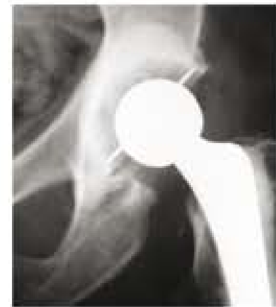
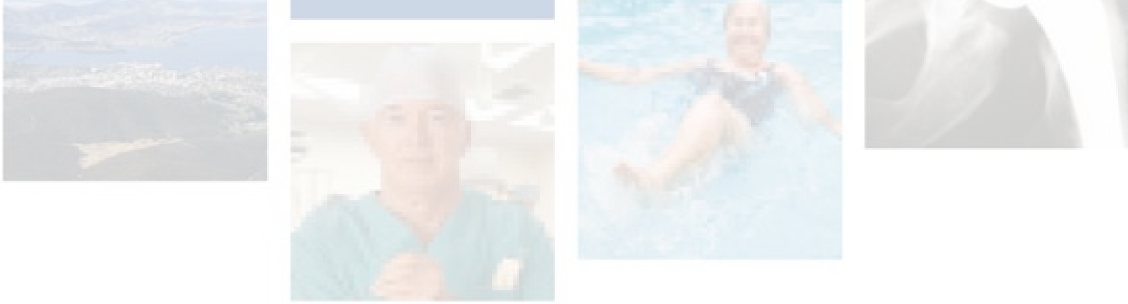
AOA

AUSTRALIAN
**ORTHOPAEDIC**
ASSOCIATION

# 2008-2009 Annual Report



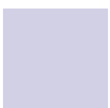


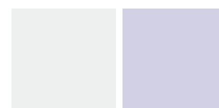
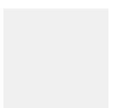
## OBJECTIVES OF THE AUSTRALIAN **ORTHOPAEDIC** ASSOCIATION

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

AUSTRALIAN ORTHOPAEDIC ASSOCIATION LIMITED

ABN 45 000 759 795



# ANNUAL Report

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2008–2009

The Australian Orthopaedic Association (AOA) is the peak professional body for orthopaedic surgeons in Australia. AOA provides high-quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community. AOA actively supports scientific research and orthopaedic humanitarian initiatives, in Australia and overseas.

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# REPORT to Members

## President and Chairman of Board of Directors

John C Batten

**I am pleased to present the Annual Report of the Australian Orthopaedic Association (AOA) for 2008–2009. AOA has continued to raise its profile and is successfully establishing itself as the reference point for orthopaedics.**

### Strategic direction

In late 2007 the Board adopted the current Strategic Plan, which concentrates on three key goals in order to focus attention on the most important priorities to achieve strategic change.

The Strategic Plan does not attempt to describe everything that could or should be done. Rather, it focuses on the direction for major change, recognising that in only a limited number of areas can such change be expected. In no way does this devalue work in other parts of AOA that are not specifically mentioned.

### Goal 1. Professionalise AOA's Education and Training

This goal ensures that AOA is the leader in orthopaedic training, continuing professional development (CPD) and credentialing, and recognises AOA's core activity of providing specialist training. As the agent of the Royal Australasian College of Surgeons (RACS), AOA delivers the Surgical Education and Training (SET) program in Australia.

This goal ensures that the training program for orthopaedic surgeons that has been initiated, developed, coordinated and administered by AOA and its members will remain under the auspices and control of AOA.

Major advances in the professionalisation of our SET program have been achieved. The review of the curriculum, modularisation of the curriculum and the alignment of the examination process with the curriculum are well under way. Also in progress is the production of validated tools to help trainers assess trainees in an objective way; provide trainees with feedback on their performance; and clearly define and document deficiencies, to form a remediation plan.

These tools provide a robust process to assess and manage the performance of all trainees. In particular, they specify the processes and documentation necessary to assess the occasional trainee who fails to perform at a standard that is deemed appropriate, and may need to be placed on probation or subsequently removed from the training program.

The strength and integrity of such ongoing assessment is essential in order to maintain the excellent standard of the graduates of our training program, particularly as selection into the program under the SET framework is now possible for less experienced candidates.

The rules and requirements of AOA's CPD program have been substantially revised to ensure appropriate flexibility, simplicity and relevance for members. The new CPD program will be launched in conjunction with the commencement of a new triennium at the start of 2010. The website for this new program will also be upgraded to provide a user-friendly interface for members. Members are strongly encouraged to participate in AOA's CPD program.

CPD will certainly be increasingly mandated by regulatory authorities, whether in local hospitals or on a national scale through the implementation of the Intergovernmental Agreement (IGA) on national registration and accreditation. All members have a professional responsibility to remain abreast of new developments and demonstrate involvement in continuing professional development and compliance.

It is becoming increasingly clear, with the new IGA legislation, that if this is not done on a professional basis by the individual learned associations, it will be done by the Minister and the bureaucracy that is being created around the changing management of health in this country. AOA membership is well advised to assume control, and define what we believe is relevant in continuing professional development and accreditation, rather than relinquish this role to the health bureaucracy.

### Goal 2. Enhance AOA's Public Profile and Branding

AOA is assuming a far greater advocacy role, not only with government and the regulation of the medical workforce, but increasingly in

providing public education and a voice in policy direction on the wider issues of musculoskeletal health, particularly osteoporosis, fragility fractures and equity of access to orthopaedic care in our hospital system.

AOA, along with its sister associations around the world, is advocating on manpower issues of safe hours and training, the orthopaedic manpower crisis in trauma management, and the transition to digital imaging.

