




AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

Australian Orthopaedic Association
ANNUAL REPORT 2016–2017



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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Restoring and
advancing the wonder
of movement.

AOA PURPOSE

2016–17 KEY HIGHLIGHTS

- | | |
|--------|--|
| Sep-16 | AOA led ethics presentations at APEC SME meeting in Peru – contributions later recognised by the US Dept of Commerce |
| Sep-16 | AOA contributed as a selected provider at the 2016 International Medical Education Leaders Forum |
| Oct-16 | Redesigned AOA eNews launched |
| Oct-16 | <i>AOA Research Strategic Plan 2016–2021</i> developed and approved by the Board |
| Oct-16 | National Bone School Program standardised |
| Oct-16 | Workplace Based Assessments implemented |
| Oct-16 | Revitalised Young Leaders Forum held |
| Oct-16 | Travelling Exhibition of Orthopaedics in Australia launched |
| Oct-16 | Research webpages launched |
| Oct-16 | <i>The Wonder of Movement</i> video launched |
| Nov-16 | Commonwealth government research found that the AOANJRR provided societal benefits in excess of \$600m between 1999 and 2013 |
| Feb-17 | Revised <i>Curriculum</i> launched |



- Feb-17** AOA Training App launched

- Feb-17** *A History of Orthopaedics in Australia 1980–2016* published and delivered to members

- Feb-17** CPD Online launched

- Feb-17** AOA Board endorsed the development of an AOA diversity workshop and strategy

- Feb-17** Inaugural Bone Camp held

- Mar-17** *AOA Ethical Framework* published

- Mar-17** AOA website homepage redesigned

- Jun-17** AOA's research pages ranked second for 'musculoskeletal research' in Google

- Jun-17** Social media engagement results in doubled Facebook and tripled Twitter followers

- Jul-17** Younger Surgeon Mentoring Program launched

- Jul-17** Sector-wide briefing on the AOA 21 transformation journey delivered to college, subspecialty and state government representatives

- Jul-17** Project plans for Myanmar, Vietnam and PNG approved by AOA Board



President and Dean of Education – **Ian Incoll**

PRESIDENT REPORT

The AOA staff and membership have worked tirelessly over the past five years and have achieved quite extraordinary accomplishments

Over the past 12 months, the AOA Board has committed to a number of new initiatives and consolidated the many ongoing efforts of our Association. The Board and the Association rely heavily on the generous contribution of time and expertise by everyone involved in our committees, state executives, hospital inspections, governmental relationships, education and training. Our trainees will potentially be our longest-term members and I would particularly like to welcome our new trainees and those that have recently attained their FAOrthA. I would like to highlight just a few of the multiple areas of work undertaken by our professional association over the past year.

AOA 21

I hold the AOA 21 initiative to be our greatest achievement since I joined the Board. AOA made the courageous decision five years ago to look within and ask whether we could be training surgeons in a better way. We asked whether we could prepare our younger surgeons more completely for the challenges of 21st-century orthopaedic surgical practice.

Our initial external review and extensive internal evaluation identified 16 challenges for

the training organisation. The AOA staff and membership have worked tirelessly over the past five years and have achieved quite extraordinary accomplishments in the nine key areas targeted. A number of these AOA 21 initiatives are now being championed across the globe and, within Australia, many of our sister specialties, including RACS, are hoping to join with us in innovating and modernising surgical training.

Our determination to focus on foundation (non-technical) competencies from the beginning has seen us lead the way in embedding these aspects of training into learning and assessment. It has, at least in part, driven the consideration of including questions outside the domains of medical expertise and decision-making in examination processes, and is helping our trainers become more comfortable when offering feedback on and assessing these 'soft' but essential skills. The roll out of AOA 21 workshops for trainers and trainees will continue and expand, in order to meet our faculty-development requirements by the end of 2018.

A deliberate focus on the underlying, enabling technology, including appropriate and sustained funding, has underpinned this development work. AOA is now at the stage where other state,

national and international organisations are hoping to utilise some of this strong infrastructure and our eAssessment platform.

DIVERSITY

This year, the Board has turned its attention to the subject of diversity in orthopaedics. While some have claimed this is for the sake of political correctness, I'd prefer to think that we, as orthopaedic surgeons, have always been willing to tackle the difficult issues and prefer to lead, rather than follow. The evidence overwhelmingly shows that a profession that more closely resembles the community it serves is more relevant, efficient and effective. All aspects of diversity in orthopaedics are being reviewed and, as part of a strategic initiative stewarded by our CEO, the Board has supported a Diversity Workshop to be held in September 2017. Our goals were to learn from other organisations and sectors, and use their experience to identify our blind spots and assumptions. This effort will help inform decisions around workforce distribution, selection, training and fairness. It will help us identify some of the disincentives and unconscious biases that exist in our profession, and help prepare us for an uncertain future.

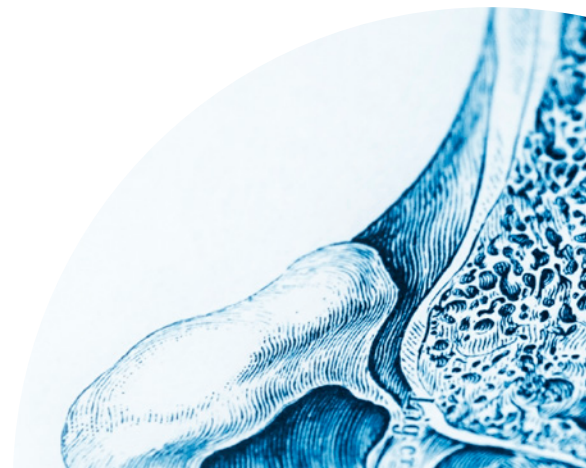
TRAVELLING EXHIBITION OF ORTHOPAEDICS IN AUSTRALIA

This exhibition was born out of a desire to present a positive message and increase understanding of orthopaedics within the general community. My impression was that our organisation had concerned itself mainly with defending orthopaedics from often ill-informed attack. While this defence is necessary, it suggested that a positive, proactive approach might be welcomed. With this in mind, with generous funding from Stryker and De Puy Synthes – Johnson and Johnson, and with the help and donations of many members, Elizabeth Burrell, Brett Courtenay and I we were able to create a Travelling Exhibition of Orthopaedics, launched at the Cairns ASM in 2016. Since then, the Exhibition has been on display in town halls, hospitals and schools across Australia. It has generated interest and understanding in the community of the vital role orthopaedics plays in many lives, created 'good news' stories in local media, and helped our surgeons further engage with their local communities.

AOA-RACS RELATIONSHIP

An improvement in the relationship between our two organisations has evolved, in no small part due to the clarity of purpose and responsibilities achieved by the *Service Agreement* and *Service Activity Matrix* generated a few years ago. When I was in the role of Chair of Education and Training, driving innovation and educational evolution felt like a Sisyphean task. The AOA education team came to a realisation a few years ago that innovation that bypassed these obstacles was needed. While always honoring the *Service Agreement*,

"I hold the AOA 21 initiative to be our greatest achievement since I joined the Board. AOA made the courageous decision five years ago to look within and ask whether we could be training surgeons in a better way."



“The ‘Registry’ continues to be a jewel in AOA’s crown. Our investment has shown a reduction in suffering and the Australian Commission for Safety and Quality in Healthcare calculated a saving of over \$600 million for the Australian community. Worldwide health and cost benefits are likely some multiple of this.”

AOA has benefitted enormously in the past few years from a deliberate decision to progress with our ‘best practice’ education and training goals, and to devote less effort towards ‘fixing’ the obstructions. I must acknowledge our National Education Manager Ally Keane and her education team, AOA’s education expert Jodie Atkin, and Omar Khorshid for undertaking the daunting task of turning our educational ambitions into reality.

Unfortunately, RACS still retains some bureaucratic impediments, as the organisation fails to provide the surgical specialties with appropriate representation in its governance structure, or to support innovation occurring within the Australian Medical Council framework. AOA continues to engage in a constructive and collaborative manner.

ETHICS DEVELOPMENT

The Board has benefited greatly from a collaboration with The Ethics Centre in Sydney, developing an *Ethical Framework* grounded within our core tenets. The vision of ‘restoring and enhancing the wonder of movement’ is inclusive and aspirational, and will very likely still be relevant in the 22nd century. The core values of integrity, respect, quality, empathy, teamwork, service and stewardship keep the organisation steady, and the 14 underlying principles guide our strategy and decisions.

