

Australian Orthopaedic Association

ANNUAL REPORT

2021–2022



AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

OUR VISION

To be global leaders in the advancement of orthopaedic surgery through training and education; culture, diversity and inclusion; clinical practice and research; and advocacy and engagement.

OUR PURPOSE

Restoring and advancing the wonder of movement.

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AOA KEY HIGHLIGHTS

July 2021

Orthopaedic Women's Link's (OWL) 'A glimpse into a career in orthopaedics' webinar encourages female medical students to consider a career in orthopaedics.

Through an ACC online forum, AOA opposes the nib/Honeysuckle managed-care proposal and advocates for the establishment of a fit-for-purpose private health regulator.

AOA meets with Federal Minister for Health the Hon Greg Hunt to discuss the National Workforce Strategy, emphasising AOA's approach to rural training and retention, and preparation for the 2023-2027 Registry funding agreement.

The AOA Board approves the new *AOA Strategic Plan 2022-2024*, with AOA's purpose unchanged and the vision emboldened.

AOA launches the *Female Inclusion in AOA Committees Policy*, reflecting the organisation's aspiration for a diverse and inclusive membership.

The Queen's Birthday Honours recognise AOA Member Donald Howie and appoint him an Officer in the General Division of the Order of Australia (AO).

AOA calls on the VIC Government to immediately lift its ban on elective surgery.

AOA chairs the Australian Ethical Health Alliance (AEHA) Covid-19 symposium to discuss the multi-faceted ethical considerations of the pandemic.

AOA presents on the importance of collective action in strengthening ethical practices at the Malaysian Organisation of Pharmaceutical Industries (MOPI) meeting, as chair of AEHA.

AOA Conference and Events Management (AOACEM) delivers the first virtual Asia Pacific Arthroplasty Society Congress.

August 2021

AOA's 'Leading in a crisis' webinar discusses leadership during disasters and provides insights on leadership qualities that inspire in times of need.

AOA introduces the Don Webb Research Prize in memory of the late Don Webb.

AOA WA hosts the 50th Anniversary WA Annual Scientific Meeting (ASM).

Investigators publish a statistical analysis plan for the CRISTAL (cluster-randomised, crossover, non-inferiority trial of aspirin compared to low molecular weight heparin for venous thromboembolism prophylaxis in hip or knee arthroplasty) study, embedded within the AOANJRR.

The AOA Research Foundation's 2022 PhD scholarships are awarded to Sam Lynskey (VIC) and Ben Hardy (NSW).

September 2021

University of Adelaide medical student Belinda Ong wins the AOA OWL Essay 2021 on the theme 'Give a girl a hammer'.

AOA holds a successful webinar, 'The new normal in healthcare'.

Planning commences for an external review of AOA 21, including a wide-ranging and all-inclusive consultation process with a panel of international experts alongside AOA's members.

The five-year *AOA Diversity Strategic Plan 2018-2023* is completed, with 26 deliverables complete, two ongoing and one milestone to be included in the *AOA Strategic Plan 2022-2024*.

AOA presents on ethical leadership at the 2021 Toronto International Summit on Leadership Education for Physicians, as AEHA chair.

AOA leads a session on 'The Convening Power of Government' at the 2021 Asia-Pacific Economic Cooperation (APEC) Forum Special Preview Meeting, as chair of AEHA.

October 2021

Federal Minister for Health the Hon Greg Hunt MP opens the virtual 81st AOA ASM with an address at the Opening Ceremony.

AOA launches the *AOANJRR Annual Report 2021 and Supplementary Reports*, including for the first time patient-reported outcome measures (PROMs) that aim to better manage the pain and wellbeing of the 100k patients who undergo joint replacement surgery each year.

AOA staff across Australia attend multiple mental health and wellbeing sessions with special guests: AOA members Tony Dunin, Leonie Katekar, David Bade, Li-On Lam and Nicole Leeks, and Karen Nicholls (Australian Indigenous Doctors' Association) and Sudha Narthakumar (Diversity Council Australia).

The AOA Board approves plans for the AOA head office to co-locate with the Royal Australasian College of Surgeons NSW office on a permanent basis from 1 July 2022.

AOA leads a Queensland Orthopaedic Research Fund (QORF) workshop to assist in establishing a strategic plan for the Fund.

AOA, as AEHA chair, showcases the Australian healthcare sector's progress in ethical practice at the 2021 APEC Business Ethics for SMEs Forum.

The AOA Federal Training Committee incorporates the Far North QLD Rural Training Rotation Pathway in the Selection Regulations to begin its pilot in 2023, to address workforce imbalances between regional and metropolitan sites.

An AOA Workforce Survey is distributed to members to understand more about the distribution of orthopaedic surgeons and their practice.

November 2021

Channel 9 National News interviews AOA President Michael Gillespie on the impact on joint replacement patients of VIC's elective surgery ban.

The *Australian's Research Magazine 2021* recognises AOA members Zsolt Balogh and Julian Feller among Australia's top 250 researchers.

AOA commences a review of the AOA 21 Training Program, led by Jason Frank and a group of international medical education experts, the AOA dean and AOA chair of Education and Training.

AOA hosts the 2021 ASM Diversity Plenary with convenors Chris Morrey, Andrew Wines and Juliette Gentle and a dynamic program of speakers.

AOA distributes its first member diversity and inclusion survey.

Anthony Murray is appointed as the first Indigenous chair of the Cultural Inclusion Working Group.

AOA appoints the Association's first female president, Annette Holian.

The AOA Board commissions an independent AOANJRR review to continue to improve the governance of its committees and business units.

AOA establishes the National Wellbeing Working Group.

December 2021

Members consider AOA's future research ambitions at a research strategy workshop.

AOA releases a statement countering Senator Griff's proposed Transparent Patient Outcomes Register in favour of patient reported outcomes.

January 2022

President Annette Holian speaks to Studio 10 on how the VIC elective surgery ban affects patient wellbeing and the need for health reforms to prevent a surgery crisis.

Bryan Ashman is appointed AOA dean of education, succeeding Ian Incoll, the Association's inaugural dean.

February 2022

The *AOA Regional Orthopaedic Surgeons Strategy 2022-2024* is launched, building towards providing regional communities the same high level of care and access to specialist orthopaedic services as those in metropolitan areas.

A hybrid 2022 Bone Camp welcomes 52 trainees to the AOA 21 Training Program. Sessions include mentorship, professional dilemmas, ethics, diversity, research, and physical examination.

The AOA Presidential Line and AOANJRR representatives meet with the Department of Health to discuss the proposed *Health Insurance Legislation Amendment (Transparent Patient Outcomes) Bill 2021*.

AOA submits an application to re-declare qualified privilege for the AOANJRR by the Federal Department of Health. Qualified privilege is re-declared for five years, to 7 July 2027.

The 2017 cohort of trainees, who commenced their training on the Surgical Education and Training (SET) Program and transitioned to AOA 21, graduate from training.

The first cohort of AOA 21 trainees commence their final stage of training – Transition to Practice.

The AOA Federal Training Committee provides the OWL chair a voting position.

AOA's first Indigenous orthopaedic surgeon, Anthony Murray, successfully completes the AOA 21 Training Program.

Australian border restrictions ease, allowing the VIC and QLD ASMs to be held in person.

AOA VIC Chair Adrian Trivett appears on 3AW radio's *Mornings with Neil Mitchell* and Nine's *The Today Show*, calling for an end to the state's ban on elective surgeries.

In the spirit of achieving best patient outcomes, AOA enters into a memorandum of understanding and provides the full *AOA 21 Curriculum* to Finnish orthopaedic surgeons seeking to leverage AOA's orthopaedic education and training expertise.

March 2022

The presidential lines and CEOs of RACS and AOA meet to discuss leadership, collaboration and advocacy.

The AOA Diversity Mentors Program launches to connect medical students, junior doctors and unaccredited registrars from underrepresented groups with mentors from AOA diversity groups.

The Australian Indigenous Doctors' Association endorses AOA as an Associate Organisation member.

AOA members as clinician experts are closely involved with the Prostheses List Reforms.

AOA participates in discussions with RACS regarding the use of the title 'surgeon' and agrees to advocate for legislative change to preclude non-medically trained health practitioners from being titled 'surgeon'.

AOA celebrates diversity and inclusion on the UN Day for the Elimination of Racial Discrimination and Harmony Week to foster inclusiveness and respect.

AOA establishes a staff Executive Leadership Group to further support member needs.

The QLD Branch delivers the inaugural Multi-Regional Site Clinical Bone School session with support from members across multiple regional training sites.

April 2022

The first two online modules for independent learning are made available for members to access via the AOA Learning Management System (LMS).

An online training module for selection interviewers on the LMS is launched, raising awareness of unconscious bias and how to mitigate it.

May 2022

The AOA Board approves the AOA Research Strategic Plan 2022-2024.

AOACEM launches an innovative new website that combines all AOA events in one area.

AOANJRR representatives attend the International Society of Arthroplasty Registries (ISAR) Conference in Denmark, where over 20 Registry papers are accepted.

The *2022-23 Federal Budget* provides policy authority to make changes to eight additional orthopaedic items in response to AOA and subspecialty society advocacy efforts to address specific service gaps and drafting issues.

June 2022

The inaugural AOA Knowledge Summit takes place in Cairns, QLD.

Anum Awais, orthopaedic service registrar at Royal Adelaide Hospital, wins the inaugural AOA Champions of Change Photo Essay 2022 on the theme: 'We come in all shapes, colours, sizes and genders'.

AOA holds a Diversity and Inclusion Strategic Workshop to scope and shape the new *Diversity and Inclusion Strategic Plan*.

AOA interviews 182 candidates for Selection nation-wide, following a record number of applications to the AOA 21 Training Program.

An OWL workshop takes place in Brisbane, organised by QLD OWL Representative Danielle Wadley, allowing young women a glimpse into the orthopaedic career and the opportunity to speak with male and female consultants.

AOA QLD forms the QLD Surgeon Wellness Working Group and commences organisation of the inaugural Surgeon and Family Wellness event.

Cairns Hospital leads the nation in surgeon diversity, with seven female doctors forming the largest collection of orthopaedic trainee and non-trainee doctors in the country.

AOA's Board and Workforce Committee commission a study by students of Western Sydney University's A/Prof Kathy Tannous to examine the orthopaedic workforce and the economic cost of extended orthopaedic waiting lists.

AOA shares insights on leadership in ethical practice at an APEC Consensus Framework Workshop with the Basel Institute on Governance, as AEHA chair.

PRESIDENT'S REPORT

Annette Holian, President



Over the past year, the global Covid pandemic continued its disruptive influence with the evolution of new strains that brought sequential waves of infection, death and disability upon our community.

At the start of July 2021, we experienced a surge in case numbers related to the Delta strain, and most states instituted snap lockdowns as the governments attempted to press for a zero-Covid status. The lockdowns deeply affected the ability to teach medical students in hospitals, early-career doctors and trainees. Faced with staff shortages at all levels due to real cases and close contacts, state governments took the option of stopping 'elective' surgery in public and in private settings. This unfairly affected our orthopaedic patients waiting for surgery, who are rarely Category 1 or 2a, noting this classification is for public hospitals and had never before been applied to private health care.

