going concern

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

1.3 Charitable funds

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

There are no restricted funds for the year ended 31 August 2016 or 31 August 2015.

1.4 Incoming resources

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

Income received relates to members' subscriptions which are payable on annual basis. The company also receives income in the form of fellowship donations on an ad-hoc basis.

1.5 Resources expended

Support costs are those functions that assist the work of the company but do not directly undertake charitable activities. Support costs include back office costs, finance and governance costs which support the company's activities. These costs have been allocated between costs of raising funds and expenditure on charitable activities. The basis on which support costs have been allocated are set out in note 6.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
 NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
 FOR THE YEAR ENDED 31 AUGUST 2016

1 Accounting policies (Continued)

1.6 Cash and cash equivalents

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

1.7 Financial instruments

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

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

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

Basic financial assets

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

Basic financial liabilities

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

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

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

Derecognition of financial liabilities

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

NOTES TO FINANCIAL STATEMENT (CONTINUED)
FOR THE YEAR ENDED 31 AUGUST 2016

2 Critical accounting estimates and judgements

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

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

Critical judgements

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

Key sources of estimation uncertainty

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

3 Members' subscriptions

	2016	2015
	€	€
Membership fees	<u>32,100</u>	<u>32,703</u>

4 Other income

	2016	2015
	€	€
Other income	<u>33,950</u>	<u>-</u>

The other income listed above relates to monies received to be used for fellowships for the student members of the Institute.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 August 2016

5 Charitable activities

	2016 €	2015 €
Training costs	3,558	7,743
Share of support costs (see note 6)	19,502	23,882
Share of governance costs (see note 6)	4,615	4,876
	<u>27,675</u>	<u>36,501</u>
Analysis by fund	27,675	36,501
Unrestricted funds	<u>27,675</u>	

6 Support and governance costs

	Support costs €	Governance costs €	2016 €	2015 €	Basic of allocation
Web development and hosting	4,458	-	4,458	9,379	
Office expenses	825	-	825	325	
Meeting expenses	14,133	-	14,133	10,061	
Bad debts written off	-	-	-	4,085	
Bank charges	86	-	86	32	
Audit fees	-	3,373	3,373	3,813	Governance
Legal and professional	-	1,242	1,242	1,063	Governance
	<u>19,502</u>	<u>4,615</u>	<u>24,117</u>	<u>28,758</u>	

7 Directors

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

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

For the year ended 31 August 2016

8 Employees

There were no employees during the year

9 Financial instruments (excluding cash and cash equivalents)

	2016 €	2015 €
Carrying amount of financial assets		
Debt instruments measured at amortised cost	<u>74,126</u>	<u>60,626</u>
Carrying amount of financial liabilities		
Measured at amortised cost	<u>5,881</u>	<u>11,282</u>

10 Debtors	2016	2015
Amounts falling due within one year:	€	€
Trade debtors	<u>74,126</u>	<u>60,626</u>

11 Creditors: amounts falling due within one year

	2016 €	2015 €
Trade creditors	1,408	1,408
Accruals and deferred income	<u>4,473</u>	<u>9,874</u>
	5,881	11,282

12 Related party transactions

There were no disclosable related party transactions during the year (2015-none)

13 Cash generated from operations	2016 €	2015 €
Surplus / (deficit) for the year	38,375	(3,798)
Movements in working capital		
(Increase) in debtors	(13,500)	(16,315)
(Decrease) / increase in creditors	<u>(5,401)</u>	<u>430</u>
Cash generated from / (absorbed by) operations	<u>19,474</u>	<u>(19,683)</u>

14 Approval of financial statements

The board of directors approved the financial statements for issue on the 9th October 2017.

Director of Training

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



INTRODUCTION

This is my fifth annual report as Training Programme Director. This year we had our third intake of ST3 Trainees, in a parallel interview process with the Gap Year Applicants and also the Second-Chance CST Trainees. We welcomed 11 new Trainees to the programme as a result of the HST interviews. We now have 56 Trainees currently on the programme ranging from ST3-8. Seven post-CCST Trainees are now on their fellowships at present. We, both Trainees and Trainers continue to expand our knowledge and use of the Intercollegiate Surgical Curriculum Programme (ISCP www.iscp.ac.uk).

All Trainees are now registered and using ISCP, which will mean in the summer of 2018, we should be in a position to conduct our first RITA G sign-off online. Having an online Trainee paperwork portal such as ISCP increases transparency and enables us to contemporaneously assess Trainee paperwork and monitor their progress, with an aim to not only ensuring Trainees achieve the targets set at each level, but also to highlight any Trainees who require extra attention or guidance.

GRATITUDE

I would like to take this opportunity to acknowledge and thank the Education Committee members for their continued diligence and support throughout the year and individually you the Assigned Educational Supervisors (AES), Clinical Supervisors (CS) and Mentors for the fantastic contribution you have made yet again this year. The mock clinicals held in Cork in January 2017 were a great success and no doubt the upcoming mock clinicals to be held in Tallaght in January 2018 will continue in this vein. Your commitment is much appreciated by the Trainees and I. Without doubt the hard work and diligence of the Consultants towards the function of training; validating work based assessments; being a rater for Trainees multi-sourced feedbacks; creating AES and CS reports for Trainees learning agreements, examining, reviewing, mentoring and also assisting with Core Curriculum events, continues to be a major defining factor in the success of our Trainees with their FRCS examinations. Some specialties are in the process of emulating many aspects of the Trauma and Orthopaedic surgery programme particularly in relation to mock vivas, mentoring, Core Curriculum, Mock Clinicals, ST2 information sessions, ISCP debriefing

sessions. Indeed some Consultant Vascular Surgeons attended our mock vivas/ annual reviews in January 2017 and were extremely impressed by not only the huge number of Consultants who gave of their time freely, but also in how efficient and effective this day was.

SUCCESS

This year we had the completion of training by seven more Trainees culminating in a very successful RITA G sign-off day/ Annual Review of Competency Progression (ARCP 6). IOTA organised post-training lectures relevant to these Trainees. A celebratory dinner was also organised to mark this momentous occasion, which was appreciated by the Trainees and their partners. A special thanks to Eoin Sheehan for carrying out the RITA G debriefing session meetings with the Trainees who completed the programme this year. I wish to add my congratulations formally to our CCST Trainees: Neil Burke, Grainne Colgan, Emmet Cullen, John Galbraith, Patrick Groarke, John Kelly and Padhraig O'Loughlin and wish them all the best in their fellowships and hope they return in the future as colleagues, key members of IITOS and also valued Trainers.

Congratulations to Ali Abdulkarim, Rob Bruce-Brand, Adrian Cassar-Gheiti, James Hepburn, Adeel Memon, Mujtaba Nassiri and Francis O'Neill, for passing the FRCS Part 1 in June. We have eight Trainees going forward for Part 2 of this examination and are awaiting the outcome of this examination at present.



James Hepburn



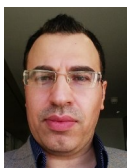
Adeel Memon



Francis O'Neill



Mujtaba Nassiri



Ali Abdulkarim

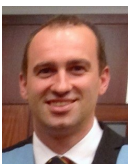


Adrian Cassar-Gheiti



Rob Bruce-Brand

In addition, I wish to congratulate Sven O'hEireamhoin, Khalid Mohamed, Neil Burke and Mary Nugent on their FRCS graduation following their successful completion of FRCS part 1 and 2, with a special congratulations going to Sven who was awarded the Sir Walter Mercer medal for his performance in the examination, following in the illustrious footsteps of former Programme Director, Keith Synnott and current Core Curriculum Director, Ruairi MacNiocaill.



Neil Burke



Sven O'hEireamhoin



Mary Nugent



Khalid Mohamed

The success of these Trainees, who will one day in the near future be our colleagues, is a testament to the in-depth training they received from their Trainers. The contribution of great Trainers is frequently acknowledged and appreciated by IOTA.

ACCREDITATION

You may recall we produced a detailed Trauma and Orthopaedic Surgery accreditation document in 2015, which followed a lengthy process in consultation with David Moore, Paddy Kenny, Eoin Sheehan and Surgical Affairs in RCSI. Back in 2015 this document was presented to the Irish Medical Council and we have recently received a response from the Irish Medical Council regarding it. The main item the IMC has queried is in relation to establishing clearly the governance relationship between IITOS and the College. The College is in the process of drafting a response to these IMC queries and will revert back to me with this draft in the near future. In brief it was noted at the IITOS Trainers Committee meeting held on the 9th September 2017, it is the Consultants who perform the function of training and the College has the license to train from the Department of Health.

ENTRY ROUTES TO SPECIALTY TRAINING

There remain ongoing issues in relation to the entry routes to the higher surgical training programmes in general. The 2017 intake was the last intake whereby Gap Year Trainees could apply for a place on the higher surgical training programme. This change means access to the programme from 2018 onwards is only available to CST and Second-Chance CST applicants who undertook core training in the Republic of Ireland. Trauma and Orthopaedic surgery and some other programmes continue to

raise objections to having just one narrow entry route to the programme, reason being it limits the pool of potential applicants, but also it is not good for the morale of the CST applicants who are limited to two opportunities to get a place on the programme. This topic is constantly discussed and debated at ISPTC meetings and is likely to continue to be debated in the future, increasingly other programmes are now requesting that a non-CST entry route be introduced, whereby applicants who have completed CST here or outside of the Republic of Ireland or have equivalent training could apply to the programme.

CONCLUSION

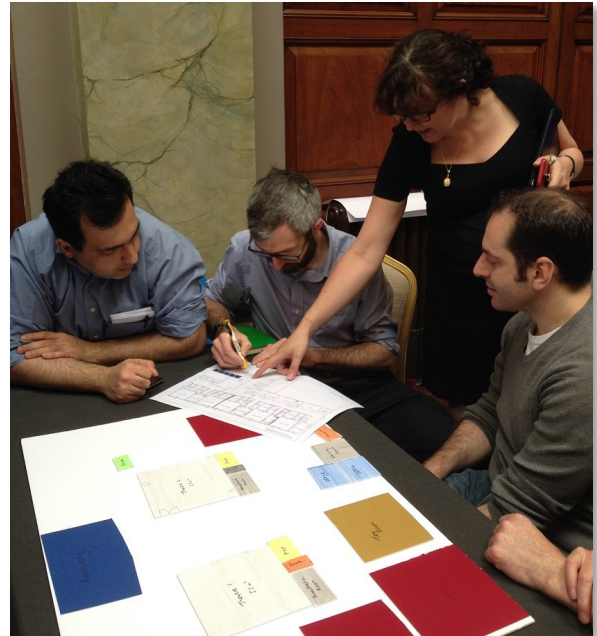
The next twelve months will be busy and challenging, with establishing how best to handle the various entry routes to the training programme for intake, training programme accreditation and also in preparing for the Mock Vivas / Annual Reviews, repeat Mock Vivas, Shortlisting, inductions, Education, Trainers and Council Committee meetings, to name but a few of the upcoming events.

My first term of office drew to a close last summer, but as I was enthusiastically nominated for another term, I am now in my second year of my second and final term as Training Programme Director. So, finally, thank you again and just to reiterate, I will do my utmost to lead and direct the training programme and uphold the high training standards previously established. I wish to thank you all, and especially Barbara White and Amanda Wilkinson, for your ongoing and invaluable contribution year-in year-out and I look forward to working with you for the good of Trauma and Orthopaedic Surgery in Ireland.

Finbarr Condon
November 2017

THE CORE CURRICULUM Programme

The concept of the core curriculum was developed in 2005 by Mr Keith Synnott because a need was identified for trainees to have monthly, continuous assessment and learning days as a group. There are 10 mandatory training days per year hosted by different hospitals around the country. From the feedback received, the content of the core days is being constantly fine tuned to the needs of both junior, pre and post exam trainees through lectures, didactic learning and small break out group sessions. Over the last several years, the standard of core curriculum days has increased substantially thanks to Mr John Quinlan previous Core Curriculum director, Mr Ruairi MacNiocaill, current Core Curriculum Director and with input from Mr Finbarr Condon, Director of Training. Thanks goes to all the trainers for their meticulous work in organising these well-thought out training days.



'Theatre Craft' Core Curriculum day with Ms Eimear Conroy Mr Ruairi MacNiocaill in the RCSI.



Soft Tissue Knee, Cork with Professor James Harty.



Primary and revision knee replacement Core Curriculum day, Castlebar with Ms Bridget Hughes.

KEY STRENGTHS

OF THE TRAUMA AND ORTHOPAEDIC TRAINING PROGRAMME

- 1 Dedicated Trainers' Committee
- 2 Dedicated Council Committee
- 3 Dedicated Education Committee
- 4 Core Curriculum Programme
- 5 Mentor Programme
- 6 Active involvement at ISPTC / College meetings
- 7 Proactive Trainee Association (IOTA)
- 8 Strong presence on and reviewing of ISCP

Fellowships 2017



JOHN KELLY

John will be in St John of Gods Hospitals, Perth, Australia, from this August, undertaking a Hip and Knee arthroplasty fellowship. This fellowship covers all aspects of Hip and Knee arthroplasty, including Robotic innovations.

