



Annual Report 2012-2013



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

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Annual Report 2012-2013

Statement of Purpose

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

Objectives of the Australian Orthopaedic Association

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

Key Highlights

- Independent external **Strategic Education Review** passes halfway mark with half of AOA members participating
- **New Service Agreement** is executed with Royal Australasian College of Surgeons (RACS)
- The Board harmoniously pushes ahead with **Constitutional Change**, including establishing new links with the state committees
- **The AOA National Joint Replacement Registry (NJRR)** continues to **strengthen its international reputation** and impact on patient care
- AOA NJRR **Strategic Review completed** and implementation substantially progressed
- The **2012 Annual Scientific Meeting** in Sydney sets **record attendance** rates with over 1400 participants (followed by two outstanding Continuing Orthopaedic Educational meetings)
- New contemporary, member-friendly **AOA Website launches**
- **Membership exceeds 1500** for the first time
- AOA **Conference and Events increases** number of meetings handled **by 225%**
- **Member Satisfaction increases** to 87% – with four functions scoring **90%** and above
- **Audit and Risk Committee** is established and operational
- AOA adopts **International Standards Organisation (ISO)** risk standard ISO 30001 for AOA risk management
- **Advocacy** issues serviced **increase by 300%** to 30
- **Global Profile and Branding** significantly enhanced through participation at International Medical Education Leaders Forum (**IMELF**) and Asia Pacific Economic Cooperation (**APEC**) Health Work Group
- Inaugural meeting of Presidents and State Chairs (**'COAG'**) is held
- **Member satisfaction** with AOA Head Office services scores 95%

President Report

President & Chair of Board of Directors
John Owen

A good year for AOA marks the start of a 'great' new era...



The past year has been very good for AOA in many respects.

AOA's core strategic objectives are education and training, member representation and advocacy, professional

standards, and patient education.

Education and training has been a major focus this year in two principal areas: finalising our service agreement with the College and a major review of our training scheme.

New AOA/RACS Agreement

Our long-term plan is to establish increasing autonomy for our training scheme whilst remaining in partnership with the College. The AOA Executive signaled our intentions to the RACS Executive at a meeting in November 2012 and we all agreed this was both possible and logical. However, the creation of a working service agreement has been a challenge to both sides. The method of accreditation of surgical specialty training in Australia has been a major stumbling block.

The actual 'deliverer of training' in the case of our specialty is AOA, through its Federal Training

Committee, and that has been the case for 50 years.

Since the Australian Competition and Consumer Commission (ACCC) intervention, the Australian Medical Council (AMC) has accredited specialty training through the College. This has caused tension regarding the governance of our scheme and also creates difficulties across the other specialties as they differ in terms of their ability to comply with accredited training scheme requirements. The College also has to cope with the trans-Tasman complexity. AOA remains ambitious in its evolution towards autonomy whilst still remaining a good collegiate surgical citizen.

From Good to Great

Our Strategic Education Review will be finalised and delivered at the October 2013 Board (please see Ian Incoll's report for full details). It will demand enormous work to implement over what will probably stretch across a decade.

We (the AOA membership) requested this international scrutiny. The challenge now will be to accept the recommendations and to act on them. The map to rejuvenate the training scheme will be given a name and 'Good to Great' looks a likely choice.

The first step will be to build a 'living curriculum'. Orthopaedic knowledge has expanded enormously

to the point where core knowledge (the 'have to know') has to be distinguished from the 'should know' and 'nice to know'.

AOA's National Education Manager, Ally Keane, has done a great job already in improving the selection, and in-training assessment processes. The accreditation criteria and DNA of individual training posts has, and will, become critical in the renewal process. We are investing in the redevelopment of our current eLearning platform (the eLC – to be renamed as 'Learn@aoa') as part of a three-year major overhaul of AOA's IT infrastructure.

Professional Development & Standards

Under the stewardship of Andreas Loeffler, a new CPD program has been released this year along with a new advanced CPD Online.

Andreas has had a steady hand on maintaining the reputation of the profession when stormy winds threaten. This year's debates about advertising, the accreditation of specific procedures and help to outliers have kept Andreas busy. In addition, he has remained a steadfast contributor to Orthopaedic Outreach, his public patients and the AOA Board.

Meetings

Allan Wang, AOA's Scientific Secretary, has done an outstanding job with our Annual Scientific Meetings (ASMs), with record attendance at the Sydney ASM last year. Richard Williams has also headed up another great year of Continuing Orthopaedic Education (COE) meetings.

A Young Leaders Forum was established in 2012 and will be repeated in 2013. Peter Choong initiated this important pathway for the AOA to identify, nurture and encourage our future champions.

AOA NJRR

The AOA National Joint Replacement Registry (NJRR) has had a huge impact on patient care, here in Australia and globally.

This year has seen a progressive improvement of many aspects of the Registry.

The Registry's Director, Stephen Graves, has signed a five-year contract to remain in his position. His leadership, knowledge and international reputation

have enhanced the Registry enormously. Ed Marel, Chair of the Registry Committee, has also contributed to the quality of the debate about the registry data.

The relationship of the Registry to its major stakeholders, AOA members, Government, industry and the public continues to be very positive. The particularly important relationship between the CEO of the AOA, Adrian Cosenza, and the Registry has become close and constructive. The alignment of strategy on risk management has become very relevant and we are fortunate to have the talent of our head of advocacy, Kathy Hill, to call upon. Every AOA member who has travelled the world knows that the AOA NJRR puts Australia on the international medical stage.

Constitution and Governance

Member representation has taken several different pathways this year. We aspire to change the composition of the Board to make it more responsive and efficient. This means wide consultation after a succession of recommendations from the Constitution Review Committee (chaired by Peter Choong).

AOA is looking to address the following issues as part of its structural evolution: how to represent subspecialties and further add value to them, how to represent state issues, how to remain efficient yet effective, what presidential selection process works best and should we have a non-surgeon on our Board?

We plan to present the membership with options for discussion at the Members' Forum in October 2013.

The first COAG style meeting was held this year. The state chairs had an opportunity to share their problems with the AOA presidential line, as well as their peers. It was a positive meeting and paves the way for more robust state representation at the Federal AOA Board.

The role of the Specialty Elected Councilor – which is now fulfilled by Roger Paterson who has taken over from Simon Williams – needs attention. The College structure does not have any mechanism for the voice of a specialty at the highest level. The specialty representative has fiduciary loyalty to the College and, as such, suffers a very difficult role when the College and the specialty have a difference

of opinion. Clearly, there needs to be a council of specialty presidents.

AOA has joined forces with the College in matters of common interest, such as the cap on education expenses and task substitution.

