



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

Australian Orthopaedic Association
ANNUAL REPORT



*Restoring and
advancing the wonder
of movement.*



2018



AOA PURPOSE

Restoring and advancing
the wonder of movement.

AOA VISION

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

CONTENTS

REPORTS

- 02** Key Highlights
- 05** President
- 08** Chief Executive Officer
- 13** *Strategic Plan 2019–2021*
- 15** Education and Training
- 17** Dean of Education
- 19** AORA
- 20** Scientific Secretary
- 22** Continuing Professional Development
- 24** AOA Research Foundation
- 26** Orthopaedic Outreach
- 28** Membership
- 30** Facts and Figures
- 32** Board Committees

KEY HIGHLIGHTS

2017 – 2018

JUL-17 Board approves national AOANJRR Patient Reported Outcome Measures (PROMs) trial

JUL-17 Director education session delivered to VIC Branch Executive

JUL-17 AOA achieves first position in Google results for 'AOA' and 'orthopaedic surgeon', reflecting the Association's better-optimised online presence

AUG-17 AOA delivers comprehensive AOA 21 briefing to New Zealand Orthopaedic Association, who subsequently adopt AOA 21

SEP-17 Diversity Workshop brings a representative group of 24 members together to discuss the best ways to support increasing the diversity of the Australian orthopaedic workforce

OCT-17 AOANJRR highlighted in major Australian media, celebrating the work of the Registry and of AOA's members in reducing rates of revision hip and knee surgery

OCT-17 In the context of seeking to raise greater awareness of all that a career in orthopaedics can offer, five female doctors visit a girls' school in South Australia, alongside the Travelling Exhibition of Orthopaedics in Australia, to talk about their careers

OCT-17 Two female members, Alison Taylor and Kate Stannage, become heads of subspecialty societies – the Australian Orthopaedic Foot and Ankle Society and the Australian Paediatric Orthopaedic Society, respectively

FEB-18 The first cohort commences the AOA 21 Training Program following their attendance at the second annual Bone Camp



KEY HIGHLIGHTS

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- FEB-18** Collaboration regarding AOA's implementation of the [Mentoring Program commences](#) through discussion groups with members at state branch ASMs
-
- FEB-18** [RACS President John Batten and CEO Mary Harney meet with AOA Executive](#) on a national 'listening tour' of all specialties
-
- FEB-18** [Ethics Implementation Workshop](#) held at VIC Branch ASM in Lorne – the first of a number of workshops seeking member engagement in the implementation of the AOA *Ethical Framework*
-
- MAR-18** Community awareness of orthopaedics raised through AOA CEO's participation in sixth consecutive annual [OzHarvest CEO CookOff](#)
-
- APR-18** In a first, at an AOA strategic planning workshop, invited [female AOA members and the RACS CEO and President](#) join the AOA Board in shaping the future of AOA
-
- APR-18** After months of consultation and development, the AOA [Diversity Strategic Plan approved](#) at a historic board meeting including active contribution of 10 female members
-
- MAY-18** The [AOA Clinical Quality Interim Committee](#), a committee of the Board, meets for the first time.
-
- MAY-18** [AOANJRR automated industry reporting system](#) launched
-
- JUN-18** The [Travelling Exhibition of Orthopaedics](#) moves from Cairns Hospital to Royal Darwin Hospital, continuing the third year of its journey across metropolitan and regional Australia.
-
- JUN-18** Selection interview panels average [50 per cent female members](#)
-
- JUN-18** [AOA CEO joins RACS CEO and President in meeting with Federal Minister for Health](#), highlighting the strength of the renewed relationship between AOA and the College



KEY HIGHLIGHTS

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- JUN-18** Major public health insurer reverses decision to reduce patient choice after persistent advocacy by AOA and others in the health sector
-
- JUN-18** AOANJRR more strongly represented than any other registry at the [International Society of Arthroplasty Registries meeting](#) in Reykjavik, Iceland
-
- JUL-18** AOA Conference and Events Management delivers the [largest continuing orthopaedic education event to date](#) (combined with the Asia-Pacific Knee, Arthroscopy and Sports Medicine Society), with over 800 delegates and four concurrent sessions
-
- JUL-18** [PROMs trial launched](#), having grown during planning and development to include more than 50 hospitals and all states and territories
-
- JUL-18** AOA CEO, with enthusiastic Board approval, stewards the development and [launch of the Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector \(ACF\)](#), bringing together over 60 participants from across the provider and patient communities and gaining support and endorsement from every state and territory and from the Federal Minister for Health
-
- JUL-18** Australia receives [APEC Lighthouse Award in Tokyo](#) in recognition of AOA's chairing position in the development of the ACF and its potential as a model for other nations
-
- JUL-18** AOA [Research Foundation Strategic Plan 2018–2023](#) launched, outlining the vision and core strategies for the Foundation's next five years
-
- JUL-18** [Onsite childcare at the 2018 AOA ASM](#) announced – available for the first time
-
- JUL-18** [AOA Strategic Plan 2019–2021](#) approved at Board following broad and extensive member consultation

PRESIDENT REPORT

President – **Lawrence Malisano**



Class-leading surgical training, assessment and professional standards have launched AOA's international profile. AOA's thirst for improvement ensures future viability.

INTRODUCTION

October 2017 brought the full realisation of the role as AOA President. I still grapple with the best means by which to fulfil my responsibility. Our *Constitution* defines a 12-month presidential term; however, I believe that a two-year term would be more fulfilling and create a greater sense of commitment. This would carry significantly greater personal and professional impost.

ETHICAL FRAMEWORK

12 months of intense discussion facilitated by The Ethics Centre bore the fruits of the AOA *Ethical Framework*, with its purpose, values and principles. It is a tool to facilitate member engagement, as it has been embedded within AOA 21 foundation competencies, trainer-education modules, and at every committee and policy-review meeting by specifically mentioning the associated values and principles applicable to the discussion at hand.

It has stimulated feedback from some members, many of whom are concerned with a small number of colleagues' compromising professional behaviour, emphasising their strong desire for AOA to highlight inappropriate professional activity including advertising, egregious surgical fees and questionable billing practice.

Whilst AOA will establish a code of ethical practice, it behoves all members to champion good behaviour and become empowered to question poor behaviour. The aim is to develop AOA culture, rather than provide a list of inappropriate behaviours within a policy document. Providing the opportunity for mentorship, with the assistance of the AOA-developed Mentoring Program, supports this culture development.

AOA 21

2018 is a milestone year that sees the Federal Training Committee, assisted by many committee members, commence implementing AOA 21. AOA allocated considerable resources for AOA 21's development. It is an exciting period for all members, including trainees, who now have a well-defined curriculum, a work- and app-based assessment program, a nationally coordinated Bone School, an improved selection process and defined flexibility of training.

It is no mistake that AOA 21 is world recognised and that AOA's experiences are sought internationally.

DIVERSITY STRATEGY

The AOA Board invited a broad cross section of female members to the April Board meeting to discuss and ultimately approve AOA's *Diversity Strategic Plan*. In doing so, AOA has established aspirational goals, with unanimous agreement that selection, assessment and progression through training will be meritorious in nature.

I am very grateful to the female members who contributed to these meetings, taking leave from their busy professional and family lives to facilitate discussion. There is much to accomplish, and we must remember that diversity is much more than gender alone, as engagement of ethnic and minority groups requires attention.

Some members have voiced concerns regarding AOA's *Diversity Strategic Plan*. My experience is that these concerns are fuelled by misinformation and eased by respectful discussion. It has been a requirement of the 2018 AMC review of AOA's training that diversity and flexibility of training be progressed.

ADVOCACY AND SUSTAINABILITY

There has been recent media focus on the healthcare sector, with, in particular, increased scrutiny of wasteful, excessively costly and poorly selected aspects of healthcare provision. I see this as an opportunity for AOA to stand as champions of patient care by facilitating the purpose, values and principles of the *Ethical Framework*.

