



AOA

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

2009–2010  
Annual  
Report





## OBJECTIVES OF THE AUSTRALIAN **ORTHOPAEDIC** ASSOCIATION

- To foster and maintain the highest standard of surgical practice and ethics in orthopaedic surgery
- To advance the practice of orthopaedic surgery
- To promote research into musculoskeletal conditions
- To provide postgraduate education in orthopaedic surgery and, as necessary, accreditation in orthopaedic surgery
- To support orthopaedic humanitarian initiatives in Australia and overseas
- To foster scientific interchange between orthopaedic surgeons
- To act as an authority and adviser in relation to musculoskeletal conditions and orthopaedic surgery

AUSTRALIAN ORTHOPAEDIC ASSOCIATION LIMITED

ABN 45 000 759 795





**AOA**  
AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

# ANNUAL Report

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2009–2010

The Australian Orthopaedic Association (AOA) is the peak professional body for orthopaedic surgeons in Australia. AOA provides high-quality specialist education, training and continuing professional development. AOA is committed to ensuring the highest possible standard of orthopaedic care and is the leading authority in the provision of orthopaedic information to the community. AOA actively supports scientific research and orthopaedic humanitarian initiatives, in Australia and overseas.

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# REPORT to Members

President and Chairman of Board of Directors

Ian C Dickinson

## **I am pleased to present the President's Annual Report of the Australian Orthopaedic Association (AOA) for 2009–2010.**

AOA has continued to perform well across all its fields of endeavour, as outlined in its Constitution and Strategic Plan.

First, I pay tribute to Ian Burgess, our recently departed Chief Executive Officer, who performed excellently in his role in taking AOA forward. We welcome Adrian Cosenza to the role and know he will do a similarly excellent job, having already shown evidence of this in the short time he has been with us.

### **AOA's Charter**

As outlined in the Constitution, AOA's objects are, among others, to advance the practice of orthopaedic surgery; to act as an authority and adviser in relation to musculo-skeletal conditions and orthopaedic surgery; to foster and maintain the highest standards of surgical practice and ethics in orthopaedic surgery; and to provide postgraduate education in orthopaedic surgery and, as necessary, accreditation in orthopaedic surgery.

As outlined in its Strategic Plan, AOA has primary roles in educating orthopaedic surgeons both in their training as well as in practising life, and to facilitate the provision of quality orthopaedic services. It also has a charter to enhance its profile and branding, as well as to consolidate and expand its funding.

### **Education and Training**

Our education and training program continues to prove second to none in the surgical disciplines in Australia. The enhancement of the curriculum, particularly with the rollout of an e-learning platform, maintains AOA at the forefront of surgical education. The advent of early entry into the Surgical Education and Training (SET) Program has elicited some concerns but, in general, the move to a competency-based training program means that those who can perform well at an earlier age are given the opportunity to do so, while still catering for others who may need more time to reach the appropriate standard.

Further developments will be necessary over the coming years to enhance not only the teaching program but also the assessment program prior to sitting the Fellowship examination. Ongoing performance assessment and, if necessary, potential remediation for those in training are essential to our aims.

### **Continuing Professional Development**

The introduction of National Registration has led to a number of changes that will be felt throughout the medical college and association sphere. The first is that registration of Continuing Professional Development (CPD) must be affirmed annually. Orthopaedic surgeons will need to report that they have performed CPD at the standard set by AOA (and the Royal Australasian College of Surgeons). AOA's new online program facilitates the registering of CPD activities.

The most difficult—and also the most important—part of credentialling is that orthopaedic surgeons participate in an audit of their work. This helps to maintain appropriate standards. Participating in audited peer review as part of professional life remains a critical goal for our Association and its members.

### **National Joint Replacement Registry**

Our National Joint Replacement Registry continues to provide clear guidelines on implant selection and world leadership in joint replacement. The community has benefited enormously in improved clinical outcomes and significant cost savings.

### **Subspecialty Societies**

A close liaison with the subspecialty societies has been established, with a tri-annual meeting of the chairmen and presidents of the societies. This will enhance teaching and education programs for all orthopaedic surgeons. As well, some of the subspecialties are availing themselves of the opportunity to have their membership services run from within AOA Head Office.