Other major issues facing us included a deepening awareness of climate change - bush fires in early 2021 were followed in 2022 by recurrent floods in northern NSW and southern QLD. These events have focussed our minds more sharply on the climate emergency facing us, and the need for an individual grass-roots response.

Each of us needs to reduce our carbon footprint, reduce consumption, find alternatives to the use of plastics, single-use items and landfill, recycle every possible item, reduce energy needs, and plan our individual removal of dependency on fossil fuels. Our attitude and actions at home and at work will help determine the future of the planet and our communities.

Recognition of our birth into privilege has been brought to our awareness through a social-media movement highlighting inequities at every level of our society. We recognise the need for those of us with the



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means, position and influence to use our power for good; to remove the barriers and inequities; and support every member of our society, regardless of gender, race, age, rurality, and cultural and linguistic background, to achieve their true potential.

The AOA Strategic Plan was developed across 2021, with wide consultation and identification of members' views, establishment of the pillars and consultation over the drafts prior to a final plan being approved by the Board and implementation by management commenced.

MAJOR PORTFOLIOS

EDUCATION AND TRAINING

The first cohort of trainees under the AOA 21 competency-based framework completed training and the second cohort are now in their transition-to-practice year. In view of this, a review of the AOA 21 program commenced this year.

Dean of Education Brian Ashman, appointed this year, is bringing fresh energy and expertise to the role.

The Board extends its gratitude to Chris Kondogiannis, the Federal Training Committee, and the AORA presidents Nick Maister and Dave Kelly for their contributions.

RESEARCH

Our Research Strategic Plan was developed with the Board, Research Committee, Research Foundation and the Registry Clinical Directors, finalised and launched. This AOA Research Strategic Plan is now well underway, ably led by Michael Schuetz.

The need for a planned, robust, supportive infrastructure for the rapidly advancing Registry-nested clinical studies (RNCS) to enable their continued development had been identified and was put in place during a pause on new studies. RNCSs have now recommenced, testing the systems and processes developed. The AOANJRR is part of the AOA and members can be assured the Board will maintain AOA control of the data and governance of the Registry,

ensuring both the AOA funds and members' data is safe. Data security and independent analysis and reporting of studies is critical to the ongoing voluntary contribution of members.

Work to further modernise the Research Foundation under the leadership of Chair David Martin, and allocation of more dedicated staff resources is underway .

ADVOCACY

The AOA Board, management and communications team put in a sustained effort across the year with approaches to federal and state governments and media interviews in each state, and joined with RACS in advocating for the essential surgery needed by our patients waiting for treatment to reduce pain and restore mobility. Throughout this phase, AOA communications continued to keep members informed, advocating for our patients and for the members. Our focus now needs to address the backlog of orthopaedic surgery across the country.

AOA has a productive relationship with Federal Government, crucial to ensuring that the expertise of orthopaedic practitioners has due influence on decisions that affect the provision of care, either directly or indirectly. The Presidential Line and management have supported the subspecialty societies in making submissions to the Federal Government related to the unintended consequences of the MBS changes brought in on 1 July 2022.

Our relationship with RACS is enjoying a very positive period, with four orthopaedic surgeons on RACS Council. Greg Witherow, Treasurer, is the orthopaedic elected representative on the RACS Council. I hold the Chair of the Board of Surgical Education and Training, Kerin Fielding holds the Professional Standards portfolio, and Sarah Coll, the Deputy Treasurer position. Greg, Kerin and I will complete our nine-year terms in May 2025. New orthopaedic blood is needed on RACS Council to ensure our membership is appropriately represented.

CONFERENCES AND EVENTS

AOA has made a deliberate shift to hybrid events post Covid disruption. We are again enjoying face-to-face meetings, while retaining the benefits of streaming technology through hybrid events. This allows those unable to travel easily to participate in scientific meetings, experienced as an elevation in the numbers registering for meetings.

A new event, the Knowledge Summit in Cairns in June, proved a valuable new addition to AOA's raft of conferences, with a focus broader than just the surgical aspect of the surgical profession, recognising the role of surgeons as leaders in the community.

There has been an enormous effort by convenors, the events team and supporting staff to accommodate frequent, often unexpected shifts in their operating environment without compromising the usual excellent experience of attendees across the year.

REGISTRY

Up to June 2022, we had some turnover in staff and there has been further changes since then, relevant to the next annual report, 2022-2023. All staff employed by AOA report to the CEO ultimately. The work done by all divisions of the AOA needs oversight by the Board to ensure compliance with regulations, to ensure members' funds are not put at undue risk, to develop strategic plans, and to ensure that appropriate funds are allocated within budget. Staff previously on short-term contracts have transitioned to permanent staff. Deputy Registry Clinical Director Ian Harris, who has provided a committed service to the Registry, completed his contract at the end of June 2022 and elected not to continue. Founding Director Stephen Graves terminated his contract in mid-August 2022. Richard de Steiger resigned early in August 2022, and we hope he will continue to engage in the work of the Registry in some way. Renewal of the Director pool is underway for 2022-23. Paul Smith is the interim Registry Clinical Director, and new Deputy Registry Clinical Directors and Assistant DRCDs are being sought.

PROMs implementation is well underway, augmenting current data, and is presented for the first time in the AOANJRR Annual Report. The states that have been provided with increased reporting are finding the data very valuable. The new infrastructure supporting registry-nested clinical-studies is proving a useful and popular addition to AOANJRR capacity.

The Board on behalf of members is deeply grateful to the Registry Clinical Director group, all registry staff, Kathy Hill as Registry Executive Manager, the Registry Committee, and all involved in taking the Registry forward through this period.

On behalf of the members, the Board thanks the past Registry Clinical Director and Deputies whose tenures recently ended and looks forward to the leadership of Paul Smith and the other members who will soon fill those vacancies.

WORKFORCE AND RURAL INTEGRATION

As staff and resources became available, there has been renewed energy to understand and respond to workforce distribution issues, in line with the National Medical Workforce Strategy. The workforce committee has engaged expert external support to help reduce the well-recognised poorer health outcomes in our regional and rural people. 29 per cent of our population now lives in regional and rural areas, while less than 12 percent of specialist surgeons live in the same regions.

We are working towards a program to select for rural, train for rural, better support members in regional communities, and to share the positive experience of practice outside the major urban centres. The first rural group of training posts commences in 2023 in Far North Queensland, and there is intent to extend this concept to other regional and rural areas.

DIVERSITY AND INCLUSION

The global social movements to bring down barriers and ensure the inclusion of women, coupled with evidence, has spurred on the development of the second Diversity, Equity and Inclusion Strategy.

We now have evidence that having diversity in our workforce that better represents our community results in better outcomes for patients who are not members of the dominant demographic. If we want outcomes to improve, we must ensure we are enabling access to surgeons of suitable gender, cultural and linguistic backgrounds.

We now have Change Champions and the Cultural Inclusion group working in alignment with OWL to ensure women and other under-represented minorities in the orthopaedic workforce gain equitable access and experience in selection, training and surgical practice.

We commend the efforts of Juliette Gentle as Chair of OWL for the last two years in leading this work. Having a voice at Board by someone representing the issues

women face in orthopaedics is critical to our progress in this field. She has been supported by many women and male allies in the association, but there is still much to be done. It is not enough to have ideas. Change takes action and leadership, and requires the support of men to achieve.

Former OWL Chair Michelle Atkinson is now RACS NSW Regional Committee Chair and continues to take positive action in the surgical sphere. Jennifer Green, former OWL chair, has established an International Orthopaedic Diversity Alliance. AOA has engaged with WOW - Women of Orthopaedics Worldwide - linking leaders to promote the achievements of women, and Tanya Burgess is the inaugural President of the new Asia Pacific Orthopaedic Association WAVES – Women Advocate Educate and Support - that links women in orthopaedics in the APOA membership.

INDIGENOUS REPRESENTATION

Recent membership of AIDA is an important first step in engaging with groups with whom we can work and from whom we can learn as we aspire to address the lamentable lack of indigenous representation in the orthopaedic and surgical workforce.

RISK AND GOVERNANCE

AOA remains vigilant in an environment of increasingly fast-paced change, taking the necessary effort to ensure that all activities in all areas of AOA activity are aligned with core responsibilities. We will ensure that AOA members' intellectual property is properly secured, responsibly leveraged and prudently published and shared.

Our technology platforms - including those for training and education, CPD, and the AOANJRR - represent an invaluable resource, and the Board continues to take seriously their responsibility on behalf of the membership to monitor and review every way in which it is developed, deployed or processed. Thanks goes to the Audit and Risk Management Committee

led by First Vice-President Chris Morrey, and the staff that support and enable that work.

LOOKING FORWARD

AOA has had twelve months of solid progress, responding to and learning from a challenging environment. We remain ambitious while responsibly stewarding resources to support growth and development in all areas of influence.

The AOA 21 Education framework review will ensure AOA remains at the forefront of surgical education globally.

The members can comfortably retain confidence in the Registry, the security of data, and the path forward under the leadership of Interim Registry Clinical Director Paul Smith, three Deputies and additional new Assistant DRCDs.

This work is enabled by a committed and strongly motivated Board, a collaborative network of committee members, department heads, directors of training, supervisors and trainees, and inspired by a membership driven to continually improve the outcomes and experiences of every Australian orthopaedic patient.

A FINAL THANKS

As President and Chair of the Board, I thank the full Board: Chris Morrey and Michael A Johnson as vice-presidents, Chris Vertullo as treasurer, Richard Page as scientific secretary, Nicole Leeks as state chair representative, Sue Liew as chair of Professional Conduct and Standards, Chris Kondogiannis as chair of the Federal Training Committee, Andrew Wines as a general director, Nick Maister and more recently Dave Kelly as AORA presidents, the two observers Juliette Gentle and Greg Witherow, and Neil Bergman as an invited attendee to the Board from May 2022.

The work of the AOA could not be achieved without the tireless contribution of our CEO Adrian Cosenza, with the support of the Executive Leadership Group Kathy Hill - Ally Keane, Alison Fallon, Elizabeth Burrell, Michelle White and Evelyne Tradros - Talysa Trevallion, Belinda Balhatchet, regional managers Kimberley Heinrich, Julia Holloway, David and Cindy Parker and Leanne Doyle, and all of our employees across the country. The Board thanks each and every one of you for your part in our success.



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CEO REPORT

Adrian Cosenza, CEO



LAYING THE FOUNDATIONS FOR THE NEXT DECADE

The end of the first year of the current Strategic Plan 2022-2024 has seen much progress on all four core strategies. As alluded to in recent annual reports, the Association is on the cusp of preparing for and moving into a new and exciting era, leveraging the successful foundations of the past and seeking to innovate and lead in the new world.

