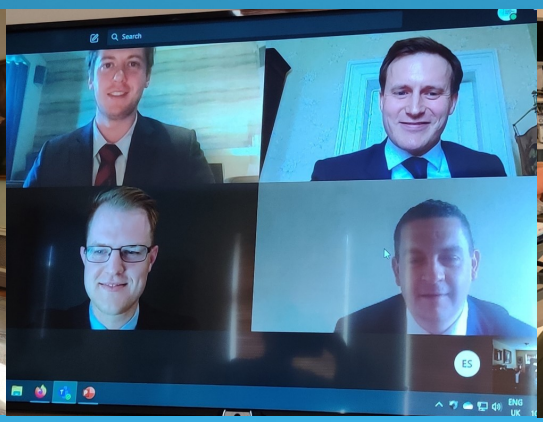
2020

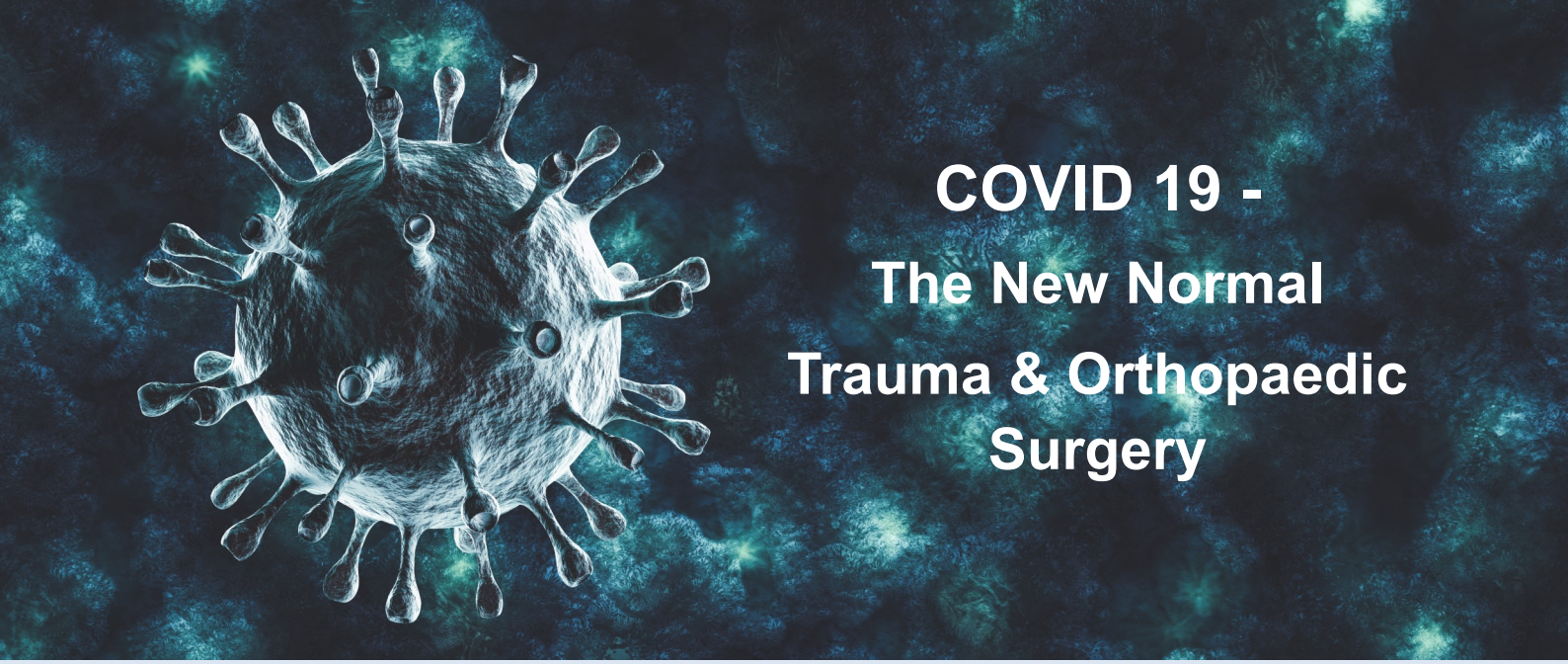
Annual Report



IITOS
THE IRISH INSTITUTE OF TRAUMA AND ORTHOPAEDIC SURGERY

Irish Institute of Trauma & Orthopaedic Surgery

Orthopaedic Surgical Education / Delivery of Patient Care



COVID 19 - The New Normal Trauma & Orthopaedic Surgery

It is important to anticipate further surges; we must retain our demonstrated ability to quickly repurpose and surge capacity locally and regionally.

Support of local initiatives and flexibility; enhanced local system working; strong local clinical leadership and rapid scaling of new technology-enabled service delivery options, such as Telehealth consultations are key.

It is prudent to embed changes that will provide benefit to patients and the health service.

Despite all the challenges, we have seen significant new funding allocated to T&O this year.

Given the recent NDTP manpower report recommending 80 new T&O consultants it is imperative that we collaborate to achieve this increase in our number - with appropriate resources - to address our waiting lists.

David Moore
Joint Clinical Lead

National Clinical Programme in Trauma and Orthopaedic Surgery
November 2020

CONTENTS

Professor John O’Byrne

President

“I thank everybody for all their extra efforts during the year and send strong wishes that we all stay safe during this difficult time as we deal with the challenges in our personal and professional lives. It has been a very difficult 2020, but we will retain our optimism, stay strong and try to stay safe.”

PRESIDENT'S STATEMENT

Professor J.M. O'Byrne
President, IITOS

I read the previous year's report and reflect on what progress was made over these last twelve months.

I think we would all agree that the last twelve months have seen the most dramatic and spectacular changes that many of us would never have envisaged in our wildest dreams.

The arrival of COVID-19 into this country in early 2020 has dramatically changed the landscape and our lives in Ireland. We navigated our way through the first wave, with some successes and some failures and we are now currently in the second wave. I think it is appropriate to recognise and commend the response of the health service and its entire staff to the pandemic. I believe our own specialty responded well, with different units taking on different roles, in many cases to unload the acute services and allowing them to focus on the treatment of patients with COVID-19.

Along the way, we revised our routine ways of doing things, from seeing patients to assessing them, to where they have their surgery, and how they are followed up. We have had some useful learning experiences that may improve the service we deliver, even after the pandemic has subsided.

Some very good research projects and papers have emerged from different units describing the learning points and experiences.

Although elective orthopaedic surgery was reduced during the pandemic, the treatment of fractures was in general, taken from the acute hospitals and the standard of care did not fall. Oncological surgery and paediatric orthopaedic surgery also continued. With the subsidence of the numbers, the orthopaedic services, particularly with elective surgery, were restored as we all became familiar working in a slightly changed environment.

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With regard to training, this was certainly disrupted in some units where COVID was the principal priority. The trainees adjusted and made themselves available where they were needed and on behalf of the community, we thank them and applaud them for that. The pandemic has had an impact on both of our areas of activity within the Institute, namely delivery of care and training of future orthopaedic surgeons. It is expected that there will continue to be disruptions intermittently, in different areas at different times and it is not clear how long this will last.

However, with regard to training, I yet again wish to thank Mr. Eoin Sheehan for leading the training programme in this very difficult time. I would also like to thank all the trainers and the executive officers who have worked so hard to ensure our training programme can continue.

With regard to our clinical services, I would again like to thank our Clinical Leads, Mr David Moore and Mr Paddy Kenny for their work with regard to the development of our specialty and the services we can deliver to our patients.

I would also like to acknowledge the contribution of Catherine Farrell and Niamh Keane with regard to the clinical services.

I would like to thank Leah Daly for her input.

I would also like specifically to mention Amanda Wilkinson, who provides great energy and creativity to our Institute, as well as ably administering on a number of different fronts.

In conclusion, I thank everybody for all their extra efforts during the year and send strong wishes that we all stay safe during this difficult time as we deal with the challenges in our personal and professional lives. It has been a very difficult 2020, but we will retain our optimism, stay strong and try to stay safe.

John O'Byrne

Executive Committees

COUNCIL COMMITTEE

John O'Byrne	President
Tom McCarthy	Hon Clinical Secretary
John Quinlan	Hon Academic Secretary
Neil Burke	Honorary Treasurer
Eoin Sheehan	Director of Training
Gary O'Toole	Intercollegiate Board
Maurice Neligan	Private Sector
Pat Kiely	SAC Representative
James Walsh	Beaumont
Paddy Groarke	The National Orthopaedic Hospital Cappagh
Bridget Hughes	Castlebar
Paddy Kenny	Connolly
Colm Taylor	Cork
David Moore	Crumlin
Fintan Shannon	Galway
Anthony Shaju	Letterkenny
Finbarr Condon	Limerick
Seamus Morris	Mater
Murali Sayana	Navan / Drogheda
John Kelly	Sligo
Johnny McKenna	St James's
Kieran O'Shea	St Vincent's
Brendan O'Daly	Tallaght Elective
James Sproule	Tallaght Trauma
Noelle Cassidy	Temple Street
John Rice	Tralee
Eoin Sheehan	Tullamore
May Cleary	Waterford

TRAINER'S COMMITTEE

John O'Byrne	President
John Quinlan	Hon Academic Secretary
Tom McCarthy	Hon Clinical Secretary
Eoin Sheehan	Director of Training
Brendan O'Daly	Assistant Director of Training
Neil Burke	Beaumont
Paddy Groarke	The National Orthopaedic Hospital Cappagh
Bridget Hughes	Castlebar
Olivia Flannery	Connolly
Sinead Boran	Cork
Pat Kiely	Crumlin
Ken Kaar	Galway
Anthony Shaju	Letterkenny
Cian Kennedy	Limerick
Seamus Morris	Mater
Aaron Glynn	Navan / Drogheda
John Kelly	Sligo
Catherine Bossut	St. James's
Kieran O'Shea	St. Vincent's
Brendan O'Daly	Tallaght Elective
James Sproule	Tallaght Trauma
Noelle Cassidy	Temple Street
John Rice	Tralee
Muiris Kennedy	Tullamore
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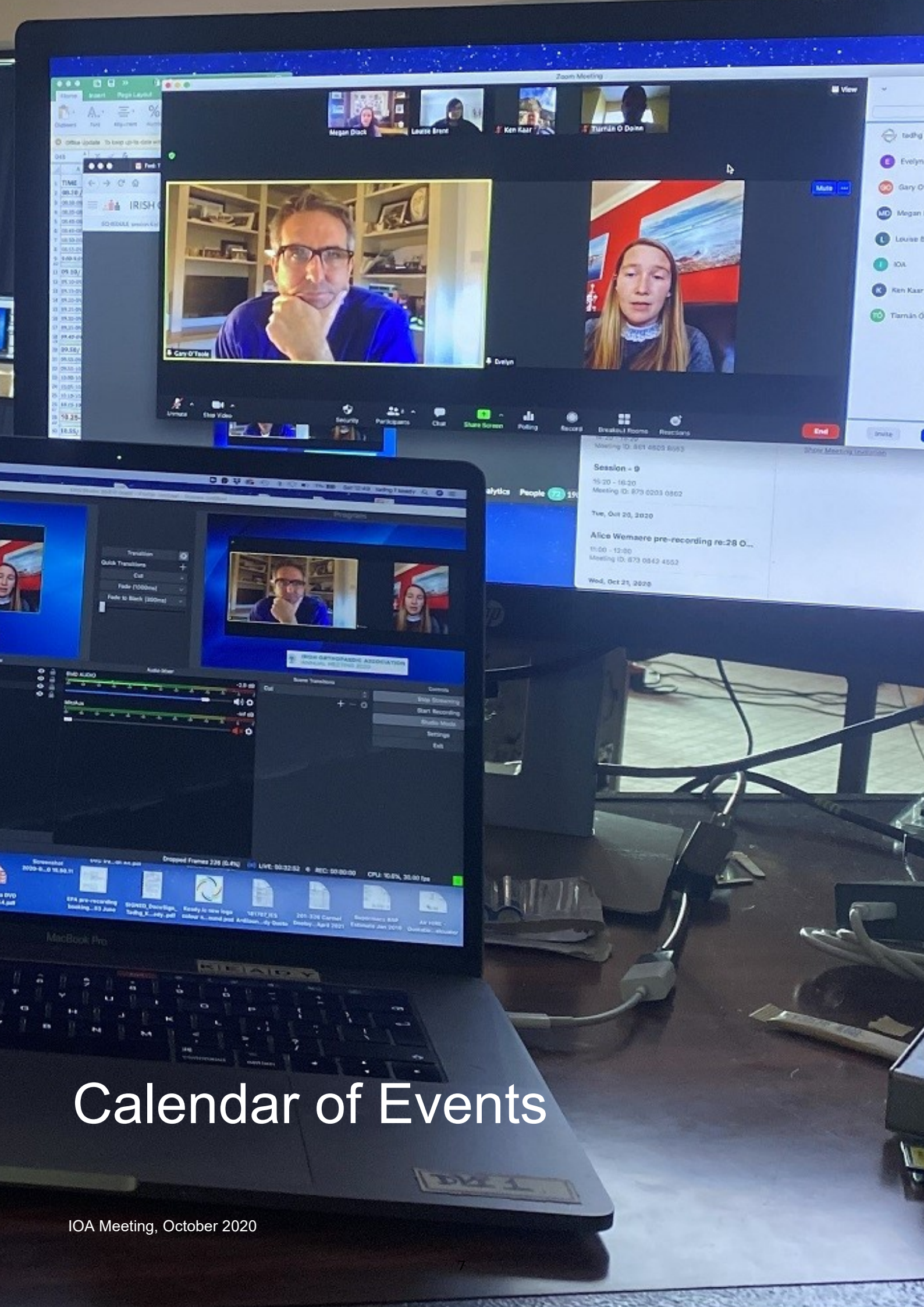


Calendar of Events

IOA Meeting, October 2020

JANUARY

16th Irish Shoulder and Elbow Society Annual Meeting, Online, https://isesociety.com/

19th **Core Curriculum,** Temple Street, Paediatric foot and ankle/lower limb deformity
Mr Connor Green, Ms Ciara Egan (online)

23rd Annual ARCP (online)

FEBRUARY

2nd-6th RCSI Virtual Charter Week

8th **Core Curriculum**, St Vincent's, Adult and paediatric musculoskeletal oncology, Mr Gary O'Toole, Mr Alan Molloy (online)

MARCH

5th-6th 27th Sylvester O'Halloran Virtual Perioperative Symposium, link Published abstracts link

10th **Core Curriculum**, RCSI, Medicolegal, Disclosure, Resilience, Simulation, Mr Khalid Merghani, Mr Eoin Sheehan, Prof Ruairi MacNiocaill. (online)

19th Specialty Training Interviews

APRIL

23rd Mayo Arthoplasty Conference, www.mayoarthroplastyconference.ie

Tbc Cappagh Foundation Day, including Resident's prize

MAY

14th **Core Curriculum**, Sligo, Primary Hip Arthroplasty, Mr John Kelly, Mr Terence Murphy (online)

JUNE

Tbc IOA Meeting, http://ioa.ie/index.html

14th **Core Curriculum**, Connolly, Surgical Anatomy, Mr Paddy Groarke, Mr Adrian Cassar-Gheiti (online)

JULY

AUGUST

Summer holidays

SEPTEMBER

Tbc Sir Peter Freyer Meeting

21st-24th BOA Annual Congress, Link

OCTOBER

21st Waterford Surgical Meeting

Tbc Irish Paediatric Orthopaedic Society Meeting

NOVEMBER

Tbc Millin Meeting

Tbc Atlantic Orthopaedic Meeting

26th IITOS Annual General Meeting and dinner

DECEMBER

4th UKITE Exam, RCSI

Tbc FRCS Conferring

RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

RCSI Calendar of Events - https://www.rcsi.com/dublin/news-and-events/events

* Any of the above meetings / events may be subject to change due to Government restrictions as a result of COVID 19

SURGICAL EDUCATION

Director of Training

Eoin Sheehan

Introduction

It has indeed been a strange year which has created opportunities and challenges for the training programme We have had to move our entire workings 'online' indeed we have not had a face-to-face meeting since the premature HST interviews in February. All the Education Committee and Training meetings have been done on Microsoft teams (MST) and Zoom. The recent FRCS Orth being conducted online remotely led from Glasgow and invigilated in the RCSI by myself, Keith and Gary. Congratulations to Peter Dawson who passed the first sitting of these new "virtual exams".

Support

I am grateful to the other members of the Ed COMM, John Quinlan, Finbarr Condon, Brendan O'Daly, Pat Kiely, Ruairi MacNiocaill, John O'Byrne and Matt Nagle as well as Amanda Wilkinson and Leah Daly.

I would like to thank Ruairi, in particular, for all his hard work in pivoting the entire core curriculum programme from its current structure to a purely online delivery of content. Well done to Cian in Limerick for testing the new system and to Amanda for moderating the entire blackboard system. That said, having participated in one myself it would be great to have some sort of F2F core next year.

Exams

My thanks to Gary O'Toole for representing us at the JCIE and for his continued good work in orchestrating and liaising with the authorities in this regard. The viva/clinical part of the FRCS will be conducted online for Irish exam candidates for the foreseeable future. The first part MCQ EMQ will continue as before.

Mock Vivas/Clinics

We will not stage any mock clinics next year and vivas will be delegated to training units. Leah will make contact to inform examiners regarding structure/scoring etc. The vivas can be conducted online or F2F in respective units and we will allow a period of time in January to allow units deliver the mock vivas over two weeks with results etc expected well in advance of proposed ARCP date.

ARCP/Assessments

These again will be held online on 23rd of January. Pairs of consultants will assess trainees individually in the morning with a group discussion as before on Microsoft Teams after these reviews.

We will have a "dry run" of the ARCP reviews on 8th January where all trainees are analysed on the ISCP platform and Leah prepares a "traffic light coded" spreadsheet of their respective performances and highlights issues. This preliminary ARCP takes the full day and involves me and the allocated year deans for each group of trainees.

AES Reports

Once again, I would strongly suggest that AES reports are populated by the AES in consultation with the CS and other trainers in the unit. If there are difficulties populating the report, please contact me.

Logbooks

Despite Covid, our logbooks are reasonably well-preserved regarding volumes. I do not anticipate prolonging trainees training however it may necessitate re allocating them to different units in order to address deficiencies in their overall and indicative numbers.

Please also bear in mind that the new entrants ST3 July 2020 will be using the "m Surgery" logbook hosted and innovated by the RCSI and not the older established e-logbook. This should be an easy transition and we will still be able to create consolidation sheets from this new system. The platform allows me to visualize in real time what exactly each ST3 is doing and as to whether they are hitting their numbers and supervision levels etc.. ST 4 onwards will continue to use the e logbook system.

Interviews

The interviews will be done on MTS next year. I have had a lot on inquiries from outside Ireland and so the utility of the ESR system is being realised. We will decide our numbers in advance and will interview in the usual 5 domains as before. The exact format has not yet been discussed at ISPTC but I shall update you with regard to plans once they are formulated and agreed. Brendan and myself as well as the AES in each unit will assist in allocating the final TAR score for out ST2 applicants. This is important to create some sort of standardisation and grading of candidates.

Train the Trainer

I am hoping that we can provide our ST8/7 trainees with a locally delivered course in the first few months of 2021, as it is a prerequisite for CCST. The RCSI will arrange these for us.

Director of Training

Simulation

There is now an increasing focus on simulation and we are examining what fidelity levels of simulation and what exactly our needs will be into the future. I am working with the RCSI and UCG as well as the NDTP on funding for simulation. RCSI and UCG seem to be well advanced and have established simulation at all levels for their trainees and students in disciplines other than in T&O.

Contact

With the current environment we are not in contact as much and therefore if trainers have issues feel free to contact myself directly or Leah in the office.

New Beginnings and Sad Departures

It is great to see our new colleagues starting, including Sven O'hEireamhoin and Adrian Cassar Gheitti. I hope that they will get stuck into the training programme in the years to come.

It is also sad to see one of the greats departing, **Frank McManus** was a great advocate for orthopaedics and training, he was also a great character. I have fond memories of my time working with him in Temple Street and the Mater and we all learned so much from him. May he rest in peace, may I offer my own condolences and those of the entire National Training Programme to his wife Susan and his family/friends and colleagues.

