AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

annual report

2011 – 2012

AOA
AUSTRALIAN ORTHOPAEDIC ASSOCIATION

AOA is the peak body in Australia for training orthopaedic surgeons to world-class standards, assuring and advancing the quality of surgical practice and representing the professional interests of members.

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

ABN 45 000 759 795

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report to members

President & Chairman of Board of Directors

Graham Mercer

In November 2011 AOA served verbal and written notice to RACS of the intent to terminate the existing MOU and service agreement. This notice had clear and explicit intent to renegotiate a renewed and improved collegiate/ partnership arrangement by 31 December 2012.

The alignment of the AOA ASM and the AORA annual meeting ensures that quality invited speakers can add value to the AORA program and that the AOA Executive is available as may be needed.

Feedback showed that most participants in the Young Leaders Forum found the experience educative and instructive.

Those who drove the investment in Macquarie Street should be well satisfied with the capital asset gain to the Association on sale – a wonderful investment indeed.

Judicious and conservative financial planning has seen AOA assets to some extent insulated against Global Financial Crisis erosion. Term deposits in a conservative portfolio have served us well. AOA has set aside a provision over the next three years to update and modernise our IT systems.

It has been a pleasure and privilege to serve as your President for the past 12 months.

No individual can drive the complex agenda of our Association as it requires a very coordinated, responsive and responsible Executive and Board, ably supported by a high-quality multi-disciplinary managerial team, to set and achieve high-level strategic and organisational goals. Strategic planning and associated risk management impact on the daily running of the organisation, as a more modern contemporary organisation structure continues to evolve within AOA. I have been well blessed with wise counsel and excellent support throughout this year and sincerely thank all involved.

Relationship with the Royal Australasian College of Surgeons (RACS)

Following the membership plebiscite mandate of October 2011 to negotiate a renewed and improved Memorandum of Understanding (MOU) and Service Agreement over the ensuing 12 months with RACS, in November 2011 AOA, along with Urological Society of Australia and New Zealand, served verbal and written notice to RACS of the intent to terminate the existing MOU and service agreement. This notice had clear and explicit intent to renegotiate a renewed and improved collegiate/partnership arrangement by 31 December 2012. The Neurosugical Society of Australia and Australian Society of Plastic Surgeons also worded strong messages of the desire for change in the existing relationship to a more collegiate and collaborative partnership.

The road since that time has been circuitous, with various working parties formed to discuss governance and education partnerships with RACS. However, these were overshadowed by internal RACS reviews into efficiency and compliance, and RACS' creation of a proposed three-model option for specialty interaction. The three-model option was a complex document looking to define Specialty Society service activity interactions with RACS in 'broad brush' without essential detail. Specialties were given a deadline of 30 September 2012 to sign up, but six specialty representatives (Presidents and CEOs) at a combined college–specialty working party meeting on 13 August 2012 felt they were unable to fulfil their fiduciary responsibility to their membership in that timeframe. They instead requested to roll over current MOUs and service agreements for 12 months, which gives time to adequately debate any longer term partnership with RACS in finer detail. At the time of writing this report, the Executive of Council and College Council have not made a determination on this proposal, but pragmatism would suggest that such a decision would serve all parties well, particularly with the time so far invested by all parties, and the proximity to a longer term agreement and ongoing goodwill in all camps. AOA's Executive and Board will continue to update the membership as decisions are contemplated and made.

Strategic Plan

A membership survey followed by a full day AOA workshop involving directors defined what mattered most to the membership for the projected period 2013–15. The areas identified, and further detailed on page 6, cover:

1. education and training
2. member representation and advocacy
3. assurance of skills and quality – professional standards, and
4. patient education.

International relations have been included under advocacy and any research decisions or planning will be referred to the AOA Research Foundation.

The Strategic Plan was passed at the AOA July Board Meeting, and is available in full detail on the AOA Member-only Documents webpage (log-in required).

Parallel with and an essential part of the Strategic Plan has been a Risk Management Plan. AOA is in the process of forming an Audit and Risk Management Committee as a standing Committee of the Board to monitor implementation of the risk plan and also review and recommend financial strategies for AOA.

Australian Orthopaedic Registrars' Association (AORA)

The AORA annual meeting this year will be aligned with the AOA Annual Scientific Meeting (ASM). This is the culmination of discussion over the last two years on how to improve the status, educational standing and relevance of AORA, conducted between the AORA and AOA Executive teams. AORA President (2011) Jai Kumar and his successor, Simon Zilko, have been instrumental in this alignment, as well as formation of an AORA Executive with regular meetings, vetting of annual meeting papers by the Scientific Secretary to ensure a minimum standard of presentation, and greater representation on the AOA Board and Committees. Already AORA has representation on the AOA Board and the Federal Training Committee.

The alignment of the AOA ASM and the AORA annual meeting ensures that quality invited speakers can add value to the AORA program and that the AOA Executive is available as may be needed.

In turn, the value to trainees may be better appreciated, with incentive for more attendees and for livelier interaction.

Young Leaders Forum

On 1 April 2012, in conjunction with the University of Melbourne and under the leadership of Second Vice-President Peter Choong, AOA organised a seminar for young orthopaedic clinicians considering careers as committee members, directors, unit heads and beyond. Under the direction of a facilitator, young invited aspirants from each State were exposed to a keynote speaker and panel members who have credibility in both the clinical and leadership space. Their role in the seminar was to share their experience in leadership roles, the development they undertook and key lessons they have gained along their career. Scenarios were generated for active interaction, and feedback showed that most found the experience educative and instructive.

The aim was not so much to encourage ambition into AOA leadership roles in particular, but more to foster a broader perspective of aspirations, mentorship and mingling with inspirational medical and paramedical leaders. It is hoped this program can be continued annually, and potentially expanded to several interactive meetings a year, rather than one seminar, with participant follow-up. My sincere thanks to Peter Choong again for his input and inspiration.