In order to properly represent our profession, AOA needs to be the reference point for orthopaedics, not only for the regulatory authorities, but also for the community at large.

AOA has steadily gained greater exposure in the media, on issues of orthopaedic health and musculoskeletal wellbeing. AOA now proactively manages media, which has enhanced the branding and relevance of AOA in the community.

AOA has been involved as a co-signatory in several submissions with the Australian Medical Association on the IGA agreement and national registration and accreditation. AOA has forwarded several independent submissions related specifically to orthopaedic surgery, to ensure that the voice of our membership is heard in this debate.

Although we all agree that national registration is a positive move and has been advocated by many medical groups over many years, its linkage to the national accreditation legislation causes considerable concern to all medical colleagues. The restructuring of the administration of health appears to have as its primary agenda, service provision and manpower management, rather than maintenance of standards of medicine.

The legislation should be fundamentally aimed at protecting the public, rather than providing a framework to regulate the medical profession with the ability to override standards of care, based on manpower requirements.

AOA has also made submissions regarding the Health Technology Assessment Review and is represented on a Federal Government reference group providing input into the review. AOA has recommended a number of initiatives to improve the efficiency and efficacy of the HTA regulatory processes and we have been requested to provide further input as the review progresses.

AOA continues to be a prime mover in the management of the transition to digital imaging. Through the Royal Australasian College of Surgeons, AOA instigated the establishment of a working group comprising a variety of stakeholders, including radiologists and radiology companies. This transition is now being managed by clinicians, with the issues of patient safety, accessibility and standards of presentation and delivery forming the basic platform. AOA has flagged the need for improvement in infrastructure necessary to allow this technology to realise its maximum benefit, and to interface with other existing or planned e-health initiatives.

### Goal 3. Diversify AOA's Funding

This goal enables AOA to develop multiple sources of funding in order to support expanded activity and initiatives in training, research, CPD and humanitarian endeavours. AOA's finances are in a very sound position and within the context of the Global Financial Crisis during 2008–2009, the focus was on protecting AOA's assets.

AOA rightly follows a conservative investment strategy and was in the enviable situation of holding 94 per cent of the investment portfolio in low-risk cash or fixed interest investments as the financial crisis evolved. With only six per cent in equities, our exposure to the collapse in the equities markets was minimised.

### Interaction with medical industry

During 2008–2009, AOA released a Position Statement on Interaction with Medical Industry that defined appropriate relationships with industry. This was part of the overall review of AOA's Code of Conduct and followed the deliberations of a Working Party on this issue.

AOA is committed to the ongoing education of the membership, and is very appreciative of industry funding and support for continuing education meetings, our Annual Scientific Meeting, subspecialty meetings and the Research Foundation. AOA acknowledges industry contribution and support, and has worked collaboratively to carefully define those relationships while also ensuring accountability and transparency.

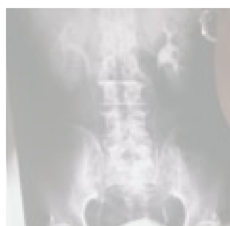
If public confidence in our profession is to be maintained, clearly there must be a separation between industry funding and activities such as education, fellowships and research. AOA provides an appropriate entity for such third-party separation.

### Conclusion

AOA is progressively maturing and evolving as an association and truly has become the peak professional body representing orthopaedic surgeons and orthopaedic surgery in this country. It has become not only the provider of high-quality specialist education and training and continued professional development in orthopaedics, but is also the leading reference authority, providing orthopaedic information to the Australian community.

I would like to thank the members of my Board for their commitment, contribution and support. I also acknowledge the outstanding achievements of our previous President and Chairman, John North, who completed his term in October 2008.

However, I express my greatest accolade and thanks to all members who contribute to AOA's various activities. AOA depends on the enormous voluntary contributions of our members and is privileged to enjoy such support. AOA



# CEO Report

## Chief Executive Officer — Ian W Burgess

**At an operational level, the key initiatives to support the current Strategic Plan have centred on improved governance, branding, communication, resources, infrastructure and systems, together with continual quality improvement across all areas of AOA's activities.**

### Enhanced governance

Following a major review of AOA's Constititution, members at the 2008 Annual General Meeting approved detailed proposals for amendments. Many of the amendments were specifically designed to further enhance the governance of AOA: for example, reducing the size of the Board, requiring all directors to be elected and clarifying the governance structure of Board committees.

The amendments to the Constitution also reduced the period of time a member is required to be an Associate prior to applying for full Fellowship, from three years to two years. Amendments enabled simplification and streamlining of the application process for Associate membership by Affiliate Registrars who have completed AOA's training program. These changes have contributed to a marked increase in applications for membership, with 105 new Associate members being admitted in 2008–2009, compared with 35 in the previous year. The number of new Fellows was 36, compared with 13 last year.

During 2008–2009 the Board continued to implement various measures to enhance the governance of AOA. These have included measures to promote the effectiveness of the Board:

- improving Board meetings and processes
- reviewing the terms of reference of Board committees and increasing their efficacy, so that issues brought before the Board have already been thoroughly analysed, ensuring a mature recommendation is forwarded for the Board's consideration
- use of standard templates for Board papers to improve decision-making: clear recommendations are accompanied by arguments both for and against proposals; and alignment with strategic objectives is provided.

The Board undertook governance training that clearly outlined the governance responsibilities, legal obligations and duties of directors, and identified areas of AOA's governance requiring further improvements.

The Board also completed a self-appraisal performance review to identify areas of potential improvement.

