

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

# Annual Report 2014/2015



AOA

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

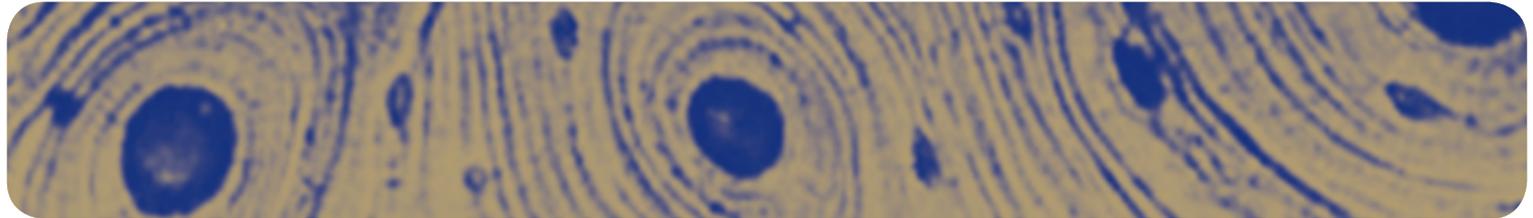
“ To be world-recognised for the advancement of orthopaedic surgery through education, professional standards and advocacy.”

AOA VISION

## Objectives of the Australian Orthopaedic Association

- To foster and maintain the highest standard of surgical practice and ethics in orthopaedic surgery
- To advance the practice of orthopaedic surgery
- To promote research into musculoskeletal conditions
- To provide postgraduate education in orthopaedic surgery and, as necessary, accreditation in orthopaedic surgery
- To support orthopaedic humanitarian initiatives in Australia and overseas
- To foster scientific interchange between orthopaedic surgeons
- To act as an authority and adviser in relation to musculoskeletal conditions and orthopaedic surgery

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# key highlights

2013–2015 Strategic Plan	Progressed implementation of all 35 milestones.
2016–2018 Strategic Plan	Finalised 2016–2018 Strategic Plan, comprising core strategies and 45 milestones.
AOA 21 Implementation	All 20 milestones for 2014–15 achieved, including a significantly advanced revised curriculum, proposed stages of training and assessment strategy.
Learn@AOA	Launched the Learn@AOA eLearning platform for SET curriculum and assessment, incorporating AOA's new Trainee Information Management System (TIMS).
AOANJRR Wins Innovation Award	Determined by public vote, AOA has taken the top prize at the 2014 University of Adelaide Innovation Awards for its work in leading innovative outcomes through the AOA National Joint Replacement Registry.
Strategic Partnership Announced for AOANJRR	South Australian Health and Medical Research Institute and the University of South Australia partnered with AOA to deliver the next era of leading edge registry management services.
Fellowship Strategic Review	Completed an extensive review of the Fellowships portfolio, resulting in a revised policy effective January 2015.
Strategic Research Working Party	Established Strategic Research Working Party to enhance AOA's capacity for leadership in musculoskeletal research.
Constitution Review	Six proposals for constitution amendments were approved by members, with further amendments to be considered at the 2015 AGM.
CPD Strategic Review	CPD Committee commenced a strategic review of CPD in June 2015.

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## AOANJRR Maintains World Leadership Status

97% of AOA members ranked 'maintaining and improving global leadership of the National Joint Replacement Registry' as performing satisfactorily or above expectations.

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## AOANJRR Quality Assurance Protection Defended

Federal Court upholds and respects the protections on AOA member surgeons' information by the Quality Assurance Activity (QAA) legislation.

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## Member Services

Member satisfaction remains high at 89% (90% in 2014), with 90% rating seven functions satisfactory or above (five functions in 2014).

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## Conferences and Events

Highest ever (1500) attendance at ASM in Melbourne 2014.

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## Communication

AOA social media platforms launched.

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## International Relationships

Global profile and branding extended through participation at the European Federation of National Associations of Orthopaedic and Traumatology (EFORT), Gallipoli 2015 Orthopaedic Meeting, International Medical Education Leaders' Forum (IMELF), International Conference for Residency Education (ICRE) and Asia Pacific Economic Cooperation (APEC).

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## Regional Managers

Regional Managers were employed by AOA in each of the states/regions as the first point of contact for membership and training matters – to better support AOA members.

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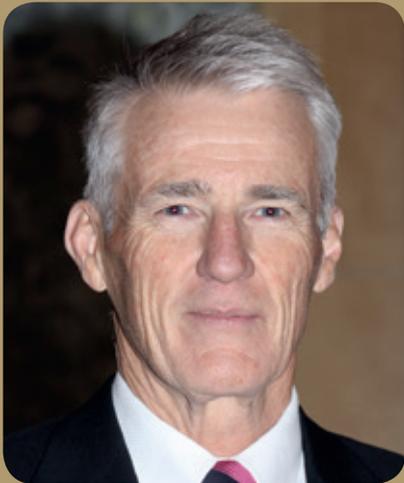
## Head Office

Member satisfaction with AOA Head Office maintains its exceptionally high score of 95%.

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# president report

“A major thrust of this year’s activity has been to increase engagement with important stakeholder groups.”



**John Tuffley**

PRESIDENT AND CHAIR  
OF BOARD OF DIRECTORS

## Board Activity

Accomplished following a CEO-facilitated Board weekend workshop held in February this year was the formulation of a strategic plan for AOA 2016–2018. The initial draft was modified following input from representatives of the subspecialty societies and AOA State Branches. The final strategic plan was approved at the July 2015 meeting of the AOA Board.

Heading the AOA Strategic Plan 2016–2018 is the AOA vision: To be world-recognised for the advancement of orthopaedic surgery through education, professional standards, and advocacy.

A series of four core strategies support the AOA statement of purpose: for AOA to be the peak professional body in Australia for advancing excellence of orthopaedic practice in the interests of patients and the community, and in the training of surgeons to world-class standards.

Over the next three years, there will be a focus on Education and Training, Advocacy and Engagement, Professional Standards and Research, and on our neighbours in the Asia Pacific Region.

Aside from developing a new strategic plan, your Board has acted cohesively over the past year to deal with the many issues which require Board consideration. Issues are enthusiastically discussed and debated, and all your representatives have made valued contributions. Broadly speaking, the important issues fall into the categories of Operational, Strategic, and Governance. Other agenda topics include receiving reports from various bodies and committees.

Following is comment on the significant activities of AOA over the past year, in addition to the development of the new strategic plan. Areas which will be the subject of specific reports in this publication by those responsible for those areas will either not be mentioned, or only briefly touched upon.

## RACS Relationship

The CEOs and Presidents of both organisations have met on two occasions since May 2015, with the plan for there to be ongoing regular meetings. This has improved the level of communication between AOA and RACS. There is agreement that training is one of the most important activities surgeons undertake, and that there needs to be surety of the environment in which

our trainees are educated. There is no argument that Continuing Professional Development is essential for the maintenance of high standards, and that auditing surgical mortality is a worthwhile exercise. Both organisations are involved in these activities, but there remain some differences in the philosophies around how these activities should be administered.

AOA has invited the RACS President and CEO to Sydney so we can present and explain to RACS our new strategic plan, but the RACS President and CEO have to date not been able to find the time to visit AOA in Sydney.

## Constitutional Reform

Proposed changes to the AOA Constitution are to be put to a membership vote at the 2015 Annual General Meeting. The proposed changes have followed extensive consideration by the AOA Board, and throughout the process of shaping these proposed changes, there has been ongoing valued input from the AOA solicitors, Tress Cox. AOA is a vastly different organisation to the organisation it was when the current constitution was introduced, and accordingly, needs a more contemporary constitution. Separate documentation explaining in detail the logic behind the proposed changes will have been forwarded for member consideration prior to the proposed changes being voted upon.

## AOA National Joint Replacement Registry (AOANJRR)

Essentially since its inception, the AOANJRR has been housed at the University of Adelaide's Data Management Analysis Centre (DMAC). Due to a variety of reasons, a new provider of the services required to run the AOANJRR has been sought, with the AOA CEO and President, and the Director and Deputy Directors of the AOANJRR, exploring options with various groups, including the original provider, DMAC. The decision has been made to accept the proposal put forward by the University of South Australia and the South Australian Health and Medical Research Institute to combine to provide the services required to manage the AOANJRR. AOA is excited by the potential this has to further improve the quality of the AOANJRR and to expand the range of reports available to members.

The AOANJRR continues to keep AOA on the world stage at international meetings, due to presentations made by the Director, the Deputy Directors, our members, and by international speakers who so often reference the data of the AOANJRR.

