



AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

Australian Orthopaedic Association

2019–2020

Annual Report



VISION

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

PURPOSE

Restoring and advancing the wonder of movement.

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2019–2020

KEY HIGHLIGHTS

JULY
2019

The signatories of the *Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector (ACF)* elect AOA as the chair of the Alliance that represents the initiative.

JULY
2019

A working group of the OWL Committee is formed to develop support resources and advocate for trainee health and wellbeing, pregnancy, maternity and parental rights.

AUG
2019

A Federal Training Committee (FTC) Effectiveness Review session is held, with feedback indicating that the FTC is an effective and harmonious committee that appropriately undertakes its objectives and functions.

OCT
2019

New director appointments result in females comprising 40% of the AOA Board of Directors.

OCT
2019

AOA delivers its first plastic-free annual scientific meeting.

NOV
2019

AOA attends the Indian Orthopaedic Association meeting as the invited guest nation.

NOV
2019

The 2019 Emerging Leader's Forum host its largest ever cohort of participants, with over 30 from AOA and other specialty societies represented.

NOV
2019

AOA is recognised for its efforts in international leadership education, as acknowledged by letters from USANZ President Stephen Mark and Board of Surgical Education and Training in Neurosurgery Chair Mark Davies.

NOV 2019	AOA leads the response to the NSW government legislative changes removing 'lock-out' laws in NSW that limit alcohol sales after a prescribed time.
DEC 2019	'Australian orthopaedic surgery training: Australian Orthopaedic Association's strategic education review' is published in the <i>ANZ Journal of Surgery</i> .
DEC 2019	The AOANJRR's Patient Reported Outcome Measures (PROMs) Pilot successfully concludes.
FEB 2020	First Vice-President Michael Gillespie, alongside members Bogdan Solomon and David Ackland, represent Australia as the guest nation at the 2020 International Combined Orthopaedic Research Societies Meeting in Phoenix, Arizona, supporting the Australian and New Zealand Orthopaedic Research Society.
FEB 2020	A Cultural Inclusion Strategy Working Group is formed to promote and enable all people into and within the profession of orthopaedic surgery to the benefit of the Australian people.
MAR 2020	AOA establishes a COVID-19 Risk Management Working Group.
MAR 2020	AOA develops guidelines and position statements in response to the cancellation of elective surgery during the COVID-19 pandemic.
MAR 2020	AOA launches the COVID-19 information hub and member forum, containing AOA updates relating to the COVID-19 pandemic.
MAR 2020	AOA representatives join a RACS working party to contribute to discussions with government representatives responsible for reviewing the definition of the title 'surgeon'.
MAR 2020	AOA launches a revised Code of Conduct, incorporating the Association's <i>Position Statement on Interaction with the Medical Industry</i> .
MAR 2020	AOA launches its <i>Advertising Guidelines</i> .

MAR 2020	AOA commences the delivery of webinars to continue engagement between members, state branches, subspecialty societies, regional training committees, OWL and AORA during COVID-19.
MAR 2020	National live access to Bone School sessions in every region is introduced for AOA trainees.
MAR 2020	AOA formally completes the AOA 21 implementation plan – nine months ahead of schedule.
APRIL 2020	AOA launches patient education material to assist patients awaiting delayed joint replacement surgery during COVID-19.
APRIL 2020	AOA launches a Digital Transformation Strategy to radically alter, reposition, develop and deliver better-integrated technology systems, enhanced member-engagement opportunities, and improved technology policies and processes.
MAY 2020	AOA offers over 1500 minutes of online Bone School – a figure three times more than what was offered in March, with a session recorded nearly every second day.
MAY 2020	A revised <i>AOA/RACS Service Agreement</i> , including Service Activity Matrix, is signed.
JUNE 2020	The Orthopaedic Surgery Implementation Group is formed as part of the Medicare Benefits Schedule Review.
JUNE 2020	AEHA is recognised as a globally-benchmarked model for ethics consensus frameworks by the Basel Institute of Governance.
JUNE 2020	AOA successfully postpones all 2020 scientific meetings to 2021 at no financial cost to the Association.
JUNE 2020	An article titled 'Courage under Fire', featuring RAAF Group Captain and AOA Second-Vice President Annette Holian, was published in the <i>Australian Women's Weekly</i> .
JUNE 2020	The AOANJRR receives commitment from all states and territories to participate in the national roll-out of the PROMs Program.

President – Andrew Ellis

PRESIDENT REPORT



A year of global pandemic disruption to practice and AOA operations: AOA members and staff consistently rise to the occasion.

INTRODUCTION

This reporting year has brought many changes and challenges to Australians and consequently the members of our Association. The year began brightly, with AOA energised by our many member-focused activities in education and training, leadership and professional standards, advocacy, and research. The arrival of the COVID-19 pandemic led to significant disruption to the community and the economy, leading to significant challenges for our members in their practices and AOA in its operations. Words and terms like lockdown, roadmap, social distancing and flattening the curve entered the lexicon. Isolation, quarantine and the need to preserve health resources at times seriously affected the ability of orthopaedic surgeons to work and of our patients to access less time-dependent surgery. An impending recession and unemployment will join the COVID effect as major impacts until such time as a vaccine is developed. Our Victorian patients and members have been particularly affected.

ACKNOWLEDGEMENT AND THANKS TO MEMBERS

It has been a privilege to hold tenure as president of AOA. Australian orthopaedic surgeons provide an outstanding level of care to their patients and strive to practice in an ethical and evidence-based way to a very high standard. This much has been quite palpable as I hear the quality presentations at state branch meetings; observe the activities of our members through the work of AOA committees; read the research published by members; see the engagement with governments and health providers; and note the work of our training committees, examiners and educators. Every day I see acts of leadership within our members and note the progress of our Association. Frequently I see the quality of our trainees in the workplace, and acknowledge and welcome them as they develop as our future colleagues.

A very special thanks is due to our members who train and teach, sharing their expertise in so many ways. This pro bono work is a vital contribution to the future, and is carried out nationally and internationally. It is sincerely appreciated.

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STRATEGIC GOALS FOR 2020

Your new Board met in October 2019 refreshed and ready, standing on the shoulders of those who had gone before. We acknowledged the service of outgoing Board members and welcomed six new members: Annette Holian as second vice-president, Alison Taylor as chair of the President's and State Chairs' Committee, Richard Page as scientific secretary, Sue Liew as chair of professional conduct and standards, Catherine Hibberd as AORA president and Chris Kondogiannis as director of education and training. This new board represented an important landmark for AOA in terms of being a reflection of our diverse membership. Top priorities for AOA over the next 12 months included: execution of AOA 21; guiding good ethics and appropriate advertising and billing; advocacy around the tensions between public and private hospitals, industry and the private health insurance sector; and solving the AOA/RACS Service Agreement for training.

I'm pleased to say, despite the disruptions, these goals have been substantially met. AOA advocacy on behalf of orthopaedic surgeons has been extensive.

COVID

The Association promptly recognised the gravity of the pandemic on its operations and the need for members to receive orthopaedic-specific guidance; many meetings previously planned needed to be cancelled, postponed or re-invented. A working group of more than 30 leaders from within AOA provided guidance and allowed us to communicate rapidly to members information of benefit. Thirteen meetings were cancelled or postponed including our full Annual Scientific Meeting and the International Society of Arthroplasty Registries meeting. The COVID committee's bringing together of the subspecialties recognised a unity of voice with AOA, and also allowed us to work with RACS to provide a common voice in advocacy and position statements that was highly regarded and helpful in the new situations faced by surgeons.

Significant financial pressure has been felt on the income of AOA, and this is duly reported in our financial statements within this report. Fee relief has been offered to members affected and much of the activity costs of the Association curtailed, much deliberately and some benefitted by travel restrictions.

One great benefit of the pandemic has been the transition to a digital AOA, already planned but now accelerated; many meetings have become digital, as has much educational content. Notable examples include a national Bone School schedule and the running of the National Trial Fellowship Examination. AOA developed a series of webinars on educational content for members that has been a great success and increasingly subscribed to. Notable in this was an initiative of the Australian Orthopaedic Trauma Society and the Indian Orthopaedic Trauma Society, which ran a two-day fracture program with over 65,000 watching one day.

AOA STAFF

AOA has amazing staff! The disruption caused by COVID in education and events planning has been particularly significant. These work teams, led by able managers Ally Keane and Alison Fallon, have worked many long hours to develop and implement required changes. Our need to communicate rapidly and to maintain our financial health has seen the communications and finance teams working very industriously. Our state branch managers, advocacy and government relations and strategic programs teams have also had an increased load. I see the quality of their work daily, and need to report to the membership that we are well served by a dedicated group of enthused and somewhat tired (sometimes) employees. We thank them, as we do our members and office holders, for “rising to the occasion” of this terrible year.

Our CEO Adrian Cosenza, whose work for the Association seems never ending and diligent but also wise and strategic, leads this team of amazing people. Adrian is in his tenth year with AOA, and we take the time to note, applaud and acknowledge this milestone. The Board has supported the CEO in retaining all our staff despite the temporary financial challenge to the Association. Staff too have been affected, with no CPI pay rises for this financial year.

THE AOANJRR

The Registry has celebrated its 20th year, under the leadership of Stephen Graves. Although the AOANJRR will report separately, this milestone is most worthy of congratulations. The Registry is world regarded and reflects well upon the collegiality of Australian orthopaedic surgeons. Most importantly, it is an exemplar in Australia of professional self-reflection and data-driven change. In this notable year, the PROMS trial was successfully reported, and funding for a national rollout achieved through state and federal government support.