Within the Board and its various committees, proper processes to manage conflicts of interest have been instituted. In particular, the Board's Conflict of Interest Policy has established a register of all directors' interests, ensuring a level of transparency and disclosure that exceeds legal requirements and best practice governance.

AOA has in place good governance that concurrently enables the organisation to remain flexible and responsive, and supports the achievement of our strategic objectives.

### AOA's brand

AOA's new brand, which was implemented throughout 2008–2009, was designed to present a more contemporary image, while maintaining the strong links with AOA's rich history. The refreshed branding comprises a new logo, colours, styles and designs, all of which are intended to reinforce AOA's key values including professionalism, excellence and quality.

Far more than just a logo, such branding reflects and reinforces the values, culture and heritage of the organisation. It is the way that AOA presents itself through publications, its website, and all communications and interactions.

Many members would have seen the new brand for the first time at the 2008 Annual Scientific Meeting. The redesigned logo and colour scheme was featured on banners, PowerPoint presentations and various publications, including the newsletter, *ASM Today*. This newsletter was printed each day at the ASM and highlighted elements of the scientific program and also the social program.

The new brand has been progressively rolled out across various areas, including the website, stationery, brochures, the redesigned *Bulletin* and most recently, this Annual Report.

### Improved communication

The new website was launched in December 2008 and features improved functionality, content, design and ease of navigation. It represents a

major advance on the previous website and will continually be upgraded with additional content and design improvements.

Trainees in particular, have reacted positively to the new website and also the additional training-related content that has been uploaded.

The website is linked to AOA's new database, which provides an opportunity for members to ensure that their information contained in the database is up-to-date.

The new website also provides a convenient payment method, using a secure payment gateway, for members to pay subscriptions, donations and other voluntary payments. Branch membership subscriptions for New South Wales and Victoria, and trainees' fees can also be paid online.

It is anticipated that subscriptions for the other Branches will be payable online, once these Branches commence utilising AOA's main accounting system for processing their financial transactions.

A major overhaul of the design, structure and content of the *Bulletin* was introduced with the April 2009 issue. The objectives of the redesign were, firstly, to adopt AOA's new brand and also to provide a quality magazine that incorporates best practice principles of layout and design that are used in professional publications.

The *Bulletin* is valued by members and the redesign will provide a platform for further improvements.

The inaugural issue of the monthly eNewsletter was emailed to members in June 2009. The eNewsletter provides a snapshot of current issues and news in a concise, easy-to-read format. Further information is often available on the AOA website and some topics are discussed in greater depth in the *Bulletin*.

The eNewsletter was well received by members and has enjoyed very high readership, with open rates that are virtually unheard of, in comparison with e-newsletters circulated by other organisations. With only one AOA member requesting to be unsubscribed and only one per cent of emails bouncing back, the eNewsletter is an important and effective addition to our communication with members.

### Investment in infrastructure

The strategic objectives of Professionalising Education and Training and Enhancing AOA's Profile and Branding have been underpinned and supported by investment in resources and infrastructure. A major upgrade of AOA's IT infrastructure and capability resulted from the formulation of an IT strategy to expand the capability for online services for members, trainees and also members of the public.

Enhancement of AOA's IT capability was essential to achieving expanded and improved services for members and trainees: efficient communication; provision of information and resources; and online delivery of training and education. It has also improved organisational productivity and efficiency.

Additional staff have been employed to increase the level of expertise and support for AOA's various activities. The number of staff directly employed by AOA increased by 2 FTE to 10 FTE. However the number of staff and the corresponding personnel expenses are still significantly less than many comparable organisations, with personnel expenses representing 20 per cent of revenue in 2008–2009, compared to 35–45 per cent for corresponding associations.

AOA certainly 'punches above its weight' in terms of size, staffing and infrastructure resources. In addition to a dedicated team of staff, much of this efficiency and efficacy is provided by the immense contributions of members.

### National Joint Replacement Registry

The Private Health Insurance (National Joint Replacement Register Levy) Bill was passed by the Federal Parliament in June 2009. The Bill implemented a cost-recovery measure to fund the National Joint Replacement Registry (NJRR) by placing a levy on companies which have prostheses listed on the Prostheses List.

AOA appeared before the Senate Committee that reviewed this legislation and emphasised the world-renowned quality of the NJRR; the independence of AOA in managing the operations of the NJRR; and the significant *pro bono* contribution that members of AOA provide to the NJRR.

The continued independence and integrity of the NJRR will not be affected by the introduction of a levy on companies.

Although the NJRR has only been in existence and fully operational for a relatively short time, the information provided by the NJRR is already influencing joint replacement and associated technologies in a beneficial manner.

The NJRR data has directly resulted in a reduction in the number of revisions: compared to five years ago, 2000 fewer revisions are performed each year. The NJRR data enables surgeons to select the better performing devices and also the most appropriate device for the individual patient.

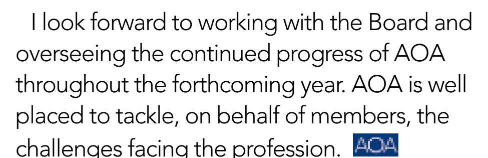
AOA estimates that the NJRR is saving the health sector around $44.6 million each year, based on reductions in the level of hip and knee revision procedures during the time the Registry has been operating.