Best wishes.

Eoin Sheehan
Nov 2020

Virtual FRCS Exams

Online Vivas in January

RCSI mSurgery Logbook

Link to mSurgery - https://msurgery.ie/

Core Curriculum

Ruairi MacNiocaill
Core Curriculum Director

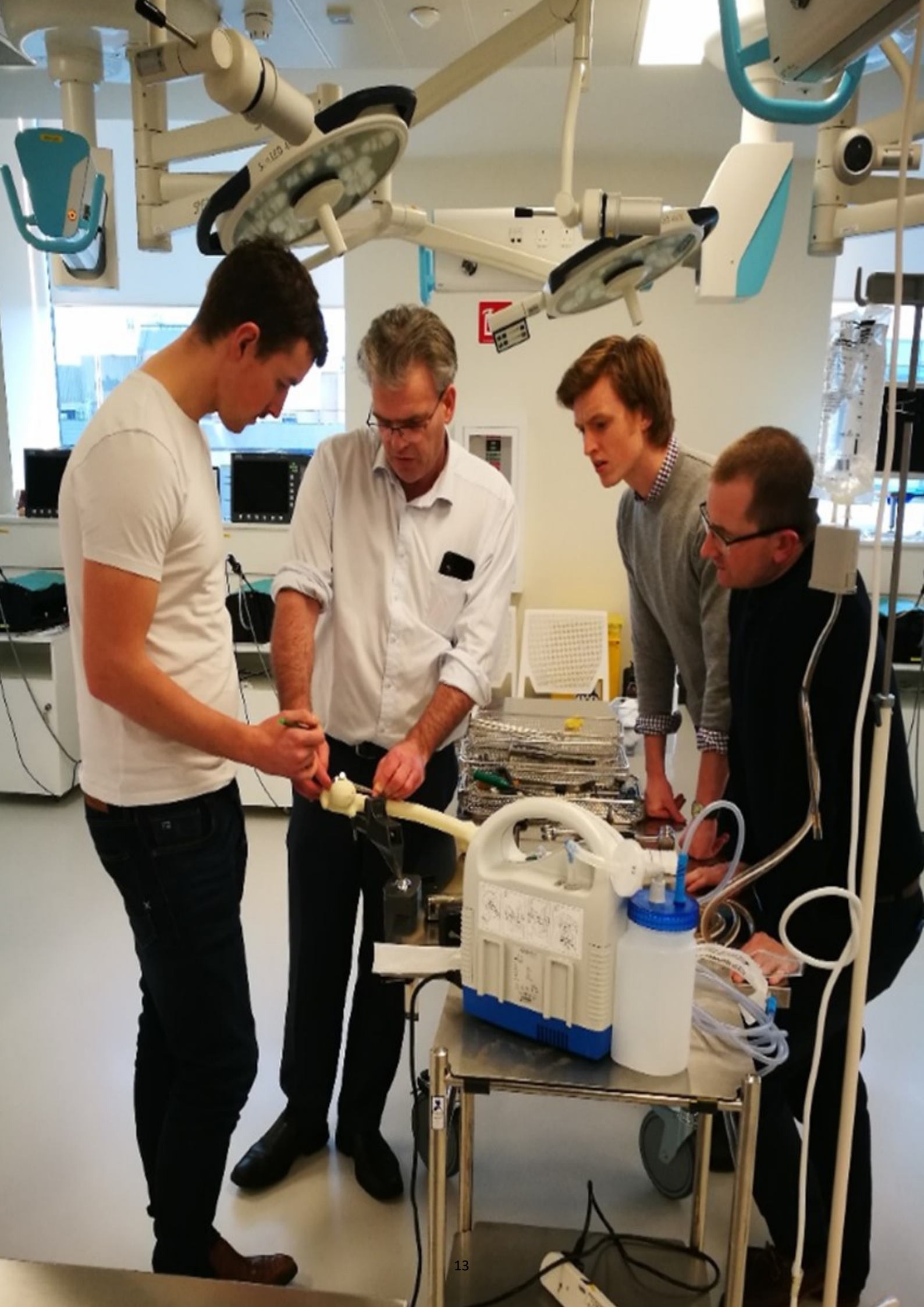
2020 has been a challenging year in all spheres of our lives and the delivery of the academic component of our training program has been no different. In the Spring of this year when COVID and its attendant restrictions arrived, it was necessary to find new ways to ensure the continuity of our training program. As it was not possible for health care professionals to gather physically for our traditional core sessions we developed a system of live online teaching of eight parallel topic based discussion groups delivered weekly until the summer recess, these benefitted from excellent support from the training community and received very good feedback from our trainees.

We then, in the summer, engaged in a process of consultation to learn how best to plan forward for the intermediate term delivery of teaching. The plan that emerged was informed by a belief that it was an opportune time to review more generally how teaching is delivered. This led to the development of an online core day delivery based on the MS Blackboard platform. We have now had three all on-online core curriculum sessions which, some technical issues notwithstanding, have gone well and received excellent feedback. This format is still evolving and is being regularly updated on the basis of trainer and trainee feedback.

As Core Curriculum Director, I would like to express gratitude to all those who have contributed to keeping the show on the road during these trying times. Given the ongoing public health situation, we envisage that this format of teaching will be with us for some time and will probably form a part of our longer term strategies.

Core Curriculum Dates (January - June 2021)

January	**Tuesday 19th Temple Street** Paediatric foot and ankle/lower limb deformity Mr. Connor Green/ Ms.Ciara Egan
February	**Monday 8th St. Vincent's** Adult and paediatric musculoskeletal oncology Prof Gary O'Toole/ Mr Alan Molloy
March	**Wednesday 10th RCSI** Medicolegal, Disclosure, Resilience, Simulation Mr K Merghani, Mr E Sheehan, Prof Ruairi MacNiocaill
April	**Thursday 15th Galway** Foot and Ankle Trauma Prof Stephen Kearns, Mr. Thomas Bayer
May	**Friday 14th Sligo** Primary Hip ArthroplastyMr John Kelly/ Mr. Thomas Murphy
June	**Monday 14th Connolly** Surgical Anatomy Mr. Patric Groarke/ Mr. Aidrian Casar-Gheiti



Assistant Director of Training

Assistant Director of Training Report

Never has the landscape of Trauma & Orthopaedic training changed so much as over the 2019-20 period. My role in assisting the Director of Training, Prof. Eoin Sheehan continued, but in an unrecognizable format from previous years. I appreciate the extraordinary work being done by colleagues in making the preparations required to deliver the best possible trainee experience that can be realized in the circumstances, while ensuring health and safety guidelines are fully complied with.

Training in Hospitals

The challenge of incorporating training into diminishing elective practices in all Hospitals nationally has never been as great. The many commendable initiatives that have been brought around as a result of Covid-19, such as the virtual core curriculum, will in future become embedded in training to ensure that trainees continue to be exposed to and learn from high quality elective surgery in Ireland.

Orthopaedic Training Day / Bootcamp

Challenges specific to Core surgical training as a result of Covid-19 included the recent ST2 Orthopedic Training Day, on total hip arthroplasty, which continued in a skills laboratory format with three separate sessions scheduled with reduced numbers in each, to ensure safety and compliance with national guidelines. Similarly, in late summer, the altered format of the RCSI Bootcamp for ST1 Trainees meant a greater reliance on T&O Trainers to provide instruction for this cohort of trainees. I am particularly grateful to Mr. Kieran O'Rourke and Mr. Tom McCarthy in this regard for their assistance.

ST3 Applications

With ST3 application on the horizon, procedures are been put in place to ensure an opportunity for all at ST3 interviews, with standardization of some elements, given many junior trainees may have worked in Covid-19 roles at a distance from their Trainers. Likewise, special focus will have to be given to those entering ST3 training in 2021 who may have missed out' or not have been exposed to a' traditional' ST1 or ST2 year in 2020/21.

Trainers

While T&O training of our junior trainees continues to rely on a small cohort of dedicated Trainers, there is ample space for a whole new generation of motivated Trainers to get involved in ST1/ST2 Training. I encourage anybody reading this who may be interested to sign up. We face in 2021 an academic year which will have a level of uncertainty and a need for flexibility and adaptability unlike any other.

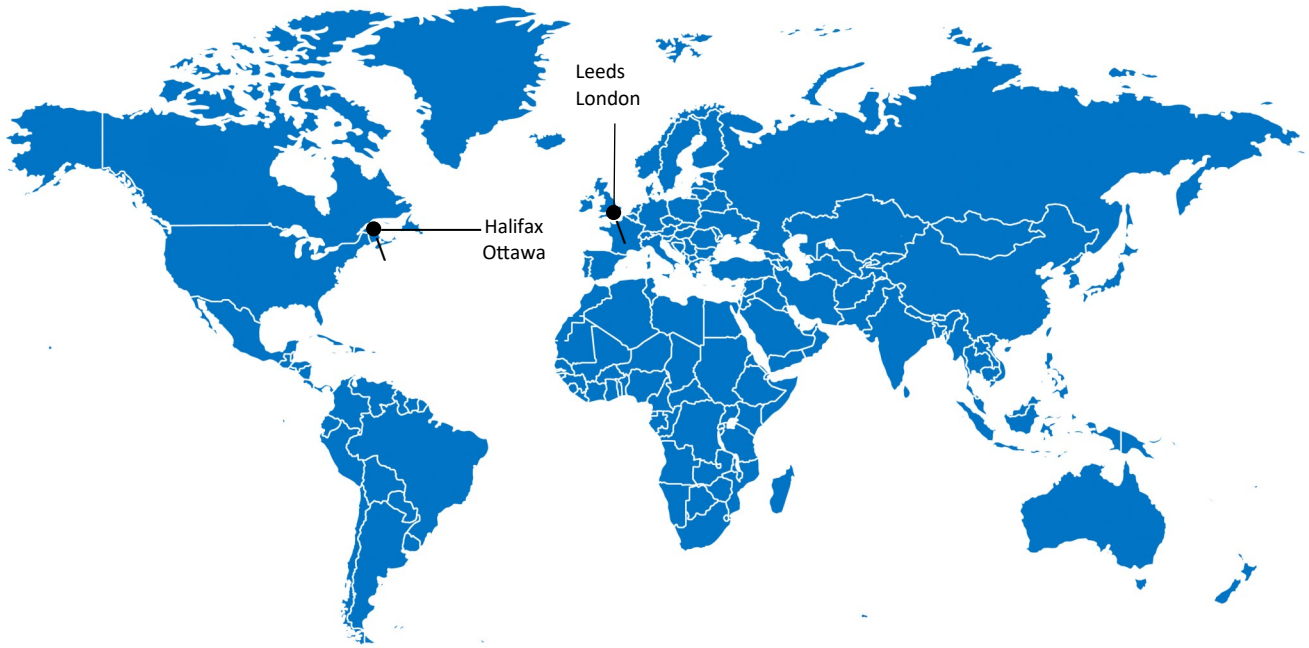
Acknowledgments

I would like to express my gratitude to Prof. Eoin Sheehan for his guidance and support throughout the year. I would also like to acknowledge the advice and guidance provided by the Education Committee throughout the year.

I look forward in 2021 to continue to develop and strengthen the Trauma & Orthopaedic Training programme. Whatever challenges 2021 may hold, I have no doubt that the IITOS and Trauma and Orthopaedic Training in Ireland will continue to evolve and adapt to face these new challenges, providing the best possible training experience under the constraints caused by the Covid-19 pandemic.

Brendan O'Daly
Assistant Director of Training

Fellowships



RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

RCSI Scholarships and Grants in Postgraduate Surgery

https://www.rcsi.com/surgery/training/fellowship-opportunities/

Fellowships 2019

YAHYA ELHASSAN

I am commencing a one year **Foot and Ankle Fellowship in Leeds Teaching Hospitals**, UK in August 2020, this fellowship provides advanced clinical and surgical training in the entire spectrum of Foot and Ankle surgery in a tertiary referral unit including, **Forefoot and complex Hindfoot reconstruction, complex foot and ankle Trauma** in addition to exposure to circular frames. I will join the Foot and Ankle team working with Mr Ray Monkhouse, Mr Nazar Tellisi, Mr Adam Lomax and Mr Paul Dearden at Chapel Allerton Orthopaedic Centre (CHOC) and Leeds General Infirmary (LGI) a major trauma centre. I will also participate in **specialist clinics with Rheumatology and the Diabetic foot**

TRISTAN CASSIDY

In October I will begin my **fellowship in Epsom, London**. This fellowship is based at Epsom and St. Helier University Hospitals NHS trust & the South West London Elective Orthopaedic Centre. I will work with Vipul Patel and Nick Little. This fellowship covers a wide range of shoulder **and elbow surgery including arthroscopic procedures**, arthroplasty, trauma and revision work. In addition to my clinical and operative training, I have been enrolled to the **BOA Future Leader's Programme** which is incorporated into the fellowship. (https://www.boa.ac.uk/learning-and-events/courses/boa-future-leaders-programme.html) From July to October I have been given the opportunity to work as an **upper limb fellow in The National Orthopaedic Hospital Cappagh** with the added possibility of extending this period should the current pandemic adversely impact on my fellowship, for which I'm very grateful.

NIALL MCGOLDRICK

Niall is commencing his **Adult Reconstruction Fellowship in August 2020 in Ottawa, Canada**. This year long fellowship will be based in The Ottawa Hospital across two campuses; the General and the Civic hospitals. The Ottawa Hospital is a large tertiary level referral unit affiliated with The University of Ottawa. During his fellowship, Niall will work alongside Dr Paul Beaulé, Dr Paul Kim, Dr Wade Gofton and Dr George Grammatopoulos. It is anticipated that he will gain exposure to a large volume of **primary, complex primary and revision surgery of the hip and knee**. Staff surgeons in the unit favour both the direct anterior and posterior approaches to the hip, with emphasis on enhanced recovery protocols and outpatient hip and knee replacement. Further, Dr Beaulé has subspecialty expertise in the Young Adult Hip, and it is anticipated Niall will gain operative exposure to **hip preservation surgery including hip arthroscopy and periacetabular osteotomy.** The unit is very active from a research perspective and it also expected that Fellows will be involved in the teaching and training of residents.

SHANE O'NEILL

Shane will be commencing his fellowship in July 2020 in Halifax, Canada. This year long **fellowship in foot and ankle reconstructive surgery will be based in Queen Elizabeth II Health Sciences Centre in Halifax, Nova Scotia**. He will be working directly with the current President of the Canadian Orthopaedic Association (COA), Professor Mark Glazebrook and also working alongside Joel Morash. Queen Elizabeth II Health Sciences Centre is a Level 1 trauma centre and a tertiary referral unit, dealing with the vast spectrum of foot and ankle disorders for the entire province of Nova Scotia. Shane will gain experience in **foot and ankle reconstruction, including arthroplasty, along with an extensive arthroscopic sports practice**. The unit is also heavily experienced in small joint preservation surgery and minimally invasive surgery. The fellowship will also include **exposure to trauma, focusing on complex foot and ankle injuries.** Shane will have exposure to academic practice during the course of the year long fellowship and has been appointed as a clinical lecturer in Surgery at Dalhousie University.

JAMES BRODERICK

James's **fellowships will be in Adult Reconstruction and Knee Surgery**. He is starting with the **BOA National Clinical Leaders Knee Fellowship Programme** with Mr. Matt Dawson in the UK. The focus for the year will be on soft-tissue knee surgery, partial knee replacement and osteotomy around the knee. Following this, he will spend a year doing the **Lower Limb Arthroplasty and Adult Reconstruction**. Fellowship at St. Michael's Hospital in Toronto, Canada. The focus for this year will be on **complex primary and revision lower limb arthroplasty**. St. Michael's is also a Level I Trauma Centre, and the orthopaedic service is fully integrated as part of the Trauma Programme.

Specialty Advisory Committee

Pat Kiely
SAC Representative

The Trauma & Orthopaedic SAC has continued to run three meetings per annum, moderated by chairperson Mr. Rob Gregory. These were attended on Feb 25th, and virtually on June 17th and Sept 30th 2020. Mr. Mark Crowthers continues as Liaison Member role for the Republic of Ireland.

Covid-19

The Covid-19 pandemic impact has been hugely significant in a number of areas, and had led to extensive consultation, reworking and modification of normal training procedures and processes. Specifically 1. in the adoption of the new curriculum, and implementation of current curriculum 2. alteration and reduction on training opportunity, ISCP and trainee progression and evaluation processes, 3. Recruitment, and 4. the intercollegiate examinations.

New Curriculum

The new curriculum programme completed earlier in 2020, has been formally passed by the GMC, in conjunction with the new curricula for surgical specialties. The final version published Nov 14th 2020. Introduction of the T& O curriculum, initially scheduled for 2020 has been deferred to August 2021 Implications and necessity for fulfilling the new requirements exist for those set to graduate after 2023. JCST advice on derogations and requirements specific to the new entrants to HST and later SPR years, due to complete CCT soon, is available and published.

Current curriculum

Because of obvious Covid- 19 related challenges and difficulties in compliance with existing curriculum requirements, there are published JCST Current curriculum derogations for 2020 in publication, with courses of available issues and actions outlined.

Impact on Training

Across UK and Ireland, the unprecedented demand for clinical resources , reconfiguration and structuring of hospital services have had major impact on T&O training. Logbook data indicates diminution in theatre based training opportunities with 30-50% loss of trauma caseload and 40-65% reduction in elective operating volume.

Of course there has been some bounce back in activity in later 2020, as hospital activity 'normalised'. The effect of the current 2nd wave of Covid on theatre activity is not apparent as yet.

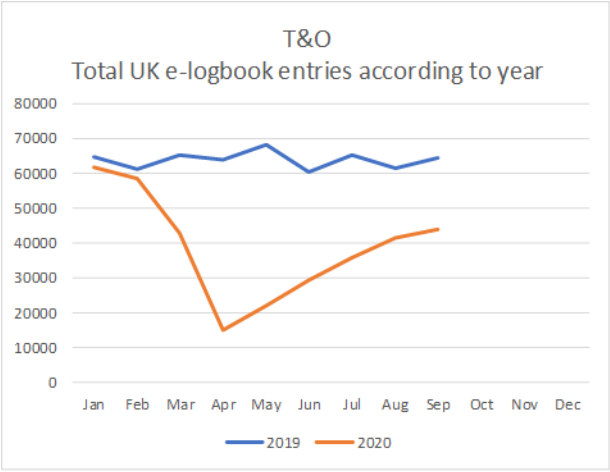
There has been some recoup of activity, primarily in elective surgery by recruitment of the private or independent centres, but adoption of regular accredited activity training for Specialist Trainees in these hospitals has not become common place.

A process for accreditation and credentialing for private institutions to be deployed in training is considered and described. However it is not expected that the independent sector will become a key training provider in the UK at present.

There is also widespread adverse impact in all other and less well recorded areas of training and interaction, including but not limited to: Outpatient clinics, Ward rounds, Multi-disciplinary meetings etc And there has been differential impact across training levels with early years and senior trainees have suffered most impact due to examination cancellations and pressure to complete curriculum requirements .

ISCP/ARCP

The ISCP capability and ARCP processes have been rapidly tweaked and adjusted with recognition of need to create some allowance and flexibility in trainee progression and assessment. Where training is interrupted, potential further time or specific experience may be required to achieve competency. Specific for this pandemic the Outcome ARCP 10 has been provided the provide immediate or future flexibility in training requirement.



How widespread an increase in training time will be required, depends on the number of trainees with ARCP outcome 10.1/10.2 awarded. This may become a huge task if large volume of trainees require posts or job extensions.

In addition 'subspecialty' attachment requirements and exposure e.g. for paediatric orthopaedics, major trauma, spines etc may be affected by Covid impact on particular elective services. The training programmes, TPDs and units may need to be creative to provide the breadth of experience needed if Covid has lost training experiences, opportunities, and local initiatives can be put in place to make allowance for this.

