

ANNUAL REPORT



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION



2010-2011

AUSTRALIAN ORTHOPAEDIC ASSOCIATION



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



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

ANNUAL Report

CONTENTS

2010–2011

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.

REPORTS

2	Chairman (President)	Bill Cumberland
4	Chief Executive Officer	Adrian R Cosenza
6	Education and Training	Peter F M Choong
7	Scientific Secretary	David A F Morgan, OAM
7	Orthopaedic Services	Greg E Witherow
8	Professional Development and Standards	Andreas H I Loeffler
8	AOA Research Foundation	
9	Orthopaedic Outreach	
9	Membership	



REPORT to Members

President and Chairman of Board of Directors

Bill Cumberland

It has been a pleasure and honour to serve AOA as its President during AOA's 75th anniversary year.

Management and administration of our organisation is very much a team effort and I have been blessed with a superb team whose performance has been outstanding throughout my term of office and this year in particular. From the Board, Executive Committee, Chief Executive Officer, office managers and office staff I have received solid support and sound advice, and observed conscientious attention to duties, all of which have allowed AOA to function efficiently and effectively at a high level.

Relationship with RACS

Activity has been intense with CEO Adrian Cosenza doing a truly superb job in completing the Due Diligence process, facilitating examination of all aspects of AOA's relationship with the Royal Australasian College of Surgeons (RACS) on schedule and at considerable cost-saving to AOA. Much has been uncovered and discovered which has allowed AOA to fully assess past, current and future aspects of this most important relationship.

The Due Diligence process was initiated to satisfy the resolution of the AOA Board at the 26 June 2010 meeting where: 'The Board resolved to engage appropriate agents to assess the establishment of a College of Orthopaedic Surgeons, for determination by the Board at its October 2010 meeting.'

To address the examination of the relationship between AOA and RACS a calm, thoughtful and thorough process of Due Diligence has been undertaken. The Due Diligence has assessed the practical and economic impact of AOA seeking direct accreditation of training, education and credentialing for orthopaedic trainees by the Australian Medical Council (AMC).

The Due Diligence milestone plan was first presented to the 10 October 2010 Board meeting and at the Members Forum held on 12 October 2010 in Adelaide. The milestone plan comprised seven key components: regulatory assessment; industry lessons (domestic and international); business model considerations; communication activities; relationship with RACS; and legal and financial implications. The timetable outlined activities for the period to June 2011, leading to the formulation of business model options and presentation of material for consideration by the AOA Board. The Due Diligence plans contained 38 key milestones and approximately 80 individual tasks. The plans were designed to accommodate pre-requisite tasks and interdependent

activities and was compiled and executed in a military-like sequential and forensic manner throughout the 11-month period.

As part of this initiative, AOA's training program has been internationally benchmarked. RACS has up to a point been most cooperative in the process. Communication with members has been open and extensive and resulting debate robust. The outcome of deliberations has yet to be determined, but there is no doubt that the influence of the Due Diligence process, which RACS President Ian Civil described as transformational, will lead to a better future for AOA and its members.

Advocacy

Second Vice-President John Owen has taken the reins of the Advocacy Committee and applied himself with characteristic gusto. Issues have arisen within this area, dealt with in a most professional way by AOA's Media Consultant, Patrick Weaver, with national and international coordination of responses undertaken and constant vigilance applied. International branding occurs naturally also through the influence of the AOA National Joint Replacement Registry (NJRR). The Board has encouraged the development of a group within AOA to advance the cause of our current and potential future female members (Orthopaedic Women's Link). The advent of podiatric surgeons' role under national registration has been seriously addressed as a patient care issue. Kathy Hill's presence as AOA's Advocacy and Governance Manager has greatly enhanced AOA's ability to effectively interface with government (including the achievement of reversal of an unfavourable Federal Government budgeted policy) and organise our own services, with formalisation and recognition of all AOA members contributing and participating in government bodies.

Education and Training

We have welcomed Joan Burns as the new General Manager Education, Training and Research, and she brings great experience and a steady hand to this most important of AOA's portfolios, under the guidance of Peter Choong, Chairman of Education and Training. Necessary adjustment to the nationally coordinated new anatomy courses has been facilitated, and organisation of this area central to orthopaedic education has now been taken up by AOA in the absence of appropriate formal university education in this area. The eLC is being further developed and supporting IT software repaired and replaced. All processes around education and training

face ongoing assessment and adjustment as this activity remains the main focus of AOA and its core activity.

AOA National Joint Replacement Registry

The NJRR continues to place AOA and Australian orthopaedics on the map both nationally and internationally. Its quality is universally recognised, a tribute to its director Stephen Graves and staff, and also to the vital role played by the NJRR Committee and its Chairman, Graham Mercer, who has now handed over to Ed Marel as Graham follows me as AOA President. A strategic review of the NJRR is planned as part of AOA governance to follow on from that conducted in 2005.

