



AOA

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

# Annual Report 2013/14

EXCELLENCE IS OUR SPECIALTY

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# Purpose & Objectives

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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.

STATEMENT OF PURPOSE

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## 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

## KEY HIGHLIGHTS

|  |   |
|--|---|
| <b>AOA 21 LAUNCH</b>                                 | Key strategic initiative AOA 21 – Excellence in Orthopaedic Surgical Education and Training – launched October 2013   |
| <b>AOA 21 IMPLEMENTATION</b>                         | Implementation of AOA 21 enthusiastically embraced and, as at the July 2014 Board Meeting, is progressing ahead of plan   |
| <b>AOANJRR STRATEGIC REVIEW</b>                      | Implementation of the AOANJRR strategic review recommendations completed and/or substantially addressed   |
| <b>SERVICE AGREEMENT MATRIX</b>                      | The Australian Medical Council (AMC) identified the service activity matrix for training (pioneered by AOA) in the service agreements between AOA and the Royal Australasian College of Surgeons (RACS) as a major innovation   |
| <b>INDEPENDENT TRAINING COSTING REVIEW</b>           | AOA commissioned an independent expert to undertake a detailed and 'forensic' activity-based costing review of the training activities provided by AOA for orthopaedic trainees   |
| <b>2013–2015 STRATEGIC PLAN</b>                      | The implementation of all key deliverables identified in the 2013–2015 strategic plan has been completed and/or substantially progressed  |
| <b>NATIONAL ORTHOPAEDIC STRATEGIC RESEARCH FORUM</b> | An inaugural national orthopaedic strategic research forum involving allied health professionals and AOA members was held in November 2013  |
| <b>YOUNG LEADERS</b>                                 | The 2nd successful Young Leaders' Forum was held in Melbourne November 2013   |
| <b>CONSTITUTION REVIEW</b>                           | Proposals for amendments to the constitution were debated over the past two years and are to be considered at the Annual General Meeting in October 2014  |
| <b>BOARD EFFECTIVENESS</b>                           | Board completed its first ever Board effectiveness review in February 2014  |
| <b>MEMBERSHIP GROWTH</b>                             | AOA membership exceeds 1550   |
| <b>CONFERENCES AND EVENTS</b>                        | AOA Conference and Events portfolio of meetings grows to 24 (0 in 2011)   |
| <b>ADVOCACY</b>                                      | Advocacy, profile and branding effectiveness increases; the value of media coverage over the past 12 months has grown to \$4.9m (\$1.2m last year)  |
| <b>MEMBER SERVICES</b>                               | Member satisfaction increases to 90% (85% in 2012), with five functions (from one in 2012) scoring 90% and above  |
| <b>COMMUNICATION</b>                                 | Communication activities are becoming more relevant with increased online engagement with members   |
| <b>INTERNATIONAL RELATIONSHIPS</b>                   | Global profile and branding solidified through participation at International Consortium of Registries (ICOR), International Society of Arthroplasty Registries (ISAR), International Medical Education Leaders' Forum (IMELF) and Asia Pacific Economic Cooperation (APEC) Business Ethics Forum |
| <b>HEAD OFFICE</b>                                   | Member satisfaction with AOA head office records highest ever score: 96% (95% in 2013)  |

# President Report

PRESIDENT & CHAIR OF BOARD OF DIRECTORS – PETER CHOONG



Placing excellence at the heart of our culture.

The aspiration of the Australian Orthopaedic Association (AOA) to go from good to great was facilitated by the signing of the new agreement between the Royal Australasian College of Surgeons (RACS) and AOA. This signalled the start of a relationship between the two bodies that recognises the place and leadership of AOA in the training of future orthopaedic surgeons.

AOA's work on education and training – together with its achievements in the areas of research, advocacy, and engagement – have kept the AOA Board, Executive and professional staff fully occupied over the last 12 months.

**"A MAJOR THRUST OF THIS YEAR'S ACTIVITY HAS BEEN TO INCREASE ENGAGEMENT WITH IMPORTANT STAKEHOLDER GROUPS."**

## AOA 21

Branding of our educational aspirations has helped to focus our efforts on what we are trying to achieve: excellence in a 21st century training program by 2021.

Ian Incoll, Chair of Education and Training, has led an energetic team of experts and educationalists to

design and develop a training program of the future. In this process, he has engaged the subspecialties and AOA membership, both senior and junior, to be part of the important groups that have been charged with reviewing and developing the curriculum, assessment, and module development. Ian has also been supported by an expert in-house team led by Jodie Atkin and mentored by A/Prof. Jason Frank (Toronto, Canada).

## FEDERAL TRAINING COMMITTEE

Ian Incoll, together with the Federal Training Committee, has also continued to oversee the upgrading and ongoing activity of the current training program. Specific attention has been paid to ensure that the process follows a clear and transparent path, which has been reflected by a significant drop in the number of applications for reconsideration on procedural grounds.

A major step forward has been to operationalise the RACS/AOA agreement with the training arm officially being represented at the Board of Surgical Education and Training by AOA, rather than a committee of RACS. This has required division of the previous Board of Orthopaedics into an Australian and a New Zealand arm. Close corporation continues between the two training bodies to ensure consistency for the sake of examinations.

## RESEARCH FOUNDATION

This year, the challenge for the AOA Research Foundation's new Chair, Minoos Patel (Victoria), has been to develop a strategy to increase the corpus of

the foundation. With changes in engagement between industry and AOA in recent years, there has been a steady decline in support of the research fund. The AOA Research Foundation, AOA's CEO, and I have reopened dialogue with industry to look at appropriate ways for this corpus to be refuelled. The outcome of these discussions has been promising with further discussions with interested parties planned.

### **STRATEGIC RESEARCH STEERING COMMITTEE**

The Strategic Research Steering Committee (consisting of Ian Harris, Richard DeSteiger, Michael Scheutz, John Owen and I – supported by Adrian Cosenza and Kathy Hill) has convened on three separate occasions to discuss and delineate the aspirations arising from the National Strategic Research Consensus Forum held in November 2013.

The thrust of the Committee's efforts was how to build bridges between researchers, be they basic scientists or clinical scientists, to satisfy one of the key objectives of the AOA which is to promote and support research. The group embraced the concept of National Academic Orthopaedic Departments (NOADs) that could act as lighthouses to link research projects and researchers across the nation. The group also studied ways of enhancing the research capacity of orthopaedic surgeons as well as building research capabilities beginning at the registrar level by specific funding schemes and mentorship programs.

### **ENGAGEMENT**

A major thrust of this year's activity has been to increase engagement with important stakeholder groups. This has been done in a variety of ways including better communication with members, participation in broader musculoskeletal initiatives, more frequent and focused interactions with government and regulatory bodies, and earlier and more proactive engagement with consumer groups.

**Members:** It is pleasing to report a continuation of the positive responses to feedback surveys put to the members through the year.

**Government:** Through Kathy Hill, Advocacy and Governance Manager, AOA has kept a very high profile with health and regulatory bureaucrats in Canberra.

**Consumer Advocacy Groups:** AOA has also formed important strategic alliances with consumer groups such as Arthritis Australia and Arthritis Victoria in promoting better models of care for osteoarthritis, rheumatoid arthritis and osteoporosis.

**"A SIGN OF THE VITALITY OF ANY ASSOCIATION IS ITS PREPAREDNESS TO MEET THE CHALLENGES OF THE FUTURE."**

**Australian Rheumatology Society:** AOA has supported and is committed to National Osteoarthritis and National Musculoskeletal Clinical Trials Summits headed by the Australian Rheumatological Society.

**International Consensus Meeting on Prosthetic Joint Infections:** Earlier this year, I had the privilege of representing AOA as one of the 400 delegates and 57 national societies who participated in the International Consensus Meeting on Prosthetic Infections held in Philadelphia. This important year-long activity has culminated in the production of global consensus statements regarding the appropriate management of prosthetic joint infections. These have been published in JBJS and Journal of Arthroplasty as well as in book form.