Digital Imaging

The Digital Diagnostic Imaging Policy, originally formulated by RACS with AOA's input, has been championed tirelessly by Michael Sandow. For the past year, John Tuffley has taken on the role of helping Michael in getting the Australian Technical Specification, based on the RACS Digital Diagnostic Imaging Recommendations, adopted. This effort by Michael borders on the heroic and, if successful, will have a profound benefit for patients, practitioners, and foreign affairs.

Travelling Fellowships

AOA funds travelling fellowships, which includes airfare and accommodation to the ASEAN countries and this year Richard Page and Andrew Biescher were the recipients. We support the Indonesian Orthopaedic Association (IOA), Asia Pacific Orthopaedic Association (APOA), American British Canadian (ABC) and Australian Orthopaedic Registrars' Association (AORA) members to travel and attend meetings.

International Efforts

AOA continues to substantially fund Orthopaedic Outreach's philanthropic efforts and issues humanitarian awards in recognition of the fantastic work of many of our members across the globe as well as to those less privileged here in Australia.

This year, Graham Forward will be recognised for his huge contribution to Australian Doctors for Africa.

AOA became an Associate Scientific Member of The European Federation of Orthopaedic and Traumatology (EFORT) this year. This will allow easier access to the major English speaking European forums and will facilitate the exchange of ideas and knowledge between AOA and its western sister associations. The AOA NJRR has been honoured with an invitation to host a symposium on registries at the combined British Orthopaedic Association/EFORT meeting in London in 2014.

The traditional attendance of the Presidents of the American Orthopaedic Association; The American Academy; and the Canadian, New Zealand, British and South African Orthopaedic Associations at each other's Annual Scientific Meetings has been nicknamed 'the Carousel'.

At each meeting the Presidents formally discuss issues that are concerning each country. This year the topics included orthopaedic unemployment in Canada, the metal-on-metal controversy, the Francis report in the UK into the NHS Mid Staffs Trust, and orthopaedic fellowships.

The AOA Executive has decided to restrict its annual international travel to the carousel meetings, and the ASEAN and APOA meetings. At the annual ASEAN meeting, held sequentially in the seven countries (Singapore, Thailand, Malaysia, Philippines, Vietnam, Indonesia and Myanmar), we get a chance to meet with the leaders of each ASEAN orthopaedic association. Over the past few years, strong relationships have formed and Australia has enhanced its reputation as a friendly and willing participant in our region. The travelling fellowships, exchange of examiners, and a combined meeting planned for 2014 in Bali are all tangible outcomes.

As evidence of our increasingly important profile, we have been invited to participate in an Asia-Pacific Economic Cooperation (APEC) forum 'High-Level Workshop: Fostering Ethical Environments in the Medical Device and Biopharmaceutical Sectors'.

Head Office Team

Our talented and energetic CEO, Adrian Cosenza, has fostered a healthy work place at the central office and has encouraged the AOA team to higher levels of success.

He has worked tirelessly for AOA as well as offering support and collegiate advice to the other specialties in their negotiations with the College. Adrian has brought a new level of professionalism to the administration and has been working extremely well with the AOA Executive and Board.

AOA's future looks exciting and challenging.

CEO Report

Chief Executive Officer
Adrian Cosenza

A twelve-month period of impressive progress, high member satisfaction and global recognition.



Strategy – Education and Training Review

We have made strong progress over the past 12 months in building and strengthening the organisation's capabilities in the journey to

positioning AOA as a world leader in orthopaedic surgical education, training and continuing professional development.

Many aspects of AOA's current education and training activities and processes are good but our strategic aspiration is to be world-class – to be great.

AOA's world-class aspirations have spurred impressive progress in the implementation of the 2013-15 strategic plan – with 31 of the 35 deliverables completed and/or substantially addressed.

The Strategic Education Review – being led by AOA's President John Owen and Chair of Education and Training Ian Incoll – is a forensic, insightful, and broad assessment of AOA's key functions in education, training and continuing professional development.

Dr Jason Frank, a global medical education expert, brings a world-class independent perspective to AOA's self-evaluation process and provides valuable exposure to global best practices.

AOA members are to be congratulated for the strength and conviction in their desire to continually improve AOA's core services and to best position our Association to be responsive to the changing world.

It is most pleasing to note the successful establishment of the new service agreement in education and training with the Royal Australasian College of Surgeons (RACS). The new arrangements provide the platform for the evolution of a more contemporary and dynamic surgical education and training program. The arrangements are designed to deliver an improved education experience on a more efficient basis.

Governance

The Constitution provides for 15 directors. During 2013, the Board functioned with 14 directors as the second general director vacancy was not filled. Peter Choong, Vice President, has chaired robust and extensive debates and discussions regarding proposed contemporary changes to the AOA Constitution. The changes under consideration include proposals for a smaller Board, a different composition of the Board, the presidential term, election of the president, and the inclusion of experienced non-surgeon directors with relevant expertise.

A best practice review of constitutions and governance practices within and outside the sector



has accompanied the review process. Members have been surveyed and the process of further engagement with members is well underway and will continue over the next year. It is expected that any formal changes should be formulated for consideration at the October 2014 Annual General Meeting. The proposals for change will be discussed at the Members' Forum in Darwin in October 2013.

The Audit and Risk Committee – chaired by Second Vice-President John Tuffley – has been established and is now fully functioning. Representation includes AOA Treasurer Peter Steadman and Mr Ian Wilson, an experienced non-surgeon director in governance, finance and risk.

The Australian Institute of Directors' governance guidelines for not-for-profits provide a framework against which the AOA Board can benchmark director performance. Further activity to improve Board effectiveness and Board performance will be progressed in the coming 12 months.

The Australian Charities and Not-for-Profit Commission (ACNC), established in July 2012, imposes additional reporting obligations for all charities and not-for-profit organisations. AOA is registered with ACNC and will be required to meet the additional reporting obligations.

Membership and Fellowship Services

AOA's membership is at an all-time high of 1530 – with 48 new members joining AOA in the past 12 months. An impressive 98% of Australian orthopaedic surgeons are now members of AOA (up from 94% in 2012).

The number of AOA accredited fellowships has increased to 82 – with six new accredited fellowships approved over the past 12 months. AOA's in-house fellowship administration service has handled over 50 applications since the service launched two years ago.

Advocacy

It is pleasing to report the increased use of AOA advocacy services by state branches and subspecialty societies. This has resulted in the number of advocacy issues handled increasing from 10 in 2012 to 30 in 2013. AOA has completed 13 submissions (14 in 2012) and responded to a senate enquiry. The inaugural establishment of the President/State Chairs' Forum (affectionately known as 'COAG') aims to improve the effectiveness of orthopaedic community representation. Advocacy for lobbying against the Government's proposal to cap the self-education expenses has been successful, with the Government delaying any proposals for a further year. Efforts to scrap the tax cap will continue over the coming year.