Subspecialty Societies

The trend to sub- or super-specialise within orthopaedics is worldwide, as was demonstrated at the American Academy of Orthopaedic Surgeons meeting in February. Australia is no exception and it is AOA's role to encourage and assist the societies wherever possible, while being inclusive. Two examples of AOA influence this year have been the support of and combined submission of Post Fellowship Education and Training schemes (PFETs) to RACS in spine surgery and hand surgery. Regular meetings of the Subspecialty Presidents Committee are also scheduled and each group is in

control of its own sections of the Annual Scientific Meeting.

International Connections

Visits to other orthopaedic associations around the world have reinvigorated old friendships and created new ones. Such links are vital in what is now a global community of orthopaedics.

During the year AOA representatives, mainly from the Presidential line, represented AOA at meetings of the orthopaedic associations of the United States (and AAOS), United Kingdom, Canada, India, China, Taiwan, Thailand, Philippines, Indonesia, Sri Lanka and South Africa. The exchanges that take place at these meetings allow AOA to learn from and benchmark itself against some associations as well as to provide support to others.

We have also established close relations with the ASEAN Orthopaedic Association, the Indian Orthopaedic Association and the Sri Lankan Orthopaedic Association, with travelling fellowships.

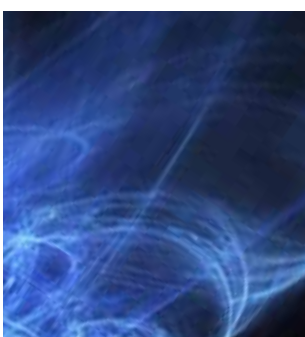
New Positions

After two years of valuable service Greg Witherow has handed over chairmanship of the Orthopaedic Services Committee to Don Pitchford, who will have the responsibility of overseeing assessment of International Medical Graduates prominent among his duties. At the end of his term as Chairman

of Education and Training characterised by his distinctive wise and thoughtful style, Peter Choong hands over to Ian Incoll this most important portfolio. Having provided us all with inspiration and enthusiasm, David Morgan after this year's Annual Scientific Meeting hands over to Allan Wang as the Scientific Secretary. The contribution of all these men past and present is outstanding and appreciated.

Conclusion

This year AOA sold its Macquarie Street rooms after four decades of ownership, with leased offices in Clarence Street, Sydney, now providing options for the future. The team approach engendered by CEO Adrian Cosenza in stamping his style and talent on the office and our organisation, ably assisted by Mariam Pei, has created an environment of innovation and excellence which reflects the very aspirations of AOA heading into the future. It has been an exciting year, including the planning of the combined Annual Scientific Meeting with our NZOA colleagues. It has been most rewarding for me to observe the great strength of AOA through the many contributions of members and staff, not all of which can be chronicled here, but which help to form the feeling of AOA as a family, working together for the good of the Australian population, and as an organisation of which I have been justifiably proud to be President.. 





CEO Report

Chief Executive Officer

Adrian R Cosenza

AOA has continued to build its capabilities and improve its professionalism over the past 12 months. The strategic review of the relationship between AOA and the Royal Australasian College of Surgeons has delivered valuable benefits for AOA. AOA is better informed of contemporary regulatory, industry experience and international orthopaedic governance and organisational matters. This increased orthopaedic knowledge, information and intellectual property can be well utilised for the benefit of the organisation in coming years. AOA is growing and maturing as a professional, highly regarded and internationally respected orthopaedic organisation.

Strategic Goals

Progress against the Strategic Plan 2010–2012 is well advanced.

Goal 1 To refine and consolidate AOA's Education and Training Program

The delivery of a refined and strengthened curriculum, launched in October 2010, provided trainees with an improved learning tool. Combined with the nationwide availability of the new Education Learning Centre, members and trainees have benefited from faster delivery and easier navigation of content. In addition, a trial of a new anatomy course in three States provided valuable experience in providing future nationwide access to an agreed AOA anatomy course.

Goal 2 To enhance AOA's Continuing Professional Development Program

Participation rates have increased over the past 12 months and endeavours are under way to continue the improvement in participation and the quality of the programs and activities available. The second year of holding a 'short, sharp' Continuing Orthopaedic Education meeting in July 2011 was well attended, with members expressing strong support for continuing these types of education sessions.