The fellowship is supervised by Messrs Dermot Collopy and Gavin Clark, who introduced the use of Robotics in Hip and Knee arthroplasty to Australia.



JOHN GALBRAITH

John will be starting an upper limb fellowship in Christchurch, New Zealand in August 2017. While there, he will be working with Mr Alex Malone and Mr Khalid Mohammed. The fellowship is primarily based in Christchurch public hospital,

which is the tertiary referral centre for complex upper limb conditions for the South Island of New Zealand. While on fellowship, He will have high volume clinical and operative exposure to shoulder and elbow arthroscopy, joint reconstruction, trauma, post-traumatic reconstruction. He is planning on doing a second fellowship commencing in August 2018 focusing on hand and wrist surgery.



GRAINNE COLGAN

I am spending one year working as the first Dublin Hand Fellow. This follows the UK model of the interface fellowship between two specialties. I am training with both plastic and orthopaedic hand

surgeons, with full access to trauma/elective lists and clinics across multiple hospital sites in Dublin including paediatrics. The post is funded by the PMET. In addition to a busy clinical schedule, I will be sitting the FESSH exam in March, and am conducting clinical research in congenital hand surgery.



PATRICK GROARKE

Patrick will be doing his fellowship in Brisbane. This will be in Hand and Upper Limb surgery under Dr Mark Ross and Greg Couzens at Princess Alexandra Hospital and other units. It will commence in August 2017, for one year. The Princess

Alexandra Hospital is a tertiary health care centre, providing care in all major adult specialties. It started as an orphanage and respite for quieter patients from a nearby asylum. Now, it is one of Australia's leading academic and research health centres. It is nationally recognised for our expertise in trauma management and is a major transplantation centre for livers, kidneys, bone, cartilage, and corneas. It is serviced by an impressive aeromedical retrieval service which transports patients to hospital via helicopter or fixed wing aircraft, a road accident response service and a major trauma retrieval service managed by our Emergency Department and Intensive Care Unit. In the last year, there were over 100,000 admissions to the hospital, over 60,000 visits to the emergency department and almost 500,000 outpatient appointments. This is provided of 5,500 staff.

The Princess Alexandra Hospital is a major research precinct, hosting, Australia's most advanced medical research facility. There will be huge opportunities for subspecialty research with the Brisbane Hand and Upper Limb Research Institute. This unit can boast many leading publications in all conditions from the shoulder to the hand.



EMMETT CULLEN

Emmet is currently finalising his fellowship in primary and revision arthroplasty.



**PADHRAIG
O'LOUGHLIN**

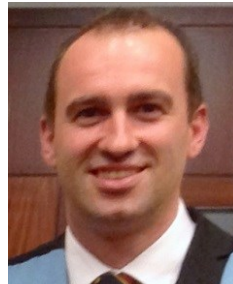
Padhraig shall spend the first six months in Lyon at the Centre Orthopédique Santy. Founded in January 2006 by Dr. Gilles Walch and Dr. Pierre Chambat, the Centre Orthopédique Santy is a world-renowned Orthopaedic and Sports injury clinic located in Lyon, France. Specializing in knee, hip, shoulder, spine, muscle, foot and ankle injuries, their experience and research have led to many advances in the management of complex orthopaedic and sports related injuries. The centre offers a multidisciplinary approach to the treatment and rehabilitation of orthopaedic and sports related injuries. The team consists of 12 orthopaedic surgeons offering the latest evidence-based surgical treatments for musculoskeletal injuries. In a typical year, over 800 joint replacements, 900 spinal procedures, 1500 shoulder procedures and over 1000 ACL reconstructions are performed.

The centre is recognized as one of the most published and progressive organizations in sports medicine research in France. Each year the Centre receives between 10 and 20 International visiting Fellows. Padhraig's focus during this time will be on primary and revision hip & knee arthroplasty. Padhraig will spend the latter half of the fellowship year at the ENDO-Klinik Hamburg. It is the largest specialist clinic for bone, joint and spinal surgery in Europe. In the context of lower limb arthroplasty, it is well-known for its particular focus on periprosthetic joint infections. Since its inception in 1976 by Hans Wilhelm Buchholz, more than 143, 000 (with an approximate 50:50 split hip:knee) have been performed. Approximately 7,000 joints are implanted each year with approximately 400 revision arthroplasty cases for infection.

Padhraig's objective in spending time at this renowned centre is to focus in particular on their approach to infected arthroplasty cases. Their performance of single-stage revision procedures is well-documented but more than that, He is interested in the entire process from diagnosis, work-up and treatment to how they incorporate a multi-disciplinary approach and particular systems to isolate these patients and cases in both the ward and theatre settings.

Padhraig was fortunate to forge ongoing research connections with the ENDO-Klinik whilst a Research Fellow at Hospital for Special Surgery, New York.

Finally, during this Fellowship, Padhraig will also conduct a formal clinical visit to the Queens Medical Centre, Nottingham to experience how Professor Chris Moran and his trauma team deal with major trauma on a daily basis. Professor Moran has worked extensively with the Department of Health in the development of major trauma networks throughout England and is chairman of the British Orthopaedic Association Trauma Group and the National Hip Fracture Database, which is the largest fracture registry in the world.



NEIL BURKE

Neil was accepted for an arthroplasty fellowship in North Shore, Auckland from July 2017 to July 2018. His main supervisor is Mr Rob Sharp, a UK trained surgeon specialising in revision hip and knee

arthroplasty. There are seven other consultants specialising in hip and knee arthroplasty as North Shore Hospital is the main orthopaedic referral hospital for the largest district health board in New Zealand. Comprehensive training is provided in total and partial joint arthroplasty at this high volume orthopaedic unit. This fellowship is aimed at helping the transition from residency to consultancy through supervised progressive case ownership and decision making.

Assistant Director of Training

“Once again it is imperative, that as trainers, each of us identify and mentor the ST2 assigned to our respective unit.”



I would like to thank the members of the Educational Committee for their hard work during the year.

I would also like to thank the administrative team of Barbara White and Amanda Wilkinson for their patience and diligent work ethic during the year. Currently we have 16 ST2 trainees in T&O.

MENTORING OF ST2 TRAINEES

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. I would also ask trainers to exercise vigilance in the trainees categorisation of procedures, ie. Performed versus trainer/scrubbed, unscrubbed etc.

There is no doubt that T&O is still desirable amongst trainees despite the overall downturn in applicants for surgery. This is largely due to the comprehensive delivery of the scheme and the dedication of all our trainers.

I would encourage any of you to apply in your unit to be a Hospital Based Director of Surgical Training HbDST. I would like to congratulate Ruairi MacNiocaill on his appointment to this role in Waterford.

ACKNOWLEDGEMENTS

I would also like to thank Brendan O'Daly for his work in the RCSI organising Boot-camps and orthopaedic training sessions for the trainees. I would also like to thank the officers of the IITOS, John O'Byrne, John Quinlan and Seamus Morris, as well as our Council members for their assistance during the year.

I would finally like to thank our own SPR's for their support of the up and coming ST1/2 trainees, and for their support and mentorship of these future colleagues.

Regards,

Eoin Sheehan



Orthopaedic session at RCSI surgical boot camp in July in the new 5th floor wet lab.

Intercollegiate Board

“Four Irish Consultants joined the panel of Intercollegiate Examiners in the last year, while this is welcome more are needed to maintain adequate proportional representation and influence.”



Report by Gary O'Toole

Since our last AGM, there have been 3 scheduled Intercollegiate Examination Board Meetings. One meeting scheduled for the 16th of March was cancelled. The other 2 meetings went ahead and were held in the College of Surgeons in Edinburgh. The meetings were on the 2nd December 2016 and the 29th of June 2017.

EXAMINERS

The effort to increase Examiner numbers continues and is beginning to show dividends. A total of 14 applicants were approved at the December meeting, there was 1 Irish applicant, Mr. Patrick Kiely, who was successful in his application. A total of 9 applicants were approved at the Board Meeting in June 2016. These included 3 successful Irish applicants, Ms. May Cleary, Mr. Anant Mahapatra and Mr. Mark Dolan. These 4 new members are most welcome and I'm sure will continue the great tradition of Irish examiners contributing in a meaningful manner to the FRCS (Tr & Orth) exam.

The push for examiners continues though and any Consultant Orthopaedic surgeon who is 5 years in practice is eligible to apply and application forms can be downloaded via the following link www.jcie.org.uk and follow the link to "Application list" and then click

on the "Panel of Examiner Applications" and finally click on "Trauma & Orthopaedic Surgery" for all the forms and criteria.

INTERCOLLEGIATE CLINICAL EXAMS

There have been 3 Intercollegiate clinical exams since our last AGM. Lancashire 5th - 7th February 2017, Belfast 7th - 9th May 2017 and Bristol 5th - 7th November 2017. The pass rates remain quite consistent. The overall average pass rate was 66% for both the Lancashire and Belfast exams. The results for Bristol were not available at the time of going to press. In Lancashire a total of 122 candidates took the exam, 81 passed.

TYPE 1 TRAINEES

Type 1 trainees had a 93% pass rate in Lancashire with candidates not on a formal training program having a pass rate of 33%. In Belfast, 110 candidates took the exam, 73 passed (66%). There was a 96% pass rate for Type I trainees and a 39% pass rate for those not on a formal programme.

FRCI (Tr&Orth) EXAM

This year 2017, sees the first running of the FRCI (Tr & Orth) in an overseas location. The exam is scheduled for November 23rd - 25th in Qatar. This will go ahead, political climate allowing.

NICE GUIDELINES

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

Speciality Advisory Committee

“Involvement with audit and Quality Improvement could be increased. This seems to have a low priority at present yet there are ample opportunities to be involved, particularly in the latter, where financial recourses are constrained, the workload is demanding and staffing levels are low.”



Pat Kiely SAC Representative

The SAC has now changed to a three full-day meetings per annum schedule, since change of chair-person (most recent meeting October 3rd). Biannual meetings of the Training Standards Committee also are held in spring and autumn, (most recently October 9th). Pat Kiely as RCSI representative, has been in attendance at SAC and TSC meetings through 2017 and is due to take up Liason Member duties with the Northwest Deanery in later 2017. SAC chairman Mark Bowditch, took over office from December 2016, and has travelled to Ireland this past year for both National Selection and the SAC quinquennial national training centres visit. Mark Crowthers has taken Liaison Member role for the Republic of Ireland from 2017.

SAC QUINQUENNIAL VISIT

SAC Quinquennial Visit
There has been a major 5-yearly invited review of all training units in the Irish T&O Programme, by visiting SAC teams in May 2017, arranged through offices of RCSI / IITOS. Individual unit draft and final reports have been accepted and made available for dissemination to the relevant Assigned Educational Supervisor (AES) for each unit. While recognition and leeway pertaining to the differences between our jurisdictions is accepted the overall the quality of care and the standard of training was found to be good.

There has been expressed acknowledgement and thanks from the SAC (specifically to, Finbarr Condon, John O'Byrne, Amanda Wilkinson and Barbara White) for the supporting structure, organisation, local hospitality experienced throughout this national multicenter review. In large part the findings and requirements and suggestions will be adopted, with most units receiving a 'clean bill of health'. (Summary Overview 2017 SAC Visit - Appendix 1)

Specific centres had concerns identified, these will require significant changes or adjustments for training and clinical practice, with a planned schedule for review in May 2019. Two sites not currently receiving HSTs (Kerry and Sligo) have real infrastructural and organisational change required to enable training to take place. Four established training units will require specific improvements and further re-inspection (Cork, Crumlin, Temple Street and St James's) SAC review.

(Appendix 2 Training Standards Committee)

TRAINING STANDARDS COMMITTEE

The Training Standards committee has continued working for the past number of years in design and revision of the T&O curriculum. The new Curriculum is planned to be established in 2018, with major curriculum alterations have been withheld until the new version is complete in December 2017. In essence the curriculum is competence-based and, therefore, not time-defined.

Accordingly, it allows competences to be acquired in different time frames in relation to variables such as the structure of the programme and the ability of the trainee. As a result, any time points used are indicative only. The curriculum focuses on the ability of trainees to demonstrate the knowledge, skills and the generic professional capabilities that they have acquired in their training through observable behaviours specified in a series of Capabilities in Practice (CiP) and also the detailed syllabus.

We have continued to endeavour to eliminate NHS / GMC / UK specific requirements for medical practitioners and trainees where not matched by an equivalent Irish HSE / IMC / RCSI directive or requirement. This process should 'debug' the curriculum and Intercollegiate examination from potential inequitable inter-regional or inter-national variations and questions.

CRITICAL CONDITIONS IN TAUGHT CURRICULUM

Though 2016 / 2017 we have adopted 'critical conditions' within the taught curriculum (eg. Damage Control Orthopaedics, Necrotising Fasciitis, the Diabetic / Septic Foot, Spinal emergencies etc) thus the core curriculum should facilitate these educational requirements. Case-based discussion can be utilized to cover this additional focus on severe or overwhelming limb infection, DCO etc.