### **Provision of Orthopaedic Services**

AOA has continued to advocate for better access to elective and emergency care. Workforce

assessments demonstrate we are educating appropriate numbers of orthopaedic surgeons for the Australian community, but a problem of mal-distribution remains. The assimilation of international medical graduates who have been brought in to fill areas of need remains difficult. The provision of adequate access to public hospitals is inadequate in many areas of the country and in many aspects of practice.

However, we have strongly argued against inappropriate declaration of State-declared areas of need, where Australian orthopaedic surgeons are available to provide service. It has also become evident that there is highly inappropriate use of the Commonwealth Department of Health and Ageing's 'District of Workforce Shortage' provisions, such that an orthopaedic surgeon who still is under a moratorium in an area of need may take up a position in an area where many orthopaedic surgeons are already in practice. This provision has been used even when a surgeon has not completed his or her requirements for specialist registration. This matter is highly contentious and is being pursued rigorously.

### Standards

Revisions to AOA's Code of Conduct have been finalised. The Code of Conduct and Position Statement on Interaction with Medical Industry are powerful statements of professional behaviour.

AOA has now commenced a program of developing clinical guidelines within critical areas of care.

The Fellowships Committee continues to oversee post-fellowship education, to ensure and maintain standards as orthopaedic surgeons seek further specialised education and training. The Committee has applied an appropriate diligence to the task of approving fellowship programs, as is obligatory in our role of setting and maintaining standards.

There has been considerable disappointment in the RACS approval of a Neurosurgical Association post-fellowship education and training program (PFET) in spine that demonstrated a lack of appropriate standards setting. Strong representations were made at all levels of RACS (including Council) about the inappropriateness of this program, but to no avail.

### Advocacy

AOA has been very active in advocating against the potential for podiatrists to perform surgery under the new National Registration program. Little traction has been gained, as all boards of the various health professions (in this case, the Podiatry Board), can accredit programs within their own profession.

AOA has provided a concerted effort to improve the processes of digital imaging. Following excellent work by members of our Digital Imaging Committee, there is potential for roll out of the RACS guidelines which were created as a result, across all jurisdictions and also internationally.

Considerable input has been provided into the national health technology review process, primarily related to joint arthroplasty.

The State Chairmen continue to exercise great influence over matters within their jurisdictions and have served the community well by providing strong advocacy, particularly at the State government level.

### Future Developments and Governance

In recent months, the Board has been investigating the possibility that AOA will form its own college for the purposes of education and training of orthopaedic surgeons, as well as the setting of standards.

A rigorous due diligence program is under way, and the Board is keen to

see the results of this before making any further decisions. Consultation with members has already been undertaken at a number of forums, and will continue.

Potential benefits and risks will be carefully analysed. From the point of view of the natural progression of AOA, in seeking more autonomy, it is clear that with our organisation's development at this stage we are well placed to seek accreditation from the Australian Medical Council.


However, there will be many points of view around this matter and we await the results of the investigations.

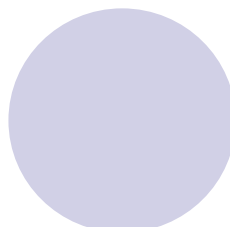
### Conclusion

AOA continues to develop and evolve. The peak professional body representing orthopaedic surgeons and orthopaedic surgery, it continues to provide high-quality orthopaedic education and training both at pre- and post-fellowship level. It is the established authority on provision of orthopaedic care for the Australian community.

The Board has performed exceptionally well over the last year, and I am grateful to all the Board members who have supported me strongly and whose wisdom is deserving of the greatest respect. All of the staff have contributed diligently to our progress and I thank them also.

AOA was left in great shape by our former president, John Batten, and I pass on the reins to Bill Cumberland and wish him well for his term.

Finally, I wish to thank all of the AOA members who contribute in many ways large and small to the success of this organisation. It has been a pleasure to serve in my role as President. 





# CEO Report

Chief Executive Officer

Adrian R Cosenza

**The adoption of a refreshed and expanded Strategic Plan for 2010–2012 has affirmed the positive progress made by AOA in recent years in building the capabilities required to deliver improved services to members.**

AOA continues to evolve and advance, and is at a pivotal moment in its history once again to consider establishing a college of orthopaedic surgeons, though much better placed than in the past.