In-house Conference Organisation

I must mention this in my annual summary because of the outstanding success of this venture. This is in no small part due to personnel involved, with Alison Fallon providing innovative and inspirational conference leadership options to AOA. Lateral thinking, professional oversight and quality delivery have expanded now beyond AOA Continuing Orthopaedic Education meetings and the ASM, to State Branch and subspecialty meetings. The service offered has been more economic, imaginative and interactive, with positive feedback and external interest in the service. Members will start to see increased value for their conferencing dollar. AOA is moving to quarantine these services under a separate trust arrangement to ensure that not only is the ability to outsource these services but also AOA's tax exemption status are maintained and that AOA's resources are protected from any perceived third party disaffection.

AOA Finances

It has been an interesting journey over the last seven years of reviewing AOA finances. Many AOA members have enjoyed the 'bricks and mortar' ambitions of AOA property holdings, and AOA has nurtured and enjoyed both physical and financial advantages from some of those holdings. The Macquarie Street holding was eventually too small, lacked windows and, more importantly to the modern generation, was a mobile phone 'dead' area – some may consider this was a bonus to concentrated business effort – but not all! Those who drove the investment in Macquarie Street should be well satisfied with the capital asset gain to the Association on sale – a wonderful investment indeed.

This is not to say that when the market is again buoyant, AOA will not again invest in real estate – a responsibility for my successors.

But what of the AOA reserves at this time: what is their strength, what possible purpose could there be? Judicious and conservative financial planning has seen AOA assets to some extent insulated against Global Financial Crisis erosion. Term deposits in a conservative portfolio have served us well. This capital accumulation remains a critical AOA strength when negotiating with external bodies and underlines critical strengths within our Association.

For the first time this year, budgetary considerations have been divided into operational and strategic objectives.

While operational activities will be geared to annual moderate surplus, strategic planning initiatives approved by the Board may dip into AOA reserves to update and modernise AOA responsiveness and services to members. For instance, the AOA Education Learning platform, while interactive, is still separated into some isolated silos which need to be hooked up; the Continuing Professional Development module needs to be linked to membership financial data; and AOA is looking to incorporate Phong Tran's OrthoAnswer and a relabelled OrthoFRACS websites into member and patient interactive portals. The AOA website is still 'clunky' and needs more user-friendly and dynamic interaction.

AOA has set aside a provision over the next three years to update and modernise our IT systems.

There will be other strategic calls on our cash reserves which will be seriously and responsibly considered in time.

I would like at this time to pay particular tribute to Jeff Clark, AOA's Finance Manager over the last five years, who has just announced his retirement. He has been pivotal in the restructured alignment of AOA finances over the last five years, a great mentor to me and will be sorely missed.

AOA Head Office

Lastly, I wish to sincerely thank the responsive and supportive staff within AOA's Head Office. Those of you who have had cause to interact with the Sydney office will be aware of the increasing professionalism and responsiveness of the team in Clarence Street. There are many who should be specifically named. Adrian Cosenza has brought a steely organisational professionalism, responsiveness and resolve to the office, which has advanced our presence in many quarters. Our fellowship must remain collegiate, but some steely resolve does us no harm at times. My sincere thanks to Adrian and the team.

CEO report

Chief Executive Officer
Adrian Cosenza

Consistent with the strong wishes of AOA members and together with the other Specialty Surgery Societies, AOA actively participated in the RACS reform process and constructively contributed to suggested approaches for a new, flexible and mutually beneficial relationship.

The 2013-15 strategic plan makes AOA's strategic intent clear: to continue to raise the bar to world- class standards in delivery of training and education and in professional standards, including the activities of the NJRR.

In an independent international best practice benchmarking review, the AOA NJRR scored ahead of other countries' joint registries on most measured dimensions and is far more mature than most in usage of data and impact on clinical practices and research. It is clear that its peers regard the AOA NJRR as a global leader in arthroplasty registries.

AOA has continued to advance a number of strategic initiatives over the past 12 months. In July 2012, the Board approved a new three-year strategy for the period 2013–2105. The quality of Board planning has increased measurably during this period, with commensurate and supporting risk management, technology, investment and long-range financial plans for 2013–2015 approved as part of an integrated and more sophisticated planning approach than in the past. The AOA Board of Directors' participation in director education and training sessions has improved the quality of governance practice at AOA.

Consistent with the strong wishes of AOA members and together with the other Specialty Surgery Societies, AOA actively participated in the Royal Australasian College of Surgeons (RACS) reform process and constructively contributed to suggested approaches for a new, flexible and mutually beneficial relationship. It is hoped that the form of this new relationship will deliver improved service outcomes for orthopaedic trainees and all involved.

The strategic review of the AOA National Joint Replacement Registry (NJRR) is almost complete. This exercise has reiterated the high regard in which the NJRR is held domestically and internationally among peers, with an independent international best practice review of 144 registries covering 12 conditions in 12 countries demonstrating the AOA Registry's global leading capability among hip and knee arthroplasty registries.

WORLD CLASS ASPIRATIONS – AOA STRATEGY 2013–2015

Following a seven-month period of extensive consultation and discussion with members (including through a member survey), State Branch Executives, Subspecialty Presidents, AORA Executive and AOA Directors, the Board of AOA approved the strategic plan for 2013–2015 at its July 2012 meeting.

The strategy focuses on four core areas: education and training, member representation and advocacy, professional standards and patient education.

The plan makes AOA's strategic intent clear: to continue to raise the bar to world- class standards in delivery of training and education and in professional standards, including the activities of the NJRR.

It also sets out our aspiration to become more relevant through advocacy on national policy and practice issues, and more relevant to our patients through better patient education.