Goal 3 To facilitate the provision of quality orthopaedic services

AOA performance in this goal is best reflected by the continuing superior performance of the AOA National Joint Replacement Registry (AOA NJRR). The AOA NJRR continues to provide a valuable service for orthopaedic surgeons, industry and the Australian public. It is very highly regarded internationally as a leader in its field and is playing a leading role, forging international alliance relationships, contributing vigorously to the high standards of joint replacement registry governance, operation and reporting.

Goal 4 To raise AOA's profile and reinforce AOA's position as the peak professional body for orthopaedic surgeons in Australia

Progress in this goal is best represented by AOA's success in seeking Federal Government agreement to overturn a previously approved trial for 'image only' items announced in the 2009–2010 Federal Budget. The trial was to gauge whether to introduce a different rebate structure for certain x-ray proceedings that do not require a radiology report. The result demonstrates that AOA has the ability to influence and best represent the Australian public on matters orthopaedic.

Goal 5 To consolidate and expand AOA's funding

Progress in this goal is well demonstrated by AOA providing a new fellowship administration service for AOA members, the successful sale of premises at 229 Macquarie Street, Sydney, and the introduction of in-house conference and event management services.

Governance

AOA is a company limited by guarantee and operates within the legal regulations of the *Corporations Act 2001*. The Constitution of AOA provides the governance framework within which Directors are required to carry out their fiduciary responsibilities. The involvement of Directors in continuing education and training demonstrates AOA's commitment to dynamic and relevant leadership in a fast-changing operating environment. During the year the AOA Board approved ongoing participation in Director education and training through the provision of workshops to be delivered by governance experts

Consistent with AOA's strong leadership of the AOA NJRR, the Board has commissioned a strategic review to maintain and further extend the AOA NJRR's leadership in joint replacement registries domestically and in the international arena.

The relationship with the AOA trainee body, the Australian Orthopaedic Registrars Association (AORA) is being strengthened through the building of closer ties. AOA is helping AORA establish good governance arrangements to better service the needs of AOA trainees. Good progress has been made in this area.

Brand and Reputational Positioning

The fast-changing regulatory, consumer and technological environment requires AOA to increase its proactive activities. The Board is committed to increase the responsiveness of AOA to community demands. A review of policy with regard to medical

devices, pre-market testing, and a plain English summary of the NJRR Annual Report are planned for coming months.

Through its advocacy activities, AOA has more purposefully directed its energies to addressing orthopaedic matters with Federal and State Governments. Issues being pursued include waiting list management, inadequate support for trainees in rural areas, insufficient numbers of training posts, podiatric surgery accreditation and healthcare standards; and contributing to the review of the Therapeutic Goods Administration.

Media policies were implemented to streamline the management and coordination of media activities. The De Puy worldwide ASR hip replacement recall generated high public interest and required active and intense oversight.

Membership

The number of new Fellows for 2010–2011 is 31, compared with 76 for 2009–2010 and the number of new Associates is 20, compared with 57 for the previous financial year. One new Affiliate member was admitted in 2010–2011.

AOA said farewell to Kerri Clarke, one of AOA's longest serving team members, who left to explore new career horizons after 17 years of service. Business and Human Resources Manager Mariam Pei now manages membership. The management of the membership process has been enhanced in recent times through a vigorous follow-up campaign, resulting in 64 membership applications ready to be considered at the October 2011 Board meeting. This represents a material increase on the low number of applications processed at the February 2011 and June 2011 Board meetings.

AOA is reviewing the core technology used to store membership records and provide access for all electronic member services. Plans to implement a modern, flexible system, which will allow better integration with current and future member services, are under way. The new system will allow AOA to implement more streamlined business processes with a faster time to delivery.

Education and Training

The launch of the Education Learning Centre (eLC) was completed during the year. The first year of the Education Sponsorship Fund commenced on 1 January 2011, with the welcome support of sponsors. The fund is designed to attract sponsorship for promoting education and training of

orthopaedic surgeons.

AOA's new competency-based curriculum was launched. The framework and modules are accessible via the eLC. The curriculum includes the competencies trainees are expected to attain during the training program, in-training assessment requirements and tools for assessment and a detailed syllabus.

Our Association continues to professionally evolve and attract talent of the highest calibre. We have been fortunate to acquire the services of Joan Burns as General Manager Education, Training and Research. Joan has deep experience in delivering medical education and training programs to Australian Medical Council standards and brings considerable expertise as AOA moves into the next phase of its education and training development.

A first step has been the formal inclusion of Continuing Professional Development into the education portfolio to better reflect its role in the continuum of life-long learning and to provide a more client-focused transition from trainee to Fellow within the organisation.

Communication with Members

The volume of communication to members increased by approximately 50 per cent, reflecting issues of concern and interest. In addition to the *Bulletin* and the eNewsletter, the Due Diligence process was served by special eNewsletters, emails and letters. Members were kept closely informed about the DePuy ASR hip replacement recall, as media interest escalated.