**Asia Pacific Region:** AOA continues to promote a closer tie between Australia and its Asian neighbours through the activities of Orthopaedic Outreach and the Asia Pacific Orthopaedic Association (APOA). Tangible examples of this include teaching and examination workshops with the Indonesian Orthopaedic Association at the recent combined IOA/AOA COE in Bali. Daryl Teague and John Owen have been spearheading this effort and there are greater plans afoot to engage the Asian neighbours through travelling fellowships and scholarships.

**Carousel Group:** Interactions with the carousel group of presidents has allowed a greater understanding of orthopaedic practice and politics on the global stage. This is a tremendous resource and is an ideal forum for uniting efforts to motivate change at the international level.

## **GROUP OF PAST PRESIDENTS**

The experience and wisdom of our past presidents will be harnessed through the creation of a group known as the Group of Past Presidents. This invaluable resource will be utilised by the Board and Executive to inform its discussions and debates when considering issues of strategic importance.

John Owen has accepted the role of inaugural chair of this important and august group.

## **NATIONAL JOINT REPLACEMENT REGISTRY (AOANJRR)**

The AOANJRR continues to lead in this high impact area. Under the directorship of Stephen Graves this facet of AOA has gone from strength to strength as it drives the development of important regulatory checks and balances required to ensure that joint replacement surgery remains a safe and effective option for patients with end-stage arthritis. An example of this is where the AOANJRR has used its interactions with the Therapeutic Goods Administration to highlight the need for greater clarity in the process of classifying new prostheses prior to being introduced into the Australian market.

## **CONSTITUTIONAL CHANGE**

A sign of the vitality of any association is its preparedness to meet the challenges of the future. Ensuring that the constitution keeps up with the times is critical for allowing our association to pursue its vision and strategies effectively. Over the last three years, the constitution has been reviewed and changes raised and discussed at the member, state, and AOA Board levels. Last year, a preliminary framework was presented for discussion at the AOA Members' Forum, which signalled the Board's desire to restructure its size, composition and activities, and association membership structure. The extensive disbursement of information and recording of wide feedback has allowed the Board to craft a formal proposal which members will receive prior to the Annual Scientific Meeting for discussion and voting at the Annual General Meeting in October 2014.

## **PROFESSIONAL DEVELOPMENT AND STANDARDS**

Michael Johnson (Victoria), the new Chair of the Professional Development and Standards Committee, has been working closely with Andreas Loeffler to address the rising numbers of complaints between and of members. Issues related to advertising, fees and professional conduct have been central to their deliberations. Moves have been made at RACS level as well as with the Australian Health Practitioner Regulation Agency (AHPRA) to explore ways where AOA may assist in the process of counselling, conciliation or investigation of complaints. AOA is also looking at ways to mitigate the rise of professional misconduct issues by developing education and training modules that target younger colleagues as they go through the training program.

## **RACS RELATIONSHIP**

The relationship between AOA and RACS continues to develop. As important stakeholders in Australian surgery, it is incumbent on both bodies to seek paths that lead to mutual prosperity in their respective endeavours. Communication is at the core of this and several fora have been developed to assist this. These include a meeting of the respective executives of AOA and RACS on a regular basis as well as the Presidents' Forum, which sees the meeting of all the presidents of the specialty societies, including RACS, to discuss issues of mutual relevance. AOA is committed to keeping the lines of communication open.

## **PROFESSIONAL STAFF**

Under the leadership of CEO, Adrian Cosenza, AOA head office has developed into a hive of activity where the feeling of collaboration is palpable. A lot of thought has gone into aligning recruitment and deployment with the strategic needs and portfolios of AOA. This has allowed the many committees of AOA to perform effectively and efficiently and to contribute to the advance of AOA strategies. Adrian and his team are to be congratulated for the exceptional jobs they have done in supporting and driving the efforts of our association.

# CEO Report

CHIEF EXECUTIVE OFFICER – ADRIAN COSENZA



Four years in the making: a renewed, refreshed and globally relevant leader in orthopaedics.

The AOA journey over the past four years has been remarkable.

AOA has experienced healthy growth in members from 1362 (2011) to over 1550 (2014), trainees and hospital posts from 215 (2011) to 224 (2014) and accredited fellowships from over 60 (2011) to 107 (2014).

AOA's voice is being increasingly heard both internally and externally through increased advocacy, growing from five submissions in 2011 to 17 submissions in 2014. Communication activities have proven popular with open rates of the eNewsletter increasing from 47% (2011) to 69% (2014).

The Board has invested prudently in building AOA capabilities, including in the areas of director education, technology and our people. A disciplined investment in key strategic initiatives has been pursued including the AOANJRR Strategic Review, AOA 21, research, fellowships and the contemporary constitution proposals. AOA has honed its execution abilities through the professional adoption of strategic, risk, technology, public relations and project management planning capabilities.

The results speak for themselves – member satisfaction has increased from 85% in 2012 to 90% in 2014. The areas rated by members at 90% plus have increased from one in 2012 to five in 2014 and the rating range for all areas has increased from 80–89% satisfaction in 2012 to 87–93% in 2014. Staff engagement is at an all-time high. Industry partnership has strengthened in sponsorship meeting attendances and meeting support.

## STRATEGY

The Board's strategic agenda is visionary and ambitious. It encompasses education and training through AOA 21 and the AOA National Joint Replacement Registry (AOANJRR) with both acknowledged in global orthopaedics as at or aspiring to world recognised status.

The Board has also initiated a major strategic review of AOA's role in research to determine the pathway for AOA to position itself as more relevant in the musculoskeletal research ecosystem, as well as commissioning a long overdue strategic review of fellowships. Discussions have also commenced in preparation for the next strategic plan 2016–2018 with ethics and professionalism emerging as likely key areas of focus.

The comprehensive strategic education and training review initiated late in 2011 has transformed into a contemporary flagship strategic initiative in AOA's core business – AOA 21 'Excellence in Orthopaedic Surgical Education and Training'. The aspiration is to pursue improved quality and patient care through the delivery of a world-recognised orthopaedic surgical education and training program.

A contemporary and pragmatic implementation plan over an eight-year period has been approved. A four year plus four year approach has been adopted covering five key areas of focus in the first four years and the remaining four in the second phase.



Members have enthusiastically embraced AOA 21 and it is most pleasing to note that external experts regard implementation so far as being ahead of other similar style transformation initiatives globally. The design and methodology in developing AOA 21 is regarded as contemporary and world best practice in strategy development.

Progress on each of the 30 recommendations from the 2012 Bosch strategic review report on the AOANJRR has been reported to each Board meeting over the past year. All of the recommendations have been completed and/or substantially progressed.

**“THE BOARD HAS INVESTED PRUDENTLY IN BUILDING AOA CAPABILITIES, INCLUDING IN THE AREAS OF DIRECTOR EDUCATION, TECHNOLOGY AND OUR PEOPLE.”**

The new service agreement with the Royal Australasian College of Surgeons (RACS) for training came into effect from 1 January 2014. The Australian Medical Council (AMC) identified the service activity matrix in the service agreement pioneered by AOA as a major innovation compared to many agreements reviewed by AMC.

In conjunction with two other specialties, AOA commissioned an independent expert to undertake a detailed and ‘forensic’ activity-based costing review of the training activities supported by AOA for orthopaedic trainees. To validate the AOA training fee, AOA provided full transparency on the costing methodology to RACS and to the Executive of the Australian Orthopaedic Registrars’ Association (AORA).

Implementation of all of the key deliverables identified in the 2013–2015 strategic implementation has been completed and/or substantially progressed. The Board has assessed implementation and execution of the strategic plan as well ahead of expectations and most pleasing.