## Supporting Strategic Goals

The Board added two goals (to the existing three goals) as part of the refreshed strategic plan covering the period 2010–2012.

The first additional goal is to enhance AOA's continuing professional development program. During 2009–2010 AOA promoted continuing professional development to members with the launch of its web-based program *CPD Online*. Following an extensive education campaign, including one-on-one tutorials at various meetings, initial feedback from members has been overwhelmingly positive.

The second additional goal is for AOA to facilitate the provision of high-quality orthopaedic services. Comprehensive discussion and assessment regarding workforce planning has enabled more informed community debate on this important issue. Consistent also with the current goal of enhancing AOA's profile and branding, AOA has employed a Policy Manager, Kathy Hill, to help promote and advocate these (and other) matters amongst regulators, politicians and the wider community.

## Improving Governance Practice

Complementing recent enhancements to AOA's Constitution, in 2009–2010 the Board implemented measures to further improve the effectiveness of the Board. These included a refreshed assessment and appointment of Board members to various committees (in line with the terms of reference for Board Committees revised in 2008–2009); continuing director education;

and discussion of a key revision of the duties of directors and officers. Experts in governance provided valuable guidance and advice.

The Annual General Meeting has been properly re-focused on business matters. The Board established the Members Forum to provide a conduit for greater communication and transparency of the Board's activities. The inaugural Members Forum in October 2009 proved to be a constructive and timely opportunity for discussion on key issues facing the profession. Discussion was open and transparent, with differing views, concerns and solutions being expressed in a collegiate debate. Such debate contributed to the Board's development of strategies to address these matters.

The Board approved a revised Position Statement on Interaction with Medical industry, as well as an enhanced AOA Code of Conduct for Members.

## Membership

The number of new Associates for 2009–2010 was 57, compared with 104 for the previous financial year. Due to the success of the membership drive in 2008–2009, there were fewer outstanding candidates to 'chase' in 2009–2010.

The number of new Fellows in 2009–2010 greatly increased to 76 over the previous financial year when 36 new Fellows were accepted. This shows a renewed interest and understanding of the importance of full voting membership (Fellowship), and stems from a more rigorous membership invitation campaign.

## AOA's Brand

AOA's new brand was implemented more widely throughout the Association, further emphasising our key values of professionalism, excellence and quality.

New branded stationery was provided to and welcomed by all State branches. New logos were designed for associated organisations, such as AOA Registrars and Orthopaedic Outreach, to

reflect their close relationship with AOA.

Increasingly AOA members have warmed to the Association's new look, appreciating its contemporary image combined with the organisation's history. This will continue with the opportunity for members of the Association to use a specially developed AOA Fellow's logo on their letterhead.

**Communication with Members**

The monthly eNewsletter continues to be a 'must-read' for members. Its role in regularly conveying AOA and related news in a concise, snapshot format is invaluable. Its function has also been successfully extended to the New South Wales and Victorian branches, which now distribute e-newsletters to their members.

The new-look *Bulletin* is well established, with a wide appreciation of both its content and appearance. It serves as a statement of record for AOA's important developments yet also provides more general reading on themes relevant to orthopaedic surgeons. In recognition of its appeal to members, the *Bulletin* also attracts increasing advertising revenue from medical industry.

Member usage of the AOA website

is increasing, particularly since the implementation of *CPD Online*. More members now pay their membership fees online, update their personal details in the membership database, and seek information from the site. A further upgrade of design and functionality is planned for 2010–2011, to enhance ease of use.

Jill Wayment, as Publishing Manager, continues to drive the greatly improved standards of AOA's branding and communications.

**Training and Education**

Following an 18-month review by the Federal Training Committee and Education Subcommittee, a formalised curriculum is nearing completion and is currently being trialled by trainees and supervisors on a new electronic learning platform (eLC). E-assessment tools are being gradually introduced to assist supervisors, trainees and administration staff in managing the necessary paperwork. The eLC is anticipated to grow exponentially in depth and scope over the next 12 months as learning opportunities are identified and validated.