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EDUCATION AND TRAINING

Our trainees continue to thrive and progress. It has been a challenging year especially for the final year trainees as the May examination was cancelled due to COVID. RACS and its Court of Examiners have strived to run a part 2 exam, and to explore novel and digital ways of doing this. At the time of reading this report we will be expecting to welcome a new group of successful candidates.

The AOA 21 cohort continues to progress. The first group should have a chance to sit their exams next year, and, pending their recognition as sufficiently competent, progress towards Preparation for Practice. As a special measure due to the COVID disruption this will be reduced to a minimum of six months, to allow completion of training.

We still see issues from time to time both with trainees’ satisfactory progression and with the training environment. AOA will continue to monitor the quality of and behaviours in the workplace. Accreditation has been withdrawn at some sites due to this and we will work wherever possible to remediate dis-accredited positions where there is a will of training facilities to improve. We must

seek to maintain an educational experience of the highest quality for our trainees. Particular thanks to Chris Kondogiannis as chair FTC and Sindy Vrancic as chair Accreditation for their amazing work in education.

This year saw the resignation of Ian Incoll after a term as our foundation dean of education. Ian is a notable educator who has strongly contributed to AOA 21 and has served this Association in many roles over 20 years. We thank and salute him for his sterling service and wish him well in the multiple new endeavours he is undertaking.

DIVERSITY AND INCLUSION

AOA continues to thrive in this area, thanks largely to the efforts of many hard workers and leaders in this area. The OWL Committee, Champions of Change and the new Cultural Inclusion Working Group have all contributed significantly in this area. Better-performing organisations and professions are diverse and they are consequently more innovative. Talented persons exist in all genders and cultures, and AOA continues to work to reduce barriers and to seek the best into our profession. Many thanks and accolades to Jennifer Green, who has led much of this work with passion and energy.

We celebrate our first female vice-president, Annette Holian, our most diverse board yet, and our indigenous trainees, one of whom we hope will very soon become an orthopaedic surgeon.

ADVERTISING AND PROFESSIONAL STANDARDS

This year saw our Code of Conduct redrafted in a contemporary form, work that was stewarded by Colin Whitewood as outgoing chair, professional conduct and standards and by Sue Liew as incoming. This is an excellent code, designed to guide members and, in rare instances, counsel or censure them.

Real progress has been achieved through the Advertising Complaints Committee, led by Michael Gillespie. This is an area of much member dissatisfaction, and our members should be pleased so much work has been done in this area. Many have been counselled and heeded advice; others await stronger membership action, which is underway.

Finally I take this opportunity to thank members of the AOA for the opportunity to serve. It has been a remarkable year, made so much more pleasurable by the supportive Board, our staff and members of this proud Association. There are many challenges ahead in orthopaedic practice and members can firmly rely on their AOA as an organisation fit-for-purpose to help meet these.



It has been a remarkable year, made so much more pleasurable by the supportive Board, our staff and members of this proud Association.

Chief Executive Officer – Adrian Cosenza

CEO REPORT



Long-term strategic, risk, technology and financial planning has positioned AOA well to withstand 2020's 'one in a hundred year' shock wrought by COVID-19

As this report is being prepared, the Tasmanian Annual Scientific Meeting held at Barnbougle is being livestreamed across Australia – with speakers participating from various parts of the country – achieving record participation. At the same time, the AOANJRR Shoulder Workshop is being hosted in Adelaide. Its online mode of delivery has facilitated the participation of the largest number of attendees since these workshops have been held, with delegates from Australia and overseas locations attending despite closed borders. The AOA digital transformation, which was accelerated through the impact of COVID-19, is creating value for members in providing an even wider variety of access to scientific and education content in ways not contemplated in recent years. With challenges come opportunities and AOA is positively embracing disruption to ensure it is 'fit for purpose' in a dynamic and ever-changing world.

2019–2021 STRATEGIC PLAN

Dynamic response

Implementation of the 2019–2021 Strategic Plan was impacted by COVID-19 as resources were rapidly redirected to support members in an effective and practical manner. In January 2020, pre-COVID-19, preliminary work had commenced on the strategic imperative of transforming AOA properties, services and support across all activities of the Association to be delivered in a digital format. The onset of COVID-19 saw an accelerated digital transformation plan and revenue proposal presented and approved at the February 2020 Board meeting. Three progress reports on their implementation were subsequently reviewed by the Board in the first six months of 2020.

Additionally, over the past 12 months the Board has reviewed nine progress implementation reports on the Strategic Plan, including a major strategic audit completed at the second of the Plan's three years. At the two-year mark, considerable progress has been achieved, notwithstanding the significant disruption wrought by COVID-19, with 100 per cent of deliverables actioned, 58 per cent complete and/or ongoing and 42 per cent in progress.

COVID-19 risk management

During the peak period of COVID in March to May 2020, the AOA COVID-19 Risk Management Working Group, comprising directors, state chairs, subspecialty presidents, the OWL chair, Outreach chair, AORA president and other members, was convened and met on 12 occasions to advocate for and provide guidance and support to members and the community. This was a particularly intense and highly active period and resulted in position statements from all 11 AOA subspecialty societies regarding orthopaedic surgery during COVID-19.

Technology enablement

In addition to progressing the Strategic Plan, developing and commencing implementation of the Digital Transformation and Revenue Plan, and forming and stewarding COVID-19 risk management, work has commenced on developing a more purposeful, longer-term technology capacity and infrastructure plan to accommodate the current and emerging strategic ambitions of AOA members.

Financial resilience

Notwithstanding the significant adverse financial impact of COVID-19 on members, the community and the healthcare sector, the Board has carefully and studiously stewarded the finances of the Association remarkably. In an era where most not-for-profit organisations are struggling to survive and have suffered significant adverse movements to their financial position, AOA's financial position remains sound. The Board's focus on long-term planning and careful financial prudence over the past ten years, coupled with the agile pivot and prudent financial management during the pandemic, has enabled the Association to maintain its financial position.

The future


As if stewarding the current strategic plan, overseeing COVID risk management, guiding digital transformation and supporting the development of a technology capacity and infrastructure plan were not already fully occupying the Board, it has already initiated planning for the 2022–2024 strategic plan, with four papers considered in the first six months of 2020. Preparations are well underway.

CORE STRATEGIES

Education and training

The 100 per cent completion of all milestones and deliverables of AOA 21 was reported at the March 2020 board meeting. An 'assurance' external review has commenced, with an initial scoping meeting held in March 2020 and a proposed approach shared with the Board at the March 2020 meeting. This will be progressed later in 2020/early 2021.

The impact of COVID-19 affected trainees, training supervisors, directors of training, regional training committees, examiners and



**AOA's efforts in
education have been
increasingly world
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the Federal Training Committee and Board. The education of trainees was maintained during COVID-19 through the delivery of a national program of Bone School sessions via Zoom. For example, in May, over 1,500 minutes of Bone School was delivered – three times more than what was offered in March. The average monthly attendance rate has been 76 trainees per session. Recordings are also available via the Learning Management System for trainees who have been unable to attend the sessions ‘in person’ when offered. Clinical sessions and journal clubs also continued online through the generosity of consultants and the expertise of AOA regional managers, who facilitated the sessions via Zoom. Special thanks to Chris Kondogiannis, chair of the Federal Training Committee (FTC) and Board director, and the members of FTC, who, with the expert and professional support of National Education Manager Ally Keane and AOA education staff, ensured seamless delivery of education and training during this highly disruptive period. Thanks also to AORA President and Board Director Catherine Hibberd, who voiced and represented trainee interests with measured professionalism and expert insight.

AOA’s efforts in education have been increasingly world recognised throughout the year through collaborating and sharing with NZOA, American OA, NSW Health, RANZCOG, specialty societies and others. AOA continues to be regarded by many within Australia as a leader in orthopaedic education and training and is increasingly sought after for sharing experiences and lessons.

Research

Excellent progress has been achieved with the implementation of the *Research Strategic Plan 2016–2021*. The Board reviewed four implementation progress reports over the past 12 months with over 90 per cent of milestones in the five-year period to 2021 progressed and 50 per cent complete.

AOA National Joint Replacement Registry (AOANJRR)

Progress on implementation of the *AOANJRR Strategic Plan 2020–2023* continues at a pleasing rate. During the year the Board reviewed three progress reports and noted that all milestones are on track. It is pleasing to acknowledge the excellent progress with the AOANJRR PROMs project, with successful conclusion of the trial and planning well underway for progressing to national implementation. Funding from all state governments and territories has been secured at the time of publication, with the Federal Government’s commitment pending to enable the full implementation and support over the next four years. Member recognition of the value of the Registry is at an all-time high, with satisfaction levels of 97 per cent. The Registry continues to maintain its global leadership profile.

Leadership and professional standards

Much has been achieved in the implementation of the leadership and professional standards strategy, including in ethics and diversity.

2010-2020... TEN-YEAR JOURNEY – THEN AND NOW

The Board has stewarded through four strategic-plan cycles comprising 2010–2012, 2013–2015, 2016–2018, and the current 2019–2021. The common strategic planks reflected in all four strategic plans are education and training; professional standards and advocacy. In more recent plans, research and leadership have emerged as areas of focus. Funding and patient education have featured as key themes from time to time.