## GOVERNANCE

Members have continued an active and close engagement over the past two years in contributing to the proposals for changes to the constitution.

Consultation has been measured, extensive, prudent and considered. It has included two member surveys, discussions at state executive level, debates within the Constitution and Regulation Committee, discussions at the President and State Chair Meetings as well as many Board discussions.

The proposals to be tabled at the Annual General Meeting on 15 October 2014 in Melbourne reflect the combined feedback of members. The proposals are visionary, contemporary and forward thinking in that members are considering the shape of the Board and governance practices to best prepare AOA to address the challenges of the future.

The Board completed its first ever Board effectiveness review in 2014, which was conducted by the esteemed governance statesman Henry Bosch AO. Bosch concluded that the AOA Board and AOA management team worked effectively and our AOA Board effectiveness is regarded as top performing when compared with similar not-for-profit board effectiveness reviews he has completed.

## OPERATIONS

AOA’s financial position remains solid and strong. The Audit and Risk Committee is functioning effectively.

The AOA risk register and the AOANJRR risk register have been reviewed and refined to improve AOA’s risk profile. AOA risk management continues to solidify the important role it plays in the ever changing health sector. All of AOA insurance arrangements have been refreshed and reviewed over the past year to continue to best protect AOA’s assets and people. The Audit and Risk Committee reviewed AOA’s legal contract register during the year noting over 250 agreements, with over 70 current at any one time.

Members continue to benefit from ongoing investment in AOA technology. Initiatives progressed during the year include enhancements to CPD online, improvements to the selection process for the 2015 trainee intake, back-end enhancements to the AOA website, the launch of a newly enhanced AOA

eProceedings library and online consent process, further improvements in the eLC (Education Learning Centre) including the successful development of the mandatory assessment suite for AOA 21, and the very first use of an online voting system for the 2014 Western Australian Executive elections.

Advocacy activities continue to ensure that AOA's voice is heard in government and the relevant areas of the health sector. The integration of policy development, advocacy and media has enabled a more responsive and professional positioning for AOA in the sector.

This has resulted in positive public relations profile and branding, with the value of media coverage over the past 12 months assessed by AOA media advisors at around \$4.9m (\$1.2m last year).

AOA conference and event management activities continue to flourish and grow. From a standing start in 2011 AOA conference and event management is currently managing 24 meetings in its growing portfolio.

The 'one orthopaedic community' theme is best reflected in this portfolio with AOA overseeing meetings for most state ASMs, a number of subspecialty societies, the Asia Pacific Orthopaedic Association (APOA) global congress as well as federal ASM and COE meetings.

Industry sponsorship and registration attendances continue to grow with all meetings setting record attendances and industry support for similar corresponding meetings previously held.

AOA communication activities have grown and resulted in increased member engagement. The AOA eNewsletter continues to perform above industry averages with open rates and click through rates increasing year on year. The Bulletin continues to play an important role in connecting the AOA community. The 2014 member survey reported that 99% of members regularly read the Bulletin with 83% reading every issue. Contributions from members, state chairs and subspecialty presidents are also on the rise – recording the highest level of engagement and submissions over the past 12 months.

## **INTERNATIONAL**

AOA's global profile in orthopaedics is becoming increasingly relevant and sought. AOA continues to play a leadership role in arthroplasty registries through Professor Stephen Graves as Chair of the International Consortium of Registries (ICOR) and Professor Richard de Steiger as President Elect of the International Society of Arthroplasty Registries (ISAR). The Asia Pacific Economic Cooperation (APEC) Forum, comprising 21 countries in the region including the United States, invited AOA (as one of two Australian representatives) to participate in the business ethics forum in 2013 (Indonesia) and 2014 (China). AOA, through its pioneering work in education and training and AOA 21, has also participated in the International Medical Education Leaders' Forum (Canada) in 2012 and 2014.

## **AOA TEAM**

It is indeed a privilege to work with such highly engaged, caring, professional and dedicated staff. The efforts in positioning AOA as a global leader over the past four years are thanks to their continued dedication and support for the members and the many AOA committees which are supported by the staff. I am most grateful for the incredible camaraderie demonstrated by the Executive and Board. The relentless focus on actions and initiatives that are in the best interest of AOA through teamwork and united cohesion is indeed a pleasure to witness. I would like to express my humble thanks to all AOA staff and in particular to the Presidential Line, Executive and Board for their wise counsel, guidance and support over the past year and indeed the past four years.

## **THE NEW ERA**

AOA is entering a new era and is at a defining point of change as it charts its future pathway over the next decade. Members' ambitions, reflected through the Board's stewardship, are to position AOA as the 'best of the best' in all matters defining the role of a successful and globally relevant peak professional body in orthopaedics. The challenge is stimulating, invigorating and reflects Australian orthopaedics' well-known characteristics as bold, decisive and pioneering. It continues to be an honour to work for the profession.

## CORE STRATEGIES

## PROGRESS

### EDUCATION AND TRAINING

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| <ul style="list-style-type: none"><li>• To continue to provide world-class orthopaedic surgeons.</li><li>• To design, organise and facilitate high quality selection, training and assessment</li><li>• To establish a fully functional faculty of orthopaedic surgery by June 2015</li></ul> | <ul style="list-style-type: none"><li>• Completed 4 phases of strategic education review and recommendations approved at October 2013 Board meeting</li><li>• Implementation plan over 8 years comprising a 2 phase – 4 years plus 4 years approach approved at February 2014 Board meeting</li><li>• Implementation is ahead of plan as at July 2014 Board and regarded as operating at best practice for major change initiatives</li><li>• An independent expert completed activity-based costing review of the AOA training activities</li><li>• The Australian Medical Council (AMC) identified the service activity matrix for training (pioneered by AOA) in the service agreements with RACS as a major innovation</li></ul> |
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### MEMBER REPRESENTATION AND ADVOCACY

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|---|--|
| <ul style="list-style-type: none"><li>• To improve member satisfaction levels</li><li>• To deliver relevant member support and services</li><li>• To successfully advocate prioritised key policy matters at a state and federal level</li><li>• To achieve greater than 95% AOA membership by 2015</li></ul> | <ul style="list-style-type: none"><li>• Overall member satisfaction levels increased from 85% in 2012 to 90% in 2014</li><li>• All AOA functions rated satisfactory or better by 87–94% of respondents (80–89% in 2012)</li><li>• Conference and Event management portfolio increased from 0 in 2011 to 24 in 2014</li><li>• Advocacy issues handled increased from 4 in 2011 to 31 in 2014</li><li>• AOA membership increased from 94% in 2012 to 98% in 2014</li></ul> |
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### PROFESSIONAL STANDARDS

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|--|---|
| <ul style="list-style-type: none"><li>• To be regarded as a leader in setting and achieving high standards of patient care</li><li>• To support all practicing AOA members in reaching CPD compliance</li><li>• To maintain and improve global leadership of the AOANJRR</li></ul> | <ul style="list-style-type: none"><li>• CPD online rated satisfactory or better by 93% (96% in 2013) of respondents</li><li>• 53% of respondents rate professional standards/AOANJRR as an area of most interest</li><li>• AOANJRR strategic review recommendations completed and or substantially advanced</li><li>• Global leadership maintained through AOA Chair of International Consortium of Registries (ICOR) and AOA Chair designate of International Society of Arthroplasty Registries</li><li>• Positive global profile of AOANJRR in influential academy health review</li></ul> |
|--|---|

### PATIENT EDUCATION

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|---|--|
| <ul style="list-style-type: none"><li>• To enhance AOA's profile as the only relevant authority for patient education for all matters orthopaedic</li></ul> | <ul style="list-style-type: none"><li>• Subspecialty societies continuing to contribute to online content development</li><li>• Technology architecture of new patient/community web portal agreed</li></ul> |
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# Education & Training Report

CHAIR OF EDUCATION & TRAINING – IAN INCOLL



Extraordinary progress for AOA 21 thanks to the vision, inspiration, generous involvement and leadership of the AOA community.