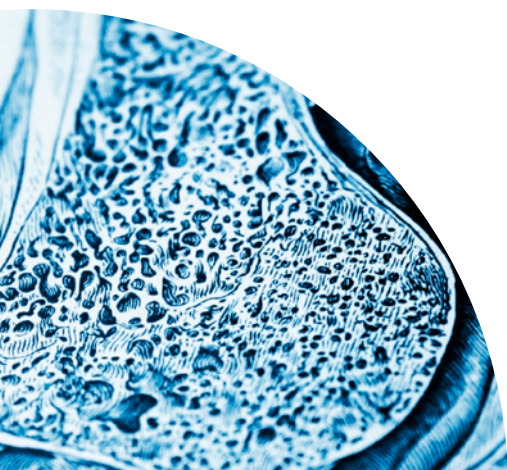
It became clear during the workshops in which the framework matured that a set of rigid guidelines cannot compete with moral ambiguity and a broad ethical spectrum, and would be doomed to fail like so many edicts before. The *Framework’s* principles describe positions that we as a profession hold close, from which we can then examine a particular behaviour or attitude. This allows education, mentoring and positive reinforcement to become the main pillars of our professionalism, and avoids those ineffective sanctions.

AOANJRR

The ‘Registry’ continues to be a jewel in AOA’s crown. Our investment has shown a reduction in suffering and the Australian Commission for Safety and Quality in Healthcare calculated a saving of over \$600 million for the Australian community. Worldwide health and cost benefits are likely some multiple of this. Our Registry is held up as an exemplar for other Australian registries, as well as international orthopaedic registries.

This year, the Registry reported a continuing reduction in the Australian rate of prosthesis revision in both hips and knees – a trend not seen overseas.

Australia should be extremely proud of AOA’s joint-replacement surgeons for contributing to and reviewing Registry data, examining



their own practices and creating better outcomes based on the available evidence. The three-stage process of identifying prostheses with higher-than-anticipated rates of revision is robust and considered, and the high quality of the Registry data provides a persuasive argument with hospitals, insurers and governments.

New for this year, the Registry report included a chapter on variation in outcomes from surgeon and hospital perspectives. Of course, the fundamental function of the Registry is to identify variation and outcomes, but the inclusion of this chapter indicates the proactive, socially-responsible position taken by our Association. Initiating and sustaining our own examination of outcomes and quality, ahead of any government's demand or regulation, is a demonstration of professionalism at its best.

AOANJRR PROMS

A pilot project looking at the feasibility of a *Patient Reported Outcome Measures* (PROMs) addition to the Registry has been approved by the AOA Board to run over the next two years. The project has already been totally funded from contributions from a wide variety of stakeholders. Hopefully, by gathering further important aspects of surgical outcomes such as patient satisfaction and aligning reporting methods, it will further support surgical decision-making and improve our resource stewardship. Linking with other datasets, such as MBS or PBS information, will also improve reliability and validity.

INTERACTIONS WITH GOVERNMENTS

The AOA executive and CEO have met regularly with the Federal Department of Health over the past 12 months and have gained input on such topics as the MBS Review, Registry information, funding and direction, MSAC determinations and AMC considerations.

Last year, an independent review of orthopaedic workforce projections was commissioned by the Board. Its findings concluded that our rate of training new surgeons fell only slightly behind that required for the future Australian community, similar to the Australian Institute of Health and Welfare's findings a few years ago. However, it also demonstrated the

volatility of those projections that can occur with quite small changes in proposed surgeon retirement age, variable working hours or uncertain immigration levels. Of course, such a study cannot hope to predict large transformative and disruptive changes in the future, such as gene therapy applications or the effects of climate change or conflict.

RESEARCH

The *Research Strategy* continues to gain strength, creating the Network of Academic Orthopaedic Departments to help coordinate and facilitate orthopaedic research across the country. The Federal Training Committee has clarified research requirements, creating defined research training pathways that include a true surgeon-scientist option.

PRESIDENTIAL TRAVELS

The issues that concern us in Australia are almost always mirrored in the countries in which the overseas orthopaedic meetings take place. We have represented AOA at the association meetings in Korea, Japan, India, Canada, Britain, South Africa, Europe (EFORT), New Zealand and the USA. Topics common to all were: advertising; resource stewardship; rationing and maldistribution of services; both gender and racial diversity; the measurement of health outcomes; education; and professionalism. I have been frank about some of our greatest challenges, shared some solutions, and brought back learnings to AOA from each international perspective. I feel that this cross-pollination has helped inform the Board's deliberations and strategic choices.

The AOA state meetings offer a different and most friendly opportunity. I have been welcomed into the communities, and had a place at members' tables, for which I am thankful.

I have much to be grateful for in health and family, and I want to especially thank the wonderful and talented AOA staff family and our dynamo CEO, Adrian Cosenza. He has offered wise counsel and friendship. I remain in awe of the expertise and experience AOA manages to bring to its Board table and committees for the sake of our profession.



Chief Executive Officer – **Adrian Cosenza**

CEO REPORT

AOA represents one of the most highly-engaged specialties in Australia and around the world. AOA members – 98 per cent of the nation’s orthopaedic surgeons – are leading a dynamic and world-recognised transformation of orthopaedics in Australia.

HIGHLY-ENGAGED MEMBERS

Over 400 members Australia-wide are contributing to AOA activities and operations in education and training. They do so through many and varied positions, including in hospitals as training supervisors and directors of training, through Bone School, as research coordinators, and by delivering training to registrars. Over 100 members devote valuable time to supervising in fellowship roles. Over 100 deliver humanitarian services and education through Outreach and Doctors for Africa. Around 30 members contribute highly-valuable expert advice to government committees, clinical advisory groups and panels, and over 500 members access the world-recognised AOA National Joint Replacement Registry (AOANJRR) to improve surgical practice. Of course there are many other contributions from members in other areas.

Over 100 members also contribute through AOA governance structures, by serving in the state branch executives and on the AOA Board and its committees, through their work with the AOA Research Foundation, Orthopaedic Outreach, and on AOA 21 working groups. The Association is truly an energised and engaged group of high-

performing professionals who are driving the reshaping and modernisation of AOA.

IMPLEMENTING TRANSFORMATION TO CONTEMPORARY INTERNATIONAL BEST PRACTICE: 2011–2017

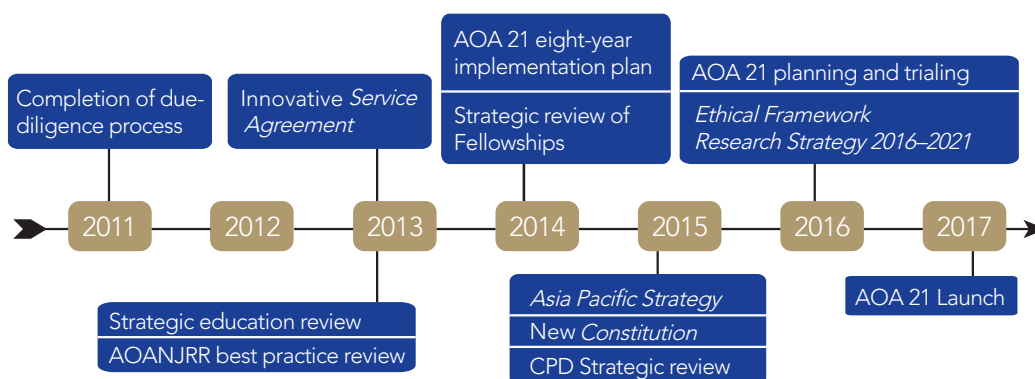
Over the past seven years a great deal has been achieved, including:

- Completion in 2011 of the due-diligence process assessing the feasibility of increased AOA autonomy for delivering orthopaedic surgical education and training
- Negotiation of a new *Service Agreement* with RACS, signed August 2013, for the delivery of orthopaedic surgical education and training. The Australian Medical Council regards this agreement as contemporary best practice
- Initiation of a deep, comprehensive and independent strategic education review in 2012, culminating in 16 recommendations to the October 2013 Board
- Completion in 2013 of an independent best-practice review of the AOANJRR, resulting in 30 recommendations for improvement, all of which have been implemented

- Approval at the February 2014 Board of the eight-year AOA 21 implementation plan
- Completion of a strategic review of the fellowship portfolio in 2014, resulting in improved policy and practice
- Member approval at the October 2015 Annual General Meeting (AGM) of a new constitution effecting governance improvements, including adoption of best practice in board size and composition
- In-field trialling during 2016 of AOA 21 initiatives prior to planned launch
- Approval at the October 2016 Board of the

Research Strategic Plan 2016–2021

- Approval of the Asia-Pacific Strategy and implementation plans, including project plans for three countries, in July 2016
- Development and launch of the AOA Younger Surgeon Mentoring Program
- Launch, in-network, of AOA 21 initiatives in January 2017
- Following extensive member feedback, the announcement in March 2017 of the *AOA Ethical Framework*, comprising purpose, values and principles.