## AOA 21

Progress toward AOA having our trainees train under one of the best orthopaedic educational programs in the world continues. The curriculum, 'a living document' continues to be refined. Our CEO and Director of Education and Training attend and participate in international conferences and workshops to ensure AOA is

abreast of current best practice in surgical education. Bone school is being improved. New methods of trainee assessment are being trialled with the aim being to have no trainees 'fall through the cracks'. This should decrease the incidence of trainees needing to be put on probation, should improve the level of competence possessed by trainees at various time points during their training, and should improve the pass rate of the final fellowship exam.

## Professional Development and Standards (PDS)

This continues to be an important focus of the AOA Board and the PDS Committee. The PDS Committee has been rejuvenated this year, and a meeting of the CEO, the Presidential line, and the Chair of the PDS Committee with an ethicist and with a representative of the Australian Health Practitioners Regulatory Authority in mid 2015 provided guidance for the direction AOA should take with Professional Development and Standards.

## Fellowships

The Chair of the Fellowships Committee and his committee, with invaluable assistance from AOA staff, completed a Fellowship review this year. They took on an extremely difficult task, and produced a high quality document laying out the criteria for a fellowship to be AOA accredited, including the thorny issue of stipends. This is an achievement for which they are given great credit.

There is approximately one AOA accredited fellowship for every two orthopaedic trainees. Members

need to be certain that fellows do not compromise the educational opportunities of AOA trainees. Fellows should not metamorphose into surgical and clinical assistants for the benefit of fellowship supervisors. Fellows expect and should be provided with a high level educational experience.

## Asia Pacific

AOA is involved in the Asia Pacific region through the Asia Pacific Committee of the AOA, through Orthopaedic Outreach, through the Asia Pacific Orthopaedic Association, and through the efforts of individuals who organise their own aid efforts. A meeting of the major groups was held this year and provided improved clarity around their areas of operation.

A new scholarship is being offered this year, the ANZAC Trans Tasman Scholarship, which will fund a young Australian orthopaedic surgeon to attend the NZ Annual Scientific Meeting.

Clinical services continue to be provided to many of our Asia Pacific neighbours. A new trend is to expand the offerings to include more didactic education, assistance with developing curricula and training programs, plus assisting in the training of local examiners and the development of structured exams. This is most progressed in Indonesia. The countries to which aid is provided have wide ranging standards and vastly differing resources, necessitating country specific tailoring of aid to fit needs.

## Advocacy

Advocacy is occupying an increasing amount of AOA's time. The majority of the advocacy work is reactive in response to enquiries made of AOA, or co-operative. Examples are responses to enquiries made about medical tourism, participation in the recent government instigated MBS review, participation in RACS initiated discussions around surgeons' fees and around sexual harassment and bullying, plus AOA involvement with Prosthesis List Advisory Committees and the Department of Health Digital Imaging Committee. The MBS review is investigating the appropriateness of various procedures and investigations, as well as regional variation regarding procedures and investigations. AOA's media advisors have proven extremely useful in assisting office bearers to handle on occasions the tricky questions posed by the media.

An area looming as a space in which AOA will need to be involved is to do with the move by health insurance providers to place unreasonable restrictions on what is covered by their policies. This is impacting on hospitals, doctors, and of most concern, on our patients. It is anticipated that the fight against these ill thought out moves by health insurers will need to be in partnership with overarching bodies such as RACS and the Australian Medical Association.

Areas where AOA has been proactive include supporting the Australian and New Zealand Hip Fracture Registry, and the Australian Bone and Mineral Society study into secondary fracture prevention. One of the most exciting initiatives has been to lobby the Federal Government to back a Youth Sport Injury Prevention Program. Aside from having the data to prove the cost effectiveness of such a program, it is a program with societal benefit.

## History of Orthopaedics in Australia

AOA has commissioned a book to take up the history of orthopaedics in Australia from where Hugh Barry's book concluded in the early 1980s. The quality of this publication will depend a great deal on contributions from members. All members are encouraged to consider what they can contribute as contributions will be sought in the near future.

AOA has not been marking time over the past 12 months, and with a new strategic plan in place, will have defined direction for the next three years. The Board and AOA management team will continue to work to keep AOA as an organisation of which all members can be proud.

“ AOA is the peak professional body in Australia for advancing excellence of orthopaedic practice in the interests of patients and the community, and in the training of surgeons to world-class standards. ”

AOA STATEMENT OF PURPOSE

“Over the last five years AOA has embarked on a strategic transformation.”



Adrian Cosenza

CHIEF EXECUTIVE OFFICER

## Five Years in Review

The Association has navigated a remarkable strategic transformation over the past five years. The year ending June 2015 marked the completion of the three-year strategy cycle, which commenced in 2012. The list of achievements over the five years includes:

- Completion in 2011 of the due diligence process assessing the feasibility of AOA being accredited for delivering orthopaedic surgical education and training.
- Development and implementation of the strategic plan 2013–2015 – 35 milestones completed.
- Negotiation of a new service agreement with RACS for the delivery of orthopaedic surgical education and training.
- The initiation of a significant strategic review of orthopaedic surgical education and training.
- The conceptualisation, design, development and commencement of delivery of AOA 21 – the exciting initiative in education and training incorporating global best practice to improve quality and patient care.
- An independent best practice and strategic review of the AOA National Joint Replacement Registry (AOANJRR) resulting in 30 recommendations for improvement, most of which have been completed.
- The development of proposed constitutional changes designed to provide a contemporary governance structure for the future.
- Renewed energy and focus on developing orthopaedic research as a key component in reinforcing and promoting orthopaedic practice.
- A strategic review of the Fellowship portfolio being the first such major review in many years.
- The recognition that the Association should articulate a strategy for the Asia Pacific region in a considered and more focused manner.
- The emergence of a renewed focus on the importance of ethical practice and professionalism.

Coupled with the implementation and progression of these strategic initiatives has been the underlying growth in operational activities over the last five years, including:

- An increase in membership from 1362 (2011) to 1595 (2015).
- Maintenance of a high 98% of orthopaedic fellows as members of AOA.
- An increase in the number of SET applications from 183 in 2011 to 216 in 2015.
- The average number of training positions offered between 2011 and 2015 was 47 (in 2011 50 positions were offered; 2012 – 45; 2013 – 35; 2014 – 53; in 2015 – 47 posts were offered).
- A slight increase in the total number of trainees from 215 (2011) to 226 (2015).
- The development of a sustainable education sponsor support program for the AOA Education Fund resulting in 25 individual education sponsorship grants to the value of over \$600,000 over the five years to contribute to funding education technology developments for SET trainees.
- Growth in accredited fellowships from 73 in 2012 to 120 in 2015.
- The establishment of a new fellowship administration service delivering services to over 91 fellows over the past four years – averaging 23 per year over the last three years.
- The establishment of a new division – conference and event services – resulting in an increase in the number of education meetings delivered by AOA from none in 2011 to an average of 11 per year over the past three years

and a total of over 30 meetings in the portfolio in 2015.

- Over 40 advocacy submissions delivered, promoting and advancing orthopaedics, including an average of 35 advocacy issues managed per annum.
- The maintenance of a highly relevant and purposeful *Bulletin* through increased regular contributions from subspecialty societies and AOA bodies and a high regular member readership exceeding 80%.
- Increased traffic through AOA's website from 22,800 visitors in 2011 to over 72,041 in 2015.
- The maintenance of industry-high newsletter open rates consistently exceeding 60% over the past three years.

As the Association has grown organically it has also become more professional and disciplined in its audit, risk and governance arrangements as evidenced by:

- A formal risk management system developed to international risk standard 30001 has been in place over the past three years.
- The Audit and Risk Committee was established in 2013 and identified 30 key risks in 2012 which have reduced to 25 in 2015.
- Over the past five years AOA has entered into over 600 legal agreements; there are over 400 current in 2015.
- Commensurate with risk identification has been the implementation of risk mitigation measures and controls that have resulted in improving AOA's overall risk profile.

- Director training in governance has been delivered to improve director stewardship skills.
- Conducting two successful disaster recovery exercises ensuring AOA has workable back-up systems and procedures in the event of an adverse event or disaster.

Member service has improved through delivery of improvements in technology, with the number of technology projects increasing from 14 in 2013 to 27 in 2015. Initiatives in education and training and communication comprise the majority of the investments.

A key measure of the relevance to members of the services delivered is provided through the annual member satisfaction surveys initiated in 2012. In the four years since the survey commenced:

- Overall member satisfaction has increased from 85% in 2012 to 90% in 2014 and 89% in 2015.
- The number of functions with a rating above 90% has increased from 1 in 2012 to 7 in 2015.

