Friday 13 November 2020

Provided by Spine Society of Australia



President Remarks

Welcome to the 31st Annual Scientific Meeting of the Spine Society of Australia and its first, and hopefully last, virtual conference.

During the COVID-19 pandemic we have all experienced and witnessed social and professional isolation, personal hardships, anxiety, and uncertainty.

From an evolutionary point of view, humans have a negativity bias, as our brains are hardwired to survive. We are designed to focus on the negatives, the risks. And this type of thinking has been much maligned in recent years.

Certainly, a positive mental attitude can be a powerful tool to help you through life's challenges and daily struggles. But unrelenting positivity can ultimately be detrimental. I believe that, as health care providers, it is important for us to understand that negative thinking, when used correctly, can be a powerful tool for introspection and a motivator for personal change and growth. It is OK not to be OK.

Life is never straight forward; it often throws curveballs at us, like losing one's job or suffering a period of ill health. Positivity is a good mindset to have but embracing the negative moments in our lives is what keeps us real and enables us to grow and change.

Essentially, the pandemic can also provide us with the impetus to critically analysis what has taken place in our own year.

Analyse the positives and negatives.

Then, when we can honour all our feelings, we can honour all of ourselves.

I would like to acknowledge and thank my fellow committee members for their work.

Special thanks need to go out to past president Michael Johnson for his efforts and stewardship over the 2018 to 2020 period.





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I also thank and acknowledge Brian Freeman in his work as scientific secretary. His successor, John Costi, who has been working, with Brian's assistance, to craft the content of our ASM.

Kevin Seex continues to keep the 'coffers full' as treasurer.

Special thanks to Ralph Stanford for his work as education officer. Ralph organised an excellent registrars training meeting recently, which was well attended and worked well with a virtual format.

I would also like to welcome our newest member, Davor Saravanja, who joined us this year as secretary.

And finally, congratulations to Robert Kuru, our Vice President, who will commence his term as president in 2022.

The committee continues to strive to provide a scientific forum for all professionals and academics, whose work is to understand, diagnose and treat spinal disorders.

In addition, the committee works hard behind the scenes, representing the society at the political level, so that evidence-based care can continue to be delivered to Australians who suffer from spinal disorders.

Welcome to today's speakers and we look forward to listening to your papers. And congratulations for your work being acknowledged by your peers.

The SSA ASM allows you to present your research during many stages of its development whether it be preliminary findings, recently collected data, or data that is waiting to be published.

We look forward to learning about the most recent advances in your field.

Each presenter should realise that one of the most important benefits from your presentations at today's ASM is the ability to advocate for your science. Representing your field of interest allows researchers in other disciplines, policymakers, and the public to become aware of the innovative research being generated in your subfield.





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We hope this meeting enhances your presentation skills and helps you further develop the expertise needed to present your research in a clear and meaningful way.

We believe that learning how to answer specific questions and presenting your data to a diverse range of audiences will help you in other future endeavours.

Please try to enjoy yourself during your presentation and present your information with a clear mind and a precise execution.

Special thanks to DC Conference & Association Management staff who have been integral in helping the SSA provide this virtual scientific meeting for its members. Thanks to Dianna Crebbin, Rosanna Ditton, Inge Meggitt and Carolynn Yang.

As you know, our professional partnerships with industry is an important one that enables us to provide meetings to our members at a reasonable cost. I would like to thank this years sponsors of the ASM:

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General direction in spine surgery.

What we do as professionals and as a society is becoming increasingly important.

A debate has emerged in relation to spine surgery regarding what truly constitutes "quality" care and what the appropriate measures are to evaluate this quality. Most of the "quality measures" presently in place are measurements of care processes (verifying patients' names, charting vital signs, documenting allergies, identifying the surgical site) rather than of actual outcomes.

Most of these "process measures" have been embraced by government, health care providers, and insurance companies and these processes may impact some aspects of patient safety and general medical care.

However, they generally do not reflect the quality of actual treatment interventions or patients' perceptions about the outcomes of those interventions.

The use of quality process-based measures is applauded but many clinicians and professional medical societies propose basing quality measures on validated Patient Reported Outcome Measures - PROMs.

This has motivated the development of spine surgery registry programs by the Americans, Europeans, and now Australia. The Australian Spine Registry is still in its pilot stage but is starting to bear fruit. Its future will require a concerted effort from us all, as we look to engage other important stakeholders and secure permanent funding arrangements.

Clinical outcomes documented in a registry not only allow evaluation of treatment effects and quality patient care, but also serve as a basis for shared decision-making.

The proliferation of knowledge accumulated in the field of spine surgery justifies the establishment of *spine surgery* as formal subspecialty.

Orthopaedic and neurosurgical training, culminating in a dedicated spine fellowship will improve surgical knowledge and increase volume performance





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threshold, thus improving patient outcomes and reducing basic surgical failures.

The objective of the Post Fellowship Education and Training (PFET) Program in Spinal Surgery is to provide competent independent specialist spine surgeons with advanced procedural experience, knowledge, and surgical skill relevant to the safe and effective treatment of complex spinal conditions. The PFET Program in Spinal Surgery is a joint program governed by the Neurosurgical Society of Australasia and the Australian Orthopaedic Association. The PFET program is still maturing but I hope it will ultimately grow into a program that will produce competent and AHPRA recognised spine surgeons in the future.

There is a lot for us to accomplish in our field. It is hard not to feel that we are under siege from the private health insurers, government, medical negligence lawyers, APHRA, complaint bodies, consumer groups and the media.

We need to ensure our subspecialty and its members are best placed to weather the storms ahead of us. Mentorship pathways post fellowship will be key to guiding our younger surgeons.

We need to ensure we not only look to the clinical aspects of our work but also look to the non-clinical aspects of our professional life. This includes practice management and career planning, physician wellness, ensuring our profession's ethics are upheld, that financial disclosures are made mandatory, and conflicts of interest acknowledged. Better management of this side of our professional lives will reduce the stress levels, avoid burnout, and avoid the repercussions of falling short of the expected standards of professional conduct.

We all have a responsibility to provide the best of care, to progress the standard of care, be accountable to our patient, communities, and our profession.