ROI logbook variations in specific procedure types and indicative numbers, compared with UK, are understood and allowed. But there are major changes of emphasis coming forth to reflect the focus in achieving Capabilities in Practice (CiP) linked to competencies and core generic orthopaedic skills. (SAC report - Appendix 3)

PLANNED NEW CURRICULUM

The planned new curriculum when it arrives will be introduced at discussed at a plenary session of the BOA 2018, it will also form part of the agenda / schedule at TPD induction and at wider AES updates. Training across the generality of the specialty is usually delivered through attachments to the eight recommended subspecialty interests, in any order. The general principles of T&O training may be acquired in each of the special interest attachments. As such, there are no specific phases of training, however there are waypoint assessment guidelines which are used to assess general progress towards CCT and focus training where necessary in the remaining time period. Trainees are also required to obtain outcome 1 at the end of ST6 before sitting the FRCS (Tr & Orth) exam.

Adequate clinical exposure and experience in all 8 major subspecialty interests ie Hand & Wrist, Shoulder & Elbow, Hip, Knee, Spine, Foot & Ankle, Paediatrics, Major Trauma, will be required to achieve appropriate competence as a day 1 consultant. Whilst this is usually and best obtained by 'working' within the team setting of a clinical attachment of minimum 3-6 months this is not always achievable or in the best training environment.

LEARNING OUTCOMES

Each Training Program is required to address the specific learning outcomes for the 8 subspecialties (including major trauma). These should be delivered in a structured training scheme which includes clinical attachments in all these subspecialties. Where an appropriate training in a specialty specific attachment is not possible

for all trainees (e.g. Major Trauma Centre attachment or an Elective Spine) there should be a focus on those areas in simulation, teaching programs or OOPT to achieve the competencies. Indicative procedure descriptions and operative numbers have been revised and are planned to reflect this requirement. (SAC report Appendix 3).

Guidance on CiPs (now replacing 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>.

Within the revised curriculum new Procedure-Based Assessments (PBAs) and Direct Observation of Procedural Skills (DOPS) have been created.

FELLOWSHIPS / OOPT

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

OOPT has usually been awarded for 1 year of the programme, but may, with agreement, be sanctioned for more than 1 year.

APPENDIX 1 - SAC REVIEW SUMMARY OVERVIEW

Republic of Ireland May 2017

This summary report has been formed from discussions with a large number of trainees at HST, "SHO", non-training grade, and training-Fellow level, Hospital managers, (both clinical and non-clinical), and a large number of consultants and it is clear that Irish Orthopaedic Training is thriving despite numerous extrinsic pressures.

The trainees universally are very busy, are exposed to large numbers of patients with a wide variety of conditions and do not appear to have difficulty achieving their logbook numbers. They work in units with well-organised local teaching programs and the national teaching program appears to be of high quality, all trainees being enabled and expected to attend from their base hospitals.

We felt that the trainees were able to speak frankly about their training, were largely happy, but were able to express their concerns where they exist. We have identified a number of areas where there is the potential for improvement.

AUDIT AND QUALITY IMPROVEMENT

Involvement with audit and Quality Improvement could be increased. This seems to have a low priority at present yet there are ample opportunities to be involved, particularly in the latter, where financial resources are constrained, the workload is demanding and staffing levels are low. To encourage a culture of Quality Improvement can only be of positive benefit.

TRAINER ENGAGEMENT WITH ISCP

Trainer engagement with ISCP is improving but should be targeted as an area to strengthen. In particular, we felt that work based assessments were used only in a summative way at ARCP, but there is great potential for these to be used more constructively to help develop trainees in a formative way. This could be delivered through Training Orthopaedic Educational Supervisors/ Clinical Supervisors courses. Support for non-training middle -grade level is variable and there is the potential for improvement, which is particularly important, as most hospitals seem to rely on these doctors to deliver service and protect training. Most of these doctors have trained outside of the Irish Republic and have come with an aim to pass FRCS (Orth) in addition to exposure to a Western Medical system.

They are unlikely to remain in Ireland indefinitely, but need to have something concrete to show for their years of service in Ireland. Although the remit of our visit related to the doctors in HST, there is a knock-on effect from the way that these non-training doctors, on the same rotas are supported. Offering a finite, integrated, outcome focused non-training grade job structure would carry universal benefits. A work structure that is seen to recognise and deliver their needs will attract better calibre doctors.

PAEDIATRIC ORTHOPAEDIC TRAINING IN IRELAND

Paediatric Orthopaedic training in Ireland has previously been largely focused in the Dublin hospitals. There is potential for delivering excellent Paediatric Orthopaedic Training in units outside of Dublin where there are at least two consultants providing elective and trauma paediatric orthopaedic services in both Cork and Galway. [Note: This suggestion has been subsequently reviewed at IITOS Training Committee (Sept 2017), it is felt that given current established capabilities and volumes Trainees aspire to train within OLCH and TCUH, as Cork and Galway require additional capacity, infrastructure and clinical support for training in specialist paediatric practice].

CONSULTANT POST

The prospect of having difficulty obtaining a consultant post is a concern for all trainees, yet despite this, their enthusiasm and optimism seems undiminished. Clearly the Training Programme can do little to influence this but it does seem to be a pity that many excellent and well-trained doctors may not obtain posts in the country that has made such a considerable financial investment in order to train them.

We are grateful to our hosts for providing such a warm and generous welcome, for their considerable preparatory work and for giving up their time, both during the working day, and in the evening. Our impression is that Irish Orthopaedic training is in good hands and good health.

APPENDIX 2 SAC REVIEW - TRAINING CENTRES REQUIRING CHANGE.

Cork University Hospital / SIVUH group had several findings identified as being suboptimal or of concern

1. Senior and junior Registrar 'two-tier' rostering of HSTs on the trauma rota. It is agreed that a relatively junior SpR would need to progress onto the senior trauma rota after six months and not be left on the junior rota.
2. Dual trauma lists run in parallel with one covering consultant.
3. Relative high levels of trainee 'assisting' (versus operating) in the Elective Orthopaedic Unit.

Our Lady's Children's Hospital, Crumlin received a good report in general but concern was raised on a couple of issues:

Administration (non -clinical) workload fracture care and management both clinics and operatively, in the unit. It was noted there are six Consultants in the unit now and between four and six Trainees can be accommodated, but the SAC will need to re-inspect the unit in order to ascertain if the above issues have been satisfactorily addressed.

St James's Hospital - the SAC would like to revisit this unit in 2018 in order to review Trainee logbooks again. Other than their logbook query SJH received a good report. It was noted there was a fellow in the unit and this did apparently impact on the Trainee logbook numbers, though this will require a much closer examination prior to re visit.

Temple Street University Hospital The SAC deemed that this unit will need to be re-inspected. There are three Consultants in the unit who are actively involved in training.

IOTA have highlighted the vital requirement for exposure in paediatric orthopaedics in the Ireland context, and also the strengths of this (rotation through paediatrics) system for trauma care and intercollegiate examination preparation. Ultimately however, HSTs can no longer be attached to the non-Trainers in this unit.

Kerry University Hospital, Tralee - this unit has no Trainees and will need to make certain amendments and submissions prior to a future re-inspection if they are to be given Trainees.

Sligo - this unit has no Trainees and is not a training unit at present. If Sligo would like to be considered as a training unit they will need to make certain amendments and submissions as per the SAC report, and have a re-inspection.

The agreed actions undertaken are :

1: IITOS President to liaise with Temple Street Trainers and to correspond with Senior Hospital Management re the report, its implications for training and long-term for quality of staff and patient care.

2: For those units which require re-inspection (Cork, Crumlin, Temple Street and St James's) requirements to be fulfilled, RCSI SAC Rep will communicate and monitor this process.

Sligo and Tralee, to respond as per the report RCSI SAC Rep will communicate and visit these units and further monitor this process.

While the IITOS Trainers Committee is in agreement to aim for May/June 2018 for the follow-up SAC re-inspections, it is felt by the SAC that 2019 might be more favourable for significant organisational and operational change.

Appendix 3 - SAC Report - T&O Curriculum 2018

Completion of the curriculum requires trainees to achieve the ability to carry out all the shared and specialty specific Capabilities in Practice to the level described in the Programme of Learning (Theme 3) and to demonstrate that they practice in accordance with the requirements of Good Medical Practice and Generic Professional Capabilities. The Capabilities in Practice refer to and include the syllabus of specialty specific knowledge and clinical requirements for completion of the curriculum.

CERTIFICATION REQUIREMENTS FOR TRAUMA AND ORTHOPAEDICS

All trainees seeking certification in trauma & orthopaedic surgery must:

- a) be fully registered with the GMC and have a licence to practise (UK trainees) or be registered with the IMC (Republic of Ireland trainees).
- b) have completed a recognised higher surgical training programme in the UK or Republic of Ireland including out of programme training
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies). For Republic of Ireland trainees, RITA G (CAPA G).
- e) be able to demonstrate the acquisition of the appropriate Generic Professional Capabilities (GPCs) as described in the GMC framework (UK trainees only).

To be awarded an outcome 6 at final ARCP, the SAC would expect that trainees should be able to satisfy the following specialty specific guidelines:

GUIDELINES FOR TRAUMA & ORTHOPAEDIC SURGERY

Clinical experience

Evidence of the breadth of clinical experience defined in the specialty syllabus.

Trainees must :

Provide evidence of participation in annual scheduled (i.e. timetabled) minimum of three operating lists per week and two outpatient clinics per week (including fracture clinic).

Provide an annual statement of “no probity issues” to meet future enhanced appraisal and revalidation criteria as documented in GMP Domain 4.

Provide robust evidence of Multi-Source Feedback - completed NHS: LQF 360 and/or clinical 360 and/or MSF every year.

Be able to demonstrate knowledge and experience of the following critical conditions with appropriate WBA evidence:

- (1) compartment syndrome (any site)
- (2) neurovascular injuries (any site)
- (3) cauda equina syndrome
- (4) immediate assessment, care and referral of spinal trauma
- (5) spinal infections
- (6) complications of inflammatory spinal conditions
- (7) metastatic spinal compression
- (8) the painful spine in the child
- (9) physiological response to trauma
- (10) the painful hip in the child
- (11) necrotising fasciitis
- (12) diabetic foot
- (13) major trauma (CEX)

Operative experience

Consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus in the 8 recommended subspecialty areas .

Trainees should have a minimum 1800 cases recorded in their logbooks over 6 years of training (average 300 cases/year). The minimum indicative numbers to be achieved are listed below. Trainees must show evidence in the logbook of training in the breadth and generality of trauma and orthopaedics.

Operative competence

Evidence of competence in indicative operative procedures to level 4 (evidenced by PBAs defined by the specialty) Trainees must have evidence of progression in operative skills to be demonstrated by a full set of PBAs in index operations to the designated level.

Research

Evidence of having met the relevant requirements for research and scholarship. For UK trainees, this can be found in the GMC's Generic Professional Capabilities framework.

Broadly, this includes:

1. The demonstration of evidence based practice.
2. Understanding how to critically appraise literature and conduct literature searches and reviews.
3. Understanding and applying basic research principles.
4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities.

Trainees should undertake research during specialist training and provide evidence recorded on the ISCP of a minimum of: Completion of a Good Clinical Practice course in Research Governance within 3 years of certification.

Research cont'd

Evidence of research methods training or completion of a research methodologies course.

Evidence of journal club activity/ literature review evidenced by a CBD or the publication of a reflection from the journal club.

Trainees must also complete two of the following:

- Higher degree completed at any time (MSc, MCh, MPhil, MD, PhD).

- Authorship** in any position (including corporate or collaborative) off two PubMed cited papers relevant to the specialty, not including case reports.

A minimum of two presentations at national or international meetings.

Evidence of recruiting ≥5 patients into a research ethics committee approved study or ≥10 patients into a multi-centre observational study.

Advanced research evidence (These may be used as alternatives to the requirements in the list immediately above):

Membership of a trainee research collaborative demonstrated by either a committee role of ≥24 months or running a collaborative project on a steering group or as a local lead.

Membership of an NIHR portfolio study management group.

Co-applicant on a clinical trial grant application to a major funding body.

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

Quality Improvement

Evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty

Trainees must provide evidence of participation in audit and clinical governance. Audit is to have been regularly undertaken, with a minimum of one audit per year of training, and two of these audits to have progressed through the full audit cycle as evidenced by an appropriate WBA.

Medical Education and Training

Evidence of an understanding of, and participation in, medical education and training as defined by the specialty Trainees should provide evidence of commitment to teaching: by completing 'Training Orthopaedic Trainers' (or a similar course) and providing evidence of a minimum of one lecture/presentation per year on a teaching programme with structured (written) feedback.

Management and leadership

Evidence of an understanding of management structures and challenges of the NHS/HSE in the training jurisdiction

Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined by the specialty Trainees must have a valid ATLS® (or alternative) provider or instructor credential at the time of certification.

Educational conferences

Evidence of having attended appropriate educational conferences and meetings as defined by the specialty Trainees should provide evidence of commitment to professional development through courses, meetings and training.