ADAPTING TO A FAST-CHANGING WORLD

The pace of change in so many areas is challenging all members of society, and from this AOA is not immune. The pandemic has brought a new world order. Technological developments, cyber risks, regulatory changes, cultural imperatives, climate change, demography and an ageing population, as well as tectonic shifts in geopolitics, are all impacting. The environment for risk is heightened, with the vital link between strategy and risk never having been more important.

The Board implemented professional risk-management systems a decade ago and reviews AOA's overall risk profile twice a year in concert with the regular oversight of strategy execution. The agile pivot to a digital transformation plan two years ago greatly assisted AOA in responding to many unexpected events. AOA's strength in globally recognised surgical education and training, registry, and ethics activities, coupled with increased community acknowledgement of its leadership in diversity, governance, strategy, risk, and leadership development, is the result of long-term planning and considered execution, overseen by the Board and delivered by members with consistent robust staff support.



Long-term strategic planning has been a particular strength of the association over the past decade. The current strategic plan cycle – 2022-2024 – represents the fifth strategic plan since the inaugural three-year strategic plan – 2010-2012.

2022-2024: LAYING THE FOUNDATIONS FOR THE NEXT DECADE

Following a decade of strategic and operational transformation, the 2022-2024 strategic plan covering four core strategies of Training and Education; Culture, Diversity and Inclusion; Clinical Practice and Research; and Advocacy and Engagement, seeks to consolidate, operationalise and progress strategic milestones and further preparatory strategy development. In many ways, the themes are providing a direction for the next decade.

A key pre-requisite to preparing the Association for the future is to ensure that there are appropriate resources and that the operations and internal machinery - 'the engine' - is fit for purpose. Over the past year, the Board has stewarded an increase in resources to best prepare the Association for the challenges and ambitions reflected in the strategies.

STRATEGY DEVELOPMENT

Over the past year the Board has overseen development of the *AOA Research Strategic Plan 2022-2024*. This is the second research strategic plan, following completion of the inaugural 2016-2021 research strategic plan last year. It is exciting to see the development and launch of the first *Regional Orthopaedic Surgery Strategic Plan, 2022-2024*, shining a light on the many challenges and opportunities to better support rural communities and members. With the completion of the *Diversity Strategic Plan 2018-2023* imminent, the Board hosted a culture, diversity and inclusion strategy-development workshop in June 2022 in Cairns. This will form the basis for the content and creation of the new *2022-2024 Culture, Diversity and Inclusion Plan*, to be developed and finalised during the coming year.

STRATEGIC REVIEWS

Following implementation of the world-recognised and world-leading AOA 21 surgical education and training program, two years ahead of the planned eight-year schedule, the Board commissioned a key strategic review of AOA 21 to include a vision and pathway - from 'AOA 25' - for implementation for the next decade in surgical education and training.

Similarly, and following a review ten years ago, the Board commissioned a review of the globally recognised AOA National Joint Replacement Registry to best position it in a form fit for purpose for the challenges of the coming decade. An extensive consultation process was led by Independent Chair of the Registry Review Julie Garland McLellan, who is currently finalising her written report on the findings and recommendations. The Review findings will assist also in contributing to and shaping the development of the next strategy cycle for the registry, following conclusion of the *2020-2023 Registry Strategic Plan*.

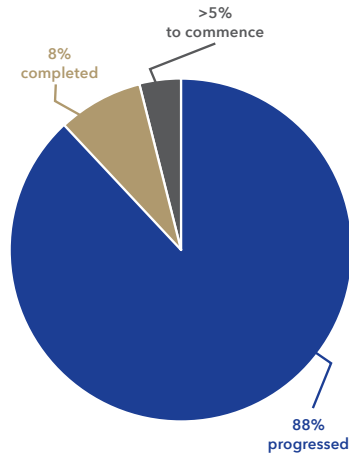
OPERATIONAL EXCELLENCE

Recognising the deep and expansive member strategic ambitions reflected in current strategies, and the commensurate increase in risk oversight, a significant focus of the current strategy cycle for the past year has been laying the foundations

for increased resources, improved processes, and better technological capacity. Collectively, the activities outlined are designed to best position AOA to address the ambitious agenda in the coming decade.

PROGRESS ON IMPLEMENTATION OF THE FIRST YEAR OF THE 2022-2024 STRATEGIC PLAN

One year into the three-year strategic plan 2022-2024 sees over 88 per cent of milestones (76 in total) progressed, eight per cent complete and less than five per cent yet to commence - a solid result.



TRAINING AND EDUCATION

There are currently 236 trainees in the training program, 236 trainee supervisors and 96 directors of training. Congratulations to all new registrars on the commencement of their exciting journey. Many thanks to the training community for their dedication, participation, support and involvement in the selection process. It has been another very busy year, with over 20 accreditations of hospital posts. Special thanks to Sindy Vrancic, chair of the Accreditation Committee, and to members of the Committee. Over the past three years, the Committee has overseen over 75 accreditation reviews. Special thanks to Chair, Education and Training Chris Kondogiannis for his tireless and dedicated leadership.

The AOA 21/AOA 25 Review process is progressing extremely well. A program of deep member consultation and feedback has been developed to embrace learnings and strengths and to identify opportunities for improvement. Monthly meetings of the core group stewarded by external global medical education expert Jason Frank have been held, as have meetings with an advisory group representing members from all regions. Membership of the core group includes past Dean of Education Ian Incoll as well as recently appointed Dean of Education Bryan Ashman. The next step in the process will be embarking upon survey and focus-group consultations with the AOA membership.

Dean of Education Bryan Ashman is leading the development of new models for delivering the AOA 21 workshops and will be training additional AOA members as workshop facilitators, as well as delivering sessions face to face, online and via online modules. Bryan is also supporting the planning and refinement of Transition to Practice education modules and the development of a two-day national face-to-face Bone Camp in February 2023, following two years of hybrid delivery.

The launch of wellbeing initiatives is a particular matter to highlight. Special thanks to Queensland Branch Chair David Bade for his leadership and championing of this very important initiative. It is a mental health matter relevant to all areas of the Association's activities and the membership.

The technology developed during the implementation phase of AOA 21 has been extensively utilised, with now over 500,000 procedures logged; in aggregate the systems have captured over one million pieces of data. The increase in data and utilisation has placed demands on the systems, and the team is reviewing alternative contemporary technology platforms to provide more rapid response times to better manage the volumes of assessment data.

Global recognition of AOA's training and education program has progressed through extensive and collegiate negotiations with the Finnish orthopaedic surgical community, resulting in a memorandum of understanding for sharing of the *AOA 21 Curriculum*. Already, AOA's good-faith gesture is receiving accolades in the international medical education community, including for its systems that support the assessment program, management of progression, and reporting systems. Finland is the second country, after New Zealand, to adopt the *AOA 21 Curriculum*.

CULTURE, DIVERSITY AND INCLUSION

Implementation of key milestones of the *Diversity Strategic Plan 2018-2023* continues - with the majority addressed. The development of the next Culture, Diversity and Inclusion Strategy is well underway following the strategy workshop held in Cairns 25 June 2022. Further member consultation and feedback will continue as the plan is developed for presentation to the Board in 2023. It is pleasing to report that AOA has joined and been accepted as a member of Australian Indigenous Doctors' Association.

This core strategy includes ethical leadership. The Board has approved an overarching AOA ethics education plan to support the 13 milestones spread across each of the core strategies in the 2022-2024 strategic plan and to provide a comprehensive and holistic approach to ethics education and promotion.

Mentoring is an important element of this core strategy. The Mentoring Committee is reviewing a number of different models for mentoring, including those being piloted in WA, for Intro trainees, and the OWL Diversity Mentoring Program. The Research and Rural strategic plans include mentoring initiatives and plans are in place to coordinate an approach that leverages support for all groups. Proposals for better promoting and raising awareness of the value of mentoring are being progressed.



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CLINICAL PRACTICE AND RESEARCH

The *Research Strategic Plan 2022-2024* was approved at the May 2022 Board meeting. The Plan has been updated on the AOA website and was discussed and promoted at the Knowledge Summit in June. Implementation has commenced. Work is underway to establish baseline metrics for member research involvement and output, and allocations of milestones to members of the Committee have been agreed. Chair Michael Schuetz is driving an inclusive team approach, seeking involvement in a number of milestones from all members of the Committee.

Under the stewardship of Chair and AOA Scientific Secretary Richard Page, the Clinical Quality Committee has been active over the past year, reviewing and considering over 15 position statements and/or guidelines, including providing feedback on other medical organisations' statements.

The Registry continued to progress in all aspects of the *2020-2023 Registry Strategic Plan*, including but not limited to: consumer engagement through PROMS activities in Victoria; increased surgeon engagement through surgeon portal access to individualised funnel-plot data; over 40 research publications over the past 12 months; implementing the national rollout of PROMS and data linkage; progressing involvement in clinical studies; and maintaining its international presence, with over 20 papers accepted at the 2022 ISAR meeting held in Denmark.

ADVOCACY AND ENGAGEMENT

Over the past year, AOA has delivered six government submissions; reviewed and approved seven positions statements; and handled 80 member-specific advocacy issues. The events team is overseeing 70 events in the AOA CEM portfolio and delivering 10-14 events a year, now in hybrid format. The fellowships team is overseeing 150-plus accredited fellowships. Members are being kept informed through social media and communication channels. Social media followers for LinkedIn are over 7,500; for Twitter over 1,400; and for Facebook over 2,500.

The past year saw 100k website users; 200k website sessions; and 625k pageviews. Members benefit through AOA staging and hosting webinars and education sessions, with over 15 held over the past year.

Advocacy is a continuum, and change when it occurs can on many occasions take time. Over the past decade, AOA and the Australian Orthopaedic Foot and Ankle Society (AOFAS), together with RACS, have been advocating strongly to the Federal Government for protection of the title 'surgeon', in particular to protect the community and to ensure delivery of safe surgical medical practice by trained, qualified and accredited surgeons. The inappropriate titling of 'podiatric surgeons' not trained to the required surgical community standards has been a continuing challenge.



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Other disciplines of surgery have similar challenges, including the recently publicised 'cosmetic surgeon'. It is pleasing to note the new Federal Minister for Health supporting a Royal Commission into inappropriate practices and a review to ensure protection of the title 'surgeon'.

Other areas of AOA government advocacy over the past year have included better communication on MBS compliance letters, advertising standards, sustainable funding of the Registry and ACCC matters - in particular the Honeysuckle Health application.

The relationship with the Australian Medical Association has been strengthened in particular over the past two years, with excellent relationships through the President and AOA member Omar Khorshid. AOA continues to maintain regular liaison with Australian Commission on Safety and Quality in Health Care, the Medical Technology Association of Australia, state health jurisdictions, the Australian Medical Council, the Australian Health Practitioner Regulation Agency, medical health funds, Private Healthcare Australia, and the Australian Private Hospitals Association.