2017 STRATEGIC INITIATIVES

The AOA *Strategic Plan 2016–2018* includes almost 150 milestones, covering strategic initiatives including AOA 21, research, the Asia Pacific, mentoring and ethics. At the two-thirds juncture, all milestones scheduled for completion have been actioned and over 80 percent have been either addressed or are underway. In some areas plans are ahead of expectations.

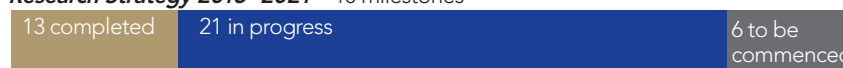
Strategic Plan 2016–2018 – 42 milestones



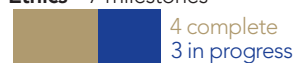
AOA 21 2013–2021 – 47 milestones



Research Strategy 2016–2021 – 40 milestones



Ethics – 7 milestones



Mentoring – 10 milestones



“There is a high demand for knowledge of AOA’s transformation journey and AOA 21. It is most pleasing to note positive and congratulatory messages from many parties.”

AOA 21

2017 represents a watershed year, with the:

- Development and launch of the revised *Curriculum*
- Adoption of a standardised approach to teaching and learning (Bone School)
- Design and implementation of new Workplace Based Assessment tools
- Design, development and launch of the AOA Training App
- Delivery of six different capacity-building workshops across Australia.

In July 2017, a landmark and unprecedented meeting was held at AOA head office, wherein AOA’s transformation and the AOA 21 journey was shared in the spirit of collaboration and partnership with representatives from four colleges (including RACS President John Batten), three state governments and four specialties. There is a high demand for knowledge of AOA’s transformation journey and AOA 21. It is most pleasing to note positive and congratulatory messages from many parties.

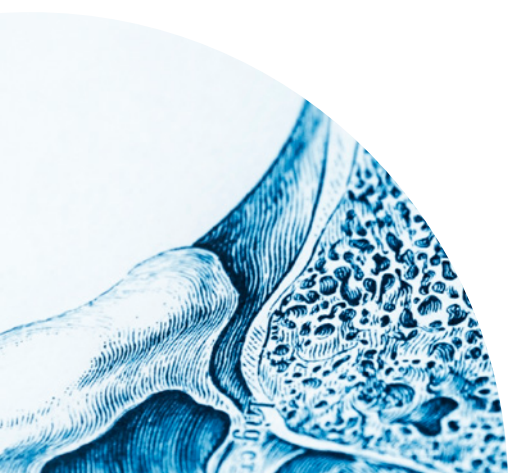
RESEARCH

AOA’s maturing understanding of its roles and responsibilities in relation to research has resulted in the *AOA Research Strategic Plan 2016–2021*. This ambitious plan focuses on four core strategies – collaboration and engagement; funding; infrastructure and support; and awareness and recognition – through which the Association’s ability to support and promote high-quality research will develop over the next five years. Already, key pieces of infrastructure have been developed with the Network of Academic Departments (NOADs) and the AOA Research Map, which will become more extensively decorated as key relationships are established and developed.

AOANJRR

Commonwealth Government research has revealed that the AOANJRR has saved the Australian health system in excess of \$600 million. The report found individual practitioner, cultural and system-level benefits that flow from the AOANJRR, including a decline in revision rates (compared to international benchmarks) over the 13 years from 1999, amount to \$618 million worth of savings.

The AOANJRR continues to be highly regarded by members, with 92 per cent of respondents to the 2017 annual member survey ranking performance in ‘maintaining and improving global leadership of the AOANJRR’ as ‘satisfactory’ or ‘above expectations’.



ASIA PACIFIC

AOA has worked closely with Orthopaedic Outreach and the Asia Pacific Orthopaedic Association (APOA) over the past few years, culminating in a more purposeful and organised strategy for the deployment of scarce resources to the region. Members are involved in providing services and humanitarian assistance in over 20 countries in the region. These countries have been grouped into three categories and within each category countries have been prioritised for the development of more specific plans. The Board has approved resource allocation to Myanmar and Vietnam. Development work is progressing for Papua New Guinea.

ETHICS AND PROFESSIONALISM

'Professional Standards' is a core component of our current Strategic Plan. AOA aims to provide ethical guidance and support for surgeons and build ethical and professional conduct as an integral part of daily surgical practice. With the expert assistance of The Ethics Centre – an independent, not-for-profit organisation that provides practical advice on ethical issues – March 2017 saw the launch of the *AOA Ethical Framework*. This document, developed and guided by member feedback, crystallises AOA's purpose and outlines a set of core values and principles. The Framework provides a point of reference for difficult decisions, and is able to help inform the development of future policy and strategy. Work is already underway on developing a suitable approach to practical implementation, including embedding education in ethics in training, providing workshops at ASMs, and improving governance arrangements to best assist decision making.

PROVIDING LEADERSHIP AND MENTORING SUPPORT

The Young Leaders Forum, held annually and delivered to a group of emerging leaders, delivers education on leadership principles, theories and practical case studies. Professionals and senior executives from external organisations share leadership experiences through interactive panel discussions. The forum, now in its fourth year, is well received by participants. Members have also

supported the more purposeful development of a mentoring program. Under the stewardship of Board Director Tim Musgrove, an approach has been agreed wherein members interested in mentoring share their approaches with the mentoring community. Domestic and international review has assisted in the development of supporting resources.

PROFILE

AOA media profile has increased noticeably in 2017. The Board approved AOA involvement in social media in 2015. In recent years, growth in LinkedIn, Facebook and Twitter users has increased by multiples of over five, at rates higher than sector benchmarks. AOA's purposeful and prudent media and advocacy management has resulted in increased media enquiries and mentions over the past five years, with a noticeable increase over the past 12 months mainly through the positive profiling gained from the Travelling Exhibition of Orthopaedics in Australia.

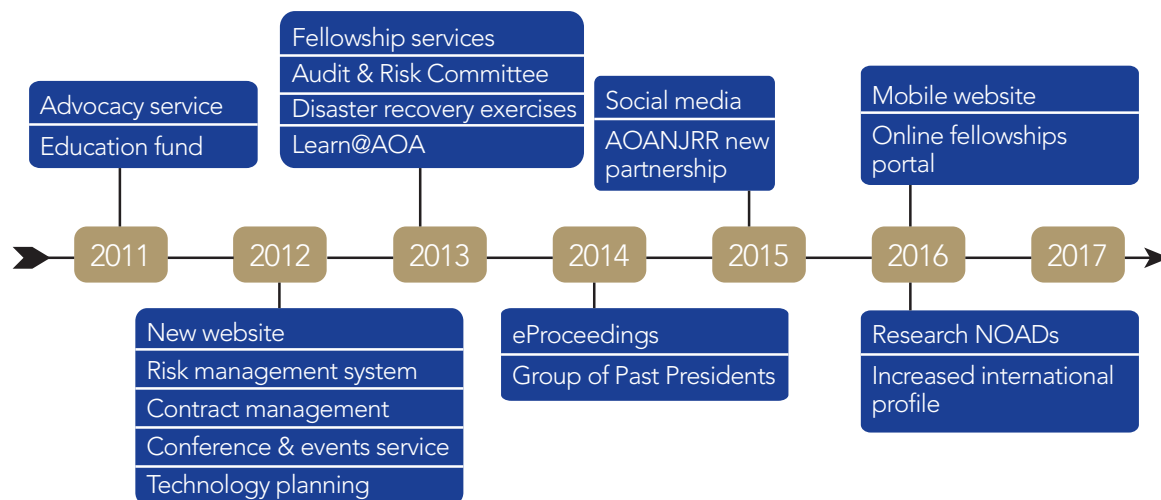
INTERNATIONAL REPUTATION

In September 2016, the Board received a letter of commendation from the US Department of Commerce "for the dedicated leadership of the Australian Orthopaedic Association to the Business Ethics for APEC SME initiative, the world's largest collective action to strengthen ethical business practices in the medical devices sector." AOA also featured as a selected provider of leadership content at the International Medical Education Leaders Forum (IMELF) held in Niagara Falls, Canada, in October 2016. AOA provided key strategic contributions at this forum. AOA's presence continues with the special invitation of Stephen Graves to address the 2017 IMELF meeting in Quebec City later in the year. President Ian Incoll has delivered AOA 21 transformation presentations at meetings in Korea, Japan and India, as well as in Wellington to NZOA members.