AOA's key advocacy priorities include seeking to increase the education standards required of operating podiatrists, improving standards of practice and performance, promoting a better understanding of workforce planning, and increasing AOA's profile in the media and community.

IT Developments

AOA's significant strategic investment in technology during 2012/2013 has resulted in the successful implementation of the following new digital tools:

AOA Website – the New Face of AOA

AOA's newly revamped website, launched in August 2013, provides AOA with a much more dynamic and responsive way of communicating with its key target audiences. The website working group, comprised of AOA members and stakeholders, has ensured that the website is a product shaped by members for members.

CPD Online

Launched in January 2013, CPD Online is an easier and streamlined process for maintaining CPD.

Online SET Application

The new online selection application makes for a much smoother and efficient process. A total of 178 applications were received for the 2014 SET year (the same as 2013).

eLC (Learn@aoa)

Planning continues for the development of an upgraded eLearning Centre (eLC) – to be renamed 'Learn@aoa'. Plans include establishing a single sign-on user process, user authentication, and a new e-assessment suite. Launch of the first phase is expected prior to the year-end.

National Joint Replacement Registry (NJRR)

The AOA Strategic Review of the NJRR – lead by the eminent professional Chair, Henry Bosch, OA – was completed and released to members/the public in November 2012. The review contained 30 recommendations. AOA and the AOA NJRR have already addressed 26 of the 30 recommendations.

Increased funding for the 2013/2014 financial year has also been successfully negotiated with the Federal Government.

The AOA NJRR is a global leader in arthroplasty registries and its expertise and advice is most sought after by governments, international regulators and other registries worldwide. The AOA NJRR Director, Professor Stephen Graves, together with the AOA NJRR's Deputy Directors, David Davidson and Professor Richard de Steiger, and Coordinator Ann Tomkins, have stewarded Australia to a global leadership position and one in which all AOA members can be strongly proud. We are most grateful for their superlative contribution since the AOA NJRR first commenced 15 years ago.

Conference and Event Management

Meetings directly managed by AOA have increased significantly from eight in 2012 to 18 in 2013. AOA Head Office now handles the Annual Scientific Meetings for most state branches and is also working with some of the subspecialty societies. Attendance at the AOA's 2012 Annual Scientific Meeting (Sydney) set an all-time record, with over 1400 registered participants. Record attendances were also achieved for the Trauma Continuing Orthopaedic Education (COE) meeting (May 2013) and the Victorian Annual Scientific Meeting (February 2013). Member satisfaction for conference and event management services provided by AOA rates very highly (99% of members are satisfied with AOA's online event registration process).

Communication

AOA's vision of 'creating one orthopaedic community' continues to gather momentum. Subspecialty and state branch relationships continue to strengthen through increased contribution to the Bulletin and participation in the AOA curriculum review and the patient education site review. AOA

is also assisting in providing digital services to a number of the subspecialty societies.

The annual membership survey highlighted the ongoing success of the AOA Bulletin with excellent membership engagement – 89% of members read every Bulletin issue, with 46% stating that they always read the Bulletin in significant depth.

AOA's monthly eNewsletter is also performing very well. Our eNewsletter open rates have increased by 10% over the last year – with a current open rate average of 60% (well above industry average). Visits to the AOA website also continues to grow – reflecting increased member and stakeholder interaction.

Profile and Branding

We have continued to build AOA's public profile through increased media engagement and 90% of AOA media coverage published over the last 12 months was reported as positive. The PR equivalent of \$800k–\$1.2m in media space/air time value has been achieved over the last year.

AOA Team

Great people make great organisations. AOA is blessed to have a enthusiastic, dedicated, caring and productive staff team which is passionate about supporting members. This team has worked tirelessly with members, office bearers and directors to advance orthopaedic matters in the community. I am grateful for their strong support. During my three years at AOA, it has been a pleasure working with the Presidential line, Executive and Board of Directors. I thank them for their wisdom, advice and wise counsel.

Future

AOA is on a journey to excellence. The last three years have seen solid foundations established. AOA's preparedness to invite scrutiny from external industry experts and embrace improvement opportunities is a mark of an organisation capable of achieving its strategic ambitions. The excitement and joy of achieving better outcomes for members and patients drives even better performance and desire for results. AOA's commitment to excellence provides the Association with a vibrant and stimulating future.

Education and Training

- To continue to provide world-class orthopaedic surgeons.
- To design, organise and facilitate high quality selection, training and assessment
- To establish a fully functional faculty of orthopaedic surgery by June 2015

- Strategic Education Review conducted by a world-renowned expert in medical education and training, Dr Jason Frank. Four-phase review in the period October 2012 to February 2014. Two phases completed. Review approach embraced and progressing to plan. The phases comprise phase 1: inventory 'As Is', phase 2: 'Global Best Practice', phase 3: 'Tailoring AOA's World-Class Aspirations', and phase 4: 'The Blueprint for AOA'
- New Service Agreement executed with RACS – providing platform for increased autonomy for AOA in education and training (under the umbrella of the College)

Member Representation & Advocacy

- To improve member satisfaction levels
- To deliver relevant member support and services
- To successfully advocate prioritised key policy matters at a state and federal level
- To achieve greater than 95% AOA membership by 2015

- Overall member satisfaction levels increased from 85% in 2012 to 87% in 2013
- All AOA functions rated satisfactory or better by 84–94% of respondents (80-89% in 2012)
- Event meetings handled increased from 8 in 2012 to 18 in 2013
- Advocacy issues handled increased from 10 in 2012 to 30 in 2013
- AOA membership increased from 94% in 2012 to 98% in 2013

Professional Standards

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

- Successful launch of new CPD Online in January 2013
- New CPD Online rated satisfactory or better by 94% of respondents
- AOA NJRR Strategic Review completed November 2012
- International best practice review rates AOA NJRR global leader
- Implementation of recommendations substantially advanced with 26 of 30 recommendations addressed or advanced

Patient Education

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

- Subspecialty societies actively contributing to patient education online content development
- Planning advanced on design and structure of new patient/community web portal

Education & Training Report

Chair of Education & Training
Ian Incoll

There has been a strong development focus in education & training this year, including commencement of the strategic external review of AOA's education programs.



There has been a strong development focus in education & training this year, including commencement of the strategic external review of AOA's education and training programs. In addition, a number of

projects have taken place with a view to improve the processes of our training program and to provide better support for our members who are involved in the delivery of orthopaedic Surgical Education and Training (SET).