The strategic plan includes a clear set of actions and deliverables for the period 2013–2015. It covers all areas of AOA, including the NJRR.

The strategic plan is outlined on pages 6.

STATEMENT OF PURPOSE

AOA is the peak body in Australia for training orthopaedic surgeons to world-class standards, assuring and advancing the quality of surgical practice and representing the professional interests of members.

GOVERNANCE

Improved communication protocols with the full Board on matters considered at the monthly Executive Committee meetings have been in place since the March 2012 Board meeting, with all directors being provided with copies of Executive Committee papers and invited to contribute to deliberations.

The Board approved the inaugural establishment of an Audit and Risk Committee of the Board at the July 2012 meeting. The charter of this standing committee of the Board is to provide assurance to the Board in fulfilling its oversight responsibilities in respect of financial reporting, internal control procedures, external audit processes, compliance with regulatory requirements and monitoring of risk mitigation procedures. The Board is seeking to appoint a suitably qualified external candidate to be a member of this committee together with two AOA directors.

As part of AOA commitment to continuous improvement and modernisation of organisational governance, the Board has requested the Constitution and Regulations Review Committee to review the AOA Constitution with intent to moving to more contemporary practices. It is expected that matters for consideration will be shared with members over the coming 12 months.

The Australian Federal Government has extended the implementation date for the commencement of operations for the new Australian Charities and Not for Profits (NFP) Commission from 1 July 2012 to 1 October 2012. The key objectives of the NFP reforms include establishing a not-for-profit regulator, introducing a statutory definition of 'charity', introducing reforms to taxation and regulatory policy settings and reducing red tape. NFP governance standards, including external conduct standards, and the financial reporting framework will commence from 1 July 2013 with the first financial reports for medium and large registered entities now beginning to fall due after July 2014.

OPERATIONS

Membership and Fellowship Services

This financial year has seen a dramatic uptake of Associate membership thanks to the efforts of the AOA Membership team and further streamlining of the eligible year 1 Associate application process. It is pleasing to note that all 2012 trainees who completed SET 5 in 2012 are now AOA Associate members. Overall membership numbers continue to grow, with 93 new Associates and 40 Fellows taking up membership this financial year. This is a considerable improvement on last year's figures of 15 new Associates and 31 Fellows. AOA total membership has increased from 1362 in 2011 to 1476 in 2012. AOA Accredited Fellowships increased from 63 to 76 with 13 new fellowships approved in 2012, compared with no net additions in 2011. The Fellowship Administration Service has smoothly transitioned to AOA. AOA Fellowships staff comfortably handle 10–12 fellowship administration applications per half year (with capacity to service more).

Education and Training

178 applications for SET selection for the 2013 training year were received this year. 126 interviews were held over the weekend 15–16 June 2012. 23 quinquennial inspections and 9 mini-inspections were carried out between 19 March and 1 May 2012. A pre-exam course was hosted at Southern Health in Victoria on 4–6 May 2012. Planning and development for a staged upgrade of the AOA eLearning Centre is in the early stages of rollout. A comprehensive internal review of Education and Training policies and processes is under way, with a view to improving efficiencies, automating manual processes and upgrading current documentation. The internal review will also assist preparation for a significant external review that has been commissioned by AOA, consistent with the Strategic plan 2013–2015. CPD participation and compliance rates have improved by over 25% in the last year. The inaugural Young Leaders Forum held April 2012 was attended by 12 young orthopaedic surgeon leaders, four faculty and members of the Executive Committee. Participant feedback was excellent and activities are under way to increase these young leaders' exposure to AOA governance activities. Each participant has been identified to 'shadow'/participate in an AOA Board Committee as a means of exposure to these types of activities.

Advocacy

Advocacy activities have continued with increasing intensity. In the 2011–2012 period 14 submissions were prepared by AOA, compared with five in the period 2010–2011. There are currently 10 active advocacy issues, compared with five for corresponding previous period. While there are a number of active issues at any one time, the four matters taking priority over the past 12 months were: challenging jury duty changes to legislation in Western Australia; standards of care associated with podiatric surgery; championing digital imaging; and definition of practice/senior doctors. In addition, AOA prepared submissions and appeared before two Senate inquiries.

National Joint Replacement Registry

An independent international best practice benchmarking review conducted by a leading global management consulting firm compared outcomes for 144 registries spanning 12 conditions in 12 countries. Outcomes find the AOA Registry as being among the most mature registries across all selected conditions and countries. In particular, the Registry scored ahead of other

countries' joint registries on most measured dimensions (such as breadth and quality of data) and is far more mature than most in usage of data and impact on clinical practices and research. It is clear that its peers regard the AOA NJRR as a global leader in arthroplasty registries.

The AOA Strategic Review of the NJRR has been a detailed and considered effort, with extensive involvement of external and internal parties, as well as a strong member response to the NJRR survey. The Review Committee is scheduled to table its report at the October 2012 Board meeting.

Conference and Event Management

Conference and event management activities have been very successful. An integrated sponsorship package developed this year has proven popular, with excellent take-up of packages supporting AOA's and AORA's scientific meetings.

The Continuing Orthopaedic Education meeting held in Brisbane 2–4 May 2012 was the best attended COE in AOA history and attracted a record level of sponsorship for this type of meeting. Interest in AOA conference and event management continues to grow. Active event management activities include the 'Short, Sharp' COE July 2012, traditional COE 2013, Short, Sharp COE 2013, ASM October 2012, AORA October 2012 and 2013, ASM Darwin 2013, ASM Melbourne 2014 and ASM Brisbane 2015. Services were provided during the year for the Victorian (2012), Tasmanian (2012) and New South Wales (2011) State Branch scientific meetings. The Victorian meeting was also the most successful meeting in Victoria's history.