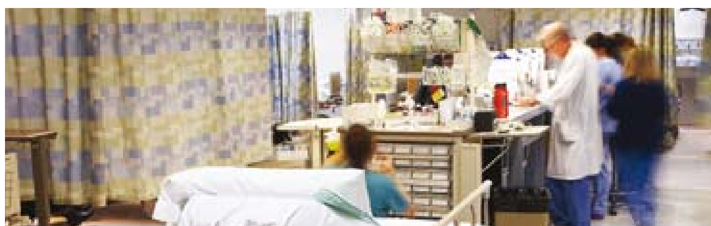
The NJRR is a flagship example of a high-quality evidence base that is successfully driving change in clinical practice. AOA is understandably proud of the NJRR, which is highly regarded worldwide and also commands great respect from the Australian Government. The NJRR enhances the reputation, profile and brand of AOA and the profession.

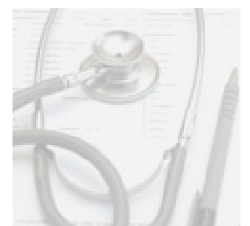
### AOA team

I again acknowledge the amazing contribution of members, which enables AOA to 'punch above its weight' and I thank the staff of AOA, who are a dedicated, energetic and committed team.

I look forward to working with the Board and overseeing the continued progress of AOA throughout the forthcoming year. AOA is well placed to tackle, on behalf of members, the challenges facing the profession.







# **Education** and Training Report

## Chairman of Education and Training

Peter F M Choong

### Selection Process

The 2009 selection process was conducted with greater oversight this year, compared with previous years, because of the many different processes that were put in place to ensure clarity, transparency and equity.

Curriculum vitae scoring was conducted centrally, with feedback between the Regional Training Committee Chairs and the National Education Manager facilitating a smooth and balanced assessment. Analysis of scores prior to selection demonstrated no skews in the distribution of scoring.

The Referee Reports (IDRs) were well received and the use of an online facility was a significant improvement from previous years. There were still some outstanding issues with late or poor response from referees that ultimately impacted on the applicant. AOA went to great efforts to chase down nominated referees to ensure that applicants were not disqualified because of lack of referees. Analysis of scores demonstrated a spread of results that suggested the IDR was a satisfactory discriminating tool.

The interviews were conducted without problems, with the numbers of applicants exceeding 200. These were shortlisted following their CV and IDR assessments. The cut-off number for applicants was 2.5 times the number of places available. This meant that almost 80 per cent of applicants were interviewed. All interviews were conducted on the same day and reports back from the States revealed greater satisfaction with this year's process than previously.

### Curriculum and Assessment

A considerable effort has been expended on curriculum development. The focus has specifically been on content of the syllabus; modularisation; in-training assessments linked with modules; and assessment of progression during training.

A curriculum committee is being convened at the Cairns ASM to bring together a group who will maintain the forward momentum of the curriculum design process. The complex and demanding structure of orthopaedic education has mandated a rigorous approach to designing, developing and implementing the curriculum. The involvement of the subspecialist societies is strongly encouraged and invited.

### Website/IT Review

The AOA website continues to be developed and further avenues for enhancing the education of the trainees will be sought. One of the challenges for the IT strategy of the future will be to develop a meaningful interface with the online case log to allow assessment of trainee, institution and supervisor participation.

### Training Agreement

The Trainee Agreement was signed by all but one trainee. A process is in place at RACS to ensure that the agreement is signed before any trainee is accepted on to the program and this should reduce the difficulties encountered in the 2009 intake.

### Disciplinary Actions

There were a number of disciplinary actions during 2008–2009 and a few of these required significant legal input. There is a trend that disciplinary action is being closely followed by legal action. AOA and RACS are working closely to ensure that processes are streamlined, timely and fair, to protect the rights and obligations of the trainee and trainer. The most salient points arising from more recent activities is the need for clear documentation of performance, and improved communication between trainer and trainee.

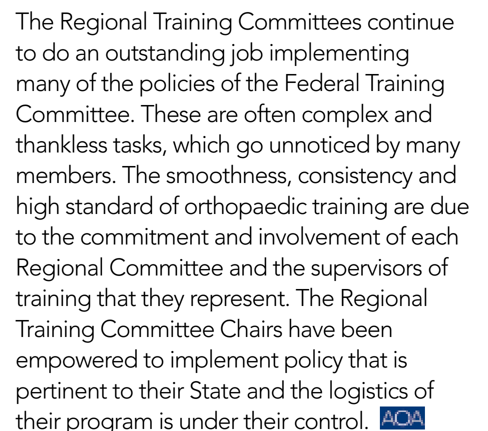
### Examinations

The RACS Council has approved a change in the conduct of examinations during Surgical Education and Training (SET). In essence, the anatomy component has been removed from the General Surgical Examinations (GSE) and has been replaced by a greater emphasis in the Specialty Specific Examinations. The purpose of this is to increase the relevance of the anatomy section of the examination to the specialty in which the exam is being sat. This may not impact orthopaedics as much as previously thought, because the Orthopaedic Principles and Basic Science (OPBS) Examination has a musculoskeletal focus for its anatomy questions. The question remains as to whether OPBS should be sat at the same time as the GSE. Currently this may be sat at any time from the time of selection till end of SET 4 (mid-SET 3 for those commencing 2009). Registrars must pass this to progress to SET 5.

### Quinquennial Inspections

Quinquennial inspections of hospital training posts in Queensland were undertaken in April 2009 without issue. The next round of inspections is planned for April 2010.