Recent media attention was driven by a private health insurance company misrepresenting the surgical profession and attempting to control patients' freedom to select their preferred doctor and/or healthcare facility. AOA responded with concerns as to how this management of patient care may affect patient wellbeing and may well lead to poorer healthcare outcomes.

AOA members participated widely in the 2018 MBS Review and provided input to the Health Minister's Advisory Committee and to Federal Minister for Health, the Honourable Greg Hunt MP, into out-of-pocket expenses. AOA has also been in a position to correct media misinformation regarding workforce issues, professional behaviour and professional integrity with respect to interaction with the medical device industry.

There is a link between these questions and the sustainability of healthcare in Australia. AOA holds an enviable position, able to interact with all providers of healthcare, provide perspective to discussions and positively influence all parties at all levels.

RACS/AOA RELATIONSHIP

I am delighted to report progressive strengthening of bonds and collegiate, professional interactions between AOA and RACS. Positive AOA and RACS interactions are a result of a respectful dialogue and have achieved much to realise mutually acceptable goals within professional standards and education portfolios. These interactions extend across the professional standards, education and Board of Surgical Education and Training committees. There are many examples of shared experiences, respect and advocacy initiatives.

Whilst it is a coincidence that both AOA and RACS are formulating their 2019–2021 strategic plans in 2018, it provides a unique opportunity to align strategic focus. AOA recognised this opportunity and, in an unprecedented, historic gesture, approached RACS President John Batten and CEO Mary Harney, who, along with a representative group of female orthopaedic surgeons, attended AOA's strategic planning weekend in April. The relationship continues to mature with a synergy to improve the community impact and advocacy of both organisations.

MEMBERSHIP SURVEY

Annual membership surveys allow AOA to integrate members' opinion into a considered future board, management-planning and strategic focus. The 2018 survey revealed ongoing interest in education and standards, advocacy, research and AOA's Asia-Pacific strategy.

Members identify opportunities to promote physician wellbeing as highly important, recognising the potential impact on patient care.

LOCAL AND INTERNATIONAL RELATIONSHIPS

A primary focus of my year was to engage the membership. Unfortunately, the number of meetings results in conflicts of time, with the personally disappointing situation that I was unable to attend the TAS Branch Annual Scientific Meeting in June and the NSW Branch ASM in August. I am indebted

to David Martin and Andrew Ellis for their support in representing AOA at these meetings. It was my pleasure to be the guest at the Spine Society of Australia ASM, which provided a valuable insight into relationships with our learned subspecialty societies.

I have represented AOA at four overseas meetings. At the New Zealand Orthopaedic Association ASM in October 2017 I provided an update to trainers and membership on AOA 21. This has since progressed favourably to the extent of exchange and assistance with AOA 21 implementation.

My second meeting was the American Academy of Orthopaedic Surgeons (AAOS) Meeting in New Orleans in February 2018. This was the second occasion on which AOA was invited to speak at the World Opinion Forum – a closed, president invitation meeting. I presented the processes by which AOA has influenced local and federal health politics, and examples of success. AOA was subsequently referenced and approached by several AAOS members throughout the remainder of the meeting.

I am particularly grateful to the AOA membership for this wonderful opportunity to represent members locally and nationally, as well as on the international stage.

The Canadian Orthopaedic Association was held in Victoria, Vancouver Island, in late June. I was asked about the innovation that most influenced my practice in the past decade. I thought of many things, but quickly realised that the AOA National Joint Replacement Registry (AOANJRR) was a major factor not only for improving my own practice and patient outcomes, but also for orthopaedic surgeons and patients of all countries. The presentation was enthusiastically received and stimulated questions and discussion. Other presidents requested my presentation.

This was followed by the American Orthopaedic Association meeting. I represented AOA at a round-table discussion entitled 'The Concussion Conundrum' – an opportunity to highlight Australian data regarding mild sports-related traumatic brain injury including admission rates to hospitals, public

perceptions, research into the brain forces sustained, incidence and impact in rugby union and league for both men and women. The forum was attended by orthopaedic surgeons responsible for major US league teams who expressed appreciation of the nuances as applied to rugby in Australia. I also presented the *Curriculum* and monitoring and assessment strategies of AOA 21 to the Council of Residency Directors, who have enthusiastically sought ongoing interaction with AOA.

CONCLUSION

AOA is fortunate to have robust, class-leading governance and procedural practice. The skills and experience provided by fellow board members is outstanding, and create a harmonious working environment, facilitated by dedicated, diligent staff, under the expert stewardship of AOA CEO Adrian Cosenza.

I am particularly grateful to the AOA membership for this wonderful opportunity to represent members locally and nationally, as well as on the international stage. It is humbling and exhilarating to have the opportunity to meet the world's orthopaedic leaders and to strengthen relationships. The intellect and overall abilities of many of those with whom I have become acquainted provide inspiration and an enhanced perspective on professional and life opportunities.

CEO REPORT

By Chief Executive Officer - **Adrian Cosenza**



Member guidance and feedback has repositioned AOA as a leading and respected professional body within the medical, surgical and wider community.

CONTEMPORARY STRATEGY GUIDES TRANSFORMATION

Over the past 12 months the Board has prudently stewarded the oversight, monitoring and implementation of the final stages of the *Strategic Plan 2016–2018*. Building on the core strategies in the previous *Strategic Plan 2013–2015*, and with the tireless and generous support of members over the past six-year strategy cycle, AOA has significantly and meaningfully developed capabilities in education and training, member representation and advocacy, research, and professional standards – including the AOA National Joint Replacement Registry (AOANJRR) – while extending international engagement within and beyond the Asia Pacific. During this six-year period, over 200 milestones were monitored and substantially delivered.

This investment in member services is designed to best equip AOA members for the fast-changing dynamics of the complex healthcare system in which our members operate, to best meet ever-increasing community and patient expectations. Whilst many challenges remain, careful, considered development and execution of strategies aligned with AOA's purpose – 'Restoring and advancing the wonder of movement' – greatly assists in ensuring that orthopaedic services delivered by AOA members remain valued and respected by the community.

PREPARING FOR THE FUTURE

AOA members do not rest on their laurels. In the context of historical and unprecedented change, including fast demographic shifts, increased digitisation and heightened management of reputational risk – all of which present both challenges and opportunities – members, state branches, subspecialty societies, AORA, the Federal Training Committee, OWL, AOA staff and directors have over the past nine months actively contributed to the development of the *AOA Strategic Plan 2019–2021*. The Plan reinforces the core strategies of education and training, introduces a new focus on leadership and continues with renewed energy on implementation of the *Ethical Framework*, including professional standards, while expanding the AOA National Joint Replacement Registry's capability and highlighting the importance of research and advocacy. An outline of the *Strategic Plan 2019–2021* can be found at page 13.

The AOA Board is professionally delivering its key fiduciary responsibilities in developing, approving and monitoring execution of AOA strategy. Contemporary and best-practice governance plays a vital role in ensuring AOA

resources are deployed effectively and in the best pursuit of the member-focused activities.

STRATEGIC PLAN 2016–2018 – AN OVERVIEW

The progress of the deliverables and milestones of the *Strategic Plan 2016–2018* have been reviewed by the Board and/or the Executive Committee on 32 occasions over the three-year period between 2016–2018. In addition, during this period the Board and the Audit and Risk Committee have been involved in 12 risk-review assessment checkpoints. Overall, the deliverables and milestones for each of the four core strategies have been successfully implemented – in some cases, ahead of time. With 146 milestones in the plans to 2021, over 90 per cent have been either progressed or completed. Those deliverables scheduled for completion post-June 2018 have been captured in the *Strategic Plan 2019–2021*.

EDUCATION AND TRAINING – AOA 21

AOA's world-recognised AOA 21 education and training initiative has moved to full implementation, with sustainably operationalising AOA 21 a key focus of the *Strategic Plan 2019–2021*. AOA 21 provides a better-defined curriculum, more effective assessment tools, improved and integrated technology for learning, streamlined Bone School and a revamped training-post hospital-accreditation system, and delivers capacity building for members. As a consequence of the reputation for excellence attained by AOA 21, AOA is currently assisting others in the development of their own education programs – for example the New Zealand Orthopaedic Association, American Orthopaedic Association, NSW Department of Health and a number of other parties including colleges.