The successful delivery of this service has resulted in increased interest from other States, subspecialties and affiliated organisations. In addition to managing all Federal AOA and AORA events, four States, three subspecialties and three third-party affiliated organisations have requested AOA to provide conference and event management services. The Board has established an appropriate vehicle (unit trust) through which the provision of such services can be provided without exposing AOA assets to any potential third party claims.

It is pleasing to note that all 2012 trainees who completed SET 5 in 2012 are now AOA Associate members. AOA total membership has increased from 1362 in 2011 to 1476 in 2012.

Communication with Members

The volume of communication with members returned to a 'normal' level following the RACS relationship material associated with last year's activities, though communication on behalf of State Branches, subspecialties and third-party organisations doubled. Overall the monthly eNewsletter remains an effective and efficient way of communicating with members and has become a well-established communication mechanism, increasingly two-way. Open rates remain remarkably high for eNewsletters generally. An SMS alert system has also been introduced, which has proven particularly popular with trainees and for conference communications. Following five years of sterling service as Editor of the Bulletin, Michael Fogarty retires and Brett Courtenay assumes the reins. The AOA Board and management pass on their sincere thanks to Michael for his stimulating efforts and wise contribution.

Media Activities

Member, State and subspecialty feedback has suggested some would prefer to see a more proactive and higher profile approach to media matters. AOA's approach is to increase advocacy, information and relationships within the surgical, medical, government and health communities. The messages and positions reflected through this avenue provide the content and key messages for the general public. AOA has a media policy which works effectively. To date, matters seeking AOA comment have been sensibly handled through AOA's cooperative but cautious approach to the media and a determined effort to provide concrete evidence supporting any topic seeking AOA input.

AOA Team

I would like to thank the AOA Head Office team for the terrific, enthusiastic and positive contribution to AOA activities over the past year. Positive member feedback on staff services has been most gratifying. My sincere thanks also for the wise guidance, stewardship and counsel provided by the AOA Executive Committee and Board of Directors. In particular, I would like to personally thank Jeff Clark, who has retired as AOA Finance Manager, for his invaluable service to AOA over the past five years. His efforts have been truly appreciated by the Board, office bearers and staff.

Future

AOA celebrated its 75th anniversary in 2011. A solid platform for growth and innovative development was laid by the Association's forefathers. AOA's ambition and strategic intent to be the best in class in the provision of orthopaedic surgery education, training and services augurs well for the future. The investment in technology, people and contemporary best practice across a range of disciplines provides AOA with a stimulating and vibrant future.

Core Strategies

1 Education and Training

- To continue to provide world-class orthopaedic surgeons
- To design, organise and facilitate high-quality selection, training and assessment
- To establish a fully functional Faculty of Orthopaedic Surgery providing substantial autonomy over education and training delivered to a world-class standard by June 2015

AOA is determined to establish a fully functional Faculty of Orthopaedic Surgery, in partnership with RACS, providing substantial autonomy over education and training delivered to a world-class standard. AOA education programs are highly regarded internationally. AOA is committed to be at the forefront of orthopaedic education and training and, as part of the strategy and desire to continuously improve, will commission a material and significant external review of its training program to be undertaken by world-renowned and acknowledged leaders in the field. Improvements to policies, quality assurance cycles and processes are expected from this review. A key focus will include providing increased and better support for trainers and to develop a closer and transparent relationship with examiners of orthopaedic training. In addition, there will be a material and significant investment in upgrading e-learning capabilities and technology enhancement.

2 Member Representation and Advocacy

- To deliver improved member satisfaction levels
- To deliver relevant member support and services
- To successfully advocate prioritised key policy matters at a State and Federal level
- To achieve greater than 95 per cent AOA membership by 2015

AOA is aiming to become a better-connected and more relevant member-based organisation. It needs to listen and be responsive to member needs. The conduct of the recent member survey will be used as a baseline against which to track progress in member satisfaction levels. A more closely aligned, integrated and disciplined advocacy approach will be adopted. More effective communication and engagement approaches will be adopted. The relationship and the links between States, the subspecialties and AORA will be key areas of relationship development. Maximising AOA member participation and member relevance is a key objective.

3 Professional Standards

- To be regarded as a leader in setting and achieving high standards of patient care
- To support all practising AOA members in reaching Continuing Professional Development compliance
- To maintain and improve global leadership of the NJRR

Community expectations and AOA strategic assessment require AOA to be more purposeful and focussed in establishing professional benchmarked standards of practice and to ensure compliance to those standards. While a difficult and challenging area, it is better for AOA to take the lead rather than the vacuum be filled by others. Investment in CPD as the most relevant orthopaedic surgery CPD program and direct member assistance in achieving compliance will be areas of focus. The Strategic Review of the NJRR is expected to result in a series of recommendations designed to consolidate and increase NJRR leadership in registries internationally. Appropriate member education and assistance designed to increase member utilisation of the Registry will be a key focus.

4 Patient Education

- To enhance AOA's profile as the only relevant authority for patient education for all matters orthopaedic

Investment in increasing AOA's capability in providing relevant, suitable and appropriate patient education will be a key focus. Increased interaction with subspecialties will further nurture and develop closer relationships, with this group becoming the gatekeepers of the authorised and sanctioned AOA and subspecialty content for patient benefit. Technology investment through website and online will be a key focus.

education and training report

Chairman of Education and Training

Ian Incoll

The success of the orthopaedic SET program has been possible through the sacrifice and commitment provided by the Chairs of the Regional Training Committee of each State Branch.

AOA is working on strategies to better engage with universities on a broader scale, as we strive to attract the best and brightest young doctors to our discipline.

I would like to acknowledge the work of my immediate predecessor, Professor Peter Choong, who has ably lead the revitalisation of the Education and Training portfolio over the past four years. He would be the first to admit that our program has become a world-class exemplar through the efforts of our AOA Education team. Led by Ally Keane (National Education Manager) supported by Michelle van Biljon (Manager – Training and eLearning), and assisted by Talysa Trevallion, Kirsty Hogarth, Megan Cetinic and Susie Obeid. The support of our CEO, Adrian Cosenza, has been invaluable.