### Regional Training Committees



The Regional Training Committees continue to do an outstanding job implementing many of the policies of the Federal Training Committee. These are often complex and thankless tasks, which go unnoticed by many members. The smoothness, consistency and high standard of orthopaedic training are due to the commitment and involvement of each Regional Committee and the supervisors of training that they represent. The Regional Training Committee Chairs have been empowered to implement policy that is pertinent to their State and the logistics of their program is under their control. AOA

# **Scientific** Secretary's Report

David A F Morgan, OAM

### Annual Scientific Meeting

The Annual Scientific Meeting (ASM) held in Hobart in October 2008 was a great success, attracting the highest number of registrants in the history of the meeting.

At this meeting a number of changes were initiated, aimed at further enthusing the membership and bolstering attendance at this important scientific forum. The program was contracted to four days, instead of spanning nearly five days and effectively blanking off an entire week from clinical practice or other activities.

The Wednesday in the ASM had sometimes been viewed as a 'dead rubber'. To address this problem, sporting activities were moved to the Sunday before the ASM. Wednesday became 'a Super Day', with the Subspecialty Showcase occupying the first session before morning tea. Visiting overseas orthopaedic Presidents filled the second session; collectively, they store decades of wisdom and experience in orthopaedic surgery of varying multicultural flavours.

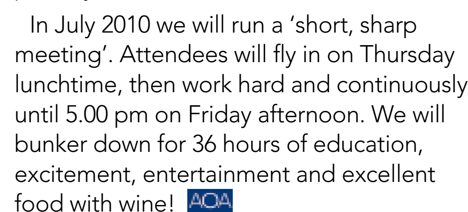
Special emphasis was placed upon the plenary sessions, addressing controversial topics such as Generation Y, international medical graduates, the corporatisation of orthopaedic surgical practices, and continuing professional education.

The social program was excellent and the scientific program ran almost hitch-free. Every subspecialty was represented; international guests flew in from far and wide; and the cohesiveness offered by 'Super Wednesday' and the four-day program appears to have been a success.

The 2009 ASM will build on this success, which I expect will again attract record attendance.

### Continuing Orthopaedic Education

The last two or three years had witnessed a decline in numbers of members attending the COE meetings. It was therefore pleasing to see strong attendance by members at the Trauma & Spine COE in Melbourne in August 2008 and the Shoulder & Knee COE in May 2009 held in Perth.



The Scientific Committee is investigating future options for COE meetings to enhance their relevance and value to members.

In April 2010 a COE in Sydney will deal with total knee replacement surgery, both primary and revision.

In July 2010 we will run a 'short, sharp meeting'. Attendees will fly in on Thursday lunchtime, then work hard and continuously until 5.00 pm on Friday afternoon. We will bunker down for 36 hours of education, excitement, entertainment and excellent food with wine! AOA

# **Continuing** Professional Development Report

## Chairman, CPD Committee

Scott A Fletcher

**There continues to be a less than exuberant participation and compliance rate by AOA members for Continuing Professional Development (CPD).**

Approximately 43 per cent of orthopaedic surgeons have indicated to RACS they are participating in the College's CPD activity and 57 per cent have indicated that they are participating in AOA's CPD program.

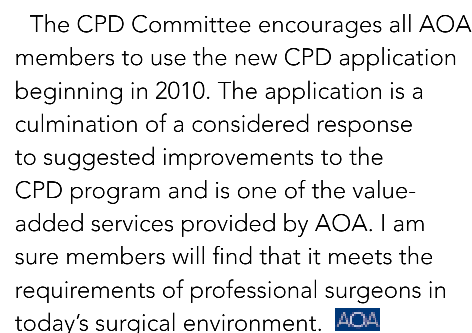
Overall, for 2008, 51 per cent of AOA members are participating in either the RACS or AOA CPD program, and 47 per cent are CPD compliant for the same year.

Other AOA members may be keeping a record of CPD activity independent of either RACS or AOA.

There remains a strong trend by hospitals and medical councils to accept the College / AOA CPD certification as evidence of CPD compliance. The proposed National Registration will mandate CPD certification 'as approved by their national board'.

2010 marks the beginning of a new triennium for CPD. In time for this, AOA will launch a new online CPD program at the Cairns Annual Scientific Meeting in October.

The AOA application will be easy to understand and navigate. There will be a reduced requirement to submit repetitive information; instead, the user will be able to use predictive averaging to estimate the annual participation load. There will be online access to a CPD certificate for those who meet AOA CPD requirements. Both annual and triennial CPD certificates will be available.



The CPD Committee encourages all AOA members to use the new CPD application beginning in 2010. The application is a culmination of a considered response to suggested improvements to the CPD program and is one of the value-added services provided by AOA. I am sure members will find that it meets the requirements of professional surgeons in today's surgical environment. AOA

# Honorary Secretary's Report

Andreas H I Loefler

**This is the last report of an Honorary Secretary in our Association. The position has become redundant as we now have a professional office infrastructure that handles day-to-day matters, many of which used to be the responsibility of the Secretary.**

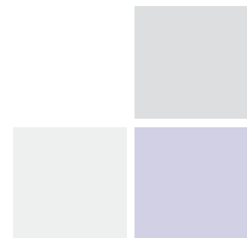
As part of the amendments to the Constitution approved by members in 2008, the Secretary's position will be abolished in October 2009. A new Chairman of Professional Development and Standards will be elected and will take over some of the duties of the Secretary.

A small number of matters were raised with me during 2008–2009. They mostly involved complaints regarding professional standards and behaviour. The majority did not require further action. However, one matter in particular did require a formal response from AOA.

A number of members contacted AOA regarding advertising by a member. It was felt that this advertisement was not in keeping with our Code of Conduct. AOA's concerns were communicated to the member involved and subsequent correspondence from AOA lawyers resulted in the member providing a written undertaking to refrain from such advertising in the future.