AOA introduced an Education Sponsorship Fund, which facilitates the opportunity

for industry groups to invest in the SET program. Guidelines encourage active involvement and open communication on curriculum building, while upholding AOA's position on interaction with medical industry. This an exciting and innovative development for AOA with very keen interest already expressed by many industry participants.

**Premises**

Following an extensive review period, new premises have been secured for AOA Head Office in Sydney. After some fit-out works, the new premises at 45 Clarence Street, Sydney, are expected to be ready for occupation towards the end of the calendar 2010 year.

**AOA Team**

Together with and also on behalf of my predecessor Ian Burgess, I acknowledge the outstanding contribution of AOA staff towards AOA's progress over the past year. As a newcomer to AOA, I observe an association that continues to mature and grow in many ways. I look forward to working constructively with the Board, staff and members of AOA in leading the Association in its next phase of growth and development. 





# Education and Training Report

Chairman of Education and Training

Peter F M Choong

## Regional Training Committees

The regional training committees (RTCs) have played a strong part in ensuring the success of our national training scheme. Input from all RTCs has been pivotal for dictating the position of AOA in terms of developing, maintaining and delivering a robust training program.

Training and practice are inextricably linked by standards that are set by the craft group and our RTCs have been committed to ensuring these standards are met. Each RTC Chair has represented the opinions of their relevant constituencies well, with spirited and robust discussions leading the way to consensus. David Wood and Gary Nielsen have stepped down from their positions as Western Australian and Queensland RTC Chairs, respectively. Both have been strong contributors to committee debate and their wisdom will be remembered. The Federal Training Committee (FTC) wishes to express its gratitude to these members who have served so diligently over the last number of years. We welcome their replacements: Omar Khorshid (WA) and Mark Maroney (QLD).

## National Education Manager

Annie Gibbins has worked extremely hard with the RTCs, subspecialty groups and the curriculum committee to refine our education structure. This includes a more structured approach to the course curriculum, development of modules of assessment that are linked with competency, and a more robust system of ensuring that trainees, trainers and supervisors are supported in their respective tasks. Together with the Training team in the AOA head office, Annie's role has improved the efficiency and transparency of our training program.

## AOA Registrars

The AOA Registrars representatives, Nicole

Walsh (2009) and Paul McEniery (2010) have provided the FTC with an invaluable perspective of training which has contributed significantly to the conduct of our training program. Specifically, registrar issues in relation to selection, safe working hours, in-training assessment and training post feedback have assisted the FTC to ensure that these important facets of our program are optimised.

## New Zealand Orthopaedic Association

Kevin Karpic, Chair of the NZOA Education Committee, and the NZOA National Education Manager, Claire Nicoll, have been regular attendees at the BSET orthopaedic meetings. The New Zealand perspective has helped to shape many of our responses to local issues as we strive for commonality in many areas of training. The bi-national trans-Tasman relationship has fostered a stronger alliance between the New Zealand and Australian Training Committees as our training program moves towards a uniquely orthopaedic focus.

## Selection

The 2010 selection process was undertaken with little angst. Central coordination of the process and the use of internet-based facilities has helped to streamline and improve the efficiency of selection. The numbers of candidates that were interviewed this year were fewer than last year because of methodology stipulated by BSET. The structure of the referee reports (IDRs) allowed for more input from surgeons and the interviews were structured to include a greater level of assessment of prior experience. These changes have allowed for greater satisfaction amongst the RTCs that registrars were being selected who matched merit with trainability.

The FTC has recognised that anatomy knowledge is central to orthopaedic training and will be emphasising this as a major selection criteria in future selections.

The Director of Education and Training, and the Director of the Orthopaedic Services Committee will continue to strongly represent the interests of the orthopaedic craft group of Australia and New Zealand, and much of the refinement of the selection process has been through the input of orthopaedic surgery.

## Website/IT Review

The internet as a platform for improving the logistics of running a training program has been highlighted for some time. Under the previous CEO, work had been undertaken to develop an IT structure around the curriculum and assessment. Input from trainees, trainers and supervisors has been sought to refine the IT package before deployment.

## Future

With the changing paradigm of community expectations, resource availability in public hospitals, undergraduate surgical education and subspecialty training, there will be a need for an ongoing review of what is required to train orthopaedic surgeons of the future.