In 2012, we have 218 trainees currently progressing through the orthopaedic Surgical Education and Training (SET) program. In the past year, 29 trainees have successfully completed their orthopaedic fellowship examination and await successful completion of their final term assessments before being admitted to orthopaedic fellowship. A further 39 trainees have successfully completed the training program in its entirety. All of this has been possible through the sacrifice and commitment provided by the Chairs of the Regional Training Committee of each State Branch. I commend them to you: Mark Moroney (QLD), Vinny Mamo (NSW & ACT), Adrian Trivett (VIC & TAS), Ben Beamond (SA & NT) and Dr Omar Khorshid (WA).

We have selected 40 candidates in the 2012 selection process, to commence their SET program in 2013. I welcome this new generation of surgeons to our community, and offer my sincere gratitude to the many distinguished surgeons and jurisdictional representatives who helped us in the interview process. The selection process is in a continual state of evolution, and a full-day workshop was held in September 2012, dissecting and evaluating the process, and benchmarking against other surgical, medical and business selection models.

No selection process is foolproof, and we have had 11 trainees undergo performance review, remediation or delay in training over the past year. This task falls to the local Hospital Director of Orthopaedic Training (formerly known as Supervisor of Training) and the AOA regional Chairs, supported by our AOA staff. This process involves minuted meetings and agreed remediation plans, as well as follow-up interviews and is an essential but labour-intensive, de jure step in the education process. Historically, most of these efforts are successful, and the trainee has continued to progress through their five years of training and successfully obtain their orthopaedic fellowship.

Activities for undergraduates have received greater focus, with a successful Undergraduate Workshop convened by Ralph Stanford and Professor William Walsh at Prince of Wales Hospital in November 2011. AOA is also working to establish a presence at university medical career information days, and is working on strategies to better engage with universities on a broader scale, as we strive to attract the best and brightest young doctors to our discipline.

Our AOA staff continue to review our policies and procedures, evolving in response to the changing legal and educational forces that shape our training program, and adapting to the varying constraints placed upon them by RACS policy.

In the past twelve months, Don Pitchford (Chairman of Orthopaedic Services) and I have been helped by many AOA Fellows in the assessment of international medical graduates (IMGs) seeking to practise in the field of orthopaedic surgery. We have reviewed 18 IMGs, with eight found 'partially comparable', four found 'substantially comparable' and two deemed suitable for an Area of Need position. There have been two appeals against these assessments, conducted through the college appeals process.

A review of our training program has been commissioned as part of the AOA Strategic Plan 2013–2015. It will be lead by an internationally recognised leader in specialist medical education. This review will extend through 2013 and will help to further improve our training and education program.

Scientific Secretary

Allan Wang

scientific secretary's report

As Scientific Secretary for AOA (2012-15) my objective is to maintain and raise the profile of the Annual Scientific Meeting (ASM) and Continuing Orthopaedic Education (COE) meetings with the membership.

Annual Scientific Meeting

The ASM as the peak scientific meeting for AOA has partnered with the subspecialty societies to review and highlight the best research work being done by Australian orthopaedic surgeons. The relationship with the subspecialty societies will be reinforced by the Subspecialty President's Committee on which the Second Vice President and myself both serve. Also the AOA will continue to provide financial support for international speakers selected by the sub speciality societies to attend the ASM.

The ASM will endeavour to foster collaboration with AOA members. Basic scientists, nursing allied health practitioners and rehabilitation specialists undertaking musculoskeletal research with orthopaedic colleagues, will be encouraged to present at the ASM. In the long term, the ASM may be seen as the foremost Australian Scientific Meeting for not only orthopaedic but all musculoskeletal research as well. This will raise the profile and authority of AOA in the community.

The ASM will also increase its educational content by featuring a larger number of invited and instructional course lectures. These will be delivered by local and international speakers across all the sub specialties.

As Scientific Secretary, I will assist the Australian Orthopaedic Registrars Association (AORA) in reviewing registrar abstracts and convening the AORA meeting. The AORA meeting will be co located with the ASM to encourage attendance and participation by registrars at the ASM. The co location will also enable international guest speakers from the ASM to contribute to the AORA programme.

The ASM will maintain and develop the strong links with industry. Currently the ASM has five gold sponsors, each of whom will have access to a concurrent session within the scientific programme to conduct a master class or practical skills workshop. These are peer-reviewed sessions and will be led by an international speaker selected by the gold sponsor. The AOA disclosure policy will be emphasised at both ASM and COE meetings.

The ASM as the peak scientific meeting for AOA has partnered with the subspecialty societies to review and highlight the best research work being done by Australian orthopaedic surgeons.
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Continuing Orthopaedic Education Meetings

The COE programme and COE subcommittee is chaired very ably by Richard Williams. There are two meetings per year, the early meeting continues with the traditional in depth 2-3 day format, while the latter COE meeting is of a 'Short Sharp' format. Both have proved popular with high attendance from the membership and very positive reviews.

Both the traditional in-depth and the 'Short, Sharp' COE formats have proved popular, with high attendance from the membership and very positive reviews.

AOA and NZOA Combined Annual Scientific Meeting

Organisation for the combined Annual Scientific Meeting of AOA and NZOA in Rotorua was smooth and efficient, and we are very grateful for NZOA's professional and conscientious management of the event as primary hosts. The eLearning theme for the meeting was furthered by some of the plenary sessions and free paper sessions, formulated by the Scientific ASM subcommittee. Rotorua, along with the 75th Anniversary was a milestone for AOA in a truly historical year.