This matter serves as a reminder that we have professional obligations under our Code of Conduct. Providing clear and appropriate information is in the best interests of our patients and our profession.

It has been a privilege to serve as the last Honorary Secretary of AOA. AOA



# Orthopaedic Services Report

## Chairman, Orthopaedic Services Committee

Greg E Witherow

**Firstly, I gratefully acknowledge my predecessor, David Stabler, who resigned as Chairman of Orthopaedic Services in June 2009.**

### IMGs

The high failure rate of International Medical Graduates (IMGs) sitting the FRACS Part 2 exam continues to be a concern.

It is evident from the exam results that IMGs in regional areas continue to be at a significant disadvantage. There is no doubt, however, that the opportunities to attend Bone School and to participate in the general cut and thrust of discussion and trial examinations are superior in the metropolitan setting.

All efforts are being made to assist the IMGs in regional areas, and there is access to Bone School on video conferencing for virtually all IMGs.

The RACS IMG Policy does allow for a downgrading from Article 19 to 'not comparable', under circumstances where exam results are very poor. This, of course, is exactly the same process as pertains to our own SET trainees.

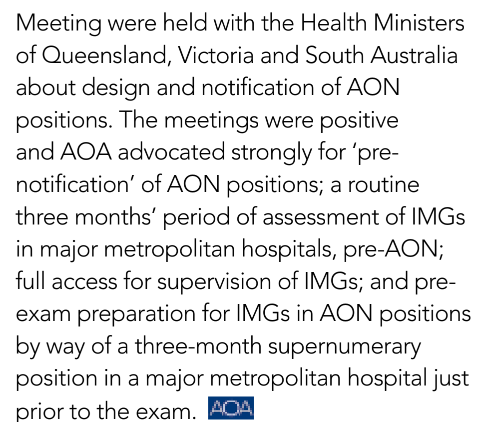
### Area of Need

The Area of Need (AON) applications dropped off considerably in the last 12 months. There have been 32 AON positions declared or active in the last three years, but only 15 of those remain.

The increase in output of trainees, versus the very few retirements in the next five years should see the current ratio of population per orthopaedic surgeon dropping significantly. At the present time it is approximately one per 21,000, whereas in five years from now it may be as low as one orthopaedic surgeon per 19,000.

### Ministerial Meetings

Meeting were held with the Health Ministers of Queensland, Victoria and South Australia about design and notification of AON positions. The meetings were positive and AOA advocated strongly for 'pre-notification' of AON positions; a routine three months' period of assessment of IMGs in major metropolitan hospitals, pre-AON; full access for supervision of IMGs; and pre-exam preparation for IMGs in AON positions by way of a three-month supernumerary position in a major metropolitan hospital just prior to the exam. AOA



# AOA Research Foundation

**The AOA Research Foundation Limited is the research arm of AOA. It promotes and supports important research into musculoskeletal disorders by raising, managing and distributing funding for research.**

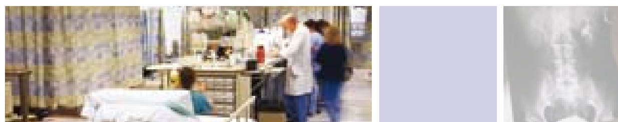
Donations to the Foundation are tax-deductible and the Foundation accepts donations from AOA members and the general public. Importantly, all donations go entirely toward research and are not used to administer the Foundation.

Although it is a separate legal entity, the Foundation has a formal Deed of Cooperation with AOA, with six of the eight directors of the Foundation being appointed by AOA.

Over the last decade, the Foundation has given over $600,000 to support 70 research projects.

AOA provides more than $100,000 each year to support the Foundation's funding of research.

The Foundation receives essential financial sponsorship from the following companies: Stryker, DePuy, Zimmer and Smith & Nephew.



# Orthopaedic Outreach

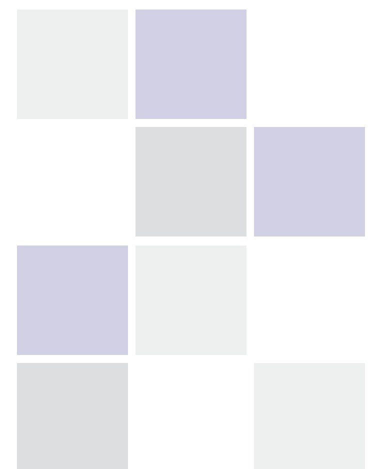
**The Orthopaedic Outreach Fund Incorporated is the humanitarian outreach arm of AOA. Its principal goal is to provide surgical training and services to the underdeveloped countries of our region.**

During 2008–2009, AOA and Outreach signed a Deed of Cooperation that provides the framework for cooperation in the delivery of orthopaedic humanitarian initiatives, which is one of AOA's key objectives. AOA provides more than $100,000 each year to support a range of orthopaedic humanitarian activities.

As part of this close relationship, AOA nominates three members to the Outreach Management Committee, and Outreach will be redesigning its brand (logo, design and colours) to be more consistent with AOA.

Outreach enjoys deductible gift recipient status and is funded by donations from AOA, the corporate world, Rotary and surgeons themselves.