AOA, together with seven subspecialty societies (SESA, AHSS, AOFAS, APOS, AOTS, ASA and hip arthroscopy (ASA)) met throughout the year with the Federal Department of Health in a continuing series of meetings to address the unintended and adverse consequences arising from the implementation of the orthopaedic MBS item number review implemented 1 July 2021. There is much work to continue in the coming period to address items falling outside the current rapid review process defined by the Government.

AOA maintains a healthy open and productive relationship with the Royal Australasian College of Surgeons (RACS), the New Zealand Orthopaedic Association (NZOA) and other specialties.



Over the past 12 months, AOA has been active in media coverage – the estimated equivalent advertising spend on editorial coverage is in the range \$2.5-3 million per annum.

Over the past 12 months, AOA has been active in media coverage, handling 82 media enquiries (80 previous year), resulting in 95 media mentions (89 previous year) and issuing ten media releases/statements (seven previous year) to a total reach of 6.5 million views across all media platforms – the estimated equivalent advertising spend on editorial coverage is in the range \$2.5-3 million per annum.

AOA chairs the Australian Ethical Health Alliance (AEHA), comprising 78 organisations from all parts of the health sector, including Federal and state government involvement. A strategy workshop was held at AOA offices to develop the 2022-2024 priority plan, with over 40 representatives involved, demonstrating high engagement across the sector. AEHA is progressing the second of its strategic plans, having successfully executed the inaugural 2019-2021 strategic plan. In capacity as chair, AOA has represented Australia at various APEC forums and has addressed a number of nations in Europe, South America, North America and Africa seeking to progress ethical leadership

in their respective jurisdictions. AOA's international brand and reputation continues to benefit from its leadership of the largest ethical consensus framework of its type globally.

AOA's reputation for corporate social responsibility continues to be enhanced through community and public recognition of AOA's role in OzHarvest. Since 2013, over \$750,000 has been raised for this most worthy cause. The chief executive officer and founder of OzHarvest - and one of Australia's most influential female leaders - Ronni Kahn, has written to the Board expressing deep gratitude for AOA's ongoing community leadership and support.

AOA's continued participation in the International Medical Leaders Forum (IMELF) provides it with a seat at the table of contemporary global medical education issues and valuable relationships and connections. AOA is one of six global representatives, reflecting positively on AOA's reputation.

Solid progress has been made on the Workforce Committee project, with students from the University of Western Sydney under the guidance of health economist Professor Kathy Tannous. Five studies were completed, including covering workforce factors for orthopaedic surgeons; an analysis of rural orthopaedic patients and the cause and effect of the COVID-19 waitlist times; the impact of COVID on the employment rate of orthopaedic surgeons; and the long-term socio-economic effects of funding for orthopaedic surgeons in the public sector. These valuable insights will be reviewed in coming months

STAFF

Staff have performed admirably, tirelessly, and with great enthusiasm and energy right across the country. They have adjusted and adapted well to the continued challenging environment. I extend my deepest and humblest thanks and acknowledgement to all staff for their continued dedication and passion in supporting members.

Over the past 12 months, particular attention and energy have been focused on staff wellbeing and mental health, with four external speakers delivering presentations to all staff Australia wide. Access to a staff employee assistance program has been made known to team members, and additional staff have been provided in many areas to address workload. A three-day face-to-face Australia-wide 'reconnecting' workshop was held in Sydney in May.

The recently formed Executive Leadership Group (ELG) has met several times since the commencement of the chief operations officer (COO) and chief member experience officer in May 2022, spending considerable time reviewing strategy execution, long-range financial plans, the IT Plan and Strategy, and the proposed HR Employee Lifecycle Framework, while also considering a number of operational and strategic issues.

CONCLUSION

AOA is a dynamic, growing, and increasingly complex and diverse organisation. The Board invests considerable time and energy in ensuring that the appropriate strategic, risk, governance and ethical leadership best positions AOA for the future.

The Board is presently stewarding the execution of 76 milestones in the *Strategic Plan 2022-2024*; 37 milestones in the *Research Strategic Plan 2022-2024*; 33 milestones in the rural strategic plan; 25 milestones in the registry strategic plan; and 35 milestones in the diversity, culture and inclusion strategic plan. It is actively monitoring over 40 risks, covering all portfolios, including education and training, communication, registry, events, fellowships and finance. These risks include but are not limited to strategic relevance, branding and reputation, financial, legal, privacy, confidentiality, intellectual property protection, fraud, training appeals and technology failure. There are over 1,100 risk controls and actions and over 1,500 active legal contracts to assist in mitigating risks.

Over the past 12 months the Board has met on 12 occasions. Four have been full-day sessions, with many evening sessions lasting beyond three hours. The agendas are always full and demands are high, to best serve member needs.



AOA Board directors past and present have performed at exceptionally high levels of engagement, with tireless energy, enthusiasm and passion...

AOA Board directors past and present have performed at exceptionally high levels of engagement, with tireless energy, enthusiasm and passion to assist in progressing the Association, and supporting its members, staff and all stakeholders for the purpose of seeking and driving better patient outcomes. The past 12 months has been a very busy time for AOA Board directors, and I would like to especially thank the current Board, led with purposeful, calm and prudent professional stewardship by Chair Annette Holian.

In summary, solid and robust progress in all areas has continued amidst challenging times. Many thanks to members, directors, committee members and staff for the ongoing high engagement and valued contribution to progressing member ambitions, as articulated for 2022-2024 and beyond in the members' strategic plans.

EDUCATION & TRAINING REPORT



Chris Kondogiannis, Chair | Education & Training

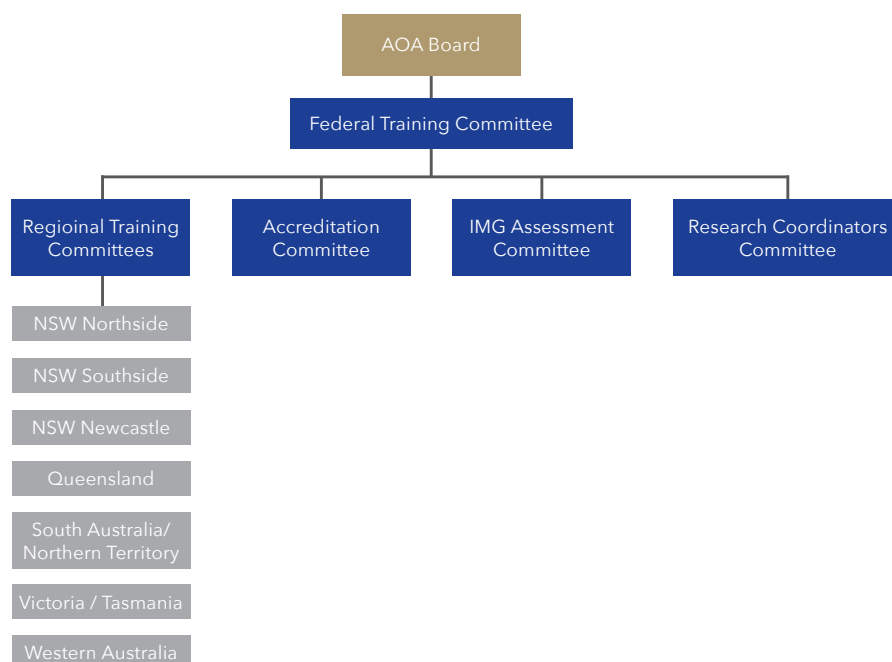
It is my pleasure to once again write to you as I reflect on the final year of my three-year term as Chair of Education and Training. I consider it an honour and a privilege to lead this key portfolio for AOA, and it would be remiss of me not to acknowledge the immeasurable support I am provided in undertaking my role.

MANY HANDS MAKE LIGHT WORK

I am regularly inspired by the commitment of so many AOA Fellows who undertake a variety of pro bono roles for AOA - our world leading AOA 21 Training Program would not be possible without such contributions. I wish to acknowledge the trainee supervisors, directors of training, examiners, accreditors, interviewers, mentors and assessors who input to the development of our trainees on a daily basis, with the goal of delivering high-quality patient-centred care.

The formal governance structures of the Education and Training portfolio comprise a number of committees as illustrated below.

AOA EDUCATION & TRAINING ORGANISATION CHART



Each year, I highlight to you the significant contribution of the Federal Training Committee (FTC) – this diverse group of incredible people (colleagues and non-colleagues) is the engine room of our training program. They each give enormously of their time and expertise to ensure the best possible training around the country, and, arguably, in the world. Most members of the FTC also chair training-related subcommittees and many also represent the FTC on other committees and working groups. The workload on each of these individuals is extraordinary and I personally extend my thanks to them.

In February 2022, we were fortunate to recruit A/Prof Bryan Ashman as our Dean of Education. In his role, Bryan is a member of the FTC and is integral to all aspects of educational development – his inaugural report outlines some of the facets of training delivery in which he has been involved so far.

The Federal Training Committee

Chris Kondogiannis	Chair, Education and Training
Li-on Lam	WA Regional Training Committee Chair
Jegan Krishnan	SA/NT Regional Training Committee Chair
Grant Pang	VIC/TAS Regional Training Committee Chair
Jai Sungaran	NSW Southside Regional Training Committee Chair
Ben Gooden	NSW Northside Regional Training Committee Chair
John Estens	NSW Newcastle Regional Training Committee Chair
Amanda Reilly	QLD Regional Training Committee Chair
Sindy Vrancic	Accreditation Committee Chair
Vera Sallen	Specialist International Medical Graduate Assessment Committee Chair
Alison Taylor	Senior Orthopaedic Examiner
Bryan Ashman	Dean of Education
Susi Tegen	External Representative
Brett Oliver	Jurisdictional Representative
Juliette Gentle	OWL Chair
Annette Holian	AOA President
Nick Maister	AORA President

I also thank Chris Morrey and Michael Johnson, our first and second vice-presidents, who attend FTC as observers, and the members of the FTC subcommittees for their considerable contributions.

Ultimately, we rely heavily on our extraordinary Education and Training staff. We are very fortunate to have a team heavily invested in ensuring the success of our Training Program - both our head office team led by Ally Keane, our executive manager, national education and training, and our regional managers, led by Elizabeth Burrell, our executive manager, regional and education development.

THE YEAR THAT WAS

The past 12 months has seen a return to the 'normal' operations of the Training Program. We currently have 235 active trainees around the country, training in 99 training sites. Each trainee has their trainee supervisor, and each site has its director of training.

Every three months, trainee supervisors complete performance appraisals for their Introduction to Orthopaedics and Core Orthopaedic trainees - that's close to 1,000 performance appraisals over the course of the year! Each performance appraisal is supported by countless feedback entries and at least three workplace-based assessments - the power of the data we are collecting is impressive.

Members who have completed the AOA 21 Workshops will understand the continuous-assessment strategy that was introduced with the AOA 21 Training Program - with each data point, our picture of a given trainee's competence is made clearer.