INDICATIVE NUMBERS

Minimum indicative numbers of procedures for certification approval Minimum total operations [P, T, S-TU, S-TS or A] expected as a requirement for certification in 72 months of training = 1800

Minimum specific operation groups expected as a requirement for certification in 72 months of training. NB: These are cases done and expressed as a total of (S-TS, S-TU, P).

These procedures must be supported by evidence from PBAs over a range of trainers and periods of time i.e. what is not expected is bunching of PBAs immediately prior to ARCPs.

To support the demonstration of a sufficient breadth of experience and achievement of competence in T&O, the trainee should aim to achieve the indicative numbers of cases before Certification. Trainees would not normally be expected to have achieved sufficient experience to be able to manage the range of pathology they will encounter unless these numbers have been met. It is recognised that competence could be achieved with fewer cases, if supported by evidence from other assessments. Meeting the numbers does not, in itself, imply competence.

Pat Kiely

RCSI Representative
SAC Trauma & Orthopaedic Surgery

INDICATIVE PROCEDURES & NUMBERS		
Competency	No. reqd	Notes including acceptable cases
Elective		
Major joint arthroplasty	80	total hip, knee, shoulder, ankle replacements 1st metatarsal, proximal tibia, distal femur, hip, <u>humerus</u> , wrist, hand, <u>paediatric</u> , spinal. Akin, lesser toe and MT 2-5 osteotomies to be NOT allowed
Osteotomy	20	
Nerve decompression	20	carpal tunnel, cubital tunnel, tarsal tunnel, spinal decompression, discectomy, digital <u>Dupuytren's</u> release
Arthroscopy	50	knee, shoulder, ankle, hip, wrist, elbow
Emergency / trauma		
Compression Hip Screw for Intertrochanteric Fracture Neck of Femur	40	
Hemiarthroplasty for <u>Intracapsular</u> Fracture Neck of Femur	40	
Application of Limb External Fixator	5	
Tendon Repair	10	Any tendon
Intramedullary nailing for fracture	30	femur shaft, long CMN for <u>subtrochanteric</u> #, tibia shaft, <u>humerus</u> , <u>hindfoot</u> nail
Plate fixation for fracture	40	ankle, wrist, hand, femur, tibia, <u>humerus</u> , forearm, clavicle
Tension band wire for fracture	5	patella, olecranon, ankle, wrist, hand
K wire fixation for fracture	20	wrist, hand, foot, elastic nails, <u>paediatric</u>
Children's displaced supracondylar fracture	5	min 2 x operative fixation with wires (may be simulated), or application and management with traction
Total	365	

CERTIFICATION REQUIREMENTS FOR TRAUMA AND ORTHOPAEDICS

Fully registered with the IMC (Republic of Ireland trainees)

Have completed a recognised higher surgical training programme in the UK or Republic of Ireland including Out of Programme training

Have successfully passed the Intercollegiate Specialty Board examination

Have been awarded a RITA G (CAPA G).

GUIDELINES FOR TRAUMA & ORTHOPAEDIC SURGERY

Clinical Experience

Operative Experience

Operative Competence

Research

Quality Improvement

Medical Education and Training

Management and Leadership

UEMS / EBOT

“There is increasing acceptance within the union of the value of the EBOT exam. The French and Dutch Orthopaedic Associations recommend it their trainees but, as yet, it is not mandatory.”



The Orthopaedic Section of the UEMS met in Bergen (Norway) in the spring and Dubrovnik (Croatia) in the autumn of 2017. In the autumn meeting, we welcomed the new UK delegate Phil Turner to the section, confirming the continued support of the UK to the UEMS.

EBOT

There was discussion on the EBOT exam as to which organisations had a stake in it. It was agreed to write to EFORT to confirm their support for the exam in its current form but expressing the opinion that an annual budget for the exam should be published and presented to the boards of both EBOT and EFORT. The collaboration between EFORT and UEMS in running the exam was therefore more clearly delineated. The UEMS proposed an examining board with three members from EFORT and three from the UEMS. No country was to have more than one delegate.

PROFESSIONAL DEVELOPMENT POINTS

The section informed members that the running of an international educational event would qualify for international professional development points available through the UEMS/EBOT website accredited by the EACCME (European Accreditation Council of Continuing Medical Education). DB has now joined the EACCME committee.

EUROPEAN TRAINING REQUIREMENTS

The European Training Requirements (ETR) for Orthopaedics has now been approved by UEMS Central. This represents the minimum requirements for orthopaedic specialists in the European Union. In summary, completion of training in a national training scheme and successful passing of the EBOT exam fulfils these minimum requirements. EBOT recognised that certain member states had long established structured training programmes and an exit exam of very high standard and the ETR in no way threatened these existing arrangements.

There is increasing acceptance within the union of the value of the EBOT exam. The French and Dutch Orthopaedic Associations recommend it their trainees but, as yet, it is not mandatory. The Spanish Orthopaedic Association promotes the EBOT exam (run in Spanish) as their national exit exam.

The ETR curriculum is available on the UEMS-EBOT website. This document is the result of several years of work by the section and was heavily influenced by the Intercollegiate curriculum. National presentations were received from France, Norway, Greece and Ireland.



France noted that they have 30 University hospitals serving their population of 66 million. Norway displayed its expertise in disease registries, beginning with the world's first disease registry, for leprosy and evolving into modern joint registries. Greece reported 2,400 Orthopaedic specialists for a population of 10 million. They have a waiting list of up to 10 years to get on a specialist training programme, and there is no exit exam. There was universal shock among EBOT board members at the Irish presentation of manpower data showing that Ireland has 89 public and 37 private orthopaedic surgeons serving a population of 4.8 million people. Our orthopaedic manpower per population is by far the lowest in Europe and is less than a tenth of the staffing levels in Scandinavian countries.

RETIREMENT AGES

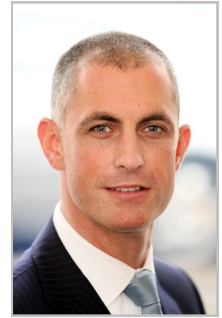
Retirement ages are rising in every European country. There is generally no mandatory retirement age in private practice in most countries. In public practice, retirement age ranges from 65 to 72 (Norway & France).

Next meetings will be in Turku, Finland in May and in Slovenia in November.

Gerry McCoy, Derek Bennett

Irish Hip Fracture Database

“The IHFD has a clear focus on driving improvements in patient care and data quality.”



This fourth IHFD report details 3,159 hip fracture cases in patients aged 60 years and over, discharged by 16 hospitals in 2016, which accounts for 86% of all hip fracture cases nationally.

This will be the first report to compare individual hospital performances across six clinical care standards.

Since its inception in 2012 and with more than 10,000 patient records on the database, the IHFD is now a powerful resource.

The IHFD has a clear focus on driving improvements in patient care and data quality. As a maturing database, its remit has naturally broadened and the ability of the database to influence other areas has also grown e.g. national service re-design, research etc.

IMPROVEMENTS INCLUDE:

- All sixteen eligible hospitals in the Republic of Ireland are now recording data.
- National service re-design e.g. trauma bypass for hip fractures.
- Increase in percentage of patients admitted to an orthopaedic ward within 4 hours.
- Increase in percentage of patients having surgery within 48 hours (**75%**).
- **77%** of patients were mobilised on the day of or day after surgery.

- Increase in percentage of patients seen by a Geriatrician (**56%**).

- More patients received a bone health (**57%**) and falls (**54%**) assessment to prevent further falls and fractures.

- Median length of stay has reduced to **12 days**.

- Coverage of hip fracture cases has increased to **86%**.

- Completeness of data has increased to **98%**.

- In 2018, a new KPI for hip fractures will be tested which will measure the percentage of patients with hip fractures who have surgery within 48 hours from time of first presentation.

- This KPI will use IHFD data as its source.

The IHFD was invited to participate in a comparison of eight hip fracture registers from around the world. The paper was published in 'Injury' (Johansen et al, 2017).

This collaboration across nations further strengthens the focus and power of such registries to drive better, safer care for hip fracture patients.

Conor Hurson

National IHFD
Clinical Orthopaedic Lead



Irish Hip Fracture Meeting, RCSI, L-R Ms Aisling Connolly-NOCA, Mr Conor Hurson, Dr Emer Ahern, Mr Jim Daly Minister of State for Mental Health and Older People, Ms Louise Brent-NOCA, Ms Colette Tully-NOCA, Mr Paddy Kenny.

Professional Competency Scheme

“The new and improved CPD Support scheme includes a more didactic model of teaching/ minimum number of attendees per course / less courses with broad reach / engagement with trainees regarding content of courses and targeted marketing.”



PROFESSIONAL COMPETENCE SCHEME (Professional Development and Practice Committee)

1st May 2016 - 30th April 2017

PCS is now in its sixth year. The existing arrangements have been in place for five years and the focus of the next iteration of the PCS model is intended to reflect the advances in international best practice and there are on-going discussion between the Medical Council and Training Bodies to discuss the various elements of the proposal for the future PCS arrangement.

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 consultants, myself and Mr Joe O'Beirne as chairman. The medical Council recently reviewed the workings of the PCS schemes. The PDPC 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.

MEDICAL COUNCIL CORRESPONDENCE - REQUEST TO SHARE INFORMATION

During the year the Medical Council requested that the training bodies provide a list of IMC number of doctors enrolled on the Professional Competence Schemes. The aim of the exercise is to reconcile lists from all Training bodies with the Medical Council Register and identify doctors not enrolled in PCS.

Information on credit accrual is not required. It was clarified by the Medical Council that a doctor must re-enrol in PCS between the 1st May and the 30th June each year in order to be compliant.

CPD SUPPORT SCHEME

The new and improved CPD Support scheme includes a more didactic model of teaching/ minimum number of attendees per course / less courses with broad reach / engagement with trainees regarding content of courses and targeted marketing. This has resulted in a larger number of courses being available and a higher uptake.

PCS BROCHURE

The new PCS brochure was launched at the Millin Meeting in November 2016. There was a session on the morning of the Millin Meeting to update doctors on the use of PCS.

APPROVAL OF CPD EVENTS

Committee approved the proposal NOT to approve live surgical events for CPD purposes and the CPD accreditation guidelines have been amended with regard to the use of live surgical events.

TERMS OF REFERENCE OF THE COMMITTEE

- To oversee and comply with the requirements contained within the arrangement arising from Section 91 (4), Medical Practitioners Act, 2007 between the Medical Council and RCSI for the establishment and operation of Professional Competences Schemes(s) under Section 91 (2), Medical Practitioners Act, 2007.

- Oversee the provision and implementation of activities for maintenance of Professional Competence which addresses the Domains of Good Professional Practice (Medical Council 2010) such as online activities / skills courses etc. This will allow Registered Medical Practitioners to easily and effectively plan their professional development activities to meet PCS requirements.

8 DOMAINS

**Patient Safety and Quality of Patient Care
Relating to Patients**

**Communication and Interpersonal skills
Collaboration and Teamwork
Management (including self management)
Scholarship
Professionalism
Clinical Skills**

- Facilitate acquisition of required credits by Registered Medical Practitioners and document CPD activities in an appropriate database

- Oversee the approval of educational events which take place in Ireland and are organized specifically for the purposes of External CPD credits.

- Ensure RCSI compliance with national, European or international legislation relating to surgical competence assurance and/or professional development including but not limited to;

Part 11, Medical Practitioners Act 2007
“Maintenance of Professional Competence”

- Oversight of RCSI Policy and Processes to support surgical re-skilling and remediation

- Liaise with relevant Government bodies on all matters relating to surgical competence assurance and/or professional development;

- Receive reports from national, international or intercollegiate bodies/committees relating to surgical competence assurance and/or professional development;

- Recommend representatives to the Committee of Surgical Affairs for national, international or intercollegiate bodies/committees relating to surgical competence assurance and/or professional development on behalf of RCSI;

- Oversee the governance and standards, in conjunction with the Advisory Committee in Emergency Medicine, for the Professional Competence Scheme in Emergency Medicine;

- Oversee College professional development meetings & events including but not limited to the Millin and Charter Day meetings;

- Advise Council, through the Committee for Surgical Affairs and/or Surgery & Postgraduate Faculties Board, on matters of national and institutional importance, as may arise in relation to competence assurance and professional development;

- Carry out such tasks as may be required by the Council, the Surgery & Postgraduate Faculties Board and the Committee for Surgical Affairs.

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)

During the year a code of practice for surgeons was developed and circulated for opinions. This is available on the RCSI website. It is continuously updated.

The membership of the PDC represents the various surgical specialties with knowledge of the requirements of these disciplines.