The number of AOA staff employed has grown from 23 FTE to 28 FTE and the staff engagement rating has ranked in the top 10% of similar type organisations consistently in each of the past four years.

In the five year period to 2015, AOA has invested \$1.8M in strategic initiatives, substantially maintained cash holdings and guided an increase in net members' funds.

Overall the Association has delivered a remarkable and progressive transformation.

# “Member service has improved through delivery of improvements in technology.”

## Strategy

This year the Association embarked on a contemporary strategy development process to determine its future ambitions and aspirations. The process commenced mid-2014 and involved extensive consultation and feedback from members, state branches, subspecialty societies, AORA, directors and staff. Members were asked to identify and rank the top priority areas for the future for AOA. The feedback gathered through surveys, presentation and discussion sessions were assimilated for the Board strategy workshop held February/March 2015.

Directors worked extensively and assiduously in preparation and were asked to consider a number of simple, yet fundamental questions:

- Looking five years plus into the future, what do you consider to be the three major challenges and three major opportunities facing AOA as a professional body and for the AOA leadership team? To what extent do you think they require incremental versus fundamental change?
- Looking five years into the future, what do you think should be AOA's future ambition?

- In regards to AOA's future ambitions, can you describe what success would look like to you?
- Thinking about operational improvements, what do you think should be the three most pressing initiatives?
- In the context of broader fundamental change, what do you think should be three major changes AOA should pursue?

Directors were provided with a contemporary synopsis on the environment, trends and forces including:

- Structural forces changing Australia's economic and societal make up.
- Contemporary approaches to strategy formulation for not-for-profit organisations.
- Challenges facing the healthcare system.
- Examples of medical education transformation programs in other countries.
- Leading edge education technology developments.
- The increasing importance of the Asia Pacific region.

- Contemporary governance for not-for-profit organisations.

The Board workshop involved lively and vigorous debate and the shape of the 2016–2018 strategic plan emerged. For the first time the Board has articulated a new vision for the Association. The Statement of Purpose has been reviewed; it places the patient and the community as the centre of AOA's focus. Four core strategies have been agreed (refer to page 14):

- Education and Training
- Advocacy and Member Engagement
- Professional Standards and Research, and
- Asia Pacific.

## Remaining Relevant

The Board has focused energy on ensuring that the Association continues to remain relevant and is of value to members and subspecialty societies. Activities pursued over the past year include:

- Assisting smaller subspecialty societies with subscription collection of member fees through access to AOA's member billing system. For example, this has assisted the Australian Orthopaedic

“Greatness is not primarily a matter of circumstance: greatness is first and foremost a matter of conscious choice and discipline.”

- Trauma Society to increase membership from 40 to over 200 over the past year.
- Providing members with the opportunity to donate to Orthopaedic Outreach through the registration of AOA events – this has raised over \$10,000 over the past two years.
- Providing technology services to assist subspecialties to improve their website and brand presence.
- Providing accounting and administration services to state branches, subspecialty societies and the Research Foundation.
- Providing advice in relation to governance and constitution matters for some subspecialty societies.
- Supporting AORA, including providing the funding for AORA Executive to hold two meetings a year at Head Office.
- Providing support for the potential development of registries for some subspecialty societies.
- Providing direct funding assistance to subspecialty societies for overseas guest speakers to attend the respective subspecialty section of the ASM. The direct funding for this has steadily increased over the past three years.
- The development of a new service – eProceedings provides members with online access to ASM and other presentations following conclusion of the ASM.
- Providing direct advocacy support for state branches and subspecialty societies.
- Aggressively defending members’ privileged rights enshrined in quality assurance protection when AOA was challenged through the High Court arising from device-related class actions.
- Supporting new initiatives proposed by members such as the Youth Sports Injury Prevention Program.
- Promoting and enhancing AOA brand and profile through involvement in high profile international education forums such as International Conference on Residency Education (ICRE), International Medical Education Leaders’ Forum (IMELF), Asia Pacific Economic Cooperation (APEC) Forum on Business Ethics in the medical device sector and senior representation in the International Consortium of Orthopaedic Registries (ICOR).

## A Great Team

It is most gratifying and indeed humbling to be supported by a vibrant, engaged, enthusiastic, professional and highly capable staff. I would like to express my deepest thanks and appreciation for the tremendous work undertaken by AOA staff in the state branches, at the AOANJRR and in Head Office. Their dedication and commitment to providing the best possible support to members is second to none.

The engine, heart and soul of AOA are the members at large, in state branches, in subspecialty societies, as office bearers and directors. It continues to be a privilege to serve this great profession led by highly capable medical professionals. I would like to particularly thank the Executive and Board for their continued wise counsel, advice and support.

## Challenging Ourselves

AOA’s ambition is to be great at everything that we do. Greatness is not primarily a matter of circumstance: greatness is first and foremost a matter of conscious choice and discipline. The quest for greatness is never ending yet stimulating, challenging and rewarding. I look forward to a most exciting 12 months ahead.

# aoa strategic plan 2016–2018

## Core strategies

### 1. Education and Training

#### Aim

To further enhance the quality of graduates from the AOA orthopaedic surgical education and training program.

To continue to deliver high quality selection, training and assessment.

To promote lifelong learning and integration of education.

To support AOA members in their training roles.

The relationship with state branches, subspecialty societies, allied health providers and international associations will be further developed to continue to facilitate the ongoing development and contemporary maintenance of an agreed list of key priorities advocating for improved and better orthopaedic patient care.

Younger members (less than 45) will be identified for increased engagement and to actively seek their contribution and participation in AOA activities.

In particular the Young Leaders Forum will be revised and reenergised to become a prestigious and highly sought after experience at AOA for young members.

AOA must continue to remain relevant to all members and therefore clearly understanding members' needs is vital.

This will be completed through a member services needs analysis. Increased engagement with relevant stakeholders at all levels from locally to globally will increase AOA's profile as a strong advocate for the management of musculoskeletal conditions.

“AOA must continue to remain relevant to all members and therefore clearly understanding members’ needs is vital.”

## 2. Advocacy and Engagement

### Aim

To advocate key priorities locally, nationally and internationally.

To nurture relationships with younger members and increase engagement.

To further develop and deliver relevant member support and services.

To improve the profile of AOA as the peak professional body for orthopaedic surgery and management of musculoskeletal conditions to the community.

To enhance AOA’s profile as the relevant authority for patient education for all matters orthopaedic.

To encourage diversity and equal opportunity.

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“ A particular focus will be increased energy and commitment to educating and encouraging ethical decision-making and professional conduct. ”

### 3. Professional Standards and Research

#### Aim

To establish professional standards of practice for orthopaedic surgery.

To promote and facilitate purposeful involvement in Continuing Professional Development (CPD).

To encourage ethical decision making and professional conduct.

To expand AOANJRR's capability and strengthen its global influence.

To facilitate the development of a community of practice in musculoskeletal evidence-based medicine and lifelong learning.

The community is increasingly seeking relevant, timely and evidence based information to assist in their decision-making.

Establishing professional benchmark standards of practice for orthopaedic surgery will represent an important milestone for AOA in this area.

The relevance and importance of CPD is highlighted with a key review of CPD to be undertaken during this period.

A particular focus will be increased energy and commitment to educating and encouraging ethical decision-making and professional conduct.

AOANJRR will be supported to expand its capability and allowing it to play a global leadership role including its active contribution to the harmonisation of standards and protocols in international registry management.

The importance of actively increasing AOA involvement, commitment and profile in musculoskeletal evidence based medicine (research) will be a particular focus during the period. Profiling and nurturing the development of the Network of Orthopaedic Academic Departments (NOADs) will be an important milestone.

“AOA expertise in education and training is warmly regarded by many of our neighbours.”

## 4. Asia Pacific

### Aim

To foster strong relationships with the Asia Pacific region through collaborative education and training.

To support orthopaedic humanitarian initiatives through Orthopaedic Outreach in Australia and Asia Pacific.

With the Asia Pacific growing at a higher rate than other regions in the world, the demand for orthopaedic services in the region is expected to continue to grow at a rapid rate.

AOA expertise in education and training is warmly regarded by many of our neighbours.

The aim is to shape and deliver a more purposeful and focussed strategy in the region. It will require dedicated effort and increased energy and commitment to best leverage the limited resources.

There is an opportunity to clarify respective roles of AOA, Orthopaedic Outreach and other providers of orthopaedic aid to optimise service deployment in the region.

The ambition is to develop a road map including priorities in the region, to foster stronger relationships and achieve an increased AOA presence/profile.