Potential in Use of the Independent Sector

The regional programme, training deanery or trust must apply for independent / private sector institutions need to be approved as training units A huge disruption to trainees has occurred and could occur again by placement on emergency medical service footing. As the subsequent waves of the pandemic pass over the system with less critically ill cohorts more easily managed, specialist training must be safeguarded – and as there exists no agreement for redeployment into other services , there is no mandatory requirement for T&O Trainees to be subsumed into other hospital departments or service.

Given the knock on drop in operative caseload T&O units need to maintain current and future elective work capacity and therein look to maximise and protect SpR training opportunities. There has already been a clearly measurable impact on surgical training progression with (in all specialties) 20% of trainees on outcome 10 [1/3 of ST7 on outcome 10.1/10.2 and 12% of ST8 on outcome 10.2].

ARCP / ISCP Processes

All evaluation processes have moved as far as practical to an online and virtual or remote modality where practicable. In addition the vast majority of didactic and tutorial based teaching has moved to a variety of creative online modalities and formats, and a significant library of learning aids and modules has expanded exponentially these past eight months.

Recruitment

National selection and training entrant processes at the height of the pandemic posed huge logistical and personal challenges for al involved, however these were rapidly modified and successfully completed with a large amount of the process converted to online appraisal and remote interviewing. Plans are being put in place for 2021 if again a remote paneling, interview and selection process needs to be enacted.

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. Given the Pandemic, out of programme training (OOPT) opportunities and posts have largely been unavailable. Application for early CCT.

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

TIG Fellowships

Training interface group fellowships are designed to allow high level trainees develop a wider skill set in areas of clinical cross-over (eg, hand surgery – combined plastic surgery and orthopaedic surgery training) For senior T&O trainees TIG fellowships for final year (ST8) trainees in Major Trauma, Hand surgery do exist, and are well recognised

TIG fellowships in Hand surgery continue to be highly competitive and sought after. Spinal surgery {orthopaedic and neurosurgery combined} has commenced in pilot form and will be interviewing again in Spring 2021.

However the TIG fellowship programmes, both established and in pilot stage of development have now been redesignated as a post-certification i.e. post completion of training entity across all disciplines. As such they may fall outside the remit or governance of the specialist training bodies.

While highly valued the TIG applicants will only become eligible approaching final year training, expected next intake to the TIG programmes will be in 2022.

Future dates

Tuesday 23 February 2021
Wednesday 16 June 2021
Thursday 30 September 2021

Pat Kiely, SAC Rep.

Intercollegiate Board

Report by Gary O'Toole

Intercollegiate Representative

Covid-19 has certainly changed the content of my Intercollegiate Report for 2020, unlike previous years where there were only three Intercollegiate Examination Board meetings, there have been several remote meetings this year. Representatives did gather in The College of Surgeons in Edinburgh on the 16th of March 2020, but heeding the Irish government advisory of avoiding any unnecessary travel, I attended this meeting remotely.

Part 1 Exam

There has been a single diet of the Part I exam and only one running of the Part II Intercollegiate clinical exam since our last AGM. At the time of writing this report, there is an exam scheduled to take place in Glasgow under strict Covid-19 precautions, from the 1st – 3rd November, 2020. The exam has had to be completely revamped to allow for social distancing.

JCIE

The JCIE have directed that no patients can be examined during the exam process, although patients are required to be in the exam centre. This, not surprisingly leads to several challenges. In these times of Covid-19, it will now be possible for a trainee to pass the exam without ever laying a hand on a patient and indeed for the Irish candidates, it will be possible to pass without examining a patient and without being present at the centre where the exam is being held.

Remote Portal

Considering the requirement for any person entering Ireland from the UK to quarantine for a period of 10-days, arrangements for Irish candidates to participate in this exam through a remote portal based in the College of Surgeons in Dublin, are also in-progress at the time of writing this report. It is envisaged that the candidates will attend the RCSI in Dublin and be examined via a video link by examiners in Glasgow. There will be two invigilators present in Dublin to oversee the fairness of the exam, but all markings are to be done by the examiners in Glasgow.

Not surprisingly, the scheduled Part II exam, in Aberdeen due to take place in May 2020 was cancelled due to Covid-19 restrictions.

Part II Exam

A successful running of the Part II exam took place in Plymouth in February 2020. The pass rates remain quite consistent. The overall average pass rate was 66% for all Part II exams. Type I trainees, those on organised training programmes have a 90% success rate and the success rate is 20% for those not on a training programme. Irish exam candidates continue to perform well and maintain and impressively high pass rate when compared to other Deaneries.

Overseas Exam

There was no overseas exam this year, with the July scheduled exam in Malaysia falling foul to the Covid-19 pandemic.

FRCS

There are several changes propsed for the FRCS (Tr & Orth) exam. In Part I, the EMI (Extended Matching Items) questions are being phased out to be replaced with SBA (Single Best Answer). This is a British GMC directive and will result in complete replacement of EMI type questions with SBA questions by 2021. The GMC consider the SBA questions easier to write, equal in their ability to test higher order thinking and result in equivalent performance.

Professional Competency Scheme

PROFESSIONAL DEVELOPMENT AND PRACTICE COMMITTEE

Frank Dowling
PCS Representative

The RCSI Professional Development and Practice Committee meets 4–5 times per year and Mr Simon Cross, Council Member was the Chair of the Committee for this period.

The Committee oversees the following in relation to the Professional Competence Scheme:

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

During the year the RCSI PCS office were required to send lists of non-compliant doctors to the Medical Council.

Compliance

In March 2020, the Medical Council advised that due to the COVID-19 pandemic, they would now not be enforcing compliance to the extent it had planned for 1st May 2019–30th April 2020. There is still the obligation on doctors, under the Act, to maintain their competence and fulfil their CPD requirements.

The Medical Council issued the following advice regarding doctors' maintenance of professional competence:

- Doctors will not be required to make a declaration about their maintenance of professional competence when retaining their registration in 2020.

- The Medical Council and Professional Competence Schemes will not verify or audit doctors' CPD records for the 2019/20 Scheme Year.

- Doctors will not be required to make up any shortfall in CPD requirements for the 2019
2020 Scheme Year.

- The Medical Council advises doctors to retain their enrolment with their Scheme.

Professional Development Plan

The RCSI Professional Development Plan, was introduced this year. While it is not mandatory to complete a Professional Development Plan (PDP), doctors are to be encouraged to complete one and CPD credits can be claimed for completing a PDP.

Absence from Work

Doctors who are on leave for various reasons such as maternity, sick, carer's, parental, bereavement and adoptive leave were encouraged to submit a form in order that their absence can be recorded and their Statement of Participation can be annotated.

The Continuous Professional Development Support Scheme (CPDSS) has been highly successful in terms of its breadth and variety of courses and high attendance rates. The courses have evolved based on the feedback from the NCHDs. The courses provided very satisfactorily cover the domains of good professional practice.

GDPR Doctors were notified during the year that records older than six years would be deleted after 1st May 2020 and anyone wishing to retain documents/ records were encouraged to login to their portfolios and download these documents / records before this date. Guidelines on How to do this were issued. Due to COVID-19 this deletion was postponed until a later date in 2020.

Framework Model

The RCSI Professional Development & Practice Committee continues to communicate with the Medical Council to discuss the Review of the Maintenance of Professional Competence Framework Model and Scheme Operations.

Continuation of Professional Competence Asssessment

More recently an updated paper was received from the Irish Medical Council indicating continuation of professional competence assessment. However this indicated some changes from the previous model which was based on UK system. The implication in their report was that they were adopting a system more like that in New Zealand. However the details of this not yet been circulated.

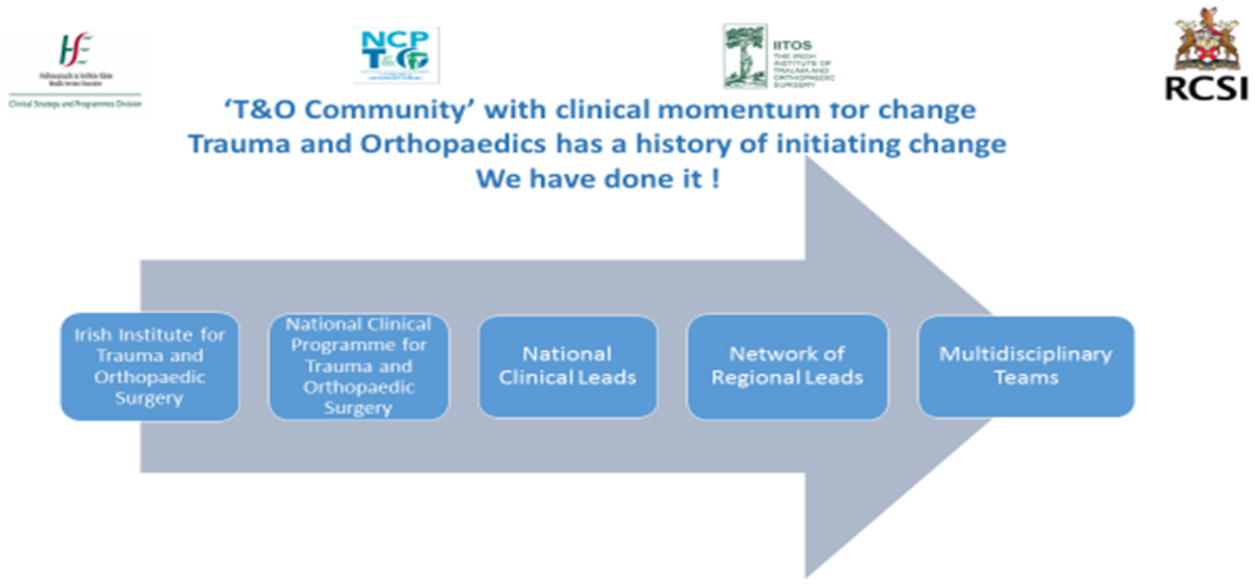
As usual if any Institute members have difficulties in this area, I would be pleased to try and help out. Just email me at Frankedowling@gmail.com.

PATIENT SAFETY

National Clinical Programme Trauma & Orthopaedics (NCPT&O)

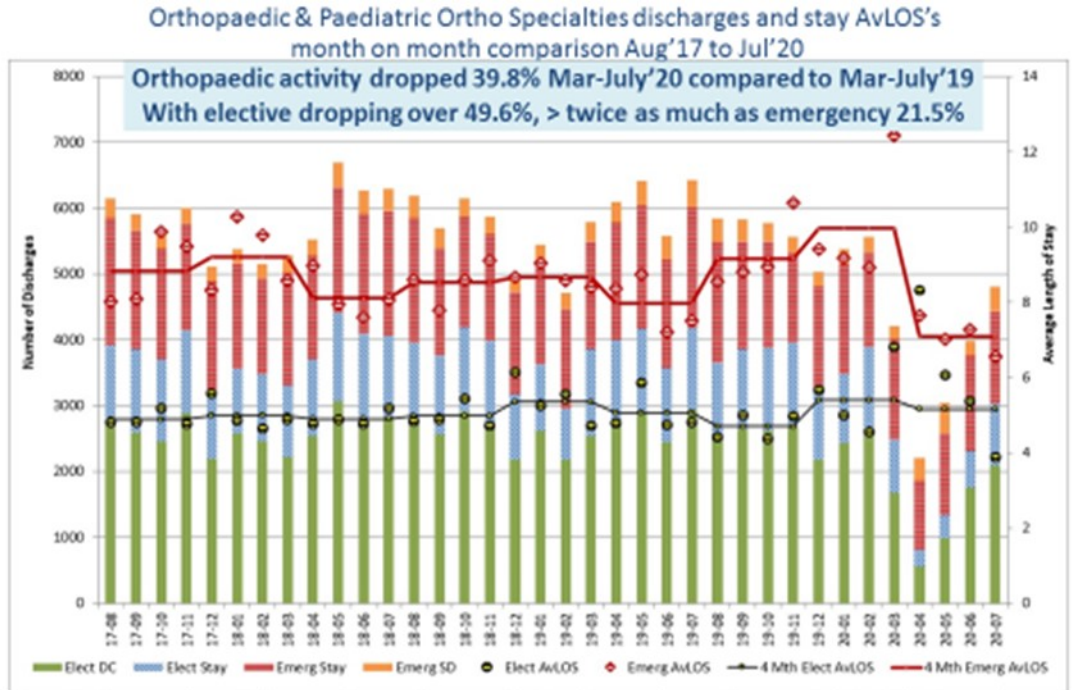
TIMELINE

2010	**INCEPTION** David Moore, Paddy Kenny, Catherine Farrell, Niamh Keane
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. https://www.hse.ie/eng/about/who/cspd/ncps/trauma-and-orthopaedic-surgery/
2014	The development of the **Model of Care for Trauma and Orthopaedic Surgery** https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/national-model-of-care-for-trauma-and-orthopaedic-surgery-2015.pdf
2015	Commencement of the development of a **Policy for a Trauma Network for Ireland** in Collaboration with the Department of Health.
2016	Implementation of the **Model of Care recommendations**. Continuing the development of a Policy for A Trauma System for Ireland
2017	Completion of the **Policy for a Trauma Network for Ireland** Development of **Trauma Assessment Clinics**
2018	A **Trauma System for Ireland Report** – Published & Launched by the Minister for Health - February 2018 https://assets.gov.ie/10116/70fd408b9ddd47f581d8e50f7f10d7c6.pdf
2019	**National Clinical Lead for Trauma** appointed, Mr Keith Synnott
2020	The NCPT&OS is the **first speciality** to become a **key collaborator** in the HSE Scheduled Care Transformation Work Programme (**SCTP**). **€4.6 million secured from** the Sláintecare Transformation Fund to fund forty six Physiotherapy posts for the T&O Service.



The COVID-19 pandemic is an unprecedented global health crisis. At the outset, the initial focus was on ensuring that facilities were available to treat trauma patients, because acute hospitals were stretched to the limits of their capacity, in some areas trauma care was moved to the standalone orthopaedic hospitals. Planned surgery ceased nationwide and has only partially resumed. Daily practice is significantly impacted, there is an excess of patients versus available facilities and staffing, and the omnipresent need to reduce waiting lists has been exacerbated.

Despite a partial resumption of planned surgery, orthopaedics has been particularly impacted as the data demonstrates.



5 months	Elective				Emergency				Combined Elect & Emerg			
	# Stay	AvLOS	# DC	% DC	# Stay	AvLOS	# SD	% SD	# Stay	AvLOS	# DC & SD	% DC & SD
Mar-Jul 2018	6,096	4.90	13,462	68.8%	8,934	8.20	1,582	15.0%	15,030	6.86	15,044	50.0%
Mar-Jul 2019	6,187	4.99	13,612	68.8%	8,751	8.05	1,772	16.8%	14,938	6.79	15,384	50.7%
Mar-Jul 2020	2,915	5.62	7,071	70.8%	6,657	8.31	1,599	19.4%	9,572	7.49	8,670	47.5%
% Δ 19->20	-52.9%	12.5%	-48.1%	3.0%	-23.9%	3.1%	-9.8%	15.0%	-35.9%	10.4%	-43.6%	-6.3%

NOAIS Clinical use HIPE discharge data supplied by the HPO and as coded in HIPE by 31st August'20

The pent-up patient demand for surgical and procedural care will be immense; facility readiness to resume planned surgery will vary by geographic location. It is important to anticipate further surges; we need to retain our demonstrated ability to quickly repurpose and surge capacity locally and regionally.

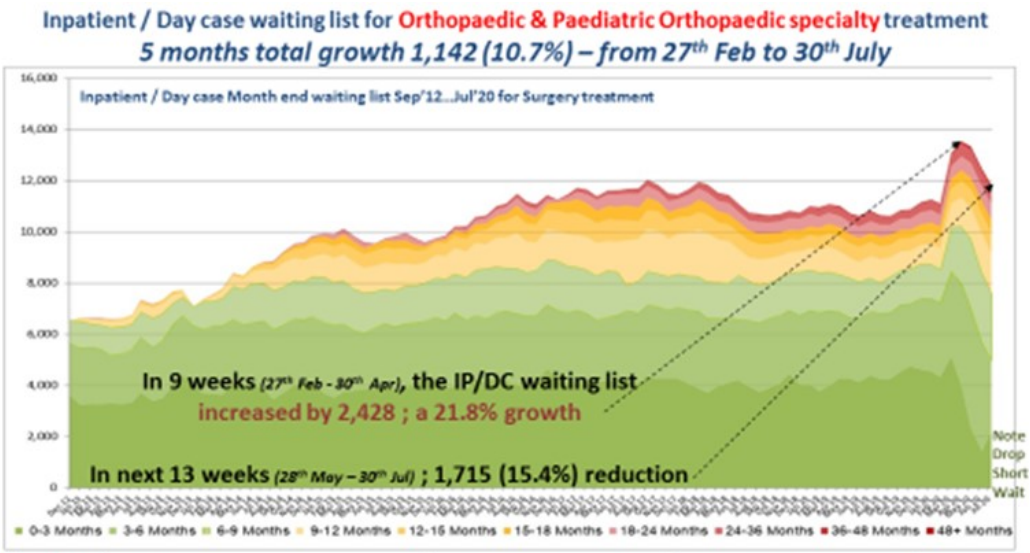
We should also take this opportunity to highlight and support the beneficial changes that have been collectively achieved in recent months. This includes supporting local initiatives and flexibility; enhanced local system working; strong clinical leadership and rapid scaling of new technology-enabled service delivery options, such as Telehealth consultations. Credit is due to the leadership of the clinical teams who have adopted these new ways of working in order to ensure continuity of care.

It is prudent to embed changes that will provide benefit to patients and the health service. The continued consolidation of trauma and orthopaedic services will be an important component of the ability to preserve capacity for further surges. It is important to note that musculoskeletal injuries account for one-third of the acute surgery workload and one-third of the bed days used in Irish hospitals annually.

The reduction in trauma operating has been lower than expected during the pandemic; this highlights the need for ongoing realistic provision of trauma operating capacity.

A significant challenge in trauma and orthopaedics is to remove the current backlog of patients waiting for an outpatient appointment and conversion through to surgery, prepare for demographic changes, which will Increase demand for emergency and planned services and make sure that demand for and provision of one does not destabilise the other.

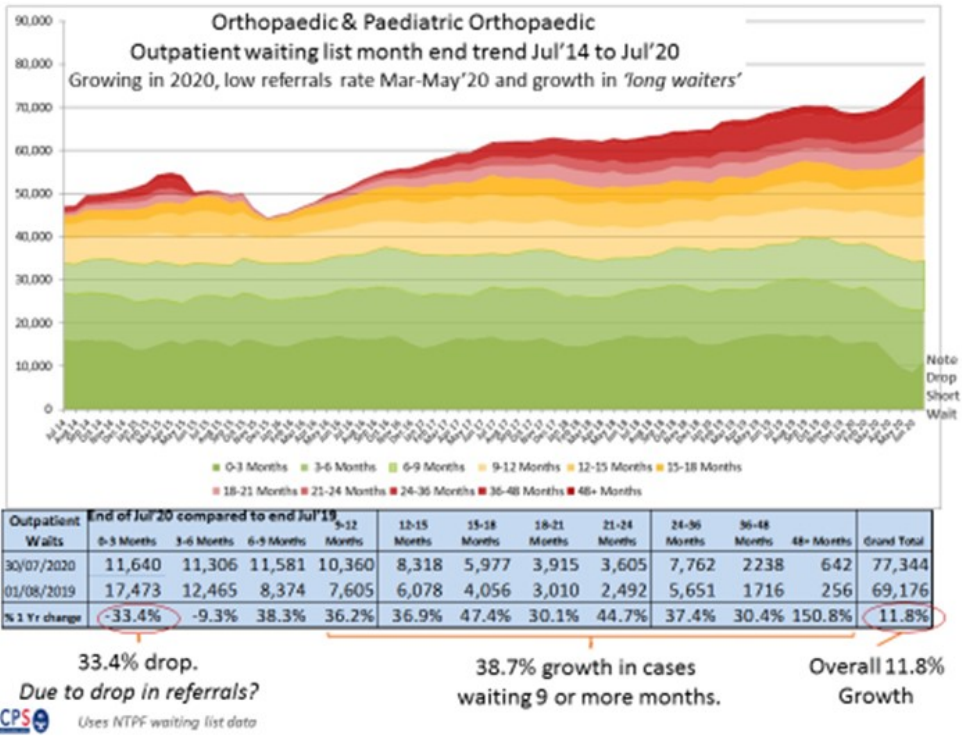
The problems with the current planned orthopaedic service is evident in the waiting lists.