This time last year I wrote of the commencement of an internal and external review of our education and training program.

In less than 12 months extraordinary progress has been achieved with our AOA 21 project, thanks to the vision, involvement and generosity of so many.

The goal of AOA 21 is the pursuit of improved quality and patient care through the delivery of a world-recognised orthopaedic surgical education and training program.

At the October 2013 Annual Scientific Meeting (ASM) in Darwin, the AOA Board considered and endorsed Associate Professor Jason Frank's recommendations regarding the way forward in enhancing AOA's postgraduate surgical education and training program.

His 16 recommendations were the culmination of a two-year process of review which:

- Described the current scope and perceptions of educational activities under the auspices of AOA
- Administered and analysed a comprehensive survey of AOA stakeholders' opinions of the effectiveness of AOA training
- Conducted an environmental scan of leading practices in surgical education worldwide
- Identified gaps between current activities and leading practices.

## **A REVISED CURRICULUM TO DEVELOP GRADUATE EXPERTISE**

At the heart of the revised training program and curriculum development is consideration of the

essential abilities of an AOA graduate on their first day of independent practice.

The curriculum will be competency based, with an emphasis on 'foundation competencies', such as professionalism, communication and teamwork. These will be explicitly taught and embedded in the accompanying assessment strategies of the program, alongside the trainees' acquisition of medical and technical expertise.

Two AOA 21 working groups have been progressing the development of the revised curriculum and assessment strategies.

The Curriculum Review Committee, led by Michael Falkenberg, has created a revised draft of the curriculum. This has been reviewed, and will be ready for distribution and comment after the ASM in October 2014. An assessment working party has been convened and preliminary workshops have already been held to consider possible assessment methods to target each section of the curriculum.

The development of an improved assessment strategy, which will be aligned to the revised curriculum, is the goal.

## **COMMUNICATION AND ENGAGEMENT WITH MEMBERS**

A dedicated AOA 21 section of the AOA website has been created to ensure that resources and the latest progress updates are available to all.

As the momentum for the project has built, opportunities for engagement with trainees and members have been sought. To this point, these have included presentations at the Victorian, South

Australian, Queensland, New South Wales and Western Australia ASMs as well as to the RACS ASM in Singapore. Briefings about AOA 21 have also occurred with bodies such as the Australian Medical Council.

## **BUILDING CAPABILITY**

Alongside the development of the curriculum has been a focus on enhancement of supervisor capabilities. The webinar series entitled, 'Helping Underperforming Trainees' has been trialled and offered to AOA directors of training and training supervisors.

The webinar provides tools to identify trainees that require extra help early in their training; it outlines steps in addressing underperformance and provides the opportunity to discuss experiences and ways in which management could be improved. The webinar facility enables polling, group discussion, and automated evaluation. It is envisaged that this technology will help AOA reach more members involved in training roles, in a time efficient manner.

## **INTERNATIONAL COLLABORATION**

Discussions with colleagues at the American Academy of Orthopaedic Surgery (AAOS) and the American Orthopaedic Association have occurred to share experiences and identify relevant strategies that might assist in the implementation of AOA 21. Learning from others' developments of learning modules, research and methods of educational delivery have been identified as future areas for conversations and exchanges.

## **eLEARNING**

A four-year eLearning Development Plan is in place to support the delivery of the AOA 21 curriculum and assessment objectives. To this end, capacity is being developed on the AOA website for the Learn@aoa portal which will be the home for all the resources and assessments of the SET program.

The Trainee Information Management System (TIMS) is currently being developed. At the commencement of 2015 all trainees in SET 1–5 will use the three mandatory assessment tools (QARs, DOPS and eLogs) via TIMS. As AOA 21 identifies additional and new assessment tools these will be incorporated into the eLearning platform.

The fact that so much has been achieved to this stage of AOA 21 is a testament to the many AOA members

engaged and contributing to this project. My sincere thanks goes to each person who has offered support or suggestions and, in particular, to those who are contributing as members of the Federal Training Committee, Curriculum Review Committee and Assessment Working Party and Review Team.

I would particularly like to thank Jodie Atkin for her expertise, drive, commitment and sheer hard work in steering the project, and Michael Falkenberg and John Owen for their leadership and vision. Thanks also go to the AOA Board and to Adrian Cosenza for their untiring support and initiative in the pursuit of excellence, and to the AOA staff who underpin all this activity.

## **BEHIND THE SCENES OF E&T – SOME STATISTICS AND MANY COMMITTED PEOPLE**

Applications for selection to the orthopaedic SET program for 2015 were received from 219 doctors with 100 applicants being interviewed, as follows:

|                     |                 |               |
|---------------------|-----------------|---------------|
| <b>NSW/ACT – 38</b> | <b>QLD – 19</b> | <b>SA – 8</b> |
| <b>VIC/TAS – 25</b> | <b>WA – 10</b>  |               |

The interviews were conducted on Saturday 14 June 2014, thanks to the generosity of 109 AOA members.

The offers of places were determined based on the rankings of combined CV/application documents, in-depth referee reports and interview scores derived from six interview stations. Fifty-three offers to commence SET in 2015 have been made and accepted.

This year, we have 224 trainees enrolled in the orthopaedic SET program. Thirty-six trainees have passed their orthopaedic fellowship examination and await successful completion of their final term assessments before being admitted to orthopaedic and AOA fellowship. Throughout the year we have had 11 trainees undergo varying forms of remediation to support them in achieving the competencies of the training program.

The 2014 hospital accreditation inspections were held across two weeks from 17–28 March 2014. Thirty-seven AOA inspectors across Australia attended the 27 hospital inspections. Sixteen of the inspections were held as quinquennial inspections within the state of Queensland, with two mini-inspections, four additional post inspections and six initial post applications held nationally.

On behalf of RACS, Dr Don Pitchford (Chair of Orthopaedic Services) and I have participated in the assessment of international medical graduates (IMG) seeking to practice in Australia in the discipline of orthopaedic surgery. There are currently 23 IMGs under oversight/assessment.

While all of the developments for AOA 21 represent an exciting future for AOA, on a daily basis our current trainees are being mentored, taught and assessed to the highest standards and with huge commitment by our members. These members give of their time as DOTs, trainee supervisors, examiners, accreditation inspectors, selection interviewers and course convenors.

To all who have given their time so generously in support of the daily activities of the training program, I extend my sincerest gratitude.

I would like to especially acknowledge the members of the Federal Training Committee (FTC), in particular our Regional Training Committee Chairs: Drs Omar Korshid (WA), Russell Bourne (QLD), Geoff Rosenberg (NSW/ACT), Graeme Brown (VIC/TAS) and Ben Beamond (SA/NT) without whose dedication the education and training activities of the AOA would not be possible, as well as the NSW Regional Board of Studies Chairs Drs Minas Petrelis, Richard Boyle and Tim O’Carrigan.

Thanks also go to the staff of the education and training team and the regional executive officers for their support and management of the training program.

## **AORA: Building a Strong Future for Our Profession**

AORA PRESIDENT – ALEXANDER NICHOLLS

The AORA Executive Committee has this year focused on creating a strong voice of representation for our members as they progress through the orthopaedic Surgical Education & Training (SET) Program, and building a strong future for our profession through the development of camaraderie and collegiality.

Our committee has sought to introduce new initiatives to AOA and to bring some of the questions that are circulating amongst members to those who can answer them, such as attendance requirements at Bone School, AAOS OITE, and trainee research requirements. We have also had input into the fellowships review, particularly concerning the impact of these on training experiences, and discussions regarding the training fee.