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

Frank Dowling
Orthopaedic Representative

Clinical Programme

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

2017

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

95,000

Patients removed from waiting lists by MSK Physiotherapists

128,206

New OPD attendances

255,864

Return OPD attendance

62,446

Patients on the OPD waiting list

5

Sites doing trauma assessment clinics

107%

Increase in no of patients waiting 15 mths and over for orthopaedic outpatient services



TRAUMA ASSESSMENT CLINIC Nenagh Hospital
Dr Damien Ryan, Consultant Emergency Medicine, Mr Brian Lenehan Consultant Orthopaedic Surgeon/ Regional Lead Trauma and Orthopaedic Clinical Programme, Audrey Butler Orthopaedic RANP, Tricia McKeown Injury Unit RANP, Siobhan Stapleton CNM1 and Dr Nicholas Okoh IU)

Pilot TACs commenced in Nenagh Injury Unit, Monday 4th Sept. It allows for remote assessment and management of patients with specific injuries who historically attended the fracture clinic. Following assessment it is planned to roll out to Injury Units in St John's and Ennis. Dr Damien Ryan, Consultant Emergency Medicine, Mr Brian Lenehan Consultant Orthopaedic Surgeon/ Regional Lead Trauma and Orthopaedic Clinical Programme, Audrey Butler Orthopaedic RANP, Tricia McKeown Injury Unit RANP, Siobhan Stapleton CNM1 and Dr Nicholas Okoh Nenagh Injury Unit (IU) TAC are recommended by the HSE via the Trauma and Orthopaedic Clinical Programme to reduce waiting times, frequency of visits, adding convenience and a better patient experience.

TACs are an innovative service that allows patients to be reviewed remotely by the orthopaedic team following attendance at an ED or IU. It also allows for appropriate triaging of patients to ensure that their injury is managed by the most appropriate person at the most appropriate time (HSE, 2016).



NMBI Site visit with Ms Catherine Farrell, Mr Brian Lenehan, Ms Niamh Keane and Ms Audrey Butler

THE TRAUMA AND ORTHOPAEDIC SERVICE

The numbers awaiting Orthopaedic care have increased in the last 12 months (14th September 2017). There has been a 107% and 38% increase in the number of patients waiting 15 months and over for Orthopaedic outpatient services and Day Case/Inpatient services, respectively (*Business Intelligence Manager NCPTOS*).

The Orthopaedic Working Group, Chaired by Mr David Moore, Clinical Lead of the National Clinical Programme for Trauma and Orthopaedic Surgery has identified a series of appropriate methods to improve the accessibility of patients waiting on the Orthopaedic Waiting Lists. These will be submitted to the Steering group for approval.

MSK PHYSIOTHERAPY CLINICS

95,000 pts removed from waiting list (80% orthopaedic)

An additional six MSK Physiotherapists were appointed through funding secured by the CSPD budget estimate submission.

A Performance and Planning Lead for the MSK clinics, was approved through the CSPD budget estimate submission.

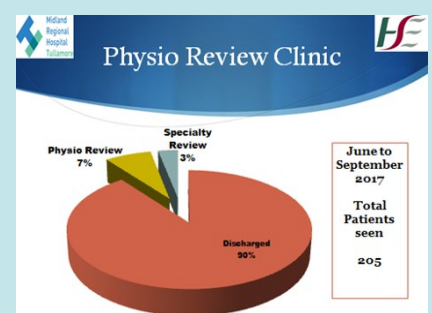
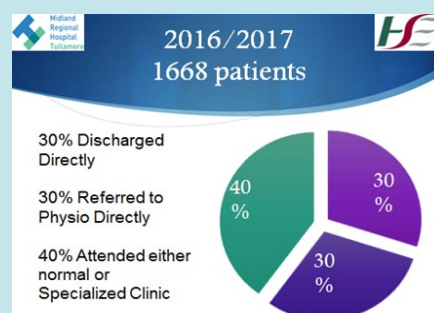
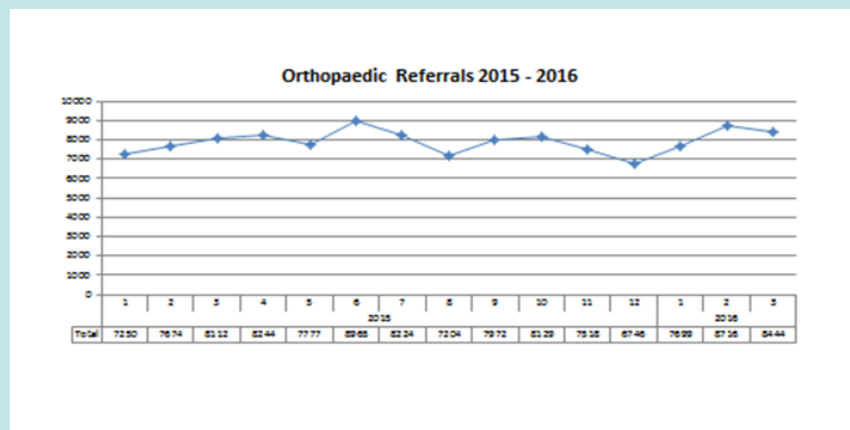
Our intention now is to move our focus to the development and implementation of a model of care which will support the model for Primary and Secondary Care through the development of Interface Clinics.

TRAUMA ASSESSMENT CLINICS

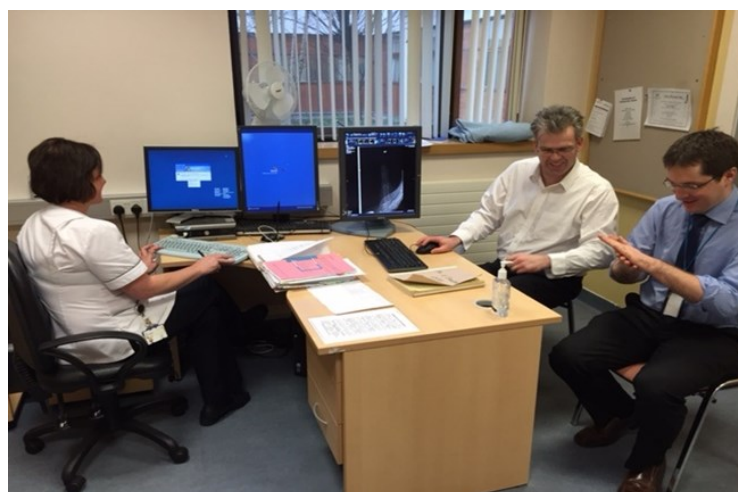
Trauma Assessment Clinics - Midland Regional Hospital, Tullamore
First proof of concept site, which has provided a framework for national rollout of the redesigned model. Fifty five thousand new fracture patients are seen annually in outpatient fracture clinics, with an average of 2.6 return visits. This equates to 130,000 visits, many of which are unnecessary. The redesigned pathway would lead to a potential reduction in fracture clinic attendance of 52,000 annually. (In total there were 399,135 trauma and orthopaedic OPD attendances in 2016).

67,182 inpatient and day case patients
229,716 inpatient beds
33,182 day ward beds
Approximate cost of the service €229 million
IPDC waiting list – 11678
OPD waiting list – 62249

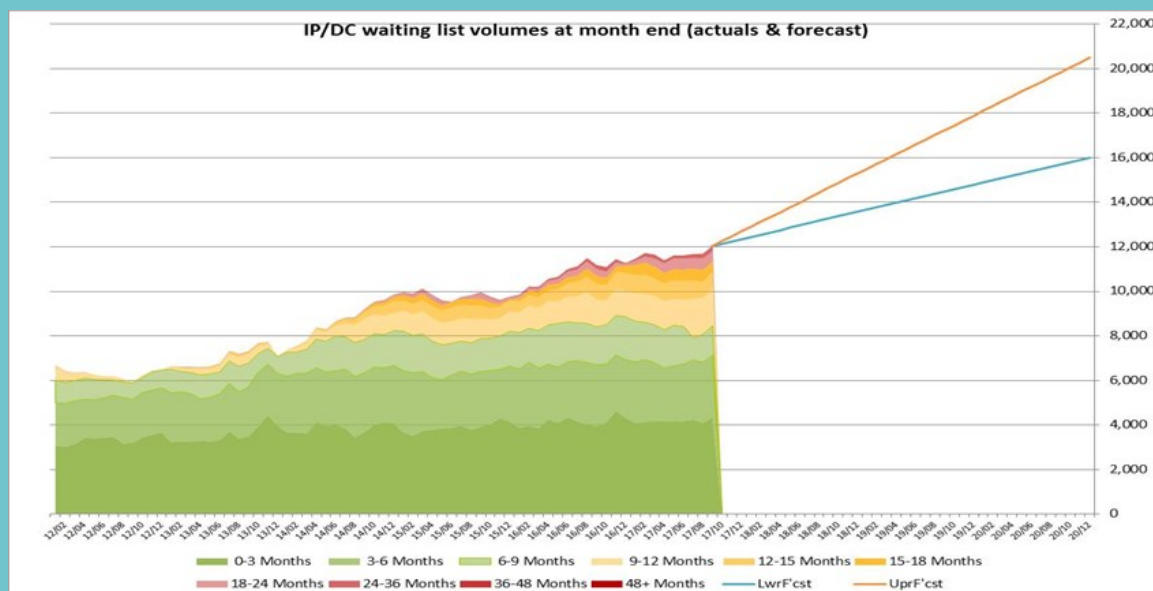
Orthopaedic OPD Waiting Lists
2013 OPD = 53824
2014 OPD = 50463
2015 OPD = 50283
2016 OPD = 55839
2017 OPD = 62249



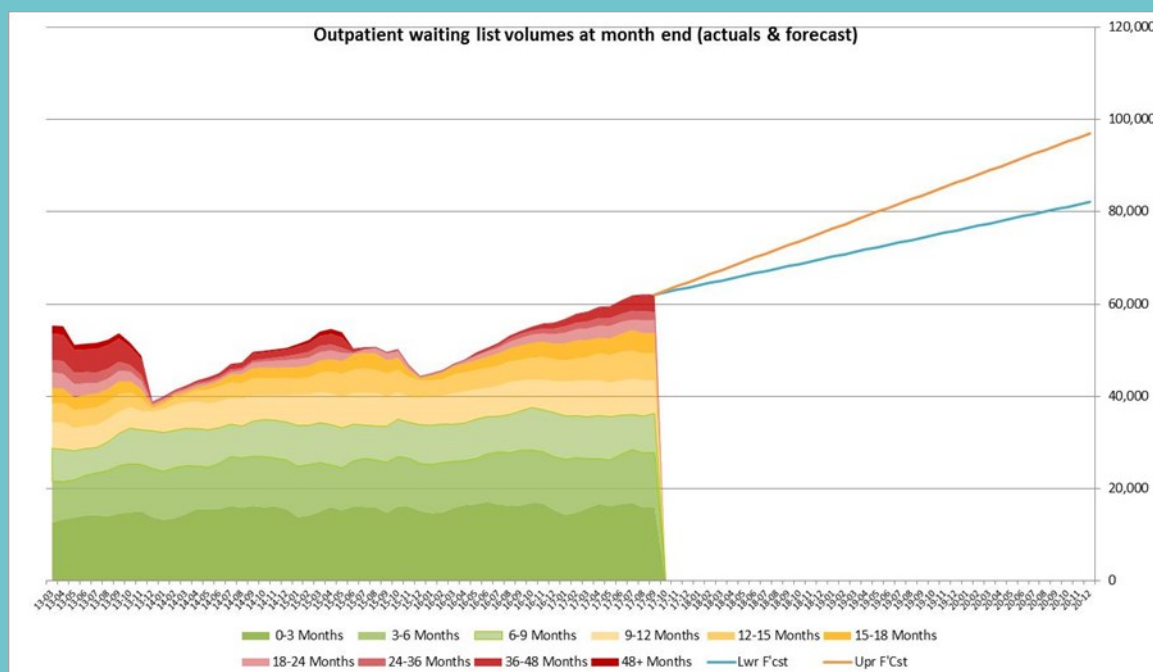
The additional capacity could be utilised for planned clinics and additional theatre sessions. Trauma Assessment Clinics - Midland Regional Hospital, Tullamore First proof of concept site, which has provided a framework for national rollout of the redesigned model.



Breda Conlon, CNS, Eoin Sheehan, Orthopaedic Consultant and Dr Oisín Breathnach in Midland Regional Hospital Tullamore

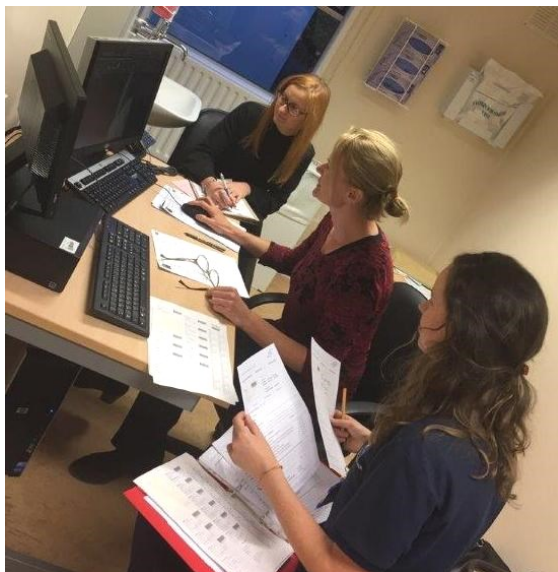


↑ AvgWkly	YY-MM	17/12	18/06	18/12	19/06	19/12	20/06	20/12
23.4	<u>LwrTotF'cst</u>	12,348	12,956	13,564	14,172	14,780	15,388	15,996
49.9	<u>UprTotF'cst</u>	12,693	13,991	15,288	16,586	17,884	19,181	20,479



↑ AvgWkly	YY-MM	17-12	18-06	18-12	19-06	19-12	20-06	20-12
207.0	<u>Upr F'Cst</u>	64,732	70,113	75,495	80,876	86,258	91,639	97,021
118.9	<u>Lwr F'Cst</u>	63,587	66,678	69,770	72,862	75,953	79,045	82,136

Trauma Assessment Clinic



Our Lady's Children's Hospital, Crumlin - TAC commenced 8th August 2017. Ms Paula Kelly and her team doing the trauma assessment clinic.