The FTC will continue to examine the nature of core knowledge and skills that will be required of surgeons of the future and, to this end, will seek to strengthen the dialogue between subspecialty groups and the FTC. Methods of assessing competency and capability will also be high on the agenda and the FTC will continue to seek the support of members as trainers, assessors and supervisors.

As the peak body for orthopaedics, AOA through the FTC is committed to establishing and maintaining the standards for orthopaedic practice for the benefit of the community. [AOA](#)



# Scientific Secretary's Report

David A F Morgan, OAM



**The 12 calendar months spanning the second half of 2009 and the first half of 2010 have been just as exciting, rewarding and stimulating as the preceding year.**

The Scientific Committee of the Board comprises members who work tirelessly, contribute positively and achieve at the highest levels. This Committee includes representatives from the Annual Scientific Meeting Organising Group, the Continuing Orthopaedic Education Committee, the Outreach Board and members from the AOA Research Foundation. The Chairman of the Continuing Professional Development Committee also sits with us.

## Annual Scientific Meeting

The 2009 Annual Scientific Meeting, held in Cairns, continued the tradition of record attendances with scientific fare of the highest standard. National speakers were complemented by an excellent international faculty and the plenary sessions continued to evoke

much comment. A special session was devoted to 'The Fraudulent Use of CMBS Item Numbers'. At least one of the speakers provoked audible cremasteric contractions. The theme of Rural Orthopaedic Surgeons—Our True Super Specialists was made all the more topical by our tropical location.

Looking forward to the 2010 Annual Scientific Meeting in Adelaide, the theme will be Orthopaedic Surgeons in Modern Society. Provocative questions such as whether orthopaedic surgeons are better or just better off will be posed. Special sessions have been designed to explore the talents of our younger members, the intricacies of medical indemnity insurance and orthopaedics through the eyes of some of our international medical graduates.

## Continuing Orthopaedic Education

The April 2010 COE Meeting was held in Sydney and masterfully constructed by Michael Neil. The topics revolved around total knee arthroplasty surgery and the full

spectrum of the topic was canvassed. The outstanding attendance continued right through to the very last session.

The July 2010 COE meeting was held in Melbourne. The theme, Orthopaedic Surgery—This Is Your Life, was also popularly received. Sharp focus shifted seamlessly from establishing an orthopaedic practice through to ultimate retirement. Matters financial, relationships with industry and the place of AOA within the Royal Australasian College of Surgeons were all explored in depth.

## Symbiotic Relationships

Our strong bonds continue with Orthopaedic Outreach, the AOA Research Foundation and the Continuing Professional Development Committee. Regular attendance by the Chairmen of these Board affiliates adds to the impetus maintained by the science within our association.

It has been a pleasure to work with the Committee and to further the goals of education, training and clinical excellence within AOA. [AOA](#)

# Continuing Professional Development Report

Chairman, CPD Committee

Scott A Fletcher



**In 2010, the new AOA online CPD application was introduced. Early feedback has been positive. Members like the ease of use and the flexibility to be able to include all aspects of their own CPD participation.**

The main AOA CPD key performance indicator is 90 per cent member compliance in an approved CPD program by the completion of 2010. Hopefully, the majority of members will use the AOA program.

Kerri Clarke, CPD Officer at AOA Head Office, has been busy helping those members who need assistance at 'start up'. Please contact AOA Head Office if you have any concerns regarding web access or in relation to CPD queries. The CPD site will also provide useful information on frequently asked questions.

Members are reminded of the convenience of the verification form found in Section 1: Surgical Audit and Peer Review. Every

year, the AOA will audit 3.5 per cent of its membership for compliance and the completion of this simple verification form will provide sufficient evidence for verification.

I would like to thank those members who have embraced the new CPD program. CPD compliance has been mandated by the Australian Medical Board, and the AOA program has been authorised for this purpose. For those who have yet to make a start...take the step. It is easier than you think! [AOA](#)





# Professional Development and Standards Report

Chairman of Professional Development and Standards

Andreas H I Loeffler


## This is the first report of a Chairman of Professional Development and Standards in our Association.

In this capacity I have attended all AOA Board meetings and Executive Committee meetings throughout 2009–2010.