### **AORA Annual Meeting**

We have great hopes that the new format for AORA’s 2014 Annual Meeting in Melbourne will be a huge success. It is very important for the trainee community to have a robust annual meeting with good attendance and representation from every state. This year includes a new instructional course lecture (ICL) series. Over the three-day program, eminent Australian surgeons will each chair a short lecture series focusing on eight subspecialty areas.

### **One AOA Community**

In order to provide an opportunity for our state trainee representatives to discuss issues that are important locally and nationally, we requested support for the holding of a bi-annual face-to-face meeting. The first meeting took place in the AOA Boardroom on 19 July 2014. Our inaugural meeting provided an excellent opportunity for the AORA Executive to meet with AOA’s CEO Adrian Cosenza and to hear more about AOA 21 and discuss training issues with Ian Incoll, AOA Chair of Education & Training.

We all found the meeting a very positive way to enhance communication between trainees and the FTC, AOA Board and AOA staff. At the meeting we decided that each individual member of our committee would take on some extra responsibility with the aim of achieving more as a group and better serving both the AORA constituency and AOA.



# Scientific Secretary Report

SCIENTIFIC SECRETARY – ALLAN WANG



Scientific evidence is the basis for optimal patient care and advancement of orthopaedic surgery as a specialty.

## **ANNUAL SCIENTIFIC MEETING (ASM), MELBOURNE, 12-16 OCTOBER 2014**

The meeting theme: 'Advances in the 21st Century, What is the Evidence?' underlines how vital scientific endeavour is to optimise patient care. The President's guest speaker Professor Stefan Lohmander, a renowned academic orthopaedic surgeon, will set the scene for the meeting in the opening ceremony.

We are honoured to also have Nobel Laureate Professor Peter Doherty present. The meeting theme will further be developed in a plenary session, which will include RACS guest speaker and registry expert Professor Göran Garellick, practising clinicians, and perspectives from a politician and hospital administrator whose policies impact on what we can do.

The meeting has been strongly supported by the membership with a record number of scientific abstracts submitted. Subspecialty societies have been most enthusiastic in assisting with program development, inviting guest speakers, and presenting educational lectures.

All carousel presidents have been invited to speak at this ASM. In addition, an International Presidents' Forum will be held and will include presidents from the Asia Pacific associations. AOA members can learn about the state of orthopaedics in neighbouring nations, what their challenges are, what collaborations are available in outreach, education and training, and academic interchange.

The Melbourne ASM will feature a strong social component. Tony Dunin and his local organising committee have reintroduced sports on the Sunday afternoon, and organised some highly anticipated evening functions. The positive feedback from the 2013 Darwin ASM has indicated AOA members value the informality and opportunity for relaxed networking with their colleagues.

**ONE DIAMOND SPONSOR  
AND SIX GOLD SPONSORS  
HIGHLIGHT THE SUCCESS  
AND INCREASING SUPPORT  
BY INDUSTRY FOR THE ASM.**

## **INDUSTRY**

Industry continues to increase its support and sponsorship for the ASM. The diamond sponsor will present an industry masterclass within the scientific program. The gold sponsors will present an IMC in concurrent breakfast sessions. The IMC content continues to be reviewed by the scientific committee, and complements the scientific program by being an in-depth presentation of a new technique or technology by local or international experts.

## **COE**

The COE program continues with the successful format of two meetings a year, covering all the subspecialties over the four-year cycle. Andrew Oppy has succeeded Richard Williams as COE Chair. The May 2015 Meeting 'Hip and Knee Arthroplasty' will be held in Sydney.

## **AORA**

The AORA Annual Meeting continues to be held in the weekend preceding the ASM. Under the capable leadership of AORA President Alex Nicholls, the AORA Annual Meeting will take on a slightly different format, including more educational talks.

The scientific secretary has reviewed all scientific abstracts submitted for this meeting. Fewer abstracts have been received compared to previous years, but the quality of scientific work is much higher. This year all 20 submitted abstracts have been accepted. It is hoped that registrar attendance at the AORA meeting will improve, and that many registrars will stay on to attend the ASM.

## **BRISBANE ASM 2015**

Early planning is on the way. The theme is 'Training Tomorrow's Orthopaedic Surgeons Today'. Professor Andy Carr has accepted the invitation as President's guest speaker.

## **ACKNOWLEDGEMENT**

I wish to thank Alison Fallon and other members of AOA office for their assistance this past year.



# Professional Development & Standards Report

CHAIR OF PROFESSIONAL DEVELOPMENT & STANDARDS – MICHAEL A JOHNSON



AOA continues to invest in establishing a clinically relevant and compliance-friendly CPD program.

The position of Chair of Professional Development and Standards is one that is both on the Board and Executive Committee of AOA.

Embedded within the position are a number of roles. These roles include the investigation and resolution of complaints through mediation, if possible, and the evolution of a Continuing Professional Development (CPD) program that is clinically relevant, consistent with the expectation of the public and regulators and as easy as possible for members to comply with. This is increasingly important, as this year Australian Health Practitioner Regulation Agency (AHPRA) will begin an auditing process, which will be independent of CPD providers.

In an attempt to change the emphasis of CPD from just complying with a set of requirements to one that focuses on real professional improvement AOA is considering increasing the importance of mentoring and practice review and audit with colleagues.

## CONTINUING PROFESSIONAL DEVELOPMENT

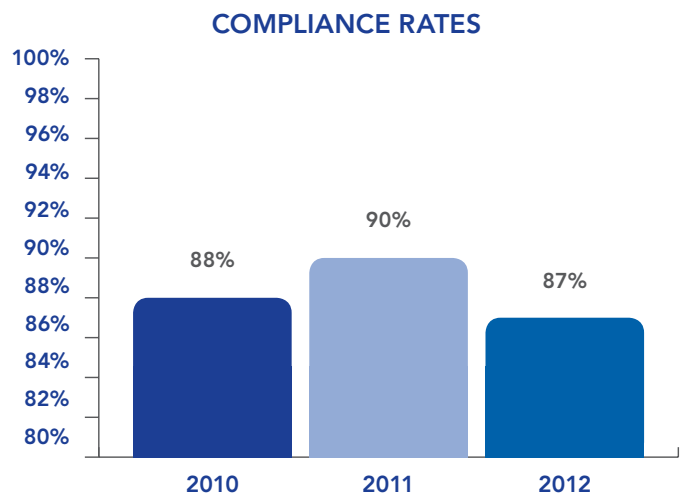
### CPD Program

In early 2014, AOA launched some enhancements to CPD Online to assist members in reaching compliance. These new features have been outlined in the 'Updated features for CPD Online' section on the main summary page on CPD Online 2013 onwards.

Members can now upload and store their verification documents to their CPD Online portfolio and points and a certificate will now be automatically allocated to

a member's portfolio if they attend any AOA meeting or event.

The following graph represents the number of members who have completed all sections of CPD for the 2010–2012 triennium. It shows that the completion rates exceeded the strategic objectives of 85% annual completion by the end of the 2010–2012 triennium.



## CPD AUDIT AND VERIFICATION

In 2013, AOA requested verification (for two sections) from 5% of its members for 2012. Of the 60 members who were randomly selected for audit, 53 members (51 AOA Program and 2 RACS Program) provided verification of their CPD activity. This represents a rate of 88% compliance with the audit process.

| MAJOR FINDINGS FOR 2012 RANDOM AUDIT  | NUMBER |
|---|--------|
| AOA active members  | 1008   |
| Members participating in AOA CPD program                                      | 631    |
| Members participating in RACS CPD program                                     | 278    |
| Members not participating in a CPD program                                    | 99     |
| Total members audited   | 60     |
| Audited members participating in AOA CPD program                              | 55     |
| Audited members participating in RACS CPD program                             | 2      |
| Audited members that did not respond to audit request                         | 2      |
| Audited members that correctly verified their CPD activity in the AOA program | 51     |
| Audit members excused from the audit  | 1      |

AOA has recently concluded the 2013 random audit of 5% of members for verification of CPD activity. The enhancements to the CPD program allow members to upload verification at the time of entering data. As a result, the audit was less labour intensive for both the audited members and staff. A report of the outcome of this audit will be available in the next AOA Annual Report.

