



**AOA**  
AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION | **ANNUAL  
REPORT  
2015-16**



To be world-  
recognised  
for the  
advancement  
of orthopaedic  
surgery through  
education,  
professional  
standards and  
advocacy.

AOA VISION

## 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.

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# 2015–16 ANNUAL REPORT – KEY HIGHLIGHTS

July 2015–16	All 43 milestones in the 2016–2018 <i>Strategic Plan</i> actioned – 12 completed
August 2015	AOANJRR strategic partners selected – SAHMRI and University of Adelaide
September 2015	Trainee App piloted
September 2015	Online voting for office bearer elections
September 2015	Medical defence organisations Diamond sponsorship enters second year
October 2015	Established Research Committee of the Board
October 2015	New <i>Constitution</i> approved
November 2015	2015 eProceedings made available to members
November 2015	Half-year risk review completed
November 2015	The Ethics Centre engaged to assist with the development of an ethical framework
December 2015	AOANJRR relocated to contemporary state-of-the-art premises at SAHMRI
December 2015	AOA head office premises refurbishment completed
December 2015	Extended disaster recovery exercise successfully completed
January 2016	Staff engagement survey records record high results for fifth consecutive year
January 2016	Major strategy and risk review completed, applying lessons from large-scale transformations and stress testing strategic-project implementation for AOA 21
February 2016	Mobile website launched

February 2016	Trainee Information Management System extended functionality launched
February 2016	Website for Australian Paediatric Orthopaedic Association launched
February 2016	Pilot of three workplace-based assessments commenced
February 2016	Online fellowships portal launched
February 2016	<i>The Basics of Governance</i> director education refresh session delivered by Henry Bosch
May 2016	Richard de Steiger, new President of International Society of Arthroplasty Registries, chairs first meeting, in Manchester
May 2016	Network of Orthopaedic Academic Departments and webpage launched
June 2016	Member satisfaction survey reports satisfaction above 90 per cent for seven functions for second consecutive year
July 2016	<i>The Effective Working of the Board</i> director education refresh session delivered by Henry Bosch
July 2016	Social media engagement doubled Facebook followers, quadrupled LinkedIn followers
July 2016	aoa.org.au ranked first in search results for AOA and 'orthopaedic surgery'
July 2016	Asia-Pacific regional strategy identifies key country categories for regional engagement and top-priority countries
July 2016	<i>The Wonder of Movement</i> , community video celebrating the contribution of Australian orthopaedic surgeons, completed
July 2016	AOA conference and events portfolio increases to 40 meetings
July 2015–16	AOA 21 showcased at leading international meetings: Ottawa, APOA, COMOC, ICRE, IMELF, American Orthopaedic Association

# PRESIDENT REPORT



**ANDREAS  
LOEFLER**

President and Chair  
of Board of Directors

## ETHICS AND PROFESSIONALISM THROUGHOUT THE ASSOCIATION

The Board continues to progress with ambitious initiatives. Our members are to be congratulated, for the work is done pro bono. Our community needs to know that much of what AOA has achieved is the result of the professional commitment of our surgeons. I congratulate and thank all those who have contributed in the past and again in this year. I will highlight the activities of the past year.

### AOA 21

Our flagship initiative continues to evolve. With some minor adjustments of milestones, AOA 21 is on track. Having completed most of the curriculum and assessment tools, we will start the implementation phase. This will require buy-in by the trainers. We have started to conduct workshops for supervisors of training. Whilst change can be daunting and it takes a little time to learn new methods, I am convinced that the tasks will become easier once we all learn how to use the new assessment tools. The Chair of the Federal Training Committee, Omar Korshid, and the newly appointed Dean of Education, Ian Incoll, who is also my Vice President, are the champions of AOA 21. They are supported by an enthusiastic staff at the office, without whom none of this would be possible.

### AOANJRR

Last December our Registry moved into a new and attractive building. AOA negotiated a new partnership with the South Australian Health and Medical Research Institute. The Registry is a world leader in terms of the quality of its data. We currently have the largest register of shoulder replacements. As the numbers grow there is increasing interest by industry for ad hoc reports. We have provided these at heavily subsidised rates, but intend to increase the costs, as the reports are of high quality and considerable value. The funding of the Registry has been secured for the next four years.

The biggest challenge is to get surgeons to look at their own data in order to improve outcomes. The surgeon portal will have additional data and explanatory notes to enable surgeons to monitor their own figures. Reviewing one's own data and discussing it with a colleague will also attract CPD points. Stephen Graves and his team should be congratulated.

### RACS

Our relationship with the College has continued to thaw. David Watters, the Immediate Past President of RACS, attended our ASM last October. In turn, I attended the RACS meeting in May. Both meetings were held in Brisbane. The current President of RACS, Phil Truskett, works at my hospital. I have had most cordial dealings with both. I also initiated a meeting with the new RACS councillors. We met over dinner and set aside a morning to run over the recent history and forge a better understanding of the two organisations. The meeting was well received. Our specialty elected counsellor, Greg Witherow, will also join our Board as an observer.

### ASIA PACIFIC

We are very fortunate that Andrew Beischer has taken on the Asia-Pacific Committee. We have tried to define the roles and responsibilities of Orthopaedic Outreach, APOA and the Asia-Pacific Committee. There is considerable overlap, not least because the people involved are often the same. For historical reasons our involvement differs from one country to another. We have tried to prioritise needs of the countries around us, and PNG, which now has a population of more than seven million people, will need more help. Our government stopped AusAid, but it seems that there may be money for the Pacific Island Project through the Department of Foreign Affairs and Trade.

## ETHICS AND PROFESSIONALISM

These core competencies are the theme of my presidency. AOA has continued to explore ways of articulating what it means to be an ethical professional. It is my belief that ethics and professionalism are core values of being a doctor and a surgeon. Having previously asked The Ethics Centre for advice, AOA now has a formal agreement with the Centre to better articulate our *Statement of Purpose* and our *Code of Conduct*. This process is likely to take most of the year. Michael Johnson will continue to drive this initiative. Ethics and professionalism are the ultimate measure which give us our standing in society.

## MANPOWER STUDY

There are both national and international discussions about the need for surgeons to cope with the future needs of our community. Some members perceive that we are training too many surgeons. There is a steady inflow of overseas-trained surgeons. Whilst there are figures and predictions from Workforce Australia, the Board is not convinced that they are correct. Based on the experience of our sister associations overseas, AOA was encouraged to obtain our own figures. We have therefore commissioned our own manpower study and our members have received a detailed survey. Independent demographic data and health care predictions will allow us to develop our own models of future needs.

## HISTORY BOOK

It is the 80th year of our Association. Last year the Board decided to commemorate the occasion by commissioning a new history book, as much has happened since Hugh Barry wrote the last one in 1983. If we don't record facts, figures and anecdotes, they will be lost. Under the leadership of Brett Courtenay, the editor of our Bulletin, and with the assistance of Elizabeth Burrell, AOA engaged a professional writer to collate the history of our ever-growing Association, our specialty societies and the social side of orthopaedics. We hope to launch the book at the ASM in Cairns in October.

**"IT IS MY BELIEF THAT ETHICS AND PROFESSIONALISM ARE CORE VALUES OF BEING A DOCTOR AND A SURGEON."**

## TRAVELLING EXHIBITION

We live in a time when the written word is being supplanted by footage. If a picture tells a thousand words, then videos must tell more. The Board explored several options to promote the public image and profile of orthopaedics and AOA. We sought the advice and cooperation of the orthopaedic industry, and several companies expressed an interest. Under the tutelage of Elizabeth Burrell, and with the help of several of our surgeons, we have created a video that highlights orthopaedic practice to the public. We envisage that a package of travelling goods, like implants or prostheses, might be displayed in public places and that the video be shown at the same time. The travelling exhibition will be unveiled at the ASM later this year.