	2010-2012	2013-2015	2016-2018	2019-2021
EDUCATION & TRAINING	<ul style="list-style-type: none"> - Oct 2010: Refined, competency-based <i>Curriculum</i> is launched. - AOA Education Learning Centre launches nationwide. - June 2011: Due diligence on the practical and economic impact of seeking AMC education and training accreditation is completed. - Jan 2011: The Education Sponsorship Fund commences. 	<ul style="list-style-type: none"> - Oct 2013: AOA 21 is launched and enthusiastically embraced. - 2014: Four-year eLearning Development Plan launched to support the AOA 21 Curriculum and assessment objectives. - 2015: Learn@AOA eLearning platform, incorporating the Trainee Information Management System (TIMS), is launched. 	<ul style="list-style-type: none"> - Feb 2017: Revised AOA 21 Curriculum is launched alongside the AOA Training App. - 2017: Standardised education approach adopted through Bone School. - Feb 2018: The first cohort commences the AOA 21 Training Program. - Aug 2017: AOA delivers AOA 21 briefing to NZOA, who subsequently adopt AOA 21. - June 2018: Selection interview panels average 50 per cent female members. 	<ul style="list-style-type: none"> - 2016-19: 130 AOA 21 workshops provided to over 700 members. - Jan 2019: Revised AOA Accreditation Standards are launched, with enhanced standards for training flexibility. - 2019: AOA 21 fully operationalised. - Over 200,000 procedures are logged via TIMS and the Training App. - March 2020: National live access to Bone School sessions launched in every region.
RESEARCH	<ul style="list-style-type: none"> - 2010-11: The AOA Research Foundation (AOARF) provides \$200,000 to support research projects. - AOARF negotiates its first intellectual property agreement. 	<ul style="list-style-type: none"> - Nov 2013: AOA holds the inaugural National Strategic Research Consensus Forum, involving allied health professionals. - Late 2014: A new category of AOARF grants for younger researchers, registrars and junior consultants is launched. - Oct 2015: The AOA Research Committee is formed to enhance AOA's capacity for leadership in musculoskeletal research. 	<ul style="list-style-type: none"> - May 2016: Network of Orthopaedic Academic Departments is formed. - AOA's <i>Research Strategy 2016–2021</i> commences. - July 2018: The <i>AOA Research Foundation Strategic Plan 2018–2023</i> launches. - AOA Federal Training Committee creates defined research training pathways that include a true surgeon-scientist option. 	<ul style="list-style-type: none"> - June 2019: First PhD training post accredited in, facilitating a trainee's choice to follow the PhD pathway. - Australia participates as the guest nation at the 2020 ICORS meeting in Phoenix Arizona. - First trainees approved to commence the PhD pathway in 2021. - AOARF launches the PhD Scholarship. - AOARF develops and launches the Corporate Sponsorship Prospectus.

CONTINUING PROFESSIONAL DEVELOPMENT AND PROFESSIONAL STANDARDS

2010-2012

- **2010:** Board approves ongoing participation in director education and training by governance experts.
- In-house events portfolio introduced.
- **June 2011:** Fellowship Administration Service commences for AOA Fellows.

2013-2015

- **2014:** Fellowships portfolio undertakes a successful strategic review.
- Professional-conduct education modules developed for the Training Program.
- **June 2015:** CPD strategic review commences.
- **Nov 2015:** The Ethics Centre is engaged to assist with the development of an ethical framework.
- **2015:** The AOA *Ethical Framework* is developed and launched.

2016-2018

- **Feb 2017:** CPD Online launches.
- **Feb 2018:** Ethics Implementation Workshops commence.
- **July 2018:** AOA CEO stewards the launch of the *Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector (ACF)*, connecting over 60 healthcare-sector organisations.
- **July 2017:** Younger Surgeon Mentoring Program begins.

2019-2021

- **Feb 2019:** The AOA Advertising Complaints Subcommittee meets for the first time, and in March 2020 launches the *AOA Advertising Guidelines for Members*.
- **Jan 2019:** The AOA CPD App launches
- Ethics is integrated across AOA's forums and events.
- **2019:** AOA chairs three ACF implementation workshops
- AOA is elected chair of the Australian Ethical Healthcare Alliance.

ADVOCACY

- **2010:** Media policies implemented to streamline management and coordination of media activities, including during the De Puy worldwide ASR hip replacement recall.
- **2010-11:** Important strategic alliances formed with consumer groups such as Arthritis Australia and Arthritis Victoria to promote better models of care.
- Advocacy more purposefully progressed with federal and state governments.
- **2012:** New website launched.

- Advocacy, profile and branding effectiveness increases; the value of media coverage between 2013-14 grows to \$4.9m
- AOA launches its social media channels.

- **Feb 2016:** The Australian Paediatric Orthopaedic Society website launches.
- **Oct 2016:** *The Wonder of Movement* video launches to publicly promote orthopaedic surgery.
- **Feb 2017:** AOA publishes *The History of Orthopaedics in Australia 1980-2016*.
- **Feb 2016 & Mar 2017:** AOA's mobile-responsive website and redesigned homepage are implemented.

- **2019-20:** 23 advocacy submissions and position statements are delivered, including guidelines during the COVID-19 pandemic.
- **Mar 2020:** A revised *Code of Conduct*, incorporating the Association's *Position Statement on Interaction with the Medical Industry* published.
- **Nov 2019:** AOA leads the response to the NSW government legislative changes removing 'lock-out' laws in NSW.
- **June 2020:** The Orthopaedic Surgery Implementation Group forms as part of the Medicare Benefits Schedule Review.
- AOA reinvigorates the Workforce Committee to discuss the National Medical Workforce Strategy.

2010-2012

2013-2015

2016-2018

2019-2021

LEADERSHIP

- **2010:** The Board encourages the formation of the Orthopaedic Women's Link (OWL) to advance the cause of current and potential future female members.
- **2012:** AOA's Young Leaders' Forum launches in 2012.

- **Aug 2013:** New AOA-RACS *Service Agreement* signed.
- AMC identifies the AOA-pioneered service activity matrix for training between AOA and RACS as a major innovation.
- AOA solidifies global profile through participation at the International Consortium of Registries (ICORS), International Society of Arthroplasty Registries (ISAR), International Medical Education Leaders' Forum (IMELF), and Asia Pacific Economic Cooperation (APEC) Business Ethics Forum.
- **Oct 2014:** AOA Group of Past Presidents forms.
- **2015:** Revised *Constitution* launched following wide feedback, providing governance improvements including adoption of best practice in board size and composition.

- AOA's *Diversity Strategic Plan 2018–2023* is launched.
- **Aug 2018:** First OWL event runs, providing insights into women's orthopaedic careers.
- AOA Champions of Change Working Group forms, providing additional resources for the execution of AOA's *Diversity Strategy*.
- AOA leads the design, development and delivery of the RACS Surgical Leaders Forum in Melbourne.
- OWL eNewsletter launched, focused on gender-related issues and advocacy for the membership.
- **Oct 2017:** Two female members, Alison Taylor and Katherine Stannage, become heads of orthopaedic subspecialty societies.
- Australia receives APEC Lighthouse Award in July 2018, in recognition of the AOA-led ACF.
- Representatives from external specialties join the sixth annual AOA Emerging Leaders Forum (ELF).

- OWL Chair Jennifer Green addresses the American Orthopaedic Association (AmOA) on AOA's efforts to support a more equitable orthopaedic society.
- **Oct 2019:** New director appointments result in 40% female membership of the AOA Board of Directors.
- A series of governance and leadership sessions is delivered to members and external surgical specialties.
- *Inclusion of Female Members in AOA Scientific and Educational Meetings* policy launched.
- **November 2019:** AOA is the invited guest nation at the Indian Orthopaedic Association annual meeting.
- **2019:** Largest ever ELF takes place, including over 30 AOA members and external specialty societies.
- **April 2020** Organisation-wide Digital Transformation Strategy launched.
- **May 2020:** Revised AOA/RACS *Service Agreement*, including *Service Activity Matrix*, successfully negotiated.
- Cultural Inclusion Working Group forms, focusing on cultural inclusion matters for the orthopaedic community.

PATIENT EDUCATION

- **2015:** Project commences to position the AOA website as a public-facing platform

- **Oct 2016:** The AOA Travelling Exhibition of Orthopaedics launches, later to travel to over 30 locations across Australia.

- Patient-education material launches to help patients to deal with pain while awaiting delayed surgery during COVID-19.
- **June 2020:** The development of in-house patient education material is approved.

2010-2012

2013-2015

2016-2018

2019-2021

ASIA PACIFIC

- **2010-11:** AOA funds a range of humanitarian activities, including volunteer service and education delivery in Bali, Burma, Cambodia, East Timor, Fiji, India, Madagascar, Nepal, Papua New Guinea, Samoa, Solomon Islands, Sri Lanka, Tonga, Vanuatu and Vietnam.

- Members donate \$1m of pro-bono services in overseas humanitarian initiatives.
- **2014:** AOA events raise over \$10,000 for Orthopaedic Outreach.
- Closer ties are established between Australia and Asia through the activities of Orthopaedic Outreach and APOA.

- **2016:** The Asia-Pacific regional strategy launches, identifying key country categories for regional engagement and top-priority countries
- **2015-16:** AOA events again raise over \$10,000 for Orthopaedic Outreach.
- **July 2017:** Project plans approved for Myanmar, Vietnam and Papua New Guinea.

- **June 2019:** King of Tonga Tupou VI recognises Outreach members and operational manager as members of the Royal Order of the Crown.
- **2019:** Orthopaedic Outreach carries out work across 10 countries throughout the Asia Pacific, comprising approximately 28 visits involving approximately 110 personnel.

AOANJRR

- **2010:** AOANJRR strategic review conducted to maintain and further extend the Registry's leadership.
- The first lay summary of the AOANJRR *Annual Report* is released.
- AOANJRR provides societal benefits in excess of \$600m between 1999 and 2013.