Acknowledgements

As Scientific Secretary, I am most appreciative of the contribution from subspeciality Presidents in reviewing abstracts and allocating invited lectures.

I would like to thank Alison Fallon for all her initiative and assistance in organising the ASM and COE meetings throughout the year.

professional development and standards report

Chairman of Professional Development and Standards

Andreas Loefler

This has been the third year of my term as Chairman of Professional Development and Standards. The position is new for AOA and has continued to evolve. I have been participating in all meetings of the Board. I am also a member of the Executive Committee, which has had monthly meetings by phone. There is always much to read and we have continued to spend time and energy on renegotiating our relationship with the Royal Australasian College of Surgeons (RACS).

Our Continuing Professional Development (CPD) Program has become more popular and members appreciate the ease of entering data online. The need to participate in a CPD program, and to be certified as compliant, will become evident once the Australian Medical Board starts auditing doctors. Most members do participate in either the AOA or RACS program. AOA's CPD program is tailored as much as possible to allow all orthopaedic surgeons to participate.

There have been a number of complaints about advertising. This is a recurrent issue. AOA takes complaints by our members seriously. Relevant State and Federal laws bind surgeons, and advertising is constrained by various laws and medical codes. I have taken the view that we should guide members. Our Constitution describes a graduated response, and repeat offenders can be dealt with more seriously. Ultimately we are an association of surgeons and we benefit from collegiality and a common strength. As such, AOA will reserve policing and expulsion for the most serious cases.

In recent months AOA has been approached for help from several places. Two private hospitals have asked that individual surgeons be assessed. I have taken the opportunity to promote this, as I believe this is an activity that will benefit all of our members. One thing a professional association can do is support its members and advise them of appropriate standards. Similarly, AOA was asked to help in a dispute between a group of surgeons and their public hospital administration. Ian Incoll, Chairman of Education and Training, and I volunteered to meet both sides of the dispute and mediate some understanding and hopefully a peaceful solution.

Most recently the Australian Health Practitioner Regulation Agency (AHPRA) asked whether AOA would help to give an assessment of a surgeon who had had a number of complications. I saw this as an opportunity to give a fair appraisal of a colleague. Personally I would much rather be judged by someone who does similar work than by a government official, let alone a lawyer. I asked a colleague to come with me, and I believe that we were able to provide a fair and detailed report, which will help the surgeon with AHPRA and in turn will allow AHPRA to fulfil its obligations towards patients and the public.

As part of my duties I also chair the CPD Committee, which meets three or four times per year. I chair the Code of Conduct Committee, which fortunately does not need to meet often. I also look after membership queries. Fortunately the enthusiastic and helpful staff in the AOA Head Office support me. The coming year will be my last in this position. I would like to encourage Fellows to put up their hand and participate in AOA matters. It is an opportunity to learn and to help shape our Association, which assists with so much of our professional life.

Our Continuing Professional Development Program has become more popular and members appreciate the ease of entering data online. The need to participate in a CPD program, and to be certified as compliant, will become evident once the Australian Medical Board starts auditing doctors.

I would like to encourage Fellows to put up their hand and participate in AOA matters. It is an opportunity to learn and to help shape our Association, which assists with so much of our professional life.

orthopaedic services report

Chairman of Orthopaedic Services

Donald Pitchford

The past 12 months have been busy and productive for the Orthopaedic Services Committee (OSC). There have been a number of key areas where we continue to focus our efforts, including but not limited to the ongoing monitoring and assessment of International Medical Graduates (IMGs) and Area of Need (AoN) positions, and workforce planning.

Area of Need Positions

We have specifically been involved in refining positions in Queensland. This is to ensure that these positions provide adequate exposure, access to significant numbers of clinical cases (as is reflected in logbook numbers) and, in addition, include a spread of work for any given post. Once this process has been refined, it will be submitted for evaluation to establish its value as an assessment tool for future AoN positions.

International Medical Graduate – Ongoing Monitoring and Assessment

The Royal Australasian College of Surgeons (RACS) has recently introduced the 360 degree assessment tool, which is a technique used to collect evidence from those who work with IMGs. This tool is particularly useful when questions are posed regarding either clinical or non-clinical skill deficits, as reported by the candidate's clinical assessors. The use of a 360 degree assessment may become more commonplace in the future.

During the last 12 months there have been 18 interviews, including specialist assessment, AoN, exceptional performance and re-assessments. Ian Incoll, Chair of the Orthopaedic Board of Surgical Education and Training and AOA's Chairman of Education and Training, and I are responsible for this process. We are supported in this work by the AOA Education and Training team and the RACS IMG assessment portfolio.

The outcomes in respect of these interviews included: two IMGs were deemed 'not comparable' (i.e. required to apply for Surgical Education and Training), eight were 'partially comparable' (i.e. pathway to Fellowship by examination), four were 'substantially comparable (i.e. pathway to Fellowship by assessment), and two were deemed suitable for an AoN position. In addition, two IMGs were assessed for 'exceptional performance' and four were recommended for re-assessment.

Seven IMGs commenced a period of clinical assessment during the past year. A total of 21 IMGs are currently undergoing assessment.

While the IMG assessment process is complex, it is currently being refined in an attempt to ensure fairness and identify loopholes, which sometimes results in appeals of assessment decisions. These situations prove to be both time-consuming and expensive.

Workforce Planning

Future workforce needs have become more difficult to determine in the light of increased subspecialisation. This will have an impact on the numbers of orthopaedic surgeons needed in the next decade, which in turn will have an influence on the number of training positions required in the future. These numbers are dependent on appropriate training facilities and levels of demand, but are simultaneously limited by State and Federal budgets.

The recently introduced 360 degree assessment tool is particularly useful when questions are posed regarding either clinical or non-clinical skill deficits, as reported by the candidate's clinical assessors.