Better Support for Members Involved in SET

Establishment of mechanisms to better support AOA members involved in SET was identified as a key project. Subsequently, the need to better define the roles and responsibilities of those involved in training was identified as a priority. In keeping with educational language, AOA Training Coordinators were rebranded as 'Director of Training' (DOTs) for their training site, while Training Supervisors were rebranded as 'Trainee Supervisor'. Role descriptions for both of these positions were developed and ratified at the March 2013 Board meeting.

All training sites have been asked to nominate (or re-nominate) a DOT and Trainee Supervisors, consistent with the newly-defined roles. This process is well underway, with 62 appointments now approved by the Federal Training Committee (FTC).

To improve support of our members in the roles they fulfill, an inaugural Training and Assessment Workshop was held during the 2012 Annual Scientific Meeting in Sydney. This workshop was the first step towards establishing regular training workshops for, and contacts between, DOTs and examiners.

Nationally Consistent Policies and Processes

In order to ensure a nationally consistent approach to training program issues and reduce the likelihood of errors in process, a suite of assessment policy and process documents was developed. These documents were developed in consultation with members, and addressed issues such as completion of Quarterly Assessment Reports (QARs) and processes for trainees that require additional support. These were approved for implementation in February, and we received positive feedback from the subsequent round of QARs on the clarity provided by the new documentation.



Innovate, Participate, Collaborate:
A new Education Learning Centre (eLC)

During the course of the past year the education and training team have developed, and planned for, a number of activities relating to eLearning.

AOA's aim is to implement a collaborative and interactive eLearning platform, 'Learn@AOA', which allows for dynamic information sharing, assessment and peer review among trainees and members. Ultimately, this platform will provide an integrated approach to learning, and aims to be flexible and easy to use.

Key areas of development:
2012–2013

1. A refresh of the current platform, including essential security updates and minor changes to the current structure.
2. Review of feedback received from AOA members via the 2012 member survey highlighting eLearning as an area for improvement.
3. Advancing a proposal for development and implementation of a new eLearning Platform.
4. Engagement of eLearning provider to assist in development of a new online assessment suite module, which will integrate directly with the new platform.

Accreditation Standards Review

A project to review AOA accreditation standards was commenced in July 2012 by a working party, chaired by Dr Rami Sorial. Following consultation with accredited training sites, the new accreditation standards were approved in March 2013. These new standards strengthen the requirements for trainees to receive priority access to cases over fellows, and reinforce accommodation requirements for trainees asked to rotate away from their primary place of residence. The renewed standards also maintain current supervisor membership requirements, and formalise supervisor to trainee ratios. The FTC has planned a phased introduction of the new standards from the 2013 accreditation inspections. This will allow a reasonable timeframe for training sites to meet any new accreditation requirements without potentially threatening their accreditation status.

Annual Selection Process Review

A comprehensive review of our selection process was undertaken in September 2012; this involved benchmarking our processes against other surgical, medical and business selection models, as well as benchmarking against educational best practice in this area. Our selection process aims to appoint the highest calibre trainees on the basis of merit, through fair, open and accountable methods. Regular evaluation is undertaken to ensure that this aim is achieved, and to maintain the reliability, validity and objectivity of the process.

Internal and External Reviews of AOA's Training Program

An internal review of our training curriculum has commenced with the various curriculum modules and associated learning resources circulated for review to the subspecialty societies and examiners, in December 2012. Given the scope of the Curriculum project, the FTC is establishing a Curriculum Review Committee (CRC), which will be responsible for conducting an in-depth revision of the clinical content, supplementing the feedback already received. Additionally, the CRC will assist with revising the language of the existing modules to create a detailed curriculum with clearly articulated learning objectives.

This internal review is intended to tie in with the external strategic review of education by Dr Jason Frank, to create a resource of world-class educational standard. Preliminary recommendations presented by Dr Frank to a strategic workshop in July 2013 identified a number of areas where AOA has the potential to build on our strengths to ensure excellence in all aspects of our educational programs. These recommendations received consensus support for implementation by many AOA stakeholders and will be presented to the AOA Board for approval in October 2013.

Acknowledgements

As I'm sure has been apparent from this summary, we have been very fortunate to have so many AOA members engaged and contributing

Implementation of "Learn@AOA": 2013 – 2015

'Learn@AOA' will be implemented in two-phases. The first phase – initial launch of Learn@AOA and new online assessment suite – is expected to go live towards the end of 2013. The second phase – development of interactive resources linked to the curriculum – is due for completion around December 2015.

Summary of Benefits

- An enhanced curriculum, linked directly to new resources, such as examination resources, case presentations and practice cases.
- A new electronic assessment suite, including integration of mobile applications.
- Introduction of 'My Progression', which will allow trainees to track their progression throughout their five years of training.
- Electronic access to Bone School (including upload of weekly lecture presentations and video podcasts).
- Access to an electronic portfolio system, akin to an electronic Curriculum Vitae, allowing users to upload clinical content (e.g. case reports), collate records of their learning experiences and share any part of this material.
- New and updated electronic learning resources including: video podcasts, webinars, and interactive PowerPoint presentations.
- Forum and blogging capabilities to enable real time peer review.
- An integrated AOA eLearning system; members will only need to login once in order to access the AOA website, CPD Online and Learn@AOA.

to these review and developmental processes. This work is over and above the significant operational contributions our members make to the training program on a daily basis. Our members give of their time to act as DOTs, trainee supervisors, examiners, accreditation inspectors, selection interviewers and course convenors. To all who have given their time so generously, I extend my sincerest gratitude.

I would like to especially acknowledge the members of the FTC, in particular our Regional Training Committee Chairs: Drs Russell Bourne (QLD), Geoff Rosenberg (NSW/ACT), Adrian Trivett (VIC/TAS), Ben Beamond (SA/NT) and Omar Korshid (WA), without whose dedication the education and training activities of the AOA would not be possible.

The support from Ms Ally Keane, AOA National Education Manager, and the education and training team at Head Office has been invaluable and greatly appreciated. I commend to you the work of this group of professionals who ably facilitate the running of our training program and manage all the support activities this entails. The commitment to education excellence engendered by our CEO, Adrian Cosenza, has also been critical to our many successful endeavors this year, including our presentation to the International Medical Education Leaders Forum in Ottawa, Canada in October.

Dr Mark Moroney convened an excellent Undergraduate Workshop in Brisbane in December 2012. This workshop continues to be a wonderful opportunity to showcase orthopaedic surgery as a career path to senior medical students. To broaden AOA's involvement in the undergraduate arena, members and staff have also participated in a number of career day events.

Operational Facts & Figures

One hundred and seventy-eight applications for selection to SET for 2014 were received. Of these, 100 applicants were interviewed around the country in June 2013 and 32 offers to commence SET were accepted.