A number of matters in regard to advertising by members have been brought to my attention during this year. While it is difficult to resolve all issues to everyone's satisfaction, I have communicated with the

parties concerned.

I have represented AOA on the Professional Development and Standards Board of the Royal Australasian College of Surgeons, attending the Board's meeting in Melbourne in June 2010. I have also participated in the RACS Code of Conduct Review Working Party.

With the assistance of AOA Head Office, a number of membership enquiries are ongoing. 



## AOA Research Foundation

**The AOA Research Foundation Limited is the research arm of AOA. It promotes and supports important research into musculoskeletal disorders by raising, managing and distributing funding for research.**

Donations to the Foundation are tax-deductible and the Foundation accepts donations from AOA members and the general public. Importantly, all donations go


entirely toward research and are not used to administer the Foundation.

Although it is a separate legal entity, the Foundation has a formal Deed of Cooperation with AOA, with six of the eight directors of the Foundation being appointed by AOA.

Over the last decade, the Foundation has given over \$600,000 to support 70 research projects. In 2009–2010 the

Foundation provided \$250,000 to support five excellent projects.

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

The Foundation receives essential financial sponsorship from the following companies: Stryker, DePuy, Zimmer and Smith & Nephew. 



ORTHOPAEDIC  
OUTREACH

## Orthopaedic Outreach

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

AOA and Outreach cooperate in the delivery of orthopaedic humanitarian initiatives, which is one of AOA's key objectives.

AOA provides more than \$100,000 each

year to support a range of orthopaedic humanitarian activities. AOA nominates three members to the Outreach Management Committee.

As an indication of this close relationship, in late 2009 Outreach redesigned its brand (logo, design and colours) to be more consistent with AOA's brand image.

Outreach enjoys deductible gift recipient status and is funded by donations from

AOA, the corporate world, Rotary and surgeons themselves.

During 2009–2010, AOA funded a range of humanitarian activities, including volunteer work by member surgeons of AOA, and the provision of surgical equipment in West Timor, Somalia, Cambodia, Fiji, Tonga, Vietnam and East Timor. 

## NEW FELLOWS 2009–2010

ALLEN, Benjamin D	SA	DAMIANI, Maurizio	ACT	HUANG, Ke	NSW	PETANCESKI, Robert	WA
AMMON, Peter	WA	DAYANANDA, M W 'Neelika'	VIC	HUANG, Kevin J X	QLD	RIMMINGTON, Dale P	QLD
ASHTON, L Andrew	NSW	DONALD, Geoffrey R	QLD	HUSSAINI, Ishfaq A	VIC	ROONEY, John N	NSW
BALOGH, Zsolt	NSW	EDIS, David N	TAS	HUTABARAT, Simon R	NSW	SCOTT, John	QLD
BANSI, Pritpal	QLD	ERAK, Sani	WA	JANSEN, Stuart G	NSW	SEETO, Bradley G	NSW
BARWOOD, Shane A	VIC	FORSTER, Benjamin T	QLD	JARRETT, Paul M	WA	SEW HOY, Robert P	NSW
BAUZE, Adrian J	SA	FREIHAUT, Richard B	NSW	JHAMB, Alok K	QLD	STACKPOOL, Gregory J	NSW
BEAMOND, Ben	SA	FURZER, Russell I	TAS	JOHNSON, Michael B	VIC	TAMBA-LEBBIE, Bernard	QLD
BEGG, Malcolm J W	SA	GATEHOUSE, Simon C	QLD	JOVANOVIC, Alex	NSW	TAN, Simon D	NSW
BOECKSTEINER, Anita S	VIC	GINSBERG, Julien	NSW	KHAN, Riaz	WA	TETSWORTH, Kevin D	QLD
BOWYER, David J	VIC	HARBURY, Richard M C	NSW	KJAR, Richard	VIC	TONG, Michael F	QLD
BUELOW, Jens-Ulrich	WA	HARDIDGE, Andrew J	VIC	KLAR, Brendan P	ACT	VAN ESSEN, Gerrit J	SA
BURNS, Alexander W R	ACT	HARVEY, Gregory D	TAS	LAWSON, Richard D	NSW	VERTZAS, Nickolas D	NSW
CASS, Benjamin	NSW	HATFIELD, Angela	NSW	LEEKES, Nicole J	WA	WALKER, Peter M	NSW
CHEN, Darren B	NSW	HAU, Raphael C Y	VIC	LENNOX, Haig	QLD	WALLWORK, Nicholas A	SA
CHEW, David K	VIC	HENRY, Siobhan A	NSW	MACKIE, Scott	TAS	WEINRAUCH, Patrick	QLD
CRAWFORD, Scott A	QLD	HEWITT, Benjamin J	WA	McCLOSKEY, Eamonn	WA	WITTE, Benjamin J	WA
CUTBUSH, Ken	QLD	HOGAN, Gregory P	WA	NUSEM, Iulian	QLD	ZANDI, Homan	WA
DALTON, Philip A	QLD	HOLLAND, Simon A	VIC	PANOZZO, Albert A	USA/ACT	ZELLWEGER, René	WA