Day Case & Inpat Wait	End of Jul'20 compared to end Jul'19 0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Total
2020-07-30	2,232	2,733	2,614	1,594	797	505	644	565	136	16	11,836
2019-08-01	4,286	2,526	1,265	858	538	383	442	346	44	6	10,694
% 1 Yr change	-47.9%	8.2%	106.6%	85.8%	48.1%	31.9%	45.7%	63.3%	209.1%	166.7%	10.7%

Note 47.9% drop in people waiting less then 3 months is an indication of low referrals rate

NCPS *Uses NTPF waiting list data*



Outpatient Waits	End of Jul'20 compared to end Jul'19 0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Grand Total
30/07/2020	11,640	11,306	11,581	10,360	8,318	5,977	3,915	3,605	7,762	2238	642	77,344
01/08/2019	17,473	12,465	8,374	7,605	6,078	4,056	3,010	2,492	5,651	1716	256	69,176
% 1 Yr change	-33.4%	-9.3%	38.3%	36.2%	36.9%	47.4%	30.1%	44.7%	37.4%	30.4%	150.8%	11.8%

33.4% drop.
Due to drop in referrals?
NCPS *Uses NTPF waiting list data*

38.7% growth in cases waiting 9 or more months.

Overall 11.8% Growth

Principles of the National Clinical Programme for Trauma and Orthopaedic Surgery

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

While the clinical advantages of having dedicated (ring-fenced) orthopaedic wards are well known, (reduced infection, shorter length of stay, fewer cancellations etc.), a number of less obvious patterns have been observed over recent years and these have been exacerbated by the pandemic.

In the acute hospitals, the 'purist' orthopaedic ring-fenced approach is now denied, removed or regularly breached. This is often perceived by orthopaedic teams as a failure of the system to plan appropriately and is clear evidence of a lack of commitment to the service by hospital management teams. The consequent infections, cancellations, cost, reduced patient satisfaction and increased length of stay are perceived as a direct result of that lack of management commitment. In addition, the more complex a procedure is, the more important it is, in terms of outcome for patients that it is carried out by clinicians and hospitals with significant experience of similar cases.

Therefore, in terms of specialist orthopaedics it makes clinical and financial sense to focus high volumes of complex procedures in specialist hubs that can provide the right type of experience, multidisciplinary teams and leading edge treatment that are vital for patients with a range of very rare conditions or serious complications. This is also the most cost effective way to provide access to scarce skills and equipment.

In response to the COVID-19 outbreak, **the Trauma Assessment Clinic (TAC) model** was deployed in all trauma and orthopaedic hospitals. This was possible through the redeployment of staff from the ceased planned service.

Great credit is due to Eoin Sheehan, the national clinical advisor, who has provided excellent clinical leadership throughout this project. He provided invaluable advice to colleagues on setting up TAC Clinics, ran workshops, took part in webinars and generally led by example in rolling out the redesigned fracture pathway.

The TAC journey began in 2015 with a visit to Glasgow Royal Infirmary, where virtual fracture clinics first started. The first pilot in an adult hospital was in Midland Regional Hospital, Tullamore. Our Lady's Children's Hospital, Crumlin was the first paediatric site.

Since then the NCPT&OS joint national clinical leads and Eoin have prepared business cases, lobbied the HSE and Sláintecare for funding to provide staff for TAC. In 2019, the Programme was successful in applying to the Sláintecare Integration Fund, €200,000 was awarded. This funding will support five sites who had commenced pilots and demonstrated that they could deliver.

The Sláintecare €12m Care Redesign Fund has been prioritised as part of the 2020 National Service Plan to support the delivery of reform initiatives that will progress the aim to move scheduled care closer to home, being more responsive to the needs and wishes of patients and maximising value with the use of technology.

We are pleased to announce that this year; our persistent lobbying was again successful when the Sláintecare Redesign Fund agreed to support TAC in the remaining T&O hospitals.

WTE and Costs Awarded

WTEs 2021	2021 Costs €(m)	Full Year Costs €(m) (2022 Onwards)
10.3	€0.24 (Pay)	€0.53 (Pay)
	€0.024 (Non-Pay)	€0.049 (Non-Pay)
Total	**€0.28**	**€0.6**

Trauma Assessment Clinics have allowed consultants to assess patients with fractures who could be managed remotely. The TAC clinics have minimised hospital visits for thousands of patients, keeping them safe at home, as senior decision makers appropriately manage their injury.

MRHT TAC Team L-R Prof Eoin Sheehan, Consultant Trauma and Orthopaedic surgeon/ National Clinical Advisor TAC; Ms Deirdre Bennett, Clerical officer; Ms Michelle Crowley, Clinical Specialist Physiotherapist; Ms Breda Conlon, Clinical Nurse Manager; 2, Ms Edel Quinn, Staff Nurse; Mr Muiris Kennedy, Consultant Trauma and Orthopaedic surgeon, Dr Sean O'Rourke, Consultant in Emergency Medicine.

Musculoskeletal Physiotherapy Triage Programme

The MSK Triage continues to perform exceptionally well, although there has been redeployment of physiotherapists to contact tracing in some areas. To date 150,000 patients have been removed from orthopaedic waiting lists through the MSK programme.

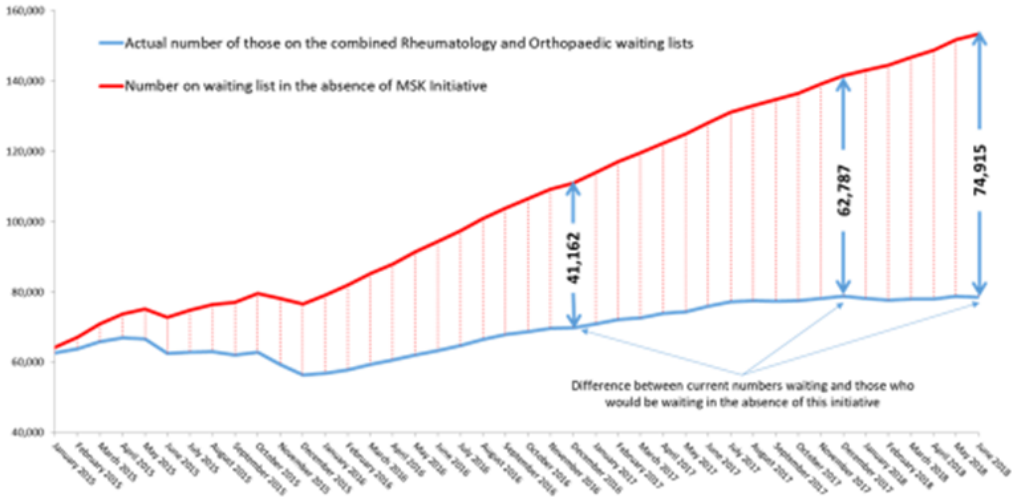
In line with the T&O Model of Care, the long-term objective is to deliver a fully integrated "Interface MSK Service" located in the community providing direct referral to MSK services for GPs.
In 2019, the NCPT&OS took part in a commissioning process with the HSE Scheduled Care Division. The HSE and Sláintecare recognised that the specialty has a history of delivering on change initiatives and has strong clinical leadership locally and nationally.

The result of this engagement is that funding has been provided through the Sláintecare Redesign Fund for the enhancement of MSK services across 18 trauma and orthopaedic acute hospital sites to meet the current demand, with a view to moving to community-based MSK Interface services long-term.

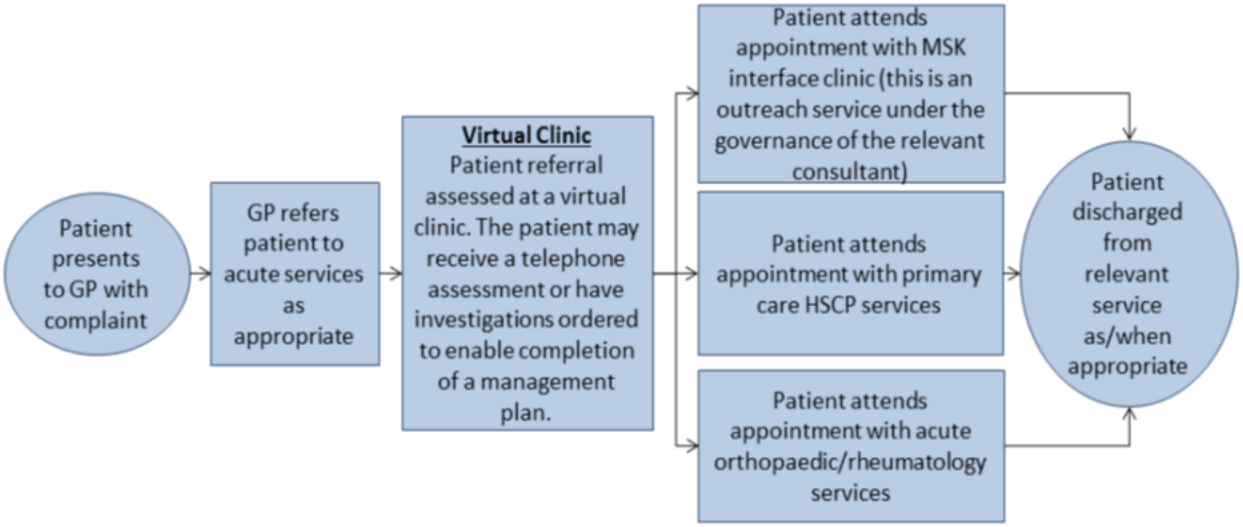
This is required to meet the level of demand of patients presenting to hospitals with MSK complaints, that have the potential to be managed by MSK services.The long-term objective is to deliver a fully integrated "Interface MSK Service" located in the community providing direct referral to MSK services for GPs.

Snap shot of MSK Initiative Impact (2015- 2020)

May 2020
150,000 patients removed from waiting list



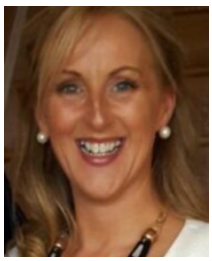
Proposed Future Referral Pathway



WTE and Costs Awarded

WTEs 2021	2021 Costs €(m)	2020 Full Year Costs €(m)
36.45	€1.2	€2.4

MSK Performance and Planning Lead post (PPL)



We wish to extend a welcome to Dr Sarah Casserley Feeney who started in the PPL post in October. This post will be instrumental in the rollout of the Interface Clinics. Sarah has a wide range of experience in musculoskeletal physiotherapy; she filled the role on an interim basis in 2018. Sarah is preparing the project implementation plan for the MSK Triage posts. Sites will be asked to submit their plan for moving to Interface Clinics.

Active Clinical Triage for Scheduled Care Appointments. A redesign of the General Practitioner Referral Pathway

A significant challenge made worse by COVID-19, is to remove the current backlog of patients waiting for an outpatient appointment and provide a pathway through to surgery if required. We cannot go back to the previous system for the foreseeable future, as the capacity to see patients face to face (F2F) has been greatly reduced due to social distancing - and patients should not be put at risk unless the F2F visit adds value.
International models of care for musculoskeletal services all recommend redesigning the outpatient care pathway and implementing innovative ways of working to ensure patient-centred integrated treatment options, enabling the patient to see the right professional, at the right time, the first time.

The Proposal

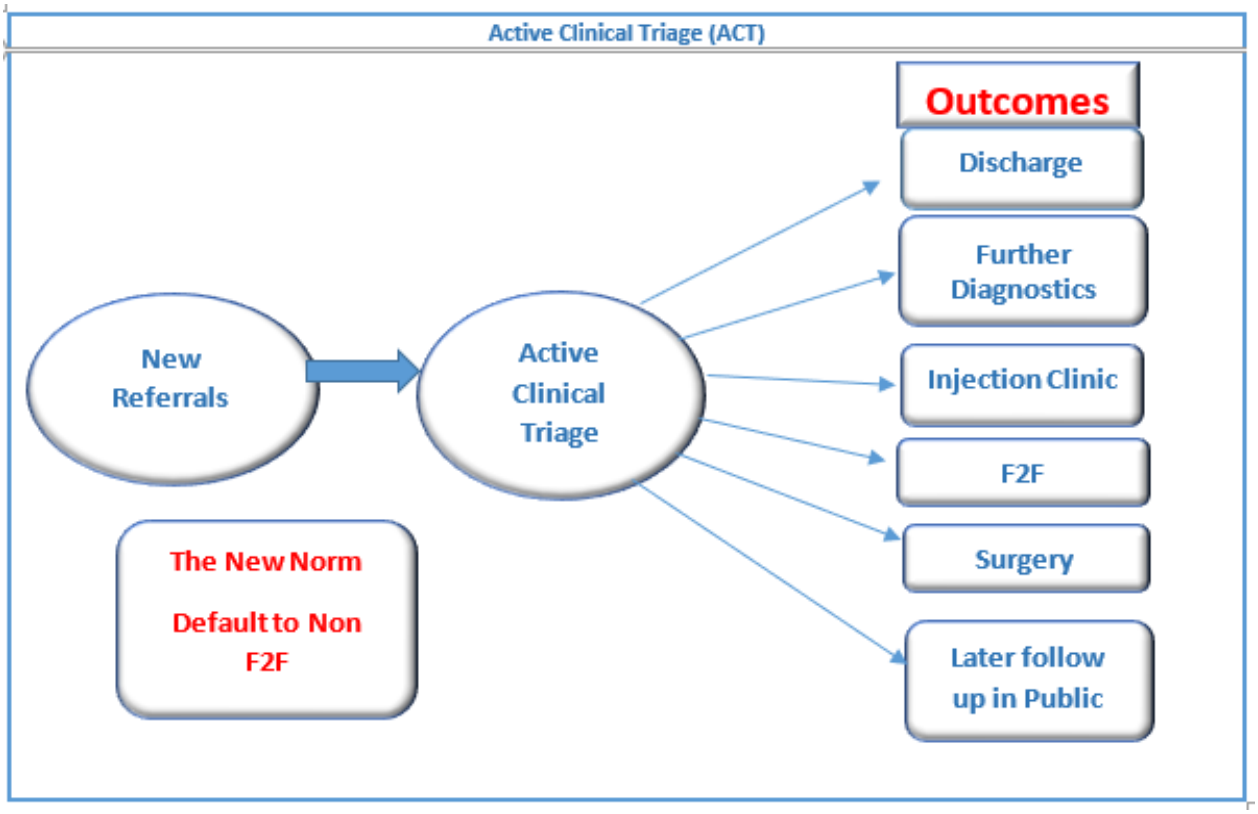
Social distancing rules have drastically affected the numbers of patients who can be booked into a F2F clinic. One of the solutions to this problem is to use the enormous HSE facility at City West for F2F OPD appointments. The waiting lists for the entire Leinster area could be managed very efficiently through a combination of the ACT with City West as the F2F centre for Leinster. In addition, City West has several side rooms, which could be used for injection clinics, in essence a One Stop Shop.

Outpatient (OP) waiting lists should only include patients who clinically require a face-to-face (F2F) attendance with a healthcare professional.
A certain imperativeness is required, to put in place a system that can offer patients timely management of their conditions.

Active Clinical Triage

This is a system developed by the Scottish Collaborative. The main features of this system are as follows:

- A senior clinical decision maker reviews all relevant electronic patient records (including imaging, lab results).
- Consultant trauma and orthopaedic surgeons will operate the ACT clinics.
- The consultant will call the patient or General Practitioner if required.
- Each patient is triaged to the optimal, evidence based, locally agreed pathway.
- Patients will be given the option of “Opting In**”** following discussion and information sharing.
- A face-to-face (F2F) attendance should only occur if there is a clinical need.



We have engaged with the NTPF regarding this proposal, and they are happy to provide funding subject to certain criteria being met. A pilot of the ACT is currently taking place in City West by the consultant paediatric trauma and orthopaedic surgeons from CHI Crumlin.

Winter Planning Funding

The NCPT&OS was invited by the HSE to make a submission for additional key strategic consultant posts as part of the winter planning process. We have recently been informed that eight additional posts have been approved.

Consultant Workforce Planning

The NCPT&OS believes the long waiting lists in orthopaedic surgery are a result of a long-term under-provision of consultant trauma and orthopaedic surgeons. The OECD averages for THR & TKR are 182 per 100,000 population for hip replacement, and 135 per 100,000 for knee replacement. In the Republic of Ireland, the average is 130: 100,000 for hip replacement and 49: 100,000 for knee replacement.

We welcome the National Doctors Training and Planning (NDTP) Division recently published report – Demand for Medical Consultants and Specialists to 2028, which clearly highlights the deficit in the trauma and orthopaedic workforce.

Headline figures from the report

Currently there are 151 consultants of whom 107 are in public practice and 44 are in private only practice. The report recommends an increase of 80 consultant posts to bring the workforce up to 231.

The NCPT&OS are developing a nationally co-ordinated workforce plan; this document will be available to the consultant body, the HSE and Hospital Groups. We will be advocating that posts be filled in a co-ordinated manner, which takes account of local population needs and demographic projections, as well as having the recommended mix of subspecialties.

Thank you to those who have responded to our correspondence regarding local workforce plans. We urge those units who have not yet responded to please do so.

A major achievement for the programme was the agreement by the Healthcare Pricing Office and HSE Finance Division to continue providing funding for the Best Practice Tariff for Hip (BPT) Fracture patients. To qualify for the BPT all the Irish Hip Fracture Standards must be met. This tariff continues to incentivise improved quality care for a vulnerable group of patients.

We extend our thanks to Mr Conor Hurson, who represented the National Clinical Programme for Trauma and Orthopaedic Surgery (NCPT&O) at the presentation to the Department of Health, of the Irish Hip Fracture Database National Report 2019.

Fracture Liaison Services Database

We welcome Kenny Franks to the programme, Kenny commenced in the Project Manager role for the FLS Database project in August. Kenny was operations manager in NOCA previously. FLS is an important recommendation of the Model of Care for Trauma and Orthopaedic Surgery.

The HSE Scheduled Care Transformation Work Programme (SCTP) has invited the NCPT&OS to collaborate in the identification, development and implementation of the work programme required to reduce scheduled care waiting lists and achieve the targets as set out by Sláintecare.

The Domains under which this work will take place are:

Pathway Modernisation Initiatives	**Process Enablement Initiatives**
Data and Information Initiatives	**e-Health Enablement Initiatives**

The first workshop was held in July, David Moore presented on behalf of the NCPT&OS. A follow up workshop was held on 16th November. This is an exciting initiative and means T&O is right at the centre of the transformation process of Sláintecare and the HSE.

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

Special Thanks / Mention

The Programme leads would like to thank the following:

The clinical advisors, **Marcus Timlin and Eoin Sheehan.**
The regional leads, **Brian Lenehan, Eoin Sheehan, May Cleary, Alan Walsh, Marcus Timlin, Bill Gaine, and Paula Kelly**.
The Health Social Care and Professional (HSCP) lead for the Programme - **Edel Callanan**.

Brian Lenehan has resigned from the regional lead role to take up the role of Clinical Director of the UHLHG. We thank Brian for his work on and loyalty to the NCPT&OS and congratulate him on his new role where we know he will continue to keep T&O front and centre. We would also like to welcome **Finbarr Condon** who has taken over as the UHLHG regional lead.

Similarly, **Eoin Sheehan** has resigned from the Dublin Midlands regional lead role after being with the programme from the start. Thank-you to Eoin for his work and loyalty and in particular, the great work he has done in developing the TAC initiative from a concept to full implementation nationally. This is a big achievement and we wish to thank Eoin's team in Midland Regional Hospital, Tullamore who not only took the time to travel with the programme over to Glasgow, but who also worked tirelessly with Eoin to ensure the TAC project was successful. We welcome **Niall Hogan** as the incoming Dublin Midlands Regional lead.

Thank you to **Marcus Timlin** who is the clinical advisor for the Back Pain Pathway. As you will see from Marcus's report, the COVID-19 pandemic has halted many initiatives. The work will continue to develop the virtual clinic pathway and ultimately to have all patients with scheduled or non-urgent back conditions triaged by the MSK Physiotherapist prior to seeing an orthopaedic surgeon.