# education and training report

“It is often only with the benefit of time that we can perceive just how much has been achieved.”



Ian Incoll

CHAIR OF EDUCATION  
AND TRAINING

As I come to the end of my term as Chair of Education and Training, it seems timely to look back on the past year, but also across the duration of my term. It is often only with the benefit of time that we can perceive just how much has been achieved. While we still have much work to do, I'd like to highlight some of our achievements and the ways in which our training program has evolved over the past four years.

## Strategic External Review

In conjunction with AOA's Strategic Plan 2013–2015, AOA commissioned a Strategic Education Review, led by Jason Frank, Director of Strategy, Education and Specialty Training at the Royal College of Physicians and Surgeons of Canada. This four stage international best practice review spanned 2012 and 2013 and resulted in 16 recommendations covering all aspects of Selection, Surgical Education and Training (SET), Post-Fellowship Education, and Continuing Professional Development.

As a result of the recommendations from this review, in March 2014 the AOA 21 – 'Excellence in Orthopaedic Surgical Education and Training' project was launched.

## eLearning and the Education Fund

AOA 21 aims to incorporate global best practice by using technology to facilitate online assessment processes and curriculum delivery. Greater flexibility and access to a breadth of outstanding teaching and learning resources for both trainees and supervisors, wherever they may be located in Australia, will be provided.

The AOA Education Fund, which is supported by industry, was established in 2010/11 to facilitate the ongoing development and implementation of AOA's online education capabilities through the eLearning platform, Learn@AOA.

The last two years have seen increased involvement of industry in supporting the Education Fund. For the first time this year AOA has entered into a Diamond partnership with a Medical Defence Organisation for the delivery of Risk Management modules in Bone School. The inaugural industry Diamond sponsor has also delivered education to trainees in Bone School, while other sponsors have worked with trainees in different ways to further enhance their education opportunities.

## Trainee Information Management System

This year saw the introduction of TIMS (Trainee Information Management System) to document trainees' progress throughout their training tenure.

AOA users such as Trainees, Trainee Supervisors, Directors of Training and RTC Chairs currently use TIMS to create, submit and review trainee assessments. TIMS, which interfaces with the AOA Avalon database, will be further extended in the future as AOA 21 is implemented.

A prototype of a Trainee Feedback App is currently being developed, while later this year the building of new work-based assessment forms online will commence.

## Policy and Process

A significant project in 2012 was a broad internal review of Education and Training policy and process. This review resulted in a suite of new assessment policies and forms, accreditations standards, and training program requirements. The new and updated documentation provided much needed clarity around the rules of the training program and national consistency of process. With



*Excellence* in Orthopaedic  
Surgical Education and Training

## AOA 21

AOA 21 is arguably one of our most ambitious strategic review projects since the Association was founded over 75 years ago. A plan for the redesign of eight key areas of our SET program between 2014 and 2021 was developed. The Project aspires to improve the quality of orthopaedic practice and patient care through the delivery of a world-recognised orthopaedic SET program.

During 2014 the newly established Curriculum Review Committee, led by Dr Michael Falkenberg, drafted a revised Orthopaedic Curriculum. The draft competency-based curriculum, which is currently available for review by all AOA members, considers the essential abilities required of an AOA graduate on their first day of independent practice. An Assessment Working Party was formed in late 2014 to consider possible new assessment methods and stages of training, in line with the revised curriculum. Directors of Training and Trainee Supervisors provided feedback on the proposed plans at recent facilitated discussion sessions held in each state.

Following the Training and Assessment Workshops for Directors of Training and Examiners in 2012 and 2013, AOA 21 has developed and delivered a series of workshops both face to face and via webinar in 2014 and 2015.

Over the course of the past four years AOA has been invited to participate and contribute to the International Medical Education Leaders' Forum, International Conference on Surgical Education and Training and International Conference on Residency Education. AOA's invitation to these leading global medical education events increases recognition of AOA by international bodies involved in medical education and training.

“The Annual Selection Review has provided the opportunity to refine the selection process from a quality assurance perspective.”

the introduction of the improved policies and processes, we have seen an increased number of trainees on red flag and probation. Pleasingly, these assessment outcomes are increasingly understood as an opportunity to provide remediation and support where needed, which is of great benefit to trainees.

Following the execution of the AOA/RACS Service Agreement, and consistent with the delegation of responsibilities documented therein, considerable effort has been focused on negotiating a new suite of Principle Based Policies with the College. These high level policies will allow AOA greater flexibility in delivery of a SET program that can be driven by best practice.

## Selection

The Annual Selection Review has provided the opportunity to refine the Selection process from a quality assurance perspective. Behind-the-scenes data and our international collaborations have brought to light the successes of Selection that might not otherwise be apparent. With the increased autonomy provided by the principle-based policy, we have commissioned a detailed statistical analysis. The preliminary results of the

analysis support a number of significant changes to the way we apply our Selection tools and will be considered in depth in the coming months.

## National Trial Fellowship Exam

Following the success of the National Trial Fellowship Exam (NTFE) in 2013 and 2014, under the oversight of John Owen, planning is underway for the 2015 NTFE in Brisbane.

The trainees, who found the authentic exam experience with the opportunity to attempt two components of both the viva and written exam invaluable, have warmly welcomed this initiative.

## Operations of SET

Alongside all of these developments, the operations of the SET program continue. 193 applications for orthopaedic SET for 2016 were received, with 104 applicants going on to be interviewed across the country on 20 June 2015. 133 interviewers gave generously of their time to make the interviews possible. 47 first round offers were extended.

24 inspectors conducted Accreditation Inspections between 16–27 March. 13 quinquennial inspections and 7 mini

inspections were undertaken, with the majority of inspections in SA and WA.

We currently have 226 trainees participating in the SET Program. Across the last year 41 trainees have successfully completed SET and 24 trainees have received additional support via red flag (11 trainees) and probation (13 trainees). Poor pass rates in the Fellowship Exam are currently under discussion by the FTC with a view to identifying the underlying factors contributing to this disappointing outcome.

There are 23 IMGs currently undergoing clinical assessment in orthopaedic surgery. All but one are being assessed by Examination. There are currently seven IMGs who have completed their supervision period and are yet to pass the Fellowship Examination. One IMG obtained Fellowship in 2014.

I have been regularly inspired by the generosity and goodwill of the AOA Fellows who give so much of their time and energy to ensuring the success of SET in so many roles. I'd especially like to acknowledge the dedicated members of the Federal Training Committee: RTC Chairs Julian Lane (QLD), Geoff Rosenberg (NSW), Graeme Brown (VIC/TAS), Ben Beamond (SA), Jon Spencer (WA); Board of Studies Chairs Richard

“I have been regularly inspired by the generosity and goodwill of the AOA Fellows who give so much of their time and energy to ensuring the success of SET in so many roles.”

Boyle, Tim O’Carrigan, Sandeep Tewari and Dave Nicholson; Chief Examiner: Kevin Woods; AORA President: Philip Huang and Peter Moore; Jurisdictional Representative: Brett Oliver and the support of the AOA Board and CEO Adrian Cosenza.

In October I will leave the leadership of Education and Training in the capable hands of Omar Khorshid from WA, who has served as Deputy Chair for the past two years.

Finally, I would like to commend to you the extraordinary efforts of our Education and Training Team present: Vicky Dominguez, Alexandra La Spina, Elizabeth Burrell, Jodie Atkin, Michelle van Biljon, Ally Keane; and past: Anqi Zhu, Michele Short, Susie Obeid, Penny Sinden, Talysa Trevallion, Megan Cetinic and Joan Burns. It has been my great pleasure to work with this group of professionals; we are fortunate to have their expertise and commitment.

## Preliminary eLOG Data

One of the most beneficial aspects of TIMS is its capacity to provide data. The accumulation of comparative data over time/SET levels will highlight trends and allow for the creation of benchmarks.

Currently the data is limited due to the small population of users (SET 1 trainees) and the fact that reporting capacity in TIMS is only starting to be built.

Preliminary data from the first 6 months of TIMS use (February–August) for eLogs reveals that:

- Over 13,000 operative procedures were logged by SET 1 trainees.

The most commonly logged procedures by procedure module were:

- Adult trauma (femur neck – closed reduction and internal fixation; and hemiarthroplasty; ankle; open reduction; radius/ulna distal end; open reduction)
- Knee (arthroscopy; total knee arthroplasty; total knee arthroplasty – revision)
- General other (removal of metal/implants; wound washouts; debridement).

The most common procedures for Direct Observational Procedure (DOPS) assessments were:

- Total knee replacement
- Total knee arthroplasty
- Knee arthroscopy.

“The representative voice for AOA trainees.”