This year, we have 222 trainees enrolled in the orthopaedic SET program. In the past year, nine trainees have successfully completed all requirements of the training program. A further 26 trainees have passed their orthopaedic fellowship examination and await successful completion of their final term assessments before being admitted to orthopaedic and AOA fellowship. Throughout the year we have had 29 trainees undergo varying forms of remediation to support them in achieving the competencies of the training program. Twenty-three Training Post accreditation inspections were conducted between March and June 2013.

On behalf of RACS, Dr Don Pitchford (Chair of Orthopaedic Services) and I have participated in the assessment of 33 of International Medical Graduates (IMG) seeking to practice in Australia in the discipline of Orthopaedic Surgery. Details of this activity can be found on page 18.

Scientific Secretary Report

Scientific Secretary
Allan Wang

eProceedings, launched following the 2012 ASM, is a valuable future resource for trainees and practicing surgeons.



Annual Scientific Meeting Darwin October 6-9 2013.

Planning is proceeding well for this meeting.

The meeting theme is "Expertise, Creating Experts". The training and education component

will be supported by the Presidential guest speaker Dr Carol-Anne Moulton, with Dr Jason Frank, and Professor Stephen Trumble. The plenary will further explore and develop the theme and speakers will include the RACS Guest Professor Andy Carr, AAOS President John Tongue who will both provide an orthopaedic perspective of "Expertise" for the practising surgeon.

Finally, RACS President Mike Holland will look at Expertise and the relation to threshold case volume and the trend to surgical subspecialisation.

The scientific program has been finalised. Four concurrent sessions are scheduled throughout the three day program. There is a heavy emphasis on arthroplasty, trauma, and Knee sports medicine at this ASM. In general, the ASM aims to include all sub specialties in the program. There will be a keynote speaker for paediatrics and spine surgery. Instructional course lectures will also be provided

by local speakers in the other sub specialties, to complement the free scientific papers. The ongoing contribution of the sub speciality presidents in helping to review abstracts, nominating ICLs, and generally managing their allocated sessions in the program is greatly appreciated.

All Carousal presidents have been invited to present a paper or chair a session at the ASM. The scientific background of Tim Briggs (British Orthopaedic Association) and Scott Boden (American Orthopaedic Association) together with Andy Carr will be utilised in a symposium on Orthobiologic Therapies.

This ASM will continue to engage with Asia Pacific Orthopaedics. Prof. Kenneth Cheung is the Asia Pacific Guest Professor. There are two Indian Orthopaedic Association/ AOA Fellows, and the winner of the best APOA registrar paper will also attend. Free papers will be accepted from NZOA, and from certain other recognised overseas centres with an AOA affiliation.

Masterclasses

The four gold sponsors continue to provide valuable support to the ASM. Each Gold sponsor is invited to run a masterclass which will be embedded in the program after peer review of the content by the appropriate sub specialist society.

eProceedings

This was launched following the 2012 ASM, with Roger Paterson as editor and Kirsty Hogarth communication manager in support. The 2013 ASM podium and poster presentations will be recorded for the eProceedings if consent is given by the presenter.

An ongoing process of indexing by author and subject will ensure the e-proceedings is a valuable future resource for trainees and practising surgeons.

COE

The COE program continues to be very successful, and ably lead by COE Chair Richard Williams. A combined COE Meeting with the Indonesian Orthopaedic Association is planned for 2014 with Greg Witherow as Convener.

AORA

The Sydney 2012 AORA meeting was disappointing in registrar attendance and quality of scientific papers presented. Guest speakers arranged by the Scientific Secretary provided an instructional component, and Prof Keith Willett and Colin Howie provided helpful feedback to registrars on their research presentation.

There has been some discussion (Ian Harris) on whether to allocate any research points to substandard papers eg case reports.

The scientific secretary will continue to review abstracts submitted to AORA and will assist in the AORA Scientific program as required.

ASM Melbourne 2014

Early planning is underway. The theme of this meeting is "What is the Evidence?" This meeting will revert to the four day program, and it is expected that this will be a very full programme with contributions from all sub speciality societies.

Acknowledgement

Allison Fallon continues to provide wonderful support for the activities of the Scientific Committee.

Professional Development & Standards Report

Chair of Professional Development and Standards
Andreas Loeffler

It has been a privilege to serve as Chair of PDS. This year we have implemented notable changes, such as the new CPD Program.



A few years ago, to be in line with similar organisations, the AOA Board of Directors created this position, and I was the first person elected as Chair of PDS. The term is for four years and it has been an interesting time.

I am a member of the Board and a member of the Executive Committee. I chair the CPD Committee as well as the Code of Conduct Committee, but fortunately the latter has only had to meet once during my tenure. I have also represented AOA on the PDS Board of the College, which includes all specialties of RACS, and where policies are made and reviewed.

The Chair of PDS deals with queries and complaints about members of AOA, some from patients who are unhappy with their treatment, and others from one surgeon about another. Alleged advertising of false or misleading information has been the single most common complaint. Some issues are difficult to adjudicate and require the help of our lawyers. On occasion industry, private hospitals, or individual members have asked for advice.

There have been two requests by AHPRA to help them deal with an underperforming surgeon. I

volunteered to investigate matters with a colleague and we managed to achieve a satisfactory outcome. AOA was also asked to help in a dispute between an orthopaedic department and an administrator, and I believe that our mediation has helped at least in part.

2013 CPD Program

Chairing the CPD Committee is an important part of the portfolio. This year we have implemented notable changes, such as the addition of a category of Limited Practice and the introduction of yearly CPD Certificates, as required by AMC. In order to verify CPD compliance, AOA must audit members, and we have resolved to randomly check 5% of participating members. As the new CPD Online is user friendly, an increasing number of members have started to use AOA CPD certification.

We were very pleased to announce the implementation of the 2013 Continuing Professional Development (CPD) program in January this year. This program has been developed to reflect the ongoing needs and educational requirements of Australian Orthopaedic Association (AOA) members.

There are some notable changes to the 2013 program:

- The historical three-year cycle (triennium) has been discontinued. The program will now be completed on an annual basis. A Certificate of Compliance, which is required for re-registration by the Australian Medical Council, can be issued each year.
- The program has been reduced to four sections and participants are no longer required to complete the Hospital Credentialing Section.
- In addition to operating and non-operating practice a third practice type has been included specifically to cater for those in limited practice. This practice type is for Orthopaedic Surgeons whose practice is strictly limited to non-

procedural and non-clinical work including teaching, research, and administration.

- Members who are currently working overseas are required to provide evidence of participation in CPD activities.
- Section 1 - Surgical Audit & Peer Review has been modified to include all audit activity.
- An optional Personal CPD Plan has been introduced.