We also wish to acknowledge the co-operation and collaboration of our colleagues nationally, this is very important, as the programme is here to support and assist you all. This year has been challenging for all clinicians and multidisciplinary teams, please be assured that the NCPT&OS will continue to advocate for the specialty.

Despite all the challenges, we have seen significant funding allocated to T&O this year. Thank-you.

David Moore Joint Clinical Lead

Paddy Kenny Joint Clinical Lead

Trauma System for Ireland

PROGRESS REPORT

Keith Synnott
National Clinical Lead
for Trauma Services

As with everything progress with the implementation of the trauma report was hampered this year by the unusual circumstances we find ourselves in. Despite the fact that this impeded on the ground implementation we are moving, albeit slowly, towards the implementation phase.

Implementation Plan

Much of 2020 was taken up with formulating a detailed implementation plan and with costing the proposed trauma system. These were important steps to provide the range of information that the government will require so that it can approve the recommendations fo the Independent Assessment Panel. The costing exercise is particularly important in the context of the challenging economic environment in which we find ourselves.

Elective Orthopaedics

Much of the planning was however useful in helping us negotiate trauma care during 2020. While elective orthopaedics very much took the back seat trauma care, unlike in reports from other countries, was maintained at a high level in Ireland. That this was possible was the fruit of the T&O communities cohesion and ability to work together and share ideas, experience and patients on occasion!

Infrastructure Developments

Several of the basic tenets of the trauma system were stress tested during the pandemic. There was an ability to support injury units and so decompress ED's; the development of facilities and processes to drive the notion of planned trauma care; the further expansion of the virtual fracture service and the maintenance of the acute hospital system for those patients who still required that level of care. While infrastructural developments may have been few (with the notable exception of the acute fracture unit in Limerick and the development of Croom) I think that some of the core philosophies of a network working together in a coordinated way to ensure that all patients have equitable access to high quality care irrespective of location were very much to the fore and bode well for the trauma system in the future.

Implementation

That a commitment to develop and more importantly fund the trauma system was made in the recent budget was very encouraging. The sum pledged is a reflection of the phased multi annual plan that has been developed and will hopefully mean that the first phase of the system implementation can take place in 2021. While the entire implementation plan will take 4-7 years to roll out I am optimistic that 2021 will see a trauma system for Ireland in place. Each individual component may take some time but the if the commitment towards and cooperation in trauma care that was in evidence in 2020 can be replicated we can continue to work towards developing a trauma system to be proud of.

Irish Hip Fracture Database

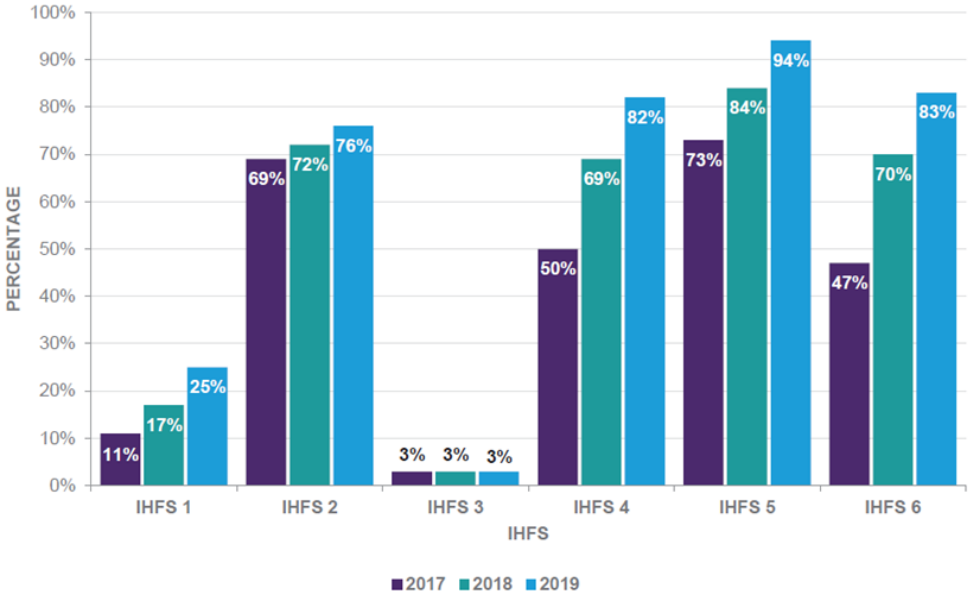


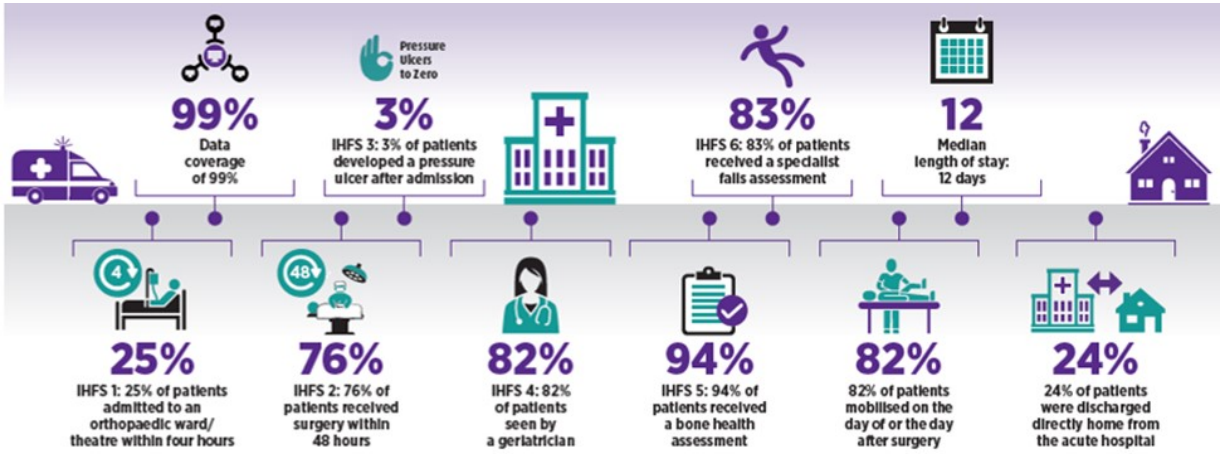
Mr. Conor Hurson, IHFD Clinical Orthopaedic Lead

Dr. Emer Ahern, IHFD Clinical Geriatric Lead

Ms Louise Brent, IHFD & MTA Manager

On the 10th November the Irish Hip Fracture Database 2019 National report was launched. This is the seventh national report published and highlights the great progress made in the standard of hip fracture care across Ireland. The Irish Hip fracture Standards (IHFS) have been widely adopted and in 2020 a new IHFS was introduced measuring the percentage of patients being mobilised on the day of or after surgery by a physiotherapist. This will be known as IHFS 7. The improvement in standards over the last three years can be shown in Figure 1 below:





- The **total money paid out** as a result of the BPT for 2019 was €548,000 (15%) an increase from €278,000 (7%) in 2018.
- **Other improvements** include: more patients being brought to the operating hospital directly, more patients being assessed by a physiotherapist and mobilised on the day of or after surgery, more patients being discharged directly home and less patients being admitted into long term care.
- The winner of the **Golden Hip Award** which recognises the hospital with the highest proportion of patients meeting all of the Irish Hip Fracture Standards for 2019 was awarded to Our Lady of Lourdes, Drogheda.

The Irish Hip Fracture Report 2019
The IHFD Report 2019 is available online here The IHFD Summary report is available here
Event Recording - Vimeo link. https://vimeo.com/477635659/92fa85acb6

Irish National Orthopaedic Register

James Cashman
Orthopaedic Lead

Suzanne Rowley
INOR Assistant Manager

INOR is now live in 8 public sites and 1 private hospital. We are delighted to announce our first private hospital, Blackrock Clinic, went live in INOR in October 2020. The Clinical Lead in Blackrock Clinic is Mr. Fintan Doyle. We have significant interest from other private hospitals. Tallaght University Hospital planned Go Live was delayed due to Covid19 but implementation work will recommence late November. An expected Go-live for INOR in Tallaght is February-March 2021.

INOR Governance continue to advocate for an Arthroplasty Nurse Specialist (ANS) role in the three remaining elective sites. Also NOCA will start to investigate a modified project plan for the ten non elective sites in 2021.

Hospitals will receive their first reports of their own data in January 2021 and a full suite of local reports will be delivered in 2021. The first National report is due in Q1-2 2021.

Covid19 had a significant impact on INOR activity from March 2020 but activity in INOR has returned to pre Covid19 levels since July 2020.

INOR Governance and NOCA were awarded the hosting of International Society of Arthroplasty Conference (ISAR) in 2022 which is a significant achievement for a new and emerging register.
Current Status (2020)

If you wish to receive any information regarding INOR, please email inor@noca.ie or contact 087 9781008

NOCA National Office of Clinical Audit

Current Status (2020)

- South Infirmary Victoria University Hospital
- Midlands Regional Hospital Tullamore
- Croom Orthopaedic Hospital
- Kilcreene Regional Orthopaedic Hospital
- Our Lady's Hospital, Navan
- Merlin Park University Hospital
- The National Orthopaedic Hospital Cappagh
- University Hospital Kerry
- Blackrock Clinic

Fracture Liaison Service

Formation of Group

In March 2018 a National Fracture Liaison Service (FLS) was set up as recommended by the National Model of Care for Trauma and Orthopaedic Surgery 2015 and the Report of the Trauma Steering Group - A Trauma System for Ireland 2018. Initially chaired by Mr Paddy Kenny, the FLS steering committee is composed of a group of professionals specialising in the prevention, treatment and care of patients with osteoporosis and fractures. The steering committee represents a true multidisciplinary team, with members having backgrounds in Nursing, Physiotherapy, Gerontology, Endocrinology, Rheumatology, and Orthopaedic Surgery. It meets under the auspice of IITOS.

About

The aim of the FLS is to improve care of patients suffering from fragility fracture through secondary prevention, in compliance with national and international standards. Fragility fracture can be defined as a non-facial bone, non-digital fracture in a patient after a fall from standing height. The 2018 Major Trauma Audit, published by NOCA, showed that 46% of patients sustaining major trauma were aged over 65 years, and that 58% of patients suffering from major trauma fell from a height of less than 2 meters. These data show that elderly people sustaining a low velocity fall comprise the bulk of major trauma patients in Ireland.

Statistics

Approximately 300,000 people in Ireland have osteoporosis, and this number is growing annually. An estimated 18,000 persons sustain a fragility fracture every year. It has been shown that least 40% of patients with a hip fracture have sustained a prior fragility fracture, yet as few as 20% of these get screened or treated for osteoporosis after that first fracture. There is evidence to show that early identification, investigation and initiation of appropriate treatment can reduce the chance of many of these patients going on to develop a hip fracture, with its associated risk of mortality and loss of independence. There are significant cost savings to be made through prevention of such fractures.

National Databases

National databases such as the Irish Hip Fracture Database (IHFD) have resulted in year on year improvements in the acute care of hip fracture patients in Ireland. Taking example from such successes, the UK has established a national FLS database to address the other fracture types (which outnumber hip fractures by a ratio of at least five-fold) and early reports show the feasibility of this approach to addressing rising fracture numbers. The Irish FLS database plans to be the second established national database for fragility fracture care. It will be used to audit care of patients with fragility fractures, to determine =if the expected number of patients are being captured, investigated, and treated with a falls prevention program and medication as appropriate.

Funding

To date, we have received funding for a two year pilot study looking at data collection at five pilot sites. IT support has been secured to set up a database, and data will be analysed by the Healthcare Outcomes Research Centre, RCSI. A project manager, Mr Kenny Franks, has been appointed for the FLS database, and meetings have been held with members of the Oireachtas to seek support for long term development of the project. We are currently in the process of auditing site facilities to select five pilot sites, with the hope of commencing data collection in January 2021. The co-chairs of the FLS would like to thank Ms Louise Brent, IHFD and all the team at NOCA for their support to date with this pilot project.

Dr Frances Dockery, Consultant Geriatrician, Beaumont Hospital, Dublin

Mr Aaron Glynn, Consultant Orthopaedic Surgeon, Our Lady of Lourdes, Drogheda
Co-Chairs Fracture Liaison Service

Back Pain Pathway

Clinical Advisor Back Pain Pathway
Marcus Timlin

Pilot project to engage with local GPs to rationalise and improve referrals for patients with low back pain finished in February just prior to the Covid crisis.

Referrals

Unfortunately there was not a big uptake or interest and in total we had in the region of 60 referrals. These patients were triaged and seen within a month of referral. Their imaging, injections, physiotherapy and a small number of surgeries were expedited. In principle the system worked well but most GPs did not engage in this process. Ideally no opinion should be given without appropriate imaging ie MRI scan.

Funding

Thanks to Catherine and Niamh we were successful in obtaining funding from HSE to do a pilot interface project with the local health centres in the Mater catchment area. This project did not get started due to the Covid crisis.

National Guidelines

Keith Synott and I met with the HSE advisory group responsible for national guidelines. We were keen to introduce national guidelines and recommendations for the management of patients with suspected cauda equina syndrome. The get it right first time (GIRFT) from the UK as regards Spinal Surgery suggested early diagnosis was critical for managing these patients. To facilitate this regional health groups had 24 hour access to MRI scans which combined with clinical assessment would allow diagnosis and timely management of these patients. The process of introducing a clinical guideline is lengthy and labourious and again was delayed because of commitments during the Covid crisis.

Catriona Murphy our MSK physio is starting a masters degree in UCD looking at rationalising and improving MSK triage of spinal patients.

Site Visit

A very useful site visit was accommodated by our colleague Niall Eames in Musgrave Park in Belfast. They revamped their spinal OPD services a number of years ago and do “Super Clinics” where MSK triaged patients are seen for specialist opinion once a month. 10 practitioners see 10 patient each in a morning supervised by the consultant and they have noted great patient satisfaction with this model. We set up the first clinic in The National Orthopaedic Hospital Cappagh as a trial but it was cancelled.

Virtual Clinics

Despite the difficult progress we encountered in progressing our projects due to the Covid 19 crisis I feel this represents a fantastic opportunity for process improvement and the introduction of virtual clinics and weekly or biweekly Triage meetings with our MSK Physiotherapists. Super clinic will have to wait for now!

MSK Physios

I would propose that all patients with spinal disorders have their referrals triaged with a Designated consultant and MSK Physio in each unit who can make a decision as to which patients need expedited or urgent evaluation. The majority of patients should be seen by the MSK physio in the first instance. From our audit figures in the Mater or with over 50% of these are discharged directly to rehabilitation and their GP. We can then ration appropriate radiological investigations and interventions for patients who needs our service in a timely fashion.

Hotspine Pathway

I introduced a hotspine pathway in the National orthopaedic hospital for patients with acute disc prolapse requiring urgent but not emergent surgery. The referrals are taken from our colleagues throughout the country via the Mater and if deemed suitable are listed directly for surgery in The National Orthopaedic Hospital Cappagh . This has rationalised the referral process for patients with acute radiculopathy and motor deficit or patients who require consideration of semi-urgent surgery.

Goals

Goals for the next year include continuing to develop the virtual clinic pathway and ultimately to have all patients with scheduled or nonurgent back conditions triaged by the MSK Physiotherapist prior to seeing an orthopaedic surgeon.

NATIONAL CLINICAL PROGRAMME FOR TRAUMA AND ORTHOPAEDIC SURGERY

Dublin North East (RCSI Group

By Mr Alan Walsh

Regional Leads Report 2020
Dublin North East (RCSI) Group

Beaumont Hospital

A trauma assessment clinic supported by the physiotherapy and occupational therapy departments has been set up on 2 days a week, with plans to expand the service.

Two dedicated trauma beds have been secured Monday to Friday for ambulatory cases.

Discussions are taking place to provide dedicated orthopaedic trauma theatre space at the weekends.

A new combined academic/clinical consultant orthopaedic post is to be advertised in the next six months.

James Connolly Memorial Hospital

Mr. Adrian Gheti has been appointed to commence as a consultant orthopaedic surgeon in January 2021.

Congratulations to Ms. Olivia Flannery on the safe arrival of her baby, Hannah.

Ms.Ciara Fox has been providing locum consultant orthopaedic cover.

Approval for a replacement consultant orthopaedic post has been sought in advance of the retirement of Mr. Peter Keogh.

Our Lady of Lourdes Hospital, Drogheda

A new single occupancy orthopaedic ward has been opened since late 2019.

5 new operating theatres were opened for the hospital in early 2020 with a dedicated orthopaedic trauma theatre 7 days a week. A 2nd orthopaedic trauma theatre for weekdays is to be provided in the near future.

3 of the theatres were converted to facilitate ICU overflow from April to June 2020, during the 1st wave of the Covid-19 pandemic, but the provision of orthopaedic trauma services remained onsite throughout.

The organisation of fracture clinics has changed since the advent of Covid-19 to a system where all referrals are now logged by the on call team, to maximise use of the virtual fracture clinic pathway where possible.

A replacement consultant orthopaedic post with a special interest in upper limb has been recently advertised.

Ireland East Hospital Group

By Mr Marcus Timlin

IEHG group is the largest hospital group in Ireland and orthopaedic services are provided at Mater Misericordiae University Hospital, St Vincent's University Hospital, St Michael's Hospital, St Collumcille's hospital, Our Lady's Hospital Navan and the National Orthopaedic Hospital,Cappagh.

Mater Misericordiae University Hopsital have had 2 recent consultant appointment who commenced Mr David O'Briain and Mr Sven O'hEireamhoin. Ms Grainne Colgan provides specialist upper limb surgery and brachial plexsus work with our plastic surgery colleagues. Two theatres are available 5 days a week in normal circumstances. We continue to provide general and specialist orthopaedic surgery as well as the National Spinal Cord Injuries Unit. Covid lockdown was challenging and the majority of orthopaedic trauma was transferred to The National Orthopaedic Hospital Cappagh . We struggled with inpatient beds as our orthopaedic ward is all single rooms so was taken over by Infectious Diseases team and the ICU/HDU was at capacity at the height of the crisis. Many thanks to our colleagues in The National Orthopaedic Hospital Cappagh and the collaborative approach to all patients care. Scheduled visits and wait times have suffered and we have commenced virtual clinics in an attempt to address the backlog. Head of Department is Mr. Mike Dodds and Director of NSIU is Mr. Marcus Timlin. Mr. Keith Synnott continues his role as Director of Trauma for the HSE.

St. Vincent's University Hospital continue a very busy trauma service and speciality surgery including the national sarcoma service provided by Mr Gary O'Toole and Mr Alan Molloy. There is a new consultant appointment pending. Gary recently outlined the hospital's approach to provision of trauma surgery in SVPH which worked well for the group during the COVID lockdown. Again scheduled services and clinic space and location as well as 5 day 2 theatre access remain a problem which the local surgeons are addressing. Head of Department is Mr Alan Molloy.

Our Lady's Navan continue to provide scheduled Orthopaedic care. An new appointment for consultant orthopaedic surgeon with special interest in upper limb will be interviewed for shortly. Covid curtailed provision of scheduled care for 3 months but thankfully theatres are up and running again.OPD services are curtailed due to social distancing restrictions. 2 physicians associates have been appointed who are a great addition to the service. Head of Department is Mr. Annant Mahaptra

National Orthopaedic Hospital, Cappagh did fantastic work providing ambulatory trauma surgery during the covid lockdown. Many thanks to Peter Keogh, Paul Curtin and John O'Byrne for facilitating this and to the staff of the hospital who facilitated this. Covid response few positive patients - not treated in The National Orthopaedic Hospital Cappagh but diagnosed and shipped out -great help from Rehab and Medical teams nursing and infection control staff. Good number of staff affected - I think some are still out sick. Trauma response - tremendous adaptability and competence in readjustment across all sectors. Hospital development projects. A new admission unit is open. New CT scanner and scan service is due soon. Revamp of convent to accommodate 1 professorial and student rooms allowing lab to expand and 2 admin staff to also transfer to accommodate crowded theatre changing rooms/ lunch break areas. New Consultant Surgeon appointees- Mr Sven O'hEireamhoin and Mr. Adrian Cassar-Gheiti. Mr Paul Curtin remains as Chair of Medical Board in National Orthopaedic hospital, Cappagh. Clinical Director is Mr Peter Keogh.