PROFESSIONALISM – LEADING THE ETHICS DEBATE

The past 12 months has seen the commencement of the implementation of the *Ethical Framework*. The *Framework* was developed and guided by member feedback and comprises AOA's purpose, values and principles.

Three strands of work have been embarked upon to take forward the implementation of ethics into AOA programs and processes. Current governance structures are being reviewed for the purpose of aligning committees, policies and procedures with the *AOA Ethical Framework*, complementing

the development of terms of reference for an ethics committee. Secondly, education about the *AOA Ethical Framework* is being embedded in AOA programs and events such as Bone School, Bone Camp, mentoring programs, AOA branch meetings, COEs and the national annual scientific meeting (ASM). Finally, AOA is playing a leadership role in the Federal Minister for Health-endorsed development of the *Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector (ACF)*, including the medical device and biopharmaceutical sectors.

It is most pleasing to note the recognition from the Australian Federal Minister for Health, the United States of America Deputy Secretary of Commerce, Asia Pacific Economic Cooperation (APEC) and other Australian healthcare leaders for the AOA Board's prudent and professional leadership of this unprecedented consensus framework in the Australian healthcare sector. It is the largest participant consensus framework of its type in the world and also includes rare universal bipartisan endorsement from federal, state and territory governments.

PROFESSIONAL STANDARDS AND RESEARCH

The past year has been very active for the AOANJRR. Notable achievements include the development and launch of the AOANJRR patient reported outcome measures (PROMs) trial. This two-year trial initiative is multi-stakeholder, including all state government health departments, some hospital groups, the AOA Research Foundation, most health funds, patient groups and the Arthroplasty Society of Australia.

AOANJRR continues to be the global benchmark

Due to heightened interest and demand, the trial has been expanded from 20 hospitals to 50 hospitals across all states, and includes public and private hospitals, as well as city and rural sites. In addition, the AOANJRR has developed a state-of-the-art automated industry reporting system (AIRS), delivering faster turnaround time for reports and a larger volume for paying participants. Industry take-up of this new service has been most encouraging.

The AOANJRR continues to maintain a high local and global profile, being regarded in the 2018 member survey as a global leader (as in the three

previous member surveys), and further demonstrated through delivery of the largest number of papers at the International Society of Arthroplasty Registries (ISAR) meeting held in June 2018 in Reykjavik, Iceland. AOANJRR Director Stephen Graves and Deputy Director Richard de Steiger continue to serve on the ISAR Executive and share AOANJRR best practice with the global registry community.

Implementation of the research strategy continues to gather pace, with the increased activity of the Network of Orthopaedic Academic Departments (NOADs) now comprising 22 members. The past year has seen increased focus on embedding research education in various activities, including ASMs, and increased collaboration and engagement with other musculoskeletal research organisations.

The AOA Research Foundation developed a new *Strategic Plan 2018–2023*, and this has been aligned with AOA's *Research Strategic Plan* to prudently leverage scarce resources and complement activities.

MEMBER SERVICES – LEADERSHIP, GOVERNANCE AND MENTORING

There is a thirst amongst many AOA members for education in Leadership and to do more to promote mentoring. The Emerging Leaders Forum (ELF) (previously Young Leaders Forum) has proven to be a highly valued opportunity for the participants involved. Arising from the positive and encouraging feedback from courses over the past few years, including the 2017 ELF, and leveraging the healthy relationships with like-minded surgical specialties, the ELF for 2018 will be expanded to accommodate participants from four other specialty societies. In addition, planning is underway to deliver the ELF more frequently and to a wider AOA member audience.

The Mentoring Program continues to be discussed at meetings all over the country and members are sharing experiences and guiding practical application of models that work best for the profession. Over 90 members are available as mentors to younger members.

AOA continues to deliver governance education for AOA committees and members, and to other specialty professional groups.

ASIA PACIFIC – PRACTICAL PRIORITIES

The *Asia-Pacific Strategic Plan* has provided ordered and well-defined priorities for AOA working together

with Orthopaedic Outreach, the Asia-Pacific Orthopaedic Association (APOA) and, recently, the Pacific Islands Orthopaedic Association (PIOA). The focus over the past year has been on developing defined plans for Myanmar, Papua New Guinea and Vietnam. Following two years of trials and multiple exchange visits, AOA will provide administrative support for the Vietnamese Orthopaedic Observership Program (VOOP). This work has been pioneered and stewarded expertly by Asia-Pacific Committee Chair Andrew Beischer.

DIVERSITY STRATEGY – A NEW INITIATIVE

Following a detailed member-consultation process, including member surveys and discussions with state branch executives, subspecialty societies, OWL, AORA, the Federal Training Committee and the Board, AOA's *Diversity Strategy* was approved at a historic meeting in April 2018. For this decision, the Board invited 10 female members to be part of the discussion and debate the final Diversity Strategy. It comprises three core strategies: culture and leadership, advocacy and engagement, and flexibility. The Strategy has been developed in response to member and community concerns regarding the continuing low rate of females participating in the delivery of services by orthopaedic surgeons. Whilst these are early days, AOA's commitment to diversity can be demonstrated by:

- the development and rapid commencement of the implementation of a five-year *Diversity Strategic Plan*, which aims to address issues in culture, leadership, advocacy, engagement, surgical specialty training and selection – without compromising merit
- moving away from a time-based training program to a competency-based training program as part of AOA 21
- the development and implementation of the *Breastfeeding and Childcare Facilities at AOA Events Policy*
- amending the *Selection Interview Panel Guidelines* to encourage the diversification of individuals serving on the interview panels and to reduce the risk of unconscious bias and groupthink. This was implemented in 2018 and resulted in approximately 50 per cent of individuals participating in the national interview panels being female – a significant increase from the aggregated average of 11 per cent over the last seven years (2011–2017).

- the selection of 25 per cent females, including an indigenous applicant, to the 2019 training cohort, representing a record for the gender mix and likely representative of the improvements in selection outlined above
- redrafting the *Hospital Accreditation Standards* to promote flexible training positions for those who are unable to participate in full-time specialist training
- the application of the AOA *Ethical Framework* to build a diverse membership that reflects the community
- creating networking opportunities for minority groups in orthopaedic surgery including, for example, facilitating workshops for women who are interested in pursuing orthopaedic surgery as a career
- introducing stricter guidelines for presenters and moderators at AOA meetings, which outline the professional standards expected of every delegate.

There is much more to do; however, early progress is encouraging.

ADVOCACY – A RESPECTED VOICE ADVOCATING THE BENEFIT OF ORTHOPAEDICS TO THE COMMUNITY

The Travelling Exhibition of Orthopaedics has exceeded all expectations since its launch at the 2016 ASM in Cairns. The Exhibition is currently on its second visit to some states and continues to be warmly received by communities. AOA has proactively issued 15 media releases and been featured 76 times in the media over the past 12 months or so. Whilst it is difficult to be precise, AOA media advisors estimate the economic equivalent value of AOA's positive profile through media to be worth up to \$2.7m, which also includes the AOA CEO's community involvement in the annual OzHarvest CEO CookOff.

Members have contributed to the development of 12 clinical position statements, while over 60 member-related advocacy issues have been handled by AOA.

Through recognition of the AOANJRR as a best-practice registry, AOA 21 as a leading contemporary medical education program and AOA's leadership of the ACF, and Australia's recognition for ethical leadership as the winner of the 2018 APEC Lighthouse Award, AOA's global acknowledgement for its leadership role in ethics is increasing. A highly respected voice provides AOA members with a most valuable basis from which to passionately advocate to government and other bodies for better patient outcomes in the provision of orthopaedic services.