Peter Moore

AORA PRESIDENT

The AORA Executive Committee has continued to build on the strong leadership of previous years. We continue to focus on strong representation of our registrars and on providing a voice to assist in the improvement of training orthopaedic surgeons in Australia.

We have continued to have two annual face to face meetings at AOA Head Office. These meetings have proved extremely useful, particularly in strengthening the relationships of those on the Executive Committee. These relationships facilitate more effective representation by providing a stronger and more considered voice to the AOA Board and other committees.

Unfortunately, the registrars' association has been disappointed by the recent pass rate at the fellowship exam. Our Executive Committee has worked closely with members of the Federal Training Committee and Regional Training Committees to help address areas needing attention.

## AORA Annual Conference

In October 2014 we had a new and revamped program for the AORA meeting in Melbourne. Over two

and a half days there were 20 scientific papers and eight instructional lectures, with 26 speaking surgeons. Attendance was the highest in recent memory with 154 people attending. Due to its success, we plan to continue this format in the future. We appreciate the support we have received from both registrars and consultants.

## AOA 21

We have been able to represent registrars at a number of workshops on the new curriculum. It has been extremely valuable to be a part of this project, which has been designed to enhance the training of orthopaedic surgeons in Australia. It has been a great opportunity to be involved in such an important project.

As AORA continues to build on a strong representative base, we look forward to acting as an effective and considered voice for registrars. I thank the support and hard work of my fellow executive members Phil Huang (President 2014–15), Libby Anderson (QLD), Reza Rahim (NSW), Michael Symes (NSW), Francis Connon (NSW), Sina Babazadeh (VIC), Mario Zotti (SA), and Iswadi Damasena (WA).

# scientific secretary report

“Scientific evidence is the basis for optimal patient care and advancement of orthopaedic surgery as a specialty.”

The Scientific Committee met in Brisbane in January. A site inspection was undertaken of the Brisbane Convention Centre, which will be an excellent venue for both the 2015 Annual Scientific Meeting (ASM) and the AORA meeting.

The Committee reviewed the 2014 Melbourne ASM, noting the record attendance with 1500 delegates, including 900 surgeons and 150 registrars.

Overall, 75 per cent of delegates registered for the full four days. A post ASM survey received 197 responses, with 40 per cent rating the meeting 'excellent' and 50 per cent 'very good'.

It was noted that the RACS Annual Scientific Congress in Kuala Lumpur in 2012 totalled 971 Fellows and 167 trainees, so the AOA ASM is now a major educational event in the region.

## Brisbane ASM 2015

Preparations are coming along well. Paul Pincus is the local convener and a full social program has been confirmed.

The meeting theme is 'Training Tomorrow's Orthopaedic Surgeons'. The President's Guest Speaker is Professor Andy Carr and the RACS Speaker is Professor Larry Marsh. The meeting theme will be developed in the Plenary and will explore both trends in education and also the increasing focus on professionalism – and, in an increasingly smaller world, the role of humanitarianism. RACS President Professor David Watters will speak on the Lancet Commission for Global Surgery.

The Brisbane ASM will be the first truly 'open' scientific meeting. In past ASMs, prospective speakers were required to state the name of an AOA member they were affiliated with. Usually surgeons from 'non-kindred' orthopaedic associations did not get the opportunity to speak at the AOA ASM unless they were invited. At the Brisbane ASM, surgeons from the broad Asia Pacific region have submitted abstracts and, subject to a transparent peer review, will present at this year's meeting.



Allan Wang

SCIENTIFIC SECRETARY

“The focus of my efforts has been developing the ASM, as this is the one occasion when most AOA members will regularly get together.”

The engagement with Asia Pacific will continue with the ASM hosting Fellows from IOA and ASEAN. Professor Keith Luk is the Asia Pacific Guest Professor and Ted Mah, being current APOA President, will chair an APOA section in the scientific program. Presidents from the Asia Pacific have been invited to present papers or chair sessions in the general scientific program.

This report is the fourth report to the Board in my last year as Scientific Secretary. The focus of my efforts has been developing the ASM, as this is the one occasion when most AOA members will regularly get together. Fostering scientific endeavour in AOA remains a key objective. However, I am pleased that recent ASMs have seen increasing engagement from all the subspecialty societies who each arrange an instructional lecture program for their more generalist colleagues.

Also, corporate sponsors have introduced masterclasses to the ASM and the practical skills component complements the scientific program. The AORA meeting has now been co-located with the ASM, so more registrars can attend and benefit from ASM activity. An initiative in recent

ASMs has been to present instructional lectures on how to conduct quality research and how to get research published. This should result in incremental improvement in the quality of research being performed, especially by younger members. Professor Ian Harris has been a tremendous contributor, along with notable academics Stefan Lohmander, Andy Carr, Bruce Reider and others. For those members who missed any of the instructional lectures, the eProceedings, edited by Roger Patterson, will be a valuable future resource.

I am most indebted to Alison Fallon, AOA Events Manager, for all her assistance and initiative during my appointment as Scientific Secretary.

# professional development and standards report

“ Striving to make the CPD Program more educationally valuable.”

## Continuing Professional Development

The Australian Health Practitioner Regulation Agency (AHPRA) random audits of medical registration declarations are topical. The CPD Committee invited AHPRA to attend the CPD workshop held in June to facilitate a better understanding of how we can work together to make the audit process as simple and stress free for AOA members as possible.

The discussion provided insight into the motivation behind the audit, the processes involved and the expectations of AHPRA. Ultimately, AHPRA provided assurance that they were not looking to penalise surgeons. If you are audited by AHPRA, I would encourage you to contact the AOA CPD team.

Looking forward, the CPD Committee has considered the very real possibility that revalidation may be adopted in Australia. With this in mind, the Committee is striving to make the CPD program more educationally valuable by incorporating a number of practice review activities that have the potential to effect positive changes in practice.

In response to member feedback, the Board recently approved a new CPD framework, which will see a new arrangement of current CPD activities. More intuitive and flexible, thereby supporting the CPD needs of members in all practice types, it will be delivered by a new and improved CPD online platform, with a scheduled launch for the 2017 CPD year.

## Professional Standards

Hand in hand with the review of the AOA Constitution is a review of the Code of Conduct, the Position Statement on Interaction with the Medical Device Industry and of the necessity for the development of a Code of Ethics.

AOA has limited capacity to resolve a number of disputes, as it is not a regulatory body with coercive powers. We do, however, have a vital role in the development and education of expected standards of professionalism and practice.

A review of the AOA Code of Conduct is currently underway and will include definitive advice for members around advertising. Internet and social media sites are regulated in the same way as print media and members are responsible not only for the content,



Michael Johnson

CHAIR OF PROFESSIONAL  
DEVELOPMENT AND STANDARDS

patient privacy issues and other related issues of their own website but also for the websites to which they choose to link their site. Members are reminded to check the advertising guidelines available on the AHPRA website.

## Professional Standards

### Numbers of matters referred, by whom

- Seven in writing
- Two by a state branch
- One by a patient
- Four by another surgeon.

### Resolution

- One referred to a State health department by the complainant
- Three resolved by the relevant state branch
- Two in another forum (AHPRA)
- One by the Committee Chair.

## CPD 2014 (as at July 2015)

Total AOA members required to undertake CPD	1207
Number undertaking <sup>^</sup> AOA CPD program	905
Number compliant in AOA program	485
% compliant in AOA CPD program	54%
Number undertaking RACS program	431
Number compliant in RACS program	423
% compliant in RACS program	98%
Total AOA Fellows CPD compliant	916*
% AOA Fellows CPD compliant	76%*
AOA Fellows not undertaking CPD	291*

<sup>^</sup> Undertaking in this context means having any CPD activity recorded in the relevant program. The AOA CPD software automatically registers any AOA member undertaking an AOA event.

\* Numbers are approximate as there are a small number of members who participate in both programs.

# research foundation report

“The Research Foundation completes another positive year and enters into a relationship with JB Were to manage its investible funds.”

## Investment Funds

The AOA Research Foundation has concluded an agreement with JB Were to manage investment funds. For many years investments have been managed internally and have been invested mainly in term deposits. With the significant downturn in interest rates, returns have been uninspiring and the Board is confident JB Were, which has a division dedicated to assisting not-for-profits, will enable more acceptable returns and help build the corpus of investible funds.

The Board has met twice with representatives of JB Were in the last year, and has developed an Investment Policy Statement and Investment Policy Charter to guide and govern investments. A Finance Committee has been established to oversee the relationship and to monitor performance.