The AOA CPD program recognises a broad range of activities, grouped into four sections. Each section has an annual requirement for a minimum number of points, determined by a members practice type as can be seen in the table below.

Section	Minimum Annual Requirement		
	Operating	Non-operating	Limited Practice
Section 1: Surgical Audit & Peer Review	One Surgical Audit & Peer Review	N/A	N/A
Section 2: Clinical Services	40 points	N/A	N/A
Section 3: Self-Directed Learning	50 points	50 points	25 points
Section 4: Scientific Meetings & Research	20 points	20 points	10 points

For further information on the new CPD Program, please visit www.aoa.org.au or contact Megan Cetinic (Senior Education Officer) at AOA Head Office.

CPD Audit and Verification

As a means of meeting our AMC accreditation obligations, AOA conducts an annual random audit of the CPD program. AOA has resolved to randomly select 5% of members annually for verification of CPD activity.

Members selected are asked to verify their CPD activity in two of the four CPD sections by providing supporting documentation to match the information

supplied through CPD Online or the hardcopy Annual Summary Form. At the conclusion of the audit those randomly selected will receive personal feedback on their CPD verification as well as a copy of the Audit Report.

Acknowledgements

Not one office bearer on the Board could fulfil his or her duties without support from the excellent staff at the head office, and I would like to thank all of them for helping me do my best to serve AOA. It has been a privilege to serve as Chair of PDS.

Orthopaedic Services Report

Chair of Orthopaedic Services
Donald Pitchford

AOA continues to refine strategy and hone its policies as it represents the interests of its members in a constantly changing environment.



Workforce issues have again resurfaced with Health Workforce Australia (HWA) expressing a view that Australia is dependent on International Medical Graduates (IMGs) and that respective associations should facilitate IMG

passage into the health industry. I suspect some circumspection around this topic will be displayed after the federal election; indeed, HWA have postponed its findings for the time being. While it is acknowledged that there is a maldistribution of orthopaedic surgeons in Australia in favour of metropolitan areas, it cannot be argued that we do not have sufficient numbers per capita of the population, which averages at about 1:21500.

Over the past two years 33 IMGs have been interviewed for comparability to an Australian-trained orthopaedic surgeon. Of these, 22 IMGs have been awarded Fellowship, with 15 completing assessment via examination and seven completing clinical assessment. There are currently 11 IMGs under assessment via examination and one under clinical assessment.

Some structure has been applied to area of need (AoN) appointments, ensuring adequate clinical and theatre access to enable sufficient candidate logbook entries for appropriate quarterly assessments. However in the last year the number of AoN assessments has dwindled, with only 3 of the 12 IMGs currently under assessment in AoN positions. This would imply that rural hospitals are either attracting local graduates or that those positions have now been filled. Furthermore, IMG candidates applying for assessment from fellowship positions appears to have increased. AOA-accredited fellowship positions exist in metropolitan regions and this would therefore imply that IMGs would be competing with newly qualified Australian trainees or graduates returning from an overseas fellowship. It may be timely to review AOA-accredited fellowship positions to ensure they are being used for the purpose for which they were originally designed.

Education and Training

In the last year consolidation and refinement of our current system has been observed. The Strategic Education Review is an excellent opportunity for AOA to review its education and training practices. The review thus far has given us a view of our

Surgical Education and Training system with its strengths and weaknesses.

The observation was made that Australian candidates are exposed to a remarkable amount of theatre time and number of cases, both in emergency and elective surgery. As a result, our program is held in high regard internationally in this aspect. Thus, when comparing ourselves to other countries' health systems, it is clear that there is no need for us to be apologetic of the robustness of our teaching and examination process in maintaining high and consistent standards. Indeed, the selection process for assessing Australian graduates and IMGs is constantly being honed and refined to maintain world-class standards for orthopaedic surgery.

Ongoing supervision and assessment of IMGs essentially constitutes another national training scheme and involves all states as another source of postgraduate surgeons. As we graduate more of our local orthopaedic surgeons, the reliance on IMGs would appear to reduce. This however has not yet occurred and there seems to be strong support from HWA encouraging IMG migrants into Australia.

Research Foundation Report

Chair of AOA Research Foundation
Minoo Patel

The research foundation has had a successful year increasing its assets and awarding grants of \$155,000 for 2013.



Research Grant Applications

This year a record 30 applications for the AOA Research Foundation (AOA-RF) research grants were assessed, with fields from molecular and cell biology, to biomechanics and clinical outcome studies. The grants

assessment committee consisting of Dr Bill Donnelly, Dr Russell Miller, Assoc. Prof. Martin Richardson, Professor William Walsh, Professor Allan Skirving and Professor Martin Schuetz assisted me in assessing these grants.

The AOA-RF Board approved the funding of six applications this year, with grants totalling \$155,000 (+GST) awarded, up from \$132,382 in 2012. The Board congratulates the successful applicants.

New Online Grant Application & Assessment Process

Planning is underway for all applications to be submitted online, a similar process to ASM abstract submissions. It is expected that improved online capability should be available for 2014. This will streamline both the application and assessment process. A detailed explanation of the new grants process will be posted on the AOA website.

Early Career Researcher Seeding Grants

The Research Foundation is pleased to announce new early career researcher grants from 2014, which will promote grassroots research. These grants will

be available to AOA trainees and fellows in their first three years post-qualification.

Finances

Finances remain healthy with assets growing by \$404,162 to \$4,773,918 in 2013. This year the AOA-RF Board will conduct a review of investment protocols, aimed at maximising returns, while protecting assets.

Over the next 12 months the AOA-RF will be engaging in a major fundraising exercise to encourage members to consider bequests to their Foundation. We also encourage members of the community to consider donations to what is Australia's premier musculoskeletal research foundation.

AOA Research Foundation Board

This is my first year as Chair of the AOA-RF. I wish to acknowledge my predecessor Dr David McNicol, who successfully guided the Foundation to a position of financial stability, and oversaw the generational change in the makeup of the Board. I also thank Dr Graham Mercer, Hon. Treasurer, and Prof. David Little, who have completed their terms on the Board. I welcome Prof. Allan Wang to the Board.

I am grateful to Adrian Cosenza, Chief Executive and Company Secretary of the Foundation, for his time, effort and wise counsel. Adrian and his team at AOA ensure that the Research Foundation is in compliance with the NHMRC guideline and new regulations governing Charitable Foundations. I also thank the tireless Alison Fallon for her secretarial assistance to the Board.

Orthopaedic Outreach

Chair of Orthopaedic Outreach
Stephen Quain

Orthopaedic Outreach is widely acknowledged as a key provider of clinical service and education throughout Asia Pacific.