During 2008–2009, AOA funded a range of humanitarian activities, including volunteer work by Australian orthopaedic surgeons and the provision of surgical equipment in West Timor, Somalia, Cambodia, Fiji, Tonga, Vietnam and East Timor. AOA



AOA
AUSTRALIAN ORTHOPAEDIC ASSOCIATION

# Membership

## NEW FELLOWS 2008–2009

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ANDREWS, Steven G | QLD | GORDIEV, Katherine A | ACT | NABAVI-TABRIZI, Arash | NSW | SOLOMON, L Bogdan | SA |
| AUBIN, Phil P | ACT | HOWARD, Matthew B | NSW | PEPPER, Dean A | NSW | SOMMERVILLE, Scott M M | QLD |
| BARUI, Edward A | QLD | JOURNEAUX, Simon F | QLD | PIRPIRIS, Marinis | VIC | STAVROU, Peter | SA |
| COMLEY, Andrew S | SA | KONDOGIANNIS, Christos M | VIC | PLANK, Paul A | VIC | STONEY, James D | VIC |
| DEKKERS, Mark J | QLD | LAWRIE, Steven A | QLD | POZZI, Robert E M | QLD | SZOMOR, Zoltan L | NSW |
| DIXON, Michael C | NSW | MACDESSI, Samuel J | NSW | PRICE, James D | QLD | TYMMS, Geoffrey | VIC |
| FAGAN, Andrew B | SA | McAULIFFE, Michael J | QLD | ROE, Justin P | NSW | WHITEWOOD, Colin N | WA |
| GALLIE, Price A M | QLD | MEHTA, Janak A | NT/SA | SCHUETZ, Michael | QLD | WILLIAMS, Sean R W | WA |
| GONG, Andrew W O | VIC | MOLNAR, Robert B | NSW | SMITH, Nicholas C | NSW | WINES, Andrew P | NSW |

## NEW ASSOCIATES 2008–2009

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| AL MUDERIS, Munjed | NSW | EDWARDS, Michael K | WA | LATENDRESSE, Kim | QLD | RICHARDSON, Mark J | QLD |
| ALTUNTAS, Altay O | VIC | ELIX, Simon | QLD | LEDGER, Michael E | WA | SALMAN, Babatunde R | NSW |
| ASTORI, Ivan P | QLD | FARAH, Sami B | NSW | LETCHFORD, Andrew S | QLD | SHARP, Robert | NSW |
| BADDOUR, Edward M | WA | FICK, Daniel P | WA | LEYS, Toby J | WA | SHERLOCK, Matthew | NSW |
| BALAKUMAR, Jitendra | VIC | FREDERIKSEN, Steven R | QLD | LI, Douglas | VIC | SMITH, Damien P | ACT |
| BALOGH, Zsolt J | NSW | GERVAIS, Trevor G | QLD | LING, Chi | SA | SOO, Brendan | VIC |
| BATEMAN, Edward R | NSW | GOOI, Chi Kang | SA | LIPTAK, Matthew | SA | SOOD, Aman | SA |
| BECI, Iliesa S | QLD | GRAHAM, Edward | NSW | LOVE, David T | VIC | SPENCER, Jonathan M F | WA |
| BEDI, Harvinder S | VIC | GRAY, Randolph J | NSW | MARCHANT, Darren C | QLD | STANNAGE, Katherine G | WA |
| BOYLE, Richard A | NSW | GUPTA, Sanjeev | NSW | MILNE, Benjamin W | NSW | STEELE, Robert G | VIC |
| BROSNAN, Reagan F | QLD | HANSLOW, Sarah S | NSW | NICHOLSON, David J | NSW | STERLING, Gregory J | QLD |
| BRYCESON, William T | WA | HASSAN, Amen | QLD | O'BRIEN, Christopher A | QLD | TAN, Song L E (Ezekiel) | NSW |
| BURNEIKIS, Anthony | NSW | HATCHER, Steven M | QLD | OLORUNTOBA, Olubukola | SA | TEWARI, Sandeep | NSW |
| CADDEN, Anthony | NSW | HAY, Gordon C | NSW | OPPY, Andrew J | VIC | THOMSON, Andrew A | VIC |
| CALLAHAN, Miles J | VIC | HELLMAN, Jorgen M | NSW | PANG, Grant | VIC | TRANTALIS, John | NSW |
| CARMODY, David J | NSW | HERMANN, David M | SA | PAPANTONIOU, Peter | NSW | TSAI, Nicholas | NSW |
| CARR, Ashley | VIC | HSU, Brian | NSW | PATERSON, Darren P | NSW | VAN BAVEL, Dirk J | VIC |
| CARR, Derek D | VIC | HURWORTH, Mark A | WA | PATTEN, Samuel | VIC | VISWANATHAN, Sameer | NSW |
| CHAUDHRY, Abdul G | QLD | JACOBSON, Anthony J | NSW | PENN, David S | TAS | VRANCIC, Sindy N | NSW |
| CHIA, Samuel K K | NSW | JARMAN, Paul G | NSW | PORTER, Mark D | ACT | WALSH, Henry P J | QLD |
| CLAYTON, James | SA | KAMALI MOAVENI, Ash K | VIC | PRITCHARD, Michael | TAS | WANG, Otis | VIC |
| COOKE, Cameron J | QLD | KHORSHID, Omar | WA | QUAN, Gerald M Y | VIC | WON, Hugh | NSW |
| CRICK, Bradley J | VIC | KINZEL, Vera | NSW | RADOVANOVIC, John | NSW | WONG, Justin K | VIC |
| CUNNINGHAM, John E | NSW | KOLT, Jeremy D | NSW | RAHME, Daniel M | NSW | WORKMAN, Geoffrey | NSW |
| DASS, Shailendra | QLD | LADE, Justin A | VIC | RALEIGH, Eden | VIC | YOUNG, Allan A | NSW |
| DICK, Jonathan C | QLD | LAM, Li-On | WA | REILLY, Amanda | QLD | YOUNG, Ian, James | VIC |