MODERNISING AND PROFESSIONALISING AOA OPERATIONS: 2011–2017

While major effort has been directed to transforming core elements of AOA, there is also a requirement to deliver excellent operational support and service to members. Much has been delivered over the past seven years, including but not limited to:

- The establishment and development of an advocacy function in 2011, resulting in over 35 formal submissions (over the past seven years) to various bodies and government inquiries, the handling of an average of 80 specific issues per year, and the development of over 10 position statements
- The establishment of a new division in 2012 – conference and event management – that has been an outstanding success for members, delivering 12 meetings per year, managing a current portfolio of over 50 meetings for AOA, state branches, subspecialty societies and international associations, and experiencing consistent growth in attendance and industry support
- The introduction in 2012 and subsequent mastery of contemporary risk management, technology planning, contract management and disaster recovery planning
- The delivery of over 35 technology projects (including, for example, a new website, the fellowships portal, mobile services and eProceedings) in the past three years, commensurate with high levels of member satisfaction (90 per cent plus) and/or improving trends in most areas
- The President and State Chair Committee, instituted four years ago, has matured into a productive and valuable committee that contributes meaningfully to shaping AOA's direction at a national level
- State representatives are prominent on all Board committees, ensuring that the voice of the members in each region is well heard.
- The number of new accredited fellowship programs has increased from 89 in 2013 to 131 in 2017
- It is most pleasing to note that overall member satisfaction, as reported in the Annual Member Survey during the past six years (84-90 per cent), has consistently exceeded industry benchmarks



INVESTING IN ORTHOPAEDICS AND THE COMMUNITY WE SERVE

With full member support, the Board has invested \$2.9 million of members' funds over the past five years to implement the modernisation and transformation of AOA. The Board determined that funding of the transformation should be managed by drawing on AOA's investment corpus with a consequent reduction in the corpus. However, the Board has skillfully overseen prudent management of financial resources such that since 2012 AOA's investment corpus has grown by \$1.7 million. As reported in the financial statements, members' funds at 30 June 2017 stand at a healthy \$16.6 million.

AOA FAMILY

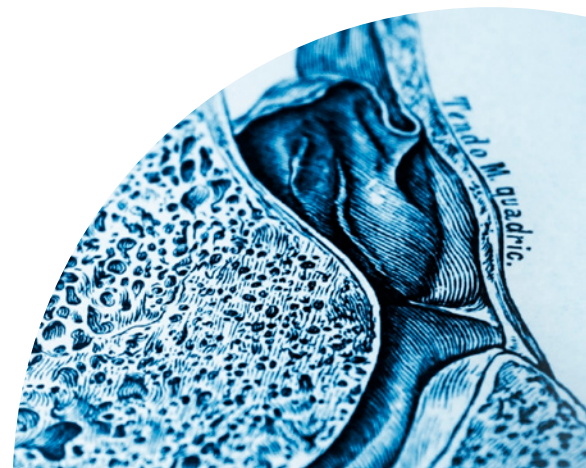
AOA is a family of members and staff. The achievements of the past seven years would simply not have happened without the dedication, passion, professionalism and support of the AOA staff. I am personally deeply appreciative of the service they deliver. Each and every member is contributing meaningfully to AOA making a difference.

Achievements to date – increasingly recognised by parties both domestically and internationally – are indeed remarkable, and members can take great pride in their valuable contribution.

I would like to particularly acknowledge the wise, considered and insightful views of all AOA directors during this period, including current members. Under the leadership of the presidential line, the Board is indeed at the leading edge of contemporary boards in adopting international best practice for guiding AOA's transformation agenda.

I remain humbled and privileged to have had the opportunity to work and learn from so many presidents, directors, members and staff. I am deeply grateful for their counsel, guidance and support, and look forward to continuing as part of the team helping steward the world-leading activities of the AOA.

“Achievements to date – increasingly recognised by parties both domestically and internationally – are indeed remarkable, and members can take great pride in their valuable contribution.”



STRATEGIC PLAN PROGRESS

MILESTONES:

PROGRESSED

46

COMPLETED

22

12

COMPLETED
IN 2015-16

EDUCATION & TRAINING

AIMS

- To further enhance the quality of graduates from the AOA orthopaedic 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.

PROGRESS

- AOA 21 implementation commenced January 2017.
- Inaugural Bone Camp for 2017 training cohort held February 2017.
- New *Curriculum* launched.
- Bone School realigned to new *Curriculum*.
- Workplace based assessments (WBAs) launched and adopted by trainees.
- AOA Training App launched and integrated with trainee progression assessment tools, incorporating eLog, Feedback Entries and four WBAs.
- Six different AOA 21 workshops developed, now being delivered across the country.
- Accreditation Review commenced ahead of schedule.
- Research requirements for trainees developed.

ASIA PACIFIC

AIMS

- To foster stronger relationships with the Asia Pacific region through collaborative education and training.
- To support humanitarian initiatives through Orthopaedic Outreach in Australia and the Asia Pacific.

PROGRESS

- AOA invited to lead workshop on ethics at the 2017 Asia Pacific Economic Cooperation (APEC) Ethics for Small-to-Medium Enterprises forum.
- AOA Board recognised by the US Department of Commerce for leadership of APEC SME initiative.
- Country representatives appointed and project plans for Papua New Guinea, Vietnam and Myanmar approved by AOA Board.
- Outreach supported 37 missions and services across 11 nations.
- Eight members delivered examination, training and education to the Indonesian Orthopaedic Association.

ADVOCACY AND ENGAGEMENT

AIMS

- 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.

PROGRESS

- Reenergised Young Leaders Forum held November 2016 – planning for annual event underway.
- State branches update branch rules consistent with new *Constitution*.
- Many AOA subspecialty societies progress converting from unincorporated associations to companies limited by guarantee.
- The Travelling Exhibition of Orthopaedics in Australia launched; it continues to be enthusiastically received as it tours the country, generating positive community engagement and media opportunities.
- *The History of Orthopaedics in Australia 1980–2016* published and delivered to members.
- AOA selected to provide and deliver leadership and strategy sessions at the 2016 International Medical Education Leaders Forum.
- Development of a diversity strategy for orthopaedics approved by AOA Board.

PROFESSIONAL STANDARDS AND RESEARCH

AIMS

- 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.

PROGRESS

- *AOA Ethical Framework* – including purpose, values and principles – launched.
- Revised and improved CPD program implemented.
- CPD Online portal launched.
- New educational tools – Personal CPD Learning Plan and multi-source feedback – launched.
- Younger Surgeon Mentoring Program launched, with over 80 members signed up as mentors.
- *Research Strategy 2016–2021* finalised and published.
- Commonwealth research reports societal value of AOANJRR to Australian community exceeds \$600m.
- 50 domestic and international meetings managed in AOA's growing events portfolio.



Chair of Education & Training – **Omar Khorshid**

EDUCATION & TRAINING REPORT



AOA continues to progress implementation of the AOA 21 project: “Excellence in Orthopaedic Surgical Education and Training”

AOA 21

As we move into the fourth year of our transformation journey and embark on the implementation phase, I'd like to take this opportunity to highlight several key milestones that have been achieved in the last 12 months:

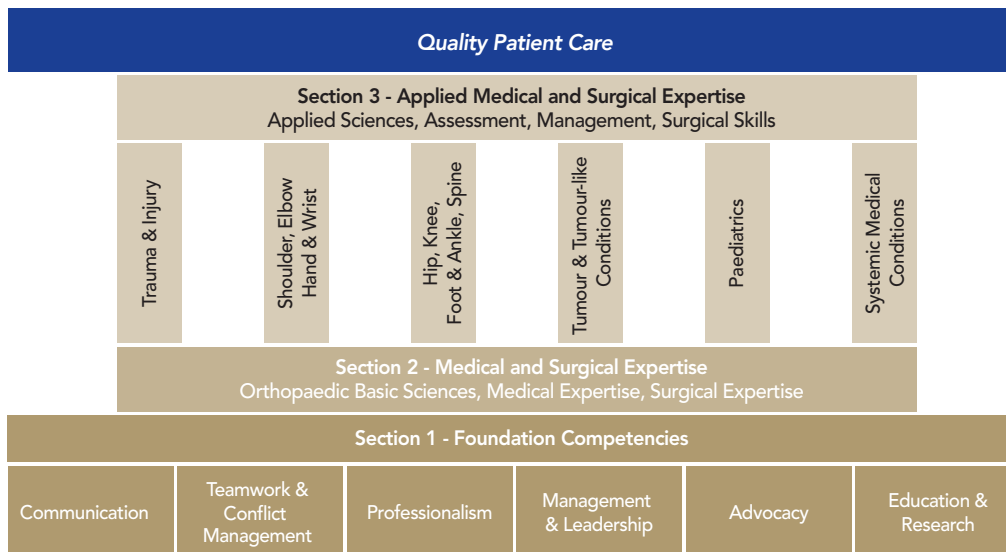
AOA CURRICULUM

The revised AOA *Curriculum* was officially launched in February 2017. This is a revised, streamlined and modernised version of the

previous curriculum. It has been re-presented in a more visual and concise format. There is a specific focus on non-technical or ‘foundation’ competencies.

The question at the heart of the curriculum development process was: ‘What are the essential abilities of an AOA graduate on the first day of independent practice?’