## RESEARCH

As part of our *Strategic Plan* and our wish to promote research in musculoskeletal medicine, the Board initiated the formation of an academic research committee. The group consists of professors of orthopaedics from around the country. The committee is chaired by Peter Choong, a past president of our Association. A face-to-face workshop is planned for July. Inter-university collaboration on research is becoming common. Multicentre trials are almost the norm. Others, like the Canadian Orthopaedic Trauma Society, have used this model to enrol large numbers of patients for clinical research – something we should be able to do as well.

## GROUP OF PAST PRESIDENTS

As a pre-ex president, I would like to congratulate John Owen for his contribution and perseverance in chairing the committee of past presidents. Whilst some think that past presidents should remain silent on the sidelines, others have the view that past presidents have a great deal of corporate

knowledge and insight. The presidential year involves a steep learning curve, but one gathers understanding and perspective. The Group of Past Presidents has an advisory function. I hope that many past presidents will continue to have an active interest in matters AOA.

#### HQ

After looking at various options, we decided to renew the lease on our current premises in Sydney. The office has been refurbished and the board room enlarged. Our CEO, Adrian Cosenza has managed to attract and retain excellent staff, who complement and support each other. Our headquarters offer administrative and accounting support for the subspecialties.

The computer systems have been revamped. The office is coping with ever-increasing demands and credit should go to all of our staff.

#### PRESIDENTIAL TRAVELS

Since the February Board meeting I have been on numerous national and international trips, starting with the Victorian Branch meeting in Lorne, an annual event, which has grown. I attended the APOA meeting in Melbourne, which was hosted by the Australian Branch and organised by AOA. At the end of that meeting we had a separate dinner and a workshop of our presidential line and CEO with the RACS councillors and their president, which I believe was a success.

Shortly after the Melbourne meeting I attended COMOC in Cape Town. Each of the sister associations had a plenary session to outline national orthopaedic activities. AOA presented on the AOANJRR and AOA 21. There were some excellent sessions, although they were poorly attended as there were too many concurrent lectures on the program. I was asked to give the toast to the hosts at the gala dinner.

In May I attended the RACS meeting in Brisbane. There was an additional workshop on the so-called Vanderbilt Principles, a system of feedback for professional misdemeanours. Sadly the orthopaedic sessions at the meeting were poorly attended and I have since proposed a different model, whereby RACS comes to our meeting to present. The Board will have to consider this for future meetings.

June was a busy month, and my carbon footprint expanded. The EFORT meeting was in Geneva. The numbers were down as Geneva is an expensive town. I participated in the Presidential Breakfast, where we discussed orthopaedic manpower, topical all round the world. Then back to Uluru, where I spoke on thoracolumbar fractures at the COE meeting, which was on trauma.

The Canadian Orthopaedic Association met in Quebec City, which is very French. The meeting was small but vibrant. Michael McCauliffe, our ABC Fellow, and I were the only Australians at the meeting. The presidential dinner was held in an old church and I gave the toast to our hosts. From there we went on to Seattle to the meeting of the American Orthopaedic Association, a club of academic and surgical leaders. Ian Incoll was one of the guest speakers and Adrian Cosenza was there. It was a most interesting event, concerned with the bigger picture of leadership, funding of research, safety in hospitals, and training.

Portland, Oregon, is not far from Seattle and I had arranged to do a courtesy visit to the Shriners Hospital for Sick Children, where we have sent two registrars for the past 28 years. I had a dinner with the Head of Department, Michael Aiona and our two trainees. I toured the hospital and met some of the staff. Unfortunately the funding of the Shriners hospitals has changed and there are fewer patients. I have since given feedback to the Federal Training Committee.

In between travels I have kept up my practice. I do my share of on-call. We have also been busy preparing for the ASM in Cairns. Ian Harris and Mike Barnes, his New Zealand counterpart, have arranged a great scientific program. I have managed to invite the EFORT President to come and participate in a combined symposium. Robert Pozzi, the local convenor, and Alison Fallon have put together an excellent social program. It is a great privilege to work with this Board and to represent a vibrant AOA.

AOA is the peak professional body in Australia for advancing excellence of orthopaedic practice in the interests of patients and the community, and in the training of surgeons to world-class standards.

AOA STATEMENT  
OF PURPOSE

# CEO REPORT

## CHARTING AND EXECUTING AN AMBITIOUS STRATEGIC AGENDA

### EXTENDING THE PILLARS OF AOA... A BROADER AGENDA FOR 2021 AND BEYOND

AOA's transformation and modernisation agenda continues to progress at a brisk pace. Years of planning in the core strategies have moved into the execution and implementation phase, with real changes occurring at the coalface of orthopaedics in many areas. Whilst education and training has been the core focus of resource allocation and activity over the past four years, research, ethics and regional leadership in the Asia Pacific are emerging as the three vital pillars in preparing AOA for 2021 and beyond.

### STRATEGIC PLAN 2016–2018 – OVERVIEW

The first year of the implementation of the *Strategic Plan 2016–2018* saw tremendous progress, with all 46 milestones initiated and 12 milestones completed over the past 12 months. AOA has successfully completed three core strategic projects, including the approval of the changes to the *AOA Constitution* at the Annual General Meeting in October 2015 and implementation of changes arising. Further, the AOANJRR's new partnership with the South Australian Health and Medical Research Institute (SAHMRI) and the University of South Australia, involving the relocation of the AOANJRR to SAHMRI's contemporary state-of-the-art premises, was successfully consummated.

2016 marks the 80th anniversary of the formation of AOA. This historic event is being celebrated with three exciting initiatives, including publishing of the book *The History of Orthopaedics in Australia, 1986–2016* recording events of the last 30 years, the launch of a community-focused orthopaedic travelling exhibition at the annual scientific meeting in Cairns in October 2016, and the completion of a video titled *The Wonder*

*of Movement* demonstrating the community and patient benefits delivered by orthopaedic surgeons. This video will be available to members on social media and through other delivery channels later in 2016.

### AOA 21

A major risk review and transition plan aligning AOA 21 with the current education and training program was completed during the year. The stewards of this globe-leading transformation program are applying contemporary program-management and leadership tools to ensure the best possible implementation for trainees, supervisors and directors of training. 2016 has been a year of further development and trialling, pending wider implementation commencing in 2017. Already long-term planning and alignment with the current education and training program has resulted in the completion of a transition plan over the next four years covering all aspects of the program (details are covered in the report of the Chair, Education and Training). AOA 21 contains 43 milestones in the pathway to full implementation, and healthy progress continued throughout the past 12 months. An external review of progress completed in August 2016 has confirmed that AOA's approach is amongst leading examples of leadership in effectively stewarding major education-transformation initiatives globally. It is worth noting that at the time AOA 21 was first presented to the Board in October 2013, an implementation timeframe of 10 years was mooted. The Board elected to target a shorter timeframe of eight years. Already over two years into the program, all four components of the second four-year period of the implementation plan have been identified for earlier execution. The ambition and leadership drive to execute the plan to the highest standards practicable within the transformation agenda is admirable. The engagement, commitment and close involvement of all members is a key success factor.