University of Limerick Hospital Group

Regional Lead
Finbarr Condon

Its been another quiet uneventful year here in the Mid-West. Apart from a Covid Pandemic, the elevation of Brian Lenehan to CCD status, hiring 3 new colleagues, expanding Virtual OPD services, opening a new Acute Fracture Unit and building a new 25-million-euro stand-alone elective Orthopaedic Unit in Croom!!

Consultants in 2022

It will be great to welcome Tristan Cassidy, Sam Lynch and Niall McGoldrick to ULHG in 2022, and hopefully three more new colleagues before too long. Jamie Hepburn has also joined us recently fresh from Southampton and is working alongside Tom Burke for now, jointly delivering our busy Paediatric Orthopaedic Service. On top of this Cian Kennedy has already proven himself an invaluable addition to our unit in 2019, as a surgical colleague and now the new AES for Limerick. Personally, I have retired from the TPD role, to the relative back-water of Associate CD for Orthopaedic Services and Regional Lead, positions Brian vacated with his pro-motion!

As a former Training Programme Director, it gives me added personal pleasure to consistently bring recently graduated trainees in as permanent colleagues, something that clearly not every training unit values equally.

One Stop Shop

We have long had a vision in the Mid-West for a one -stop shop for acute fracture and soft tissue injury management, encompassing TAC, Xray/ Plater Room/ Dressing Clinic/ Soft Tissue Injury Clinic, Physio, OT and day beds. Somewhat fortuitously we opened this unit in early March, literally days before the proverbial hit the fan and the new AFU lent itself beautifully, with a brand-new spacious waiting room and 11 consultation rooms, on prime real estate in the centre of the UHL campus, to a Covid friendly and Virtual Clinic friendly space just at the right time.

Objective

Simultaneously, our longstanding objective to redevelop Croom into a new state of the art, 4 theatre stand-alone elective unit build, with a 24-bed single occupancy ensuite ward to boot, came to fruition abruptly in April and is due to open in early 2021, thus safeguarding elective orthopaedic service delivery for the next generation of patients, colleagues and trainees alike.

Virtual Clinics

Like many units, our services went virtual in March, an expanded TAC service, now synonymous with “Virtual Clinics” apparently, went into overdrive, demonstrating our long-held belief here in the viability of Tele-Medicine, and alongside this we expanded our “ambulatory” or Planned Trauma Care services into Croom formally, at a time when a Non-Covid Pathway was needed to decompress UHL. These measures are clearly here to stay in one form or another.

Enhancements

With the ongoing support of the Clinical Programmes, we expect to further enhance our Interface clinics, our TAC services, our MSK physio programme and Clinical Physio and OT specialists in the AFU in 2021. INOR has proved a big success and grows from strength to strength as well, with credit due to all involved in its organisation. We started a Sunday Trauma list finally, proving not only its worth but its necessity for a Trauma Unit as busy as Limericks is, and are now actively working on a similar service for Saturdays. We have grown our NCHD SHO numbers to facilitate a second 24 hour roster in UHL, to go with the Croom roster, something past SpR’s in Limerick will agree was long overdue.

Planned Trauma Care

It is an exciting time for Orthopaedic Services in the country, as Planned Trauma Care and Virtual Clinics demonstrate their worth, the HSE is finally recruiting the colleagues we have sought for years and our health services in general are held in higher esteem than they have ever been held by the politicians and general public alike. The time is ripe to dust off all the proposals that have lacked traction, for years, up and down the country, and along with National Trauma Reconfiguration, keep Trauma and Orthopaedics at the forefront of innovation, service delivery and training for years to come.

South Southwest Hospital Group

Regional Lead
Colm Taylor

University Hospital Kerry

We like all units are adapting to the new restrictions imposed by Covid. We are especially affected because our elective and trauma services are both in UHK with no protection of elective beds.

Current concerns in the Covid era.
No protected elective beds for operating - no Arthroplasty since March
No orthopaedic ward. Patients mixed with medical and surgical, being cared for by non Orthopaedic nurses.
No day ward- now a covid ward. Sharing access to 9 beds on surgical ward with Gen Surg/ Gynae/ ENT.
Delayed access to manage trauma in theatre be cause of the wait for Covid swabs

On the positive side
Trauma Assessment Clinic is established
10 million approved for development of new theatre for Orthopaedics

We are constantly in discussion with management to find solutions to the issues above. We are also looking for approval for 3 extra consultant posts - given that we will have a full time trauma and elective theatre within a couple of years. (HSE years). Specialist interests Foot and Ankle, Arthroplasty, Sports (Shoulder/Knee) Hoping someday to be able to get trainees.

Many thanks
Eimear Conroy, Tony Higgins , John Rice

University Hospital Waterford

Virtual fracture clinic service is ongoing and proved successful at avoiding footfall particularly over the summer. Since April 1st **5,784** referrals received in VFC, of these **2,897** were directly discharged (50%). UHW ED has also directly discharged (300) fractures.

Of the patients that had to return only 1,299 had to return to UHW, allowing the majority of patients reviewed at their local hospital and reducing Outpatient activity in UHW.

VFC in UHW serves 4 ED sites (UHW, WEX, KK, STGH). There are 8 VFC's/ week all Consultant led. All referrals are scanned onto NIMIS and reviewed by the consultant and phoned/video consult by Physiotherapy/Nursing staff.

All patients have been reviewed within a week, reduced from an average wait time of 19 days previously (3 weeks during the summer)
Increased capacity for speciality clinic (Acute Knee clinic) now running 1 clinic/month.

A new orthopaedic post has been approved and will be advertised in 2021.

Space is a huge challenge, even more so with distancing requirements at clinics. Additional MSK posts approved for 2021, allowing increased combined clinics (ortho/msk) which will impact positively on OPD waiting lists if space can allow.

Increased operative capacity has been developed at kilcreene to attempt to claw back on the backlog of inpatient elective waiting list (increase from 14 to 20 sessions/week)

CUH

Cork has had a transformative year in the management of Trauma due to restrictions enforced by COVID. An audit noted that after a three week lull in early lockdown that numbers were increased from last year. For three months ambulant Orthopaedic Trauma was moved to the South Infirmary while our Elective service was restricted. This was a very efficient pathway and we are applying for further consultant posts to facilitate streamlining or Trauma in the future. A rapid transition to a virtual fracture clinic was completed with the addition of two nursing and two physiotherapy positions. This now manages over 60% of referrals to the service and the wait time to an appointment has been significantly reduced. Our Elective waiting times have unavoida-bly increased and a number of initiatives are being considered to reduce these

Colm Taylor

Committees / Societies
Events Over the Year
Members

Execter Hip Meeting

Committee Members

RCSI Council	David Moore Keith Synnott Paddy Kenny
IITOS Education Committee	Mr Eoin Sheehan Professor John O'Byrne Professor John Quinlan Professor Ruairi MacNiocaill Mr Finbarr Condon Mr Pat Kiely Mr Brendan O'Daly Mr Matthew Nagel
Orthopaedic Clinical and Regional Leads	David Moore - Clinical Lead Paddy Kenny - Clinical Lead Finbarr Condon - University of Limerick Niall Hogan - Dublin Midlands Alan Walsh - RCSI Group May Cleary - South / Southwest Group Bill Gaine - Saolta Group Paula Kelly - Children's Health Ireland Marcus Timlin - Ireland East Hospital Group
Irish Hip Fracture Database	Conor Hurson - Chair/National IHFD Clinical Orthopaedic Lead Emer Ahern -National IHFD Clinical Geriatric Lead Paddy Kenny - IITOS
Irish Shoulder and Elbow Society	Hannan Mullett - President Kieran O'Shea - Secretary Diarmuid Molony - Treasurer
Irish National Orthopaedic Register	Paddy Kenny - Chair / (IITOS) David Moore James Cashman - Arthroplasty Committee Maurice Neligan - Independent Hospitals Association of Ireland Suzanne Rowley - National INOR Audit Coordinator
Irish Paediatric Orthopaedic Society	Colm Taylor - President Paula Kelly - Secretary Aidan Cosgrove - Treasurer
Irish Orthopaedic Haiti Fund	Keith Synnott John O'Byrne David Moore
Irish Spine Society	John McCabe - President Joseph Butler - Secretary
Irish Orthopaedic Foot and Ankle Society	Lester DeSouza - President Alistair Wilson - Secretary Khalid Khan - Secretary
Irish Orthopaedic Trainees Association	Matthew Nagle - President Andrew Hughes - Secretary Rebecca Lyons - Treasurer
Professional Competence Scheme Committee	Frank Dowling - Orthopaedic Representative

Trauma and Orthopaedic RCSI Council Members

David Moore

Keith Synnott

Paddy Kenny

RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

IITOS Education Committee

Eoin Sheehan

John O'Byrne

John Quinlan

Brendan O'Daly

Ruairi MacNiocaill

Finbarr Condon

Pat Kiely

Matthew Nagle

Orthopaedic Clinical and Regional Leads

David Moore
Clinical Lead

Paddy Kenny
Clinical Lead

Finbarr Condon
Regional Lead
University of Limerick
Group

Niall Hogan
Regional Lead
Dublin Midlands
Group

Alan Walsh
Regional Lead
RCSI
Hospital Group

May Cleary
Regional Lead
South / Southwest
Hospital Group

Marcus Timlin
Ireland East
Hospital Group

Paula Kelly
Children's Health
Ireland Hospital
Group

Orthopaedic Societies

Irish Shoulder & Elbow Society

President: Mr Hannan Mullett
Secretary: Mr Kieran O'Shea
Treasurer: Mr Diarmuid Molony

www.isesociety.com

IOTA
Irish Orthopaedic Trainee Association
Cumann Oiliúnaithe Ortaipéideacha na hÉireann

President: Matthew Nagle
Secretary: Andrew Hughes
Treasurer: Rebecca Lyons

The Irish Orthopaedic Trainees Association (IOTA) is a trainee-led organisation tasked with promoting and improving the standards of orthopaedic training in the Republic of Ireland. Specifically, we represent the interests of trainees in Trauma & Orthopaedic Surgery in the Republic of Ireland. Some events planned for the coming year include a Fellowship Evening, the annual Trainee Dinner and the Trainer of the Year award.

Full membership is open to those who are, at the time of application, a registered medical practitioner in the Republic of Ireland and has a genuine interest in Trauma and Orthopaedics as a career. Membership is strongly encouraged, although not compulsory, for those who have gained entry to the Higher Surgical Training pathway in Trauma and Orthopaedic Surgery and have been entered into the Trainee Specialist Division with the Irish Medical Council.

For more information, please visit www.ortho-trainee.ie

Walk OPERATION WALK IRELAND

Mr David Cogley
Mr Derek Bennett

https://www.facebook.com/operationwalkireland/
https://www.youtube.com/watch?v=n75B8FQaAuk

IRISH SPINE SOCIETY
PROMOTING BEST PRACTICE FOR SPINE CARE

President: Mr John McCabe
Secretary: Mr Joseph Butler

http://irishspinesociety.ie/

IRISH ORTHOPAEDIC FOOT & ANKLE SOCIETY

President: Mr Lester d'Souza
http://www.iofas.org/

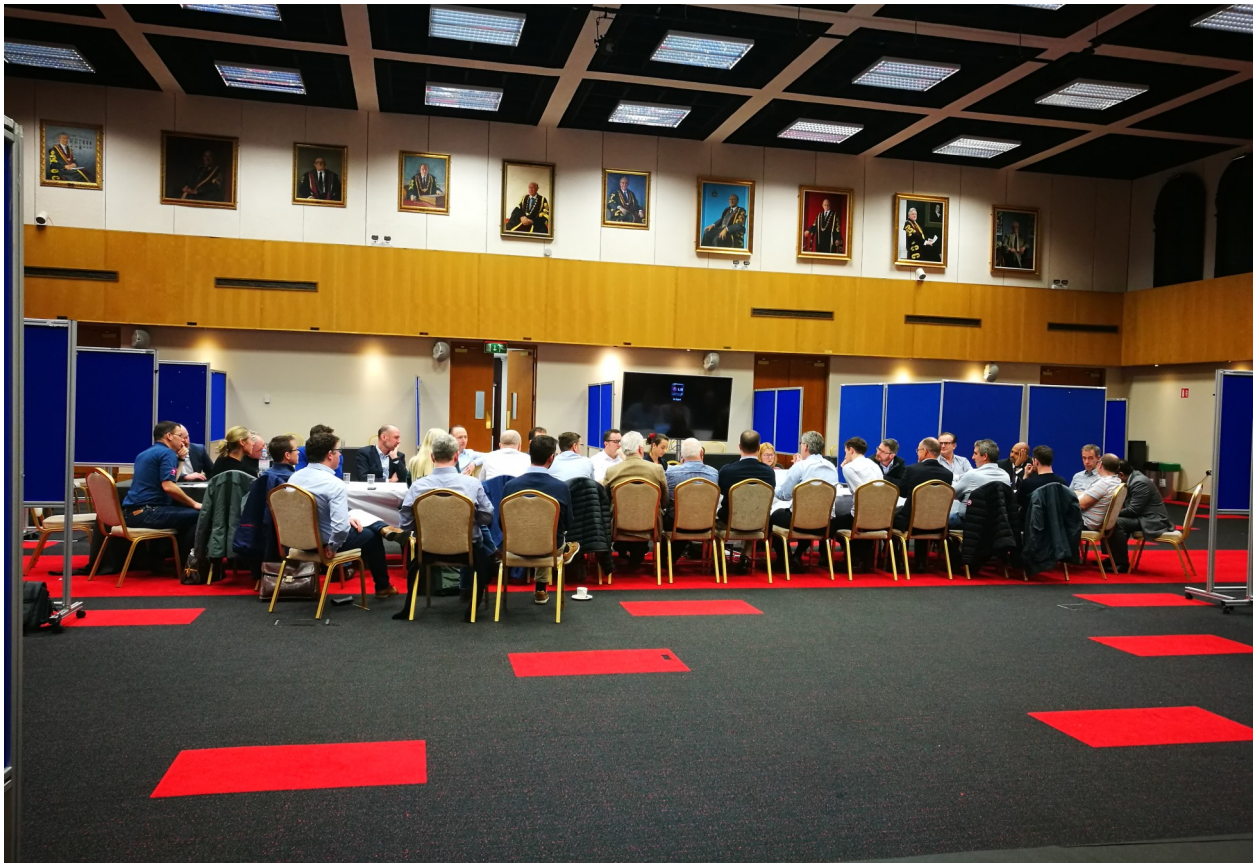
IRISH HAND SURGERY SOCIETY

The Irish Hand Surgery Society 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.

President: Mr Richard Hanson

https://ihss.ie/

EVENTS IN THE RCSI PRE COVID



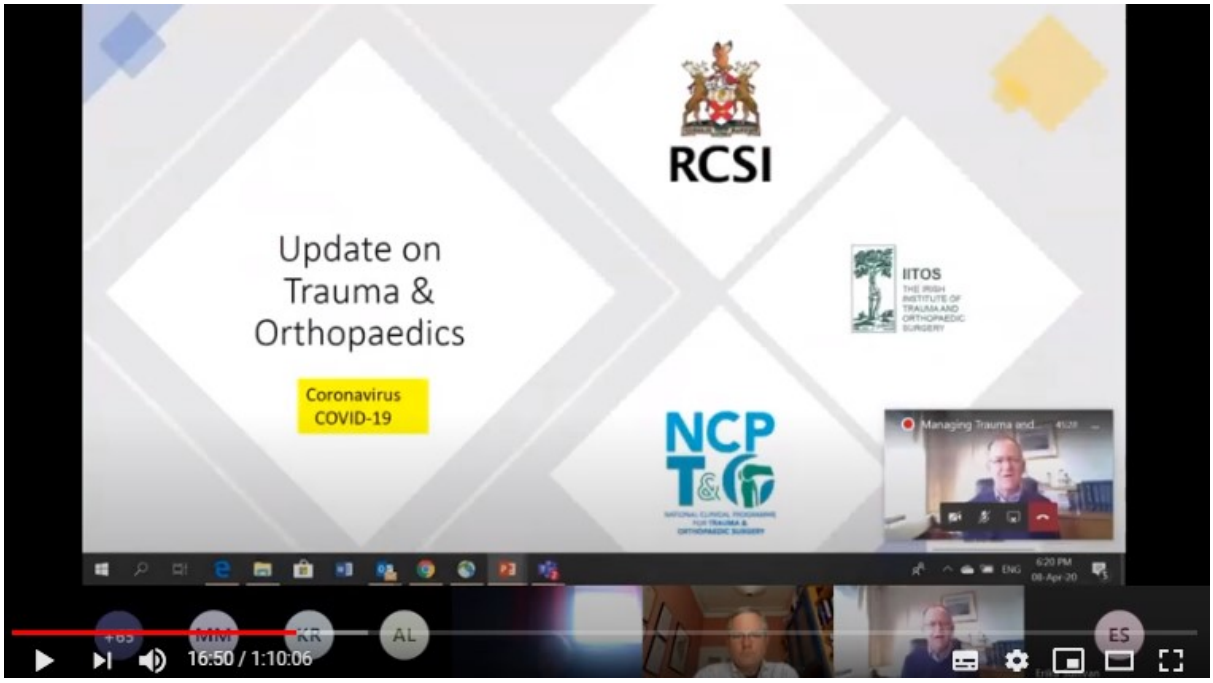
Mock Vivas, Trainee Reviews in the RCSI, January

Irish Shoulder and Elbow Society Meeting, RCSI January

SpR Interviews with social distancing, RCSI, March

WEBINARS

Click on images to play videos



RCSI webinars on YouTube here

Members

Awan, Nasir, Mr
Bennett, Derek, Mr
Boran, Sinead, Ms
Borton, David, Mr
Bossut, Catherine, Ms
Brady, Owen, Mr
Brennan, Stephen, Mr
Burke, John, Mr
Burke, Neil, Mr
Burke, Tom, Mr
Butler, Joseph, Mr
Byrne, Ann-Maria, Ms
Byrne, Fergus, Mr
Byrne, Stefan, Mr
Cashman, James, Mr
Cassidy, Noelle, Ms
Cawley, Derek, Mr
Cleary, May, Professor
Cogley, David, Mr
Colgan, Grainne, 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
Gheiti, Adrian, Mr
Glynn, Aaron, Mr
Green, Connor, Mr
Groarke, Paddy, 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
Jemelik, Petr, Mr
Lyons, Frank, Mr
Kaar, Ken, Mr
Kearns, Stephen, Mr
Keeling, Parnell, Mr
Kelly, Eamonn, Mr
Kelly, Ian, Mr
Kelly, Paula, Ms
Kennedy, Muiris, Mr
Kenny, Paddy, Mr
Keogh, Peter, Mr
Kiely, Pat, Mr
Kelly, John, Mr
Kennedy, Jim, Mr
Kutty, Satish, Mr
Lenehan, Brian Mr
Leonard, Michael, Mr
Lunn, John, Mr.
MacNiocaill, Ruairi, Professor
Mahapatra, Anant, Mr
Masterson, Eric, Mr
McCabe, John, Professor
McCarthy, Tom, Mr
McCoy, Gerry, Mr
McGoldrick, Fergal, Mr
McKenna, John, Mr
McKenna, Paul, Mr
Mohamed, Khalid, 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'Briain, David, Mr
O'Byrne, John, Professor
O'Donnell, Turlough, Mr
O'Loughlin, Padhraig, Mr
O'Malley, Natasha, Ms
O'Rourke, Peter, Mr
O'Toole, Gary, Mr
O'Toole, Patrick, Mr
O'Connor, Philip, Mr
O'Daly, Brendan, Mr
O'Farrell, Dermot, Mr
O'Flanagan, Shea, Mr
O'Grady, Paul, Mr
O'Heireamhoin, Sven, Mr
O'Shea, Kieran, Mr.
O'Sullivan, Michael, Mr
O'Sullivan, Timothy J, Mr.
Poynton, Ashley, Mr
Queally, Joseph, Mr
Quinlan, John, Mr
Reidy, Declan, Mr
Rice, John, Mr
Rowan, Fiachra, 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
Gilmore, Michael, Mr
Glynn, Tom, Mr
Healy, Brendan, Mr
Hurson, Brian, Mr
Kenny, Fred, Mr
Lavelle, Eoghan, Mr
Macey, Andrew, Mr
McElwain, John, Professor
McGuinness, Anthony, Mr
Mulvihill, Nial, Mr
O'Carroll, Patrick, Mr
O'Rourke, Kieran, Mr
Quinlan, William, Mr
Shannon, Fintan Sr, Mr
Smyth, Hugh, Mr
Thompson, Frank, Mr
Walsh, Martin, Mr

* List updated 28th Nov 2020

IITOS NATIONAL ORTHOPAEDIC LITERARY AWARD (NOLA)

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

2016 - Stephen Flannery, TCD
“Tender Loving Care”

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

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

2019 - Grace Buckley, 4th Year – RCSI Medical School
“Mattie”

Stephen Flannery


Catherine Mahony

Grace Buckley

Grace Buckley

‘Matty’

Matty hated getting changed for PE. The thought of having everyone stare at him in the locker room was enough to make him nauseous. On Tuesday mornings he would arrive early for school in the hopes of sneaking to the bathroom and getting changed in peace. But it seemed as though there was no place for privacy in secondary school and his habit didn’t go unnoticed. The boys in his year had taken to gathering outside the toilet cubicle he would change in, banging their fists against the door they would chant about the various things they thought he could be up to in there. He’d become used to these weekly sieges and he knew that they would tire themselves out eventually. When the chaos stopped, the bathroom would fill with a silence and Matty would feel safe again. This moment was always brief, but it was all he had. With the door between him and the rest of the world, he could sit with himself. Sometimes the sadness he carried with him would bubble over and his eyes would well up. He felt so trapped. His very existence seemed too much to bare at times. He thought that one day the dread would eat him up from the inside out and he would finally disappear. After a few minutes he would gather himself in the way he had practiced and head out to the hall.