The current training numbers are adequate according to current modelling in providing for Australia's immediate orthopaedic needs.

Subspecialisation is currently far more prevalent in metropolitan areas, meaning a deficit in rural areas and causing a disparity of access to good orthopaedic services across Australia. The current training numbers are adequate according to current modelling in providing for Australia's immediate orthopaedic needs. However, certain rural areas continue to have difficulty recruiting general orthopaedic surgeons. Those more rural areas therefore are dependent on IMG orthopaedic surgeons in providing a service.

I extend thanks to all the assessors for providing detailed and accurate information, which is relied upon as part of the IMG assessment process for the allotted period of supervision.

AOA research Foundation report

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, orthopaedic industry 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. Currently five of the seven Board members are appointed by the AOA, and the remaining two are elected by the membership. In addition, the Foundation's Advisory Committee makes recommendations to the Foundation Board as to which grant applications should be considered for funding. The members of the Advisory Committee are experienced researchers and give their time "pro bono" to the Foundation.

This year the Foundation will provide $113,338 to fund or partially fund four grant applications. New investigators are encouraged to apply, as they will not be disadvantaged by lack of a research "track record".

The Foundation's current equity is $4,369,756. In the coming year there will be a fund raising drive to hopefully increase the Foundation's financial base. More money will mean more research funding for AOA members. The AOA provides more than $100,000 each year to support the Foundation's funding of research.

Donations to the Foundation are tax-deductible and all donations go entirely toward research. In 2012-2013 there will be a fund raising drive to increase the Foundation's financial base.

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

orthopaedic outreach report

The Orthopaedic Outreach Fund Incorporated remains AOA's humanitarian arm. Its principal goal is to provide surgical training and clinical 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.

Outreach also works collaboratively with the RACS International Committee in providing educational solutions to meet growing demands, predominantly throughout the Pacific. An increasing demand in requests for training opportunities continues. Examples of this include perioperative specific nursing education (Introductory Perioperative Nursing Program), specialist paediatric workshops managing deformity (Ponseti Courses), and training on primary trauma management regarding the Principles of Fracture Management Course.

AOA members, through Outreach, also actively participate regularly as external examiners in developing countries.

AOA provides more than $100,000 each year to support a range of orthopaedic humanitarian activities. AOA also nominates three members to the Outreach Management Committee.

As an indication of this close relationship, Outreach continues to remodel all material for publication to be more consistent with AOA's brand image.

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

During 2011–12, AOA funded a range of humanitarian activities, including volunteer member service provision and education delivery in Bali, Cambodia, Ethiopia, Fiji, Myanmar, Nepal, Papua New Guinea, Samoa, Solomon Islands, Tarawa, Timor Leste, Tonga, Vanuatu, Vietnam and West Bank–Palestine.

ORTHOPAEDIC
OUTREACH

AOA provides more than $100,000 each year to provide surgical training and clinical services to the underdeveloped countries of our region.

membership

New Associates 2011–2012

Alfredson	Matthew	ACT
Allcock	Paul	SA
Arogundade	Idris	ACT
Athanasiov	Anthony	QLD
Bell	David	NSW
Blythe	Murray	WA
Booth	Grant	WA
Bradshaw	Anthony	SA
Bingham	Roger	VIC
Broe	David	NSW
Canty	James	VIC
Chia	Marcus	NSW
Chiu	James	NSW
Chua	Ze-Soong	VIC
Doneley	John	QLD
Dunkley	Christopher	NSW
Ek	Eugene	VIC
Eng	Kevin	VIC
Glezos	Constantine	NSW
Goldbloom	Daniel	VIC
Gooden	Benjamin	NSW
Gohil	Satyen	WA
Gross	Michael	NSW
Hannan	Dominic	VIC
Harris	Peter	VIC
Hartig	Dennis	NSW
Hughes	Craig	NSW
Ihsheish	Wisam	ACT
Jabur	Majid	QLD
Kadir	Agus	NSW
Khatib	Yasser	NSW
Khoo	Oliver	NSW
Konidaris	George	NSW
Kumar	Jai	NSW
Lawson-Smith	Matthew	WA
Lenaghan	Joanna	VIC
Leonello	Dominic	SA
Lim	Gerald	WA
Lin	Charlie	NSW
Ling	Jeff	NSW
Lording	Timothy	VIC
MacKenzie	Stuart	NSW
Maine	Sheanna	QLD
Mandziak	Daniel	SA
Manolopoulos	Anna	VIC
Martin	Sam	QLD
McDermott	Luke	QLD
McEniery	Paul	QLD
McMeniman	Timothy	QLD
Nizam	Ikram	NSW
Ottley	Michael	QLD
Prodger	Shane	QLD
Riazi	Arash	VIC
Ricciardo	Brendan	WA
Rice	Paul	VIC
Robin	Jonathan	VIC
Rohrsheim	James	NSW
Salaria	Hardeep	NSW
Selby	Michael	SA
Shepherd	David	VIC
Shridhar	Vivek	VIC
Sim	Shannon	SA
Smith	Geoffrey	QLD
Smith	Joseph	ACT
Smithers	Christopher	NSW
Snyman	Rupert	NSW
Sungaran	Jaikrishnan	NSW
Sutherland	Alasdair	VIC
Suttor	Sean	NSW
Talbot	Simon	VIC
Thai	Duy	VIC
Tsung	Jason	NSW
Vo	Austin	VIC
Vuillermin	Carley	VIC
Ward	Nicola	QLD
Widjaja	Audi	VIC
Williams	Nicole	NSW
Wilson	Christopher	SA
Yuen	Ian	NSW