Members' responses broadened over the year, with more contributions to the eNewsletter and the *Bulletin*. Visits to the AOA website continue to grow, particularly in the Member-only area, enlarged to include Due Diligence information, product alerts and the video recording of the 2010 Annual Scientific Meeting.

Our Publishing Manager, Jill Wayment, has provided a first-class contribution to maintaining the quality of significant communications.

New Fellowship Administration Service

The agreement to commence providing a new Fellowship Administration Service for AOA Fellows was consummated with Smith & Nephew in June 2011. The service commences from this date and on 1 August 2011 our new Fellowships Manager Maria Anagnostou (formerly of Smith & Nephew) joined AOA to manage and oversee this new service. Maria brings with her high-

calibre insight into fellowship administration.

AOA is already providing this service in regard to AOA accredited Smith & Nephew Fellowships under the agreed arrangement with Smith & Nephew. It is AOA's intention to extend this service to cover similar arrangements to other accredited fellowships.

New Conference and Events Management Services

As the Association continues to grow so too do its capabilities. For the past three decades AOA relied on external conference and event managers to organise the vast majority of AOA events. During the year AOA was pleased to welcome Alison Fallon as the Association's in-house Conference and Events Manager. Alison brings extensive experience in conference and events management and will not only work to organise AOA events but is also available to provide professional event management services to our State Branches and subspecialties.

New Premises

After many years at 229 Macquarie Street, Sydney, the Head Office premises were successfully sold in December 2010 and a five-year lease entered into at Level 12, 45 Clarence Street, Sydney. Staff completed the successful relocation in December 2010. AOA holds Board meetings and other key committee meetings in these premises.

AOA Team

Organisations depend on the quality of the contribution of its people. In this regard, AOA is no different and members should feel proud that a dedicated, enthusiastic and highly productive team enjoys working for AOA members. In particular, I express my thanks and admiration for the enormous constructive and productive contributions and leadership provided by the AOA Executive Committee and Board.

I would also like to take this opportunity to acknowledge the significant contribution of the AOA staff, to help ensure AOA remains the peak body in orthopaedics in Australia.

Future

Orthopaedic surgeons are well known as leaders and innovators. The pursuit of excellence in orthopaedic healthcare drives members to contribute to new ways of doing things, to challenge the status quo and to improve services to the Australian public. With the full support of all its members and staff AOA has a vibrant and exciting future.





Education and Training Report

Chairman of Education and Training

Peter F M Choong

Enhancing the Delivery of Training

Training is a complex portfolio requiring many skills and considerable amounts of time, and is a function that is at the core of AOA. Ensuring that the area of training is appropriately resourced is a priority for AOA and the Federal Training Committee (FTC).

With the changes in personnel, there has been a restructure of the Training Department to meet the challenges of a highly regulated and demanding environment. Joan Burns has been appointed to the role of General Manager Education, Training and Research and brings to her role a considerable experience in developing and implementing strategies in this sphere. One of her past roles has seen her drive the necessary changes to develop the training opportunities and curriculum for the College of Radiologists. Through her efforts, the College of Radiologists was the first professional college to be accredited by the Australian Medical Council. She leads a new team consisting of Ally Keane, Education and Post-Fellowship Relations Manager; Michele Short, Education Officer; and Anqi Zhu, who is the Training Officer. Joan and her team have already kicked off to a very strong start by overseeing an almost flawless selection process for new registrars for 2012.

eLearning Platform

The eLearning platform represents one of the most important changes over the last 12 months. Driven by the FTC, overseen by past National Education and Training Manager, Annie Gibbins, and with significant input from the subspecialty groups, the eLearning platform delivers an important framework for teaching in Australia. Accessible as an online resource to AOA trainees and members, the eLearning platform takes trainees through the various stages of their training, providing guidance to the levels of expectation required at each stage. The input of the subspecialty groups gives context to the standards expected in each area of orthopaedic knowledge. The eLearning platform also contains contemporary information that would be important for members to remain up-to-date in their knowledge and practices.

eLog

Acquiring the necessary data to allow a more comprehensive understanding of the performance of our trainees, their teaching

and the institutions in which they work has been a focus of the FTC. This understanding will allow the FTC and the Regional Training Committees to ensure that the standards of trainees and training are maintained at the highest levels. An e-platform that facilitates seamless transfer of information between AOA, trainees and trainers, and contains data that may be interrogated and analysed will allow AOA to be more responsive to the needs of trainees and trainers. The blueprint for such a platform is currently being considered by AOA for future action.