- AOANJRR conducts a strategic review and implements recommendations.
- AOA takes top prize at the 2014 University of Adelaide Innovation Awards for its work in leading innovative outcomes through the AOANJRR.

- **2016:** AOANJRR procedure records since 1999 top 1.1million.
- **May 2018:** AOANJRR automated industry reporting system launches.
- **July 2018:** The Patient Reported Outcome Measures (PROMs) trial launches in more than 50 hospitals and in all states and territories.

- AOANJRR adopts a new strategic plan for 2020–2023.
- AOA features as the guest nation at the registry-focused 2019 EFORT Congress.
- PROMs pilot is completed.
- The rollout of national PROMs collection commences.
- Registry-Nested Clinical Trials (RNCTs) begin.

FINANCE AND RISK MANAGEMENT

- Risk framework implemented in accordance with ISO 31000.
- Contract Management System established.

- Audit and Risk Management Committee is formed.
- Disaster Recovery plan developed and implemented.

- AOA's Risk Framework is accepted and viewed as an industry benchmark for not-for-profit organisations.

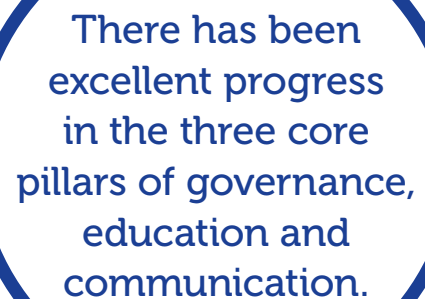
- **March 2020:** AOA establishes a COVID-19 Risk Management Working Group to manage the impact of the pandemic on orthopaedic services and AOA activities.

Ethics

The Board reviewed progress on the implementation plan on four occasions and was pleased to note all milestones for the period had been achieved, with most progressing to plan and some ahead of schedule. There has been excellent progress in the three core pillars of governance, education and communication. The Advertising Complaints Committee matured well during the year thanks in particular to the sterling leadership of Vice-President Michael Gillespie. Advertising guidelines have been developed and provided to members.

The revised Code of Conduct and position statement on interaction with the medical industry were completed and launched during the year. Special thanks to past Chair Professional Conduct and Standards Colin Whitewood and current Chair Sue Liew, both of whom stewarded the completion of these important documents.

Under the stewardship of the Board, AOA chairs the Australian Ethical Health Alliance (AEHA) – the largest ethical consensus framework of its type globally, with over 70 organisations in the health sector as members of the alliance. During the year, AOA's CEO chaired four AEHA steering committee meetings; participated in an Asia Pacific Economic Cooperation (APEC) webinar in May 2020 as a panel speaker; co-authored a publication in the *Journal of Internal Medicine* published in June 2020; and participated as a panel speaker at the ethics and integrity session at the University of Sydney in March 2020. In June 2020, AEHA was recognised as a globally benchmarked model for ethics consensus frameworks by the Basel Institute of Governance.



There has been excellent progress in the three core pillars of governance, education and communication.

Diversity

Progress on implementation of the diversity strategy continues at a brisk pace under the agile leadership of Chair Jennifer Green. The Board reviewed the diversity strategic plan on four occasions and noted that 100 per cent of milestones have been actioned, with 46 per cent complete. Jennifer has also pioneered the formation of the International Orthopaedic Diversity Alliance (IODA), a network of over fifty orthopaedic surgeons from over 25 countries seeking to advocate for diversity and inclusion. Of particular note is the historic formation of AOA's Cultural Inclusion Working Group, expertly chaired by AOA Director Chris Morrey.

Leadership and mentoring

Robust activity on guiding development of strategy and implementation of leadership, mentoring and governance education and capability-building initiatives have continued apace. The sixth Emerging Leaders Forum, with the highest number of participants to date, was successfully held in November 2019. For the second year in a row, participants from a number of specialty societies, including the New Zealand Orthopaedic Association, were involved, with excellent feedback – 100 per cent of participants would recommend the course to others; again, AOA was acknowledged for its leadership in this area.

Mentoring education initiatives have been progressed and it is pleasing to note the community recognition of AOA's leadership role in ethics, as evidenced through leadership acknowledgement from other bodies. Respect for AOA's brand has been noted from these various initiatives.

Governance

A number of director induction and education sessions were held during the year. AOA developed a guide to participating in AOA committees to support members in governance roles on AOA committees and similar non-AOA committees or boards. Additionally, over the past 12 months, eight governance and leadership education sessions were delivered to members and other surgical societies. The first financial literacy session for directors was held at the VIC ASM in February 2020. Strategy sessions were also delivered to the Spine Society of Australia executive and for AOA staff.

Advocacy

Active and purposeful engagement with the Federal Minister for Health, state health departments, AHPRA, the Medical Board of Australia, the Australian Medical Council, Private Healthcare Australia, various medical health funds, MTAA, Day Hospitals Australia, the Private Hospitals Association and other groups throughout the year ensured that matters of interest and concern to members were regularly advocated. Issues ranged from sufficient supply of personal protective equipment (PPE) during COVID-19, to access to theatres for company representatives, conflict of interest guidelines published by the Federal Department of Health as it affects members participating on clinical advisory groups, revised benefit setting and review of the framework for industry working groups for prosthesis pricing, advocating for patients to the medical health funds for access to benefit payments affected by COVID-19, and cost-effective and sustainable rehabilitation following joint replacement surgery.

Asia Pacific

Progress on the Asia Pacific regional strategy has been delayed due to COVID-19. The focus in recent years has been on three country plans – Vietnam, PNG and Myanmar. Excellent relationships continue with APOA and Orthopaedic Outreach in shaping the way forward, together with closer ties to the Global Health Committee of the Royal Australasian College of Surgeons (RACS), chaired by AOA Second Vice-President Annette Holian. A review of the Asia Pacific regional strategy has been rescheduled to later in 2020/early 2021.

Finance and risk

Notwithstanding the impact of the COVID-19 'one in a hundred year' shock resulting in the cancellation of thirteen meetings and the related revenues, the Board's vision in building the financial reserves of the Association in recent years, coupled with agile and prudent financial responses during 2019-20, resulted in the Association maintaining its financial position. This result was achieved without AOA qualifying for relief under the Federal Government's JobKeeper subsidy support for employers. AOA benchmarks its financial results against like organisations in the not-for-profit sector and it compares favourably on many measures. Special thanks go to Scientific Secretary and Board Member Richard Page and Conference and Events Manager Alison Fallon for their tireless efforts in seamlessly transitioning from long-established physical meetings to virtual formats, including hybrid arrangements.

The Audit and Risk Management Committee carefully reviewed the risk register of the Association on two occasions and the risk profile of the AOANJRR – endorsing the Board’s risk appetite and satisfactory risk profile. Treasurer and Board Director Maurizio Damiani has provided strong support and advice at both Committee level and to the AOA staff. Michael Gillespie and Annette Holian also serve on the Audit and Risk Committee assisting in finance, governance, audit and risk deliberations.

International affairs engagement

Throughout the year, AOA nurtured positive engagement with APEC, the Institute for Management Development (IMD), the International Conference on Surgical Education and Training (ICOSSET), the International Combined Orthopaedic Research Societies (ICORS), the International Society of Arthroplasty Registries (ISAR), the International Medical Education Leaders Forum (IMELF), carousel presidents and CEOs, Asian orthopaedic associations, the European Federation of Orthopaedics and Traumatology (EFORT) and others as part of the desire to maintain high-quality networks to contribute to AOA’s capacity-building in many areas of activity. AOA continues to be invited to contribute to many forums associated with these organisations. Through the Board, AOA holds the position of IMELF Ambassador Australasia, serving on an IMELF steering committee, and successfully had prepared to co-chair the regional IMELF Australasia meeting in Sydney in March 2020 – which has been postponed to March 2021.

Relationships

AOA continues to nurture, develop and grow relationships with specialty societies, state branches, RACS, government and external agencies. The relationship with subspecialty societies continues to flourish, with AOA supporting many subspecialty governance, strategic, advocacy, conference, research, financial and education activities.

AOA benefits from the rich contributions of the state branches under the stewardship of state chairs and special mention must go to all state chairs for their guidance and support over the years, and in particular the past 12 months. State Chair Director Alison Taylor has ensured state affairs Australia-wide are heard and advocated at the Board.

The relationship with the Royal Australasian College of Surgeons (RACS) is healthy, constructive and collegiate. Five AOA members serve as RACS councillors, and their valued insight and support has played a key role in improving relationships. Many thanks to Kerin Fielding, Sarah Coll, Annette Holian, Greg Witherow and Lawrie Malisano. President Andrew Ellis has guided a respectful, collegiate and transparent relationship between AOA and RACS through RACS President Tony Sparnon. A significant milestone was the successful re-negotiation of the AOA-RACS Service Agreement stewarded under the guidance of the AOA Presidential Line of Andrew Ellis, Michael Gillespie and Annette Holian, together with Chair of Education and Training Chris Kondogiannis.

Staff

Special acknowledgement and thanks goes to AOA Business Manager Jeff Clark, who has retired after 13 years of service. His expert financial acumen, wise counsel and considered advice to members, directors and staff, including close consultation with the CEO, is acknowledged and has been deeply appreciated. The positive family culture at AOA has seen many staff serve

for multiple years. Advocacy and Governance Manager Kathy Hill, Western Australia Regional Manager Julia Holloway, and South Australia Regional Manager and VIC/TAS Executive Officer Kimberley Heinrich are acknowledged as having completed ten years of service to AOA during 2020. Staff stability ensures that corporate memory is retained and members are able to receive the highest level of service. AOA staff turnover has averaged seven per cent over the past three years – well below industry benchmarks. Staff surveys have been held annually over each of the past eight years, with staff engagement sustained at high levels.