## eGrants Application System

As forecast in last year's report, work has continued in the year under review to further develop the system of submitting research grant applications online. eGrants was used successfully for grant applications lodgement this year and Research Advisory Committee members were able to review the applications online.

## Early Career Researcher Grants

Invitations were issued for the first time this year for younger researchers, registrars and junior consultants to apply for a new category of grants (Early Career Researcher grants). A number of applications were received and seed funding of up to \$10,000 will be provided to successful applicants.

## Board and Research Advisory Committee

No personnel changes occurred during the year for the Board or the Research Advisory Committee. I am grateful to my colleagues for their work in both forums.

## Finances

The Foundation's assets increased during the year ended 30 June 2015 from \$4.9 million at 30 June 2014 to \$5.2 million at 30 June 2015. Revenue for the year amounted to \$450,648 compared to \$401,980 for the previous year. The operating surplus was \$244,412 (\$247,569 last year).

Research grants of \$187,000 were awarded during the year, and it is anticipated that grants in respect of 2015 applications will be of a similar order.



Minoo Patel

CHAIR OF AOA RESEARCH  
FOUNDATION LTD

# orthopaedic outreach report

“Natural disasters have impacted significantly through regions that Orthopaedic Outreach support.”



orthopaedic  
**outreach**

Graham Gumley

CHAIR OF ORTHOPAEDIC  
OUTREACH

Natural disasters have impacted significantly through regions that Orthopaedic Outreach support. Both the Kathmandu earthquakes in Nepal, and tropical cyclone Pam in Vanuatu have reinforced our focus in preparing local, in-country surgeons with the skills to provide first line care and manage the significant trauma.

Maturing programs in Vietnam and Cambodia continue to grow in strength with workshop-style and problem-based training of specialist skills related largely to upper limb surgery. Through these workshops, the current concepts of tendon repair, microsurgery, and skin flap techniques are passed on within a train-the-trainer model.

Australian orthopaedic involvement in Indonesia has a long and valuable history. A 'Training of Examiners' workshop was hosted by the Indonesia Orthopaedic Association (IOA) in conjunction with the COE and a pre-examination course for final year trainees. This course was conducted by Australian Senior Examiner Kevin Woods and Orthopaedic Outreach Board Chairman Professor Graham Gumley.

Significant planning has been invested in establishing a safe tour of multiple sites within Papua New Guinea. It has been a few years since Outreach has been heavily involved in PNG through surgeon retirement. PNG has significant population in areas with little access to surgical care. With the support of MDA National, an observation tour that included Madang, Mt Hagen and Lae was completed and will allow a forward looking plan to be introduced to support the training of local surgeons, nurses and allied staff and support their establishment of self-sustainable models of care.

Orthopaedic Outreach is extremely grateful for the support for our programs provided by the Australian Orthopaedic Outreach Board.

# membership

## AOA Fellows 2014–2015

David Agolley	NSW	Ash Chehata	VIC	Timothy Fletcher	WA
Matthew Alfredson	QLD	Marcus Chia	NSW	Jennifer Flynn	VIC
Altay Altuntas	VIC	Raymond Chin	NSW	Ilan Freedman	VIC
Anthony Athanasiov	QLD	John Yun Seo Choi	VIC	Nicholas Frost	WA
Mohammed Baba	NSW	Ze-Soong Chua	VIC	Devinder Garewal	VIC
David Bade	QLD	Brett Collins	QLD	George Gayagay	NSW
Buddhika Balalla	NSW	Geoffrey Cooper	WA	Juliette Gentle	VIC
Matthew Barnes	VIC	James Cox	QLD	Soheil Ghane Asle	VIC
Jason Beer	QLD	Hamish Curry	VIC	Constantine Glezos	NSW
Christopher Bell	QLD	Peter D'Alessandro	WA	Sven Goebel	WA
David Bell	NSW	Sommit Dan	NSW	Shyan Goh	NSW
Oliver Birke	NSW	Alan Dao	NSW	Satyen Gohil	WA
Shane Blackmore	VIC	Shailendra Dass	VIC	Daniel Goldbloom	VIC
Murray Blythe	WA	Paul Della Torre	NSW	Bruno Gomes	NSW
Grant Booth	WA	David Dewar	NSW	Glenn Gomez	QLD
George Bousounis	VIC	Umeshchandra Dhanjee	QLD	Benjamin Gooden	NSW
Anthony Bradshaw	VIC	Claudia Di Bella	VIC	Todd Gothelf	NSW
David Bradshaw	NSW	Charles Dick	QLD	David Graham	NSW
Stephen Brindley	NSW	John Dillon	VIC	Hamish Gray	QLD
Ben Brooker	VIC	Ashish Diwan	NSW	Michael Gross	ACT
Lochlin Brown	QLD	John Doneley	QLD	Ashish Gupta	QLD
Aaron Buckland	VIC	Nathan Donovan	VIC	Richard Hanly	QLD
Catherine Burns	NSW	Cameron Downes	QLD	Dominic Hannan	VIC
Jonathan Cabot	SA	Herwig Drobetz	QLD	Peter Harris	VIC
Kosta Calligeros	NSW	Francois Du Toit	QLD	Nathan Hartin	NSW
Benjamin Campbell	VIC	Christopher Dunkley	NSW	Matthew Hartley	QLD
Kate Campbell	QLD	Thomas Edwards	QLD	Nigel Hartnett	VIC
James Canty	VIC	Paul Einoder	TAS	Jason Harvey	VIC
Richard Carey-Smith	WA	Shaun (Michael) English	VIC	Luke Henschke	NSW
Nicholas Chabrel	SA	Travis Falconer	WA	Richard Hocking	ACT
Sivashankar Chandrasekaran	NSW	Robert Fassina	SA	Matthew Hope	QLD
Michael Cheesman	QLD	Daniel Fick	WA	Janet Hsuan	VIC

## AOA Fellows 2014–2015 (continued)

Craig Hughes	QLD	Yeong Lau	NSW	Andrew Mattin	WA
Joshua Hunt	VIC	Matthew Lawson-Smith	WA	Andrew Mayo	QLD
Matthew Hutchinson	SA	Max Leibenson	NSW	Patrick Michalka	WA
Stephen Hutchinson	TAS	Johan Le Roux	NSW	Lachlan Milne	WA
Mark Inglis	SA	Michael Ledger	WA	Brett McClelland	NSW
Wisam Ihsheish	ACT	Tack Shin Lee	NSW	Jason McDarra	QLD
Joseph Isaacs	NSW	Joanna Lenaghan	VIC	Luke McDermott	QLD
Brett Jackson	VIC	Domenic Leonello	SA	Catherine McDougall	QLD
Arvind Jain	VIC	Antony Liddell	WA	Paul McEniery	QLD
Benjamin Jeffcote	WA	David Lieu	NSW	Benjamin McGrath	NSW
Luke Johnson	SA	Chien-Wen Liew	SA	James McLean	SA
Christopher Jones	VIC	Gerald Lim	WA	Timothy McMeniman	QLD
Samuel Joseph	VIC	Tao Shan Lim	WA	Andrew Morris	VIC
Sanjay Joshi	QLD	Charlie Lin	NSW	Justin Munt	SA
Agus Kadir	NSW	Jeff Ling	NSW	Andrew Myers	NSW
Tamer Kahil	NSW	Ryan Lisle	WA	Anil Nair	NSW
Michael Kalamaras	QLD	Alan Loch	QLD	De Juan Ng	VIC
Jacob Kaplan	NSW	Hans Lombard	QLD	Andrej Nikoloski	WA
Anthony Keeley	NSW	Timothy Lording	VIC	Ikram Nizam	VIC
Troy Keith	VIC	Adrian Low	NSW	Matthew Nott	NSW
Angus Keogh	WA	Francis Ma	VIC	Fred Nouh	NSW
Oliver Khoo	NSW	Stuart MacKenzie	NSW	Anthony O'Neill	QLD
Paul Khoo	WA	Douglas Maclean	QLD	Eli Olschewski	NSW
Peter Kilby	NSW	Sheanna Maine	QLD	Michael Ottley	QLD
Vera Kinzel	NSW	Avanthi Mandaleson	VIC	Ponnaren Pak	VIC
Emily Kong	VIC	Daniel Mandziak	SA	Swapnil Pandit	SA
George Konidaris	NSW	Anna Manolopoulos	VIC	George Parker	QLD
Suyog Kulkarni	QLD	Darrin Marshall	NSW	Benjamin Parkinson	QLD
Jai Kumar	NSW	Brian Martin	NSW	Theo Partsalis	VIC
Markus Kuster	WA	Samuel Martin	NSW	Christopher Phoon	NSW
Martin Laird	NSW	Scott Mason	VIC	William Pianta	VIC
Richard Large	VIC	Simon Matthews	NSW	James Plant	WA