The revised curriculum is divided into three sections, with each building upon the previous:



eLEARNING

In February 2017 the AOA Training App was launched. This intuitive piece of technology facilitates documentation of real-time feedback to trainees in a way not previously possible. AOA members involved in training can complete Workplace Based Assessments on their trainees and log feedback in a wide variety of settings. Trainees have the option of recording the feedback on behalf of their trainers (for later verification) and can also update their eLOG records on the App. The Training App is available for use on phone and tablet devices.

FEDERAL TRAINING COMMITTEE (FTC) GOVERNANCE

In December 2016 a working group convened to review the governance of the AOA training program under the responsibility of the FTC. The Board approved the formation of two new sub-committees – an International Medical Graduate (IMG) Assessment Committee and an Accreditation Committee – and the formalisation of a third, the Research Coordinators' Committee. The sub-committees, reporting to the FTC, will manage operational delegations for their area of responsibility. It is anticipated that this governance structure will allow more time for strategic considerations at the FTC level. This work is continuing.

REVIEW OF ACCREDITATION

A review of AOA's training site accreditation was originally planned for the second phase of the AOA 21 project. In moving toward implementation of a new training-program structure, the FTC and Board identified that a more robust and fit-for-purpose accreditation process would be necessary to support the rollout of AOA 21. As a result, the review of accreditation was brought forward and was commenced in late 2016. The Accreditation Working Group has met several times with draft *Accreditation Standards* considered at the July 2017 FTC meeting. One key change that has been agreed is the need to accredit individual training posts with regard to each trainee's unique training experience, to ensure coverage of curriculum topic areas.

WHAT'S NEXT?

Rules of progression for the AOA 21 Training Program will be released in the lead up to the 2018 training year. The cohort selected in 2017 will be the first to complete the AOA 21 Training Program rather than the previous orthopaedic SET program.

Further AOA 21 initiatives, including delivery of the inaugural Bone Camp and AOA 21 Workshops, are highlighted in the *Dean of Education Report*.

I once again express my gratitude to the countless members who are making this journey a success! The FTC, the AOA 21 Regional Leads and the AOA 21 Project Team in particular have demonstrated commitment and resolve in moving through challenges to strive for best educational practice.

OPERATIONS OF TRAINING

While considerable development work is in progress, the operations of the Training Program continue apace.

200 applications for selection to the AOA 21 Training Program for 2018 were received, with 102 applicants going on to be interviewed across the country in June 2017. Sincere thanks are extended to the numerous AOA members who volunteered to act as interviewers. 38 first-round offers were extended in July.

It is important to note that our selection process is only as robust as the tools we utilise. Failure to use these tools as intended has a direct impact on their validity and reliability. The FTC will be considering additional changes to the selection process going forward to address issues identified in this year's round.

36 accreditation inspections were conducted in March 2016. I also extend my thanks to the dedicated AOA Fellows who willingly gave of their time to complete this important process.

229 trainees are currently registered in the AOA Training Program. During the 2016–2017 year, 42 trainees have completed training. Regional training committees have continued to strengthen mechanisms for trainees requiring additional

support, with 16 trainees completing a period of 'red flag' and eight a period of probation. Pleasingly, trainees and Fellows are increasingly seeing these support methods as a productive means of remediation rather than as punitive.

Lawrence Malisano convened a successful National Trial Fellowship Exam (NTFE) in Cairns in October 2016 in conjunction with the AORA ASM. This popular event was made possible through the commitment of an enthusiastic group of past examiners and the FTC, who contributed in preparation of the material, marking the papers and examining on the day.

Orthopaedic departments in Brisbane hosted the National Pre-Exam Course in May. The course was run across three days to overwhelmingly positive feedback, thanks to the involvement of many members from the QLD training region.

Following communication of RACS's mandatory training as part of the 'Action Plan: Building Respect, Improving Patient Safety', AOA worked with RACS to confirm comparability of four AOA 21 workshops in meeting this requirement.

There are 39 IMGs currently undergoing clinical assessment in orthopaedic surgery. 11 IMGs who

have completed their supervision period are waiting to pass the Fellowship Examination prior to being eligible for Fellowship, and one has obtained Fellowship.

Major training events aside, it is important to recognise the efforts of around 700 AOA Fellows who contribute to training in some way, whether as a trainee supervisor, director of training, committee member or mentor. These daily roles are pivotal to training the orthopaedic surgeons of the future. On behalf of our trainees and our Association I extend my sincere gratitude.

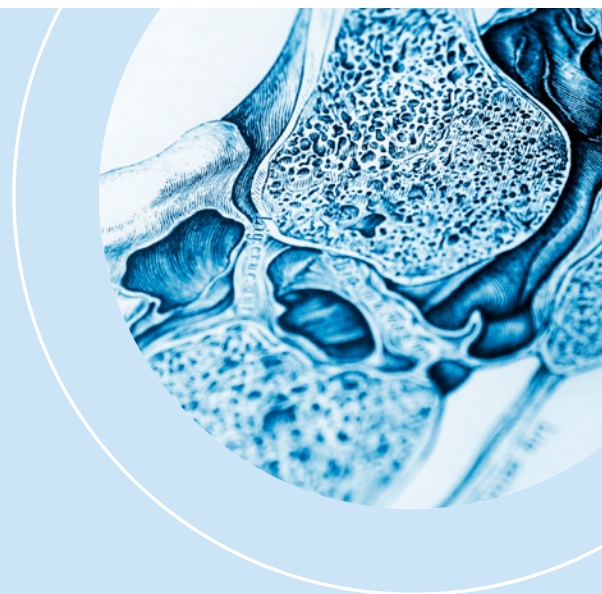
I'd especially like to acknowledge the commitment of the members of the FTC: RTC Chairs – Kelly MacGroarty (QLD), David Nicholson (NC-NSW), Sanjeev Gupta (NS-NSW), Sindy Vrancic (SS-NSW), Chris Kondogiannis (VIC/TAS), Nicole Williams (SA), Jon Spencer (WA); Senior Orthopaedic Examiner Paul Pincus; AORA President Nick Jorgenson; Jurisdictional Representative Brett Oliver; and Dean of Education and President Ian Incoll. The work of the FTC continues to be supported by the dedicated Education and Training Team at AOA head office and our regional managers.

Dean of Education – Ian Incoll

DEAN OF EDUCATION REPORT

AOA's recognised core business is education, with the goal of improving orthopaedic surgical quality and patient care, and restoring and advancing the 'wonder of movement'. As I reflect upon some of the experiences and highlights of my second year in the Dean role, I am struck by the many opportunities to learn from others and the great education initiatives available to all of us to develop ourselves, both professionally and personally, should we be open to doing so.

My travels this year have highlighted that many organisations like our own are grappling with similar issues – from increasing supervision requirements and more defined levels of entrustment for trainees, to



challenges around elective surgery indications and efficacy, measuring health outcomes in orthopaedic surgery, diversity, evidence-based surgery and ethical decision-making. I have been able to learn from, bring back and share many different perspectives, strategies and approaches from overseas – and to share with those colleagues some of the great work that is happening in our own workplaces and in our AOA training program.

I have continued to work with many colleagues, the Federal Training Committee and the AOA 21 Project Team to support clinical teaching and learning for a new generation of trainees around Australia. Much of my time has been spent championing and presenting about AOA 21. Our aim continues to be the implementation of a world-recognised training program and from the outset I would like to acknowledge the efforts and participation of around 700 AOA fellows who contribute to the education of our future orthopaedic surgeons as directors and supervisors of training, as mentors, as regional leads and as committee members. Training would not be possible without them and it is their activities that create our 'profession'.

Additionally, I would like to acknowledge that there have been and continue to be many changes – for example to the *Curriculum* and its delivery and to assessment tools – as well as new requirements for workshops to be undertaken to support those involved in delivering our training program. These changes are intended to make the role of surgical trainer more enjoyable, effective and contemporary, and enhance the quality of our training program to reflect international best practice and current educational evidence. Many of the features that other associations are seeking in their training programs are already being incorporated into our AOA 21 Training Program – particularly the need for more regular and formative assessment, the explicit teaching and assessment of foundation competencies (non-technical skills) and a recognition of the importance of a monitored transition to independent practice within the training model. Indeed, I believe it is no overestimation to say that AOA is leading with AOA 21.

Our inaugural Bone Camp was held in February to welcome and orientate new trainees. Sessions on orthopaedic history-taking and clinical examination, ethical decision-making, research methodology, communication skills and professionalism were just some of the sessions conducted over three days. It also provided an important opportunity for the new intake of trainees to meet each other and the 15 consultants who generously gave of their time to facilitate the sessions. The 'camp' received extremely positive evaluations and has been acknowledged as an exciting innovation for surgical education in Australia at the RACS Annual Scientific Congress (ASC). Next year's Bone Camp is currently being revised and strengthened based on trainee evaluations and member input.