New Fellows 2011–2012

Astori	Ivan	QLD
Balakumar	Jitendra	VIC
Beci	Iliesa	QLD
Boyle	Richard	NSW
Burneikis	Anthony	NSW
Carr	Ashley	VIC
Cheung	Ian	QLD
Clayton	James	SA
Cunningham	John	VIC
Edwards	Michael	WA
Frederikson	Steven	QLD
Gervais	Trevor	QLD
Graham	Edward	NSW
Hazratwala	Kaushik	QLD
Hsu	Brian	NSW
Hurworth	Mark	WA
Khorshid	Omar	WA
Latendresse	Kim	QLD
Letchford	Andrew	QLD
Ling	Chi Meng	SA
Love	David	VIC
Lutz	Michael	QLD
McCormick	Clement	WA
Nivbrant	Nils	WA
Norsworthy	Cameron	VIC
O'Brien	Christopher	QLD
Oppy	Andrew	VIC
Patten	Sam	VIC
Penn	David	TAS
Rahme	Daniel	NSW
Raleigh	Eden	VIC
Reilly	Amanda	QLD
Spencer	Jonathon	WA
Steele	Robert	VIC
Tan	Song	QLD
Walker	Richard	NSW
Whitehead	Timothy	VIC
Yates	Piers	WA
Young	Ian	VIC

Deceased Members 2011–2012

Jeffory **MANDER**	VIC
John **VENERYS**	WA
Ratan **EDIBAM**	WA
Peter **CROMACK**	WA
Bernard **BLOCH**	ISRAEL
Robert **LARSON**	USA
David **CHAMBERLAIN**	VIC

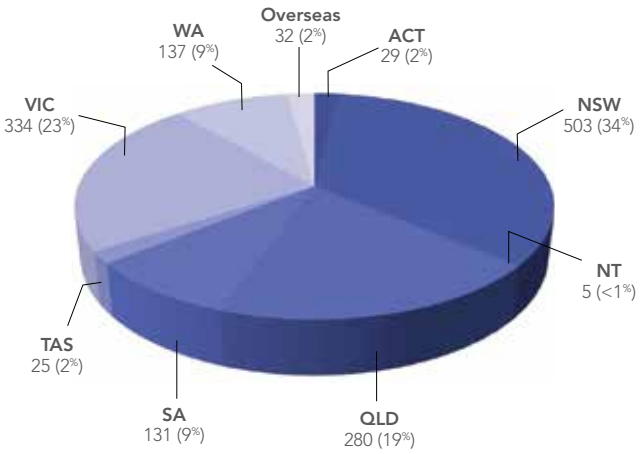
Board Committee as at 30 June 2012

	Chairman
Executive Committee	Graham Mercer
Academic Surgeons Committee	David Sonnabend
Advocacy Committee	John Owen
Asia–Pacific Committee	Daryl Teague
Clinical Guidelines Committee	Andreas Loefler
Constitution & Regulations Review Committee	Peter Choong
Continuing Professional Development Committee	Andreas Loefler
Education and Training Committee	Ian Incoll
Fellowships Committee	Katherine Gordiev
ABC Travelling Fellowships Committee	Richard Williams
Honours and Nominations Committee	Graham Mercer
Membership Committee	Andreas Loefler
NJRR Committee	Ed Marel
Orthopaedic Services Committee	Don Pitchford
Professional Conduct and Standards Committee	Andreas Loefler
Rural Surgeons Committee	Vinny Mamo
Scientific Committee	Alan Wang
Subspecialty Presidents Committee	Peter Choong
Younger Members Committee	Katherine Gordiev
Ad Hoc Committees and Working Groups	
Safe Hours Committee	Don Pitchford
Spinal Education Committee	Richard Williams

Honours & Awards 2011–2012

	Awarded To
L O Betts Memorial Medal:	John Bartlet
Life Fellow:	Peter Holman, William Ryan & David Davidson
Award for Humanitarian Services:	Graham Gumley
Award for Meritorious Service:	Greg Bruce & David Stabler
Leadership Award:	Paul Pincus
Orthopaedic Education:	Bob Ivers
Award for Orthopaedic Research:	Ian Harris & Don Howie
Services to Orthopaedics in a Rural Area:	Bruce Low & Adrian van der Rijt

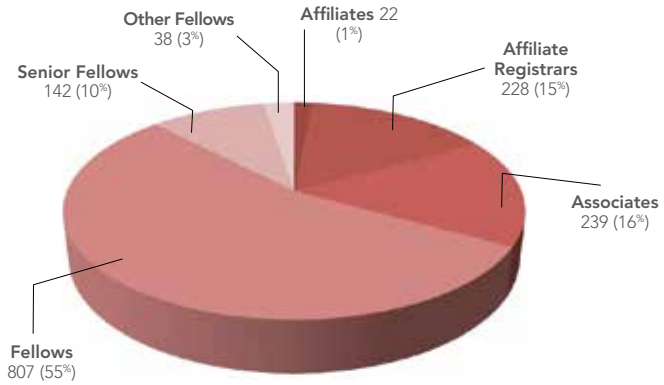
Members by State



Total number of members has risen from 1,362 at 30 June 2011 to 1,476 at 30 June 2012

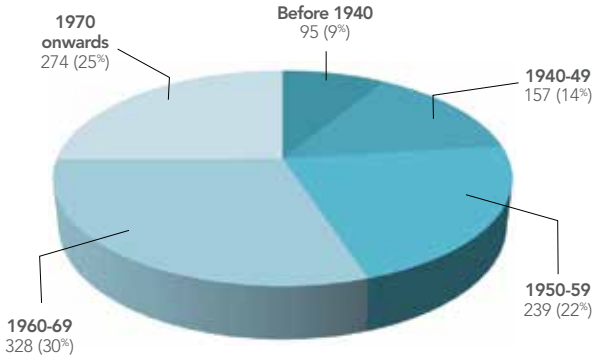
Member Types

Total membership as at 30 June 2012: 1,476



Age Range of Practising AOA Members

Dates of birth by decade



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