Igor Policinski	ACT	Davor Saravanja	NSW	Arash Taheri	WA
Rohan Price	VIC	Matthew Scaddan	WA	Simon Talbot	VIC
Per Prisell	TAS	Bernard Schick	NSW	Aaron Tay	WA
Shane Prodger	QLD	Dinesh Sharma	QLD	Duy Thai	VIC
Gareth Prosser	WA	David Shepherd	VIC	Jason Tsung	QLD
Vaibhav Punjabi	NSW	Matthew Sherlock	NSW	Carley Vuillermin	VIC
Arvind Puri	QLD	Louis Shidiak	NSW	Christopher Wainwright	NSW
Suleman Qurashi	NSW	Mark Shillington	QLD	Simon Wall	WA
Ross Radic	WA	Kush Shrestha	SA	Jason Ward	SA
Hamish Rae	NSW	Vivek Shridhar	QLD	Adam Watson	VIC
Sunil Randhawa	NSW	Shannon Sim	SA	Justin Webb	SA
Pankaj Rao	NSW	Timothy Small	NSW	Edward Wellings	NSW
Jaideep Rawat	NT	Adriaan Smith	QLD	Audi Widjaja	VIC
Joerg Rhau	QLD	Bjorn Smith	QLD	Matthew Wilkinson	QLD
Arash Riazzi	VIC	Jonathan Smith	QLD	Nicole Williams	SA
Brendan Ricciardo	WA	Joseph Smith	ACT	Christopher Wilson	SA
Paul Rice	VIC	Simon Smith	WA	Justin Wong	VIC
Christopher Roberts	NSW	Christopher Smithers	NSW	Robert Wood	VIC
Daniel Robin	VIC	Rupert Snyman	NSW	Geoffrey Workman	NSW
Jonathan Robin	VIC	Brendan Soo	VIC	David Wysocki	WA
Mark Robinson	QLD	Braad Sowman	WA	Matthew Yalizio	NSW
Daevyd Rodda	QLD	Luke Spencer	VIC	Timothy Yeoh	NSW
Sasha Roshan-Zamir	VIC	Razvan Stoita	NSW	Sarah Yong	NSW
Matthias Russ	VIC	Robert Story	WA	Samuel Young	WA
Nicholas Russell	SA	Peter Summersell	NSW	Julian Yu	NSW
Shalinder Sadiq	TAS	Sean Suttor	NSW	Ian Yuen	NSW
Hardeep Salaria	NSW	Arnold Suzuki	NSW	Simon Zilko	WA
Babatunde Salman	QLD	Daniel Sydenham	VIC		

## Affiliates

Richard Appleyard	NSW	Hala Zreiqat	NSW
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## Honours and Awards 2014–2015

### Awarded to

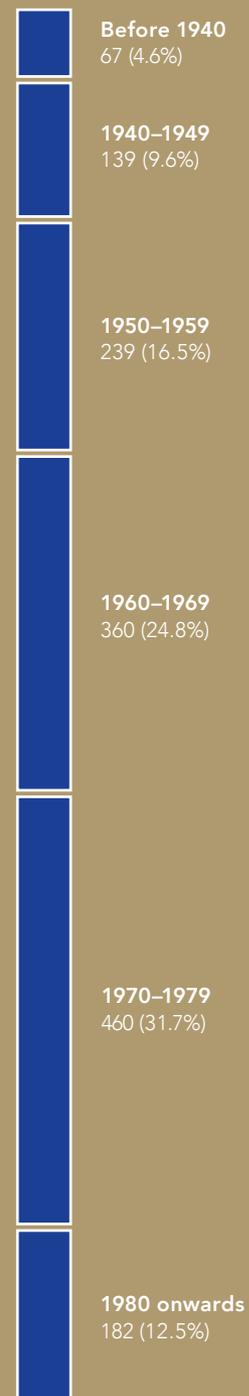
L O Betts Memorial Medal:	Stephen Graves
Award for Humanitarian Service:	David Young
Award for Meritorious Service:	Susan Liew, Paul Muscio, David Mitchell
Orthopaedic Education:	Phong Tran
Orthopaedic Research:	Peter Choong
Leadership Award:	Omar Khorshid
Honorary Fellowship:	Jason Frank, Stephen Milgate

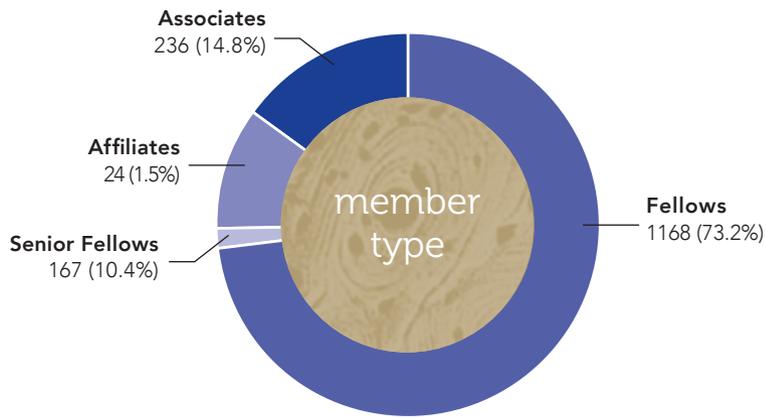
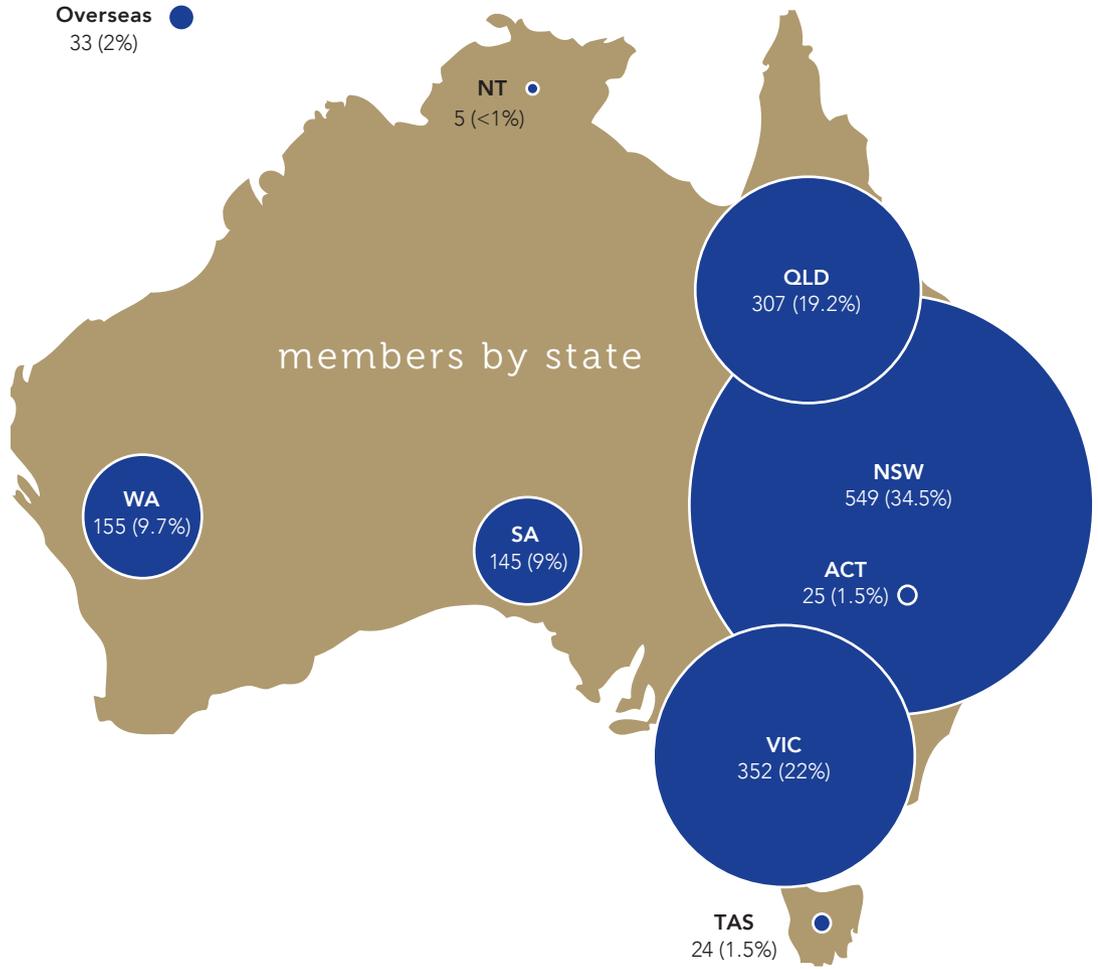
## Deceased Members 2014–2015

John Hart	VIC	Ronald Huckstep	NSW
Iain Macfarlane	NZ	Clive Cole	NSW
Tom Claffey	NSW	Michael Armstrong	VIC
John Collibee	WA	Peter Kudelka	VIC
John Maloney	NSW	Kevin King	VIC

## age range of practicing members

TOTAL PRACTICING 1447  
(Dates of birth by decade)





Total number of members as of 30 June 2015 = 1595

# facts and figures

## AOA Strategy

### Strategic initiatives

Number of milestones set against the 2016–2018 Strategic Plan.