AOA 21 workshops, some of which I have facilitated this year, are tailored specifically to orthopaedic surgical education and training. They are practical and directly linked to AOA training assessment processes and tools, ensuring applied learning for AOA Fellows and trainers that is immediately translatable to their workplace-based teaching.

Over the year I have also sought to promote recognition of the importance of diversity in our profession so that all of the benefits that derive from a diversity of race, cultures and gender can be brought to the orthopaedic workforce. Effective change and a breadth of strategies are needed to address the mismatch between the orthopaedic workforce and the society it serves, particularly the under-representation of minority groups and the barriers to attracting females into an orthopaedic career.

I am proud to represent AOA and have done so at a variety of meetings, including the annual International Conference on Residency Education in Canada, the International Conference on Surgical Education and Training, the RACS ASC in Adelaide and the Women's Leadership Symposium in Sydney, as well as at state branch and Health Department meetings. It continues to be a privilege to work with colleagues and AOA staff from every region in Australia to develop and enhance our educational initiatives and to contribute to our profession.



AORA President – **Nicholas Jorgensen**

AORA REPORT

In 2016–2017, trainee input translated to organisation-wide representation and continued to push training standards

TRAINEE REPRESENTATION ON THE AOA BOARD OF DIRECTORS

It was an honour to be welcomed as the first trainee representative with full voting rights to the AOA Board of Directors, reflecting the efforts of previous trainees, Board members and AOA staff to ensure that the direction of AOA is also guided by registrars. It reflects the acknowledgement that the core tenet of AOA is to provide the highest quality training within Australia, ensuring that the future of orthopaedic surgery goes from strength to strength.

AOA CURRICULUM UPDATE

The updated *Curriculum* will change the way orthopaedic training is delivered and assessed in Australia. From 2018, trainees welcomed onto the program will be taught in a climate focused on competencies achieved and placing more emphasis on non-technical skills such as ethical and professional behaviour.

The tools introduced will also reflect the changing nature of technology and embrace the way content is delivered and assessed.

AORA INTERNAL STRUCTURE

AORA's *Terms of Reference* were updated in relation to trainee representation at local, regional and national level to more responsibly reflect a trainee representative on the AOA Board of Directors. Progress included the nomination of a standing Orthopaedic Women's Link (OWL) representative on the AORA Sub-committee.

AORA ASM

In the three days prior to the AOA ASM, tropical Cairns hosted the AORA ASM, which continued to build on the strong foundation of conferences past. The program included local, regional and national orthopaedic surgeons delivering expert-level content across the whole curriculum; registrar-led research highlighted the significant work completed by trainees; and the social program allowed friendships new and old to be developed.

I would acknowledge the AORA Executive for their valuable contribution: Vice-President Minjae Lee, Zhenya Welyczko (QLD), Raymond Yu (SA), Piet Rogers (WA), Scott Taylor (VIC/TAS), Rajat Mittal (NSW NS), James Coulthard (Newcastle), Jason Chinnappa (NSW SS), and Rekha Ganeshalingam (OWL).



Scientific Secretary – **Ian Harris**

SCIENTIFIC SECRETARY REPORT

The 2016 ASM theme was 'Ethics and Professionalism'. This is one of the core competencies of the new AOA 21 Training Program, and indeed of the practice of medicine.

2016 AOA AND NZOA COMBINED ANNUAL SCIENTIFIC MEETING

The meeting was in Cairns and attracted a total of 1295 registrants. Whilst this sounds fantastic, registrants included guests, industry and accompanying persons. We had 402 Australian and 57 New Zealand surgeons, and a total of 72 trainees from both countries.

ASM delegates were surveyed after the meeting and useful feedback was obtained, which may guide the development of future ASMs.

The meeting theme was *Ethics and Professionalism*. This is one of the core competencies of RACS, of the new AOA 21 Training Program, and indeed of the practice of medicine. The main plenary session took a good look at surgeons, like a 360 appraisal. We had an ethicist, a lawyer, a theatre manager, a trainee, an insurance advisor, and a medical educationalist speak on various aspects of our behaviour.

It is important to articulate right and wrong – even conferences preach to the converted. The session was well-attended and caused much discussion, which had been our intention.

The program incorporated a new plenary session: 'The three most important recent papers in

my specialty that have changed orthopaedic practice'. Not surprisingly, there was standing room only. It was a great success and plenaries like this will be continued in upcoming ASMs.

2017 ASM – ADELAIDE

Preparations are coming along well. The theme is 'Transforming Leadership', which we will approach from two perspectives: exploring the changing styles, delivery and flexibility of contemporary leaders and followers; and highlighting the incredibly positive effects truly effective leadership can have on teams, organisations and society.

To this end, we have a number of expert local and international plenary speakers on leadership theory, practice and teaching. In particular, there will be a focus on practical examples of change management done well and the lessons learned from these journeys.

More plenary sessions have been added and the number of concurrent sessions reduced from four to three, in order to have bigger audiences and better discussion.

Corporate sponsors have introduced master classes to the ASM, and the practical skills component complements the scientific program.

CONTINUING PROFESSIONAL DEVELOPMENT

2017 has been a significant year for AOA's CPD program. A revised and improved CPD program was implemented with a brand new online CPD system.

I would like to thank members for their patience in this transition period and I am confident that the revised system will help all members improve their surgical practice through continuous learning and reflection.

As a part of the revised program, we have introduced a number of new educational tools for surgeons to use. These new tools have been tailored to orthopaedic practice and will help members increase the educational value of their CPD program.

PERSONAL LEARNING PLAN

Research suggests that adult lifelong learning is best achieved by following a defined learning process. This means that members will get more value out of their CPD activities if time is taken at the start of the year to think ahead and plan out the activities for each section of the program. Ideally, chosen activities will suit the individual's circumstances and focus on the areas they would like to develop.

To help with this process, AOA has developed a Personal Learning Plan (PLP) template. The PLP will help members plan their activities for the year and encourage them to consider the

educational value of each activity in relation to practice. It also makes it easy to reflect on the plan at the end of the year, which is an important step in the learning process.

I encourage AOA members to consider doing a PLP for the upcoming CPD year.

MULTI-SOURCE FEEDBACK

The Multi-Source Feedback (MSF) or 360 Degree Survey (360° Survey) is a multiple-source feedback assessment tool designed to appraise conduct and provide feedback. 360° surveys are used in other countries as part of the revalidation process, and we expect that this will be introduced to Australia in the future.

The MSF is a valuable tool for gathering feedback from colleagues. After a member nominates a group of peers to participate, AOA will collect feedback from the nominated peers on various areas of practice and collate this feedback into a de-identified report, which the member will receive upon completion of the process. The MSF can help identify which areas of the members' practice are strong, and which may require improvement or adjustment.

OTHER EDUCATIONAL TOOLS IN DEVELOPMENT

AOA is in the process of developing orthopaedic-specific versions of the following educational tools:

- Patient Experience Survey
- Peer Review of Practice
- Peer Review of Legal Practice.

Members can still complete these tools in the meantime, as there are generic versions of the Patient Experience Survey available from other institutions, and AOA staff can provide guidance on completing peer reviews.

CPD STATISTICS (AS AT JULY 2017)

Total AOA members	1409
Undertaking AOA CPD program	796
Compliant in AOA program	730
Compliant in AOA CPD program	92%
Undertaking RACS program	603
AOA members CPD compliant	1333 (95%)*
AOA members not undertaking CPD	8 (2 exempt)

*For AOA CPD reporting purposes, all RACS participants are assumed compliant.

PROFESSIONAL STANDARDS AND DEVELOPMENT

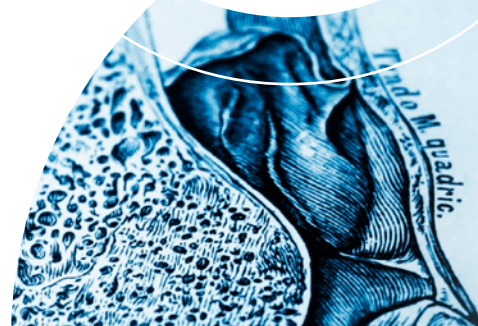
All members benefit from the public's trust in the professionalism, ethics and standards of orthopaedic surgeons and the medical profession in general.

We are gradually building our relationship with a wide variety of our organisations in healthcare to assist them with our expertise in what is appropriate in both the technical and non-technical aspects of orthopaedic practice.

Building these relationships is essential for maintaining trust in AOA throughout the healthcare system, so that our expert advice about the complexities of orthopaedic practice is sought.

We are continually positioning AOA as a group of leaders in professional standards. Our work with the Ethics Centre to increase the importance of non-technical skills in both the *Curriculum* and the CPD program will be an example of this.