AHPRA has now commenced audits of medical practitioner CPD compliance. Non-compliance in CPD may affect the member's employment as well as medical registration. It is also a breach of the AOA Code of Conduct.

## PROFESSIONAL STANDARDS

During the year we have dealt with a small number of complaints primarily about advertising and practice promotion. These complaints have almost universally arisen from other orthopaedic surgeons. They appear to range from more aggressive albeit acceptable advertising, to advertising which appears clearly in opposition to the AHPRA advertising guidelines. All of these matters have been dealt with within AOA's dispute resolution processes – either federally or at the local branch level.

Members are reminded that Internet and social media sites are regulated in the same way as print media and that members are responsible not only for the content, patient privacy issues and other related issues of their own website but also for the websites to which they choose to link their site.

AOA realises that the Code of Conduct has not kept pace with change, particularly in the area of the Internet and social media, so a revision of the code is currently underway. AOA, of course, is limited in the disciplinary options and is very dependent on members' goodwill and self-reflection. Members wishing to advertise are strongly advised to view the AHPRA website.

## ACKNOWLEDGEMENTS

Finally I would like to thank all the AOA staff, particularly Megan Cetinic and Kathy Hill, who do the vast majority of work in professional development and standards.

# Orthopaedic Services Report

CHAIR OF ORTHOPAEDIC SERVICES – DONALD PITCHFORD



## AOA further bolsters the provision of services in rural and metropolitan centres and monitoring of IMGs.

Orthopaedic training and supervision – both at registrar level and at international medical graduate (IMG) level – are being further refined as we develop the AOA 21 curriculum into the future.

The momentum of AOA 21 has started to make some impact as the curriculum is being refined and this has taken some focus away from industrial and staffing issues.

Area of need requests appear to have noticeably reduced – both from rural health services and IMG candidates being interviewed. This has not slowed down the ongoing applications for assessment by RACS of prospective IMGs wishing to practice orthopaedic surgery in Australia.

AOA accredited fellowships have become a contributing source of candidates wishing to remain living and practising orthopaedic surgery in Australia.

There are currently 23 IMG candidates across Australia undergoing supervision or oversight. While these candidates are being assessed, they are technically not being trained, as this has not been the role of the IMG process. However, in reality, this spread out group of candidates constitutes another source of orthopaedic surgeons exiting with a FRACS qualification – whether it be by oversight or by examination.

### IMG TRAINING & ASSESSMENT

The pass rate of IMG candidates has remained lower than that of the final year orthopaedic registrars and this has led to the recognition that indeed some

training is necessary in order to adequately prepare an IMG candidate for the final examination.

As part of this process, IMG candidates have been included in state training at Bone School level and have been included in trial examinations – subject to them paying the designated registrar fee covering Bone School participation.

The Federal Training Committee (FTC) has therefore, out of necessity, become involved in supervising IMG candidates at a training level.

The March 2014 examination was held both in Brisbane and in Auckland due to a large number of Australian trained and IMGs sitting the examination.

As part of the growth in IMG assessments and adequate service provision, it has been decided to split the duties previously held by the Orthopaedic Services Committee. IMG assessments and supervision are to be taken over by the FTC and service provision will be overseen by the State Orthopaedic Services Committees. The Federal Orthopaedic Services Chair position will therefore no longer exist.

### ACKNOWLEDGEMENT

I wish to thank AOA for the privilege of serving in this capacity for the past three years and anticipate further fine tuning of an already robust and well functioning process of both the provision of services in rural and metropolitan centres and the monitoring of IMGs until they attain Australian orthopaedic surgeon status.

# Research Foundation Report

CHAIR OF AOA RESEARCH FOUNDATION – MINOO PATEL



The research foundation has had another successful year increasing its assets and awarding grants of over \$125,000 for 2014.

## 2014 ROUND OF RESEARCH GRANTS

The AOA Research Foundation (AOA RF) received a record number of applications for a second year in a row in 2014, with 36 applications received. The top ten grants have been shortlisted for the Board's review. Five grants totaling \$125,000 will be awarded. The successful grants will be formally announced at the Melbourne Annual Scientific Meeting.

## GRANT APPLICATIONS GO ELECTRONIC

The AOA RF grant applications were this year submitted online using DropBox. The system was efficient and worked well. Our team of Jeff Clark, Adam Levy and Kirsty Hogarth worked tirelessly to achieve this. This is only the first step in an ambitious 18-month plan to convert the entire process of grant applications and assessments online for greater efficiency. The AOA RF has signed contracts with AOA technology supplier Avion software who hope to deliver the electronic platform in time for the Early Researcher Grants, due to open in late 2014.

## 2014 EARLY CAREER RESEARCHER GRANTS

This is a new category of grants for our younger researchers, registrars and junior consultants. These grants open in late 2014.

## REGISTRAR AND JUNIOR CONSULTANT RESEARCH SEMINARS

The AOA RF will organise a research seminar for our younger researchers, registrars and junior consultants, based on the Royal Australasian College of Surgeons'

CLEER program. With the aim of fulfilling its mission of not only funding but also promoting orthopedic research especially at the grass roots, the AOA RF is working on a sponsorship plan which will allow all registrars to attend for free. The research seminar will cover ethics applications, grants application and ethical conduct of research as well as critical evaluation of literature.

## NEW TREASURER

We welcomed Dr David Martin to the Board of the AOA RF. The Board will be undertaking a strategic review of the AOA RF finances with the aim of adopting investment strategies in line with our core commitments.

## NEW APPOINTMENTS TO RESEARCH ADVISORY COMMITTEE

Prof. Ian Harris was appointed to the Research Advisory Committee (RAC). He replaces Prof. Jegan Krishnan who served on the RAC for many years. On behalf of the Board I thank Prof. Krishnan for his many years of dedicated service to the RF. Further appointments are in the pipeline, with plans to form two separate sub-committees; for clinical and basic sciences.

## FINANCES

Finances remain healthy with assets growing by approximately \$250,000 from \$4.7 million to \$4.9 million in 2014. Overall revenue remained stable at \$395,480, with an operating surplus of \$241,069, down from \$328,126 last year. Last year's revenue of \$558,721 included income of \$145,899 from the musculoskeletal

project, funding for which has now ceased. The grants awarded last year totalled \$152,727, more than double the grants of \$71,647 awarded in 2012. This year it has been decided to reduce the grants awarded to \$125,000, a more sustainable amount.

## **INDUSTRY FUNDING**

Prof. Peter Choong, Mr Adrian Cosenza, Mr Jeff Clark and I met with the CEOs of the major orthopaedic companies in Sydney in August. The US legislation, in particular the Sunshine Act, now constrains how companies may fund research and foundations such as the AOA RF. This means that the AOA RF has to evolve with the changing times to look for other avenues of fund raising. The AOA RF will commence a philanthropy drive and introduce a bequest project to allow high net worth individuals within the AOA and the general community to contribute to the worthy cause of orthopaedic research.

# Orthopaedic Outreach Report

CHAIR OF ORTHOPAEDIC OUTREACH – STEPHEN QUAIN



ORTHOPAEDIC  
OUTREACH

## Some changes and continuing challenges in the landscape.

Orthopaedic Outreach activity remains at a high level to all our traditional areas of support throughout the Pacific, Timor, Indonesia and other areas of South-East Asia.