RELATIONSHIPS – DELIVERING TO MEMBER NEEDS

AOA has continued to maintain a high and positive engagement with all subspecialty societies, for which it provides governance advice, advocacy services, conference and financial administration, and support. In addition, there is excellent continuing engagement with state branches. The current relationship with the Royal Australasian College of Surgeons (RACS) is regarded as the most productive and collaborative it has been in the last eight years. The AOA Board would like to acknowledge the powerful and effective leadership of RACS President John Batten (previous AOA President) and new Chief Executive Officer Mary Harney. Both have worked tirelessly to listen to specialty society needs and steward a more welcoming and accommodating approach from the College.

Finally, AOA has been able to further develop a highly respected position with Government. AOA's chairing role and leadership of the ACF have resulted in increased involvement with the Federal Minister for Health, the Federal Department of Health and other government agencies. In addition, the process of seeking the agreement of 53 signatories from the health sector plus all government jurisdictions to the ACF statement has seen AOA's involvement with other players in the health sector rise to unprecedented levels.

REFLECTION – AN EIGHT-YEAR PERSPECTIVE

AOA members are AOA. AOA remains one of the most highly-engaged member specialties in Australia and around the world. Nothing is possible without the goodwill, community spirit, generosity and tireless efforts of all AOA members. Thanks to all for your contribution to and valuable enrichment of your Association. The AOA Board, informed by AOA members, has responded to member needs and demonstrated leadership in many ways, including:

- working effectively as a well-functioning, cohesive, collaborative and constructive Board led by a committed and united presidential line in each year of the eight-year period
- monitoring sound and appropriate investment in a talented and highly-engaged AOA staff team
- stewarding high-quality strategy development and a strategic plan (globally benchmarked) reflecting member priorities
- overseeing effective implementation and wise resource allocation as evidenced through the investment of \$4m over the past eight years in modernising AOA while simultaneously growing member value

- overseeing prudent governance, risk-management practices and technology planning, including the implementation of improved risk-mitigation action through demonstrated successful disaster recovery exercises (five), strengthened insurance arrangements and disciplined management of contractual arrangements
- facilitating increased financial modelling and sophistication, including longer-range planning, and guiding an improved overall financial position for AOA.

It remains a most humbling experience to continue to be provided with the opportunity to work with and learn from so many presidents, directors, members and staff. I am deeply grateful for their counsel, guidance and support and I look forward to playing a continuing role in this amazing journey of transformation of orthopaedics for better patient and community outcomes.



STRATEGIC PLAN

2019 – 2021

EDUCATION AND TRAINING

Aims:

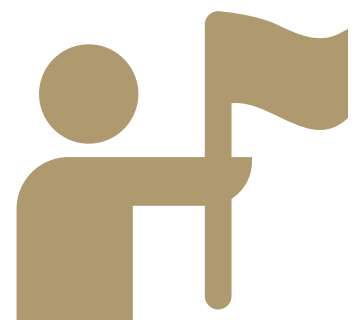
- To continue to provide the highest quality education and training by implementing AOA 21
- To steward the transition from the SET program to the AOA 21 Training Program for all members
- To foster lifelong learning and professional behaviours
- To nurture a compassionate and flexible environment that enables trainee physical and mental wellbeing
- To ensure that trainers receive the best possible support to deliver the highest quality of education to trainees.



LEADERSHIP AND PROFESSIONAL STANDARDS

Aims:

- To create a culture of inclusion that promotes and enables all people into and within the profession of orthopaedic surgery to the benefit of the Australian people
- To create an environment of psychological safety and wellness
- To raise awareness of and facilitate ethical decision making and professional conduct through the implementation of the AOA *Ethical Framework*
- To create a culture to which prospective trainees want to belong, of which current trainees are proud, and with which fellows continue to engage
- To enhance leadership capability, capacity, strategic thinking and collaboration
- To continue to develop professional standards of practice for orthopaedic surgery and musculoskeletal health.



STRATEGIC PLAN

2019 – 2021

RESEARCH

Aims:

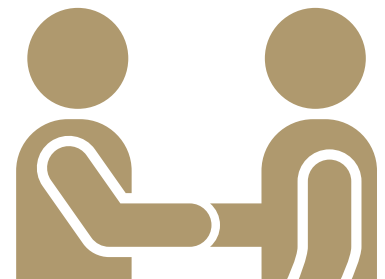
- To develop a community of practice in musculoskeletal evidence-based medicine and learning
- To expand and optimise the AOANJRR's capability and strengthen its global reach and influence
- To build the data-collection and -analysis capability of the AOANJRR
- To utilise musculoskeletal research outcomes to promote ethical, evidence-based, cost-effective and sustainable orthopaedic practice
- To strengthen research literacy amongst the membership.



ADVOCACY

Aims:

- To collaborate and foster strong relationships with government, industry, healthcare institutions, medical colleges, specialties, patient groups, universities and other stakeholders involved in musculoskeletal health
- To improve the profile of AOA as the peak professional body for orthopaedic surgery and musculoskeletal conditions in the community
- To promote strong relationships with the Asia-Pacific region through collaboration, education, training and humanitarian initiatives
- To expand and deliver relevant member support services.



EDUCATION AND TRAINING REPORT

Chair of Education and Training – Omar Khorshid



I have previously described AOA 21 as a transformation journey, and while we have achieved so much there is still much work to be done.

AOA 21

2018 has seen the first intake of trainees commence on the AOA 21 Training Program. At this significant milestone it seems timely to reflect on the enormous undertaking that our progress so far represents. The dedication and tireless efforts of so many AOA Fellows and staff have brought us to this point.

I'd like to acknowledge the over 700 Fellows who are involved in training for their patience and fortitude in moving through the many changes that have been implemented to date. We have asked them to shift the way they train, to adopt new tools and to undergo additional training. We recognise the effort involved and hope that they are starting to see its positive impact.

I have previously described AOA 21 as a transformation journey, and while we have achieved so much, there is still much work to be done. I'd like to take this opportunity to highlight several key achievements of the last 12 months and briefly outline what is still to come.

eLEARNING

The last year has seen a positive uptake in use of the AOA Training App for completion of Workplace Based Assessments and Feedback Entries. As with the roll out of any new technology, there have been a few issues along the way. These have been addressed and feedback suggests the App is now working reliably.

Graphs and data reports, now available in the Trainee Information Management System, can be utilised to review trainee progress and inform assessment decisions. I would encourage all trainee supervisors and directors of training to familiarise themselves with these tools, as three-monthly assessment in the AOA 21 Training Program relies on assessment data rather than a consensus discussion.

COMMUNICATION AND SUPPORT

A series of narrated PowerPoint presentations have been developed to assist with understanding the requirements of the AOA 21 Training Program. These short, sharp presentations (approximately two-to-three minutes in duration) each represent a touch point on one specific aspect of training. Webinars have also been held to discuss various aspects of the new program in more detail.

FEDERAL TRAINING COMMITTEE (FTC) GOVERNANCE

Two new FTC subcommittees have been convened: the Research Coordinators' Committee and the International Medical Graduate (IMG) Assessment Committee. Each of these committees has been delegated authority to manage their area of responsibility to a level of detail not possible for the FTC as a whole. A new Accreditation Committee will be constituted in the second half of 2018.

An external representative has been included on the FTC to contribute a non-orthopaedic perspective to the deliberations of the Committee. I am pleased to welcome Ms Susi Tegen, former CEO of the Royal Australian and New Zealand College Obstetricians and Gynaecologists and the Medical Technology Association of Australia, to this role. Susi made a most valuable contribution at her first meeting in July 2018.

REVIEW OF ACCREDITATION

In July 2018 the final versions of the new AOA *Accreditation Standards* and associated policies were approved, following a period of consultation. Implementation of the new standards will represent a significant body of work for AOA. Transition to the new standards will commence in 2019.

WHAT'S NEXT?

Our first group of trainees will progress into the Core Orthopaedics stage of training early in 2019. This group will comprise Surgical Education and Training trainees who commenced in 2017 and current Introduction to Orthopaedics trainees.