## NEW ASSOCIATES 2009–2010

BAIRD, Robert	SA	HARTLEY, Matthew K	NSW	NG, De Juan	VIC	THORVALDSON, K 'Tom'	NSW
BRUÉRE, Willem F J	WA	HOPE, Benjamin R	QLD	NIHAL, Aneel	QLD	TRAN, Phong	VIC
BRUNELLO, Rohan A	QLD	JAARSMA, Ruurd	SA	NOUH, Fred	NSW	TUNGGAL, James A W	NSW
CABOT, Jonathan P	SA	JACKSON, Brett	VIC	PIPER, Kalman J	NSW	UNNI, Raghavan	VIC
CHIA, Andrew C M	VIC	JONES, Christopher T M	VIC	PRETORIUS, Willem J	QLD	VAN DER WESTHUIZEN, Jacob	QLD
CHIN, Raymond K K	NSW	JONES, Evan E	NSW	QURASHI, Suleman	NSW	WALLACE, Robert B	SA
CLARK, Gavin W	WA	KALAMARAS, Michaele	QLD	RAU, H Matthias	QLD	WARD, Jason N	SA
COLLINS, Brett	QLD	KEELEY, Anthony	NSW	ROBIN, Daniel A	VIC	WATTS, Sarah E	QLD
DIN, Robert	NSW	KHOO, Paul	WA	SARAVANJA, Davor D	NSW	WILKINSON, Matthew P R	QLD
DWYER, Tim	QLD	KOLARIK, Milos	QLD	SHAMIMUDEEN, Abdullah N	SA	WOOD, Robert J	VIC
GAMBOA, Gaugin	QLD	KULISIEWICZ, Gawel	NSW	SHOOTER, David R	QLD	YATES, Piers J	WA
GILL, David R M	NSW	LEONG, Anthony K L	NSW	SOLAIMAN, Rabi F	NSW	YEOH, Kwan M	NSW
GOEBEL, Sven P	WA	LYONS, Matthew C	NSW	TAWFIK, John	NSW		
GOMES, Bruno S	NSW	MILLER, Benjamin G	VIC	TAY, Guan H	VIC		
GRAY, Hamish S	QLD	MOURAD, Mohamad S	NSW	THOMAS, Bijoy	NSW		

## DECEASED MEMBERS 2009–2010

Peter C Anderson, RFD	WA	Graham N Lewis	SA	Don Webb, AM	WA
Michael J Gallagher	QLD	James N Royle	NSW		

## Board Committees as at 30 June 2010

Executive Committee  
Academic Surgeons Committee  
Advocacy Committee  
Asia-Pacific Committee  
Constitution and Regulations Review Committee  
Continuing Professional Development Committee  
Education and Training Committee  
Regional Training Committees

Fellowships Committee  
ABC Travelling Fellowship Committee  
Finance and Investment Committee  
Honours and Nominations Committee  
Membership Committee  
National Joint Replacement Registry Committee  
NJRR Advisory Committee  
Orthopaedic Services Committee  
Professional Conduct and Standards Committee  
Rural Surgeons Committee  
Scientific Committee  
Continuing Orthopaedic Education Committee  
Subspecialty Presidents Committee