AOA profile and branding continues to be well maintained. AOA Communication and Advocacy planning and execution have resulted in continued high rates of communication with members through the newsletter, website and social medial channels. The advent of webinars and live streaming at meetings has broadened member reach and delivery channels. Two publications in the *ANZ Journal of Surgery* (Strategic Education Review and AOA 21) and *Journal of Internal Medicine* (AEHA) demonstrate tangible evidence of positive contributions to AOA's profile. AOA's continued involvement with OzHarvest, IMELF and AEHA reflect well on AOA's brand and reputation.

Summary

Despite the disruptive impact of COVID-19, the last year has been inspiring, challenging and stimulating. Members and staff are to be acknowledged and thanked for their tireless and amazing efforts. There is little doubt that the agenda stewarded by the Board continues to be ambitious, expansive, visionary and inspirational. It is what is required to strive for AOA's vision of being recognised as a world leader, not only in orthopaedic surgical education and training but as a peak body for orthopaedics in both the Australian and global orthopaedic communities. Sincere and deepest thanks to members, state branches, subspecialty societies, directors, staff, and the Presidential Line and Board, led with distinction by Andrew Ellis.

A personal note – ten years

I celebrated ten years with AOA on 22 July 2020. Reflecting on the past ten years' journey, I believe AOA continues to demonstrate leadership through tangible outcomes benefitting the community and members. AOA is a professional, well-regarded and increasingly sophisticated organisation. I am particularly grateful for the wonderful, enthusiastic and professional staff and the family culture that has been cultivated amongst our people and members.

I am also deeply appreciative of the wonderful and encouraging support, mentorship and guidance extended to me over the decade by all presidents I have served. I take the opportunity to list them here as I am grateful to each and every one of them: Ian Dickinson (2009-2010); Bill Cumberland (2010-2011); Graham Mercer (2011-2012); John Owen (2012-2013); Peter Choong (2013-2014); John Tuffley (2014-2015); Andreas Loeffler (2015-2016); Ian Incoll (2016-2017); Lawrie Malisano (2017-2018); David Martin (2018-2019) and Andrew Ellis (2019-2020).

For this year in particular I would like to acknowledge the counsel, support, wisdom and guidance provided to me by the Presidential Line, led by Andrew Ellis and supported by Michael Gillespie and Annette Holian.

THE DECADE 2010 TO 2020

AOA sector leadership is evidenced and demonstrated by:

- A well-functioning, cohesive, collaborative and constructive Board led by a solid and united Presidential Line in each year of the ten-year period, as evidenced by the Henry Bosch effectiveness review late in 2014 and the Nathan Patrick review in October 2018
- Sound and appropriate investment in a talented and highly engaged AOA head office, AOA regional manager and AOANJRR staff teams, passionate about and delivering first-class service
- High-quality strategy development and planning (globally benchmarked) reflecting member priorities
- Proven and effective implementation capability, as evidenced through the investment of over \$4m over the past ten years while simultaneously growing member value, including through the COVID-19 'one in a hundred year' shock
- Tangible delivery of over 300 milestones over ten years in implementing key strategic priorities
- Increasingly higher profile and recognition in advocacy activities, with government and key bodies approaching AOA directly more regularly
- Sound and prudent governance and risk-management practices
- Sound technology governance and planning as reflected in the technology plan and the rapid development of the digital transformation plan
- Improved risk-mitigation action through demonstrated successful disaster-recovery exercises (seven), strengthened insurance arrangements and disciplined management of contractual arrangements
- Prudent, professional financial modelling and sophistication, including longer-range planning resulting in an overall improved financial position for AOA, accommodating the strategic investments of the past few years. Consequently, AOA is well placed to withstand the significant impacts of COVID-19, with its financial foundations acting as shock absorbers to maintain AOA's financial robustness during and post COVID-19
- A highly engaged and satisfied membership (relative to similar organisations) reporting high overall member satisfaction compared with industry benchmarks, with excellent member survey results in 2018-19 and 2019-20 achieving the highest average satisfaction rating since 2014, despite including double the number of functions (only seven function areas were surveyed in 2014). These levels signal the effectiveness of recent transformation as AOA undertakes major changes with the engagement of the membership
- Continued domestic and international recognition of AOA, Global recognition of the AOANJRR, and international praise for AOA 21.

It continues to be an exhilarating experience to be part of a highly member-engaged association seeking to continually improve and strive for excellence in all areas of activity. The first ten years have been most satisfying. It really feels like AOA is on the cusp of a new phase as it pivots to an even more engaged and highly digitised organisation seeking to deliver seamless and excellent service for members and the community. I remain humbled and honoured to continue to serve.

EDUCATION & TRAINING REPORT



If someone had approached me a year ago, and ‘crystal-balled’ an accurate portrayal of the events that would occur during my first year in the role of chair of Education and Training, I would have laughed them out of the room. It is an understatement to say that this has been a challenging year. Despite the shared experience of the impact COVID-19 has had on society and how we socialise, it has affected each and every one of us in a very individual and personal way.

For our trainees, and those aspiring trainees, the disruption to learning and progression has been unprecedented. If...? When...? How...? From exams within training, to Selection for training, the high levels of uncertainty will have been an unfortunate compounder of these already highly stressful life events. I hope that you, your family, and your friends have remained healthy and well through these difficult times.

Congratulations to the 44 trainees who successfully completed training during the 2019–2020 financial year. We warmly welcome you as our new colleagues, and wish you the best as you start your careers as orthopaedic surgeons.

TRAINING AND AOA 21

The AOA 21 Training Program has continued to move ahead, with the final item on the AOA 21 *Project Plan* completed in February 2020. This is a remarkable achievement, and on a scale unparalleled in the world of surgical education and training. The stewardship of my predecessor, Omar Khorshid, has been vital in the implementation of AOA 21. It is also a testament to the commitment of all the members and staff who have been involved in the project since its inception in 2010, but most importantly, a credit to the membership, who have embraced the challenges of such significant change. Planning has now commenced for an external review of AOA 21 during 2021. If you have an interest in reading about the strategic review and development process for AOA 21, I can recommend to you the article titled ‘Australian Orthopaedic Surgery Training: Australian Orthopaedic Association’s strategic education review’, recently published in the *ANZ Journal of Surgery*. The lead author on this publication is Ian Incoll, our recently retired AOA dean of education, who was heavily involved in the development and implementation of AOA 21.

There are currently 228 trainees in active orthopaedic training, with 178 training under the AOA 21 guidelines and 50 under the previous SET requirements. COVID-19 has had a

significant impact on our trainees; their patience, resilience and tolerance of the various challenges should be acknowledged and commended. 2021 will see our first cohort of trainees move into the Transition to Practice stage of training, another important AOA 21 milestone.

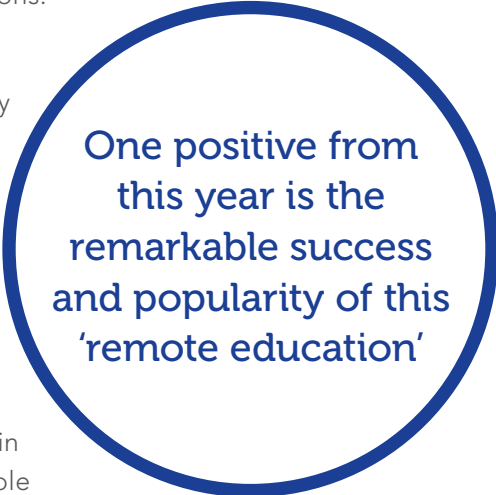
The new AOA *Accreditation Standards for Hospitals and Training Positions* were launched in 2019, and 39 training sites were assessed under the new Standards in 2019. Most site visits in 2020 were placed on hold due to COVID-19 travel restrictions, but some have been able to proceed via web-conference. Our Accreditation Standards are critical in ensuring we maintain a consistent and high standard of training across the country, providing a quality learning environment for society's future orthopaedic surgeons.

In another significant improvement to our accreditation process, the new online accreditation portal was successfully launched in August. This portal will significantly streamline the accreditation process by enabling hospitals and accreditors to submit, view and update documentation online. I would like to congratulate the Accreditation Committee, led by Sindy Vrancic as chair, and the AOA staff involved in the project for achieving this important milestone, and for their tireless efforts with accreditation.

National Bone School sessions have continued during 2020 in an online format. One positive from this year is the remarkable success and popularity of this 'remote education'. This new delivery has been extremely well-received by the trainees, with many taking the opportunity to engage with learning from other regions. I would especially like to thank the AOA regional managers and Bone School coordinators for their work in this area. Their speed and efficiency of adaptation cannot be overstated. The Learning Management System (LMS) is continuously being improved as our central repository for training resources, providing additional educational content to support trainee learning in conjunction with Bone School.

At the time of this report, 92 per cent of all orthopaedic consultants involved in the AOA 21 Training Program have completed all four AOA 21 workshops, or the equivalent RACS workshop. This is an outstanding achievement and a testament to the commitment of our membership to the delivery of global best-practice education.

On behalf of the FTC, the trainees and the Association, I would like to acknowledge the contribution of all members involved in the delivery of the training program. We understand that the AOA 21 program is still new, and that the new modules and assessments are yet to be comfortably embedded in everyday orthopaedic practice. This will take time and we are grateful for your continued support of AOA's efforts to be world-recognised for our training program. There would be no training program without your dedication to teaching and learning and your extensive pro bono contributions.