I commend to you the report of the Dean of Education, which outlines several other AOA 21 projects from the past year.

OPERATIONS OF TRAINING

As always, the wheels of the Training Program continue to turn while we work towards achieving our goal of excellence in orthopaedic training.

219 applications for selection to the AOA 21 Training Program for 2018 were received, with 144 applicants going on to be interviewed across the country.

Sincere thanks are extended to the numerous AOA members who volunteered to act as interviewers.

Due to a small cohort exiting in 2019, only 24 first-round offers were extended in July 2018. This translates to 11 per cent of applicants securing an offer. It is important to highlight that this success rate is only reflective of the number of posts available and not the quality of the applicants. Orthopaedic training has always been in high demand; however, we are seeing a marked increase in the number of applicants each year. The majority of these applicants will unfortunately be disappointed with their outcome.

33 accreditation inspections were conducted, largely in March and April 2018. I also extend my thanks to the dedicated AOA Fellows who willingly gave of their time to complete this important process.

223 trainees are currently in active training in the AOA Training Program. This slight decrease is a result of unplanned interruptions of training. During the 2017/2018 year, 42 trainees have completed training. Regional training committees (RTCs) have continued to provide additional support to their trainees, with four trainees completing a period of 'red flag', eight a period of probation and five a training review.

I would take this opportunity to remind trainees that feedback and assessment processes are intended to highlight deficiencies and facilitate remediation, with an ultimate goal of helping you achieve the required competencies.

Peter Cundy took over as convenor of the National Trial Fellowship Exam (NTFE) in 2017. The 2017 NTFE was held in Adelaide in conjunction with the Australian Orthopaedic Registrars' Association (AORA) Annual Scientific Meeting (ASM). For the first time, the written exams were delivered online and marked in advance so that personal feedback could be provided to each candidate. Once again, this popular event was made possible through the commitment of an enthusiastic group of past-examiners and the FTC.

The final National Pre-Exam Course was convened by Sindy Vrancic in May 2018. The course was a success thanks to the involvement of many members from Canberra and the NSW training regions.

AOA is continuing to work with RACS in achieving the requirements of the *Building Respect, Improving Patient Safety* action plan. I am pleased to report

100 per cent compliance by AOA trainees with completion of the Operating With Respect (OWR) online module. We continue to work towards achieving the other requirements and I encourage you to complete the OWR module and attend AOA 21 workshops in your region or at an ASM.

There are 16 IMGs currently undergoing clinical assessment in orthopaedic surgery and 13 who are waiting to commence clinical assessment. Seven IMGs have completed their supervision period and are waiting to pass the Fellowship Examination. Four IMGs have so far obtained RACS Fellowship in 2018.

On behalf of our trainees and our Association, I would like to reiterate my sincere gratitude to those members who continue to be involved in the Training Program. Whether you are an assessor,

trainee supervisor, director of training, Bone School coordinator, inspector, AOA 21 lead, committee member or mentor – your efforts do not go unseen and are greatly appreciated. AOA would not have a Training Program without your commitment.

I'd especially like to acknowledge the hard work and dedication of the members of the FTC: RTC Chairs Kelly MacGroarty (QLD), David Nicholson (Newcastle NSW), Sean Suttor (Northside NSW), Sindy Vrancic (Southside NSW), Christos Kondogiannis (VIC/TAS), Nicole Williams (SA), Jonathan Spencer (WA); Senior Orthopaedic Examiner Paul Pincus; AORA President Minjae Lee; Jurisdictional Representative Brett Oliver, Dean of Education Ian Incoll and President Lawrence Malisano. The work of the FTC continues to be supported by our excellent Education and Training team at AOA Head Office and our regional managers.

Dean of Education – **Ian Incoll**

DEAN OF EDUCATION REPORT

Much of my activity in the 2017/18 year has been around facilitating the delivery of AOA 21 workshops around the country. It has been a wonderful opportunity to connect with many AOA Fellows and to learn about delivery of training in a variety of settings from those of you at the coal-face. It is most gratifying to note the enthusiasm and dedication of AOA's trainers as you continue to engage with the workshops in greater numbers. I understand there are some frustrations at the training requirements being imposed by the Royal Australasian College of Surgeons (RACS); however, I believe that these workshops can and will result in AOA having a group of trainers who are well equipped to teach and support trainees to a high standard of competence. This in turn works towards our aim of improving patient care, and ultimately restoring and advancing the 'wonder of movement'.

We have recently held a train-the-trainer session in Sydney for new AOA 21 leads, which should help to increase AOA's capacity to deliver more workshops locally. I encourage you to continue to sign up for the workshops being held in your region or to request that a workshop be held in your

department. AOA continues to share completion data with RACS, which recognises the four core AOA 21 workshops as equivalent to the Foundation Skills for Surgical Educators course.

A full year using the new workplace-based assessments has provided us with considerable data on trainee performance, which, as we move toward full implementation of AOA 21 assessment data, will increasingly be the basis for trainee progression. With the Federal Training Committee (FTC), I have also started to scrutinise trainee eLog data with a view to monitoring trainee exposure to the level-one procedures of the AOA Curriculum. Over time this will confirm (or otherwise) the current categorisation of procedures and inform any changes that may be required.

The second Bone Camp for trainees commencing on the AOA 21 Training Program was held in February 2018. Based largely on the format piloted in 2017, with a slightly compressed two-day program, new trainees participated in sessions on taking a history, physical examination, ethical decision-making and research methodology. Bone Camp has once again



received positive feedback, with trainees noting they value the opportunity to come together for this intensive training experience. I express my thanks to the many members and staff who contributed to this success.

AOA is currently working on a number of education research projects in consultation with Jason Frank, Royal College of Physicians and Surgeons of Canada Director of Specialty Education, Strategy and Standards. These include publication of the strategic education review undertaken as part of the development of the AOA 21 Training Program, a diffusion study to assess the use of the AOA 21 Training App, and assessment of the effectiveness of current selection tools and the relationship between selection scores and performance during training.

We are also working on the development and validation of a learning tool that will facilitate the assessment of informed consent skills in surgical trainees. Once developed, this tool will be integrated into the AOA 21 Training Program with the aim of improving the process of informed consent in orthopaedic surgery in Australia, thereby improving patient care and reducing medico-legal risk. We would like to thank Avant Mutual for providing a research grant to help fund the development and publication of this tool.

As the FTC roll out the AOA 21 Research Pathways for trainees, a formal Research Coordinators Committee has been established. With representation from each training region, the

Research Coordinators Committee is responsible for reviewing trainee research proposals for one of three available pathways: the Project Pathway, the Coursework Pathway and the PhD Pathway. Trainees are now able to select a pathway based on their level of interest in research involvement. All three pathways provide the necessary groundwork in research methodology and evidence-based medicine, with trainees then able to choose to complete a full research project or to take a pathway that would facilitate becoming a surgeon scientist. Trainees can also claim recognition of prior research learning through the Committee.

I have continued to act as AOA's representative to RACS with regard to IMG assessment. Outside the regular IMG assessment interviews, considerable activity is underway in this area with a view to strengthening IMG assessment processes. The FTC has recently established an IMG Assessment Committee, which will work closely with the RACS IMG Committee in this regard while also ensuring close links between regional training and IMG assessment.

I feel very privileged to have represented AOA in a number of forums, including the International Conference on Residency Education and the International Selection in the Health Professions Conference. As we continue to share AOA 21, it is gratifying to see that AOA is operating at the leading edge of educational best practice.

AORA REPORT

Australian Orthopaedic Registrars' Association President – **Minjae lee**



A successful year of transition for trainees, with a proposed strategy of continuous support within the competency-based program.

THE AOA STRATEGIC PLAN 2019–2021

The AORA Executive has had the opportunity to contribute to the *Strategic Plan 2019–2021*. One of its key goals is the development of a trainee support program, with the involvement of trainee mentors and supervisors. Although our new, competency-based program allows trainees to monitor their progress throughout the Training Program, it was recognised that implementing an improved support network for trainees will be imperative. Trainees also expressed concerns about the disparity of training experiences in different states, particularly with regard to exposure to hand and spine surgery. This was recognised by the AORA Executive and reflected in the *Strategic Plan 2019–2021*.