As a direct result of the redesigned fracture care pathway, additional scoliosis surgeries have been carried out.

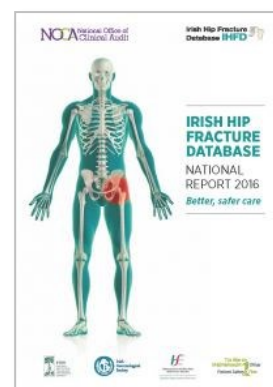
Our Lady's Children's Hospital Crumlin - Trauma Assessment Clinic	
DISCHARGE TO GP	58%
ELECTIVE CLINIC	0.5%
NOT ASSESSED	0.4%
REFERRED TO ED	3.3%
REFERRED TO FRACTURE CLINIC	36.4%
REFERRED TO SDU	2.1%
Grand Total	100%

Reducing the number of fracture clinics allows the potential to remove an additional 440 long waiting patients by April 2018	
10 patients per clinic, 20 a week	200 long waiting by mid-December 2017
10 patients per clinic 20 a week	240 before Easter 2018
Total	440

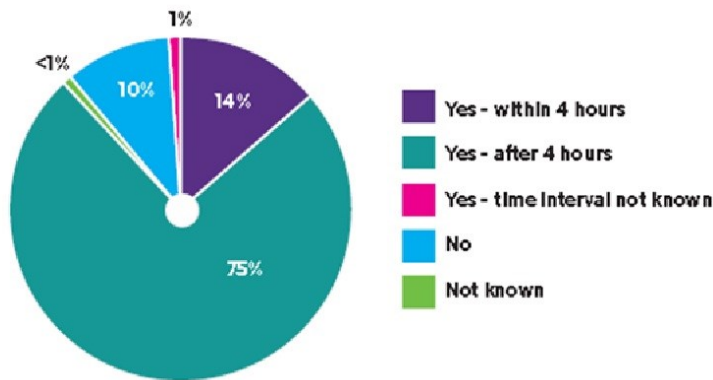
Pilot studies are underway in University Hospital Waterford and Our Lady of Lourdes Hospital, Drogheda.

Hip Fractures

The Hip Fracture Database National Report 2016 shows that 90% of patients were admitted to an orthopaedic ward but **only 14%** were admitted to a trauma ward within 4 hours.



Click on image to bring to report

FIGURE 13: ADMISSION TO ORTHOPAEDIC WARD (N=3,159) ^(W)

‘...8 hours delay to surgery adds 1 day post operatively’

The NCPTOS continues to press for ring fenced wards for trauma and planned patients.

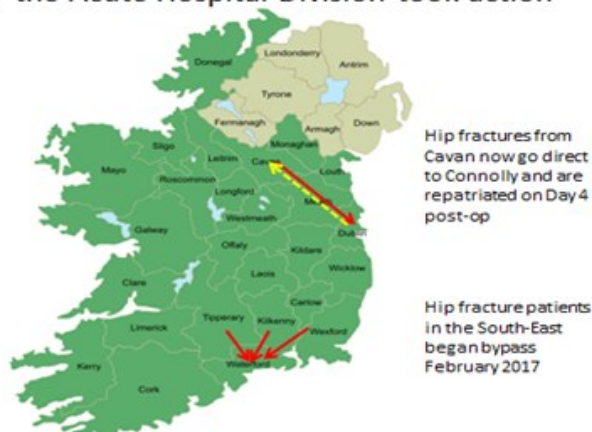
Bypass protocol for fracture neck of femur patients commenced in the South and North East in collaboration with Dr Colm Henry NCAGL AHD and the IHFD.

Policy for a trauma system for Ireland was completed in 2017. Policy signed off by the Steering Group and submitted to the Minister for Health. The Department of Health have carried out a costing exercise for the phased implementation of the policy. It is anticipated that the policy will be brought to cabinet prior to the next Dail recess.

Impact Data Trauma and Orthopaedic Service clinically led Improvements

- In excess of 95,000 of patients have been seen through the MSK Physiotherapy Clinics and removed from the waiting lists.
- AvLOS values for planned/elective Trauma & Orthopaedic surgery have dropped year on year from 4.8 in 2011 to 3.5 in 2015
- DoSA rates for planned/elective Trauma & Orthopaedic surgery have increased year on year from 34.6% in 2010 to 82.3% in 2016 .
- In total planned orthopaedic surgeries have increased by 11.% whilst decreasing Bed Days Used by 20.1% since 2010
- Nationally, AvLOS for Total Hip Replacement (THR) has decreased to 5.7 days in 2015 from 8.6 days in 2010
- The Trauma Assessment Clinic in Midland Regional Hospital Tullamore has reduced fracture clinic attendances by 60%.
- Trauma Assessment Clinic in Our Lady's Hospital Crumlin commenced in August 2017. This enhanced fracture care pathway has resulted in a reduction of 68% in fracture clinic attendances.

In 2017 the Acute Hospital Division took action



Policy for a Trauma System for Ireland

This policy was completed in 2017.

Policy signed off by the Steering Group and submitted to the Minister for Health.

The Department of Health have carried out a costing exercise for the phased implementation of the policy. It is anticipated that the policy will be brought to Cabinet prior to the next Dail recess.



The Hot WeekAn evolving system for acute care in our Lady's Children's Hospital, Crumlin

The problems with our previous system of acute care were many.

We had a waiting period of 4-6 weeks for Fracture Clinic appointments with many fractures being healed by the time of the appointment. Many of these patients had injuries that did not require further management after Emergency Department attendance.

Fractures requiring management in theatre were being delayed for many reasons including consultant availability because of workload and conflicting commitments.

*"By moving to a **Hot Week** system we believe we have facilitated significant improvements in patient care."*

The Hot Doctor cancels all commitments outside Crumlin for their week On Call and all planned activities in Crumlin - theatre and OPD.

Their first task each day is to agree the order of the Trauma list with theatre colleagues. At 08.15 he/she then conducts a Trauma Assessment Clinic (TAC) which has an average 'discharge' rate of 60%. This has a major impact on the numbers now attending fracture clinics (the average new fracture clinic patient generates 2.6 appointments).

Most of the Trauma is (usually) dealt with in theatre during the morning despite not having a protected Trauma list as we have to share the Emergency theatre with other specialties. Consultant on site availability has a significant positive influence on this.

Initially we had a Fracture Clinic each afternoon, run by the Hot Doctor and two NCHDS. During the quieter winter fracture period we now run three Fracture Clinics. The two 'empty' clinics now allow some of us to see 10 new GP referrals and others to see elective patients. Because planned surgical lists are cancelled that week the other Orthopaedic consultants are able to take these Pick Up lists to do extra planned surgery. While there is an impact on practice outside Crumlin the overall result is one of improved efficiency and patient care.



IRISH NATIONAL ORTHOPAEDIC REGISTER (INOR)

In March 2017, INOR went live in a second site collecting arthroplasty data in pre op, theatre and post op assessment clinics in Midlands Regional Hospital in Tullamore (MRHT). We would like to thank the local clinical team, nursing staff and business managers in MRHT who engaged and worked with the National Implementation Team (NIT) to successfully roll out the INOR project. INOR is currently six months post Go-Live in MRHT.

SIVUH, Cork is now at a stage where it is collecting data at the two years post operatively time point and has captured data on 2,200 patients.

We are very grateful to our live sites SIVUH and MRHT for facilitating many site visits from Hospitals in the implementation phase.

NATIONAL IMPLEMENTATION TEAM

The NIT are currently in the implementation phase in three Hospitals; the National Orthopaedic Hospital, Cappagh, Croom Orthopaedic Hospital and Kilcreene Orthopaedic Hospital with expected Go-Live dates in the coming months.

CLINICAL LEADS

The INOR NIT have commenced engagement with Clinical Leads and Hospital CEOs in Merlin Park Hospital, Galway, Sligo University Hospital, Our Lady's Hospital, Navan and Tallaght Hospital to plan for Initiation of the INOR project in these sites.

During the year, the project team changed with Roseanne Smith stepping away from the project and Suzanne Rowley (full time) and Deborah McDaniel (part time) taking up their roles as INOR Coordinators.

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



Mr Niall Hogan, Ms Suzanne Crowley, Mr Jimmy Cashman



Ms Dorothy Niall, Midland Regional Hospital, entering data into the Register.

Events Over the Last Year



FRCS Graduation, L-R Khalid Mohamed, Sven O'hEireamhoin, Mary Nugent, Neil Burke



Inaugural National Orthopaedic Literary Award.
Mr Paddy Kenny, winner Stephen Flannery,
Professor John O'Byrne



Operation Walk Ireland, established by Mr Derek Bennett. Trip to Hanoi Vietnam. May 2017



Irish Hand Surgery Society / Belgian Hand Group Conference, March 2017
Organisers: Ms Catherine Bossut, Dr Patricia Eadie, Ms Michelle O'Donnell



Trainers' Committee Meeting after Mock Vivas / Trainee Reviews in the Exam Hall, RCSI, January 2017

ORTHOPAEDIC SOCIETIES

Irish Spine Society



The Irish Spine Society

President - Mr John McCabe

Secretary - Mr Marcus Timlin

www.irishspinesociety.ie

info@irishspinesociety.ie

Established in 2006 by Frank Dowling and Pat Kiely .

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 was held in Dublin in October 2017. Local organisers: Mr Frank Dowling and Professor Ciaran Bolger

Orthopaedic Trauma Association of Ireland

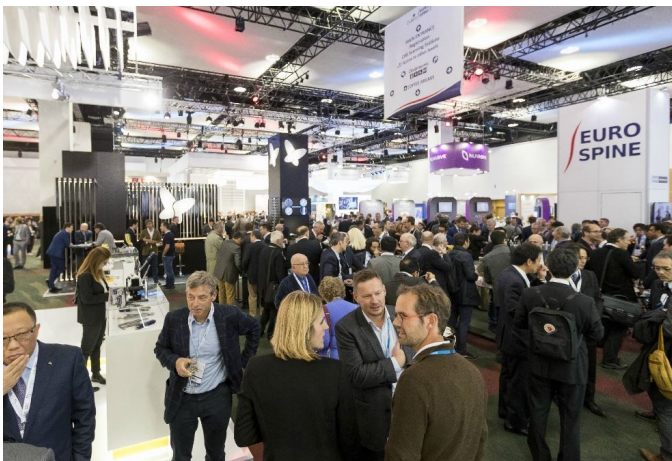


The Orthopaedic Trauma Association of Ireland had its fifth annual meeting in the Royal College of Surgeons in March 2017. This was a more low key meeting than previously as much of the work of the association this year focused on building on previous work and how it was informing the planning for the development of a trauma network in Ireland.

Next year's meeting should take place in Majorca where it will be combined with cycling. Hopefully there will have been progress on a National level with regard to the program for trauma and the meeting will focus on implementation.

Keith Synnott
Chairman

David Moore
Chairman



Eurospine 2017 - Dublin Convention Centre

Irish Shoulder and Elbow Society



Irish Shoulder & Elbow Society

The Irish Shoulder and Elbow Society (ISES) was established in October 2016 to support and advance the science, art and practice of shoulder and elbow surgery in Ireland. The president is Mr James Colville, Honorary Treasurer is Mr Diarmuid Molony and Honorary Secretary is Mr Kieran O'Shea.

Their inaugural meeting was held in the Albert Theatre in RCSI on March 25th 2017. Applications are welcome from consultant orthopaedic surgeons, orthopaedic trainees and allied health professionals with an interest in shoulder and elbow surgery, to join the society, which it is hoped, will operate under the auspices of the IITOS.

Next year's meeting will take place on Saturday, 13th January 2018.

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 Hand Surgery Society Inaugural Meeting, Royal College of Surgeons, March 2016

ORTHOPAEDIC SOCIETIES

Irish Foot and Ankle Society



The **Irish Orthopaedic Foot and Ankle Society** continues to grow as it welcomed four new members at its May 2017 Annual Scientific Meeting in Kilkenny Lyrath Estate Hotel. Veronica Powell is

based in Craigavon, Ciara Egan in Galway, Colm Taylor and Sinead Boran in Cork.

In his usual flamboyant style, Professor Michael Stephens delivered a reflective talk on the history of the IOFAS. He then handed over the Presidency to Professor John Wong, who in turn delivered the Presidential Address outlining future directions for IOFAS.