One particular Tuesday Matty came into school and he was already struggling to keep it together. He found no solace in the privacy of his cubicle that day and the chanted obscenities had him sobbing. He couldn’t let them hear. He tried to hold his breath but they were relentless, he went without air for so long that the tiles started blurring and the world around him began spinning. Finally, they gave up. Matty knew that people would tire of using him for their own entertainment eventually if he just didn’t react, remained motionless, unreactive. It was a sort of learned paralysis. But his skills were failing him that morning. He realised that PE today would be soccer. Matty hated soccer. Especially when the teachers made that rule where everyone on the team had to touch the ball once before the team could score. His classmates would reluctantly pass it to him and he always managed to mess it up, kicking the ball over the line or kicking a wide goal. Their groans would turn to buzzing in his ears and his thoughts would become so flustered that he couldn’t help but mess up again and again after that. Today was no different. Today it seemed like the balls were purposely coming for his head. He was doing everything wrong, tripping over himself and accidentally bumping into his teammates as they ran towards the net. He was so useless. A ball came for his ribs and the pain went through him like a lightning strike. He found himself sobbing again, this time in front of everyone.

“What are ya crying about, I just hit ya with the ball? What’s your problem man?”
“Is he actually crying like?”
“It barely even hit you, stop crying, you’re embarrassing yourself”

Matty could barely breathe. The teacher pointed to each of the offenders, “Outside now”. They threw dirty looks Matty’s way as he stood one hand braced against the wall, the other on his ribs, grimacing through the pain. He mopped his tears up with the long sleeve shirt he wore under his school polo. The other boys thought it was weird that he wore it, they always thought it was to cover his “scrawny arms”, but it wasn’t. The teacher came over and laid a gentle hand on his shoulder, Matty cowered. “What’s up Matthew? Are you alright?”. He still couldn’t breathe, the pain was unbearable, searing through him. He collapsed. The teacher tried to shake him awake, but minutes went by and he wasn’t coming to. They called the ambulance.

The journey to the hospital was a bit of a blur to Matty. All he seemed to notice was how dry the oxygen mask was making the inside of his nose feel. In the ambulance the paramedics tried pulling his shirt up to get a better look at his injury, but he swatted them away. They exchanged a glance. He couldn’t let them see. He was so ashamed of himself. The effort of it caused his pain to crescendo. He found himself sobbing into his hands again.

The paramedics brought him swiftly through the triage area doors. “Matthew O’Leary, 14 year old male, collapsed at school after a football collided with his ribs, GCS….”, they went on delivering the hand over. In a hushed whisper to the doctor they added, “Something a bit odd happened in the ambulance. He wouldn’t let us get a look at his abdomen, kept hitting us away and crying.. don’t know quite why but thought we’d let you know”. The paediatric doctors were running through their protocols; airways, breathing, circulation. The differential diagnosis; pneumothorax, rather common in young, tall, thin males. Vasovagal syncope, maybe he hadn’t had his breakfast. Fractured ribs, musculoskeletal injury, much less likely given the severity of his condition. They’d heard what the paramedics had said, but it wasn’t uncommon for someone in distress to behave as Matty had. “Okay, thank you very much, we’ll take it from here”. The nurses explained to Matty that his shirt and polo shirt had to come off so that the doctors could get a good look at the area, they got out the cloth scissors knowing he was in too much pain to take them off himself. Matty shook his head, tears in his eyes. It was an emergency, they had to continue. His mumbled protests were weakening in conviction, the pain was overwhelming the fight within him. He was exhausted. He wanted the earth to swallow him up. They kept going with the scissors, removing his stained, unwashed shirts. The nurse noticed first. Bruises everywhere. On his abdomen, his chest. His bones protruding, barely covered with muscle or fat. She kept going. His arms. Yellow, purple, blue, black. His entire body was painted with them. Over his right ribs lay a bruise that wasn’t new, wasn’t acquired from a football. The nurse felt her stomach drop, “Doctor Murphy….”, for a moment the doctor stood still, gathering herself in the wake of what she had seen.

“Okay, we need a portable x-ray in here and to start him on some analgesia, have we heard anything from the next-of-kin?”
“Tried a few times, no answer”
“Right.. we need to make a few more phone calls.”

The team exchanged knowing glances, thinking Matty wouldn’t realise the truth going unspoken between them. But he knew his secret was out. He saw the façade he’d built for the world shattering in their eyes. The machines he was connected to buzzed frantically and the fluorescents above hummed ominously, casting Matty in their harsh, blue light. The nurses hand trembled as she gently placed the ECG stickers on him, terrified to cause him any more pain. Matty became gripped with fear, his mouth was dry. He was shaking. He remained mute, words escaping him. What could he possibly say anyway?

“We need you to lie down now Matthew, the x-ray machine has arrived and we need to get a look at what’s going on in your chest. Is that okay?”

Matty wordlessly obliged, knowing he had lost this battle. He started feeling as though he was experiencing himself, but from outside. He’d done this many times before. It was somewhat freeing, the act of detaching from your physical being, only existing within your own consciousness. A consciousness that was far away from here. Far away from himself. The x -ray machine clicked. Exchanges were mumbled. “Call the radiologist, he needs to look at this”. They’d found the culprit that caused Matty’s collapse, a fractured rib that had punctured a lung, but there was more. The rib had already been broken by the time the football hit it. The collision was just another insult to another injury. An injury that had happened the night before while Matty lay doubled over on his bedroom floor. His parents had spent the night drinking and they had started rowing. Their midnight shouts echoed far into the night’s still air. He tried to get them to stop for fear of what it would escalate into. Bloody noses, guards called, the howling of his younger siblings. But his acts of selfless defiance were nothing but ‘cheek’ in his parents eyes. He didn’t know who was angrier when he burst into the room pleading with them to stop, himself or his parents. A slap turned to a punch and there he was again, ushered like farm animal into the darkness of his room. It went on and on, blow upon blow, kick after kick. Then the final kick to the ribs. He covered his face, it was all he could do. He detached himself from his body. But then the door creaked shut and he was all alone again, laying in the dusty moonlight that came through his window. The pain chewed him up and spat him back out again, back to this reality. This is where he was, this was who he was. Hidden amongst Matty’s x-ray were the calcified remains of all the other times he’d found himself in that same position. Matty had tried to pretend to the world that it wasn’t happening, but the truth was in his bones now and they could all see it. He couldn’t escape it. His body had betrayed him and there was nothing he could do. He was remembering the worst of them. The time he’d wet the bed and got a smack that turned to a beating. The time he acted up in school, only to have his mother shove him repeatedly into the door, screaming about how worthless he was in every way.

The screams, he could hear them. They turned to buzzing in his ears. Matty had spent his life with a veil cast around his reality and in an instant it had been violently ripped from him. He felt so pathetic lying there in A&E, with everyone staring at the secrets and failures he bore on his body. The doctor came back, leaning towards him cautiously. “Matthew, what’s been going on?”, he pretended not to hear her. “Matthew, I’m here to help you. Please let me help you”. He thought of his little brother and sister and the things his parents had inflicted on them too. He’d failed them so many times before, never being brave enough to save them for fear of the consequences. He stared at the ceiling tiles, counting them, trying to collect himself. The tears fell from silently from his eyes. He blinked them away and looked into the doctors eyes for the first time. Matty could see that she knew. “Go on, Matthew. Tell me what has happened to you”. All around him people were busying themselves trying to make him better. Drawing bloods, getting chest drains ready, someone had put a box of tissues on the locker beside him. He reached from one, blowing his nose. The kindness had made him feel safe for once. He drew in a shallow breath to calm himself. “It’s been going on for as long as I can remember…”, he started. He paused. Drew a breath in again. “Yeah, me and my brother, and my sister, all of us, they never leave us alone..”, it came pouring forth from him. Years of it. He let the words fill the air around him, the truth enveloping him. He felt the weight he’d carried for years leave his body, the story of all the bruises, all the bones that ached, finally he was free of it all and his veil was gone forever.

Financial Section

Treasurer's Report

Neil Burke
Honorary Treasurer

Overall income for the year ended 31st August 2019 increased to €89,964; €25,500 coming from members subscriptions and €64,446 from donations. This income allowed for expenditure of €48,001, which includes €23,912 towards training, a significant increase on previous years. There was a net surplus of funds at year end of €41,945, which was carried forward to 2020.

The Board are grateful for both the level of members subscribing and the substantial donations received during the year, which allowed us achieve our training objectives in both 2019 and 2020.

After a tendering process, the trustees appointed Fitzgerald Power Limited in Waterford as auditors for IITOS.

I would like to thank Amanda Wilkinson and Aaron Glynn for all their help this year in my new role as treasurer. I look forward to your ongoing support towards ongoing IITOS educational, research, charitable and social activities.

Net Surplus of Funds

€64,446 in Donations

Achievement of Training Objectives

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

Trustees	John O'Byrne Mark Dolan David Moore Neil Burke (Appointed 27 November 2019
Secretary	John Quinlan
Charity number	15041
Company number	318237
Principal Address	Royal College of Surgeons 121 St Stephen's Green Dublin 2
Registered office	Fitzgerald Power Limited Chartered Accountants and Registered Auditors Greyfriars Waterford
Auditors	Fitzgerald Power Limited Chartered Accountants and Registered Auditors Greyfriars Waterford
Bankers	Allied Irish Bank, Bishopstown, Cork.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE

TRUSTEES' ANNUAL REPORT

for the financial year ended 31 August 2019

The trustees present their Trustees' Annual Report, combining the Directors' Report and Trustees' Report, and the audited financial statements for the financial year ended 31 August 2019.

The financial statements are prepared in accordance with the Companies Act 2014, FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

The Trustees' Report contains the information required to be provided in the Trustees' Annual Report under the Statement of Recommended Practice (SORP) guidelines. The trustees of the company are also charity trustees for the purpose of charity law and under the company's constitution are known as members of the board of trustees.

In this report the trustees of Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee present a summary of its purpose, governance, activities, achievements and finances for the financial year 2019.

The company is a registered charity and hence the report and results are presented in a form which complies with the requirements of the Companies Act 2014 and, although not obliged to comply with the Statement of Recommended Practice applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015), the organisation has implemented its recommendations where relevant in these financial statements.

The company is limited by guarantee not having a share capital.

Mission, Objectives and Strategy

Objectives
The company, which has a charity status (CHY 15041), aims to promote and advance the training, education and research of orthopaedic surgery.

Financial Review
The results for the financial year are set out in the Statement of Financial Activities and additional notes are provided showing income and expenditure in greater detail.

Financial Results
At the end of the financial year the company has assets of €65,311 (2018 - €24,281) and liabilities of €4,905 (2018 - €5,820). The net assets of the company have increased by €41,945.

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

Reference and Administrative details
Charity Number: 15041
Company Number: 318237

Trustees and Secretary
The trustees who served throughout the financial year, except as noted, were as follows:

John O'Byrne
Mark Dolan
David Moore
John Paul McElwain (Resigned 30 November 2018)
David Cogley (Resigned 30 November 2018)
Neil Burke (Appointed 27 November 2019)

The secretary who served throughout the financial year was John Quinlan.

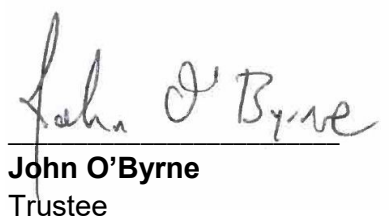
Compliance with Sector-Wide Legislation and Standards
The company engages pro-actively with legislation, standards and codes which are developed for the sector. Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee subscribes to and is compliant with the following:
- The Companies Act 2014
- The Charities SORP (FRS 102)

Auditors
Moore Chartered Accountants and Registered Auditors resigned as auditors during the financial year and the trustees appointed Fitzgerald Power Limited, (Chartered Accountants and Registered Auditors), to fill the vacancy.

Statement on Relevant Audit Information
In accordance with section 330 of the Companies Act 2014, so far as each of the persons who are directors at the time this report is approved are aware, there is no relevant audit information of which the statutory auditors are unaware. The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and they have established that the statutory auditors are aware of that information.

Accounting Records
To ensure that adequate accounting records are kept in accordance with Sections 281 to 285 of the Companies Act 2014, the directors have employed appropriately qualified accounting personnel and have maintained appropriate computerised accounting systems. The accounting records are located at the company's office at .

Approved by the Board of Trustees on 25 August 2020 and signed on its behalf by:



John O'Byrne
Trustee

David Moore
Trustee

Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee
TRUSTEES' RESPONSIBILITIES STATEMENT
for the financial year ended 31 August 2019

The trustees, who are also directors of Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee for the purposes of company law, are responsible for preparing the financial statements in accordance with applicable Irish law and regulations.

Irish company law requires the trustees as the directors to prepare financial statements for each financial year.Under the law the trustees have elected to prepare the financial statements in accordance with the Companies Act 2014 and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", applying Section 1A of that Standard, issued by the Financial Reporting Council. Under company law, the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the net income or expenditure of the company for the financial year and otherwise comply with the Companies Act 2014.

In preparing these financial statements, the trustees are required to:
- select suitable accounting policies and apply them consistently;
- observe the methods **and** principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2015);
- make judgements and estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with the relevant financial reporting framework, identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation.

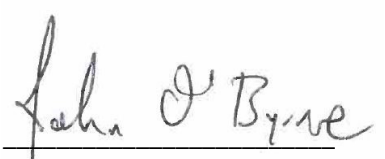
The trustees confirm that they have complied with the above requirements in preparing the financial statements.

The trustees are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets, liabilities, financial position and net income or expenditure of the company to be determined with reasonable accuracy, enable them to ensure that the financial statements and the Trustees' Annual Report comply with Companies Act 2014 and enable the financial statements to be audited. 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.

In so far as the trustees are aware:

- there is no relevant audit information (information needed by the company's auditor in connection with preparing the auditor's report) of which the company's auditor is unaware, and
- the trustees have taken all the steps that they ought to have taken as trustees in order to make themselves aware of any relevant audit information and to establish that the company's auditor is aware of that information.

Approved by the Board of Trustees on 25 August 2020 and signed on its behalf by:



John O'Byrne
Trustee

David Moore
Trustee

INDEPENDENT AUDITOR'S REPORT
to the Members of Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee

Report on the audit of the financial statements

Opinion
We have audited the company financial statements of Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee for the financial year ended 31 August 2019 which comprise the Statement of Financial Activities (incorporating an Income and Expenditure Account), the Balance Sheet and the related notes to the financial statements, including a summary of significant accounting policies set out in note 2. The financial reporting framework that has been applied in their preparation is Irish law and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", applying Section 1A of that Standard and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with FRS 102.

In our opinion the financial statements:
- give a true and fair view of the assets, liabilities and financial position of the company as at 31 August 2019 and of its net incoming resources for the financial year then ended;
- have been properly prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", as applied in accordance with the provisions of the Companies Act 2014 and having regard to the Charities SORP; and
- have been properly prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion
We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard for Auditors (Ireland) issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and the Provisions Available for Audits of Small Entities, in the circumstances set out in note 3 to the financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern
We have nothing to report in respect of the following matters in relation to which ISAs (Ireland) require us to report to you where:
- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2014
Based solely on the work undertaken in the course of the audit, we report that:
- in our opinion, the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- in our opinion, the Trustees' Annual Report has been prepared in accordance with 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.

INDEPENDENT AUDITOR'S REPORT
to the Members of Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee

Matters on which we are required to report by exception
Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified any material misstatements in the Trustees' Annual Report. The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of trustees' remuneration and transactions required by sections 305 to 312 of the Act are not made. We have nothing to report in this regard.

Respective responsibilities

Responsibilities of trustees for the financial statements
As explained more fully in the Trustees' Responsibilities Statement set out on page 1 the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Further information regarding the scope of our responsibilities as auditor
As part of an audit in accordance with ISAs (Ireland), we exercise professional judgement and maintain professional scepticism throughout the audit. We also:
-Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

-Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.

-Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by trustees.

-Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our Auditor's Report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our Auditor's Report. However, future events or conditions may cause the company to cease to continue as a going concern.

-Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

INDEPENDENT AUDITOR'S REPORT
to the Members of Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee

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

Our 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 any 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.

_____

Jennifer Power
for and on behalf of
FITZGERALD POWER LIMITED
Chartered Accountants and Registered Auditors
Greyfriars
Waterford

25 August 2020

Statement of Financial Activities

INCLUDING INCOME AND EXPENDITURE ACCOUNT

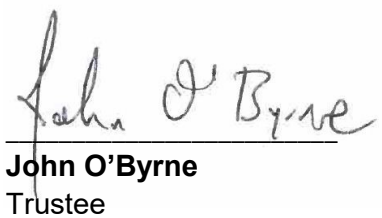
(Incorporating an Income and Expenditure Account)

For the financial year ended 31 August 2019

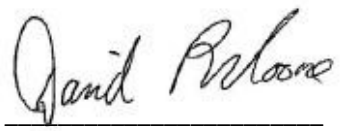
	Notes	Unrestricted funds 2019	Restricted funds 2019	Total 2019	Unrestricted Funds 2018	Restricted funds 2018	Total 2018
		€	€	€	€	€	€
Income							
Charitable activities Members' subscriptions And fellowship donations	4.1	**25,500**	**64,446**	**89,946**	23,100	20,600	43,700
Other income	4.2	**-**	**-**	**-**	930	-	930
Total income		**25,000**	**64,446**	**89,946**	24,030	20,600	44,630
Expenditure							
Charitable activities	5.1	**48,001**	-	**48,001**	33,979	-	33,979
Net income/(expenditure)		**(22,501)**	**64,446**	**41,945**	(9,949)	20,600	10,651
Transfers between funds		**-**	**-**	**-**	-	-	-
Net movement in funds for the financial year		**(22,501)**	**64,446**	**41,945**	(9,949)	20,600	10,651
Reconciliation of funds Balances brought forward at 1 September 2018	11	**(2,139)**	**20,600**	**18,461**	7,801	-	7,810
Balances carried forward at 31 August 2019		**(24,640)**	**85.046**	**60,406**	(2,139)	20,600	18,461

The Statement of Financial Activities includes all gains and losses recognised in the financial year. All income and expenditure relate to continuing activities. All income and expenditure relate to continuing activities.