RURAL HOUSING AND EXPOSURE

Exposure to a rural orthopaedic secondment is critical for the development of a well-rounded orthopaedic trainee, as well as fostering trainee interests in practicing in areas of need. The provision of basic amenities during secondment terms is an issue that is raised every year, and this year it has been at the forefront of discussions at every AORA Executive meeting. These concerns were escalated and strongly supported by the Federal Training Committee, such that the provision of basic amenities was made a key criterion for the accreditation of rural sites in 2018. The 2018 revision of the *Rural Secondment for Orthopaedic Surgery Trainees* handbook, from AORA, will also help trainees to adapt to the rural training environment.

AORA ASM

It was great to witness the collegiality of registrars on display at the 2017 AORA Annual Scientific Meeting in Adelaide. Over 120 trainees gathered to build on the strong foundations of past AORA meetings. The new format of the National Trial Fellowship Exam was well received. Trainees also found individual feedback on essays and examiner discussions to be invaluable. Twenty high-quality research papers were presented by fellow trainees, including international faculty from Fiji, Turkey, and Japan. Trainees celebrated late into the night at the Cocktail Party and the Gala Dinner, building on the collegial spirit ingrained within our Training Program.

I would like to thank all of the AORA Executive for their valuable and tireless contributions this year: Vice President Christopher Conyard; state representatives Ganesh Balendra (QLD), Angela Chang (SA), Piet Rogers (WA), Macdaniel Nixon (Newcastle), Catherine Hibberd (NSW Southside), Saqib Zafar (NSW Northside), and Brett Moreira (VIC/TAS); and OWL Representative Sarah O'Reilly-Harbridge.

SCIENTIFIC SECRETARY REPORT

Scientific Secretary – **Ian Harris**



The theme of the 2017 ASM was 'Transforming Leadership' and apart from the usual stellar national and international faculty, several successful plenaries were held.

2017 ADELAIDE ASM

The 2017 ASM attracted 1349 registrants, 513 of whom were AOA members. The theme of the meeting was 'Transforming Leadership' and apart from the usual stellar national and international faculty, several successful plenaries were held on leadership, education (both under the leadership of Ian Incoll) and registries, and another plenary on updates from each subspecialty. A president's debate was also held, which covered the topic of advertising in orthopaedics.

2018 PERTH ASM

For the Perth ASM we have a packed program. The theme chosen by the President is 'Better Patient Outcomes'. Plenaries are still undergoing preparation but we plan to have another session of highlights from each specialty, and we will have some mini-plenaries covering specific updates on arthroplasty infection and managing metastases. For the first time, the Research Committee will hold a one-hour session on 'Getting Into Research', which will highlight the role of the NOADs (Network of Orthopaedic Academic Departments) and give guidance for anyone interested in taking an active role in research, from joining a trial to doing a higher degree.

In 2017, AOA struck an agreement with OrthoEvidence that provides all AOA members with a subscription to this online service, which provides evidence summaries in the field of orthopaedics.

In 2018, we will be allocating time in the general section for the best registrar papers from each state/regional meeting to be presented. This will give well-earned recognition and exposure for registrars and allow them to showcase their projects nationally.



ORTHOEVIDENCE

In 2017, AOA struck an agreement with OrthoEvidence that provides all AOA members with a subscription to this online service, which provides evidence summaries in the field of orthopaedics. Based in Canada, this collaborative group produces orthopaedic-only evidence summaries and has partnered with specialist societies around the world. The website is myorthoEvidence.com and members can activate their subscription by simply going to the sign-up page, confirming their email address, and entering the required information through the email prompt.

AOA RESEARCH COMMITMENT

AOA has been working to clarify its role in research activities. The recently established Research Committee, under the leadership of Peter Choong, has established the Network of Orthopaedic Academic Departments (NOADs) and increased the profile of research in AOA activities.

In 2018, AOA also established a Clinical Quality Interim Committee. Under the leadership of Andrew Ellis, this committee will oversee AOA's involvement in clinical quality activities, and act as the contact point with similar external bodies, such as the Australian Commission on Safety and Quality in Health Care.

CPD REPORT

Continuing Professional Development Chair – **Colin Whitewood**



Improvement was made with CPD requirements amongst AOA members with the AOA and RACS CPD programs both achieving 100% compliance for the 2016 CPD year.

2018 is the second year of the revised AOA CPD program, and I would like to thank all of our members for their patience as the new program becomes embedded into our normal practice. Uptake of our new CPD online portal has been excellent and AOA's CPD team members have been working hard to assist members to enter and finalise their CPD activities for 2017. We have taken members' feedback on board and scheduled several system improvements for implementation in the second half of 2018. We are also excited to announce that we are developing a CPD app, which will make it easy for members to add activities on the go. The app is expected to be launched by the end of 2018.

MEDICAL BOARD OF AUSTRALIA (MBA) PROFESSIONAL PERFORMANCE FRAMEWORK

In late 2017, the MBA released the *Professional Performance Framework*, which is designed to ensure that all registered medical practitioners in Australia practise competently and ethically throughout their working lives, and provide safe care to patients. The revised AOA CPD program that was launched in 2017 was developed to address some of the requirements of the Framework, including the introduction of the Multi-Source Feedback tool and an increased focus on peer-review activities. The *Framework* also requires that CPD program providers such as AOA should have a strengthened role in:

- working with individual medical practitioners so that individual doctors' CPD activities reflect and support their scope of practice
- supporting remediation of medical practitioners in their cohort with identified performance gaps
- sharing information with employers and other health-sector agencies about medical practitioners who pose an identified risk to patients, within an established legal framework
- managing the risk of professional isolation, including by increasing peer-based CPD for professionally-isolated practitioners.

The CPD Committee has already taken action to meet its obligations under the new *Framework*, including consideration of new activities that could be added to the CPD program, inclusion of a non-operating surgical representative on the Committee, and development of a practice-visit program for surgeons in at-risk categories. In addition, AOA is actively engaging with the Royal Australasian College of Surgeons (RACS) to ensure that all members are appropriately supported, regardless of which CPD program they choose to complete. It was most pleasing to note improvement of compliance with CPD

requirements amongst AOA members with the AOA and RACS CPD programs both achieving 100 per cent compliance for the 2016 CPD year.

PROFESSIONAL CONDUCT AND STANDARDS

Advertising complaints continue to be the most common reason for people to contact the Professional Conduct and Standards Committee. The majority of these issues in 2017–18 were to do with claims made in practice promotional material that were outside the well-established guidelines set out by the Australian Health Practitioner Regulation Agency (AHPRA), AOA, RACS and the Australian Medical Association. AHPRA now has a self-assessment tool for members to use so they can check their advertising material prior to publication. [Click here to view.](#)

Increasing notifications have also been noted around the inappropriate use of the AOA logo on Fellows' websites where the FAOrthA logo should be used.

Formal meetings of the Committee to consider serious breaches of conduct by members have been pleasantly seldom.

AOA is actively engaging with the Royal Australasian College of Surgeons (RACS) to ensure that all members are appropriately supported, regardless of which CPD program they choose to complete.

CPD STATISTICS (AS AT JULY 2018)

Total AOA members required to undertake CPD	1452
Members undertaking AOA CPD program	947
Members compliant in AOA program	649
Members compliant in AOA CPD program	69%
Members undertaking RACS program	505
Total AOA members CPD compliant	1154 (79%)*
AOA members not undertaking CPD	1 exempt

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

AOA RESEARCH FOUNDATION

Chair of the AOA Research Foundation – **Minoo Patel**



In the 2017/18 year, 39 AOA Research Foundation grant applications were received – an increase of 35 per cent compared to the 2016/17 financial year.