EACH DATA POINT UNDER THE CONTINUOUS-ASSESSMENT STRATEGY FURTHER CLARIFIES OUR UNDERSTANDING OF TRAINEE COMPETENCE

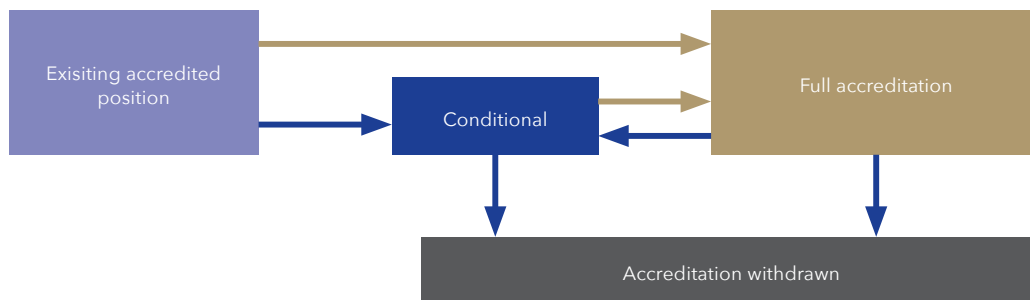


As we move forward, this clarity will continue to help us make appropriate competency-based decisions around trainee progression. Our goal is for all our decisions to be supported by a trainee's portfolio. We want trainees' portfolios to show their progression in skills from Introduction to Orthopaedics through Core, and to demonstrate a maintained level of competence over time. We know there are many questions amongst the membership about how much procedural experience is needed to attain competence. Going into the next financial year, the FTC is looking to interrogate the data to provide greater specificity in this area.

A key milestone in the implementation of AOA 21 this year has been the first cohort of trainees completing the Transition to Practice stage of training - we trust that as trainees complete this final set of requirements they feel well equipped to step into independent practice.

Our Accreditation Committee has continued to work tirelessly over the past 12 months, with 44 reviews undertaken. Most training sites across the country have now been assessed against the AOA 21 Accreditation Standards. We understand that the transition to the AOA 21 accreditation process can be quite confronting for training sites, particularly when a review identifies that not all Accreditation Standards are being satisfied.

Under the new process, only training sites that achieve every mandatory standard are awarded full accreditation. Where gaps are identified, the FTC will resolve to grant conditional accreditation - a timeline is then set during which the site has the opportunity to work towards closing the identified gaps.



The goal in this process is to not withdraw accreditation unless the training environment is unsafe - the FTC aims to work with training sites towards achievement of the Standards.

The AOA 21 Accreditation Standards are rigorous - however, it's important to note that they align with the requirements of the Australian Medical Council (AMC). If we do not hold training sites accountable to the minimum standards required by the AMC, our broader AMC accreditation for delivery of training will be at risk. We ask that sites consider their accreditation outcome through the lens of continuous quality assurance that we all apply to our personal orthopaedic practice, recognising that constructive or corrective feedback presents an opportunity to strive to achieve excellence.

In the latter half of 2021, the FTC undertook a thorough review of the Selection process. We drew on a substantial body of feedback from the membership and consulted with several global experts in the field in coming to an agreed way forward. We recognise that the Selection process can be controversial, and whilst the AMC does not mandate one particular way to manage Selection, evidence shows us that some Selection tools are more reliable than others. With this in mind, AOA will be working with RACS and a number of other specialties to deliver a mandatory situational judgement test (SJT) as part of the next Selection round. Work on writing the SJT is already underway in the lead up to 2023.

For the 2022 Selection process, the need for better communication and training for those involved in the process was highlighted as a priority. An online training module for Selection interviewers was developed and implemented along with a webinar for referees to outline expectations for appropriate completion of in-depth referee reports.

The popularity of orthopaedics continues to grow - we received a record 233 applications for the 2023 intake, with 182 of those applicants being interviewed nationally. At the time of writing the offer period has not yet closed; however, 48 offers have been extended so far.

We recognise that most applicants demonstrate that they would make suitable orthopaedic trainees; however, we continue to see that less than a quarter of those applying have the likelihood of success. The number of training posts available in any given intake varies based on accreditation outcomes and the progression of existing trainees. In the interests of transparency, historical data is now publicly available on the Selection page of the website. We hope this will help to manage the expectations of all those involved.



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APPLICATIONS RECEIVED PER STATE, 2017-2021

Year of application	NSW	SA/NT	QLD	VIC/TAS	WA	
2017	Applicants	68	10	62	52	22
	Interviews	36	12	19	24	11
	Offers	16	6	9	8	7
2018	Applicants	74	11	61	55	22
	Interviews	36	18	36	36	18
	Offers	10	1	5	11	3
2019	Applicants	83	7	58	42	23
	Interviews	49	10	25	28	14
	Offers	28	3	11	10	7
2020	Applicants	69	11	48	42	20
	Interviews	67	13	36	36	12
	Offers	23	3	7	6	4
2021	Applicants	76	11	60	49	22
	Interviews	71	9	41	36	14
	Offers	16	4	12	13	6

EDUCATION REPORT

Bryan Ashman, DEAN OF EDUCATION



INTRODUCTION

I was appointed to this role in February 2022 and follow the previous dean, Ian Incoll. My background is in spine surgery and surgical education, and I have been a visiting medical officer at Canberra Hospital since 1991.

The responsibilities of the dean are to have oversight of the education activities of the Association, including monitoring the effectiveness of the AOA 21 Training Program through review and analysis of program data, promoting awareness of the program through presentations and publications, and supporting those members involved in the program as trainers and supervisors. The role spans Bone Camp for new trainees and the Transition to Practice modules for final-year trainees.

AOA 21 REVIEW

The review of the AOA 21 Training Program is in progress. We are pleased to again have the involvement of Jason Frank, director of the Centre for Innovation in Medical Education and professor of emergency medicine at the University of Ottawa, who undertook the original review of the AOA SET Program and was instrumental in helping to develop the AOA 21 program. He is joined by other expert surgical educators from Canada and the UK, along with myself, Ian Incoll, Chris Kondogiannis, Annette Holian, Sindy Vrancic and AOA staff. The Review Committee has met monthly to develop the format of the review process. We look forward to engaging with all members and trainees in the coming months to get feedback on the experience of the current program in order to improve what is already a world-leading competency-based training program in orthopaedic surgery.



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AOA 21 WORKSHOPS

For the last two years, these mandatory workshops for all members who are involved with our trainees have been delivered remotely via Zoom. While from a time-commitment point of view, they have been easier to attend than an all-day face-to-face meeting, the lack of interaction implicit in having everyone in place, free from other commitments and distractions, has been missed. For 2023, it is my intention to again offer in-person programs covering all the four modules, which can be delivered regionally, as well as a streamlined online refresher program consisting of web-based learning modules and focused, interactive webinars.

AOA 21 TRANSITION TO PRACTICE STAGE OF TRAINING

This final stage of training incorporates education modules comprising ethics and professionalism, models of practice, becoming a supervisor of trainees, risk management, leadership and culture, ethical billing and advertising, cyber security, and health and wellbeing.

BONE CAMP

The introduction to the AOA 21 Training Program occurs at Bone Camp for new trainees in February each year - it has been delivered in a hybrid format for the last two years. The original concept was to gather the whole cohort together for a weekend and introduce them to each other and the concepts behind AOA 21. In 2023 we will run the Camp over two days in Melbourne, with everyone on site again. Using the feedback from the trainees gathered over the last few years, the weekend will continue to feature expert tuition on physical examination techniques; it will also focus on ethics and professionalism, the requirements for progression through each stage of training, and hearing from senior trainees on how to survive!

AORA PRESIDENT'S REPORT



Nick Maister, AORA President

THE JOURNEY

When I signed up to the role in the AORA presidential line, I don't know that I quite appreciated what I was getting myself into. I had never been a committee sort of guy, but I thought it was time to jump in the deep end. I am very glad I did. It has been an incredible experience and I have learned more than I ever imagined I would. I have been so privileged to be continually surrounded by such an inspirational group of colleagues in the many committees and working groups that go with the AORA president role. It has shown me just how much work so many people do behind the scenes to keep AOA running.

I would recommend anyone that is considering pursuing this role to have a chat, either with myself or with Dave Kelly, the new AORA president. It is certainly a rich experience, but the large time commitments need to be understood before signing up!

The vice-president for 2022-23 will be elected in late October, and the person in this role will go on to be AORA president for 2023-24.

TRAINING AND AOA 21

As we approach the viva component of another fellowship exam, the computer-station hybrid format which came about during Covid remains, but we are back to a national format. Going forward it seems likely that the court of examiners will settle on some sort of hybrid model. There is certainly some merit in the ability to standardise cases with the computer format, but there are still many who feel the ability of examine real patients in the pressure of an exam situation is key to orthopaedic training.



I have been so privileged to be continually surrounded by such an inspirational group of colleagues in the many committees and working groups...

The AOA 21 program is undergoing a review this year. Like any new program, there are many teething issues, which the directors of training and state chairs continuously finding themselves coming up against. The aim of the ongoing review process is to work out some of the glitches and ensure that the AOA training program continues to be recognised as a world leader in education and training.

Arguably the most important part of the training process is selection into training. This process is also under constant review, and there will once again be a revamp to the process for 2023. There are many people putting a lot of time into this process and hopefully it will continue to be improved upon in order to get the best trainees possible to train as orthopaedic surgeons.

AORA EXECUTIVE

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

- Dave Kelly (WA and VP),
- Dave Kitchen (SA),
- Annabel Probert (NSW Nth),
- Charles Gallagher (VIC/TAS),
- Hussain Al-Ramadani (NSW Sth),
- Jon Anderson (QLD),
- Robbie Glanfield (NSW NC), and
- Madeleine Jolley (OWL).

CPD'S REPORT

**Sue Liew, Chair | Professional Conduct
and Standards**



*Come gather 'round people
Wherever you roam
And admit that the waters
Around you have grown
And accept it that soon
You'll be drenched to the bone
If your time to you is worth savin'
And you better start swimmin'
Or you'll sink like a stone
For the times they are a-changin'*

Bob Dylan

A lot can happen in a year, and a lot has happened in my two-year tenure.

Two years ago, I was congratulating Colin Whitewood for leading the revision of the Code of Conduct. Excellent work - no major works ahead, so I could rest on my laurels and pretend to do some 'strategic planning'.... One year ago, I was crossly trying to play-catch up with RACS changing their CPD year until I was told of the grand plan from the Medical Board that all medical practitioners had to be CPD compliant to be able to renew their registration and that there were caveats to the definition of CPD compliance... I'd like to thank Ally Keane, Rania Ali, and Vick Dominguez for powering, bailing out, and patching up the CPD raft over that time.

One year ago we were embarking on gentle changes to our complaints, advertising, and ethics structures and processes (thank you to Kathy Hill and Chris Haynes, who have both sailed onwards and upwards, and Mihika Hedge, who has been helping us out!). However, now we have our power team of Evelyne Tadros (COO) and Magdalena Liso, who has just started with us (another thank you and welcome!), who have put the foot on the accelerator, and in combination with Liz Burrell (who runs the Ethics and Mentoring portfolios), should have us - myself, chair of Professional Conduct and Standards; First Vice-President Chris Morrey, chair of Advertising Committee; and President Annette Holian, Chair of Ethics - sorted out in no time! (Don't worry I remain a little confused too having read what I said about my portfolio last year...)