Registrar Selection

Streamlining the process of selection to acquire the necessary information and yet not tax the applicant or the referee has been a goal of our Training Department. In addition, developing practices that allow the Training Department to undertake the exercise of selection effectively, efficiently and accurately has been a driver for change. This year, the Training staff, many of whom were extremely new to the process, ran the selection of trainees for 2012 almost flawlessly. This was a good opportunity for a review of the process, revealing a number of areas where we can do better.

The highlights of the process were the revamping of the interview scenarios with help from our New Zealand counterparts who generously shared their experiences with us through their Chairman, Mr Kevin Karpick. Linking the scenarios with specific attributes allowed the teams to focus on the strengths of the applicants. As part of the review of data from the selection process, our consultant statistician from the University of Sydney, Mr Ed Lidums, analysed the data and confirmed that there was no skew between data from different States, different sections of the process or between different assessors. This means that the process that AOA is applying has been conducted fairly and that the same level of assessment is being undertaken in each State. More importantly, Ed reported that there was no association between results of assessments undertaken at the level of CVs, IDRs or the interviews, which means that each of these facets of assessment were measuring different aspects of the candidate—the multiple biopsy, as it were. This implies a strong, relevant and practical assessment process.

Process


There has been a number of recommendations for dismissal that have

been overturned or challenged during the last year. While the reasons for such recommendations are never taken lightly, the process has been found wanting in its carriage. It is critical that candidates who have been identified as performing poorly are identified early and provided with a formal framework to remediate. Clearly delineating the areas where they need to improve and providing them with the necessary opportunities to do so will facilitate their chances of successfully completing the training program. Supervisors and trainers should also be supported in their efforts when overseeing an underperforming trainee and a robust but just system needs to be established to ensure that the concerns of supervisors and trainers are acted upon.

Trainee Experience

Once again, the FTC wrestled with the concept of receiving applications for training from very junior residents. Applications are tendered early in the second year of residency and, for many, this means that insufficient opportunity has been given either to surgeons to assess the orthopaedic aptitude of candidates, or to applicants for acquiring sufficient skills to undertake the dual role of trainee and service provider. Should such candidates get onto the program, the supervisory requirement for trainers will rise considerably, increasing the stress for both trainers and trainees. Those applicants who are not successful in their applications may be left with the feeling that they are not good at orthopaedics, which is far from the truth. They are simply inexperienced and the system has set them up to fail. To avoid the disheartenment of failure, strong mentorship and appropriate advice is required from our orthopaedic colleagues to our junior staff.

Acknowledgement

I wish to acknowledge the contribution and support from all the members of the Federal Training Committee, the Regional Training Committees and AOA Head Office, who have worked with great commitment towards providing an excellent training program. My appreciation also goes to Mr Kevin Karpick who provided the all-important perspective of the New Zealand training program and helped the FTC to debate and discuss issues of mutual interest. 

Scientific Secretary's Report

David A F Morgan, OAM



As with previous years, the 2010–2011 period occupied the Scientific Secretary's position in its dual roles. The principal role is related to the structure and function of the Annual Scientific Meeting, the Continuing Orthopaedic Education Meetings and ancillary committee representations to assist in the proper functioning of the Australian Orthopaedic Association. The second role relates to the Director's position that the Scientific Secretary holds on the AOA Board. Both roles are filled with interest and challenge.

The Annual Scientific Meeting

The 2010 Annual Scientific Meeting was held in Adelaide. It focussed upon the role enjoyed and played by orthopaedic surgeons in the community at large. The meeting was moderately well attended and the registrants enjoyed a broad array of topics and entertainment. The Sandow family arranged an excellent social program which complemented perfectly the jam-packed scientific program. A record number of podium presentations was accommodated and a broad spectrum of international visitors ensured that leading edge orthopaedic topics were canvassed and covered.

Continuing Orthopaedic Education Meetings

The COE Committee has been in a process of transition. Allan Wang finished

his successful term as Chairman and has been replaced by Richard Williams. That transition heralded the introduction of the short, sharp meeting in the middle of the year, with continued subspecialty involvement for the second annual meeting. With the retirement of the Wickham family as conference organisers, the COEs have been managed expertly by contractors and in-house by our new Conference & Events Manager. A four-year program has been drafted and all sectors of our broad Association will be accommodated.

Additional Collaborations

The Scientific Committee of the AOA Board also liaises closely with the AOA Research Foundation, the Continuing Professional Development Subcommittee and the Clinical Guidelines Subcommittee. These symbiotic relationships continue to strengthen and now include the Subspecialty Presidents Committee.

Membership Surveys

I regularly receive requests for the distribution of material to the membership at large, focussing upon issues of orthopaedic interest. I am generally in favour of access of this nature, although am cognisant of the risks associated with saturation of the email inbox. A number of interesting publications has emanated from this reciprocal arrangement.