FINANCES

The Foundation achieved a surplus of \$354,949 for the year ended 30 June 2018 compared to \$467,448 in 2016/17, a decrease of \$112,499. The operating result for the year before unrealised movements in market-related investments amounted to \$257,074, compared to \$287,789 for the previous year, with the reduction arising mainly from higher expenditure on grants.

Return from investments, at \$304,697, was slightly lower than the return of \$308,823 for the previous year, and represented a return of 7.07%, a satisfactory result in the current investment environment. Unrealised gains on market-related investments for the year ended 30 June 2018 amounted to \$97,875, down from \$179,659 for the previous year. This reduction is the main factor in the reduction in the surplus compared to the year ended 30 June 2017 and is entirely outside of the Directors' control.

Revenue for the year was \$458,602, compared to \$458,588 in 2016/17 – a minor difference. Members' funds at 30 June 2018 amounted to \$6,155,980, compared to \$5,801,031 at 30 June 2017 – an increase of \$354,949.

GRANTS

For the year under review (2017/2018), a total of 39 grant applications were lodged using the online platform, nine of which fell into the Early-Career Researcher category. Of those 39 applications, four regular and two Early-Career Researcher grants were awarded. Grants paid for the year under review totalled \$152,740, compared to \$125,588 for the previous year – an increase of \$27,152.

At the time of writing this report I am pleased to inform the membership that the AOA Research Foundation received 42 applications for 2018/19. It is pleasing to note the steady rise in grant applications over the last few years.

ACKNOWLEDGEMENT OF BOARD AND RESEARCH ADVISORY COMMITTEE

The AOA Research Foundation is fortunate to have dedicated members involved on the Research Advisory Committee and Board. I am fortunate to work with such knowledgeable and passionate individuals. I am pleased to announce that Alan Skirving, a long-standing member of the Research Advisory Committee, has been appointed Chair, and I take this opportunity to welcome the new members of the Research Advisory Committee:

- Gregory Bain
- Zsolt Balogh (Deputy Chair)
- Michelle Dowsey
- Adrian Low

I thank the AOA membership and my colleagues for another successful year, and I look forward to continuing to work with you in the coming year.

It is pleasing to note the steady rise in grant applications over the last few years.

ORTHOPAEDIC OUTREACH

Chair of Orthopaedic Outreach – **Graham Gumley**



The rapidly rising standards of patient care demonstrated across sites reinforce the success of our programs.

Orthopaedic Outreach featured prominently within the Royal Australasian College of Surgeons (RACS) Global Health Forum 2018. This was co-chaired by Outreach Executive member Dr Robert Costa, demonstrating a strong collaboration committed to improved clinical and educational outcomes throughout our region. Partnered projects such as those in Kiribati and Samoa continue to foster growth in opportunities.

Australian Orthopaedic Outreach members were invited to take a leading role in the Cambodian National Surgery Conference, presenting a keynote address on 'Safe and Sustainable Orthopaedic Surgery in Developing Countries', chairing sessions on upper limb surgery, and delivering various instructional papers throughout the program. With recognition of the importance of complete patient care and the value of strong multidisciplinary teams, specific hand-therapy workshops were delivered to physiotherapy graduates, emphasising the value of strong multidisciplinary teams for patient care.

This, combined with the surgical skills workshops and the advanced microsurgical training sessions, has a recognised long-term impact on the skill of Cambodian surgeons and, in turn, the lives and productivity of many within the community.

Identification of Lautoka Hospital in Fiji as a site in need of concentrated orthopaedic training and resources attracted both significant numbers of volunteer surgeons willing to give their time and generous financial support from private donors wishing to have an impact. This success saw our team visits increase dramatically, providing additional supervisory support in clinics, ward rounds and within surgery. This mentoring model has been well received by local hospital administration, as well as by the trainees onsite.

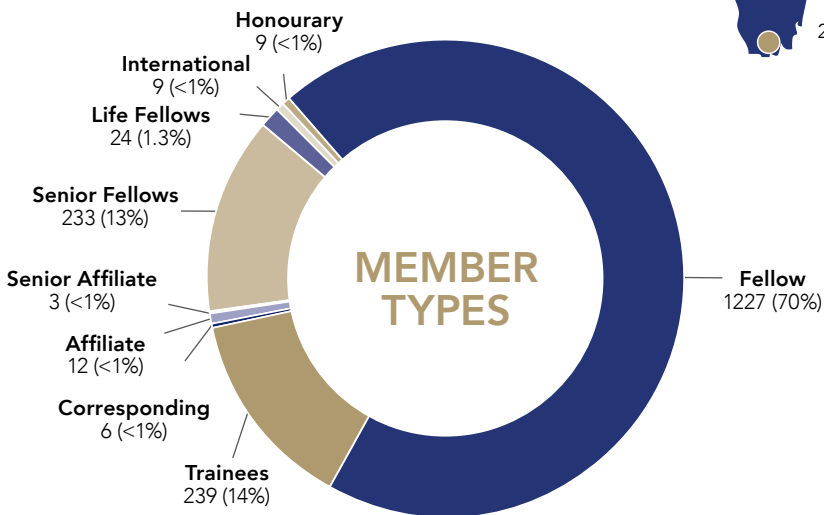
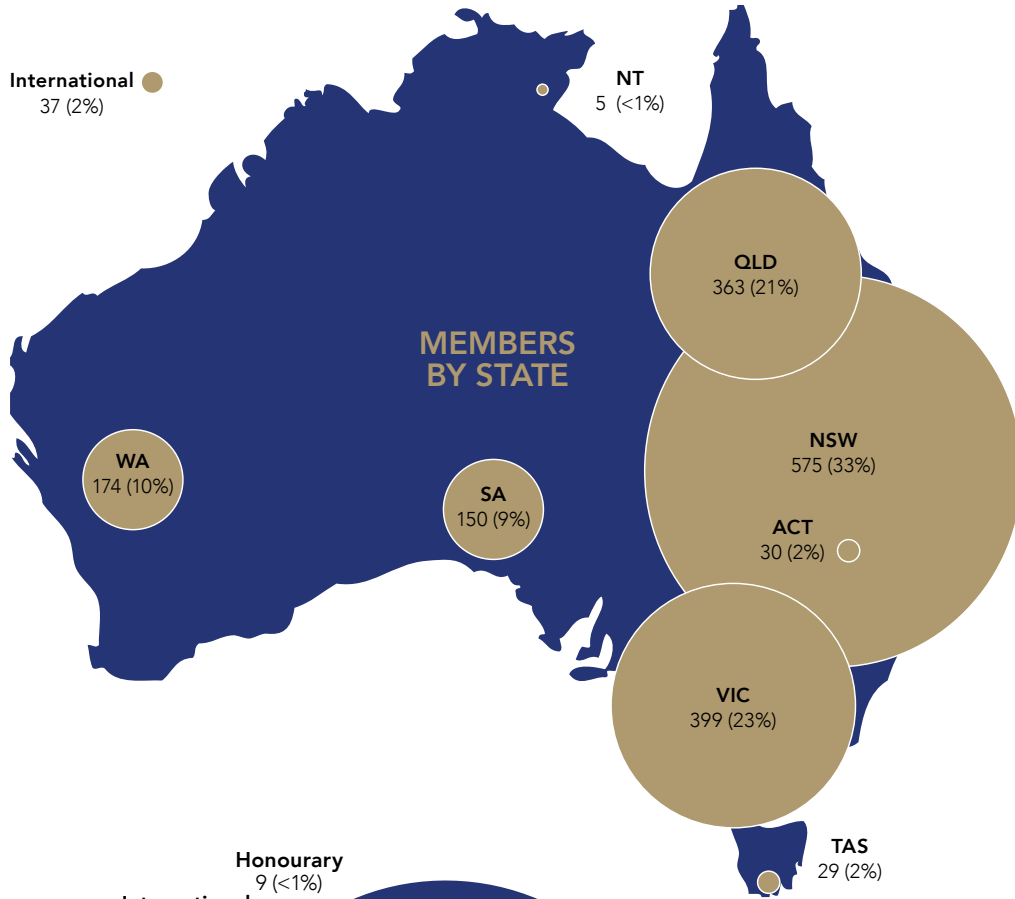
The Australian Orthopaedic Association Annual Scientific Meeting provides a tremendous opportunity for surgeons from developing countries, whether they may be looking to advance their clinical knowledge or to extend their vast networks of colleagues and resources.