Should've believed Bob Dylan...

ANYWAY, HERE ARE THE IMPORTANT CONTINUING PROFESSIONAL DEVELOPMENT BITS:

If you are with our AOA CPD Program (noting that only two thirds of our membership are doing our program, and one third are doing the RACS program) then you have until 31 January 2023 to complete your documentation for the 2021/2022 CPD year (which ends on 31 December 2022). Here are our compliance figures to date:

Indicators	2020/2021	2021/2022
Number of meetings accredited	98	17
Number undertaking AOA CPD Program	980	898
Number compliant in AOA Program	931	354
Per cent compliant in AOA CPD Program	95%	39%
Number not yet compliant in AOA Program	49	544
Per cent not yet compliant in AOA CPD Program	5%	61%
AOA members not undertaking CPD	5 exempt	4 exempt

If you are compliant for 2021, you will be compliant for 2022 already. The table below gives an overview of the CPD reporting periods for the years 2020 to 2023.

Start date	End date	Period	'Named' year
1 Jan 2020	30 Jun 2021	18 months	2020
1 Jul 2021	31 Dec 2022	18 months	2021 & 2022
1 Jan 2023	31 Dec 2023	12 months	2023

1. The new CPD program will begin on 1 Jan 2023... The pros are that members need fewer points/hours and we are moving to a friendlier online platform. We will have a bigger range of activities available to choose from (by the way, thank you to everyone who replied to our survey!) and I'm confident that everyone will find it easier to achieve their points. The cons are that members will have to learn something new (figuratively and literally) and have to sign it off at the end of the year (remember the old "close the loop on the audit cycle" saying!). Again, the team has been working hard to get this 'learning plan' ready and easy to use.

The less urgent but just as important CPD bits are that:

1. We will be able to change/add/delete activities over the course of time (please let us know!)
2. We need to decide if we want to become a CPD home (provider) in our own right, or remain under RACS (as the nominated home provider).

What's been in the spotlight in **professional standards**:

1. Although it has been the cosmetic surgeons in the spotlight, this has been helpful for putting the issue of the podiatric surgeon and the term 'surgeon' back on the table again... and it has made Ahpra back down on talk about changing the rules for testimonials (phew, she says, looking at the next table...)
2. So, if we do talk about our AOA spotlight, here's a roundup of our local stats:

Metrics	2022 – YTD	2021	2020
Complaints received	9	11	18
Complaints related to advertising	5	2	11
Complaints resolved	2 (22%)	0 (0%)	10 (90.91%)
Complaints pending	5	2	2
Members signing commitment and acknowledging correction	n/a	n/a	9
Number referred for sanctions	n/a	0	0
Number referred to Professional Conduct & Standards Committee	4	0	1
Number referred to Ethics Committee	2	2	2

3. Yes, there is such a thing as ethical billing, but if we leave that aside and talk about the hard facts of not breaking the law then we are talking about following the Medicare rules (which are law!). WorkSafe Victoria did a bit of general auditing, and I know they are shoring up their approval and billing processes. I have no doubt that other organisations around the country will see this and gradually do the same thing if they are not already. Watch this space for more on this topic. The other thing about Medicare rules is that that old chestnut of state vs commonwealth payments for MBS items billed in public hospitals is also going under the microscope, and while it may not affect us directly (unless you are running an MBS-funded clinic) it may affect our access to ordering imaging in public hospitals.
4. Finally, on the topic of billing, it was a great pleasure to participate in the recent Transition to Practice Bone School on these very issues. Gary Speck is a mine of information on the MBS, its rules, and its interpretations. The questions from the trainees highlighted how confusing and what a minefield it is. I certainly learnt a lot! What do they say - "knowledge is power" - or maybe knowledge can help to keep you out of trouble...

So I leave you with the words of Whitney Houston:

*I believe the children are our future
Teach them well and let them lead the way
Show them all the beauty they possess inside
Give them a sense of pride to make it easier
Let the children's laughter remind us how we used to be.*

AOA RESEARCH FOUNDATION REPORT



David Martin, AOA Research Foundation Chair

FINANCES

Notwithstanding the significant disruption to investment markets as a result of the pandemic impact in certain states, it is pleasing to report that the Foundation achieved an operating surplus of \$152,990 for the year ending 30 June 2022 compared to \$42,351 in 2020/2021. Income for the year increased by \$6,674 compared to the previous year as a result of increased investment returns of \$9,359 offset by a decrease in membership subscriptions received of \$2,685. The result after unrealised movements in market-related investments amounted to a loss of \$364,238 compared to a surplus of \$681,983 in 2020/2021.

Return from investments, at \$207,648, was better than the performance of \$198,289 for the previous year and represented a return of 3.48 per cent - a satisfactory result in the current investment environment. Unrealised losses on market-related investments for the year ended 30 June 2022 amounted to \$517,228, which was down from a surplus of \$639,632 for the previous year. Market-related movements are entirely outside the Directors' control.

During the 2020/21 year, the Foundation agreed to accept additional funds from the NSW State Branch for investment and these funds remained invested in 2021/22. 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 \$358,052, compared to \$351,378 in 2020/2021. Members' funds at 30 June 2022 amounted to \$6,839,284, compared to \$7,203,522 at 30 June 2021 - a decrease of \$364,238 and a most satisfactory outcome given extreme

\$152,990

operating surplus
for year ending
30 June 2022

\$207,648

return from
investments

conditions. There was an increase in administration expenses for the year of \$22,000 due to the increased involvement of AOA staff. There are no other movements of significance.

GRANTS AND SCHOLARSHIPS

For the year under review, 2021/2022, a total of 21 grant applications were lodged using the online platform. Five grants (three regular grants and two early career researcher grants) were awarded, totalling \$91,079. Grants paid in the year ended 30 June 2022 totalled \$126,832. 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. A continuing PhD scholarship valued at \$25,000 and a new PhD scholarship, also valued at \$25,000, were also awarded.

At the time of writing, the AOA Research Foundation has received 20 grant applications and two PhD scholarship applications for the 2022/23 round.

THE FOUNDATION IN 2021-2022

Work has continued on the implementation of the AOA Research Foundation Strategic Plan, and I am pleased to report that after four years, 25 (100%) of our strategic milestones have been progressed with 17 (68%) complete. Work is continuing on a refresh of the AOARF's branding, which will professionalise its image and allow us to pursue new avenues of fundraising and research promotion.

The Foundation has again received a number of generous donations and bequests in the past 12 months. 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.

5

grants awarded
totalling \$126,832.

20

grant applications
received.

68%

strategic milestones
have been completed.

ACKNOWLEDGEMENTS

I would like to acknowledge the work of Ian Harris, who stepped down from his longstanding positions on the AOARF Research Advisory Committee (RAC) in 2022. I thank Ian for his dedicated service to the Foundation over many years.

I wish to express my gratitude to all members of the Board for their support and dedication to the work of the Foundation and look forward to continuing my involvement over the next year. Our current directors include Maurizio Damiani (treasurer), Sina Babazadeh, Zsolt Balogh, Roger Bingham, Claudia Di Bella, Catherine McDougall and Michael Schuetz. I would also like to thank our dedicated RAC for their work in reviewing each grant and scholarship application received. In 2021-22 our RAC was led by Michelle Dowsey as chair with members Zsolt Balogh, Claudia Di Bella, Adrian Low, Jonathan Negus, Minoo Patel and Chris Wilson.

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

To advance the wonder of movement through musculoskeletal research.



To advance
the wonder of
movement through
musculoskeletal
research.

ORTHOPAEDIC OUTREACH REPORT



Kevin Woods, Orthopaedic Outreach Chair

The pathway to Australian Council for International Development (ACFID) accreditation is a complex one, with increasing compliance requirements in the not-for-profit sector.

In response to this, Orthopaedic Outreach has created a governance steering committee with the specific purpose to review the organisation's processes and planning strategies. The Committee has benefited greatly from the guidance of AOA CEO Adrian Cosenza in facilitating a brief training workshop, aiding the Committee in identifying areas requiring attention.

Outreach members have successfully maintained an online presence with in-country counterparts, and while this medium will never replace in-person visits, it does present as a strong supplement in between times.

This past year, Orthopaedic Outreach has seen a transition of new committee members. We thanked the outgoing member Peter Cundy for his passion in oversight of the Ponseti programs throughout the region, and his wise counsel as a previous examiner and mentor of both in-country surgeons and also local orthopaedic trainees wishing to gain experience in paediatrics. Peter has been the longest serving member of the Committee of Management, and we look forward to his ongoing contributions as an active volunteer.

The Committee also thanked Kate Stannage for her contributions, in particular in facilitating a shift towards the need for increased governance, and we also look forward to continuing to connect with Kate as an active volunteer.

Andrew Beischer and Maurizio Damiani were welcomed onto the Committee. Andrew is a former chair of the AOA Asia Pacific Committee and strong contributor to the Vietnam program; Maurizio is a former AOA Board member and former AOA Treasurer. Both bring confidence in sound processes and structure - key elements for accreditation.



Orthopaedic Outreach has created a governance steering committee with the specific purpose to review the organisation's processes and planning strategies.

SCIENTIFIC SECRETARY REPORT



Richard Page, Scientific Secretary

2021 ASM – MELBOURNE

The 81st AOA Annual Scientific Meeting, themed 'Per Ardua ad Astra', was planned to be hybrid; however, due to Covid impact, it was held fully virtually 8-10 November 2021.

Advanced technology was utilised that provided concurrent rooms, exhibition, library, and networking rooms, providing the 2,450 registrations a memorable, engaging and innovative experience.

The Scientific Program contained plenaries and subspecialty sessions featuring invited national and international guest presentations as well as key AOA reports. A new Quick Shot session also profiled emerging research in a compressed format.

2,450

registrations for the virtually held 81st AOA Annual Scientific Meeting

2022 KNOWLEDGE SUMMIT

An inaugural three-day hybrid AOA Knowledge Summit was held at Cairns Convention centre 22-24 June 2022. The Summit received 635 registrations and the program provided a forum in which to "Reconnect, Refresh and Re-energise".

The outstanding Scientific Program featured over 75 faculty members spanning across many of our subspecialties, including Arthroplasty, Hand, Paediatrics, Trauma, Foot and Ankle, Knee, Shoulder and Elbow, Tumour and Medico-Legal.

The plenary sessions were a highlight for attendees and featured:

- Mark Mathews, a world-class professional big wave surfer who delivered an inspirational and compelling story that offered game-changing tips to adapt to stress, harness resilience and perform when it counts.