## Communications and Events

### Media profile

Number of media mentions over past 12 months, totalling approximately \$3m in media coverage value.



## Education and Training

### Number of AOA trainees



### SET selection

193 Surgical Education and Training applications received in 2015 for the 2016 intake.



## Events

Number of meetings in the events portfolio, increased from 24 in 2014.



### AOA Bulletin

96% of members regularly read the *Bulletin*.



## Outreach

Over \$10,000 raised through AOA event donations to Orthopaedic Outreach over the last 12 months.



## Event attendance

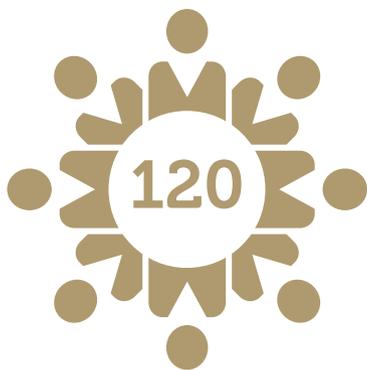
Number of attendees at AOA events in 2014–15.



## Statistics

### Fellowships

Number of AOA Accredited Fellowships, an increase of 11%.



### Advocacy

# 420%

Increase in advocacy issues since 2012.

### Research

Applications for research funding received in 2014–15.



### Membership growth

AOA membership near 1600.



## Operations

### AOA contracts

Number of active contracts with suppliers and other parties.



### Risk mitigation

Over 350 controls in place to mitigate AOA risks.



### Contributions made by AOA

Over a million dollars to subspecialties and other bodies since 2013.

# \$1million

### RACS fees

\$4.5m in training fees paid to RACS 2008–2015.

# \$4.5m

### Membership

AOA member percentage of total Australian orthopaedic surgeons.



### Member satisfaction

Overall member satisfaction.

# 89%

### Total AOA assets

Approaching \$20 million.

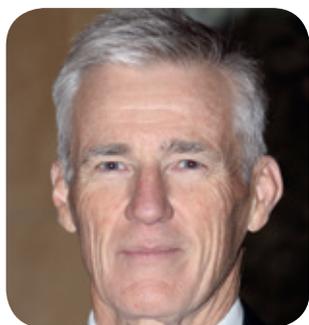


# board committees and directors as at 30 june 2015

## Board Committees as at 30 June 2015

Board Committees	Chairman
ABC Travelling Fellowships Committee	Bill Donnelly
Asia-Pacific Committee	Andrew Beischer
Audit and Risk Committee	Andreas Loeffler
Continuing Orthopaedic Education Committee	Andrew Oppy
Continuing Professional Development Committee	Michael A Johnson
Federal Training Committee	Ian Incoll
Fellowships Committee	Andrew Ellis
Honours and Nominations Committee	John Tuffley
National Joint Replacement Registry Committee	Ed Marel
National Joint Replacement Registry Editorial Advisory Committee	Donald Howie
Presidential Line and State Branch Chairs Committee	John Tuffley
Professional Conduct and Standards Committee	Michael A Johnson
Rural Surgeons Committee	Vinny Mamo
Scientific Committee	Allan Wang
Subspecialty Presidents Committee	Andreas Loeffler
Ad Hoc Committees and Working Groups	Chairman
Spinal Education Committee	Richard Williams
Code of Conduct Review Committee	Michael A Johnson
Digital Imaging Committee	David Mitchell

## Directors as at 30 June 2015



J Tuffley



A Loeffler



I Incoll



A Beischer



A Ellis



M Gillespie



B Halliday



M A Johnson



P S Mackie



D Martin

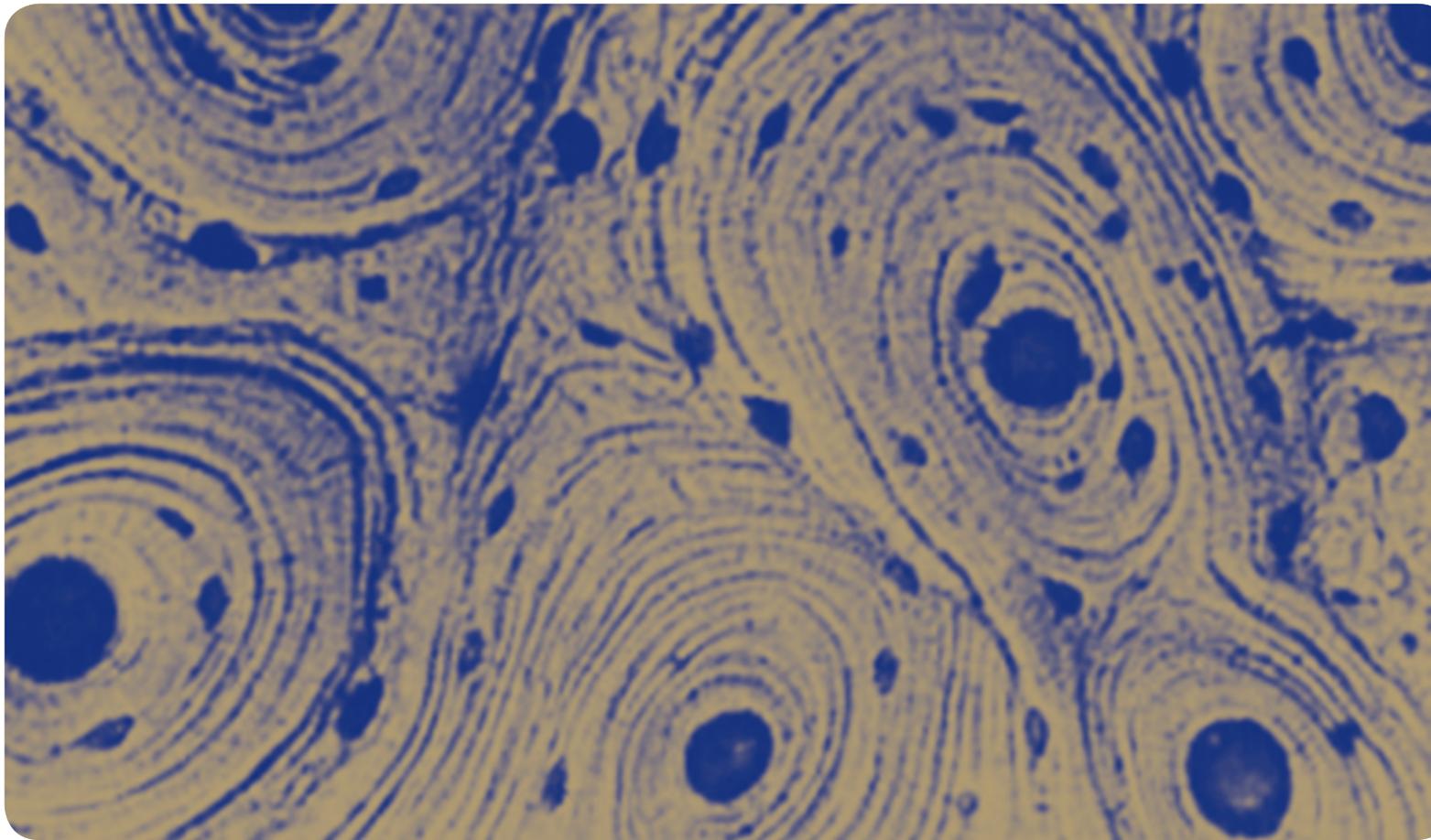


A Wang



C Whitewood

“ AOANJRR is globally recognised by peers as a best practice registry with over 1 million joint procedures recorded.”



AOA

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

[www.aoa.org.au](http://www.aoa.org.au)

Australian Orthopaedic Association ABN 45 000 759 795  
Level 12, 45 Clarence Street Sydney NSW 2000  
Telephone: +61 2 8071 8000