Journal of Bone and Joint Surgery (Br)

Forced devolution, precipitated by the American Board, has thrust dramatic and rapid evolutionary change upon the British *Journal of Bone and Joint Surgery* in London. The Editorial Board has responded positively, proactively and purposefully. A new, fresh, vibrant and futuristic journal is emerging. Our Association can remain proud to have our standard displayed on the front cover. This is an endeavour which deserves our full support.

Acknowledgements

I remain ever grateful to my co-members on the Scientific Committee and to the chairmen of the collaborative subcommittees who join us on a regular basis. The AOA Head Office has been responsive, supportive and reliable.

The conclusion of my four-year term as Scientific Secretary approaches rapidly. I will hand over the reins to Allan Wang in October in Rotorua. I wish Allan nothing but the best.

In parting, I have a genuine desire to express my indebtedness to the membership of our Association in providing me with the opportunity both to serve the Australian Orthopaedic Association and to reap the rewards related to that service.

I will derive considerable pleasure from observing from the sidelines in the future.

AOA

Orthopaedic Services Report

Chairman of Orthopaedic Services

Greg E Witherow



The work of the Orthopaedic Services Committee (OSC) continues to be the process of IMG selection and ongoing monitoring.

This begins with a review of the documentation of each candidate. After examining the applicant's qualifications and subsequent experience a recommendation is made as to their comparability. This is done by the Director of IMG Services of the Royal Australasian College of Surgeons (RACS), Andrew Roberts; the Chairman

of the Board of Orthopaedics, who is also the Chairman of the AOA Federal Training Committee, Peter Choong; and me, as the Chairman of the OSC.

The result, after discussion, may be that the applicant is non-comparable and does not get an interview. More commonly, the applicant is interviewed with a provisional assessment after seeing their documents and then, following interview, a final recommendation is made. The interview panel normally comprises two orthopaedic

surgeons, generally Peter Choong and me, and two or three others—one a jurisdictional representative from one of the health departments; the other one or two surgeons of a different subspecialty.

A recommendation is made from this interview panel to the Board of Surgical Education and Training (BSET). The applicant may accept the finding or appeal against it. The appeals process is run by RACS with representation from AOA.

The outcomes vary from non-comparable

to partially comparable to substantially comparable. The vast majority of recommendations is for partial comparability and requires the IMG to be supervised (normally for 24 months) and to pass the Fellowship exam. From the time of commencement there are three monthly reports that Peter Choong and I review, and their progress towards sitting and passing the exam is monitored.

In the last 12 months there have been 18 interviews. The outcomes were five substantially comparable, 12 partially comparable and one non-comparable.

A number of issues can arise from this process. For example, we have interviewed one IMG three times after

refusing to sit the Fellowship exam, under the misapprehension that if he waited long enough it would be granted. These issues become quite emotive; however, an adherence to process has largely supported our position.

The performance of IMGs in the Fellowship exam continues to be an issue. Seven IMGs sat the May 2011 exam and only two passed. However, in October 2010 13 sat and seven passed. Our role after assessment is to facilitate the passing of the exam by providing access to Bone School and quality supervision. It is not our role to teach the IMG basic orthopaedics. This is part of what separates the IMGs from the trainees.

The other arm of the OSC is workforce.

I have been involved in a number of reviews of numbers nationally and in Western Australia. Government wishes to have a deeper understanding of the real numbers but without a clear subsequent agenda.

My term as Chairman of the OSC has finished. I would like to thank the AOA Board for its support, particularly Peter Choong and the members who represent the States on the committee. My replacement is the irrepressible Don Pitchford, who not only brings great enthusiasm to the position, but as an IMG himself has a very deep understanding of the process. I wish him all the best with what at times can be a demanding and stressful position. [AOA](#)



Professional Development and Standards Report

Chairman of Professional Development and Standards

Andreas H I Loeffler

As a member of the Board and the Executive of the Board, I have attended many meetings, some in person and some by phone. The Due Diligence process occupied much of our time during the year. While the Board's discussions are not public, its resolutions are published and will give members an idea of the topics with which the Board deals.

In the latter part of 2010–2011 much time was also spent on developing the Continuing Orthopaedic Education Meeting to be held in Sydney in July, which I was unexpectedly asked to convene. School holidays and a clash with two other meetings made this challenging, but in the end, we had a successful meeting on How I Do It. During the conference dinner we staged a debate on whether AOA should seek AMC accreditation. It was a lively and stimulating event.