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

AOA and Outreach cooperate in the delivery of orthopaedic humanitarian initiatives, which is a key objective of the AOA.

Outreach works collaboratively with the RACS International committee and the Fiji based AusAID funded Strengthening Specialised Clinical Services in the Pacific (SSCSiP) in providing educational solutions to meet growing demands through the Pacific. Examples of this include perioperative specific nursing education, specialist paediatric workshops managing deformity (Ponseti Courses), and training on primary trauma management through the Principle of Fracture Management Courses.

Orthopaedic Outreach is widely acknowledged as a key provider of clinical service and education throughout Asia Pacific.

AOA members, through Outreach, are in increasing demand to participate as external examiners in developing countries, with representatives actively involved in Indonesia, Myanmar & Sri Lanka.

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

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

During 2012-2013, AOA funding contributed to a range of humanitarian activities, including volunteer member service provision and education delivery in Indonesia, Cambodia, Fiji, Papua New Guinea, Solomon Islands, Timor Leste, Tonga, Vanuatu and Vietnam.

Membership

New Fellows 2012 -2013

Albietz John	QLD	Hay Gordon	WA	Radovanovic John	QLD
Baddour Edward	WA	Hellman Jorgen	NSW	Shamimudeen Abdullah	QLD
Bare Jonathon	VIC	Hermann David	SA	Sharp Robert	NSW
Bateman Edward	NSW	Hope Benjamin	QLD	Shooter David	QLD
Bedi Harvinder	VIC	Jaarsma Ruurd	SA	Smith Damian	ACT
Brosnan Reagan	QLD	Jacobson Anthony	VIC	Sood Aman	SA
Brunello Rohan	QLD	Jarman Paul	NSW	Sterling Gregory	QLD
Bryceson William	QLD	Kolarik Milos	VIC	Thomson Andrew	VIC
Cadden Anthony	NSW	Lade Justin	VIC	Thorvaldson Kristoffer	NSW
Carr Derek	VIC	Leys Toby	WA	Tran Phong	VIC
Chaudry Abdul	QLD	Liptak Matthew	SA	Trantalis John	NSW
Chia Andrew	VIC	Marchant Darren	QLD	Tsai Nicholas	ACT
Chia Sam	NSW	Milne Benjamin	NSW	Tunggal James	QLD
Clark Gavin	WA	Moaveni Afshin	VIC	Unni Raghavan	VIC
Cooke Cameron	QLD	Nicholson David	NSW	Van Bavel Dirk	VIC
Crick Brad	VIC	Nicoll Angus	QLD	Viswanathan Sameer	NSW
Dao Quang	NSW	Nihal Aneel	QLD	Vrancic Sindy	ACT
Dwyer Tim	QLD	Oloruntoba Olubukola	SA	Walsh Henry	QLD
Elix Simon	NT	Osborne Donald	NSW	Wang Otis	VIC
Freeman Brian	SA	Pang Grant	VIC	Watts Sarah	QLD
Gamboia Gaugin	QLD	Papantoniou Peter	NSW	Won Hugh	NSW
Gooi Chi Kang	QLD	Porter Mark	ACT	Yap Vincent	VIC
Gray Randolph	NSW	Pourgiezis Nick	SA	Young Allan	NSW
Hammond Terence	QLD	Pretorius Willem	QLD		
Hatcher Steven	QLD	Pritchard Michael	TAS		

New Associates 2012-2013

Agolley David	NSW	Brankov Boris	WA	Calligeros Costa	SA
Bade David	QLD	Brown Lochlin	QLD	Campbell Benjamin	VIC
Bousounis George	VIC	Burns Catherine	NSW	Campbell Kate	QLD

Carey-Smith Richard	WA	Hunt Joshua	NSW	Nair Anil	NSW
Chandrasekaran Sivashankar	NSW	Hutchinson Matthew	SA	Nott Matthew	NSW
Cheesman Michael	QLD	Jain Arvind	VIC	O'Neill Anthony	QLD
Chehata Ash	VIC	Johnson Luke	SA	Parker George	QLD
Chabrel Nicholas	SA	Keogh Angus	WA	Parkinson Benjamin	QLD
Choi John	VIC	Kong Emily	VIC	Prisell Per	TAS
Curry Hamish	VIC	Kuster Marcus	WA	Rae Hamish	NSW
Dewar David	NSW	Large Richard	VIC	Rao Pankaj	NSW
Diwan Ashish	NSW	Le Roux Johan	NSW	Rawat Jaideep	NT
Drobetz Herwig	QLD	Liddell Antony	WA	Rhau Joerg	QLD
Du Toit Francois	QLD	Liew Chien-Wen	SA	Russ Matthias	VIC
Edwards Thomas	QLD	Lim Tao	WA	Sadiq Shalinder	TAS
Fletcher Tim	WA	Lisle Ryan	WA	Scaddan Matthew	WA
Gayagay George	NSW	Low Adrian	NSW	Schick Bernard	NSW
Fary Camdon	VIC	Macleon Douglas	QLD	Small Timothy	NSW
Fassina Robert	SA	McClelland Brett	NSW	Sowman Braad	WA
Hartin Nathan	NSW	McDarra Jason	QLD	Spencer Luke	VIC
Hartnett Nigel	VIC	Martin Brian	NSW	Stoita Razvan	NSW
Harvey Jason	VIC	Mattin Andrew	VIC	Tay Aaron	WA
Henschke Luke	NSW	Mayo Andrew	QLD	Webb Justin	SA
Hope Matthew	QLD	Munt Justin	SA		

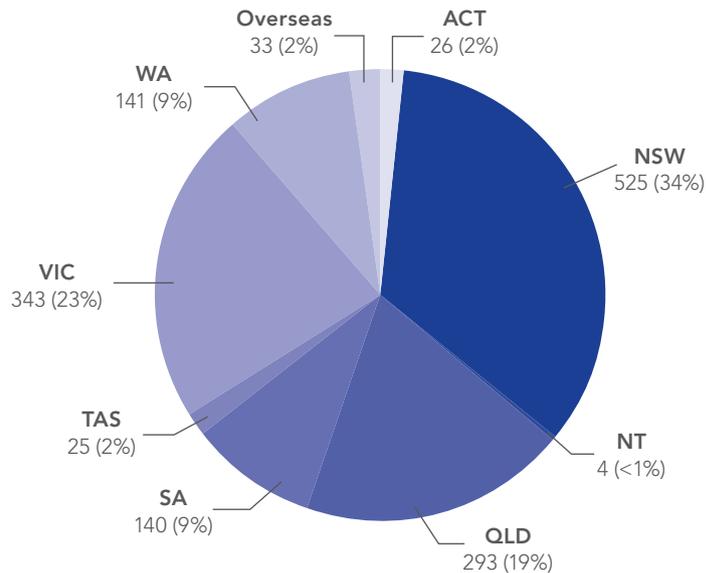
Deceased Members 2012-2013

Bell Franklyn	WA	Nade Sydney	NSW	Southwood Richard	SA
Bruere Willem	WA	O'Malley David	NSW	Swaney William	VIC
Bye Howard	TAS	Pettit Gordon	NSW		
Kitchin Reginald	ACT	Sage John	NSW		