635

registrations for the inaugural three-day hybrid AOA Knowledge Summit

- An education plenary featuring Debra Nestel, a world expert in healthcare stimulation, who facilitated a keynote address on ‘Simulation in Surgical Training’.
- ‘Coaching for Best Performances’, which featured two of our keynote speakers: Sam Bloom, two-time World Para Surfing champion, bestselling author and inspiration behind the international global Netflix hit movie, Penguin Bloom; and Aaron Davey, an Indigenous Australian Rules Football player, who spoke about his time as an elite AFL footballer with a proud Indigenous background and the transition into a successful coaching career.

2022 COMBINED NZOA-AOA ASM – CHRISTCHURCH

Planning is well advanced for the Combined ASM in New Zealand, with the theme of ‘Togetherness, Diversity, Sustainability’. There has been a strong over-subscription of abstracts for presentation and a strong representation of scientific content, international speakers, networking and social functions arranged.

2023 ASM – MELBOURNE

The 83rd AOA Annual Scientific Meeting (ASM) will be held 12-16 November 2023 at the Melbourne Convention Exhibition Centre and will be delivered as a face-to-face event along with a virtual element.

The theme for the ASM will be ‘Rural surgery - Build it and they will come’.

AOA 2021-2022 ANNUAL REPORT FACTS & FIGURES

PRESIDENT
CEO
EDUCATION
CPD
AOARF
OUTREACH
EVENTS
STATS
MEMBERS
TREAS.

AOA STRATEGY

96%

strategic plan milestones completed or in progress



19

in Education and Training



23

in Culture, Diversity and Inclusion



19

in Clinical Practice and Research



16

in Advocacy and Engagement

MEMBERSHIP



EDUCATION AND TRAINING



600k

procedures eLogged by trainees

logged

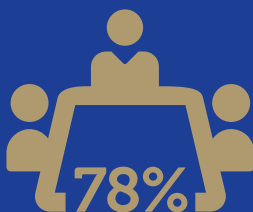
50k+



workplace-based assessments



feedback entries



78%

applicants to the training program interviewed



303

fellows involved in formal training programs

FUNDRAISING

\$750k+

raised since 2013 for OzHarvest through AOA's fundraising efforts



MEDIA AND ADVOCACY

\$2.5-3 MILLION

ESTIMATED MEDIA COVERAGE VALUE



media releases

10

media mentions

95

AEHA



23

Deliverables in the AOA-chaired AEHA Priority Plan

78

healthcare groups, representing

1m health professionals, employees and trainees

25m consumers and patients



179

health-sector representative attendees at the AOA-chaired Covid-19 vaccine ethics symposium

DIVERSITY

1st Indigenous orthopaedic surgeon following completion of AOA training program

 1st Champions of Change Photo Essay
Congratulations:
Anum Awais

 **40** female applicants to the AOA 21 Training Program

72% member satisfaction with current promotion of diversity in orthopaedics

EVENTS

\$9k raised for Orthopaedic Outreach through events  

71 events in the AOA CEM portfolio

5.5k+ event registrations, FY21-22

FELLOWSHIPS

\$45% fellowships revenue growth over three years  **153** Accredited fellowships

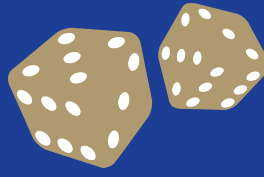
REGIONAL & RURAL ORTHOPAEDICS

 **33** Strategic milestones aimed at equity of orthopaedic care between regional and metropolitan communities

ENGAGEMENT

~450 members involved in AOA roles

FINANCE AND RISK



RISK CONTROLS AND ACTIONS
1,319



ACTIVE CONTRACTS

COMMUNICATIONS & IT

SOCIAL MEDIA FOLLOWERS

 **8k+**

 **2.6k+**

 **1.5k+**


AOA WEBSITE ENGAGEMENT

97k+
website users

197k+
website sessions

620k+
website page views

RESEARCH

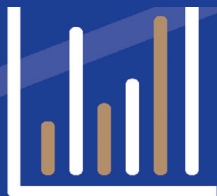
 **\$145k** worth of grants awarded in 2022: 5 regular grants & 1 early career researcher grant

3 AOA Strategic Plan 22-24 Clinical Practice & Research milestones already completed

 **3** PhD scholarship awarded to date

100% of AOARF Strategic Plan milestones progressed

DATA SNAPSHOT 2021



1,853,452

Total number of joint replacement procedures reported by the Registry at the end of 2021

Joint Replacement Procedures Reported in 2021

52,787

Hips

68,466

Knees

8,733

Shoulders



2,249

Automated Reports



42

Hospital Audit Reports



1,033

Individual Surgeon Reports



293

Ad Hoc Reports



81

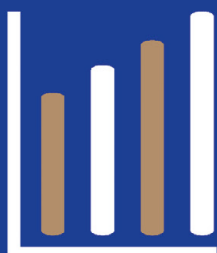
Conference Presentations



31

Journal Articles Published

COVID-19 Impact on Joint Replacement in Australia



In 2020-2021 there were **19,595** fewer procedures than expected had the 2008-2019 trend in joint replacement procedures continued.

Public Hospital joint replacement procedures decreased by **14.9%** in 2021 compared to 2019.

Private Hospital joint replacement procedures increased by **10.9%** in 2021 compared to 2019.

PROMs National Rollout

June 2022 Update

Participating Hospitals

217

Pre-Op PROMs

55,120

Post-Op PROMs

33,686

Pre-Op Completion Rate

77.5%

Post-Op Completion Rate

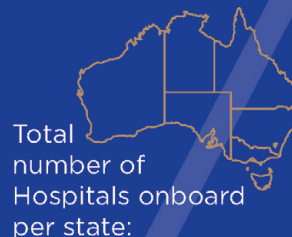
66.1%

% patient-reported change following hip, knee, or shoulder joint replacement as "much better"

84.7%

% patients very satisfied or satisfied following hip, knee, or shoulder joint replacement

85.9%



Total number of Hospitals onboard per state:

- ACT: 6
- NSW: 60
- NT: 3
- QLD: 43
- SA: 29
- TAS: 7
- VIC: 50
- WA: 19



733

Total number of surgeons participating



57,896

Patient participation through AOANJRR patient dashboards

AOA MEMBERSHIP

New Fellows

Farhaan Altaf	WA	Mitchell Kingston	NSW
Nathan Anderson	VIC	Douglas Kingwell	WA
Wagdy Ashaia	NSW	Ulf Landgraf	VIC
Benjamin Beer	QLD	Simon Lau	VIC
Pamela Boekel	VIC	Abhirup Lobo	VIC
Alexey Borshch	QLD	Basel Masri	SA
David Brooks	QLD	Tim Matthews	NSW
Oscar Brumby-Rendell	SA	Dragomir Mladenovic	TAS
Michael Bullen	VIC	Mohamed Ridzwan bin Mohamed Namazie	QLD
Donald Cawthorne	NSW	Anthony Murray	QLD
Janan Chandrananth	VIC	Stephen Nicol	QLD
Thomas Clifton	WA	Michael O'Brien	VIC
Kade Collins	VIC	Maritsa Papakonstantinou	VIC
Chris Conyard	QLD	Michael Phegan	NSW
Joseph Coory	NSW	Alfred Phillips	QLD
Ben Dowdle	VIC	Joshua Piercey	QLD
Yasith Edirisingshe	VIC	Pradeep Mathew Poonnoose	SA
Andrew Fraval	VIC	Boopalan Ramasamy	NT
Bachar Haj Younes	NSW	Paul Rebgetz	QLD
Ali Hamze	NSW	Erich Rutz	VIC
Yoshio Hinde	NSW	Aidin Sadeghilar	NSW
Jason Hockings	VIC	Xiang Salim	WA
Mithun Joshi	NSW	Gajan Selvakumaran	NSW
Karim Kantar	SA	Rohan Sheehy	VIC
Abhay Khot	VIC	Rohan Sheehy	VIC
David Kingston	QLD	Meenalochani Shunmugan	SA

New Fellows (cont.)

Joseph Stevens	NSW	Blaise Wardle	ACT
Alexander Tiedgen	NSW	Lahann Wijenayake	QLD
Stephen Torbey	QLD	Sean Williams	NSW
Arthur Turow	SA	Kanishka Williams	NT
Ali Vakili	QLD	Ken Ye	VIC
Caroline Varrall	QLD	Wan Jing Zhang	VIC

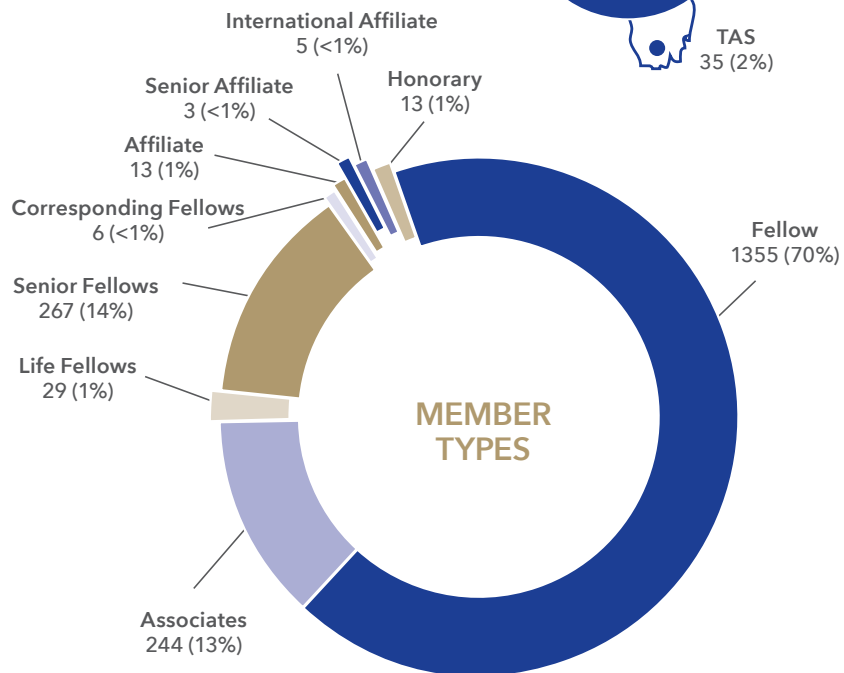
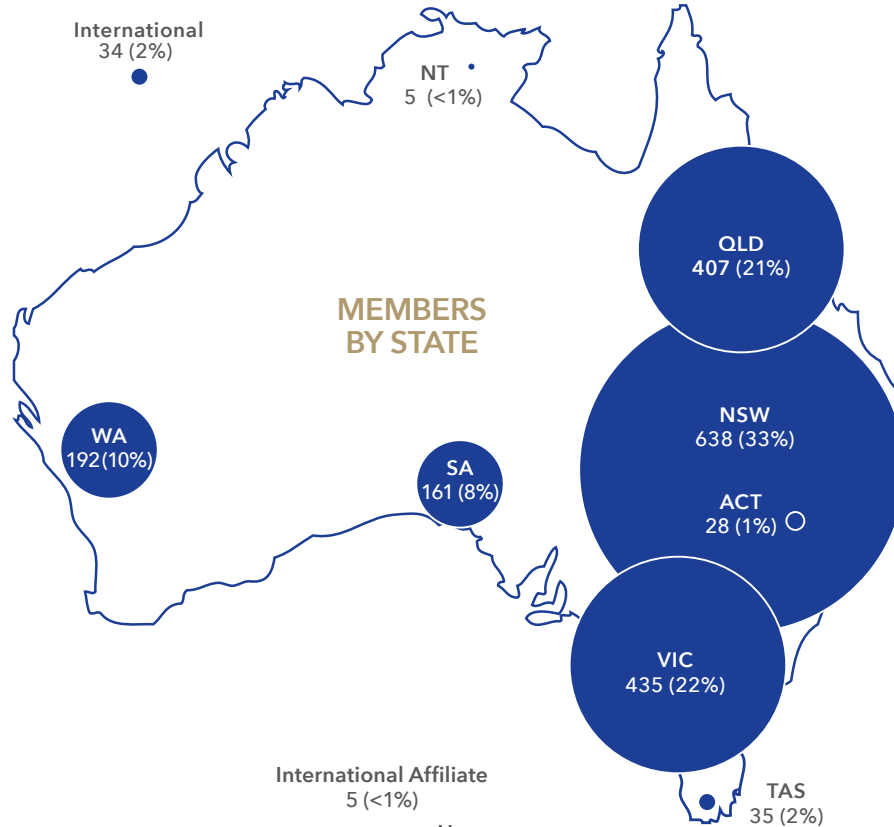
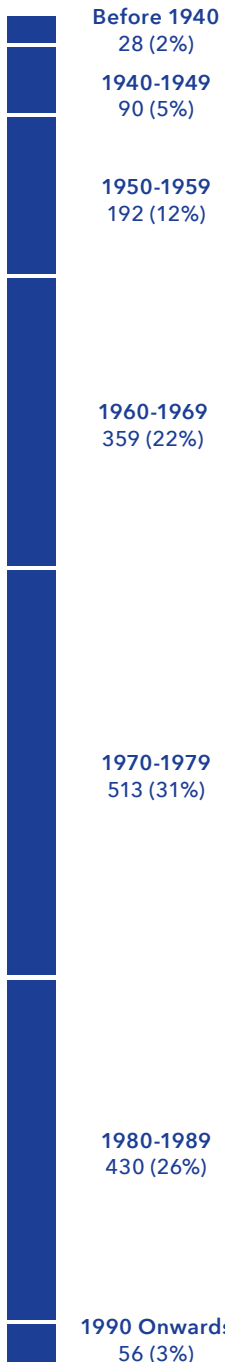
Deceased Members