An area of concern and uncertainty is the disbandment of AusAID now being incorporated into the Department of Foreign Affairs and Trade (DFAT). This presents a potential shift of aid priorities. It appears at this stage that the Pacific Islands Program and the Strengthening Specialised Clinical Services in the Pacific will continue but the level of funding is uncertain.

### FINANCES

The support from the AOA Board is greatly appreciated particularly in light of the diminishing finances from the orthopaedic industry. Whilst our financial situation remains sound, this year the Board of Management decided to place a limit on the financial support provided for each surgeon, and established that first time contributors self-fund. This is consistent with other Australian humanitarian organisations.

A recruitment drive for contributions to Outreach by subscription was successful in raising approximately \$17,000 for our cause. This, combined with major donations from a single benefactor, has prevented any surgical visits being curtailed.

### PROJECTS

Fiji continues to experience changes in the delivery of medical education through the School of Medicine within the Fiji National University, providing uncertainty and major challenges in the provision of service to the local populations. As the primary medical education facility in the Pacific, this is of great concern.

Skills-based workshops held in Cambodia led by A/Prof. Graham Gumley and the hand microsurgery workshops in Vietnam coordinated by Dr Peter Scougall with the assistance of Australian Hand Society members continue to be outstanding successes.

Professor Bill Cumming amongst other Australian delegates met with Professor Mohamed Hidayat, Chairman of the Indonesian College of Orthopaedics and Trauma and Dr Putu Astawa, Dean of Medicine at Sanglah University in Bali noting that the original 10 year agreement had come to a conclusion. Whilst no formal written agreement has been reached it was clear that our Indonesian colleagues wish to continue the strong relationship with a particular focus on education and examining. This is further consolidated through the influence of nursing Professor Di Brown, continuing to foster the relationship between Royal Darwin and Sanglah Hospitals.

The Pacific Island Training program in the Solomons, led by Dr Des Soares has completed its 5th module, and will be reported on at the ASM. Whilst funded independently from Switzerland, Outreach members actively participate.

I acknowledge all my colleagues who donate their time and expertise repeatedly to help achieve the ideals of Orthopaedic Outreach. It is also satisfying to note the Presidential line containing two long term active Outreach members in Dr John Tuffley and Dr Andreas Loeffler, ensuring Outreach maintains an appropriate profile amongst the Board.

# Membership

The first half of 2014 has seen 28 applications processed for AOA memberships. The streamlined application process has enabled time-complete and exam-complete trainees to be fast tracked without the requirement of providing references.

## New Fellows 2013-2014

|                  |     |                   |     |                        |     |
|------------------|-----|-------------------|-----|------------------------|-----|
| Allcock Paul     | SA  | Camdon Fary       | VIC | Bandulasena Palapitige | NT  |
| Idris Arogundade | VIC | Cem Gultekin      | QLD | James Rhorsheim        | NSW |
| Aziz Bhimani     | NSW | Sanjeev Gupta     | NSW | Andrew Patten          | QLD |
| Roger Bingham    | VIC | Dennis Hartig     | QLD | Kalman Piper           | NSW |
| Robert Baird     | SA  | Amen Hassan       | QLD | Michael Selby          | SA  |
| Arshad Barmare   | VIC | Majid Jabur       | QLD | Kate Stannage          | WA  |
| David Broe       | NSW | Evan Jones        | NSW | Jaikrishnan Sungaran   | NSW |
| Terence Chin     | VIC | Yasser Khatib     | NSW | Austin Vo              | VIC |
| James Chiu       | VIC | Gawel Kulisiewicz | ACT | Robert Wallace         | SA  |
| Jonathan Dick    | QLD | Lloyd King        | QLD | Nicola Ward            | QLD |
| Eugene Ek        | VIC | Benjamin Miller   | VIC |                        |     |
| Kevin Eng        | VIC | Mohamad Mourad    | NSW |                        |     |

## New Associates 2013-2014

|                      |     |                     |     |                        |     |
|----------------------|-----|---------------------|-----|------------------------|-----|
| Mohammed Baba        | NSW | Alan Loch           | VIC | Dinesh Sharma          | QLD |
| Christopher Bell     | QLD | Catherine McDougall | QLD | Louis Shidiak          | NSW |
| Peter D'Alessandro   | WA  | James McLean        | SA  | Mark Shillington       | QLD |
| Umeshchandra Dhanjee | QLD | Avanthi Mandaleson  | VIC | Bjorn Smith            | QLD |
| Travis Falconer      | WA  | Andrew Myers        | NSW | Daniel Sydenham        | VIC |
| Ilan Freedman        | VIC | Catherine McDougall | QLD | Arash Taheri           | WA  |
| Juliette Gentle      | VIC | James McLean        | SA  | Christopher Wainwright | NSW |
| Shyan Goh            | NSW | Eli Olschewski      | NSW | Matthew Yalizio        | NSW |
| Ashish Gupta         | QLD | William Pianta      | VIC | Julian Yu              | NSW |
| Janet Hsuan          | VIC | Igor Policinski     | NSW |                        |     |
| Sam Joseph           | VIC | Gareth Prosser      | WA  |                        |     |
| Jacob Kaplan         | NSW | Christopher Phoon   | NSW |                        |     |
| Troy Keith           | VIC | Ross Radic          | WA  |                        |     |
| Martin Laird         | NSW | Sunil Randhawa      | NSW |                        |     |
| David Lieu           | NSW | Sasha Roshan-Zamir  | NSW |                        |     |

## New Affiliates 2013-2014

|               |             |
|---------------|-------------|
| David Ackland | VIC         |
| Reto Lerf     | Switzerland |

## Deceased Members 2013-2014

|                   |     |
|-------------------|-----|
| Richard Horton    | VIC |
| Alan Nicholls     | NSW |
| Peter Isbister    | NSW |
| Ian McNicol-Smith | VIC |
| Thomas Parsons    | QLD |