CPD Online, AOA's Continuing Professional

Development website application, continues to mature. The program is presently undergoing a revamp. The CPD Committee wishes to make the site more user-friendly. We are improving and updating the dropdown lists of meetings. We have also begun an annual audit of 3.5 per cent of participants. It is a requirement that we monitor CPD compliance. Those randomised to the audit have been asked to provide documentary evidence of one section of their CPD. To date the response has been satisfactory.

Regrettably the Professional Conduct and Standards Committee has had to meet. AOA's Constitution prescribes the pathway for dealing with complaints. The Committee is mindful of its responsibility with regards to the complaint, the Association and public perception. I would like to thank those members who volunteered to serve on this committee, which is at times an onerous task.

Advertising continues to challenge our Association. We have had official and unofficial complaints from members about colleagues. There are accusations of exaggerations, half-truths, unsubstantiated claims of efficacy and the use of testimonials. I would like to refer members to our Code of Conduct (available in the Resources area of the AOA website www.aoa.org.au) as well as the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*. Medicine in general and, in our case, orthopaedics have a long history of sharing expertise for the benefit of our patients. It would be a great shame if we allowed petty jealousies and marketing to destroy our collegiality and common purpose. I urge members to consider the difference between factual information for patients and the catchcries of advertisements, which may well embarrass those who use them. [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 seven of the nine directors of the Foundation being appointed by AOA.

Intellectual property rights have become an issue for the Foundation and for grant applicants. During 2010–2011 the Foundation negotiated its first intellectual property agreement

with an educational institution, so that the Foundation can share in the benefits of any commercialisation of research funded by the Foundation. Grant funding is now not made available until such agreement has been reached between the researcher, their educational institution and the Foundation.

Over the last decade, the Foundation has given over \$600,000 to support 70 research projects. In 2010–2011 the Foundation provided \$200,000 to support five excellent projects.

The Foundation currently has a total equity of \$4,225,630, and has

managed the recent global and financial crises well, with an annual return of approximately 10 per cent on investment. The Foundation plans to build up its total equity so that it can fund more grant applications.

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: DePuy, Smith & Nephew, Stryker and Zimmer.



Orthopaedic Outreach



ORTHOPAEDIC
OUTREACH

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

AOA and Outreach cooperate 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. AOA nominates three members to the Outreach Management Committee.

As an indication of this close relationship, Outreach is currently

redesigning its website to be more consistent with the AOA brand image.

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

During 2010–2011, AOA funded a range of humanitarian activities, including volunteer member service provision and education delivery in Bali, Burma, Cambodia, East Timor, Fiji, India, Madagascar, Nepal, Papua New Guinea, Samoa, Solomon Island, Sri Lanka, Tonga, Vanuatu and Vietnam.



Membership



NEW FELLOWS 2010–2011

AL MUDERIS, Munjed	NSW	GOTHELF, Kevin	NSW	MULFORD, Jonathan S	NSW	RICHARDSON, Rodney W	VIC
BUCKNILL, Andrew	VIC	GRAZE, Michael R	QLD	O'BEIRNE, Alexander H	WA	SALLEH, Reza	WA
CALLAHAN, Miles J	TAS	HARTNELL, Nicholas J	NSW	PATERSON, Darren P	NSW	SAVOULIDIS, Anastasios	SA
COLL, Sarah H	QLD	HERALD, Jonathan A	NSW	PAVLOVIC, Milan	VIC	SELBER, Paulo	VIC
DALLALANA, Richard J	VIC	KENNEDY, Stuart	NSW	PETRELIS, Minas F	NSW	STOFFEL, Karl	WA
DONOHUE, Craig T	VIC	KOLT, Jeremy D	VIC	POWELL, Richard D	NSW	TEWARI, Sandeep	NSW
DUNCAN, William W	SA	LI, Douglas	VIC	QUAN, Gerald M Y	VIC	VASIL, Con	NSW
FARAH, Sami B	NSW	LIU, David W H	QLD	RICHARDSON, Mark J	QLD		

NEW ASSOCIATES 2010–2011

BAJHAU, Ahmed H	SA	CHIN, Terence	VIC	GUPTA, Manish	NSW	LOMBARD, Hans	VIC
BARE, Jonathan V	VIC	EINODER, Paul A	TAS	HIGGS, Andrew	NSW	MA, Francis Y P	VIC
BARMARE, Arshad	VIC	FREEMAN, Brian	SA	JEFFCOTE, Benjamin	WA	PALAPITIGE, Bandulas	SA
BHIMANI, Aziz	NSW	FRITSCH, Brett A	NSW	KING Lloyd D	QLD	ROBERTS, Christopher M	NSW
BURGESS, Tanya M	VIC	GULTEKIN, Cem	QLD	LEE, Tack Shin	NSW	SHATWELL, Michael	NSW