Honours & Awards 2012-2013

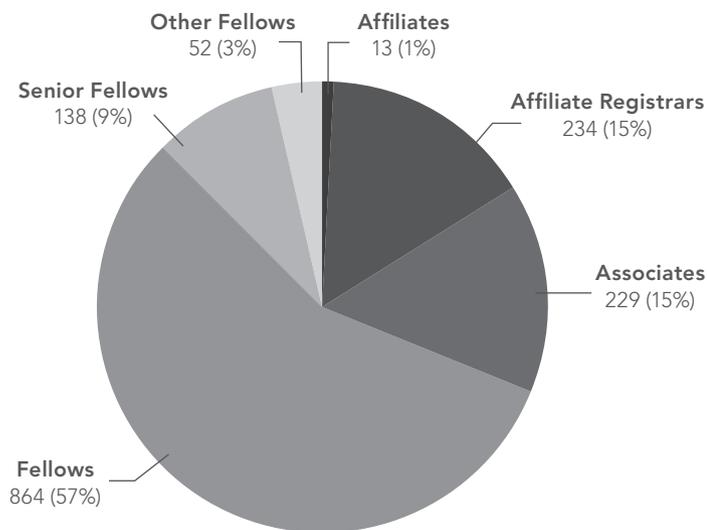
L O Betts Memorial Medal:	David Sonnabend
Life Fellow:	Mervyn Cross Michael Tiller
Award for Humanitarian Service:	Graham Forward
Award for Meritorious Service:	Cameron Thrum Reinhart Wuttke
Orthopaedic Education:	Peter Cundy
Award for Orthopaedic Research:	Myles Coolican

Members by State



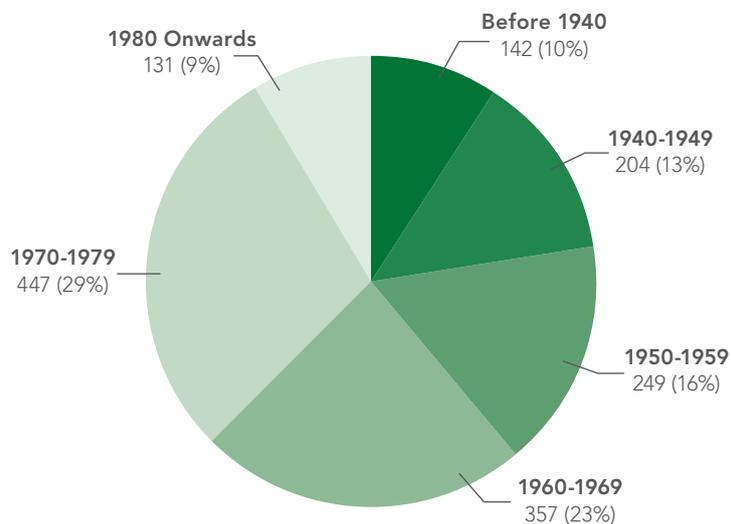
Member Types

Total number of members as of 30 June 2013 = 1530

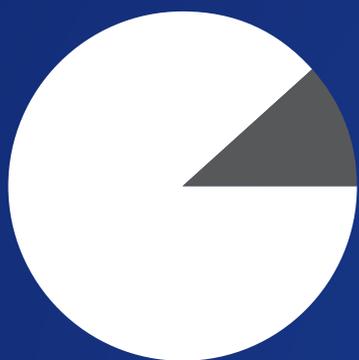


Age Range of Practicing AOA Members

(Dates of birth by decade)



AOA Facts & Figures



31 OF 35 STRATEGIC PLAN
2013-15 DELIVERABLES
ACTIONED



ORTHOPAEDIC SURGEONS
PER CAPITA IN AUSTRALIA

@ 334

NUMBER OF AOA
MEMBERS ALREADY
USING THE NEW 2013
CPD ONLINE



1530

NUMBER OF AOA MEMBERS AS OF 30 JUNE 2013.



\$1,000,000

PRO-BONO EQUIVALENT OF SERVICES DONATED BY AOA
MEMBERS IN OVERSEAS HUMANITARIAN ACTIVITIES



NUMBER OF TRAINEES
CURRENTLY IN OUR
SURGICAL EDUCATION
& TRAINING PROGRAM



1400

RECORD NUMBER OF
REGISTRANTS AT THE
2012 SYDNEY ASM



30

RECORD NUMBER OF
APPLICATION FOR
RESEARCH FUNDING
RECEIVED IN 2012-13



7.7%

INCREASE IN AOA'S
TOTAL ASSETS TO
\$18.7M IN THE YEAR
SINCE 30 JUNE 2012.

$\frac{26}{30}$

NJRR STRATEGIC
REVIEW
RECOMMENDATIONS
ADDRESSED

Board Committees as at 30 June 2013

Board Committee	Chairman
Executive Committee	John Owen
Academic Surgeons Committee	David Sonnabend
Asia-Pacific Committee	Daryl Teague
Audit and Risk Committee	John Tuffley
Constitution and Regulations Review Committee	Peter Choong
Continuing Professional Development Committee	Andreas Loeffler
Fellowships Committee	Andrew Ellis
ABC Travelling Fellowship Committee	Richard Williams
Scientific Committee	Allan Wang
Honours and Nominations Committee	John Owen
NJRR Committee	Ed Marel
Orthopaedic Services Committee	Don Pitchford
Professional Conduct and Standards Committee	Andreas Loeffler
Rural Surgeons Committee	Vinny Mamo
Subspecialty Presidents Committee	Peter Choong
Education and Training Committee	Ian Incoll
Ad Hoc Committees And Working Groups	Chairman
Spinal Education Committee	Richard Williams
Digital Imaging Committee	John Tuffley

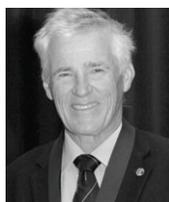
Directors as at 30 June 2013



J Owen



P Choong



J Tuffley



A Ellis



M Gillespie



I Incoll



M A Johnson



A Loeffler



P S Mackie



D Martin



P Steadman



A Wang



C Whitewood



R Williams



AOA

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