One positive from this year is the remarkable success and popularity of this 'remote education'

eLEARNING

The last year has seen continued uptake of the online assessments for AOA 21. Over 10,000 workplace based assessments (WBAs) and 9,500 feedback entries were entered into the

Trainee Information Management System (TIMS) or the AOA Training App in the 2019-2020 financial year.

If you are a trainer, please remember to support your trainees in completing their assessments by making time to submit entries and discuss your feedback with them. The assessments and forms are not designed as a 'tick-box' exercise; they are intended to facilitate open discussion and feedback on our trainees' skills and knowledge. This can only be effective if we plan ahead and prioritise the educational needs of our trainees.

SELECTION

191 applications for Selection were received for the 2021 intake, which has seen significant delays as a result of COVID-19. At the time of writing, the interview stage of the process has not yet been completed, and the situation in some regions is changing almost daily. I would like to thank everyone involved in this process for your patience, compassion and support as we work to run Selection in extremely challenging circumstances. We are looking forward to welcoming our new cohort of trainees next year.

ACKNOWLEDGEMENTS

I would like to recognise and express my deepest thanks to all members of the Federal Training Committee (FTC) for their dedication and commitment over the past 12 months. The portfolio managed by the FTC is extensive, and the workload has doubled during 2020 as we work to continue training under extremely challenging circumstances. In addition, most FTC members also serve on multiple other committees across the Association. I wish to acknowledge RTC chairs Price Gallie (QLD), David Gill (Newcastle-NSW), Sean Suttor (Northside-NSW), Jai Sungaran (Southside-NSW), Grant Pang (VIC/TAS), Jegan Krishnan (SA/NT) and Li-On Lam (WA); Accreditation Committee Chair Sindy Vrancic; Senior Orthopaedic Examiners Ric Angliss (outgoing) and Angus Gray (incoming); AORA President Cathie Hibberd; Jurisdictional Representative Brett Oliver; External Representative Susi Tegen; and President Andrew Ellis. I would also like to thank First Vice-President Michael Gillespie and Second Vice-President Annette Holian for their regular attendance and enthusiastic contribution as observers.

I would like to recognise the work of Ian Incoll as dean of education. Ian has made a substantial contribution to AOA in this role; his work on diversity and competency-based education has received international recognition. Ian retired from the role in May 2020 due to other commitments in his local health service and we wish him well.

Finally, I would also like to acknowledge the hard work of the Education and Training staff at AOA Head Office, and the regional managers, who have tirelessly supported the FTC through this difficult time. Our thoughts are particularly with our VIC/TAS Regional Training Manager Leanne and our colleagues and trainees in VIC as they work through the challenges of a second lockdown.

AORA President – Cathie Hibberd

AORA REPORT



TRAINING

The COVID-19 pandemic resulted in a number of changes with respect to training. A series of webinars from the Education and Training Team were held during the peak of the disruptions to keep trainees informed of the pertinent issues.

The effect of COVID-19 on reduction in elective operating and outpatient clinics was reflected in a drop in the number of eLog cases by approximately one third compared to the same time last year across all states. There was, however, an increase in the number of workplace based assessments (WBAs) and feedback entries (FEs) being completed, indicating that trainees and supervisors remained engaged in training.

BONE SCHOOL

Following the implementation of social distancing restrictions, Bone School was modified to take place via online videoconferencing. A National Bone School Schedule is now accessible to trainees in all states, with recordings where possible available on the AOA Learning Portal. Furthermore, the National Trial Fellowship Exam (NTFE) was delivered entirely online this year, with both a written and clinical viva component.


RACS EXAMS

Most notable was the cancellation of the Fellowship Exam (FEX) earlier in the year. The FEX is now due to take place in September/October. The Intro trainees also had their OPBS (Orthopaedic Principles and Basic Sciences) exam postponed from June to November.

I must sincerely thank both Ric Angliss and Angus Gray (outgoing and incoming senior examiners) for their work on the RACS Court of Examiners and the efforts they have gone to to ensure delivery of a Fellowship Exam this year. Their professional and personable approach to the situation is to be commended.

AOA 21

A key change to training for the 2017 cohort is the resolution for flexibility in the minimum training time of the Transition to Practice (TTP) year. The Federal Training Committee deemed that as a consequence of the impact of COVID-19 the cohort was denied an opportunity to sit the FEX in 2020, thus potentially delaying progression through the AOA 21 Training Program. As a result, there is now the opportunity for trainees to complete a minimum six months (rather than 12 months) in TTP.



**I would like to
thank the Executive
for their contributions
to AORA over the past
12 months**

AORA EXECUTIVE

I would like to thank the Executive for their contributions to AORA over the past 12 months: Tom Clifton (VP), Sam Shales (WA), Lily Garcia (OWL), Nathan Eardley-Harris (SA), Nick Maister (VIC), Blaise Wardle (NSW SS), Moussa Farhat (NSW NS), Ben Hardy (Newcastle), and Aidan Cleary (QLD).

CPD REPORT



I would like to open this report by thanking Colin Whitewood for his work and leadership over the last two years. They are big shoes to fill! During his tenure Colin oversaw many important discussions with the Medical Board of Australia regarding the new Professional Performance Framework, as well as other improvements including the launch of the new CPD App. His main legacy has been the revision of the AOA *Code of Conduct*, which was an enormous undertaking that has resulted in a more robust and polished document that would make any mother proud. Colin also led the establishment of the AOA Advertising Committee, which is a separate but related entity under the Professional Standards portfolio. So, thank you Colin! I would also like to thank everyone for supporting my step up into the Board and only hope I can do as good a job!

CPD

2020 has been a highly unusual year, and the impacts of COVID-19 will be felt in our surgical community for years to come. CPD is more important than ever as we learn how to operate and care for our patients in an environment of ongoing uncertainty. Although COVID-19 has thrown a spanner in the works for the 2020 year, we remain confident that everyone will be able to reach compliance despite the lack of meetings and educational opportunities. The numbers of points required in each CPD section for the 2020 year have been dropped to make it the process easier. But that's not all! The Royal Australasian College of Surgeons (RACS) took an opportunity to seize the moment and decided to move their CPD year to align with the financial year. After careful consideration, the CPD Committee and the Board decided to also move the AOA CPD program dates from a calendar year (1 January to 31 December) to a financial year. The new dates will better align with the dates for submission of medical registration renewal, and will ensure that the AOA and RACS CPD programs remain consistent. To make the change happen, the 2020 CPD year will be extended until 30 June 2021. The 2021–22 CPD year will commence on 1 July 2021 and run until 30 June 2022, and will then continue to run according to the financial year. The due date for submission of activities will change to 30 September each year. The good news is that this gives members 18 months to gain the reduced number of points for 2020!

**“Live as if you were
to die tomorrow.
Learn as if you
were to live forever.”**

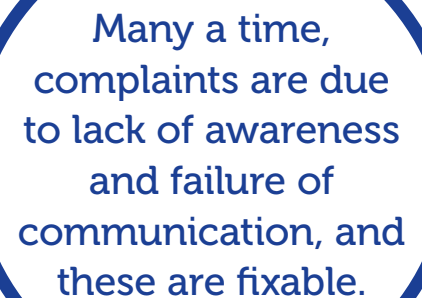
Mahatma Gandhi

Members may wish to use the Personal CPD Plan template to plan ahead for this change. The guide and template are available to download from the left-hand navigation menu on the AOA CPD webpage. The template will help you plan activities for the year, and two CPD points per hour can be claimed just for completing the plan.

In other CPD news, RACS has just published a new Surgical Audit Guide, which presents the ideal process for planning and completion of surgical audits. This has prompted discussion of the ways in which we can improve our own audit processes and documentation. A working group of CPD Committee members has been set up to review this issue and look at ways in which we can do better.

PROFESSIONAL STANDARDS

"Speak softly and carry a big stick." - Theodore Roosevelt commenting on foreign policy. Unfortunately, a number of members see this as the policy of our complaints management process! The truth is that we don't have any big sticks and the 'worst' thing we can do to anyone is revoke their membership, which is not our aim. We want to say WE are, and want to be seen as, a peak body of PROFESSIONALS, and this is achievable. Many a time, complaints are due to lack of awareness and failure of communication, and these are fixable. Advertising complaints now have a specific pathway to the Advertising Complaints Subcommittee. Very rarely, more serious breaches need to leapfrog us and be referred to local jurisdictions (such as hospitals) or national bodies (such as AHPRA). The *Code of Conduct* revision has been finalised and we now have a pathway for complaints via the newly developed *Complaints Policy*. The AOA complaints processes remain a work in progress. Since the commencement of my tenure last October, a total of 11 complaints have been made with seven resolved and four in progress. The majority of the complaints have been about colleagues of the complainant.



**Many a time,
complaints are due
to lack of awareness
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RESEARCH FOUNDATION REPORT



FINANCES

Notwithstanding the significant disruption to investment markets as a result of the pandemic, it is pleasing to report that the Foundation achieved an operating surplus of \$255,975 for the year ending 30 June 2020, compared to \$364,979 in 2018/2019. The result after adverse unrealised movements in market-related investments amounted to a loss of \$54,369 compared to a surplus \$419,926 in 2018/2019.

Return from investments, at \$251,080, was less than the performance of \$391,366 for the previous year and represented a return of four per cent – a satisfactory result in the current investment environment. Unrealised losses on market-related investments for the year ended 30 June 2020 amounted to \$310,344, which was down from a gain of \$54,947 for the previous year. Market-related movements are entirely outside the Directors' control.

During the 2018/19 year, the Foundation agreed to accept funds from the NSW and VIC state branches for investment and these funds remained invested in 2019/20. The state funds are combined with the Foundation's funds, and returns are distributed in proportion to the value of funds invested by the various entities.