It is now the end of my tenure as Chair of Professional Development and Standards, and I would like to thank all my colleagues and the AOA staff. In particular I would like to thank Belinda Balhatchet, Vicky Dominguez, Kathy Hill and Ally Keane. I would also like to thank Adrian Cosenza for all his support and advice.





Chair of the Research Foundation – **Minoo Patel**

RESEARCH FOUNDATION



The AOA Research Foundation is pleased to report that in 2016/17, 31 per cent of the Foundation applications for the year fell into the Early-Career Researcher Grant category, compared to 19 per cent in the 2015/16 financial year.

FINANCES

The Foundation achieved a surplus of \$467,448 for the year ended 30 June 2017 compared to \$143,720 in 2015/16, an increase of \$323,728. This pleasing increase is attributable principally to significantly improved income from investments following the appointment of J B Were as the Foundation's investment advisers and managers. Investment income increased by \$151,015 compared to the previous year and an unrealised gain on market-related investments of \$179,659 was achieved. Interest on cash-related investments remains depressed, as members are doubtless aware.

Revenue for the year was \$458,588 (excluding the unrealised gain on market-related investments), compared to \$333,298 in 2015/16, an increase of \$125,290. Members' funds increased by \$467,447 from \$5,333,584 at 30 June 2016 to \$5,801,031 at 30 June 2017.

GRANTS

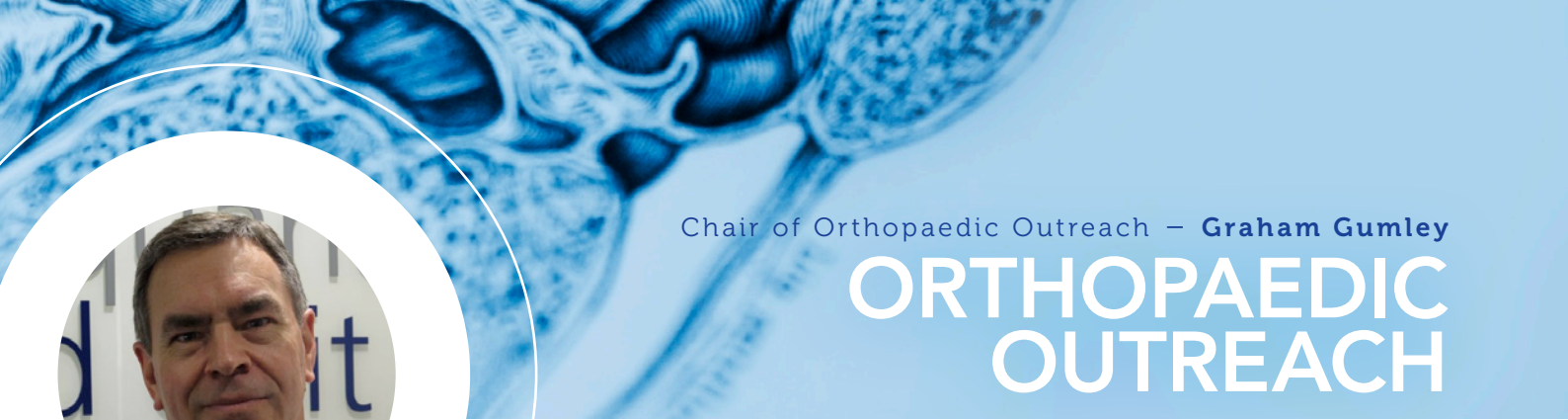
The online grant application form operated for a third year and continues to save applicants and members of the Research Advisory Committee administrative effort in lodging and reviewing applications. For the year under review (2016/2017), a total of 29 grant applications

were lodged using the online platform, nine of which fell into the Early-Career Researcher category. This is an increase of 12 per cent and 80 per cent respectively from the previous year. Of those 29 applications, four regular and one Early-Career Researcher grants were awarded, totalling \$125,348.30. Total grant payments for the year ended 30 June 2017 amounted to \$125,588.

At the time of writing this report I am pleased to inform the membership that the AOA Research Foundation received 39 applications for 2017/18. It is pleasing to note the significant increase in grant applications over the last 12 months.

ACKNOWLEDGEMENT OF BOARD AND RESEARCH ADVISORY COMMITTEE

The AOA Research Foundation is fortunate to have dedicated members involved on the Research Advisory Committee and Board. I would like to thank Allan Wang and William Donnelly for their contributions to the Board and Committee respectively. Both have resigned from their roles and their advice, expertise and knowledge have been valuable to the AOA Research Foundation. To my remaining colleagues, thank you for another successful year and I look forward to continuing to work with you in the coming year.



Chair of Orthopaedic Outreach – **Graham Gumley**

ORTHOPAEDIC OUTREACH

Our focus on identifying key local clinical leaders and building capacity continues to produce a positive impact throughout the Asia Pacific.

A steady increase in membership numbers and actively engaged volunteers throughout our past 12 months has provided a solid platform to promote increased activities throughout the Pacific and South-East Asia. During the 2016–2017 financial year we have supported 37 mission and service-team activities across 11 nations. Orthopaedic Outreach members have contributed hundreds of hours of volunteer service, providing training and skills programs to enhance local capacity and patient care.

Notable contributions include continued assistance to the Indonesian Orthopaedic Association, with an experienced team of eight sharing the teaching at a pre-exam course and partnering with Indonesian surgeons in examining final Fellowship candidates. The Outreach team’s hosting of the third Examiner Training Course for all the Indonesian Examiners rounded off a valued 10 days of contribution to orthopaedic care in this populous neighbour.

An increasing presence in Papua New Guinea continues as we come to terms with the enormity of the population’s needs. Orthopaedic trauma remains a high-volume presentation spread across the country.

Outreach surgeons are continuing to identify local key clinical leaders across multiple sites to work more closely with, in an effort to meet their clinical challenges. This also includes potential engagement with local surgeon-training models.

Continued Ponseti training programs in the Solomon Islands benefited from a generous donation from the Australian Youth Trust (AYT), and are expanding across the Pacific. Only three years following participation as a junior resident, Dr Stephen Kodovaru joined our teaching faculty, sharing his experiences delivering an introductory Ponseti course in neighbouring Samoa. It is through this level of capacity building that we see such a positive impact in clinical skill development. The Polynesian populations are widely acknowledged as having some of the highest incidence of club foot globally; without this level of committed training, children would remain untreated, resulting in a life of deformity and suffering.

The Board of Orthopaedic Outreach is continually grateful to AOA and its members for the ongoing support and encouragement that underpins our programs and their success.

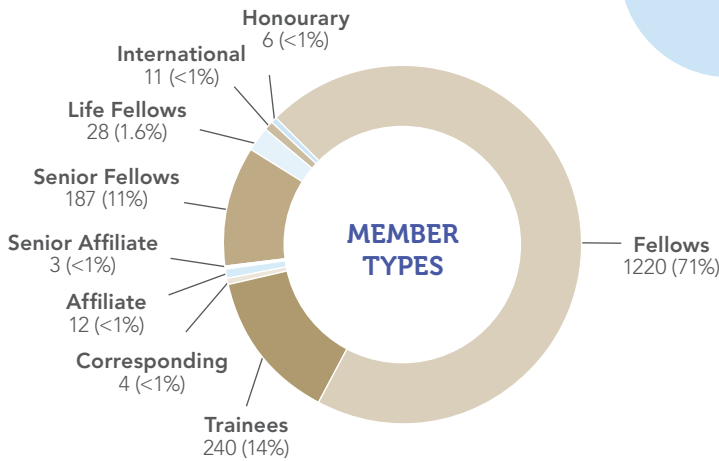
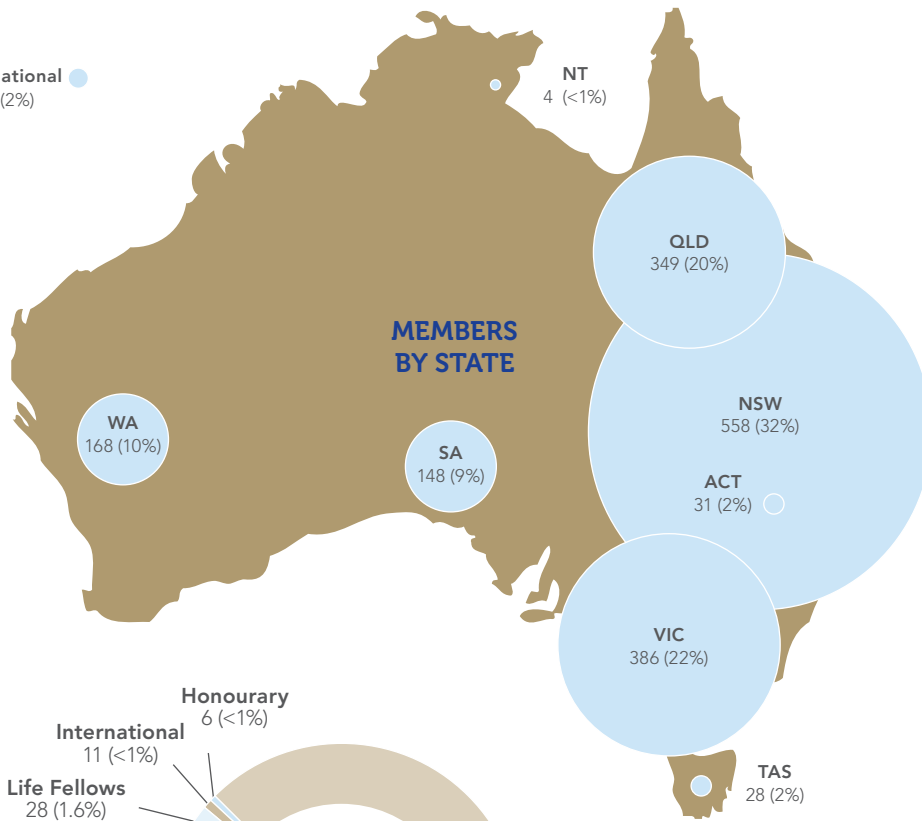