## DECEASED MEMBERS 2008–2009

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| James M ELLIS, AM | NSW | Kevin M FULLER | NSW | John R LIPERT | SA | John M GRANT | VIC |
| Gordon KERRIDGE, AM | NSW | Peter F WILLIAMS, AO | VIC | Ronald P QUIRK | VIC | Tony HEFNER | NSW |
| Philip H GRIFFIN | VIC | Geoffrey A JOSE | SA | | | | |

## Board Committees as at 30 June 2009

| | Chairman |
|---|---|
| Executive Committee | J C Batten |
| Academic Surgeons Committee | D H Sonnabend |
| Asia–Pacific Committee | J Bartlett |
| Constitution and Regulations Review Committee | I C Dickinson |
| Continuing Professional Development Committee | S A Fletcher |
| Fellowships Committee | K A Gordiev |
| ABC Travelling Fellowship Committee | P W Brazel |
| Finance and Investment Committee | G E Mercer |
| Honours and Nominations Committee | J C Batten |
| Membership Committee | A H I Loefler |
| National Joint Replacement Registry Committee | G E Mercer |
| NJRR Advisory Committee | N R Bergman |
| Orthopaedic Services Committee | G Witherow |
| Presidential Travel Committee | G E Mercer |
| Professional Conduct and Standards Committee | A H I Loefler |
| Rural Surgeons Committee | H W B Cumberland |
| Scientific Committee | D A F Morgan, OAM |
| Continuing Orthopaedic Education Committee | A W Wang |
| Subspecialty Presidents Committee | R P L Carey |
| Training Committee | P F M Choong |
| Regional Training Committees | I W Incoll (NSW)<br>G V L Nielsen (QLD)<br>P D Brook (SA)<br>G R Nattrass (VIC/TAS)<br>D J Wood (WA) |

### Ad Hoc Committees and Working Groups

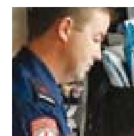
| | |
|---|---|
| Code of Conduct Review Committee | H W B Cumberland |
| Digital Imaging Committee | J C Batten |
| Industry Relations Working Group | G E Mercer |
| Intergovernmental Agreement Committee | I C Dickinson |
| Post–Fellowship Education and Training Working Group | J B North |

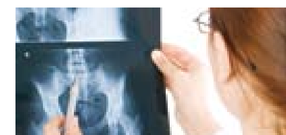
## Honours & Awards 2008–2009

| | Awarded to |
|---|---|
| L O Betts Memorial Medal | E D McIntyre |
| Medal for Meritorious Service | G R V Mutton<br>H C Beh |
| Award for Service to Orthopaedic Education | S M L Nade |
| Award for Orthopaedic Research | I J P Henderson |
| Award for Humanitarian Service | D McNicol<br>A G Nicholls |

### Annual Scientific Meeting Awards 2008

| | |
|---|---|
| Evelyn Hamilton Award | M J Sandow |
| Gordon Kerridge Award | R F Solaiman |

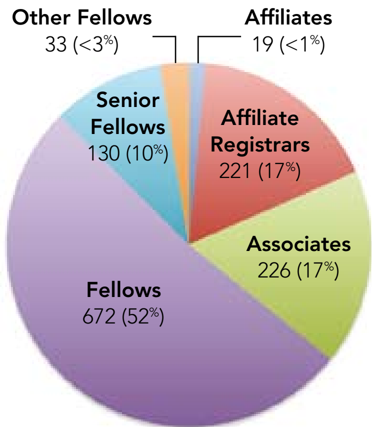




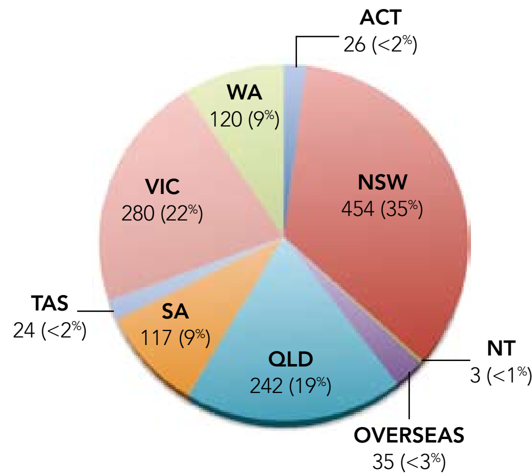
# Membership ...continued

## Member Types

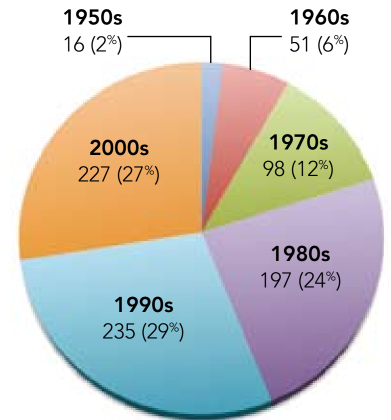
Total membership as at 30 June 2009: 1301

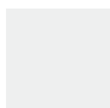
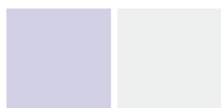



## Members by State




## New Fellows per Decade



AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

# 2008-2009 ANNUAL REPORT

**Australian Orthopaedic Association Limited**
ABN 45 000 759 795

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**www.aoa.com.au**