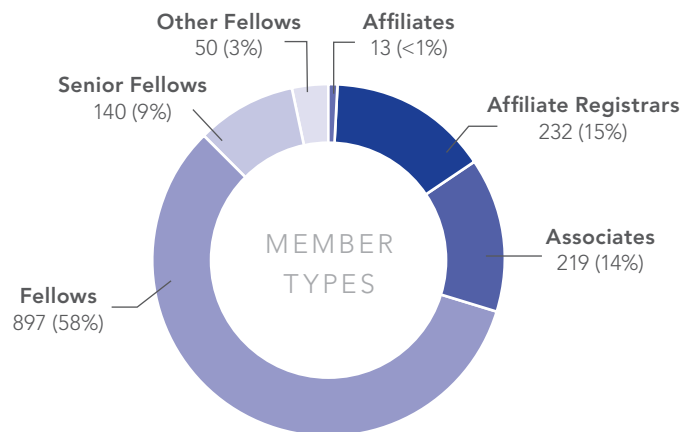
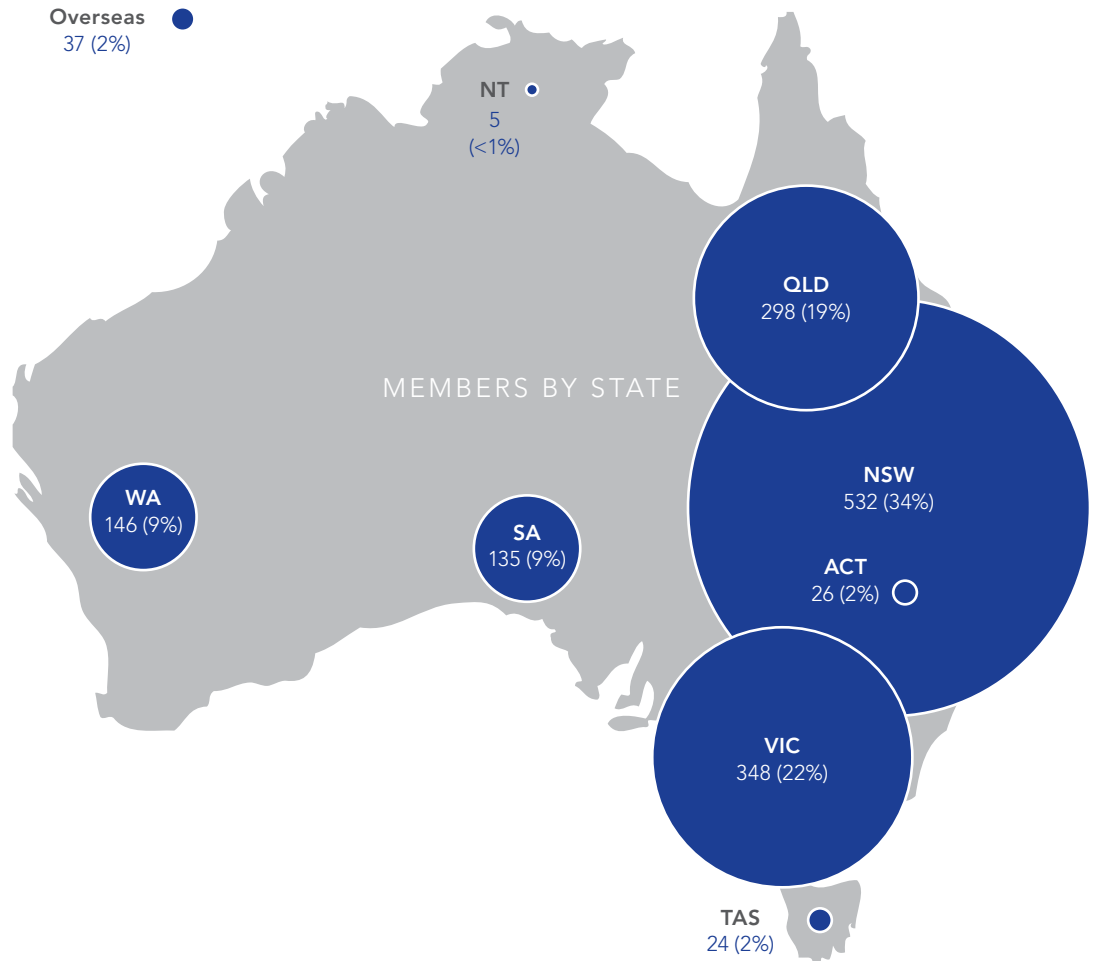
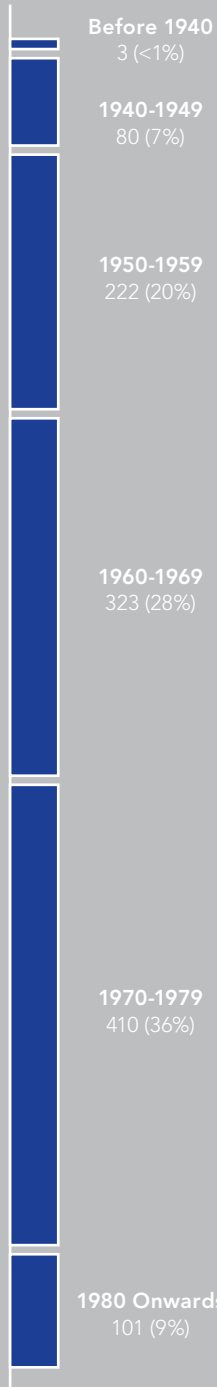
## Honours & Awards 2013-2014

|                                 |  |
|---------------------------------|--|
| L O Betts Memorial Medal:       | Bernard Einoder                        |
| Life Fellow:                    | John Walters &<br>Miron Goldwasser     |
| Award for Humanitarian Service: | Robert Genat                           |
| Award for Meritorious Service:  | Michael Sandow                         |
| Orthopaedic Education:          | Graham Gumley                          |
| Award for Orthopaedic Research: | Michael Schuetz &<br>Zsolt Balogh      |
| Special Award:                  | Michael Falkenberg &<br>David Davidson |
| Leadership Award:               | Kelly Macgroarty &<br>Simon Zilko      |



## AGE RANGE OF PRACTICING AOA MEMBERS

(Dates of birth by decade)

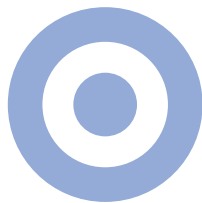


Total number of members as of 30 June 2014 = 1551

# Facts & Figures

## AOA STRATEGY

### Strategic Initiatives



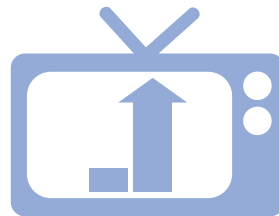
75

Number of milestones completed and/or substantially progressed.

MILESTONE DELIVERY ACHIEVED THROUGH THE 2012-2015 AOA STRATEGIC PLAN, AOA NJRR STRATEGIC PLAN AND AOA 21 IMPLEMENTATION PLAN.

## COMMUNICATIONS & EVENTS

### Media Profile



400%

Percentage increase in value of media coverage over past 12 months from \$1.2m in 2013 to \$4.9m in 2014.

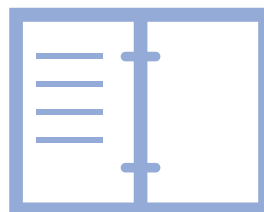
### Events



24

Number of meetings in the events portfolio, increased from 0 in 2011.

### AOA Bulletin



99%

Percentage of members that regularly read the Bulletin.

## EDUCATION & TRAINING

### SET Selection



Number of Surgical Education & Training applications received in 2014 for the 2015 intake, an increase of 23%.

### AOA 21

# 93

Number of AOA 21 milestones to be delivered, with more than 500 associated tasks, over the next four years.



## STATISTICS

### Advocacy



# 340%

Percentage increase in advocacy submissions since 2011.

### Research



Applications for research funding received in 2013-14.

### RACS

# \$3.8m

Training fees paid by AOA to RACS 2008-14.

### Membership

# 98%

AOA member percentage of total Australian orthopaedic surgeons.

### Outreach

# \$1m

Pro-bono equivalent of services donated by AOA members in overseas humanitarian activities.

### Member Satisfaction

# 90%

Overall member satisfaction.

## BOARD COMMITTEES AS AT 30 JUNE 2014

| BOARD COMMITTEE                               | CHAIRMAN         |
|---|------------------|
| Executive Committee                           | Peter Choong     |
| Asia-Pacific Committee                        | Daryl Teague     |
| Audit and Risk Committee                      | John Tuffley     |
| Constitution and Regulations Review Committee | Peter Choong     |
| Continuing Professional Development Committee | Michael Johnson  |
| Fellowships Committee                         | Andrew Ellis     |
| ABC Travelling Fellowship Committee           | William Donnelly |
| Scientific Committee                          | Allan Wang       |
| Honours and Nominations Committee             | Peter Choong     |
| NJRR Committee                                | Ed Marel         |
| Professional Conduct and Standards Committee  | Michael Johnson  |
| Rural Surgeons Committee                      | Vinny Mamo       |
| Subspecialty Presidents' Committee            | Andreas Loeffler |
| Federal Training Committee                    | Ian Incoll       |
| AD HOC COMMITTEES AND WORKING GROUPS          | CHAIRMAN         |
| Spinal Education Committee                    | Richard Williams |
| Digital Imaging Committee                     | John Tuffley     |

## DIRECTORS AS AT 30 JUNE 2014



P Choong



J Tuffley



A Ellis



M Gillespie



I Incoll



B Halliday



M A Johnson



A Loeffler



P S Mackie



D Martin



A Wang



C Whitewood



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AOA

AUSTRALIAN  
**ORTHOPAEDIC**  
ASSOCIATION