MEMBERSHIP

NEW FELLOWS

Elizabeth Anderson	QLD	Timothy Marshall	NSW	Andrew Wallis	WA
Matthias Axt	NSW	Andrew McGee	QLD	Kemble Wang	VIC
Rajesh Bedi	NSW	Daniel Meyerkort	WA		
Cornelius Du Plessis Burger	QLD	David Miller	QLD	NEW INTERNATIONAL	
Lorenzo Calabro	QLD	Terence Moopanar	NSW	AFFILIATE	
Andrew Clout	NSW	Rishi Narasimhan	NSW	Nicolaas Budhiparama	Indonesia
Francis Connon	VIC	Anthony Nguyen	SA		
Lachlan Cornford	NSW	Rui Niu	NSW	DECEASED MEMBERS	
Andries de Villiers	NSW	Keat Ooi	VIC	William Lennon	NSW
Brian Devitt	VIC	Richard Pennington	NSW	Thomas Stevenson	SA
Neil Ferguson	NSW	Morgan Prince	WA	William Sugars	QLD
Mark Fleming	NSW	Sunil Reddy	SA	Thomas Taylor	NSW
Michael Galvin	VIC	James Reidy	QLD		
Robert Gordon	QLD	Christopher Reitz	NSW		
Christy Graff	SA	Senthil Rengasamy	VIC		
David Healey	NSW	Bradley Richmond	QLD		
Matt Hofmann	WA	Sonja Schleimer	QLD		
Ali Humadi	VIC	Shahram Shahrokhi	SA		
Richard Jamieson	VIC	Michael Smith	QLD		
Liam Johnson	QLD	Christopher Soo	NSW		
Ali Kalhor	QLD	Andrew Stephens	NSW		
Benjamin Kimberley	WA	Terry Stephens	VIC		
Vinay Kulkarni	NSW	Michael Symes	NSW		
Andrew Kurmis	SA	Paul Taylor	WA		
Samya Lakis	WA	Chad Todhunter	NSW		
Matthan Mammen	VIC	Thomas Treseder	VIC		
Dror Maor	WA	Francois Tudor	QLD		
		Scott Tulloch	VIC		

International ●
39 (2%)



Total practicing members
as of 30 June 2017 = 1562

Total members
as of 30 June 2017 = 1711

AGE RANGE OF PRACTICING AOA MEMBERS

(Dates of birth by decade)

Before 1940
57 (4%)

1940-1949
127 (8%)

1950-1959
232 (15%)

1960-1969
372 (24%)

1970-1979
492 (32%)

1980 Onwards
268 (17%)

HONOURS & AWARDS

L O Betts Memorial Medal:

Award for Humanitarian Service:

Award for Meritorious Service:

Leadership Award:

Award for Orthopaedic Research:

Orthopaedic Education:

Honorary Fellowship:

Corresponding Fellowship:

Andrew Sutherland

Andrew Beischer

Simon Williams

Sindy Vrancic & Nicole Williams

Robert Fraser

Jegan Krishnan

Rod Green, Henrick Malchau
& Michael Hollands

James Bagian, Sanford Emery
& Ian Curran

FACTS & FIGURES

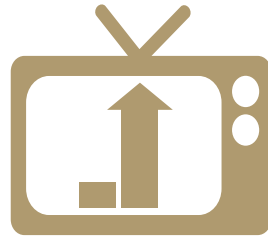
AOA STRATEGY STRATEGIC MILESTONES

46 milestones completed.

22 milestones progressed.



MEDIA MEDIA PROFILE



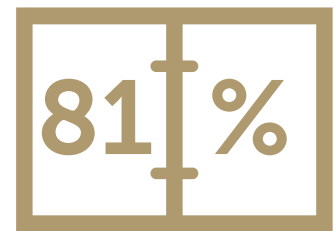
80 enquiries

doubled since 2013

40 mentions

COMMUNICATIONS AND IT

BULLETIN READERSHIP



Percentage of members who always read the *AOA Bulletin*.

MEMBERSHIP



98%

of Australian orthopaedic surgeons are AOA members.

SATISFACTION RATING

84-90%
for the past six years vs 58% AUS/NZ association average.

SOCIAL MEDIA

Followers gained within 12 months.

LINKEDIN

+300

FACEBOOK

x2

TWITTER

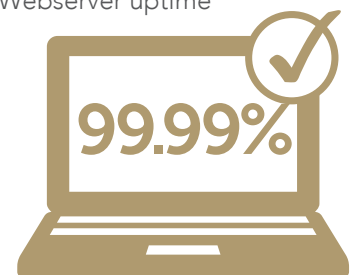
x3

AOA WEBSITE

Page views
450K+

WEBSERVER

Webserver uptime





EVENTS PORTFOLIO



50 events managed.

EVENTS ATTENDEES

12,994

attendees at AOA events, 2013–17.

OUTREACH

Over \$20,000 donated to Orthopaedic Outreach through AOA events.

\$20K

OPERATIONS CONTRIBUTIONS

\$1.75 MILLION +

contributed by AOA to subspecialties and other bodies since 2013.

RACS FEES

\$5.8 MILLION

paid to RACS in training fees, 2008–2017.

RISK CONTROLS AND ACTIONS

545



Up 11% over 12 months.

ACTIVE AOA CONTRACTS



up 65% over 12 months.

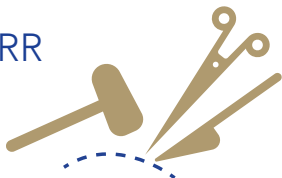
ADVOCACY AND GOVERNANCE

330



AOA advocacy services assisted patients, surgeons, government & non-government organisations with 330 issues in 2013–2017.

AOANJRR RECORDS



1.3 MILLION+

procedures since 1999.

\$600 MILLION+

reported value to Australian society.

BOARD COMMITTEES & DIRECTORS AS AT 30 JUNE 201 +

BOARD COMMITTEE

CHAIR

Executive Committee	Ian Incoll
ABC Travelling Fellowship Committee	Bill Donnelly
Asia-Pacific Committee	Andrew Beischer
Audit and Risk Management Committee	Lawrence Malisano
AOA Presidential Line and State Branch Chair Committee	Ian Incoll
Continuing Orthopaedic Education Committee	Michael A Johnson
Federal Training Committee	Omar Khorshid
Fellowships Committee	David Dickison
Honours and Nominations Committee	Ian Incoll
AOA National Joint Replacement Registry Committee	David Hale
AOA National Joint Replacement Registry Academic Advisory Panel	Don Howie
Orthopaedic Women's Link (OWL) Committee	Michelle Atkinson
Professional Conduct and Standards Committee	Michael A Johnson
Research Committee	Peter Choong
Rural Surgeons Committee	Chris Morrey
Spinal PFET Committee	John Cunningham
Subspecialty Presidents Committee	Lawrence Malisano

AD HOC COMMITTEE OR WORKING GROUP

CHAIR

Code of Conduct Review Committee	Michael A Johnson
Digital Imaging Committee	David Mitchell
Patient Education Committee	Andrew Beischer
Workforce Working Group	Lawrence Malisano



I INCOLL



L MALISANO



D MARTIN



A BEISCHER



D COLLOPY



M DAMIANI



A ELLIS



B HALLIDAY



I HARRIS



M JOHNSON



N JORGENSEN



O KHORSHID



E MAH



G MARQUIS



C MORREY



T MUSGROVE



AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

AUSTRALIAN ORTHOPAEDIC ASSOCIATION LIMITED

LEVEL 12, 45 CLARENCE STREET SYDNEY NSW 2000

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