Revenue for the year was \$375,586 compared to \$599,801 in 2018/2019 – a decrease from last year due to lower grants and donations. Members' funds at 30 June 2020 amounted to \$6,521,539 compared to \$6,575,908 at 30 June 2019 – a decrease of \$54,369 and a most satisfactory outcome given extreme conditions. There was no significant movement in administrative expenses for the year compared to the previous year.

GRANTS

For the year under review, 2019/2020, a total of 31 grant applications were lodged using the online platform. Seven grants (five regular grants and two Early Career Researcher Grants) were awarded, totalling \$156,503. Grants paid in the year ended 30 June 2020 totalled \$69,482. This amount varies from the value of grants approved since payments may occur up to two years after being awarded due to requirements for ethics approval and contractual matters.

The 2020/2021 grant round was delayed due to the impact of COVID-19. At the time of writing, the AOA Research Foundation has received 47 grant applications for this round. This is a significant increase from the 31 applications received in the previous year.

THE FOUNDATION IN 2019-2020

Work has continued on the implementation of the *AOA Research Foundation Strategic Plan 2018–2023*, and I am pleased to report that after two years, 18 (72 per cent) of our strategic milestones have been progressed with 10 (40 per cent) complete.

The Foundation has received a number of generous donations and bequests in the past 12 months and, on behalf of the AOARF Board, I would like to acknowledge and thank these donors and their families for their support. The Foundation would not exist without the generous contributions of our members, both financially and by way of pro-bono volunteer hours of service.

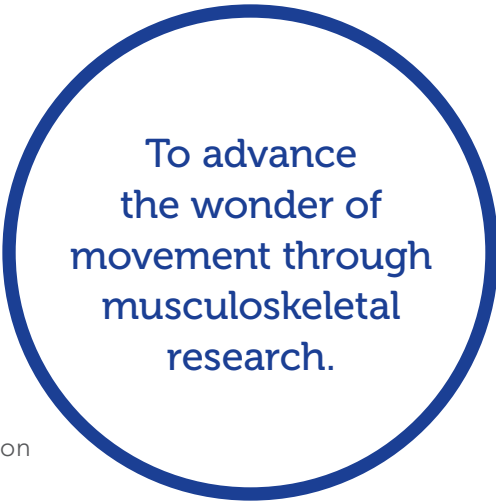
The most exciting development of the last year is the launch of the AOARF PhD scholarship, which will be awarded for the first time in 2021. The scholarship is available to any members who wish to take time out of clinical practice to pursue their doctorate, but is particularly targeted at trainees who are undertaking the PhD pathway to meet the research requirements of the AOA 21 Training Program. One of the priorities of the Foundation is to support our early-career researchers and we are proud to be able to offer this scholarship as part of our Strategic Plan.

ACKNOWLEDGEMENT OF BOARD MEMBERS

I would like to acknowledge the work of John North and Stephen Graves, who stepped down from their longstanding positions on the AOARF Board in October 2019, and thank them for their dedicated service to the Foundation over many years. We look forward to welcoming two new directors into these positions in 2021.

I will be stepping down as chair of the AOARF in October 2020 and remaining on the Board as a general director for an additional 12-month term. I wish to express my gratitude to all members who have served on the Board during my term for their support and dedication to the work of the Foundation, and look forward to continuing my involvement over the next year. I would also like to congratulate Dr David Martin on his appointment as the new chair. David has been a member of the AOARF Board for a number of years and brings a great amount of commitment and enthusiasm to the chair role. The Foundation is in good hands.

To all of my colleagues and AOARF staff, thank you for your hard work and dedication, and I look forward to working with you all again in the coming year.



**To advance
the wonder of
movement through
musculoskeletal
research.**

OUTREACH REPORT



Orthopaedic Outreach activities were numerous until March 2020, when, for the obvious reasons, all Outreach trips ground to a halt.

COVID-19: OUR ACHILLES HEEL

However, the 'down time' has been used efficiently to hasten up other activities, which had tended to take a back seat to our Outreach trips.

A new set of 'Rules of the Association' have been drawn up and adopted as our governing instrument. Our current policies are undergoing review and new policies are being introduced. Groundwork is being undertaken to explore the feasibility of Orthopaedic Outreach complying with the criteria required to be granted recognition by the Australian Council for International Development (ACFID). This would provide access to Department of Foreign Affairs and Trade (DFAT) funding. Our operations manager will expand on this in our Annual General Report.

Gratifyingly, three of our members were honoured by AOA for their services: Paul Pincus and Kevin Woods receiving awards for services to education, and Stuart Myers receiving the Humanitarian Services Award for his longstanding contribution to the Fijian Outreach program.

Fortunately, most of the countries we usually visit had been visited prior to the pandemic travel restrictions being introduced. A list of the visits can be found in the *Orthopaedic Outreach Annual Report 2019–2020*. New ventures in the last 12 months were the running of a Ponseti course in Indonesia (Kalimantan), and with funding from World Orthopaedic Concern (WOC), Graham Gumley's visit to Uganda as an invited examiner (by The College of Surgeons of East, Central, and Southern Africa) was facilitated.

Work is being done to support our usual destination countries utilising platforms such as Zoom. The Pacific Islands Orthopaedic Association, which includes many of our members, has been able to continue teaching using this vehicle, and Martin McBain has been key in bringing interactive case presentation sessions to Fiji. Our operations manager has also been building resources to use in similar fashion.

In presenting the humanitarian face of the orthopaedic surgeons of Australia, Orthopaedic Outreach appreciates the ongoing support of AOA, and also the support of those AOA members who in addition are financial members of Orthopaedic Outreach. Pleasingly, there have also been some significant private donations over the past year, which in a small way offset the dwindling support of the trade. The ongoing support of Stryker is acknowledged, which included there being three Stryker travelling Outreach registrars in the past year.

Orthopaedic Outreach could not function without the tireless efforts of our operations manager, secretary/treasurer, management committee, administration officer, and crucially, those who give freely to participate in Orthopaedic Outreach activities. All are sincerely thanked.

Scientific Secretary – Richard Page

SCIENTIFIC SECRETARY REPORT



2019 ASM – CANBERRA

The 79th AOA Annual Scientific Meeting, themed 'Teamwork and Engagement', was held at the National Convention Centre, Canberra. The scientific program consisted of concurrent subspecialty sessions and plenaries. The meeting was well attended, with 1,215 participants in total.

2020 ASM – MELBOURNE

The 80th AOA Annual Scientific Meeting, themed 'Standing Tall and Stepping Forward', was scheduled for 11-15 October 2020 at Melbourne Convention Centre. However, due to the COVID pandemic the meeting has been postponed to 7-11 November 2021 at Melbourne Convention Centre, but a one-day hybrid meeting will be held in October.

COVID IMPACT ON 2020 SCIENTIFIC MEETINGS

The COVID pandemic impacted 2020 AOA scientific meetings. 16 scientific events were postponed to 2021. AOA was successful in negotiating postponement of these meeting with no financial cost to the Association.

AOA has introduced new digital technology: webinars have been held each month and the first hybrid AOA ASM will be held 23 October 2020, which will be followed by the NSW, WA and QLD state branch hybrid ASMs in November.

AOA will continue to incorporate live streaming for future scientific meetings, which will enable scientific meetings to be accessed by the orthopaedic community in Australia and worldwide.



MEMBERSHIP

NEW FELLOWS

Jeevaka Amaranath	NSW	Milford McArthur	QLD
Anuruthran (Rudy) Ambikaipalan	VIC	Andrew McBride	QLD
Sheraz Anjum	NSW	Aniruddha Mitra	VIC
Lucas Annabell	VIC	Rajat Mittal	NSW
Raf Asaid	VIC	David Nielsen	QLD
Ganesh Balendra	VIC	William O'Callaghan	QLD
George Banic	QLD	Sarah O'Reilly-Harbidge	NSW
Claire Bolton	SA	David Owen	ACT
Michelle Caudwell	NSW	Jean-Louis Papineau	WA
Jason Chinnappa	NSW	Simon Parfitt	QLD
Daniel Cohen	NSW	Simon Perkins	QLD
Ulrich Dorgeloh	QLD	Simon Platt	QLD
David Drynan	NSW	Matthew Rackham	SA
Samuel Duff	QLD	Tristan Rappa	NSW
Abhijeet Ghoshal	WA	Piet Rogers	WA
David Graham	WA	Andrew Salipas	VIC
Kieran Hirpara	QLD	Ramanjeet Sethi	VIC
Wayne Hoskins	VIC	Viral Shah	VIC
Santosh Jacob	VIC	Jobe Shatrov	NSW
Benjamin Johnson	VIC	Verinder Sidhu	NSW
Nicholas Jorgensen	QLD	David Sime	VIC
Akshay Kamra	NSW	Christopher Spelman	VIC
Julia Kirby	VIC	Chen Tu	SA
James Larkin	WA	Zhenya Welyczko	QLD
Patrick Lim	NSW	Raymond Yu	SA
Ferraby Ling	VIC	Saqib Zafar	NSW
William Lumsdaine	NSW		