The Guest Speaker was Professor Stefan Rammelt, who delivered excellent talks and participated actively in the discussion of the Update topics. In the Free Papers session, Evelyn Murphy won 1st prize with an impeccable presentation of her paper entitled "A prospective evaluation of bone marrow aspirate concentrate & microfracture in the management of osteochondral lesions of the talus." Her Co-Authors were N. McGoldrick and Steven Kearns from Galway. Earlier during the year, Mr Paul Moroney hosted "The Difficult Cases Conference" in Cappagh Orthopaedic Hospital on Saturday 21st January. Nine members presented complex cases, which provided plenty of interactive and educationally useful discussion, with Mr Fred Robinson from Cambridge as the Extern. IOFAS now has two Secretaries: one for Northern Ireland (Alistair Wilson, Belfast) and the other for the South (Khalid Khan, Navan). It will soon post its own website.

The Annual IOFAS Instructional courses have been a great success and will continue to run annually. The theme for this October is Foot and Ankle Trauma. The Scientific Committee (SCIOFAS) continues to develop, albeit at a slow pace.

The next IOFAS Annual Scientific Meeting will take place on Saturday 12th May 2018 in The Millennium Forum, Derry City. It will be preceded by the IOFAS Instructional Course on Friday 11th May. The Guest Speaker is Dr Mark Blackney from Melbourne, Australia. Other international guests include Chris Blundell from Sheffield and President of the British Orthopaedic Foot and Ankle Society.

Professor John Wong

President of the Irish Orthopaedic Foot and Ankle Society

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

Irish Paediatric Orthopaedic Society



Formally established in 2012

Committee

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

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

www.irishpos.com

Irish Orthopaedic Trainees Association



The aim of the **Irish Orthopaedic Trainees Association** is to promote and improve the standards of orthopaedic training in the Republic of Ireland and to represent the interests of Trainees in Orthopaedic Surgery in the Republic of Ireland. Full membership is open to those who are, at the time of application, a registered medical practitioner in the Republic of Ireland and has a genuine interest in Trauma and Orthopaedics as a career. Membership is encouraged, but not compulsory, for those who have gained entry to the Higher Surgical Training pathway in Trauma and Orthopaedics and are entered into the Trainee Specialist Division with the Irish Medical Council.

President: Sven o'Heireamhoin
Secretary: Adrian J Cassar-Gheiti
Treasurer: Sam Lynch

Operation Walk Ireland



Operation Walk is an American charity, who for the past 18 years have organised missions to Third World countries to perform hip & knee replacements for patients who could not otherwise access this life transforming surgery.

In 2015, we were privileged to have travelled with the Chicago mission to see first hand the work that's done. It was both humbling and inspiring. In 2016, we were the first European group to join this charity. In 2017 an Irish team was put in place to travel to Vietnam to run the first European / Irish mission. We have a strong focus on education and bringing standards up to European levels, where ever we travel to.



Operation Walk Ireland, Vietnam

Committees

IITOS Members are fully committed to promoting and developing the ethos of the Institute through education, research and innovation putting patient safety as a key priority.

What is Dermofasciectomy

- Forebreak grafts
- Radical Dermofasciectomy
- Watch out in the Wardroom!



Last year we saw the establishment of the Irish Shoulder and Elbow Society (ISES), by Mr James Colville, Mr Kieran O'Shea and Mr Diarmuid Molony. This year, the Irish Spine Society, conveyors Mr Frank Dowling and Prof Ciaran Bolger hosted EuroSpine at the Dublin Convention Centre. Next year, Dublin will be hosting the Fragility Fracture Network Global Conference in the RCSI.

RCSI Council	Michael O'Sullivan Joe O'Beirne David Moore
IITOS Education Committee	Finbarr Condon Eoin Sheehan John Quinlan Brendan O'Daly Ruairi MacNiocaill Pat Kiely, SAC Rep Sam Lynch, IOTA Rep
Orthopaedic Clinical and Regional Leads	David Moore - Clinical Lead Paddy Kenny - Clinical Lead Brian Lenehan - University of Limerick Eoin Sheehan - Dublin Midlands Alan Walsh - RCSI Group May Cleary - South / Southwest Group Peter O'Rourke - Saolta Group Seamus Morris - Ireland East Hospital Group
Irish Hip Fracture Database	Conor Hurson - Chair/National IHFD Clinical Orthopaedic Lead Emer Ahern -National IHFD Clinical Geriatric Lead Paddy Kenny - IITOS
Irish Shoulder and Elbow Society	James Colville - President Kieran O'Shea - Secretary Diarmuid Molony - Treasurer
Irish National Orthopaedic Register	Paddy Kenny - Chair / (IITOS) James Cashman - Arthroplasty Committee Maurice Neligan - Independent Hospitals Association of Ireland Suzanne Rowley - National INOR Audit Coordinator
Irish Paediatric Orthopaedic Society	Colm Taylor - President Paula Kelly - Secretary Aiden Cosgrove
Irish Orthopaedic Haiti Fund	Keith Synnott John O'Byrne David Moore
Irish Spine Society	John McCabe - President Marcus Timlin - Secretary
Irish Orthopaedic Foot and Ankle Society	John Wong - President Alistair Wilson - Secretary Khalid Khan - Secretary
Irish Orthopaedic Trainees Association	Sven o'hEireamhoin - President Adrian Gheiti - Secretary Sam Lynch - Treasurer
Professional Competence Committee	Frank Dowling - Orthopaedic Representative

IT'S IN THE GENES



Mr Fred Kenny and Mr Paddy Kenny



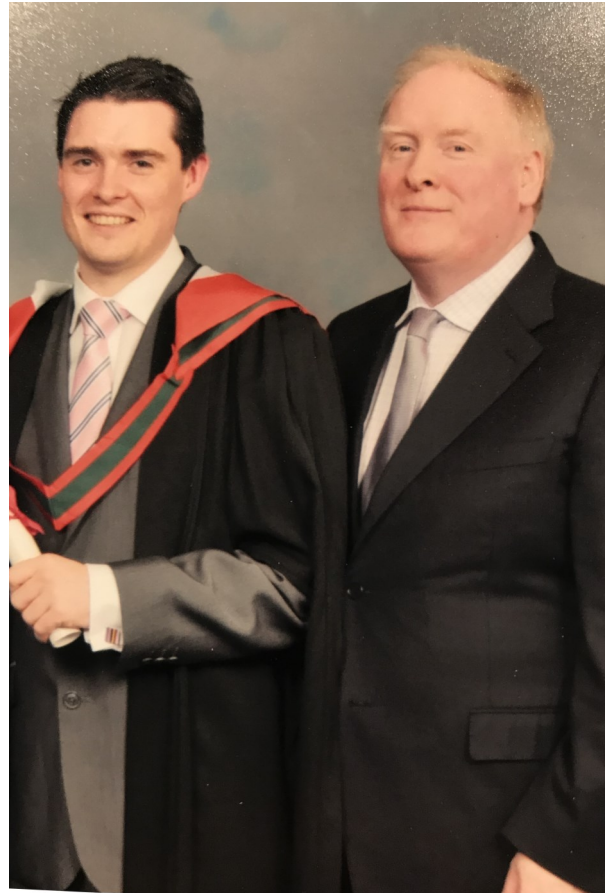
Mr Aaron Glynn and Mr Tom Glynn



Mr Michael O'Sullivan, Dr Mike O'Sullivan, Mr Denis O'Sullivan



Mr Brian Hurson and Mr Conor Hurson



Dr Niall McGoldrick and Mr Fergal McGoldrick



Mr William F. Cashman and Mr James Cashman

IT'S IN THE GENES



Mr John Quinlan and Mr Bill Quinlan



Dr Emmet Thompson and Mr Frank Thompson



Mr David FitzPatrick and Professor David P. FitzPatrick



Mr John Curtin and Mr Paul Curtin



Mr James Walsh and Mr Martin Walsh



Mr Owen Brady and Mr Gerry Brady



Mr Fintan Shannon Sr and Mr Fintan Shannon

Members

Awan, Nasir, Mr
 Barry, Kieran, Mr
 Bennett, Derek, Mr
 Boran, Sinead, Ms
 Borton, David, Mr
 Bossut, Catherine, Ms
 Brady, Owen, Mr
 Brennan, Stephen, Mr
 Burke, John, Mr
 Burke, Tom, Mr
 Butler, Joseph, 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
 Conroy, Eimear, Ms
 Curtin, Bill, Mr
 Delaney, Ruth, Ms
 DeSouza, Lester, Mr
 Devitt, Aiden, Mr
 Dodds, Michael, Mr
 Dolan, Mark, Mr
 Donnelly, Michael, Mr
 Dudeney, Sean, Mr
 Egan, Ciara, Ms
 Flannery, Olivia, Ms
 Fleming, Patrick, Mr
 Gaine, William, Mr
 Glynn, Aaron, Mr
 Green, Connor, Mr
 Guerin, Shane, Mr
 Gul, Rehan, Mr
 Harrington, Paul, Mr
 Harty, James, Professor
 Higgins, Tony, Mr.
 Hogan, Niall, Mr
 Hughes, Bridget, Ms
 Hurson, Conor, Mr
 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
 Kennedy, Jim, 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
 Molloy, Alan, Mr
 Moore, David, Mr
 Moran, Cathal, Professor
 Moran, Ray, Mr
 Moreno, Alonso, Mr
 Moroney, Paul, Mr
 Morris, Seamus, Mr
 Morrissey, David, Mr
 Mulcahy, David, Mr
 Mulhall, Kevin, Professor
 Mullett, Hannan, Mr
 Murphy, Colin, Mr
 Murphy, Martin, Mr
 Murphy, Paul, Mr
 Murphy, Terence, Mr
 Murray, Paraic, Mr
 Neligan, Maurice, Mr
 Niall, Dorothy, Ms
 Nicholson, Paul, Mr
 Noel, Jacques, Mr
 O'Byrne, John, Professor
 O'Donnell, Turlough, Mr
 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'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

Newest Members



Mr Joe Butler

Mr. Butler completed surgical training in Trauma & Orthopaedic Surgery at the Royal College of Surgeons in Ireland. He subsequently completed clinical fellowship training in complex spine deformity and tumour surgery at the Royal National Orthopaedic Hospital, Stanmore, UK; spine trauma and degenerative spine surgery at Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, USA; and complex, revision and minimally invasive spine surgery at the Rothman Institute, Thomas Jefferson University, Philadelphia, USA. He is an active clinical and laboratory researcher, now based at Trinity College Dublin. He has been awarded a PhD in bone biology by University College Dublin and has over 100 publications and 100 presentations at national and international scientific meetings. He has 40 major national and international awards for his research work and is on the editorial board of several major journals in the fields of Trauma & Orthopaedic Surgery and Spine Surgery. His h-index is 18, i10-index is 27 and he has over 1000 citations of his research.



Mr Stephen Brennan

Stephen is originally from County Meath. He immigrated to Australia with his family in the early 1980's. He completed his primary and the majority of his secondary school education in Brisbane, Queensland. He returned to Ireland for the Celtic Tiger years and completed the leaving certificate in Saint Patricks Classical School Navan before attending UCD Medical School. Stephen has completed two Masters Degrees. One in Applied Biomechanics through the University of Strathclyde and the other in Orthopaedic Surgery through UCD. He has authored over 20 peer reviewed publications and has lectured for the Royal College of Surgeons. His Higher Surgical Training in Orthopaedics was completed in Ireland before he returned to Australia for fellowship training in Navigation and Robotic Surgery. Stephen currently practices in The Bon Secours Hospital in Cork. His specialty interests include: hip arthroscopy, ACL reconstruction, primary and revision arthroplasty, computer navigation and robotics.

Newest Members



Mr Alonso Moreno

Mr. Alonso Moreno is an Orthopaedic and Sports Consultant Surgeon specialising in the treatment of lower limb conditions mainly Knee Surgery and Orthobiologics at University Hospital La Paz, Madrid (Spain) and Hermitage Medical Clinic, Dublin. He graduated from the University Complutense Madrid in 1991 with a First Class MBChB and awarded with the Erasmus Scholarship at University of Louvain, Hospital Saint Luc, Brussels (Belgium). His basic training in bone and joint conditions started in Madrid in the University Hospital Gregorio Marañón and University Hospital Getafe and was subsequently enhanced by training in Los Angeles County & USC Medical Centre and The Avon Orthopaedic Centre, University of Bristol. Mr. Alonso Moreno's clinical and research endeavours have centred around knee replacement, sports injuries and biological therapies for bone and joint diseases. He has presented and published over a hundred scientific studies. He is a member of the Spanish Society of Orthopaedic Surgery (SECOT), being General Secretary from 2004 to 2008, member of the European Orthopaedic Research Society (EORS), member of European Federation of Orthopaedic Societies (EFFORT), an International Member of the American Association of Orthopaedic Surgeons (AAOS), and member of the Irish Orthopaedic Association.



Mr Connor Green

Mr Connor Green is a consultant orthopaedic surgeon at Children's University Hospital (Temple Street) and Cappagh National Orthopaedic Hospital. He graduated from University College Dublin in 2004. Having undertaken his postgraduate training in Trauma and Orthopaedics on the Irish National Orthopaedic Training Programme, he completed a Paediatric and Adult Limb Lengthening and Reconstruction Fellowship at Sinai hospital, Baltimore, USA. He then completed a Paediatric Orthopaedic and Scoliosis Fellowship at the world renowned Texas Scottish Rite Hospital for Children, Dallas, USA. He specializes in all aspects of Paediatric Orthopaedic Surgery including foot and ankle, hip and spine. He is part of the multidisciplinary care team for Spina Bifida and has a special interest in Limb Deformity and Scoliosis.

Newest Members



Mr Turlough O'Donnell

Mr Turlough O'Donnell, Consultant Orthopaedic Surgeon specialising in Shoulder, Knee, Hip, Wrist. MB BCH BAO FRCSI FRCS (Tr & Orth) Turlough O'Donnell graduated from University College Dublin in 1994, completed basic surgical training in 1998 and became a Fellow of Royal College of Surgeons in the same year. He gained entry into the Higher Surgical Training programme in 2001 and passed his fellowship examination in Trauma and Orthopaedics in 2006. Mr O'Donnell held a higher training post in orthopaedic trauma surgery in the Adelaide and Meath Hospital, Tallaght in 2008 and also completed his orthopaedic training that year. He was awarded CCHST in 2008 and entered onto the specialist register of Trauma and Orthopaedic surgery 2008. Mr O'Donnell completed his Fellowship training in Monash University, Clayton, Melbourne, and The Epworth Hospital, Richmond, Melbourne in 2008 in upper limb surgery and limb reconstruction/deformity correction. His fellowship training in St Vincent's Hospital, Darlinghurst, Sydney in 2009 was in major joint reconstruction of the hip and knee/minimal resection arthroplasty.

His specialty clinical interests include total hip and knee replacement, partial knee replacement (unicondylar knee replacement and patellofemoral joint replacement), sports injuries of the knee, surgery of the shoulder, rotator cuff tendonopathy, shoulder instability, shoulder replacement, arthroscopic wrist surgery and Ilizarov surgery techniques for deformity correction and treatment of non-union trauma.



Mr Terence Murphy

Mr. Murphy Graduated from UCD Medical school in 2002 and received the Ambrose Birmingham Undergraduate Medal in Orthopaedics. He completed surgical training in Trauma & Orthopaedic Surgery at the Royal College of Surgeons in Ireland in 2015. He subsequently completed a clinical fellowship in lower limb reconstruction which included complex primary and revision arthroplasty with lower limb realignment at the Holland Centre, Sunnybrook Health Sciences, Toronto, Canada. He is an ATLS

Instructor.

Obituaries 2017



**CONOR MEEHAN (May 2017)**

Born in Scotstown, Co. Monaghan and attended the Christian Brothers Scoil Mhuire in Monaghan before entering UCD and graduated in 1960. He met Eithne while both were students in Jervis St. After working under Mr William deWitt in Navan he was inspired by Orthopaedic surgery and went to Liverpool to extend his orthopaedic experience. There he worked in Sefton General and Alder Hey working with Geoffrey Osborne and Frederick Dwyer. After an initial appointment in Navan he came to Croom in 1972 joining Mr Kelly as the first orthopaedic surgeon in the mid-west and he continued in that role to expand services to Clare and North Tipperary. Conor supported the separation of elective orthopaedic surgery from trauma. First a theatre then a ward in Limerick Regional Hospital a concept that was finally achieved in the year of his retirement in 1998. He had a huge interest in horses and the sport of kings. His pride and joy being his grey brood mare Originality, dam to Heart of Gold. Mucking out the stables behind his warm and welcoming home in Caherass was never a chore. When not holding a scalpel or a pitchfork he could be found, rod in hand, tormenting salmon and trout in the Blackwater, the Maigue or on Lough Corrib.

At heart Conor was a shy and modest man, preferring the company of friends and comfortable surroundings far more than the crowds and conversation associated with conventions and formal occasions. His son Brian continues Conor's love of matters equine and is training horses in UK initially in Lambourne and now in Manton. His daughter Fiona is in the Croom Orthopaedic Unit continuing to care for patients. His retirement was marred by several episodes of ill health, all borne with fortitude and humour and he passed away peacefully in May of this year, supported at all times by Eithne.

May his gentle soul rest in peace.

TB

**RICHARD (DICK) CREEDON (January 2017)**

We remember Mr Dick Creedon who worked in the Mater Private Hospital, Cork. Our thoughts and prayers are with his wife Sheila and children, Oliver, Richard and Sinead, Dick was heavily involved in developing youth cricket at the club over recent years and his son Oliver went on to represent Cork County at all levels.



PROFESSOR TIMOTHY O BRIEN

26th Nov, 1951–11th Oct, 2017

Prof Tim O'Brien who died on October 11, 2017 was Ireland's first professor of orthopaedic surgery (RCSI) and remarkably also a renowned scholar on the cairns at Newgrange and Loughcrew on which his pioneering research was published as a cover story in *Nature*, the world's leading research journal, a feat achieved by only a few Irish researchers since *Nature* was founded in 1869. (The Winter Solstice Phenomenon at Newgrange, Ireland: Accident or design? T.M.O'Brien and T. P. Ray *Nature*, 1989;337:343-345) Even more remarkably he spent the last 20 years as one of the world's longest survivors with motor neuron disease, living at home using a ventilator to breathe, while continuing to work as an expert on gait analysis at the Central Remedial Clinic and writing academic articles extending from orthopaedic surgery to archaeology to classical music publishing work on the Russian composer Dmitri Shostakovich. He did all of this using eye movement technology (EyeTech) his eyes being his only source of body movement, to type and speak. It would be impossible to exaggerate the determination required to slowly and persistently adjust a computer screen cursor to create a document.

Tim O'Brien was born in Loughrea, County Galway and was educated at the local De La Salle College where he was an accomplished sportsman winning an All Ireland Schools hurling medal. He began his medical school studies at University College Galway (NUIG) in 1969. As a medical student he won the Henry Hutchinson Stewart Scholarship. This award is competed for across all medical schools to determine the best medical student in Ireland in particular subjects. To be ranked first in the country among his peers marked Tim out as uniquely talented. Following graduation he chose to pursue a career specialising in paediatric orthopaedic surgery undertaking training in two of the world's most famous children's hospitals, The Hospital For Sick Children in Toronto and Boston Children's Hospital. In Toronto he was the fellow to Dr Robert Salter, the world's most renowned orthopaedic surgeon, whose name is attached to many aspects of orthopaedic surgery. I was working at the same institution and took great pride in Bob Salter describing Tim as the most accomplished young orthopaedic surgeon to have trained with him. His immense respect for Tim was later reflected when he and John Hall, head surgeon in Boston Children's Hospital, made several trips to Ireland to visit Tim after his diagnosis with motor neuron disease.

Tim returned to Ireland in 1986 and was appointed a consultant at Temple Street Children's Hospital, Cappagh Hospital, the Mater hospital and the Central Remedial Clinic where his work on analysing the gait of children with cerebral palsy and then planning corrective surgery or other interventions received international acclaim. He specialised in the management of hip dysplasia performing many Salter Osteotomies. It was at this time also that his interest in the cairns at Newgrange and Loughcrew evolved into a major research undertaking. Speculation over the years by O'Brien and others that the purpose of the cairns was not as burial chambers but related to the trapping of the sun at the time of the equinoxes was challenged by the fact that the sun only penetrates into the central chamber at Newgrange. He and his co-author TP Ray, demonstrated that this failure to penetrate the end chamber on the day of the Winter Solstice was because of a change in the tilt of the earth occurring since the time of construction. When Newgrange was built the sun would have penetrated into the end chamber and on the day of the winter Solstice it would have struck the back stone. The intriguing story of how he became interested in the cairns and subsequently in his free time pursued with his family a taxing research agenda that was to illuminate our understanding of their significance can be accessed at www.newgrange.com/loughcrew-newgrange.htm In 1992 he published his book "Light Years Ago" (Black Cat Press) on his work on the cairns of Loughcrew and Newgrange.

He is survived by his wife Dr Mary Jennings their three children Cormac, Caitriona and Rory as well as his adored four granddaughters, Niamh, Sinead, Alannah and Maia. Tim and Mary met as medical students in Galway. Their relationship was to represent the ultimate in love and commitment. Over 20 years Mary has been full-time carer for Tim, succeeding in keeping him at home with no other professional medical support when everybody in the world of medicine would consider such a Herculean task to be impossible.

This incredible man is probably best described by repeating the words he used to conclude a speech he wrote when accepting the lifetime achievement award from the Royal Academy of Medicine in Ireland and Irish Journal of Medical Science. This was in 2005 and Tim had lived in a state of almost total paralysis for many years. Despite this he concluded his speech by stating "I have been very lucky in my life. I have a wonderful wife and family of three. I have met many good and compassionate people and this award will stimulate me to continue my work with the attitude and values that I have held for thirty years - no envy, no vanity and no regrets".

Brendan Drumm

Calendar of Events 2018

JANUARY

5th Interim ISCP Annual Review Board

15th Core Curriculum, RCSI, MPS Seminar, Mr. Ruairi MacNiocaill, Mr John Quinlan

22nd-25th AO Meeting - Basic Principles in Fracture Management, Mr Finbarr Condon, Mr John Quinlan

27th Mock Vivas / Trainee Reviews, Trainers

FEBRUARY

2nd Charter Day, RCSI

2nd Shortlisting

13th Core Curriculum, Elective spinal surgery including tumours, Galway, Mr Aiden Devitt, Mr Seamus Morris

23rd Exeter Hip Meeting, Cappagh, Mr Paddy Kenny, Mr Fintan Doyle

MARCH

2nd-4th Sylvester O'Halloran Meeting

8th, 9th Irish Hand Surgery Society Meeting, Cork, Mr Pat Fleming

21st Core Curriculum, Connolly, Applied anatomy; surgical approaches, Mr Peter Keogh, Mr Paddy Kenny

23rd Specialty Training Interviews, RCSI

30th-2nd April OTAI Meeting, Majorca, Mr Keith Synnott, Mr David Moore

APRIL

26th Core Curriculum, Cappagh, Basic Science - Biomechanics / Biomaterials / Statistics, Prof John O'Byrne, Prof Kevin Mulhall

20th - 22nd MAC16 Castlebar with Mr Derek Bennett, Knockranny House

MAY

18th Core Curriculum, St Vincent's, Adult and paediatric musculoskeletal oncology, Mr Gary O'Toole, Mr David Moore

25th Cappagh Foundation Week-end, including resident's prize

JUNE

Tbc IOA Meeting, Knockranny House, Castlebar.

25th - Core Curriculum, Crumlin, Paediatric spine and hip, Mr P O'Toole, Mr P Kiely

JULY

5-7th Fragility Fracture Network Global Conference Dublin, Royal College of Surgeons

AUGUST

Tbc Council / Trainers Meetings

SEPTEMBER

Tbc Sir Peter Freyer Meeting

25th Core Curriculum, Limerick, Primary and revision total hip replacement, Mr Finbarr Condon, Mr Paul Curtin

OCTOBER

Tbc Waterford Surgical Meeting

12th & 13th Irish Paediatric Orthopaedic Society Meeting, Conveynor Mr David Moore

24th Core Curriculum, Tallaght Elective, Shoulder and elbow elective, Mr Diarmuid Molony, Mr Hannan Mullett

NOVEMBER

Tbc Millin Meeting

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

23rd IITOS Annual General Meeting

Tbc Atlantic Orthopaedic Meeting

DECEMBER

8th UKITE Exam, RCSI

Tbc FRCS Conferring

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



Royal College of Surgeons in Ireland, National Academic and Education Building, No. 26 York Street

Printing of the programme sponsored by:



Photo Credits: Front cover X-ray David Moore, p 2 Catherine Bossut, p 5, 9 bottom right Lar Boland, p 32 Rebecca Kirrane RCSI, p 43 submitted by Brian Lenehan, pp 9, 28, 45, 50, 52, 62, 72 Amanda Wilkinson, p 41 Oliver O'Flanagan p 46 Eoin Sheehan, p 48, submitted by Catherine Farrell, p 51 top right submitted by Suzanne Rowley, p 52 Derek Bennett, pp 60-62 Conor Hurson, Fergal McGoldrick, RCSI photo bank, Conor Hurson, James Cashman, John Quinlan, Martin Walsh, Owen Brady, Fintan Shannon, David FitzPatrick, p 73 RCSI Image bank.

Graphic Design & layout: Amanda Wilkinson

Printed by: - PRINTcentral, Portlaoise

Acknowledgement:

Thanks to Ms Catherine Farrell for her input into the Clinical Programme section of this report.



IITOS © 2017

IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY

Irish Institute of Trauma and Orthopaedic Surgery

Royal College of Surgeon
2nd Floor, 121 St Stephen's Green
amandawilkinson@rcsi.ie
Info.IITOS@rcsi.ie
+35314022295