**Chairman**  
I C Dickinson  
D H Sonnabend  
P E Viiret  
J Bartlett  
G E Mercer  
S A Fletcher  
P F M Choong  
V J Mamo (NSW)  
G V L Nielsen (QLD)  
P D Brook (SA)  
A B Weber (VIC/TAS)  
D J Wood (WA)  
K A Gordiev  
R P Williams  
G E Mercer  
I C Dickinson  
A H I Loeffler  
G E Mercer  
N R Bergman  
G E Witherow  
A H I Loeffler  
V J Mamo  
D A F Morgan, OAM  
A W Wang  
R P L Carey

## Ad Hoc Committees and Working Groups

Code of Conduct Review Committee  
Digital Imaging Committee  
Intergovernmental Agreement Committee  
(National Registration)  
Post-Fellowship Education  
and Training Working Group  
Relationships with ASOS, RACS  
and AMA Working Group

H W B Cumberland  
J C Batten  
I W Incoll  
J B North  
H W B Cumberland

## Honours & Awards 2009–2010

**Awarded to**  
L O Betts Memorial Medal  
Life Fellow  
Medal for Meritorious Service  
Award for Service to Orthopaedic Education  
Award for Orthopaedic Research  
President's Award for Services to  
Orthopaedics in a Regional Area

D M McNicol  
J E Harris  
W L Thomas  
J B North  
W L Thomas  
R L Boulton  
G I Bain  
C Barnes

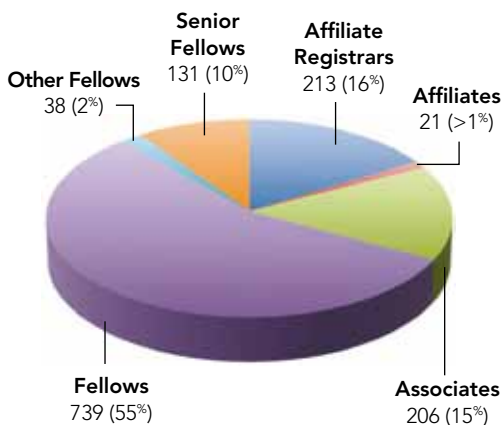
## Annual Scientific Meeting Awards 2009

Evelyn Hamilton Award  
Gordon Kerridge Award

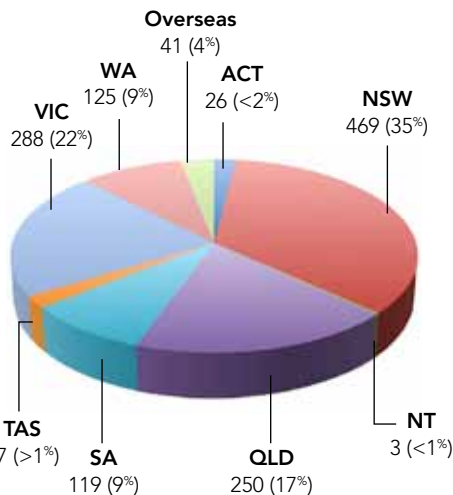
G I Bain  
M Wyatt

## Member Types

Total membership as at 30 June 2010: 1,348

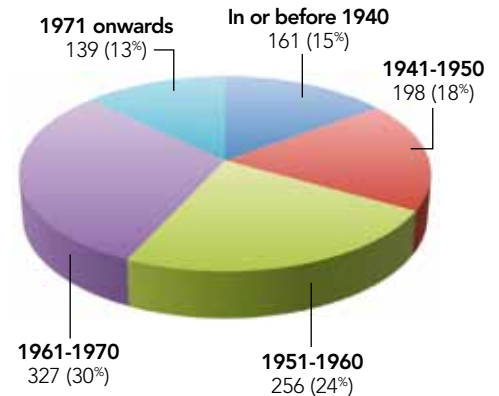


## Members by State



## Age Range of Practising AOA Members

Dates of birth by decade





AOA

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

# 2009–2010 ANNUAL REPORT

**Australian Orthopaedic Association Limited**

ABN 45 000 759 795

Ground Floor, 229 Macquarie Street, Sydney NSW 2000

T (02) 9233 3018 F (02) 9221 8301 E [admin@aoa.org.au](mailto:admin@aoa.org.au)

[www.aoa.com.au](http://www.aoa.com.au)