Brian Casey	NSW	John Owen	VIC/NZ
Garth Fraser	SA	Pradeep Sen	SA
William Gilmour	WA	Kush Shrestha	SA
Frank Harvey	NSW	Douglas Sneddon	WA
Kingsley Mills	VIC	William Thomas	QLD
Gerald Moran	QLD	Neil Thompson	NSW

MEMBER DEMOGRAPHICS

AGE RANGE OF PRACTICING AOA MEMBERS

(Dates of birth by decade)



Total Practicing members as of 30 June 2022	1668
Total Members as of 30 June 2022	1893

HONOURS & AWARDS

L O BETTS MEMORIAL MEDAL	John Tuffley
HUMANITARIAN SERVICE AWARD	John Clifford Li-On Lam
MERITORIOUS SERVICE AWARD	Michael Falkenberg
AWARD FOR LEADERSHIP	Claudia Di Bella
AWARD FOR SERVICE TO ORTHOPAEDIC RESEARCH	Kevin Tetsworth
AWARD FOR SERVICE TO ORTHOPAEDIC EDUCATION	Bruce Foster
LIFE FELLOWSHIP	Jegan Krishnan

BOARD COMMITTEES AND CHAIRS

Board Committee	Chair
Board of Directors	Annette Holian
ABC Travelling Fellowships Committee	Phong Tran
Accreditation	Sindy Vrancic
Asia-Pacific Committee	Ton Tran
Audit and Risk Management	Chris Morrey
President's and State Chairs' Committee	Annette Holian
Clinical Trials Data Safety Monitoring	Peter Myers
Continuing Orthopaedic Education	Chris Vertullo
Continuing Professional Development Committee	Sue Liew
Federal Training Committee	Chris Kondogiannis
Advertising Complaints Subcommittee	Chris Morrey
Clinical Quality Committee	Richard Page
Fellowships Committee	Ken Cutbush
Honours and Nominations Committee	Annette Holian
SIMG Assessment Committee	Vera Sallen
Mentoring Advisory Subcommittee	Tim Musgrove
AOANJRR Committee	Neil Bergman
AOA National Joint Replacement Registry Academic Editorial Advisory Panel Committee	Don Howie
Orthopaedic Women's link (OWL) Committee	Juliette Gentle
Professional Conduct and Standards Committee	Sue Liew
Research Committee	Michael Schuetz
Rural Surgeons Committee	Richard Angliss
Spinal PFET Committee	Jonathon Ball
Subspecialty Presidents Committee	Chris Morrey
Ethics Committee	Annette Holian
Workforce Working Group	Michael A Johnson

Digital Radiology Committee	John Cunningham
Patient Education Committee	Orso Osti

Ad Hoc Committees and Working Groups

Champions of Change Working Group	Andrew Wines
Cultural Inclusion Working Group	Marinis Pirpiris
Masters and Co-Badging Working Group	Peter Choong
Continuing Professional Development Working Group	Sue Liew

PRESIDENT

CEO

EDUCATION

CPD

AOARF

OUTREACH

EVENTS

STATS

MEMBERS

TREAS.

As at 30 June 2022

BOARD OF DIRECTORS



Annette Holian
President



Christopher Morrey
First Vice-President



Michael Johnson
Second Vice-President



Chris Kondogiannis
Chair of Education
and Training



Sue Liew
Chair of Professional
Conduct and Standards



Richard Page
Scientific Secretary



Nicole Leeks
State Chair Director



Andrew Wines
General Director



Chris Vertullo
General Director
and Treasurer

Board Observers



Nick Maister
AORA President



Juliette Gentle
Representative, Chair
OWL Committee



Greg Witherow
Representative, RACS Orthopaedic
Specialty Councillor

PRESIDENT

CEO

EDUCATION

CPD

AOARF

OUTREACH

EVENTS

STATS

MEMBERS

TREAS.

TREASURERS REPORT

Chris Vertullo, AOA Treasurer
Chris Morrey, AOA First Vice-President



SUMMARY

The year ended 30 June 2022 was AOA's 86th year of operations and also the year in which the organisation began to recover from the impacts of the one-in-a-hundred-year pandemic. However, while recovery is under way, the challenges of the past two years continue to have impact.

Revenue for the year was \$11,940,990 compared to \$11,570,846 in the previous year, an increase of 3.2 per cent. Total expense for the year increased to \$11,721,005 compared to \$10,124,554 in 2020/21, an increase of \$1,596,451 or 15.8 per cent. Notwithstanding the volatile and disruptive period and no government assistance such as the Job Keeper support received in the previous year, it is pleasing to report an operating surplus of \$219,985 for the year.

AOA began the year with a projected budget deficit of \$359,864. The improved operating result was achieved through tight expense management including lower office rentals and travel and meeting costs, together with increased investment income of \$335,143. Results from the Annual Scientific Meeting were lower than hoped for due to COVID-19 continuing to have an impact, requiring again that the event be held in a hybrid format.

Trading conditions on world stock markets, particularly in the later months of the financial year, were difficult and saw a reduction of \$1,369,144 in the value of AOA's investment portfolio. Recognition in the financial statements of the unrealised reduction in value resulted in an overall deficit for the year of \$1,149,159.

3.2%
increase in revenue

\$219,985
operating surplus

INVESTMENTS

Income from investments for the year amounted to \$689,666 compared to \$466,636 in the previous year, an increase of \$223,030. This outcome, achieved despite the adverse trading conditions referred to earlier, is pleasing. The investment outlook at present is quite uncertain due to fluctuating market reactions to the conflict between Russia and Ukraine and the increases in interest rates having an adverse impact. A close watch is being kept on the allocation of the investment funds by AOA's advisers and the Audit and Risk Committee.

Whilst the investment portfolio has achieved higher income compared to the previous year, market valuations have suffered as just mentioned and are subject to ongoing fluctuations.

Findex continues to provide management of AOA's investment portfolio and the Board's Audit and Risk Management Committee oversees Findex's management by meeting with them at least twice annually for discussions and strategic overview.

REVENUE AND EXPENSES

Revenue benefited from the increase in investment income already referred and from strong increased contribution from scientific meetings and conferences, up 74 per cent on the previous year, albeit well below budgeted and pre-COVID levels.

Travel costs continued to be lower than previous years' norms due to a prudent approach to the dangers of contracting COVID-19 during travel, and workshop costs and meeting costs similarly were lower. AOANJRR project costs were higher due to increased activity. Employment costs increased by 14 per cent due to the growth of the number of staff working on AOA initiatives.



Revenue benefited from the increase in investment income already referred and from strong increased contribution from scientific meetings and conferences...

MEMBERSHIP

Membership at 30 June 2022 totalled 1934, an increase of 41 compared to 30 June 2021. Membership subscriptions for the year, including branches, amounted to \$2,244,672 compared to \$2,133,056 for 2020/2021, an increase of \$111,616. The increase in membership income comprised income from new members and the usual CPI increase.

MEMBERS' EQUITY

This is the first year that AOA reports its results as general-purpose financial statements. A new accounting standard, *AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*, came into effect on 1 July 2021 and required AOA to change its longstanding practice of issuing special purpose financial statements. The Audit and Risk Management Committee reviewed the introduction of general-purpose financial statements and confirmed the necessity, and so recommended to the Board. Given that in the past AOA's financial statements conformed closely to the requirements of general-purpose financial statements, the impact on the financial statements is of minor consequence and relates mainly to disclosures in the Notes to the statements. The change had no impact on the financial result.

GOVERNANCE

The Audit and Risk Management Committee met three times during the year ended 30 June 2022 under the leadership of Vice-President Christopher Morrey. The other members of the Committee are Michael Johnson (second vice-president), Christopher Vertullo (general director/treasurer), and Nathan Patrick (independent member). The president, Annette Holian, attended all meetings in an ex-officio capacity.

The Committee's brief is to provide assurance to the Board by reviewing financial matters in more depth than is possible for the Board, to provide oversight of AOA's risk-management practices and procedures, to review compliance with statutory requirements, and to meet with AOA's investment managers and the auditor.

AOA managers meet twice per year with the chief executive officer to review the risk-management system and the results of those meetings are reported to the Audit and Risk Management Committee and then to the Board.

The directors are most appreciative of the services of Nathan Patrick, who sits on the Audit and Risk Management Committee as an independent member and provides his services pro bono. The Committee highly values his expertise.

The Committee met with AOA's auditor before the financial statements were reviewed by the Board to ensure there were no unresolved issues or concerns in connection with the statements and received assurance in that regard.