NEW AFFILIATE 2010–2011

ANTANAITIS, Vytautas VIC

DECEASED MEMBERS 2010–2011

Graham R ANDERSON	QLD	Alan INNES-BROWN	NSW	Keith J McGONIGAL	ACT
William G DOIG	VIC	William J LAISTER	QLD		
Roy GILLOTT	VIC	Donald H McCLYMONT	QLD		

Board Committees as at 30 June 2011

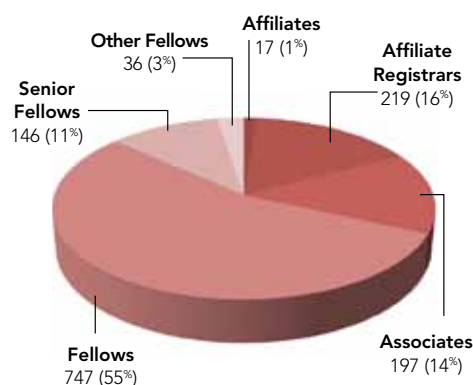
Executive Committee	Chairman Bill Cumberland	National Joint Replacement Registry Committee	Graham Mercer
Academic Surgeons Committee	David Sonnabend	Orthopaedic Services Committee	Greg Witherow
Advocacy Committee	John Owen	Professional Conduct and Standards Committee	Andreas Loeffler
Asia-Pacific Committee	Daryl Teague	Rural Surgeons Committee	Vinny Mamo
Clinical Guidelines Committee	Andreas Loeffler	Scientific Committee	David Morgan, OAM
Constitution and Regulations Review Committee	Graham Mercer	Subspecialty Presidents Committee	Roy Carey
Continuing Professional Development Committee	Andreas Loeffler	Younger Members Committee	Katherine Gordiev
Education and Training Committee	Peter Choong	Ad Hoc Committees and Working Groups	
Fellowships Committee	Katherine Gordiev	Intergovernmental Agreement Committee	Ian Incoll
ABC Travelling Fellowship Committee	Richard Williams	Podiatric Surgery Committee	Roy Carey
Honours and Nominations Committee	Bill Cumberland	Safe Hours Committee	Greg Witherow
Membership Committee	Andreas Loeffler	Spinal Education Committee	Richard Williams

Honours & Awards 2010–2011

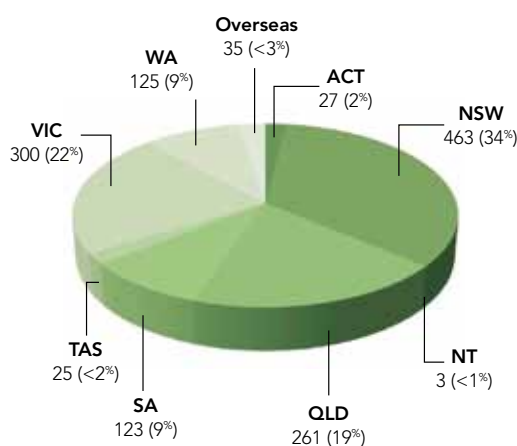
L O Betts Memorial Medal	Awarded to John Harrison	Award for Humanitarian Services	Awarded to Bill Cumming
Honorary Fellow	Robert Day		Joe Ghabrial
Life Fellows	Berni Einoder	President's Award for Services to Orthopaedics in a Rural Area	Ross McLaren
	Scott Harbison, OAM	Annual Scientific Meeting Awards 2010	
Medal for Meritorious Service	Allan Skirving	Evelyn Hamilton Award	Dugal James
Award for Service to Orthopaedic Education	James Bodel	Gordon Kerridge Award	Sheanna Maine
Award for Orthopaedic Research	Richard Beaver		
	David Little		

Member Types

Total membership as at 30 June 2011: 1,362

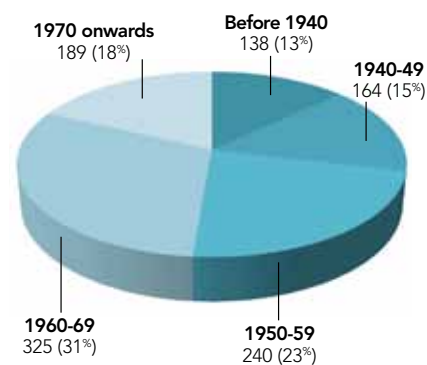


Members by State



Age Range of Practising AOA Members

Dates of birth by decade





AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

2010–2011 ANNUAL REPORT



Australian Orthopaedic Association Limited

ABN 45 000 759 795

Level 12, 45 Clarence Street, Sydney NSW 2000

T (02) 8071 8000 F (02) 8071 8002 E admin@aoa.org.au

www.aoa.org.au