Approved by the Board of Trustees on 25 August 2020 and signed on its behalf by:



John O'Byrne
Trustee



David Moore
Trustee

Balance Sheet

For the financial year ended 31 August 2019

	Notes	2019 €	2018 €
Current assets			
Debtors	8	**592**	677
Cash at bank and in hand		**64,719**	23,604
		65,311	24,281
Creditors: Amounts falling due within one year	9	**(4,905)**	(5,820)
Net Current Assets		**60,406**	18,461
Total Assets loss Current Liabilities			
		60,406	18,461
Funds			
Restricted trust fund		**85,046**	20,600
General fund (unrestricted)		**(24,640)**	(2,139)
Total funds		**60,406**	18,461

The financial statements were approved by the board of trustees and authorised for issue 25th August 2020 and signed on its behalf by:

John O'Byrne
Trustee

David Moore
Trustee

Statement of Cash Flows

For the financial year ended 31 August 2019

	Notes	€	2019 €	€	2018 €
Cash flows from operating activities					
Cash generated from(absorbed by) operations	16		11,313		(41,562)
Net cash used in investing activities			-		-
Net cash used in financing activities			-		-
Net increase /(decrease) in cash and cash equivalents			11,313		(41,562)
Cash and cash equivalents at the beginning of year			12,291		53,853
Cash and cash equivalents at end of year			23,604		12,291

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
NOTES TO THE FINANCIAL STATEMENTS
For the financial year ended 31 August 2019

1. GENERAL INFORMATION

Irish Institute of Trauma and Orthopaedic Surgery Company Limited By Guarantee is a company limited by guarantee incorporated in the Republic of Ireland. The registered office of the company is which is also the principal place of business of the company. The financial statements have been presented in Euro (€) which is also the functional currency of the company.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the charity's financial statements.

Basis of preparation

The financial statements have been prepared on the going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP) "Accounting and Reporting by 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)".

The company has applied the Charities SORP on a voluntary basis as its application is not a requirement of the current regulations for charities registered in the Republic of Ireland. As permitted by the Companies Act 2014, the company has varied the standard formats in that act for the Statement of Financial Activities and the Balance Sheet. Departures from the standard formats, as outlined in the Companies Act 2014, are to comply with the requirements of the Charities SORP and are in compliance with section 4.7, 10.6 and 15.2 of that SORP.

Statement of compliance

The financial statements of the company for the financial year ended 31 August 2019 have been prepared on the going concern basis and in accordance with the Statement of Recommended Practice (SORP) "Accounting and Reporting by 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)" and FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", applying Section 1A of that Standard.

Fund accounting
The following are the categories of funds maintained:

Restricted funds
Restricted funds represent income received which can only be used for particular purposes, as specified by the donors. Such purposes are within the overall objectives of the company.

Unrestricted funds

Unrestricted funds consist of General and Designated funds**.**

- General funds represent amounts which are expendable at the discretion of the board, in furtherance of the objectives of the company.
- Designated funds comprise unrestricted funds that the board has, at its discretion, set aside for particular purposes. These designations have an administrative purpose only, and do not legally restrict the board's discretion to apply the fund.

Income

Income is recognised by inclusion in the Statement of Financial Activities only when the company is legally entitled to the income, performance conditions attached to the item(s) of income have been met, the amounts involved can be measured with sufficient reliability and it is probable that the income will be received by the company.

Expenditure

Expenditure is analysed between costs of charitable activities and raising funds. The costs of each activity are separately accumulated and disclosed, and analysed according to their major components. Expenditure is recognised when a legal or constructive obligation exists as a result of a past event, a transfer of economic benefits is required in settlement and the amount of the obligation can be reliably measured. Support costs are those functions that assist the work of the company but cannot be attributed to one activity. Such costs are allocated to activities in proportion to staff time spent or other suitable measure for each activity.

Tangible fixed assets and depreciation
Tangible fixed assets are stated at cost or at valuation, less accumulated depreciation. The charge to depreciation is calculated to write off the original cost or valuation of tangible fixed assets, less their estimated residual value, over their expected useful lives as follows:

Computer equipment	- Fully depreciated

Debtors
Debtors are recognised at the settlement amount due after any discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Income recognised by the company from government agencies and other co-funders, but not yet received at financial year end, is included in debtors.

Cash at bank and in hand
Cash at bank and in hand comprises cash on deposit at banks requiring less than three months notice of withdrawal.

Taxation and deferred taxation
No current or deferred taxation arises as the company has been granted charitable exemption. Irrecoverable valued added tax is expensed as incurred.

3. PROVISIONS AVAILABLE FOR AUDITS OF SMALL ENTITIES

In common with many other charitable companies of our size and nature, we use our auditors to assist with the preparation of the financial statements.

4.	INCOME		Unrestricted Funds €	Restricted Funds €	2019 €	2018 €
4.1	CHARITABLE ACTIVITIES	Income from charitable activities	**25,500**	**64,446**	**89,946**	43,700

4.2	OTHER INCOME	Unrestricted Funds €	Restricted Funds €	2019 €	2018 €
	Other income	-	-	-	-

5	EXPENDITURE					
5.1	CHARITABLE ACTIVITIES	Direct Costs €	Other Costs €	Support Costs €	2109 €	2018 €
	Expenditure on charitable activities	23,912	-	-	**23,912**	12,335
	Governance Costs (Note 5.2)	1,361	-	**22,728**	**24,089**	21,644
		25,273	**-**	**22,728**	**48,001**	33,979

5.2 GOVERNANCE COSTS	Direct Costs €	Other Costs €	Support Costs €	2019	2018
Charitable activities - governance costs	**1,361**	**-**	**22,728**	**24,089**	21,644

5.3 SUPPORT COSTS			Governance Costs €	2019 €	2018 €
Support			**22,728**	**22,728**	15,552

6. ANALYSIS OF SUPPORT COSTS

	2019 €	2018 €
Support	**22,728**	15,552

7. TANGIBLE FIXED ASSETS

	Computer equipment €	Total €
Cost		
At 31 August 2019	1,777	1,777
Depreciation		
At 31 August 2019	1,777	1,777
Net book value		
At 31 August 2019	-	-

8. DEBTORS

	2019 €	2018 €
Prepayments	**592**	677

9. CREDITORS

Amounts falling due within one year	2019 €	2018 €
Trade creditors	**600**	600
	4.305	5,220
Accruals	**4,095**	5,820

10. RESERVES

	2019 €	2018 €
At 1 September 2018	**18,461**	7,810
Surplus for the financial year	**41,945**	10,651
At 31 August 2019	**60,406**	18,461

11. FUNDS

11.1 ANALYSIS OF NET ASSETS BY FUND

	Current Assets	Current Liabilities	Total
	€	€	€
Unrestricted general funds	65,311	**(4,905)**	60,406
	65,311	**(4,905)**	**60,406**

12. STATUS

The company is limited by guarantee not having a share capital.

The liability of the members is limited.

Every member of the company undertakes to contribute to the assets of the company in the event of its being wound up while they are members, or within one financial year thereafter, for the payment of the debts and liabilities of the company contracted before they ceased to be members, and the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributors among themselves, such amount as may be required, not exceeding € 1.

13. RELATED PARTY TRANSACTIONS

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

- Mr John O'Byrne
- Mr Mark Dolan
- Mr David Moore

14. POST-BALANCE SHEET EVENTS

There have been no significant events affecting the Charity since the financial year-end.

15. APPROVAL OF FINANCIAL STATEMENTS

The financial statements were approved and authorised for issue by the Board of Trustees on 25 August 2020.

IRISH INSTITUTE OF TRAUMA & ORTHOPAEDIC SURGERY COMPANY LIMITED BY GUARANTEE
SUPPLEMENTARY INFORMATION RELATING TO THE FINANCIAL STATEMENTS
OPERATING STATEMENT
For the financial year ended 31 August 2019

	Schedule	2019 €	2018 €
Income			
- Fellowship donations		**64,446**	20,600
- Members' subscriptions		**25,500**	23,100
- Other income		**-**	930
		89,946	**44,630**
Charitable activities and other expenses	**1**	**(48,001)**	**(33,979)**
Net surplus		**41,945**	10,651

SUPPLEMENTARY INFORMATION RELATING TO THE FINANCIAL STATEMENTS
SCHEDULE 1: CHARITABLE ACTIVITIES AND OTHER EXPENSES
For the financial year ended 31 August 2019

	2019 €	2018 €
Expenses		
Training costs	**23,912**	12,335
Office expenses	**870**	4,045
Web development and hosting	**3,490**	1,422
Meeting expenses	**18,056**	9,698
Legal and professional	**(289)**	1,100
Auditor's fees	**1,650**	4,992
Bank charges	**312**	387
	48,001	33,979

KIERAN BARRY

My friend Kieran Barry, Orthopaedic surgeon, passed away after a long illness on 24/01/2020

Kieran was the youngest of three boys. Following a secondary school education in Presentation Brothers College in Cork, he entered UCC to study Engineering. During his time as an Engineering student he met Marguerite (Marga), a young medical student. Kieran qualified as an engineer. They married in 1976 and Marga qualified in Medicine the following June. Kieran then decided to go back to UCC and to study medicine.

A career in Orthopaedic surgery would seem a natural choice for a doctor with a background in engineering and having completed the voluntary hospital pre fellowship surgical scheme they moved to Dublin where Kieran rotated through a number of hospitals as an orthopaedic registrar. He spent two years in Liverpool where he did the MCh course and obtained a masters degree in surgery. He then returned to Ireland and completed senior registrar training in Dublin and Cork. He did a speciality fellowship in paediatric orthopaedics with Dr. Ray Morrissey in Atlanta, Georgia prior to taking up a consultant post.

Kieran was appointed as an Orthopaedic Consultant in Cork in 1995 with an outpatient commitment to Bantry hospital. He remained in the HSE until 2008. Following an illness he retired from the HSE and opted to continue working in part time private practice in the Bon Secours hospital for the remainder of his career which was unfortunately cut short by a recurrence of his illness.

Kieran was a very conscientious doctor, meticulous in his approach to problems and to his surgery. He was a fantastic colleague, always ready and willing to listen and to help. He was very supportive of younger trainees and surgeons. He himself was never afraid to admit that something was outside his area of expertise and to refer a case on in the best interests of his patient. He was very well liked and highly regarded by all levels of staff that worked with him.

Kieran and Marga had five children, Sarah, Dave, Jamie, Jessica and Rachel. Kieran was a wonderful father and took great pride in his children.

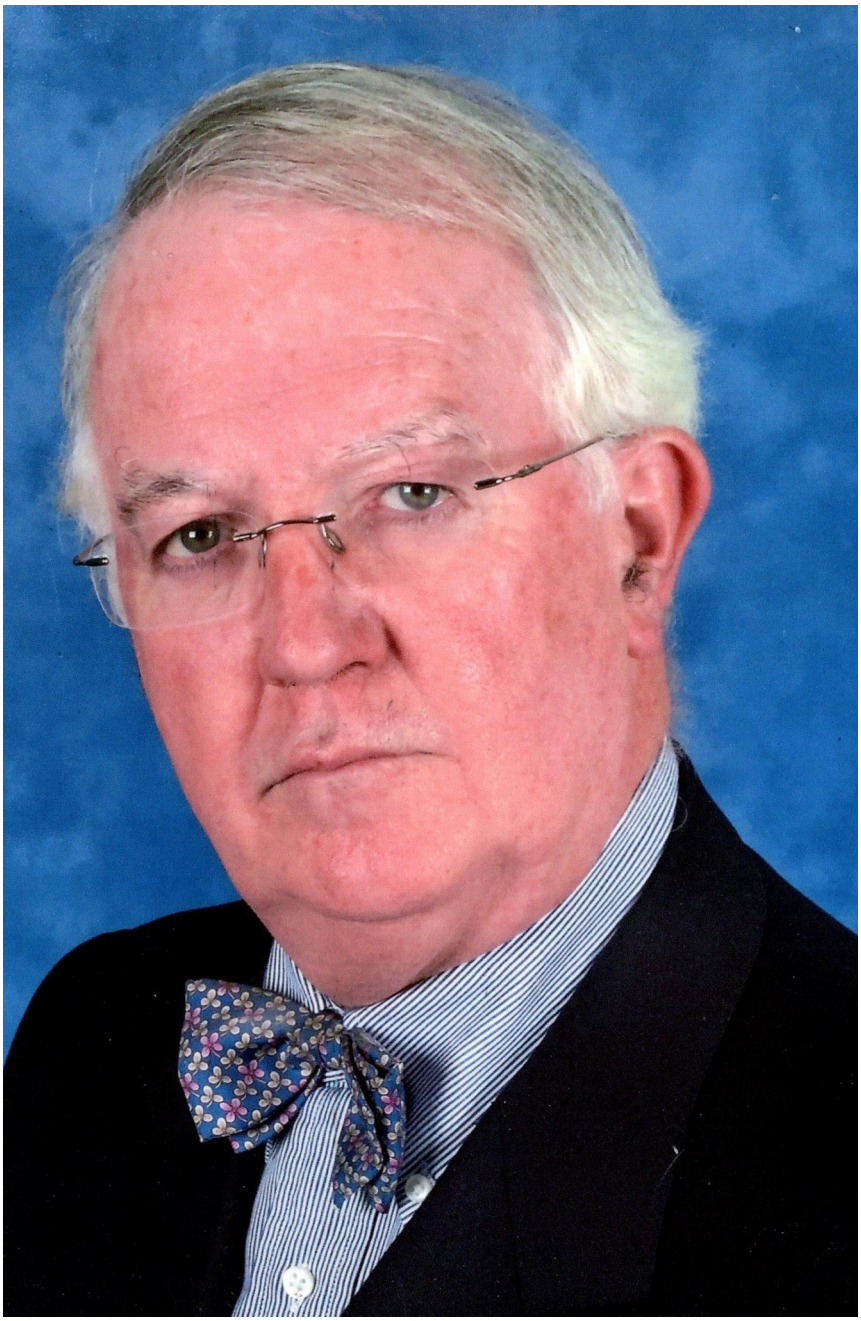
Kieran was a keen golfer and a member in Douglas Golf club in Cork and also in Ballybunion where he had a holiday home. He had the distinction of a hole in one on the third hole in Ballybunion Old Course. He enjoyed the company of friends, a good meal, a few pints and “the craic”. He was generous and warm in nature and had a great sense of humour. Although he loved banter he was a natural foil, easy to wind up and took the bait on most occasions. He loved music and was a particular fan of James Taylor.

Kieran was diagnosed with a recurrence of his disease in 2016. He showed remarkable strength and resilience in dealing with it and kept a positive and yet accepting outlook during times when many could not have. He remained fiercely independent and was reluctant to discommode anyone if at all possible. He battled his disease for longer than even he could have hoped for and, if there are positives to be drawn, it was his joy at being able to be present for the weddings of Jess, Jamie and Dave. He had the opportunity to welcome four new grandchildren into the world. He also managed to fulfil a “bucket list wish” and travelled to Vietnam with Operation Walk Ireland in March 2019.

Kieran is survived by his wife Marga, his five children Sarah, Dave, Jamie, Jess and Rachel, sons and daughters in law, grandchildren and his two brothers. The final song at his funeral service epitomised his attitude to life, “How sweet it is to be loved by you”, by his favourite singer James Taylor.

Kieran Barry (7/3/1954 – 24/1/2020). R.I.P.

D Mulcahy



MR FRANK MCMANUS

FRANK MCMANUS F.R.C.S.I.
(10/08/42 - 15/10/20)

It is with great sadness that we have learned of the recent death of Frank McManus our esteemed colleague and friend.

Frank McManus FRCSI was born on the 10th of August 1942. He spent his formative years in Lifford Co. Donegal and was educated at the Christian Brothers Grammar School in Omagh, Co. Tyrone. He subsequently studied medicine in University College, Dublin graduating M.B. B.Ch B.A.O. in 1967.

An initial training in general surgery was followed by training in his closer speciality of Orthopaedic Surgery including a fellowship in 1975-1976 under the late Dr. Mercer Rang in the Hospital for Sick Children, Toronto. He completed his training programme in orthopaedic surgery in 1977.

In 1978 he was appointed Consultant Orthopaedic Surgeon to the Mater Misericordiae University Hospital Dublin, The Children's University Hospital Dublin, Cappagh National Orthopaedic Hospital and the Rotunda Hospital, Dublin. In addition he subsequently also held clinics in the Central Remedial Clinic, Clontarf and St. Bricin's Military Hospital. This latter association led to a lifelong interest in the Defence Forces Medical Corps.

In 1996 he became the first Orthopaedic Surgeon to be elected to the Council of the Royal College of Surgeons in Ireland on which he served until 2014. He was also a member of the Medical Council from 2008 until 2013 for which years he chaired the Preliminary Proceedings Committee.

In his time he was President of the Irish Orthopaedic Association, Chairman of Cappagh National Orthopaedic Hospital Medical Board and Chairman of the Mater Misericordiae, Dublin Medical Board. He was a member of the Board of Directors of The Children's University Hospital, Dublin.

In the eighties he was the Director of Post Graduate Training in Trauma and Orthopaedic Surgery. In 1980 he proposed to the Board of Cappagh Hospital that they should initiate an annual prize for residents in training with the aim of improving academic activity and research in orthopaedic surgery. This prize commenced in July of that year. He also proposed that an annual Foundation Lecture be held in Cappagh Hospital and this was also approved by the hospital medical bord and the Sisters of Charity. The first lecture took place in 1983 and through these lectures the hospital has forged tides with international centres of excellence and had access to lectures and teaching by some of the world's leading orthopaedic surgeons.

In the early 1990's he was one of a number of medical and nursing staff from Cappagh Hospital who took part in an international mission to bring injured patients out of Sarajevo.

He was elected a member of the Scoliosis Research Society and of the Paediatric Orthopaedic Society of North America necessitating visits to the U.S.A. for meetings that he thoroughly enjoyed both from the academic and the social aspect.

He was also Ireland's representative on the International Paediatric Orthopaedic Think Tank and a member of the Editorial Board of the Journal of Children's Orthopaedics.

Frank was extremely proud to be only the third recipient of the Mater Foundation Gold Medal.

Following his consultant appointment Frank took a special interest in the management of congenital dislocation of the hip, scoliosis, spinal disorders and in particular spinal trauma. He was tireless in his endeavours to coordinate the management of spinal injuries and was subsequently rewarded with the establishment of the National Spinal Injuries Unit at the Mater Hospital.

Frank had a special place for children's orthopaedics and in particular he had a unique and kindly way of communicating with the children and their parents.

Apart from his surgical skills he was also an excellent teacher and he worked extremely hard to establish the current orthopaedic training programme which is the envy of many other specialties. He was a man of wise counsel whose opinion was regularly sought and readily given. He was also in great demand as a medicolegal expert.

Frank had an extremely interesting life outside medicine. He had a deep interest in history and politics and over a number of years he was the main power behind the restructure of 59 Eccles Street. In the weeks before his death he was delighted to receive a painting of this house from his colleagues.

He was also a keen and able golfer playing regularly at Portmarnock and, when time allowed, he returned to his beloved Donegal to play at Rosapenna. He was also a keen gardener and enjoyed the occasional cigar.

Frank was diagnosed with multiple myeloma in 2016 an illness he bore with great courage and determination never losing his interest and zest for life. He was a great team player and will be greatly missed by all his colleagues and friends.

...3

The best decision he every made was when he asked Susie A'Hern, then a surgical intern at the Mater Hospital, to marry him and spend nearly the next fifty years together.

Frank died at home on 15/10/20 surrounded by Susie, his children Joseph, Johnny and Sorcha, to whom we extend our deepest sympathy as well as to his beloved grandchildren Bowie, Alex and Susie.

Martin Walsh

SpR Interviews in the RCSI in March, immediately before COVID 19 lockdown.

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Concept and design: **Amanda Wilkinson**

Special thanks to: **Mr David Moore** COVID 19 impacts, **Ms Catherine Farrell** for her input into the Clinical Programme section of this report.

Irish Institute of Trauma and Orthopaedic Surgery

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