## RESEARCH

Musculoskeletal conditions are one of Australia's most common, costly and disabling chronic condition groups. These conditions are the leading cause of disability in the country, accounting for at least one third of all disability and 12 per cent of Australia's total disease burden. The two research-related objectives in the *AOA Constitution* are: "to promote research in musculoskeletal conditions" and "to act as an authority and adviser in relation to musculoskeletal conditions and orthopaedic surgery".

Momentum is building on the pathway to agreeing a research strategy for AOA. The year saw the completion of a number of foundation milestones in the *Strategic Plan* for research. The most significant development was the convening of a workshop in July 2016 at which leading academic orthopaedic surgeons from all over the country gathered to chart the future strategy for AOA in research. The group debated challenges, opportunities, ambition, defining success, and critical relationships, and also robustly debated the top three short- and long-term initiatives that AOA should be considering in formulating the proposed strategic plan. This rich input has been used to craft a preliminary research strategic plan to be tabled for consideration at the October 2016 Board meeting. The core elements of the preliminary strategy include: engagement and collaboration; funding; infrastructure and support; and awareness and recognition. When approved, the new strategy should better facilitate alignment with the two research-related objectives enshrined in *AOA's Constitution*.

## ETHICS

Members have highlighted ethics and professionalism as an area of strategic focus for AOA, and the Board is progressing this important initiative with care and prudence. The challenge for AOA, indeed perhaps for the wider medical community, is how to create and embed a culture of ethics within the profession that persists from early training throughout early days of practice and thereafter as part of lifelong learning. Deregulation, technology, demographic changes and challenging health economics have created an environment different to that of 20 plus years ago. It is not

**"ANY ORGANISATION OR ENDEAVOR IS HEAVILY DEPENDENT ON ITS PEOPLE TO DELIVER ON THE AGREED OBJECTIVES. AOA IS THE MEMBERS."**

easy for members. Experiences with regard to the appropriate form of advertising, billing practices, evidence-based clinical practices and other related matters have resulted in members requiring answers to many dilemmas faced by members and patients.

Whilst codes of conduct provide prescriptive rules and there is no doubt a role for these guidelines, AOA is seeking to address the issue at its root cause through the development of purpose, values and principles that assist and guide member decision making even in areas where there may be no specific guidance. AOA is not an enforcer or a policeman, but AOA does have a key role educating, mentoring and modelling appropriate behaviours. The project with The Ethics Centre in working with professionals in this area is designed to help AOA learn from and share other organisations' best practice and apply the most suitable approach for members. Progress is on track to deliver an ethical framework by the end of 2016.

## ASIA PACIFIC

Excellent progress over the past 12 months has resulted in the identification of three broad country groupings to help guide the type and extent of involvement of the orthopaedic community in the region. Within these three groupings, the top three countries have been prioritised to assist with development of specific country project plans. AOA, together with Orthopaedic Outreach and the Asia Pacific Orthopaedic Association (APOA), are collaborating closely in developing the plans and assessing effective utilisation of limited resources.

## YOUNG MEMBERS

Plans are well progressed to explore and develop programs to assist and support young members. A mentoring program has been the subject of much debate and exchange at meetings all over the country. A research mentor



**ADRIAN COSENZA**

AOA Chief  
Executive Officer

program is being trialled in some states. The Young Leaders Forum is being reinvigorated and repositioned to expose young members to principles of leadership and effective leadership styles. Nurturing the next generation of orthopaedic surgeons is a key area of focus and developments in this area are well underway.

## YOUR VOICE

Members have continued with high levels of engagement and feedback through completion of many surveys on subjects including but not limited to strategic priorities, member satisfaction, AOA 21, research, and state, COE and ASM meetings. Discussions at state branch, subspecialty societies and AORA have continued to keep the Board well informed in respect of the issues important to members. Since 2012, AOA has been provided with member satisfaction ratings in seven core functions or services provided by AOA. The number of areas rated has increased to 16, as AOA has been expanding its capacity and looking more and more to meet the needs of members. On a like-for-like basis, overall member satisfaction has been in the range 85–90 per cent during this period. This compares most favourably with data from the Australian Professional Standards Council, which reports that only 58 per cent of respondents (in a 2014 study where over 1,100 members of 17 Australia and New Zealand industry associations were surveyed) were satisfied with their industry association membership. Whilst the number of areas rated has increased, the 2016 member survey reports continued high member satisfaction with seven functions rated by over 90 per cent of respondents as 'satisfactory' or 'above expectations'. Member feedback on technology enhancements has also been very high, rating above 90 per cent for events websites, AOANJRR surgeon portal, and SMS reminders, amongst others. During the year, 10 technology-related projects were delivered to improve member services in education and training, CPD, events, fellowships and communications.

In the 2016 member survey, 94 per cent of respondents ranked 'maintaining and improving global leadership of the AOA National Joint Replacement Registry' as satisfactory or above expectations. AOANJRR global leadership (asked for

the first time in 2015) is the top-ranked function performing 'above expectations' (65 per cent of respondents agree). Training and education remains in the top three functions performing 'above expectations' – consistent since 2012. Workforce matters, promoting orthopaedics and professional standards are the three functions members have singled out for increased effort and these are all being prudently progressed as part of the *Strategic Plan 2016–2018*.

## BRANDING AND PROFILE

AOA has steadily progressed experience with its presence on social media, with community engagement steadily increasing. LinkedIn followers have grown fourfold over the past two years while Facebook followers have doubled. Search engine optimisation is also proving effective, with AOA and keywords improving – ranked first for AOA and orthopaedic surgery. Media profile and engagement is at its highest level in past three years, with 65 media enquiries (42 and 40 in 2014/15 and 2013/14) and 40 media mentions (30 and 29 in 2014/5 and 2013/14).

## INTERNATIONAL REPUTATION

The AOANJRR continues to maintain and grow its international influence and reputation. The Registry is regularly referenced at orthopaedic meetings all over the world and is sought out by other countries for advice and assistance. Richard de Steiger is the President of the International Society of Arthroplasty Registries, continuing the leadership in this international registry body previously established by Stephen Graves.

In education, the pursuit of AOA 21 is creating interest and genuine engagement from kindred organisations around the world. AOA is increasingly being invited to international meetings to share the journey and present the latest developments. Over the past year AOA 21 has been showcased at the APOA (Melbourne), COMOC (Cape Town), American Orthopaedic Association (Seattle), ICRE (Vancouver), and Ottawa (Perth) meetings, and is to be presented in Korea, Japan and India in 2017.

In ethics, AOA has been involved in the Asia-Pacific Economic Cooperation (APEC),

participating in ethics and code-of-conduct workshops for small-to-medium enterprises in the region. In leadership, AOA involvement in the International Medical Education Leaders Forum has culminated in AOA being invited to deliver a keynote session at the 2016 meeting on leadership, strategy and policy formulation in contributing to global health issues.

## OPERATIONS

Advocacy is an area of increased focus with support for members, states, federal and international activity significantly increasing over the past 12 months from 40 matters in 2014/15 to over 130 matters handled in 2015/16. Common areas include but are not limited to: workforce; task substitution; employment; overseas-trained doctors; public hospital funding; patient transfers; ethics and professionalism; MBS reviews; and private health insurer restrictions in reimbursements. A major review of orthopaedic workforce planning including projected supply and demand for services over the next 10 years has been substantially progressed throughout the year.

AOA governance, risk and finances are in a solid position. The Board completed another series of education sessions delivered by Henry Bosch, AO. The regular risk reviews provide risk mitigation and assurance protecting AOA assets and reputation. Regular disaster-recovery exercises prepare AOA in the event of unforeseen technology incidents. Notwithstanding significant investment of member funds in strategic initiatives over the past few years, AOA finances remain robust. A groundbreaking report into the not-for-profit sector – the *Cause Report: 20 years of (r)evolution in the not for profit sector* – reviewing the past 20 years benchmarked the financial and other performance metrics of all sectors, including education, and was released in early 2016. AOA compared most favourably as a leader and pioneer in many of the most comparable measures.

Conference and event management services continue to be well received by members including state branches, subspecialty societies and international associations. AOA is handling 40 meetings in the period to 2020 and delivers on average 11–12 meetings a year.

Membership continues to grow at 1,663 members. Fellowship services also remain active with 125 accredited fellowships. Members continue to be highly engaged, with newsletter open rates consistently above 60 per cent.

## PEOPLE

Any organisation or endeavor is heavily dependent on its people to deliver on the agreed objectives. AOA is the members. It is made up of trainees, training supervisors, directors of training, heads of orthopaedic surgery departments, state branch executive and state branch committees, subspecialty societies, orthopaedic outreach members, research foundation members, board committees, working parties and others. The AOA Board of Directors stewards this Australia- and region-wide endeavor. The contribution of all these members and groups is highly valued and vital to the lifeblood and vibrancy of AOA. Others have commented most favourably on the high interest, engagement and commitment of AOA members to the profession and to improving the lives of the Australian community. I would like to express my deepest and most heartfelt gratitude for the wonderful contribution, dedication, commitment and passion of AOA members to AOA and in seeking to continually improve the wellbeing of patients.

AOA staff are indeed a special group of people who, through their actions, demonstrate genuine care, commitment and professionalism to AOA members. The staff, through their behaviour, show a strong commitment to high-quality member service and problem solving. AOA is a family for many... for some a second family... for some a great group of people to work with – all of whom share a common vision: to be world-recognised for the advancement of orthopaedic surgery through education, professional standards and advocacy. AOA staff engagement continues at the highest levels. Having completed my six-year anniversary as your Chief Executive Officer, I remain humbled and privileged to continue to be provided with the opportunity to work with AOA members and the fantastic family of staff. I express my sincerest thanks to the Board of Directors for their continued wise and prudent counsel and guidance.

# AOA STRATEGIC PLAN 2016 – 2018

## EDUCATION AND TRAINING

### CORE STRATEGIES

- To further enhance the quality of graduates from the AOA orthopaedic training program.
- To continue to deliver high quality selection, training and assessment.
- To promote lifelong learning and integration of education.
- To support AOA members in their training roles.

## ADVOCACY AND ENGAGEMENT

### CORE STRATEGIES

- To advocate key priorities locally, nationally and internationally.
- To nurture relationships with younger members and increase engagement.
- To further develop and deliver relevant member support and services.
- To improve the profile of AOA as the peak professional body for orthopaedic surgery and management of musculoskeletal conditions to the community.
- To enhance AOA's profile as the relevant authority for patient education for all matters orthopaedic.
- To encourage diversity and equal opportunity.

### PROGRESS

- Transition plan for implementation of AOA 21 completed – 43 identified deliverables progressed.
- Workplace-based assessments piloted successfully and scheduled for implementation August 2016.
- Trainee App development continues, incorporating eLOG and all workplace-based assessments.
- AOA 21 workshops delivered in every training region across the country.
- Extensive CPD review completed, focused on fostering and supporting lifelong learning.
- Inaugural AOA Dean of Education appointed.
- All four components of the second half of the AOA 21 project identified for earlier execution.

### PROGRESS

- Reenergised Young Leaders' Forum developed and planned for October 2016.
- *Wonder of Movement* video, celebrating the work of the orthopaedic community over 80 years in Australia, completed for October 2016 launch.
- *The Travelling Exhibition of Orthopaedics in Australia* developed and ready to be launched at the ASM in October 2016.
- *The History of Orthopaedics in Australia 1980–2016* to be launched October 2016.
- Younger surgeon mentoring program in development.
- Orthopaedic Women's Link (OWL) formally recognised as AOA Board subcommittee.
- Manpower study commissioned to gain independent understanding of the future needs of the Australian orthopaedic workforce.

## PROFESSIONAL STANDARDS AND RESEARCH

### CORE STRATEGIES

- To establish professional standards of practice for orthopaedic surgery.
- To promote and facilitate purposeful involvement in continuing professional development (CPD).
- To encourage ethical decision making and professional conduct.
- To expand AOANJRR's capability and strengthen its global influence.
- To facilitate the development of a community of practice in musculoskeletal evidence-based medicine and lifelong learning.

### PROGRESS

- Formal engagement with The Ethics Centre established to assist in the development of an ethics framework.
- AOANJRR successfully transitioned to the South Australian Health and Medical Research Institute (SAHMRI).
- New CPD Online Portal under development, scheduled for launch 2017
- Research Committee founded.
- Network of Academic Departments (NOADs) established.
- 40 domestic and international meetings managed in AOA's growing events portfolio.

**MILESTONES:** All 46 progressed, 12 completed  
**STRATEGIC PROJECTS:** Six progressed, three completed

## ASIA PACIFIC

### CORE STRATEGIES

- To foster strong relationships with the Asia Pacific region through collaborative education and training.
- To support orthopaedic humanitarian initiatives through Orthopaedic Outreach in Australia and Asia Pacific.

### PROGRESS

- Three broad country groups identified, and three top countries decided within each group, for service prioritisation.
- Scoping mission into Papua New Guinea carried out by Orthopaedic Outreach to better inform resource attribution and deployment.
- AOA became a federation member of APOA, with two members nominated to represent the Association.
- AOA approached to lead presentations to APOA member countries at the APEC Ethics for SME meeting, scheduled September 2016 in Lima, Peru.



# EDUCATION AND TRAINING REPORT



**OMAR KHORSHID**

Chair of Education and Training

## AOA 21

AOA is now two years into its AOA 21 project – ‘Excellence in Orthopaedic Surgical Education and Training’, which was launched in March 2014 as a result of the Strategic Education Review.

AOA 21’s redesign of nine key areas of AOA’s orthopaedic surgical training program will take place over an eight-year period and aims to transform the training program into an evidence-based 21st-century surgical education and training program by December 2021.

Where the initial activity was around developing the curriculum and assessment tools, the focus has now shifted to implementing changes to the training program. Some of these changes have been trialled and implemented in 2016, whilst others will be implemented in 2017 before the first intake of trainees into the fully-transformed training program in 2018. Some aspects of the initial AOA 21 plan have been brought forward whilst others have been delayed, but overall the project remains on track to deliver on the vision set by the AOA Board.

An enormous amount of time and effort on the part of the AOA 21 Project Team, many members and the Federal Training Committee (FTC) has gone into the development, testing and implementation of these changes to the training program. The most difficult task remains ahead of us, though. Communication of the changes to trainees and members remains a key priority, but the FTC is well aware of the difficulties that may be experienced by some sites as new processes commence and new requirements are implemented. We hope that members will work with us to make these changes and we are confident that the results will be self-evident and well worth the investment that AOA has made in the program.

Key activities progressed in 2015/2016 include:

### AOA Revised Draft Curriculum

- A further revised version of the curriculum, amended to align with new workplace-based assessment forms and eLOG procedure list, was made available to all members in early November 2015.
- Feedback from members, external stakeholders and examiners has now been received and incorporated.
- Pending final approval by the Board and FTC in October 2016, the final curriculum will be launched to all members in February 2017.

### AOA 21 Revised Assessment Strategy

- The AOA 21 Assessment Working Party met in May to determine the number and type of assessments, mandatory experiences and minimum requirements for progression through each stage of training in line with the revised assessment strategy. It is anticipated that the training program will move from a nominal five-year program to three stages of training in 2018.
- Following regional trials in 2015, the FTC approved the introduction of new Workplace Based Assessment (WBA) tools in 2016, including Patient Consultation Assessment (PCA), Management Plan Assessment (MPA) and the Surgical Skills Assessment (SSA) (which replaces the DOPS).
- The staged implementation of workplace-based assessment will continue in 2017.

## BONE SCHOOL

- With the assistance of AOA 21 Bone School co-ordinators, the delivery of the revised draft curriculum has been trialled through Bone School sessions nationally in 2016. In October 2015, the FTC approved a minimum number of clinical and tutorial sessions/ hours per year in addition to an 18-month cycle for curriculum delivery, to ensure coverage of content – this was implemented as a trial in 2016. An evaluation of the trial implementation year is currently underway.

## eLEARNING

- Following a trial of a ‘Trainee Feedback App’ in late 2015, the FTC approved in February 2016 the formal development and build of a ‘Training App’ which incorporates eLOG and all Workplace Based Assessment and feedback entries. The App, to be launched for use by all members in 2017, will integrate with AOA’s Trainee Information Management System.
- Design and development of a new ePortfolio and Learning Management System, to house reporting of new assessment data and online resources to better support education and training, also commenced in 2016.

## SELECTION

As part of the Annual Selection Review in 2015, the FTC considered a significant body of analysis of previous Selection rounds.

- The data confirmed that CV scores have a negative correlation with other selection tools and performance in training. Based on this, the decision was made to exclude the CV from the final Selection score following interview.
- The FTC adopted a departmental referee report representing the consensus opinion of the orthopaedic department rather than an individual surgeon’s opinion. It is anticipated that this will make the referee score more reliable, but analysis of the data from the 2016 Selection round continues and further changes may occur before the 2017 Selection round commences.
- This Selection round saw the introduction of the General Surgical Sciences Exam as an eligibility requirement, which slightly reduced the number of applications.

Further AOA 21 initiatives, including Bone Camp and AOA 21 workshops, are highlighted in the Dean of Education report.

“AOA IS NOW TWO YEARS INTO ITS AOA 21 PROJECT... THE MOST DIFFICULT TASK REMAINS AHEAD OF US.”

## OPERATIONS OF SET

The machinery of SET program operations is always in motion.

159 applications for orthopaedic SET for 2017 were received, with 93 applicants going on to be interviewed across the country in June 2016. Sincere thanks are extended to the numerous AOA members who volunteered to act as interviewers. 43 first-round offers were extended and subsequently accepted.

28 accreditation inspections were conducted in March and May 2016. I also extend my thanks to the dedicated AOA Fellows who willingly gave their time to complete this important process.

225 trainees are currently registered with the AOA SET Program. During the 2015/2016 year 51 trainees have completed training. Regional training committees have continued to strengthen mechanisms for trainees requiring additional support, with 19 trainees completing a period of red flag and 15 a period of probation.

Lawrie Malisano convened a successful National Trial Fellowship Exam (NTFE) in Brisbane in October 2015 in conjunction with the AORA ASM. This popular event was made possible through the commitment of an enthusiastic group of past examiners and the FTC, who contributed by preparing material, marking the papers and examining on the day.

The orthopaedic unit at Dandenong Hospital hosted the National Pre-Exam Course in May. The course was run across three days to positive feedback, thanks to the involvement of 47 members from the VIC/TAS training region.

Following release of the RACS Action Plan: *Building Respect, Improving Patient Safety*, AOA has been working with RACS to review SET policy to ensure all Fellows and trainees are adequately equipped to recognise and respond to unacceptable behaviour with a view to better training, safer workplaces and

improved patient care. RACS has recently decided to mandate formal training in educational principles for all Fellows who have contact with trainees. AOA is working with RACS to confirm which AOA 21 workshops will partially or fully satisfy this requirement.

There are 22 IMGs currently undergoing clinical assessment in orthopaedic surgery, 21 of whom are being assessed by examination and one by assessment only. 12 IMGs who have completed their supervision period are waiting to pass the Fellowship Examination prior to being eligible for Fellowship.

Major training events aside, it is important to recognise the efforts of around 700 AOA Fellows who contribute to training in some way, whether as a trainee supervisor, director of training, committee member or mentor. These daily roles are pivotal to training the orthopaedic surgeons of the future. On behalf of our trainees and our Association, I extend my sincere gratitude.

I'd especially like to acknowledge the commitment of the members of the Federal Training Committee: RTC Chairs Julian Lane (QLD), David Nicholson (NC-NSW), Richard Boyle (NS-NSW), Tim O'Carrigan (SS-NSW), Graeme Brown (VIC/TAS), Nicole Williams (SA) and Jon Spencer (WA); Senior Orthopaedic Examiner Kevin Woods; AORA President Peter Moore; Jurisdictional Representative Brett Oliver; Dean of Education Ian Incoll; and President Andreas Loeffler. The work of the FTC is ably supported by the dedicated education and training team at AOA Head Office and our regional managers.

## DEAN OF EDUCATION REPORT – IAN INCOLL

I am pleased to report to you on the role of Dean of Education, which was established by AOA and the Board in early 2016.

This new, multi-faceted role aims to support the educational activities of AOA, particularly the AOA 21 project by: delivering faculty development through regional AOA 21 workshops; promulgating nationally and internationally, through presentation and publication, the extensive education development work done by AOA; exploring and facilitating alternate funding models for the AOA 21 project and education research through grant, scholarship or government funding opportunities; supervising the assessment process for International Medical Graduates through liaison with RACS; providing education advice and guidance to the FTC; and actively supporting and promoting the education and training portfolio.

As part of this role, I liaise with the AOA Federal Training Committee and work closely with the Chair of Education and Training, Omar Khorshid.

Since commencing this role, I have worked closely with the AOA 21 Project Team in developing an outline for AOA's inaugural 'Bone Camp' for all new SET 1 trainees commencing in 2017. This new and exciting initiative will run 17–19 February 2017 in Sydney. The objectives of Bone Camp are to provide an orientation to the training program as well as practical sessions on: communication; professionalism; feedback; research methodology and planning; ethical decision making; targeted history taking; and physical examination.

In addition, I also continue to develop and facilitate a suite of AOA 21 regional workshops, which aim to assist the development of members' skills in relation to supporting trainee learning and clinical teaching.

As in previous years, I continue to supervise the assessment process for orthopaedic international medical graduates, as highlighted in the *Education and Training Report*.

I am proud to represent AOA and share AOA 21 developments with our international counterparts. Over the past year, as a representative of AOA, I have been invited to participate and contribute to the following meetings: the International Conference on Residency Education; the 17th Ottawa Conference on the Assessment of Competence in Medicine and the Health Professions; the South African Meeting of Combined Orthopaedic Associations; and the American, Korean and Asia Pacific Orthopaedic Association meetings.

I look forward to reporting on developments in this role in the coming years.

# AORA REPORT



**PETER MOORE**

AORA President

**IT HAS BEEN A MOMENTOUS YEAR FOR AORA, AND WE CONTINUE TO GO FROM STRENGTH TO STRENGTH.**

Constitutional changes that were made at last year's annual general meeting have for the first time allowed the AORA President to sit as a full voting member on the AOA Board of Directors. Sitting on the Board has been a highlight of my presidency and an incredible honour.

## AOA 21

The AORA Executive have enjoyed the opportunity to give feedback throughout the year as AOA 21 ramps up and we start to see changes on the ground in the training program. As new changes are rolled out the Executive and members will continue to have the opportunity to provide feedback through workshops and meetings. With the introduction of the first new assessment tool (the Patient Consultation Assessment), members were happy to offer their feedback. This marks the beginning of an exciting journey towards a more robust system of feedback and training.

AOA 21 was the springboard for me to become involved in the International Conference on Residency Education (ICRE), the landmark conference on post-graduate medical education. I have been accepted as one of the first Chief Residents for the conference, which I will be attending in Niagara Falls, Canada, from 28 September to 1 October 2016.

**"THIS MARKS THE BEGINNING OF AN EXCITING JOURNEY TOWARDS A MORE ROBUST SYSTEM OF FEEDBACK AND TRAINING."**

## ANNUAL SCIENTIFIC MEETING

Last year's meeting in Brisbane continued to build upon the new program of instructional course lectures. This new program has been extremely well supported by AOA Fellows in the last couple of years. Last year we had a higher attendance than the previous year, with 158 attendees. 26 fellows gave lectures, and seven fellows judged the 20 scientific papers presented. The social program was well attended with the highlight being a dinner at the Stokehouse on the river. At the dinner, Shane Heal inspired us with his reflections on what it means to have a culture of success. This year's conference in Cairns hopes to build on last year's success with a full and relevant program.

Overall it has been a great year, full of change and progress. I thank the excellent team on the Executive for their commitment and contribution: Vice-President Nicholas Jorgensen, John Roe (QLD), Matthew Broadhead (Newcastle), Brahman Sivakumar (NSW NS), Ben Schwarz (NSW SS), Todd Mason (VIC/TAS), Matthew Rackham (SA), and Craig Brownlie (WA).

# SCIENTIFIC SECRETARY REPORT



**IAN HARRIS**

Scientific Secretary

**ENGAGEMENT WITH AOA MEMBERS AND THE INTERNATIONAL COMMUNITY PRODUCES CONTINUOUS IMPROVEMENTS FOR OUR ASMS.**

## 2015 ANNUAL SCIENTIFIC MEETING IN BRISBANE

The meeting was a success and 1,360 delegates attended, including Australian and international orthopaedic surgeons and registrars.

ASM delegates were surveyed after the meeting and useful feedback was obtained, which may guide the development of future ASMs. Overall, 85 per cent of the respondents rated the Brisbane ASM as 'good' or 'excellent'. Instructional and invited lectures continue to be well received by 90 per cent of respondents, and, as with previous ASMs, members do value the educational as well as scientific research presentations. Case-based presentations, notably in the trauma section, were highly rated, and audiences appreciate the opportunity to contribute their views and experience as well.

## CAIRNS AOA AND NZOA COMBINED ASM 2016

Preparations are coming along well. Robert Pozzi is the local convener and a full social program has been confirmed.

The meeting theme, 'Ethics and Professionalism', will explore the way we practice and teach, and is sure to generate important discussion.

Engagement with the Asia Pacific will continue, with the ASM hosting fellows from the Indian Orthopaedic Association and the Association of South East Asian Nations. Professor Saw Aik is the Asia Pacific Guest Professor and Ted Mah, being the past APOA President, will chair an APOA section in the scientific program. Presidents from the Asia Pacific have been invited to present papers or chair sessions in the general scientific program.

Also, corporate sponsors have introduced masterclasses to the ASM, and the practical skills component complements the scientific program. The AORA meeting has now been co-located with the ASM, so more registrars can attend and benefit from ASM activity. An initiative in recent ASMs has been to present instructional lectures on how to conduct quality research and how to get research published. This should result in incremental improvement in the quality of research being performed, especially by younger members.

More plenary sessions have been added and the number of concurrent sessions reduced from four to three, in order to have bigger audiences and better discussion.

The AOANJRR session has been expanded to a two-hour session on registry science. I look forward to receiving feedback to further improve the ASM.

# CONTINUING PROFESSIONAL DEVELOPMENT



**MICHAEL A JOHNSON**

Chair of Professional Development and Standards

## 2017 CPD PROGRAM

The AOA CPD Committee believes that participation in lifelong learning is an integral part of surgical practice. All orthopaedic surgeons should strive for ongoing improvement, both in technical and non-technical skills.

Whilst we think the primary focus of CPD should be on education, we also acknowledge the regulatory requirement for yearly CPD compliance and the likely implementation by the Australian Health Practitioner Regulation Agency (AHPRA) of revalidation and/or recertification in the foreseeable future.

In light of this, the AOA CPD program has been reviewed and significant updates have been made for the 2017 CPD year and beyond. The aim of the program's revision is to increase educational relevance and to simplify participants' regulatory needs.

Some of the key changes include:

- Mandatory participation in state-based audits of surgical mortality (ASMs)
- Increased CPD benefit for participation, review and peer discussion of AOA National Joint Replacement Registry (AOANJRR) results
- Greater emphasis on personal and peer review activities
- Rearrangement of some activity categories to account for different practice types, geographic location and other individual factors

- Improved website functionality, allowing the download of confirmatory documentation and simplifying compliance with AHPRA audit requirements
- Change in requirements for participants in non-operating and limited-practice categories while maintaining educational relevance.

We hope that the changes meet the educational needs of AOA CPD participants and facilitate our aim of creating an environment that encourages continuous improvement, personal development and ongoing learning.

## NEW CPD ONLINE PORTAL

On 1 January 2017, AOA will be launching a brand new CPD Online Portal. The new design will be easy to navigate and will simplify the process of recording and verifying activities. The existing portal will remain available in 2017 for recording activities for the 2016 CPD year and earlier. I encourage all members to log in to the new portal during January to become familiarised with the new layout. There will be online help available and the AOA CPD team are always happy to assist if required.

## CPD STATISTICS 2015 (AS AT JULY 2016)

Number of AOA members required to undertake CPD	1332
Number undertaking AOA's CPD program	810
Number compliant in AOA's CPD program	611
% compliant in AOA's CPD program	75
Number undertaking RACS's CPD program	486*
Total number of members CPD compliant	1097
% AOA members CPD compliant	82
AOA members not undertaking CPD	32 (1 exempt)

\*For AOA CPD reporting purposes, all RACS participants are assumed compliant.

## PROFESSIONAL DEVELOPMENT AND STANDARDS

Last year as part of the constitutional review we decided to review the *Code of Conduct*, the *Position Statement on Interaction with the Medical Device Industry* and the necessity for the development of a code of ethics. During our review, it became clear that confining our review to developing a written document alone was superficial. Doing this in isolation may make the authors feel they have done their job, but these documents are rarely read and do little to drive cultural change. It is better that AOA focuses our efforts in the area where we potentially can have the most impact – education. Our review has therefore expanded to exploring mechanisms to achieve the highest levels of professionalism and ethical behaviour through education. We are conducting a review with The Ethics Centre, a Sydney-based consultancy, concerning the best ways of teaching professionalism at all stages of our careers.

The importance the President and Board place on this issue is reflected by the topic of the plenary at this year's ASM: 'Ethics and Professionalism'.

**"CREATING AN ENVIRONMENT THAT ENCOURAGES CONTINUOUS IMPROVEMENT, PERSONAL DEVELOPMENT AND ONGOING LEARNING."**

# AOA RESEARCH FOUNDATION



**MINOO PATEL**

Chair of the  
Research Foundation

**THE RESEARCH FOUNDATION IS PLEASED TO REPORT THAT IN 2015/16 YEAR, 19 PER CENT OF THE RESEARCH FOUNDATION APPLICATIONS FOR THE YEAR FELL INTO THE EARLY CAREER RESEARCHER GRANT CATEGORY AND THAT NUMBER IS EXPECTED TO RISE.**

## FINANCES

The Foundation achieved a surplus of \$143,720 for the year ended 30 June 2016 compared to \$244,413 in 2014/15, a decrease of \$100,693. The reduction in surplus is substantially attributable to reductions in income, with revenue from member subscriptions, donations, and investments all falling compared to the prior year. Last year's report advised members of the engagement of J B Were to manage the Foundation's investment portfolio, and it is pleasing to report that their oversight of investments has produced a pleasing result in the nine months or so during which they exercised management. Unfortunately, however, the economic environment for investment returns currently is very challenging, with interest rates around their lowest levels in the country's history, and these effects are reflected in the Foundation's lower investment income.

Revenue for the year was \$329,116 compared to \$450,648 in 2015/16. The Foundation's total assets increased from \$5,221,036 at 30 June 2015 to \$5,333,584 at 30 June 2016 and members' funds increased by \$143,720 to \$5,333,584.

## GRANTS

The online grant application form operated for a second year and continues to save applicants and members of the Research Advisory Committee administrative effort in lodging and reviewing applications.

This year a total of 26 grant applications were lodged using the online platform, five of which fell into the Early Career Researcher category. Of those 26 research grants, five regular and two early career researcher grants were awarded totalling \$123,500. Total grant payments for the year ended 30 June 2016 amounted to \$158,500.

At the time of writing this report I am pleased to inform the membership that 31 per cent of grant applications fell into the Early Career Researcher category in 2016/17. I would like to take this opportunity to encourage our junior colleagues to continue applying for grants through the Research Foundation.

## ACKNOWLEDGEMENT OF BOARD AND RESEARCH ADVISORY COMMITTEE

I would like to thank my colleagues on the Research Advisory Committee and Board for their continued guidance and counsel. I look forward to working with them again in the coming year.

**"I WOULD LIKE TO TAKE THIS OPPORTUNITY TO ENCOURAGE OUR JUNIOR COLLEAGUES TO CONTINUE APPLYING FOR GRANTS THROUGH THE RESEARCH FOUNDATION."**

# ORTHOPAEDIC OUTREACH

## PROGRAMS IN CAMBODIA AND VIETNAM CONTINUED TO DEVELOP WIDELY THROUGHOUT THE PAST YEAR.

Orthopaedic Outreach programs continue to advance throughout the Asia-Pacific region, with 23 missions undertaken in 2015–2016, providing over 4,600 volunteer hours of service to seven countries.

Three programs of note amongst these are those in Cambodia, Vietnam and Papua New Guinea.

Vietnam has seen expansion in Hue Central region with the inclusion of a knee seminar to complement long-standing hand surgery initiatives. Trauma continues to provide a focus, and, with the corporate support of Medartis, a trauma seminar on fracture management followed. These programs draw nearly 100 attendants, including both consultant and trainee surgeons.

The trauma management impetus also extended to Ho Chi Minh City, with a lower limb seminar addressing both pelvic and foot/ankle injuries. These two centres combined now receive significant input from Australian Outreach surgeons in guiding training and clinical judgement, providing further opportunities for local surgeon development.

**"THE ENTHUSIASM OF LOCALS TO RECEIVE SUPPORT REGARDLESS OF THESE CHALLENGES REMAINS THE INSPIRATION FOR OUTREACH MEMBERS TO STAY INVOLVED."**

Cambodia in 2016 has seen what was previously considered a mature service and education program taken to another level through an invitation to collaborate with universities in curriculum development. Dr Anne Wajon and Cathy Merry, both highly-regarded hand therapists in their own right, were invited to develop specific hand modules suitable for delivery to Cambodian physiotherapy undergraduates. The importance of hand therapy is widely recognised in achieving positive outcomes beyond surgery itself.

After a brief absence, Orthopaedic Outreach successfully returned to providing orthopaedic service and education into Papua New Guinea. This also extended to an invitation to assist with the examining of final year trainees of the Masters of Surgery program in Port Moresby. Challenges remain, however, with a dense population spread throughout areas of remote access experiencing high volumes of trauma. The enthusiasm of locals to receive support regardless of these challenges remains the inspiration for Outreach members to stay involved.

Orthopaedic Outreach wishes to express our sincere gratitude for the ongoing support of our programs provided by the Australian Orthopaedic Association Board.



**GRAHAM GUMLEY**

Chair of  
Orthopaedic Outreach

# MEMBERSHIP 2015–2016

## NEW FELLOWS

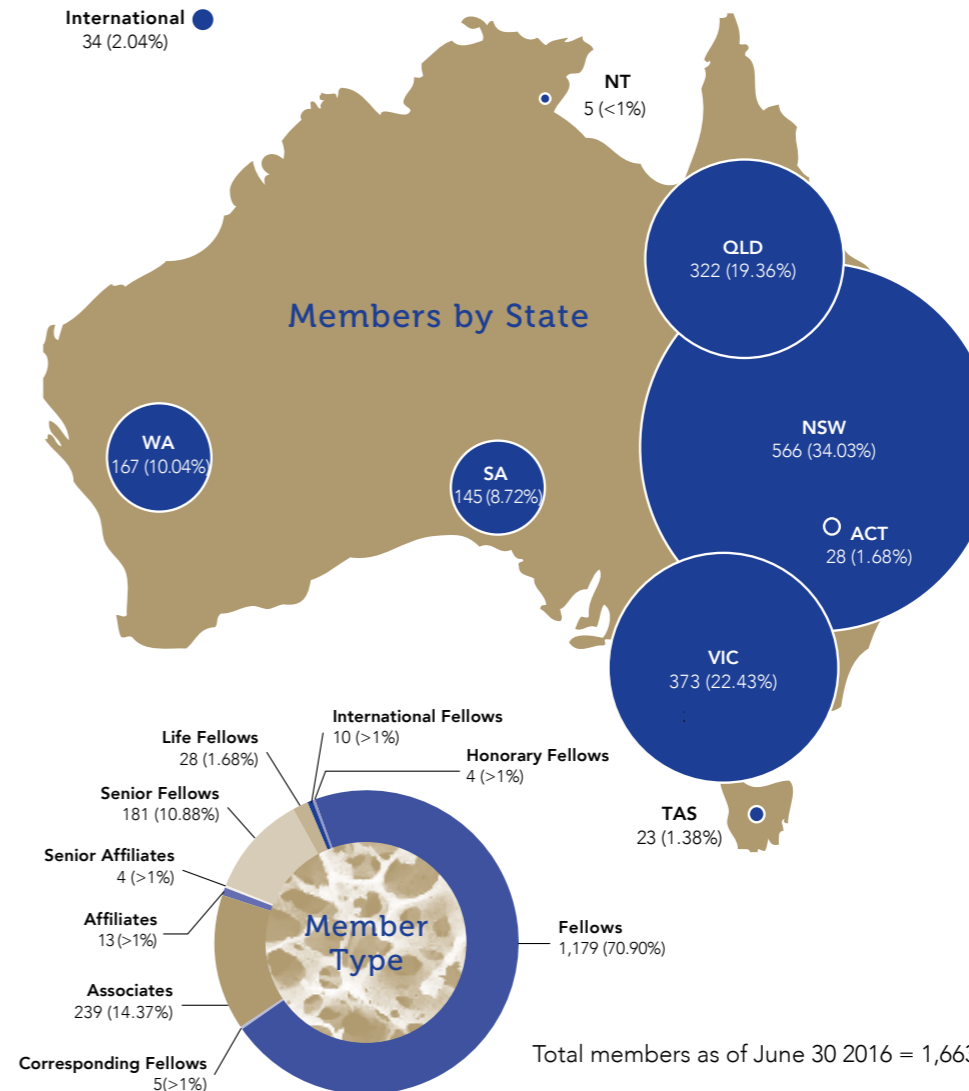
Simon Abson	NSW	Owen Mattern	VIC
Sam Adie	NSW	Mahendrakumar Meta	QLD
Justin Alexander	SA	Luke Mooney	SA
Matthew Alexander	VIC	Levi Morse	QLD
Dihan Aponso	QLD	Angus Moxon	QLD
Randipsingh Bindra	QLD	Tendai Mwaturura	QLD
William Blakeney	WA	Jonathan Negus	NSW
Daniel Bopf	QLD	Alexander Nicholls	NSW
Glenn Boyce	VIC	Andrej Nikoloski	WA
Thomas Bucher	WA	Edmund O'Leary	NSW
Nikki Casey	QLD	Swapnil Pandit	SA
Deepak Cheriachan	NSW	Sushil Pant	NSW
Harry Clitherow	VIC	Joshua Petterwood	TAS
Meghan Dares	QLD	Vikki Pliatsios	VIC
Vikram David	VIC	David Ramsay	QLD
Cameron Downes	QLD	Michael Reid	QLD
Ryan du Sart	WA	Anthony Samson	SA
John Estens	NSW	Elango Selvarajah	VIC
Aidarus Farah	VIC	Amarjeet Singh	WA
Greg Finch	NSW	David Slattery	VIC
Peter Gifford	QLD	Jarrad Stevens	VIC
Anil Goudar	NSW	William Talbot	QLD
Chatar Goyal	VIC	Wei-Han Tay	VIC
Maurice Guzman	NSW	Fraser Taylor	QLD
Justin Hunt	VIC	Michael Thomas	QLD
Stephen Hutchinson	TAS	Danielle Wadley	NSW
Talal Ibrahim	NSW	Christopher Wall	QLD
Christopher Jones	WA	Anna Watson	NSW
Benjamin Kenny	QLD	Nathan White	VIC
Radek Kindl	VIC	Adam Woodbridge	NSW
Horng Lii Oh	NSW	Yi Yang	VIC
Brian Loh	VIC	Sarah Yong	NSW
Kristopher Lundine	SA		
Steven Marchallick	NSW		
Manoj Mathew	QLD		

## DECEASED FELLOWS

Umesh Dhanjee	QLD
Anwar Girgis	SA
Kevin King	VIC
David McIntyre	TAS
Dennis Paterson	SA
Ian Torode	VIC
Barrie Vernon-Roberts	SA
Robin Williams	VIC

## NEW AFFILIATE MEMBERS

Michelle Dowsey	VIC
Jerzy Kuzma	International
Moreica Pabbruwe	WA



## Age range of practicing members

TOTAL PRACTISING 1516  
(Dates of birth by decade)



# HONOURS & AWARDS

**L O Betts Memorial Medal**  
**Award for Humanitarian Service**  
**Award for Meritorious Service**  
**Leadership Award**  
**Research Award**  
**Honorary Fellowship**  
**Life Fellowship Award**

Michael Fogarty  
 Patrick Timothy Keenan  
 Anthony Dunin  
 Stephen Doig  
 Christos Kondogiannis  
 Herbert Kerr Graham  
 David Findlay  
 Dennis Kerr  
 Brian Cornish  
 Maurice Glen Maguire

# FACTS AND FIGURES

**AOA STRATEGY**  
**AOA STRATEGIC PLAN 2016–2018**  
 All 46 milestones progressed, 12 milestones completed.

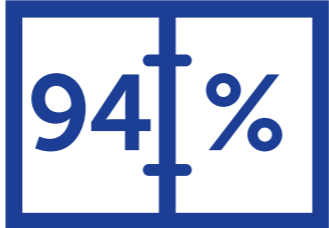


**MEDIA**  
**MEDIA PROFILE**



**65 enquiries**  
**40 mentions**  
 compared to 18 and 12 in 2012.

**COMMUNICATIONS AND IT**  
**BULLETIN READERSHIP**  
 94% of members regularly read the *Bulletin*.



**AOA WEBSITE VISITORS**  
 More than 88,000 in 2015/16 – an increase of 22% over 2014/15.

**EVENTS**  
**PORTFOLIO**  
 40 meetings in the AOA events portfolio, up from 32 in 2014/15.



**EVENTS ATTENDEES**  
 Number of attendees at AOA events, 2015/16. Up 19% over 12 months.

**3690**

**OUTREACH**  
 Over \$10,000 raised for Orthopaedic Outreach at AOA events, 2015/16.

**\$10K+**

**OPERATIONS**  
**CONTRIBUTIONS MADE BY AOA TO SUBSPECIALTIES AND OTHER BODIES**

**\$1.5million**  
 contributed by AOA to subspecialties and other bodies since 2013.

**RACS FEES**  
**\$5.1million**  
 training fees paid to RACS, 2008–2016.

**ACTIVE AOA CONTRACTS**



up 15% over 12 months.

**RISK CONTROLS AND ACTIONS**



**501**  
 an increase of 43% over 12 months.

**MEMBER SATISFACTION**  
**85–90%**  
 for the past five years. Compared to AUS/NZ association average: 58%.

**MEMBERSHIP**

**1663**  
 AOA members.

**225**  
 AOA trainees.

**98%**  
 AOA member percentage of Australian orthopaedic surgeons.

**SOCIAL MEDIA**  
**LINKEDIN**



**2000+ followers**

**FACEBOOK AND TWITTER**



**x2**  
 Followers doubled in 12 months.

**88K+**

**IT PROJECTS**  
 10 strategic and operational technology projects completed over 12 months.



**AOANJRR RECORDS**



**1.1million+**  
 procedures since 1999.

**6.1million+**  
 components since 1999.

# BOARD COMMITTEES AND DIRECTORS as at 30 June 2016

**BOARD COMMITTEE**

	<b>CHAIR</b>
ABC Travelling Fellowships Committee	Bill Donnelly
AOA National Joint Replacement Registry Academic Advisory Panel	Don Howie
AOA National Joint Replacement Registry Committee	David Hale
AOA Presidential Line and State Branch Chair Committee	Andreas Loeffler
Asia-Pacific Committee	Andrew Beischer
Continuing Orthopaedic Education Committee	Andrew Oppy
Continuing Professional Development Committee	Michael A Johnson
Federal Training Committee	Omar Khorshid
Fellowships Committee	David Dickison
Honours and Nominations	Andreas Loeffler
Orthopaedic Women's Link (OWL)	Sarah Watts
Professional Conduct and Standards Committee	Michael A Johnson
Research Committee	Peter Choong
Rural Surgeons Committee	Vinny Mamo
Scientific Committee	Ian Harris
Subspecialty Presidents Committee	Ian Incoll

**AD HOC COMMITTEES OR WORKING GROUP**

	<b>CHAIR</b>
Code of Conduct Review Committee	Michael A Johnson
Digital Imaging Committee	David Mitchell
Patient Education Committee	Andrew Beischer
Workforce Working Group	Lawrence Malisano



A LOEFLER



I INCOLL



L MALISANO



A BEISCHER



A ELLIS



M GILLESPIE



B HALLIDAY



I HARRIS



M A JOHNSON



O KHORSHID



G MARQUIS



D MARTIN



P MOORE



C MORREY



T MUSGROVE



C WHITEWOOD



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ASSOCIATION