The Australian Orthopaedic Association Annual Scientific Meeting provides a tremendous opportunity for surgeons from developing countries, whether they may be looking to advance their clinical knowledge or to extend their vast networks of colleagues and resources. With the assistance of World Orthopaedic Concern, Orthopaedic Outreach has been able to support guests with the invitation to present their experiences within the Orthopaedic Outreach session. 2017 included guests from multiple sites in Papua New Guinea, The Solomon Islands and Cambodia. The relationships fostered through these visits, combined with the insightful presentations outlining daily challenges faced with local clinical cases, establish a sound platform for further clinical and educational exchanges.

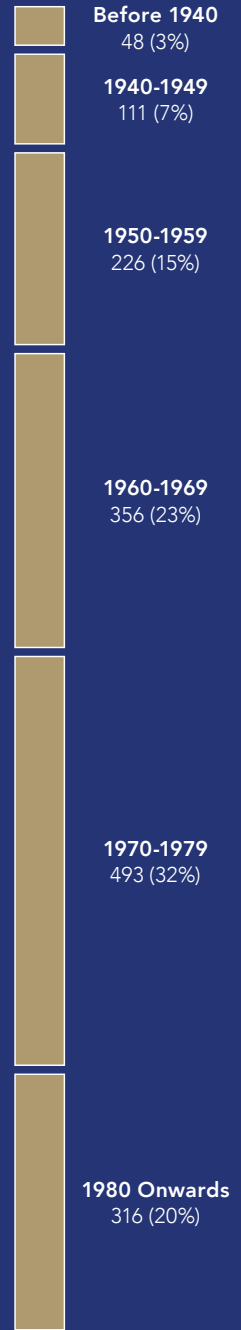
There are many other stories of success throughout the developing countries we visit. Orthopaedic Outreach wishes to express our sincere gratitude for the ongoing support of our programs provided by the Australian Orthopaedic Association Board.

The relationships fostered through these visits establish a sound platform for further clinical and educational exchanges.



AGE RANGE OF ACTIVE & PRACTICING AOA MEMBERS

(Dates of birth by decade)



HONOURS & AWARDS

L O Betts Memorial Medal:	Ian Dickinson
Award for Humanitarian Service:	Peter Lugg & Michael McAuliffe
Award for Meritorious Service:	John Kagi
Leadership Award:	Ali Gursel
Honorary Fellowship:	John Bennett, Jay Ebert & Alan Kop
Life Fellowship:	Youssef (Joe) Ghabrial, Don Johnston, David Ness & William Walter (Sr)

Total active and practicing members as of 30 June 2018 = **1550**

Total members as of 30 June 2018 = **1762**

FACTS & FIGURES

AOA STRATEGY

AOA STRATEGIC PLAN

2016–2018
Milestones
delivered

46



2019–2021
Milestones set

47

EDUCATION AND TRAINING

AOA 21 MILESTONES & TASKS DUE 2021

77%
Milestones Complete



81%
Tasks Complete

AOA 21



86
AOA 21
workshops
delivered



129

Hours of
training
across
Australia

TIMS AND THE AOA 21 TRAINING APP

87,970



procedures logged
by trainees

MEMBERSHIP

1762
AOA members

239
AOA trainees

98%

of Australian orthopaedic
surgeons are AOA members

SATISFACTION RATING

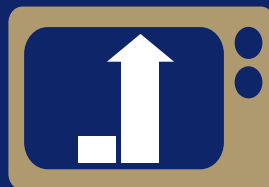
82-90%

for the past 7 years
vs 58% AUS/NZ
association average



ADVOCACY

MEDIA PROFILE



129
Tripled in
12 months
mentions

66 enquiries

\$2.5
MILLION+



Estimated value of media profile incl.
OzHarvest CEO CookOff coverage

TRAVELLING EXHIBITION OF ORTHOPAEDICS

Locations
visited across
Australia since
October 2016.



32

ASSISTANCE

415

AOA assisted patients, surgeons,
government and NGOs with 415
advocacy issues, 2013-18

CPD CONTINUING PROFESSIONAL DEVELOPMENT COMPLIANCE

Record achieved 2016 CPD year

100%



OPERATIONS

CONTRIBUTIONS

\$2.5 MILLION

contributed since 2013 to subspecialties and other bodies

RACS FEES

\$7.3 MILLION

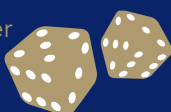
paid to RACS in training fees, 2008–2018



RISK CONTROLS AND ACTIONS

681

Up 25% over 12 months



ACTIVE AOA CONTRACTS



Up 83% in three years

EVENTS

APPROVAL



92.5%

Attendees rated events as very good or excellent

EVENTS ATTENDEES

16,841

attendees at AOA events, 2013–18

OUTREACH

over \$36,000 donated to Orthopaedic Outreach through AOA events, 2015–18

\$36K+

COMMUNICATIONS & IT

SOCIAL MEDIA FOLLOWERS



3000+

Up 50%



1000+

Up 50%



500+

Up 37%

AOA WEBSITE



493K+

Pageviews up 10%

WEBSERVER

Webserver uptime



99.9+%
2016–18

RESEARCH



\$773k+

AOA Research Foundation grants awarded, 2013–17

AOANJRR

PROCEDURES

1.4 MILLION+

logged since 1999

VALUE

\$600 MILLION+

reported value to Australian society 1999–2012



2017 ANNUAL REPORT



24,593

Up 28% from downloads of 2016 Report

BOARD COMMITTEES & GROUPS

As at 30 June 2018

BOARD COMMITTEE

CHAIR

Executive Committee	Lawrence Malisano
ABC Travelling Fellowship Committee	Bill Donelly
Asia-Pacific Committee	Andrew Beischer
President's and State Chair's Committee	Lawrence Malisano
Continuing Orthopaedic Education Committee	Andrew Oppy
Continuing Professional Development Committee	Colin Whitewood
Federal Training Committee	Omar Khorshid
Fellowships Committee	David Dickison
Honours and Nominations Committee	Lawrence Malisano
IMG Assessment Committee	Ian Incoll
AOA National Joint Replacement Registry Committee	David Hale
AOA National Joint Replacement Registry Academic Advisory Panel	Don Howie
Orthopaedic Women's Link (OWL) Committee	Michelle Atkinson*
Professional Conduct and Standards Committee	Colin Whitewood
Research Committee	Peter Choong
Rural Surgeons Committee	Chris Morrey
Spinal PFET Committee	Myron Rogers**
Subspecialty Presidents Committee	Lawrence Malisano

AD HOC COMMITTEE OR WORKING GROUP

CHAIR

Code of Conduct Review	Colin Whitewood
Digital Imaging	David Mitchell
Patient Education Committee	Andrew Beischer
Workforce Working Group	Lawrence Malisano

*Completed tenure 22 June 2018

**Member of the Neurosurgical Society of Australasia

DIRECTORS

As at 30 June 2018



L MALISANO
PRESIDENT



D MARTIN
FIRST VICE-PRESIDENT



A ELLIS
SECOND
VICE-PRESIDENT



M DAMIANI
GENERAL DIRECTOR
AND TREASURER



I HARRIS
SCIENTIFIC SECRETARY



C WHITEWOOD
CHAIR OF PROFESSIONAL
DEVELOPMENT AND
STANDARDS



M LEE
AORA PRESIDENT



O KHORSHID
CHAIR OF EDUCATION
AND TRAINING



C MORREY
GENERAL DIRECTOR



M PIRPIRIS
STATE CHAIR DIRECTOR

DIRECTORS



AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

Restoring and advancing
the wonder of movement.

Australian Orthopaedic Association Limited

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