MEMBERSHIP

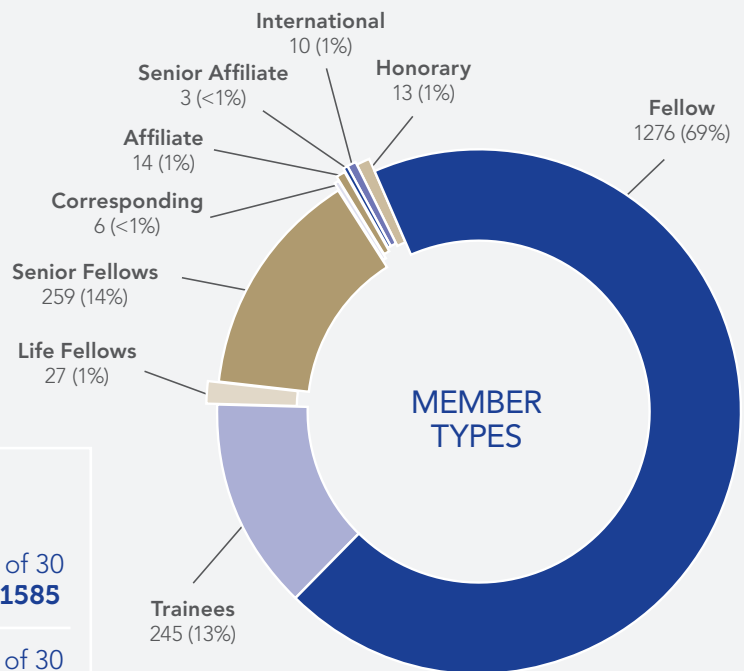
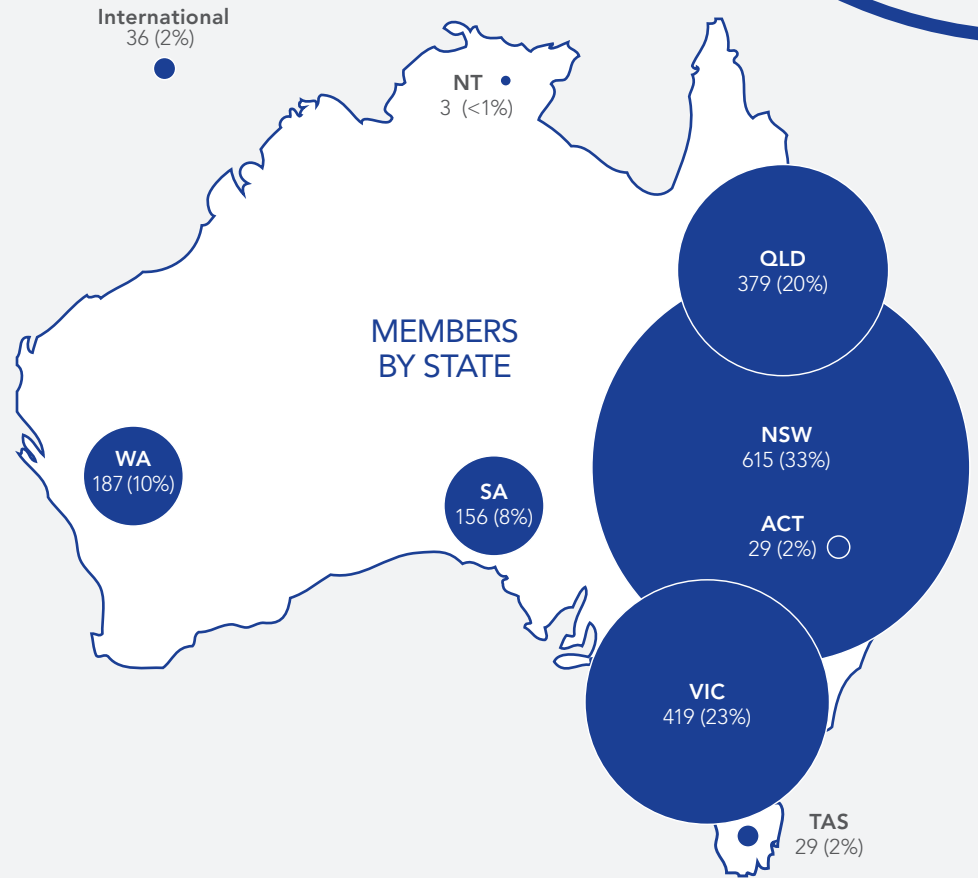
DECEASED MEMBERS

Bob Dickens	VIC
James Evans	NSW
John Harrison	NSW
Graham Mahoney	NSW
Andrew Sutherland	SA
Hugh Weaver	VIC

MEMBERSHIP

AGE RANGE OF PRACTISING AOA MEMBERS

(Dates of birth by decade)



TOTAL

Practicing members as of 30 June 2020 = **1585**

Members as of 30 June 2020 = **1853**

HONOURS & AWARDS

L O Betts Memorial Medal

Paul Stalley

Humanitarian Service Award

Paul Hitchen

Meritorious Service

Colin Whitewood

Award for Leadership

Katherine Stannage

Orthopaedic Research Award

Markus Kuster

Service to Orthopaedic Education

Angus Gray

Richard Angliss

Ian Incoll

Omar Khorshid

John Walsh

Honorary Fellowship

Colin Barnes

Life Fellowship

Peter Bath

Founders Medal
for exceptional leadership and service:

Adrian Cosenza



10 YEARS OF PROGRESS

circa
2010

Vs

circa
2020

MEMBERSHIP



1,362 members

218 trainees

85%

Satisfaction

1,853 members

230 trainees

87%

AOA STAFF



13

90% female

44

82% female

COMMUNICATION

Website



22,000 visitors

0 followers

55%

eNewsletter open rates

68,224 visitors

9010 followers

64%

FELLOWSHIPS

Accredited Fellowship Programs

73

132

EVENTS

Managed

0

53

ADVOCACY

Advocacy position statements

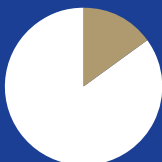
0

13

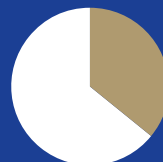
FEMALE REPRESENTATION 2020



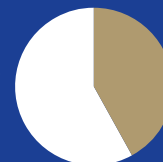
15%
Committee/
Working
groups



15%
Trainees



36%
Undergraduate
Workshop
participants



42%
Board of
Directors

21 delegates used breast feeding facilities at AOA meetings

circa
2010

Vs

circa
2020

RESEARCH

Foundation Grants



19 applications

47 applications

Value awarded
between 2010–2019

\$1.5million+

EDUCATION & TRAINING



0 mentorships

91 mentorships

8% female

Successful Training Program
applicants

23% female

Satisfaction Rating
satisfied/above expectations

89%

89%

FINANCE

Revenue



\$5.7m

\$12.3m

\$15.1m assets

\$23.3m assets

\$14.2m

Member funds

\$18m

AOANJRR

Directors

2

7

Annual Report downloads

3,382

27,667



143 ad hoc reports

246 ad hoc + 1,342
AIRS reports for Industry

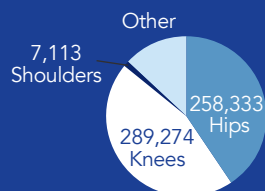
8 journal publications

26 journal publications

13 presentations

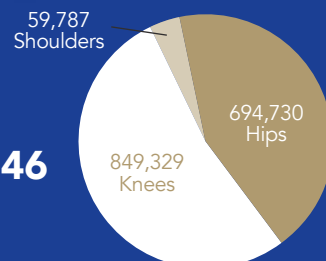
70 presentations

PROCEDURES



636,373
records

1,603,846
records



As at 30 June 2020

BOARD COMMITTEES AND CHAIRS

BOARD COMMITTEE	CHAIR
Board of Directors	Andrew Ellis
ABC Travelling Fellowships Committee	Phong Tran
Accreditation	Sindy Vrancic
Asia-Pacific Committee	Ton Tran
Audit and Risk Management	Michael Gillespie
President's and State Chairs' Committee	Andrew Ellis
Continuing Orthopaedic Education	Chris Vertullo
Continuing Professional Development Committee	Sue Liew
Federal Training Committee	Chris Kondogiannis
Advertising Complaints Subcommittee	Michael Gillespie
Clinical Quality Committee	Richard Page
Fellowships Committee	Mark Ross
Honours and Nominations Committee	Andrew Ellis
IMG Assessment Committee	Vera Sallen*
AOANJRR Committee	Neil Bergman
AOA National Joint Replacement Registry Academic Editorial	Don Howie
Orthopaedic Women's link (OWL) Committee	Jennifer Green
Professional Conduct and Standards Committee	Sue Liew
Research Committee	Peter Choong
Rural Surgeons Committee	Chris Morrey
Spinal PFET Committee	Myron Rogers (NSA)
Subspecialty Presidents Committee	Michael Gillespie
Ethics Committee	Andrew Ellis
Workforce Working Group	Annette Holian

*Commenced August 2020

AD HOC COMMITTEE OR WORKING GROUP	CHAIR
Champions of Change Working Group	Andrew Wines
Code of Conduct Review Committee	Colin Whitewood
Digital Imaging Committee	Bill Donnelly
Patient Education Committee	Andrew Beischer
Masters and Co-Badging Working Group	Peter Choong
Cultural Inclusion Working Group	Chris Morrey
COVID-19 Risk Management Working Group	Andrew Ellis

As at 30 June 2020

BOARD DIRECTORS



Andrew Ellis
President



Michael Gillespie
First Vice-President



Annette Holian
Second Vice-President



Alison Taylor
State Chair Director



Christopher Morrey
General Director



Maurizio Damiani
General Director and Treasurer



Chris Kondogiannis
Chair of Education
and Training



Sue Liew
Chair of Professional
Development of Standards



Richard Page
Scientific Secretary

Board Observers



Catherine Hibberd
AORA President



Greg Witherow
RACS Orthopaedic
Specialty Councillor



Jennifer Green
OWL Committee Chair



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION