

Australian Orthopaedic Association

ANNUAL REPORT

2022

2023



AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

OUR VISION

To be global leaders in the advancement of orthopaedic surgery through training and education; culture, diversity and inclusion; clinical practice and research; and advocacy and engagement.

OUR PURPOSE

Restoring and advancing the wonder of movement.

AOA KEY HIGHLIGHTS

July 2022

University of Western Sydney students present their findings on workforce challenges to the AOA Workforce Committee.

Finnish orthopaedic surgeons express gratitude for the sharing of the AOA 21 Curriculum.

AOA delivers governance and leadership education to members of the Orthopaedic Outreach Board.

Board committee portfolio review initiated. Directors are encouraged to complete AICD Company Directors Course and exam.

The AOA Board initiates development of risk appetite statement.

August 2022

AOACEM presents the Asia Pacific Arthroplasty Society (APAS) ASM in Bali, gathering 40 APAS and 50 Indonesian hip and knee society faculty from across the globe.

Results of the AOA Registry-nested CRISTAL Study are published in the *Journal of the American Medical Association*.

September 2022

AOA leads Australian Ethical Health Alliance (AEHA) representation at an APEC Business Ethics for SMEs Forum in Bangkok. Australia's regional leadership is acknowledged.

October 2022

Independent Registry Review Report, with 14 recommendations, is presented to the Board by Review Committee Chair Julie Garland-McLellan, director, author, and program developer for the AICD.

Development of new TIMS training app and CPD platform in Salesforce is approved for completion by EOY 2023.

The first AOA 'Exposure and skills in orthopaedics' workshop is held at the Australian Indigenous Doctors' Association (AIDA) National Conference, Yugambeh Country Gold Coast.

114 health-sector representatives attend the AOA-chaired AEHA online 'COVID-19 and equity' symposium.

AOA President Annette Holian and NZOA President John McKie co-chair the NZOA-AOA Combined ASM, 30 October-3 November, Christchurch NZ. Chris Morrey is welcomed as AOA's 82nd president, and Scott Fletcher (second vice-president) and Ken Cutbush (scientific secretary) are welcomed to the Board.

November 2022

Members vote in support of the Orthopaedic Women's Link (OWL) Chair becoming a voting Board member at the 2022 AGM.

Northern Adelaide Local Health Network intern Saumya Chanana wins the OWL Essay for her submission 'Give me a break and I'll fix it! – an ode to the trailblazers'.

AOA Registry-nested CRISTAL study awarded Best Paper at the 11th Annual International Congress of Arthroplasty Registries in Dublin.

AOA participates in 15 meetings with five subspecialty societies to continue advocacy to government for changes to MBS item numbers.

Advocacy to address elective surgery backlog progressed through state chairs and state and federal governments.

December 2022

'Ask the president' launched in AOA eNews to facilitate direct communication between members and the Presidential Line.

AOA executive meet with RACS and Department of Health to discuss medical and orthopaedic workforce matters and planning.

AOA attends opening of the new Therapeutic Goods Administration (TGA) building in Canberra hosted by Secretary of the Department of Health Brendan Murphy.

February 2023

The AOANJRR records its two millionth joint replacement procedure in Australia.

Patient advocacy coalition established with representatives from Australian Patients Association, Consumer Health Forum, Arthritis Australia, Pain Australia and MSK Australia to discuss patient waiting times and surgical urgency coding.

Board portfolio review completed, aiming to streamline AOA's Board Committees and working groups in support of the implementation of AOA's strategic plans.

AOA meets with Medibank representatives to advocate for issues affecting members, including billing, Medibank-funded hospitals, early-discharge joint replacement, and cybersecurity insights.

New CPD platform and three-step program launch finalised to align with changes to the Registration Standard of the Medical Board of Australia.

March 2023

AOA members join TAS Premier the Hon Jeremy Rockliff MP at a RACS International Women's Day event dedicated to highlighting women's leadership in medicine.

AOANJRR Assistant Deputy Clinical Director Chris Wall et al top the list of *The Journal of Bone and Joint Surgery* 'Notable Articles of 2022'.

Research and Board strategy workshops in Sydney review and progress portfolio developments and alignment to the *AOA Strategic Plan 2022 - 2024*.

A record 265 people apply for Selection into training.

Chris Morrey and Adrian Cosenza meet with Federal Minister for Health and Aged Care the Hon Mark Butler to discuss workforce maldistribution, waiting lists, equity of access for rural and remote patients, Registry funding, protection of the title 'surgeon' and improving efficacy of MBS review matters.

Chris Morrey, Adrian Cosenza and AOANJRR Clinical Director Paul Smith attend American Academy of Orthopedic Surgeons (AAOS) Annual Meeting in Nevada and meet with nine industry leaders to highlight the work of the Registry and advocate for patient interests.

AOA 21 is showcased by external speakers as an exemplary surgical education and training program at the Combined Meeting of Orthopaedic Societies in Las Vegas.

The Audit and Risk Committee supports the AOA Critical Cyber Incident Response Plan (CCIRP). The plan stewards penetration and vulnerability testing and key incident simulation plans.

The Presidential Line and Rural Surgeon's Committee chair address maldistribution of specialist services in regional areas at National Medical Workforce Strategy Implementation Workshop.

AOA helps RACS and NZOA finalise their education and training partnership agreement and is acknowledged by the boards of both groups.

April 2023

AOA Training Program change recommendations are reviewed at a symposium with Board members, the FTC, trainee and NZOA representatives, staff, and Finnish orthopaedic community members.

AOA Champions of Change Working Group launches the OWL ASM Bursary to increase female ASM attendance.

Diversity, Equity and Inclusion Award announced by OWL, Champions of Change and Cultural Inclusion Working Groups, to be presented at the 2023 ASM.

AOA becomes a signatory of the International Orthopaedic Diversity Alliance Charter.

New Registry strategy takes shape with Board guidance in Sydney at a Registry Strategy Day.

Following AOA's concerted advocacy efforts to protect patients, Hon Yvette D'Ath MP, Minister for Health and Ambulance Services, introduces the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023 (Surgeons Bill) into the Queensland Parliament with the aim to protect the title of 'surgeon'.

Cybersecurity awareness, education, and training is intensified for members and staff as part of strengthening cyber education and resilience.

May 2023

150 interviewers for Selection from AOA and allied health participate in more than 1,000 in-person interviews concurrently across five cities for 224 applicants.

Adrian Cosenza and wife Narelle are celebrated as top OzHarvest fundraisers in Australian Financial Review after raising more than \$750,000 over the past decade.

The Department of Health and Aged Care supports 116 (30 new and 86 amended) MBS items in the 23-24 Federal Budget in response to feedback received from AOA and other specialty societies.

Board, Audit and Risk Committee (ARC) and financial advisory firm Findex complete an investment portfolio review with the key priorities of inflation protection and real growth over time.

AOA and AOANJRR risk registers and technology plans are merged. 20+ risk categories are forensically reviewed by ARC, assisted by external auditors and independent finance, risk and governance professionals.

Following the approval of the Cyber Critical Incident Response Plan by the Board in March, AOA IT partner CEOs present cyber security plans to the ARC.

June 2023

Verbal Selection referee reports are completed over four weeks, with 351 individual interviews conducted over 32 sessions. 63 members interviewers across the country dedicate their time and expertise to the process.

A two-year alliance and partnership commences to support a number of initiatives across portfolios.

A digital radiology roundtable with key stakeholders including Royal Australian and New Zealand College of Radiologists and Australian Diagnostic Imaging Association meets in Sydney to unify an approach to issues with digital imaging access.

AOA Research Foundation rebrand and website refresh go live.

Australia and New Zealand Hip Fracture Registry seeks AOA's guidance and expertise to help develop its first strategic plan.

OWL holds three 'Women in orthopaedics - are you ready to lead the change?' workshops in WA, SA, and QLD across the year; more than 36 AOA members as facilitators dedicate their time and expertise to more than 60 medical students and emerging doctors.

Staff survey records satisfaction with AOA's flexible working arrangements, supportive team culture and collaborative environment. Staff acknowledge AOA's proactive stance in supporting their wellbeing during COVID.

PRESIDENT'S REPORT

Chris Morrey | President



2023 has been a year of stabilisation following the uncertainty of the Covid pandemic. It certainly hasn't been an easy year. The war in Ukraine has made us all realise here in Australia how lucky we are yet how vulnerable your safety and lifestyle can be. Listening to my Ukrainian colleagues talk at the British Orthopaedic Association certainly made me realise we have very little to complain about. The recent events in Israel and the Gaza Strip only reinforce how vulnerable humanity can be.

The Matildas showed us the wonders of sport and how it can galvanise a nation. They fell short in the end but in that four-week period did more for women in sport than other codes had been trying for years. This momentum will continue and will seed into other areas of our life.

Politically, whether right or wrong, the Voice referendum has dominated the landscape in debate. By the time this report is published we will have all voted and a result will be known. How we respond as a nation to the result will be watched closely by all. AOA and the Board were criticised for not making a statement and for providing webinars on both sides of the debate for members. It was also suggested that this was not a space for AOA to be in. We chose not to make a statement in relation to the Voice out of respect for our members' individual rights and beliefs. The Board after being approached externally chose to provide a platform for our members to choose whether they wished to gain further information around this very sensitive topic. We were criticised for not addressing other issues such as housing, interest rates, Qantas etc. As I have written in the 'Ask the president' column and my presidential reports, the Edelman Trust Barometer has for several years reported that society leaders should not be leaving sociopolitical issues just to the politicians. Society is seeking leaders of companies, non-profits etc to contribute to shaping debate and discussion, and it's time for the AOA to consider its involvement in these matters.

Climate change continues to be the forefront of discussion, particularly amongst our younger generations. The BOA meeting had a theme of sustainability around orthopaedics. There are many arms to sustainability, one of which is sustainability in health care. 30 per cent of waste in hospitals comes from the operating theatres. Programs of sustainability in waste are few and far between at federal and state levels. Within your own institution you can make small steps in rationalising surgical sets, inquiring as to the procurement of products and where they are made and out of what, reducing use of plastics etc. If each of us takes small steps, then this can lead to those institutions which we work in and for considering what bigger steps they could take.

One of the focuses of my president year has been to improve membership engagement and transparency. The regular communications from the president and the Board in our regular reports and the 'Ask the president' sections have gone a long way to overcoming the perception of a lack of transparency in the operations of AOA. My other focus has been on regional and rural orthopaedic surgery and highlighting the issues that are there. I am hoping that I have stimulated the debate and that solutions are on their way to dealing with our workforce shortages in these areas.

2023 has allowed free travel around the world again. This has involved the orthopaedic association of the Carousel nations of the UK, South Africa, Canada, America and New Zealand to travel and meet regularly at each others' meetings. I must admit, at the commencement of my term I was dubious about the value of such an organisation, and about the expense to each association. My opinion has been changed. The value of face-to-face discussion at meetings, over dinner, over a beer in a pub in Calgary, in an airport lounge or over the phone is immeasurable. The rest of the world has very similar issues to ours and

these discussions have led to ideas, cross pollination of solutions and frank debate, which has been of value to us all. The Carousel have also been very determined to be seen of value to each other's meetings, with involvement in the scientific program as well as plenary sessions. After all, the presidents are experts and highly regarded surgeons in their fields. Personally, I have delivered around 20 scientific papers in these meetings and as you will all see, the Carousel involvement in the upcoming ASM is vast. We have been actively extending our involvement in the Asia Pacific region as well. I have attended the Indian Orthopaedic Association meeting, and Michael Johnson has taken part in the Singapore and South Korea meetings.

The Board

The Board welcomed Scott Fletcher as the second vice-president, Ken Cutbush as the new scientific secretary and Danielle Wadley as the OWL representative. As a result of constitutional change led by past President Annette Holian, the OWL representative now has full voting rights. We also thank those Board members who left us: Richard Page, Juliette Gentle, and recently Dave Kelly, who as the AORA representative had been a great asset. He has been replaced by Hussain Al-Ramadani. Nicole Leeks has done a fantastic job as the state chairs representative, and we wish Nicole all the best as she steps down from those long trips across the Nullarbor. Anita Boecksteiner will be a more than able replacement.

The Board has worked hard again this year. It has the responsibility for making decisions which it considers to be in the best interests of AOA. This board has been able to leave its personal beliefs at the door, engage in robust and frank debate in a respectable manner, investigate and make decisions in the best interests for you, the members. They are to be congratulated and I thank them for all their efforts.

After a couple of torrid years, I have tried to make the face-to-face meetings more enjoyable and provide some good social interaction and fun. Ten pin bowling was faced with some trepidation, but got the competitive spirit of all racing. I am not sure the trip to the MCG to watch the Wallabies v All Blacks was great from an Australian point of view, but the experience was enjoyed by all.

The Board has looked at our strategy for 2022-2024, and has reprioritised some areas and delayed milestones and projects in other areas due to AOA's increasing

workload and commitments. The strategy meeting held earlier in the year focussed on workforce and rural areas, membership engagement, CPD, and cyber security. The recent financial issues with the College of Surgeons have led to some interesting discussions in this area and a call to the members as to their thoughts on this issue. The Board has attended the workshops held around the AOA 21 Review, the Registry review and strategy workshop and the research workshop.

Advocacy

Over the years AOA has developed strong relationships within government and other organisational areas. This has continued in 2023.

We have continued to advocate in the MBS Review, and despite numerous setbacks and roadblocks we are slowly making headway. The subspecialty groups need to be thanked for their part in this role and their tireless work and late-night meetings in doing the background work for these submissions. Dealing with the health department is difficult at times, but we appear to have their respect and will continue to work towards our goals. The foot and ankle group have for a long time been driving the argument of who should have the title of surgeon. Jeff Pereboom and Adrian Cosenza reported in a senate session to the QLD Parliament over the issue of the title of surgeon. The outcome wasn't what we wanted but the debate continues. AOA has also been able to join forces with other colleges such as the plastic and general surgeons and RACS in this area.

We have met with federal health minister and discussed a wide range of issues but with a focus on the waiting lists, workforce maldistribution, SIMGs, and rural and regional services. The provision of health care in this country is complex and the division of federal, state, and local control is difficult to navigate. We have asked the federal health minister to drive the bus and get everyone else on board. You as members are asked to develop relationships with your federal and local ministers, hospital boards and administration to start to lobby for improvements in these areas. It is a long and winding road that at the moment has no end. I would like to acknowledge the work of the state chairs and committees in this space over 2022-23.

Our role in the coalition of the willing to advocate for health care in musculoskeletal area has been recognised. AOA also plays a pivotal role in the leadership of the Australian Ethical Health Alliance.

Risk and governance

The Board initiated a review of our committees and structures during the year. This has enabled us to streamline some of the committee groups and, most importantly, to stop duplication and allow a "better bang for our buck" so to speak. There has been a deliberate focus around cyber security and hygiene for the benefit of the organisation.

The recent financial woes of the College have highlighted the need for prudent financial management. The Board along with the Audit and Risk committee and our financial team are regularly monitoring our position. This has resulted in careful,

prudent and responsible financial planning. AOA will suffer a loss this financial year, but this was predicted and has been allowed for. It is envisaged that we will return a positive result in the next financial year. A solid corpus allows us significant protection or the opportunity for further development of essential projects or support of current ones.

We have encouraged our board members to undertake the Australian Institute of Company Directors course. All who have completed this have found it of great benefit and it has contributed to raising the level of understanding and discussion around the board and what its roles and responsibilities are to the organisation.

Education and training

There is no doubt that the jewel in the crown of AOA is its training and selection of our trainees. This will continue to remain our number-one focus. The Federal Training Committee, led by Chris Kondogiannis and Ally Keane, have worked tirelessly to ensure that we have a robust selection process and the best training program in the world. They have received a lot of unfair criticism over the past year, and it needs to be remembered that they are here to help, not to hinder. Perhaps those who are content to make comments may be better served to get involved and to help provide solutions.

The AOA 21 Training Program completed its review this year in Sydney. This event was attended by the FTC, Board and members of the international orthopaedic community who helped establish the program. The meeting was led by Bryan Ashman, our current dean of education. The results and recommendations from this review are available to be read on the AOA website.

We had 265 applications for the program this year, with 46 offers made. Of these, 10 (or 22 per cent) were to females.

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Research

Michael Schuetz and the research team have continued to develop their strategy over the past year. There are metrics now in place to track how we can make research more attractive to our members and trainees. The establishment of grants and scholarships, increasing research education and mentorship and establishing a national trainee research network have been significant advances. The development of an academy is still being discussed and further progress around this is expected in 2024.

Workforce and regional

The Workforce Committee under First Vice-President Michael Johnson's stewardship continues to work through the convoluted corridors of this issue. There are so many interrelated and cross-over areas in our organisational and health dynamics that a simple solution is not possible. As part of the rationalisation of our committees, the work of this committee and that of the Rural Surgeons Committee led by Ric Angliss will see a closer interaction.

The Rural Surgeons Committee has continued its strategy development, this year focussed around improving regional, rural, and remote patient care. 29 per cent of Australians live in regional or rural areas but only 12 per cent of surgeons live in these areas. A further 18 per cent of urban-based specialists provide intermittent outreach services to these areas. The aim is to provide the regional community with the same high level of care and access to specialist medical services as those in metropolitan areas via the training, recruitment, and retention of Australian-trained surgeons. The three core strategies will involve community infrastructure, training and mentorship, and networks and connectivity.

Culture, diversity, and inclusion

Organisations are increasingly recognising that if they wish to experience the benefits of diversity, they need to cultivate not just a diverse workplace but importantly also an inclusive one. Our membership should reflect this statement. 22 per cent of our selection offers were to females and, as of 2023, 55 of our fellows are female, as are 18 per cent of our trainees. Things are improving, but it is a slow burn. The approval of the AOA diversity and inclusion refresh of the strategic plan by the Board in July is a step in right direction to continue this progress.

Conference and events

In 2022-2023, the events team led by Alison Fallon and supported by Michelle Van Biljon are managing over 70 events in the portfolio and have delivered more than ten events over the past 12 months. In many cases they have been supported by the state managers. This section of the AOA is one of our biggest sources of income and after a challenging last couple of years is expected to grow. 2023 saw the cancellation of some events - the COE on infection and the Trauma Society meeting. These events were cancelled because of poor registration levels. The upcoming ASM in Melbourne has been revamped after listening to members' wishes. It promises to be a great meeting but will only be a success if our members turn up and support it. We are hoping for registration levels over 1,500.

AOANJRR

After a tumultuous couple of years, the Registry has stabilised and is progressing in a positive and forward manner. Increased levels of activities and expansion of projects has led to a restructuring and recruitment process. Government funding for increased project expansion (eg the PROMs projects) has not been forthcoming,

but negotiations continue. The financial situation within the Registry, like that of AOA, is continually being assessed and remodelled. The appointment of deputy directors and assistant deputy directors has allowed a distribution of the enormous and unsustainable workloads of our previous directors. Paul Smith should be congratulated on leading his team so well. We should also make note of the contribution that Kathy Hill is making as the Registry executive manager. With the increased manager appointments at the Registry, Kathy will be able to integrate governance and advocacy into her role.

The establishment of an ACL registry continues to be developed and the issues of funding around this has led to the seeking of alternate funding sources outside of the Government. The number of clinically nested trials is increasing.

In closing

I would like to thank all the members of the Board for their hard work and support over the past 12 months. AOA will be in good hands with Michael Johnson as your next president and Scott Fletcher to support him in the First VP role. Both Michael and Scott have been great sounding boards this year, and I thank them. AOA would not function without our CEO and his extraordinary support team. Their dedication to AOA and, willingness to go that extra mile to make this a great organisation is something for which we all should be grateful, and I thank them. The contribution of our state committees and the support they receive from our state managers is also recognised.

Finally, to you, the members, it has been a lot of work to serve as your president. However, it has been great fun and very satisfying. I thank you for the opportunity.

The Registry Review, led by Julie Garland McLellan, has been completed and the findings and recommendations have been approved by the Board. The presence of the Registry Committee chair in Board meetings has resulted in a significant improvement in the lines of communication between both parties, and the Board thanks Neil Bergman for his sage advice and discussion. The Registry held a strategy workshop in April this year and it was very productive. It was very pleasing to see previous registry deputy clinical directors at the day and making valuable contributions. The strategic plan for 2024-2027 was approved at last night's board meeting.

AOA is your organisation, not the Board's, not the CEO's, nor anyone else's. I would encourage you to take an interest, become proactive, get involved in a committee or two, take the step to state committee, federal boards, or positions of responsibility. We all have busy lives and find time for this sort of activity difficult to justify. But if we don't, we will go nowhere and risk becoming irrelevant over time.

CEO REPORT

Adrian Cosenza | CEO



REPORTS AND MAJOR UPDATES

STRATEGIC AGILITY AND PRUDENT GOVERNANCE IN A FAST-CHANGING WORLD

Two strong characteristics of the Board's stewardship stand out over the past 12 months. The first is the Board's strategic foresight and responsiveness in listening to members, resulting in changes to AOA strategic prioritisation. The second, its demonstration of sound financial, technology and risk governance in response to many competing demands.

Strategy

Best-practice strategy execution requires organisations to be agile and to adjust in the event of dynamic external environmental changes and stretched internal resource capacity within fiscal constraints. We are in challenging and rapidly changing times. In addition to continuing to deliver to the current *Strategic Plan 2022 - 2024*, AOA has progressed significant, meaningful and pragmatic strategic repositioning in 2023.

Four significant strategy development workshops, including research, registry, and education, were held early in 2023 to consider and as a consequence recalibrate, reposition and realign AOA's strategic focus in response to members' feedback and to more realistically match prudent resource capacity.

Also during this time, under the guidance of four international medical-education experts including Professor Jason Frank, was the completion of the 18-month AOA 21 Review, for which extensive feedback from the membership was sought. Notably, the external Registry Review, chaired by Julie Garland McLellan, was also completed. A Registry Review Implementation Plan

has been approved, and progress will be a regular Board agenda item. The recommendations and resulting plans from both initiatives are also reflected, where appropriate, in the repositioned strategic plan, which has been extended by two years to 2026 - these are significant achievements.

Such intense strategy development and realignment in a very short period is unprecedented at AOA and is a great credit to the Board, Board committees and staff's magnificent response.

Robust progress has also been made in all five (diversity, research, rural, registry, and education) strategic plans, and an integrated and repositioned strategic plan reflecting

member and Board priorities has been successfully completed and included in the reprioritised strategic plan to 2026. This plan fully encompasses the new Diversity, Equity and Inclusion Plan and refreshed Research Plan. The Rural/Regional Strategic Plan is aligned but retains its independent positioning at this time. With most of the work substantially completed, the new Registry Strategic Plan will be presented at the October 2023 Board meeting for approval.

Governance

The Board undertakes regular effectiveness feedback exercises - there have been three over the past nine years, with one due next year. During the year, the Board commissioned a review of all Board committees and working groups, with a view to streamlining, removing duplication and making these committees and the Board more effective. The realigned and repositioned committees align more effectively with the repositioned AOA Strategic Plan to 2026. Another effective outcome of the Board portfolio review is to create an Advocacy Committee of the Board, capturing in its remit work within the digital imaging, patient education, clinical quality and workforce groups as well as linking with rural and state-based advocacy requirements. This Committee is expected to be a key Board conduit, better reflecting patient, community and member needs.

The Board also progressed rapid resource deployment to cyber security governance with increased efforts in development and testing of critical cyber incident response plans, penetration testing of AOA systems, the conduct of a number of simulation exercises with the accompanying increased technology improvements, staff and member education and awareness, as well as new and improved controls and processes.

An exciting development during the strategy rethink was the concept of planning an Academy to bring together basic research, translational research including clinical studies, and changes to practice leading to better patient outcomes. Planning for the Academy will progress in the new financial year with a small group of leading academic surgeons and representation from the Presidential Line, Registry, Research Foundation and state research foundations.

Long-range financial planning has been a particular strength of AOA. AOA models the expected financial scenarios over a rolling three-year period. Unexpected or agreed investments in member services are included in these horizons, always having regard to sound financial footings and protection of members' funds. This year's financial operating result discussed in the Treasurer's report was foreseen years ago, with steps taken well in advance to accommodate/absorb the expenditure required to best position AOA to achieve its long-term strategic ambitions. It is pleasing to note the expected return to positive operating results for the coming and ensuing financial years. AOA remains in a strong financial position.

Through the Audit and Risk Committee, the Board stewarded a review of AOA's investment objectives and investment strategy, resulting in a change in approach, with the aim of reinforcing AOA's long-term financial foundations.

The Board stewarded increased sophistication in its risk management, with the formal adoption of a board risk-appetite statement and the target threshold quantification to assist in guiding the management of risks within agreed parameters. This is in addition to the best-practice risk management system AOA has

had in place over the past decade. It is also pleasing to report the bringing together of risks across all portfolios, including the Registry, into one single risk register.

The Board strongly encourages directors to undertake formal governance education through the Australian Institute of Company Directors and it is pleasing to note that a number of AOA directors now hold this qualification. During the year, and with the retirement of the current external professional representative Nathan Patrick, the Board sought to increase external expertise input through expansion to two independent professionals serving on the Audit and Risk Committee of the Board. Accordingly, the Board recently appointed a partner of one of the big four professional

accounting firms, Craig O'Hagan, and a cyber, technology and risk professional, Anne Garlick, to the Committee, to avail itself of access to their significant expertise. Both are most warmly welcomed.

The size and composition of AOA Board is an apt reflection of member representation and has demonstrated its ability to be nimble at short notice when required. Smaller and diverse boards generally are more effective, and AOA's experience in recent years, and over the past year, has proven this to be the case.

Overall, the past year has seen a significant, highly effective strategic planning development and execution phase prudently stewarded by a tireless and cohesive Board.

Listening to members... Advocating for patients

A hallmark of Chris Morrey's presidency and time as Board chair has been the need for the Association to reposition, pivot and listen more effectively to members. All Boards face the perennial challenge of potentially becoming disengaged or too removed from their stakeholders/members and need to work hard to ensure the voices and messages are understood and fully appreciated in Board deliberations. Member relevance is key, as is communication.

Member relevance, engagement and patient advocacy have been progressed through a number of avenues, including, but not limited to:

1. Launch of the successful 'Ask the president' column in the monthly newsletter, which has fast become one of, if not the most read article by members
2. Encouraging and leading by example the respectful protocol of acknowledging and responding to direct member queries quickly and efficiently. Notwithstanding running a busy practice and serving in other governance roles, Chris has been responsive, tireless and totally engaged with each and every member seeking the Association's feedback, support or otherwise
3. Encouraging and appointing members to committees or working groups in areas of member interest and passion
4. The excellent and highly attended regular meetings with the Presidential Line and state chairs and the subspecialty societies through the respective Board committees

5. Through the various portfolios:

- AOA events team handling 70-plus meetings dealing with all conveners and chairs – in excess of 100
- the education and training community through the regional training committee structures, with over 500 members involved
- member experience portfolio through communication and fellowships, with over 120 supervising surgeons
- the Registry, through the clinical directors and research investigators, with well over 400 members actively participating and involved.

70+ meetings
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500 members
education & training
community, regional

120
supervising surgeons

400 members
in the Registry

6. An active and intense patient and member advocacy agenda:

- Substantial engagement with subspecialty societies side by side as part of the MBS Rapid Review process, and participation in 15 meetings with government, resulting in 47 changes.
- Together with Australian Orthopaedic Foot and Ankle Society, AOA presented to a parliamentary hearing on the protection of the title 'surgeon'.
- Meetings with Federal Government workforce planning team to progress rural, specialist international medical graduate and maldistribution challenges.
- Significant diplomatic efforts in bringing together Australian Digital Imaging Association (ADIA), Royal Australian and New Zealand College of Radiologists (RANZCR) and RACS to achieve common ground on developing sector- and community-wide solutions to more effective digital imaging.
- Curating and leading the Patient Advocacy Coalition of the Willing to advocate for federal and state government funding to address backlog of elective surgery. This group comprises Consumer Health Forum, Arthritis Australia, Pain Australia and the Australian Patients Association, as well as AOA.
- Continued leadership of Australian Ethical Health Alliance and Australian and New Zealand Sarcoma Association alongside members, assisting greatly with patient advocacy.
- State chairs more purposefully advocating for resources to address the elective surgery backlog lists. State chairs meeting with respective state ministers of health and or health directors-general greatly assists with this endeavour. It can be a hard road, but one that requires constant curation.
- Attendance at sector functions advocating for government resources to address waiting lists.

7. Assisting members involved with kindred groups and associations in providing governance, strategy, risk and leadership support. Examples include assisting the Australian and New Zealand Hip Fracture Registry with developing their first strategic plan; providing mediation and diplomatic support at the request of both the New Zealand Orthopaedic Association and the Royal Australasian College of Surgeons to achieve the successful conclusion of a partnership agreement between the two groups; and providing constitution and governance advice to subspecialty societies.

It is also worth highlighting that AOA 21 was showcased at the Combined Orthopaedic Meeting in Las Vegas in March 2023. The American Orthopaedic Association symposium addressed the question of competency-based training, comparing experiences in various countries, and singled out AOA for its leadership in this area.

Dedicated staff and cohesive Board

It is most humbling to work with a diverse group of staff in all states, passionate in support of members and dedicated to AOA's purpose - 'restoring and advancing the wonder of movement'. I extend my sincere and deep gratitude for all staff's tireless and productive efforts in supporting members serving patients and the community.

I would like to particularly acknowledge President and Board Chair Chris Morrey for his sterling leadership, strongly supported by his fellow members of the cohesive Presidential Line, Michael Johnson and Scott Fletcher. Also, a special thanks to all Board members for the wise counsel and valued guidance.

Finally, to members for the feedback, ideas, stewardship, camaraderie and passion for patients and the community – thank you all for your continuing and amazing support of your professional association.

EDUCATION & TRAINING REPORT



Chris Kondogiannis | Chair, Education and Training

When I wrote my annual report at the end of the 21/22 year, it provided a wonderful opportunity to reflect on my three-year term as chair of Education and Training. The focus of my report was on the achievements of the year but in the context of how far we had come and the progress we had made.

As I write to you this year, our focus has subtly shifted. This year had a heavy focus on review of progress, but with a clear eye to the future. We have been looking forward to where we want to be, and determining the best way to close the gap between here and there.

This contemplation has arisen largely from working through the process of reviewing the AOA 21 Training Program. The rigour that our external review team applied to evaluation of our progress was both inspiring and sobering. It's always nice to hear what you are doing well, but as trainers and educators, we know that corrective feedback is where real potential for growth lies. As an organisation we aspire to excellence, and nowhere is this more important than in ensuring the next generation of orthopaedic surgeons will be well equipped to deliver safe and effective patient care.

AOA 21 has yet to deliver on all of our aspirations. Through the process of this review we have begun the task of working towards that goal. Thank you to all of you who contributed to this review process over the 22/23 year - via surveys, focus groups and symposium attendance. You will have hopefully read the *AOA 21 Review Report*; every aspect of our program has undergone meticulous analysis and the recommendations will steer our training program in the years to come.

Concurrent to this important review work, the operations of the training program have continued unabated - the level of activity is consistently high, and in some areas increasing. The willingness of you, our members, to contribute to these day-to-day operations is essential. Whilst your contributions may appear to go unnoticed, they are very much acknowledged and appreciated. Our international colleagues noted the engagement of our members as one of AOA's greatest strengths, and unique in the world of medical education.

To give you a sense of the magnitude of our collective efforts, I have included a summary of some of these key activities:

IN NUMBERS: EDUCATION AND TRAINING ACTIVITIES IN FY 2022/23

<p>TRAINEES & SITES</p> <p>244 trainees 100 training sites</p>	<p>REGIONAL TRAINING</p> <p>34 Regional Training Committee meetings 7 regional training committees 128 committee members</p> <p>REVIEW AND ASSESSMENT</p> <p>395 progress reviews 877 performance appraisals 9,760 workplace-based assessments 15,041 feedback entries</p>	<p>STAGE REVIEW PANELS</p> <p>3 members per panel 129 trainees reviewed</p> <p>ORTHOPAEDIC MODULES</p> <p>318 modules</p> <p>FELLOWSHIP EXAM CANDIDATES</p> <p>70 candidates</p>
<p>FTC MEETINGS</p> <p>4 full-day, face-to face meetings At least 6 online meetings Regular circular resolutions</p>	<p>SIMG ASSESSMENT</p> <p>10 SIMG Assessment Committee members 3 committee meetings 17 SIMG initial assessments, with 2 members per assessment 17 SIMGs under Quarterly assessments</p>	
<p>ACCREDITATION</p> <p>17 Accreditation Committee members 4 committee meetings 25 accreditation reviews 2-3 members per review team</p>	<p>SELECTION</p> <p>265 applications 244 applicants interviewed</p>	<p>VERBAL REFEREE REPORTS</p> <p>64 panellists 351 referee reports for 117 applicants</p> <p style="text-align: right;">47 OFFERS</p>

Accreditation of training posts

Following a period of intense activity, the Accreditation Committee has now undertaken a review of each training post around the country utilising the AOA 21 Accreditation Standards. We recognise that some training sites found the more stringent review process more of a challenge, particularly when they may not have achieved compliance with every standard and were subsequently awarded 'conditional accreditation'. It is important to highlight that conditionally accrediting a site or specific post is intended to flag areas for improvement, and the conditions applied intended to provide direction and guidance toward achievement of full accreditation. The Federal Training Committee recognises the value of trainees training within a variety of contexts - we look to facilitate a diversity of training environments wherever possible, whilst ensuring minimum standards are achieved for the safety and surety of our trainees. Most importantly, we have seen a significant positive impact of the accreditation process on trainee learning and experiences.

Specialist international medical graduates

The SIMG Assessment Committee reviewed historical data on SIMG performance and determined that attendance at Bone School increases the likelihood of success at the Fellowship Exam. In response, the Board approved a reduction in the Bone School fee for SIMGs with a view to making attendance at Bone School more accessible for SIMGs on a pathway to fellowship by examination.

This year saw the production of an Interim Report for an Independent review of overseas health practitioner regulatory settings by Robyn Kruk (*The Kruk Report*) which will ultimately be submitted to the National Cabinet. Whilst the final Report hasn't yet been released, the Interim Report has generated much discussion. The report identifies some process improvements that could be applied but also suggests some concerning alternative pathways which may remove the rigorous application of standards the community relies on the colleges and specialties to provide.

Selection to training

A number of changes to the Selection process for the 2024 intake were rolled out this year. Whilst the technical issues associated with delivery of the situational judgement test (SJT) were regrettable, the FTC remains confident in the utility of the tool. Our confidence is reinforced knowing that General Surgeons Australia, the Australian Society of Otolaryngology Head and Neck Surgery, and the College of Ophthalmologists are all endorsing its use in Selection. The medical education literature assures us that SJTs have been shown to have good predictive validity in determining future performance, have low impact on minority groups, and are perceived favourably by candidates. Furthermore, when designed correctly, coaching effects are minimised and therefore responses cannot be easily "faked". Any members with ongoing concerns are welcome to reach out to me, to Bryan Ashman, AOA's dean of education, or to a member of the Education and Training Team - we are happy to share with you the articles we referenced in coming to our decision to adopt the tool.

The introduction of verbal referee reporting as the final tool in the Selection process has been well received by the membership. Though there was some initial trepidation with regard to the potential workload involved, feedback has been consistently and enthusiastically positive both from those members providing referee reports and the members who made up our referee interview panels. Whilst the spread of referee report scores was positively skewed, this was expected when a tool is being applied to only the highest performing applicants.

The number of training posts around the country is slowly increasing; however, this increase is not proportionate with the growth of demand. A record number of applications was once again received in 2023. Whilst the number of posts available does fluctuate based on accreditation decisions and the progression of existing trainees, unfortunately the growth in Selection applications translates into more unsuccessful applicants. I encourage you to have constructive but honest conversations with your unaccredited registrars - we do these young doctors a disservice if we do not provide candid feedback regarding their performance and likelihood of success.

Thanks

In conclusion, I'd like to commend to you the members of your Federal Training Committee, who work tirelessly to keep the wheels turning:

Name	Role
John Radovanovic	QLD RTC Chair
John Estens	Newcastle NSW RTC Chair
Ben Gooden	Northside NSW RTC Chair
Jai Sungaran	Southside NSW RTC Chair
Peter Moore	VIC/TAS RTC Chair
Jegan Krishnan (outgoing) & Paul Allcock (incoming)	SA/NT RTC Chairs
Greg Hogan	WA RTC Chair
Sindy Vrancic	Accreditation Committee Chair
Vera Sallen	SIMG Assessment Committee Chair
Alison Taylor	Senior Orthopaedic Examiners
Bryan Ashman	Dean of Education
Susi Tegen	External Representative
Brett Oliver	Jurisdictional Representative
Danielle Wadley	OWL Chair
Chris Morrey	AOA President
Dave Kelly	AORA President
Michael Johnson & Scott Fletcher	Presidential Line Observers

I also wish to highlight the efforts of our highly skilled and hardworking Education and Training staff, including the regional managers and training officers, who support the Regional Training Committees. Whilst this group works largely behind the scenes, they 'make the magic happen' on a daily basis!

EDUCATION REPORT

A/Prof Bryan Ashman | Dean of Education



2023 has seen a lot of activity in Education at the AOA. The main items were the AOA 21 Review, revision of the trainers workshops, and Bone Camp.

Introduction

We have had input into RACS policy reviews on competency-based training, cultural awareness as a foundation competency, professional skills assessment and SIMG evaluation. Finally, we will re-commence the National Trial Fellowship Examination at the AOA Registrars Association ASM in November.

AOA 21 Review

The review process was completed in April with a one-day symposium to finalise the recommendations for improvement of our training program. The symposium was attended by all the international experts on the review team and representatives of the NZOA and Finnish Orthopaedic Association, who are considering adopting our training program template. A full report outlining the data gathering process and the findings of the analysis that informed the recommendations will have been sent to all members. An abstract has been submitted for presentation at Ottawa 24, an international medical education conference focussing on assessment of competence.

Bone Camp

Induction into the AOA 21 program commenced at this year's Bone Camp in Melbourne in February for 50 new Intro trainees, face-to-face for the first time since 2020. The most popular sessions were physical examination tutorials, a wellness forum, and tips from TTP trainees (as well as the get-to-know-you drinks and pizza!)

AOA 21 Trainers Workshops

These workshops are now available as online modules in the Learning Management System (LMS) via the AOA members portal. Next year we plan to offer regional webinars to supplement the online training to provide trainee supervisors and directors of training with a discussion forum for issues around competency assessment and module completion standards.

National Trial Fellowship Examination

After a gap of two years, the NTFE will return as a face-to-face event for candidates intending to sit the RACS FEX in 2024. Following feedback from the group of ex-senior examiners who ran the last trial exam in 2021, the format will revert to the original concept of John Owen, who began the NTFE, and focus on the experience of being in a room with two examiners at a 35-minute computer station with immediate feedback for 10 minutes. The cases will be a mixture of operative surgery, videos of patients giving a history and exhibiting physical signs, and clinical investigation and management of specific pathologies. It is intended to be complimentary to regional practice exams which use essay papers, short-answer questions, and local hospital real patient examination sessions.

RACS SIMG EVOPP pilot

At the request of the Australian Medical Council, following the Kruk report to National Cabinet on the regulation of overseas-trained health practitioners highlighting the need for an expanded assessment of comparable qualifications, RACS has commenced a trial of External Validation of Professional Practice (EVOPP) for surgical SIMGs as a potential alternative to having them sit the Fellowship Examination. The pilot program involves two trained external assessors visiting a RACS-supervised SIMG in their practice for two days in a variety of settings. The evaluation tools comprise interviews with the SIMG, anaesthetists and other colleagues, case note reviews, case discussions and direct observation in theatre and clinics. The idea is to evaluate all ten RACS competencies and provide a global assessment against the standard of independent consultant practice. Training workshops have been held for volunteer assessors in most of the specialties, including orthopaedics, and nine visits have been undertaken this year. Evaluation of the EVOPP pilot will be completed in 2024.

AORA PRESIDENT'S REPORT

Dave Kelly | AORA President



It's been a year!

I'd like to start by thanking OWL and all the regional AORA representatives. Thank you for the mountain of work you do in advocating for trainees both locally and federally. Thank you for the countless messages, phone calls and Zoom meetings over the past year; it is deeply appreciated. Representing a national cohort would have been impossible without you. To Huss, the new president of AORA, thank you for all the support as vice president and best of luck as you take over the helm. I know you will be great.

The pandemic has dominated our lives for so long that it's refreshing to talk about a year where we got on with core business; where instead of lock downs and vaccinations we could focus on the AOA 21 Review; where we could develop strategy around diversity and inclusion; where we worked to restore the AORA ASM and the NTFE back to former glory. I am proud of what AORA has achieved this year and quietly confident that it will only continue to improve.

My year on the Federal Training Committee and the AOA Board has been eye opening, not just in the red-eye trips to the east for meetings, but also to see just how much this organisation is invested in the training of high-calibre orthopaedic surgeons. Many of the representative roles are thankless tasks that are filled by good people who enthusiastically devote their time. I'd like to thank the Board for their unwavering support and keen interest in the trainee perspective. As trainees we all have opinions on what is right or wrong with the current system. This doesn't always align with the Federal Training Committee, but I want to assure you that there is a real appetite at AOA to continue to improve. There needs to be continued dialogue in a constructive fashion, and so I implore the trainees to stay engaged with the program and work with AORA to help it move forward.

My numbers might not be perfect, but I believe we currently we have 242 active trainees across the country. Through hard work, grit and determination, we have seen 51 registrars complete their training, and Huss will welcome 46 new trainees to Bone Camp in February 2024.

For all the consultants who are involved in training, not just in AOA-accredited positions but also those who mentor us in from medical school to unaccredited positions and into training: thank you. It would be an impossible task without your support and commitment. For the current trainees, best of luck with the rest of your journey; please look out for one another along the way and keep the camaraderie of our AORA cohort alive.

I hope that I have served and represented you well.

Cheers, DK.

242
active trainees

51
registrars completed training

46
new trainees to Bone Camp
(Feb 2024)

CPD REPORT

Sue Liew | Chair Professional Conduct and Standards



The head of the UN World Health Organization (WHO) has declared “with great hope” an end to COVID-19 as a public health emergency, stressing that it does not mean the disease is no longer a global threat. (News.un.org May 2023)

Continuing professional development

Like COVID, CPD is here to stay, and I have no doubt that “variants” will continue to emerge! On 1 January 2023, the new AOA CPD program made an understated entry into the world, and like Anthony Tadros, I would like to say the emergency is over, but the SWOT (‘Strengths, Weaknesses, Opportunities, Threats’) analysis still remains on our minds. A big thank you Ally Keane, Vicky Dominguez, Rania Ali, Mihika Hegde, CPD committee members, and our partners at Salesforce who have argued, toiled, and sweated over this deadline and delivered a fantastic member product as well as dealing with the mandatory requirements from the Medical Board for registration.

At the risk of sounding like a broken record, what the Medical Board want doctors to think about is:

1. Improving yourself (the learning plan)
2. Staying current (reviewing performance via activities)
3. Performing (measuring outcomes via activities)
4. YOUR reflections (end-of-year analysis of the learning plan)

Like all new things, there is a learning curve to using the new program, but I think that it is easier to navigate. There are less points needed now, and we have someone on the end of the phone line who will actually talk to you (big shout-out to Vicky!). I don’t think it is just my scary mug on that video, but we have not received that many (or any difficult) questions! And to our excitement (ok, so a little childish competitiveness...), we have poached back over 200 members from the RACS program! As to what the current process is, well, at the end of the year, we continue to report compliance to RACS, who will now mandatorily report this to the Medical Board.

“The world will not be inherited by the strongest, it will be inherited by those most able to change.”

CHARLES DARWIN

So, what’s new or in progress:

- A minor blemish on the landscape has been the lateness of receiving our figures of compliance for completion of ANZASM (ANZ Audit of Surgical Mortality) forms, which you may or may not have realised is a mandatory component for all surgeons for RACS compliance (whichever program you do your CPD with – RACS still has the final say while they remain our official CPD home for the moment). I think that the robustness of process and resource available for auditing have been the main hold-ups.
- Speaking of audit, in order to comply with the Medical Board, we must now audit ten per cent (instead of the previous five per cent we used to do) of our members every year. See the table for our compliance figures to date.
- Finally, the issue of CPD homes has still not yet been set in stone, but for the 2023 period we will still be reporting to RACS (who will report to the Medical Board) and the discussion of “to be or not to be” continues.

Indicators	2021/2022 [^]	2023 [*]
No of meetings accredited	19	15
No. undertaking AOA CPD Program	965	1192
No. compliant in AOA Program	896	TBC
% Compliant in AOA CPD Program	93%	TBC
No. not yet compliant in AOA Program	69	TBC
% not yet compliant in AOA CPD Program	7%	TBC
AOA members not undertaking CPD	5 exempt	0

[^]2021/2022 was an 18-month CPD period, from 1 July 2021 to 31 December 2022.

^{*}2023 CPD is due at the end of the calendar year.

Professional conduct and standards

Unfortunately, this part of my portfolio has had to take a back seat over the last year due to other distractions, not the least of which have been some staff changes, with Kathy Hill moving out but now back again, Evelyne Tadros who has moved out completely, and Magdalena Liso who has been with us for the year but is now off to another portfolio! A big thank you to those people, Mihika Hegde (again!), and the PCSC members, who have all contributed to our evolution...

—
“Building a better mousetrap merely results in smarter mice.”

CHARLES DARWIN

So, what’s new or in progress:

- The AOA Advertising Subcommittee was merged into the AOA Professional Conduct and Standards Committee in January 2023, which was not so much an evolution but a realisation that the duplication of some processes was inefficient. How is it working...? Well, I’m not sure I have an answer for you yet because even I have more questions for myself and our organisation, than answers...

- For those who like to follow the scores, see the table for our stats to date; the increased number of complaints is reflective of the number (which had not been captured here in the past) that were previously being referred to the advertising subcommittee. So not quite as alarming as it looks!
- We now have a new complaints form for anyone to use, for any type of complaint, and the Board continues to refine the complaints policy itself.

Complaints processed	25
Complaints referred for sanction	0
Complaints resolved	22 (11 carried over from previous years)
Advertising complaints	14 (56%)
Complaints referred to Ethics Committee	1 (4%)
FY23 complaints pending	3 (12%)

When I sit beside myself in committee meetings, I see that the two areas that raise the most passion and discussion are advertising and billing complaints. I also see the frustration and angst of “what to do” (in a civilised society, of course).

So, what can and should the PCSC do? First, we need to remember that we are a (relatively small) member-driven organisation (so should we just support all members all the time?), but second, that we are also custodians of the AOA brand (so should we be a “regulator” who can bring down sanctions?). But of course, the confounder in our debate is human nature. If it wasn’t, we wouldn’t have this problem with policies and rules!

At the moment, all we can continue to do is discuss the philosophical question of “what is right”, maybe build a better mousetrap, but also hope that the smarter mice choose to be part of the solution. What do you think...?

“The only certainty is that nothing is certain.”

PLINY THE ELDER, *NATURALIS HISTORIA*

AOA RESEARCH FOUNDATION REPORT



David Martin | AOA Research Foundation Chair

Finances

Return from investments, at \$182,777, was lower than the performance of \$207,484 for the previous year and represented a return of 3.5 per cent - a satisfactory result in the current investment environment. Unrealised gains on market-related investments for the year ended 30 June 2023 amounted to \$444,416, compared to a loss of \$517,228 for the previous year. Since J B Were undertook management of the Foundation's investments the returns and growth of funds under management have been as follows:

	Managed Funds	Finance Income	Unrealised Gains/ (Losses)	Total Return
30/06/2016	4,544,133	153,626	-	153,626
30/06/2017	4,951,436	308,823	179,659	488,482
30/06/2018	5,271,406	304,697	97,875	402,572
30/06/2019	5,529,658	391,366	54,947	446,313
30/06/2020	5,350,996	251,080	(310,344)	(59,264)
30/06/2021	6,139,313	198,289	639,632	837,921
30/06/2022	5,819,385	207,648	(517,228)	(309,580)
30/06/2023	5,990,748	182,777	444,416	627,193

There was an increase in website costs as there were rebranding costs in 2023 that were not required in 2022. Research grant payments for the year amounted to \$182,076 compared to \$126,832 in the prior year. There are no other movements of significance requiring comment.

Revenue for the year was \$355,959 compared to \$358,052 in 2021/2022. Members' funds at 30 June 2023 amounted to \$7,344,531 compared to \$6,839,284 at 30 June 2022 - a significant increase of \$505,247 and a most satisfactory outcome given the turnaround in the market.

Grants and scholarships

For the year under review 2022/2023, a total of 20 grant applications were lodged using the online platform. Five grants (four regular grants and one Early Career Researcher grants) were awarded, totalling \$144,306. Grants paid in the year ended 30 June 2022 totalled \$182,076. This amount varies from the value of grants approved since payments may occur up to two years after being awarded due to requirements for ethics approval and contractual matters. A continuing PhD scholarship valued at \$50,000 was also awarded.

At the time of writing, the AOA Research Foundation has received 24 grant applications for the 2023/24 round. Unfortunately, no PhD scholarship applications were received.

20
grant applications
lodged online

5
grants awarded

\$182,076
grants paid

\$50,000
continuing PhD
scholarship awarded

The Foundation in 2022-2023

Work has continued on the implementation of the AOA Research Foundation Strategic Plan, and I am pleased to report that after four years, 25 (100%) of our strategic milestones have been progressed with 18 (72%) complete.

In late 2019, the AOARF Board approved a rebrand and refresh of the AOARF to raise the profile and professionalism of the Foundation and highlight its contributions to the orthopaedic community. This is now complete and I am thrilled that the new AOA Research Foundation website is now live. I am proud to have worked with the AOARF Board to steward this project and sincerely thank everyone involved in making this happen.

The Foundation has again received several generous donations and bequests in the past 12 months. On behalf of the AOARF Board, I would like to acknowledge and thank these donors and their families for their support. Special thanks to the Ian and Tatiana Henderson Foundation, and Sally Owen, wife of the late past President John Owen. The Foundation would not exist without the generous contributions of our members, both financially and by way of pro-bono volunteer hours of service.

Acknowledgements

I would like to acknowledge the work of Maurizio Damiani, Minoo Patel and Michelle Dowsey who stepped down from their positions on the AOARF Board (Maurizio) and Research Advisory Committee (Minoo and Michelle). I thank Maurizio, Minoo and Michelle for their dedicated service to the Foundation over many years.

I wish to express my gratitude to all members of the Board for their support for and dedication to the work of the Foundation and look forward to continuing my involvement over the next year. Our current directors include Sina Babazadeh, Zsolt Balogh, Roger Bingham, Claudia Di Bella, Catherine McDougall and Michael Schuetz.

I would also like to thank our dedicated Research Advisory Committee (RAC) for their work in reviewing each grant and scholarship application received. In 2022-23 our RAC was led by Claudia Di Bella as chair with members Zsolt Balogh, William Blakeney, Sara Farshidfar, Jonathan Negus, Minoo Patel, Jarrad Stevens and Chris Wilson.

To all of my colleagues and our dedicated AOARF staff, thank you for your hard work and enthusiasm. I look forward to working with you all again in the coming year.

**To advance the wonder
of movement through
musculoskeletal research.**

ORTHOPAEDIC OUTREACH REPORT



Kevin Woods | Orthopaedic Outreach Chair

The past year has seen a number of very positive developments in Outreach activities, both from the volunteer front and in making substantial strides towards improved governance for the organisation.

It has been pleasing to be able to assist an increasing number of overseas activities, with a predominant focus on capacity building in centres as diverse as Fiji, Nepal, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vietnam.

In addition, this year has seen an extensive and comprehensive overhaul of the governance of Outreach.

This is viewed as an essential requirement for organisations operating in the not-for-profit arena, due to a higher level of accountability expected of such entities.

In response, to achieve such compliance has required an extensive review of current operating structures, with the result, after taking expert legal advice, being the organisation transitioning from an incorporated association to a company limited by guarantee, which was viewed as a more appropriate structure.

This change was duly put to a special general meeting of members and approved on 6 July 2023.

The composition of the Committee of Management - in future the Board - has also changed with the addition of two directors from outside the organisation who bring experience in accounting and financial controls, and in marketing and fundraising.

In addition, subcommittees of the Board have formed in order to specifically address matters of governance, finance and risk, and to oversee the operations of programmes.

These governance changes have in part arisen from the need to demonstrate a higher level of operational oversight for the purpose of attaining accreditation with the Australian Commission For International Development (ACFID), but the accreditation process itself has also driven an awareness of the desirability of such changes.

The ACFID application process is to be completed in early August 2023, with the result expected to be known by year's end.

ACFID exists to support the Australian aid and development sector. It ensures a higher level of accountability for its member organisations, and allows those same organisations to contribute and influence decisions that impact work and credibility within the sector.

ACFID states that affiliation with their code of conduct ensures member organisations are part of an internationally recognised network committed to transparency, accountability and integrity.

SCIENTIFIC SECRETARY REPORT



Kenneth Cutbush | Scientific Secretary

2022 ASM - Combined with New Zealand Orthopaedic Association

From 30 October to 3 November, over 500 delegates convened in Christchurch for the combined NZOA and AOA ASM.

After two years of delays due to the pandemic, the 82nd AOA ASM was combined with the 72nd NZOA ASM, with the theme 'Togetherness. Diversity. Sustainability'. 968 attendees gathered, and more than 350 abstracts were submitted for the four-day scientific program, which included eight international guest speakers.

2023 ASM - Melbourne

The 83rd AOA Scientific Meeting is scheduled for 12-16 November 2023 in Melbourne: 'Rural Surgery - Build it and they will come'. The ASM program has been reignited with new sessions:

- Daily education sessions aimed primarily trainees, which however will be open to all meeting registrants including consultants and non-training registrars. These education sessions will take the form of case studies and Q&A sessions.
- Daily concurrent free-paper sessions across all subspecialties

AOA 2022-2023 ANNUAL REPORT

FACTS & FIGURES

AOA STRATEGY

93%

Strategic plan milestones completed or in progress



18

in Education and Training



23

in Culture, Diversity and Inclusion



15

in Clinical Practice and Research



15

in Advocacy and Engagement

MEMBERSHIP

1971
AOA members

244 trainees

EDUCATION AND TRAINING



100k⁺

Operative procedures eLogged by trainees FY22-23

9.5k

Workplace-based assessments

13.0k

Feedback entries



85%

Applicants to training program interviewed



331

Fellows involved in formal training programs



265

Applications for selection to training

AOA 21 REVIEW

ANALYSIS OF:

5 yrs

of eLog data



10 yrs

of fellowship exam result data

10

focus groups, with 65 participants

1k⁺

in-training survey responses

40k⁺

feedback entries

220

survey responses from 4 bespoke member surveys

700⁺

coded quotes from focus groups

RESULTING IN:

29

recommendations for implementation over 5 years



FUNDRAISING

1.5m

Meals provided OzHarvest since 2013 through AOA's fundraising efforts



DIVERSITY

60 female applicants for Selection to training (+20 compared to 2022)

DEI Award introduced for 2023 ASM

4 **OWL Bursaries provided** to increase female ASM attendance

1 in 5 female recipients of offers to the 2024 training program intake

EVENTS

12 Delivered by CEM in FY22-23

3k+ event registrations, FY22-23

\$4.7k raised for Orthopaedic Outreach through events

REGIONAL & RURAL ORTHOPAEDICS

13 complete **13** in progress

Strategic milestones aimed at regional equity of orthopaedic care

RESEARCH

\$144k

Awarded in grants in FY22-23:
4 regular grants;
1 early career researcher grant

FINANCE AND RISK

AOA ASSETS
\$29+ MILLION

MEMBER FUNDS
\$18.6 MILLION

807 RISK CONTROLS AND ACTIONS

2,222 ACTIVE CONTRACTS

COMMUNICATIONS

SOCIAL MEDIA

9k+ **2.9k+** **1.6k+**

WEBSITE

105k+ **204k+** **650k+**

users sessions pageviews

FELLOWSHIPS

170% Increase in members using Fellowships services since 2019

159 Accredited fellowships

MEDIA AND ADVOCACY

\$3-3.5 MILLION ESTIMATED MEDIA COVERAGE VALUE

116 media mentions

96 media enquiries

12 media releases

AEHA

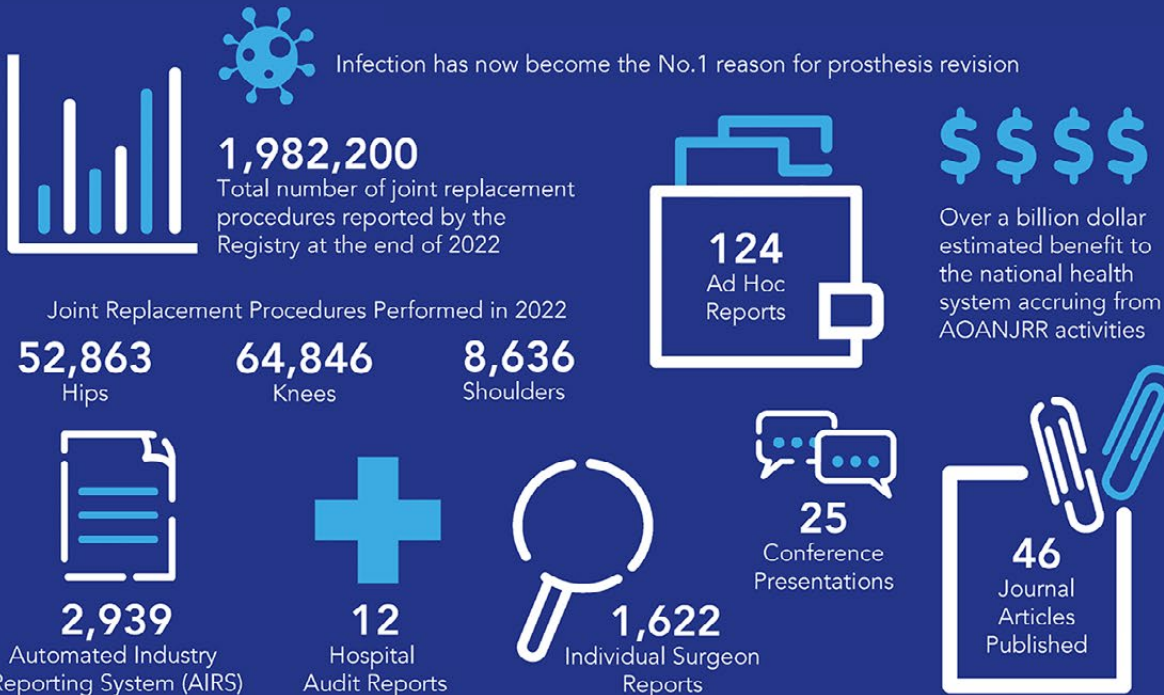
19 of 25 Deliverables in progress from the AOA-chaired AEHA Priority Plan

114 Health-sector attendees at AOA-chaired COVID-19 & equity symposium

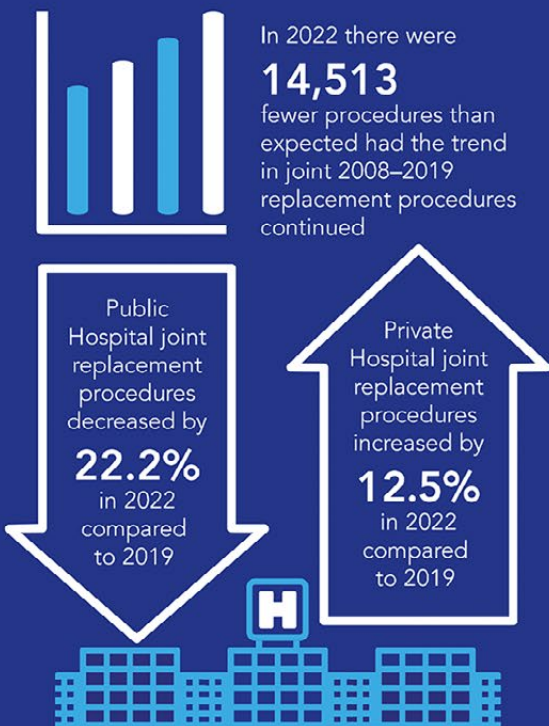
MEMBER BENEFITS

4 available through AIDA, BMW Professional Program, BJJ & W Hotel Melbourne

AOANJRR DATA SNAPSHOT 2023

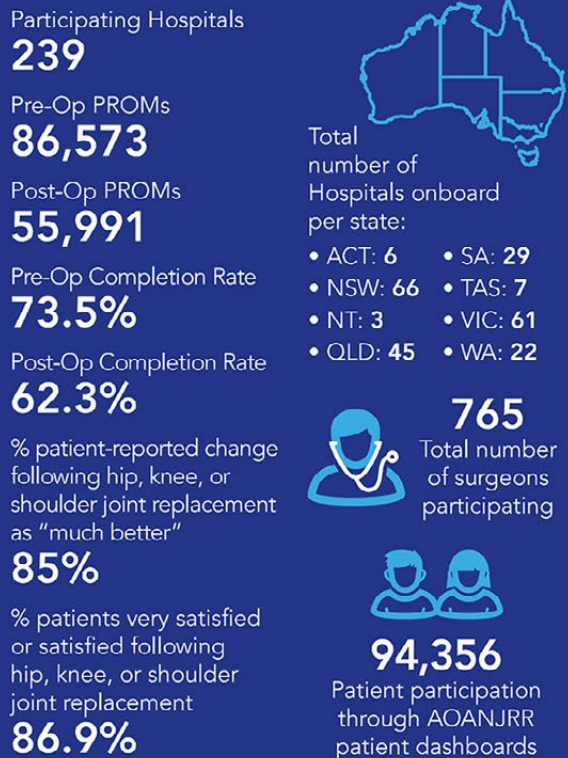


COVID-19 Impact on Joint Replacement in Australia



PROMs National Rollout

JUNE 2023 UPDATE



AOA MEMBERSHIP

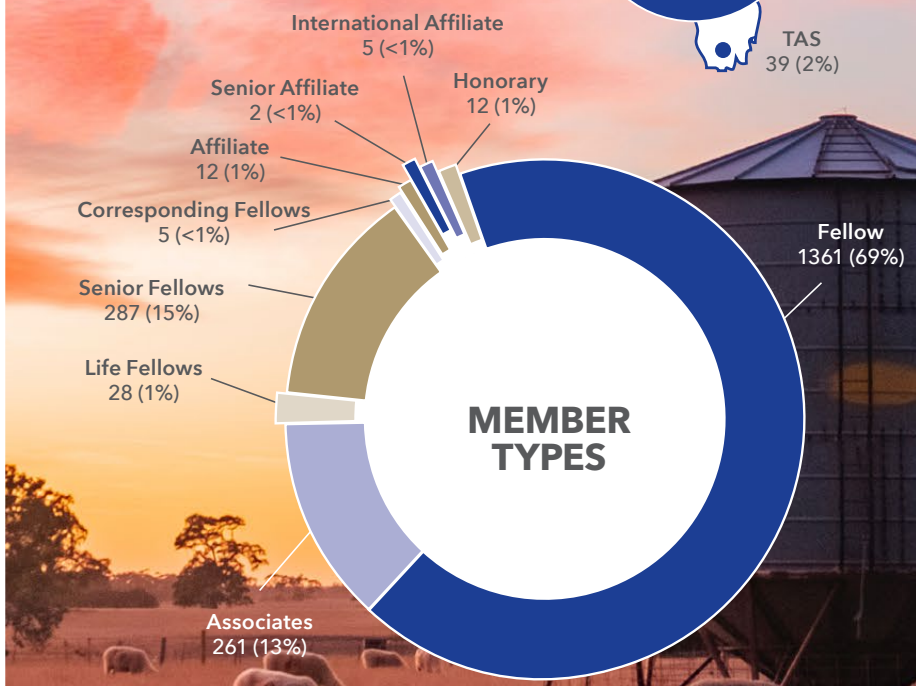
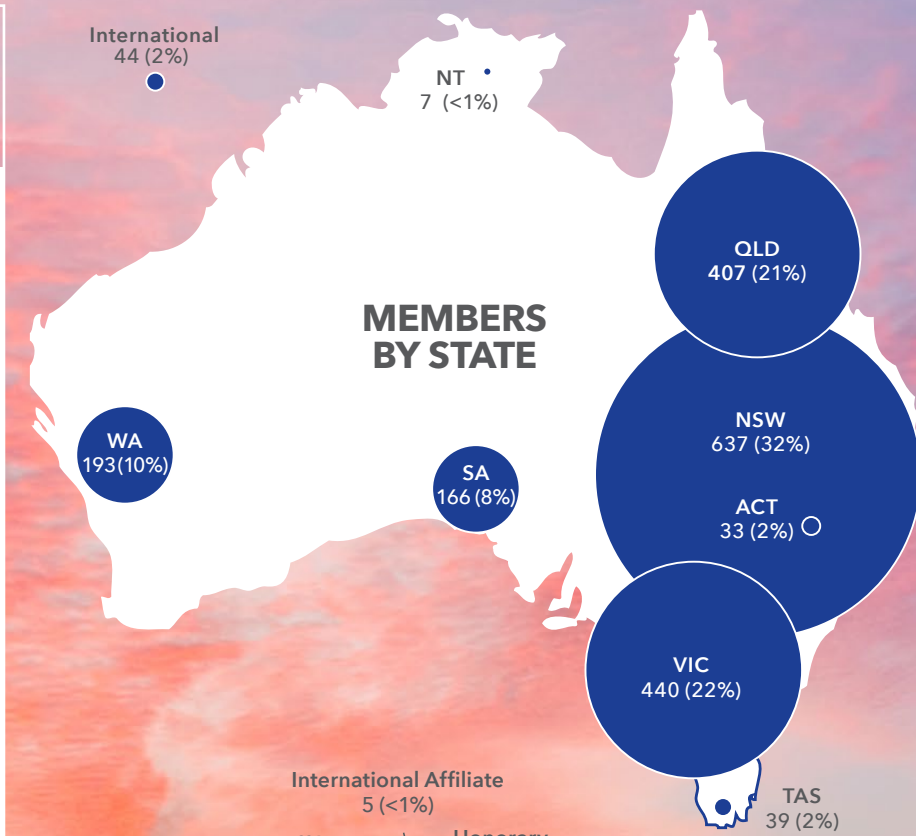
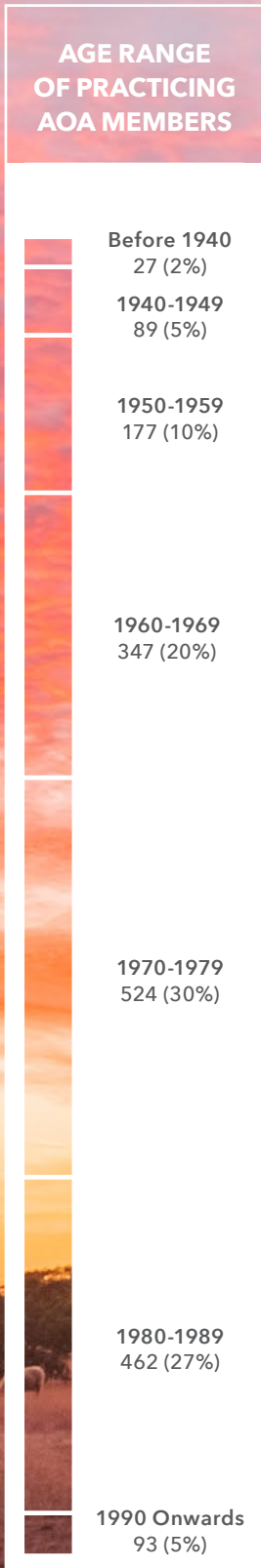
New Fellows

Jon Anderson	QLD	Emma Lewis	VIC
Drew Armit	QLD	Nick Maister	VIC
Varun Arora	VIC	Brent Matthews	SA
James Beazley	NT	Ruben Mazzucchelli	International
Justin Bobyn	NSW	Tyler Mow	NSW
Syed Bokhari	NSW	Pradeep Poonnoose	SA/NT
James Coolican	NSW	James Sant	NSW
Ruy da Assuncao	NSW	Sam Shales	WA
Michael Dan	NSW	Philip Sheard	QLD
Ruchith Dissanayake	VIC	Julia Shkolnikova	QLD
David Dyer	VIC	Anthony Silva	QLD
Nathan Eardley-Harris	SA	Mitchell Smith	SA
Moussa Farhat	NSW	Joel Steiner	NSW
Charles Gallagher	VIC	Michael Strong	NSW
Bradley Gilpin	QLD	Abay Sundaram	WA
Cameron Handford	NSW	Adrian Talia	VIC
Bob Jang	NSW	Shaun Waring	VIC
Humza Khan	WA	Nicholas Whitworth	QLD
Anton Lambers	VIC	Michael Wyatt	NSW
Johanna Leon	NSW	Kaihan Yao	VIC

Deceased Members

Edward Bates	NSW	Henry Mankin	International
John Bennett	NSW	Kingsley Mills	VIC
John Bourke	VIC	Avtar Sachdev	NSW
Ian Henderson	VIC	Ronald Tilbury	QLD
Daniel Lane	QLD	Michael Tiller	WA

MEMBER DEMOGRAPHICS



Total Practicing members as of 30 June 2023	1719
Total Members as of 30 June 2023	1971

HONOURS & AWARDS 2023

L O Betts Memorial Medal

John Batten

Leadership Award

Vera Sallen

Meritorious Service Award

Brett Courtenay

John Croser

Roland Hicks

Peter Lewis

Alan Prosser

Research Award

Richard de Steiger

Diversity, Equity and Inclusion Award

Andrew Wines

Life Fellowship

John Hill

Markus Kuster

Graham Mercer

Paul Stalley

Honorary Fellowship

Ikau Kevau (PNG)

PRESIDENT

CEO

EDUCATION

AORA & CPD

AOARF

OUTREACH

SCIENTIFIC

STATS

MEMBERS

TREAS.

BOARD COMMITTEES AND CHAIRS

Board Committee	Chair
Board of Directors	Chris Morrey
ABC Travelling Fellowships Committee	Phong Tran
Accreditation	Sindy Vrancic
Asia-Pacific Committee	Ton Tran
Audit and Risk Management	Michael A Johnson
President's and State Chairs' Committee	Chris Morrey
Clinical Trials Data Safety Monitoring	Peter Myers
Continuing Orthopaedic Education	Kenneth Cutbush
Continuing Professional Development Committee	Sue Liew
Federal Training Committee	Chris Kondogiannis
Clinical Quality Committee	Richard Page
Fellowships Committee	Kenneth Cutbush
Honours and Nominations Committee	Chris Morrey
SIMG Assessment Committee	Vera Sallen
Mentoring Advisory Subcommittee	Sina Babadazeh
AOANJRR Committee	Neil Bergman
AOA National Joint Replacement Registry Academic Editorial Advisory Panel Committee	Don Howie
Orthopaedic Women's link (OWL) Committee	Danielle Wadley
Professional Conduct and Standards Committee	Sue Liew
Research Committee	Michael Schuetz
Rural Surgeons Committee	Richard Angliss
Spinal PFET Committee	Jonathon Ball
Subspecialty Presidents Committee	Michael Johnson
Ethics Committee	Chris Morrey
Workforce Working Group	Michael A Johnson

Digital Radiology Committee	John Cunningham
Patient Education Committee	Orso Osti

Ad Hoc Committees and Working Groups

Champions of Change Working Group	Andrew Wines
Cultural Inclusion Working Group	Marinis Pirpiris
Masters and Co-Badging Working Group	Peter Choong
Continuing Professional Development Working Group	Sue Liew

As at 30 June 2023

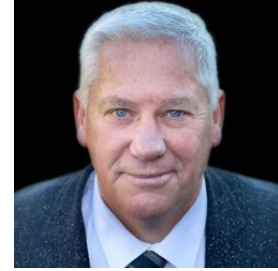
BOARD OF DIRECTORS



Christopher Morrey
President



Michael Johnson
First Vice-President



Scott Fletcher
Second Vice-President



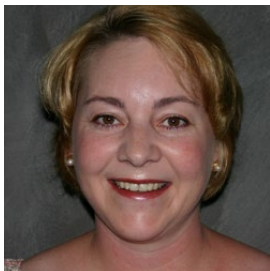
Chris Kondogiannis
Chair of Education
and Training



Sue Liew
Chair of Professional
Conduct and Standards



Kenneth Cutbush
Scientific Secretary



Nicole Leeks
State Chair Director



Andrew Wines
General Director



Chris Vertullo
General Director
and Treasurer

— Board Observer —



David Kelly
AORA President



Danielle Wadley
Representative, Chair
OWL Committee



Greg Witherow
Representative, RACS Orthopaedic
Specialty Councillor

PRESIDENT

CEO

EDUCATION

AORA & CPD

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MEMBERS

TREAS.

TREASURERS REPORT

Christopher Vertullo | Treasurer &
Michael Johnson | First Vice-President



Summary

AOA has been conducting regular three-year long-range financial forecasting for well over a decade. Long-range planning allows the Board to plan ahead to cover unexpected or cyclical impacts on revenue and expense projections. The 2023 financial year operating result had been identified in 2020 as a year of operating deficit, mainly arising from the one-in-every-ten-year event wherein a combined ASM is held with NZOA and hosted in New Zealand. The majority of financial benefits from the meeting are afforded to the host country, and AOA misses out in 2023. In addition, the Board allocated increased capital towards expanding registry resources, as well as investing more in cyber security and additional upgrades to technology capacities. As this result was forecast, AOA had planned ahead with operating surpluses in 2021 and 2022 offsetting this operating deficit for 2023. Having a moderately large corpus of funds under investment provides financial stability to AOA despite fluctuating levels of revenue and expenses in recent years.

Revenue for the year was \$11,468,547 compared to \$11,940,990 in the previous year, a decrease of 4.0 per cent. Total expense for the year increased to \$13,420,068 compared to \$11,721,005 in 2021/22, an increase of \$1,699,063 or 14.58 per cent. AOA reported an operating deficit of \$1,951,521 for the year compared to an operating surplus of \$219,985 in 2022 and \$1,446,292 in 2021.

AOA began the year with a projected budget deficit of \$1,749,807. In addition to the loss of revenue ordinarily available from hosting ASM in Australia, the lower operating result was also due to the late cancellation of the COE as well as the planned President's Roadshow, increased travel activity and related costs with a return to normal travel post pandemic, as well as an accounting adjustment covering the treatment of lease payments in order to comply with new Australian Accounting Standards.

Trading conditions on world stock markets, particularly in the early months of the financial year, were volatile; notwithstanding that, the financial year saw an increase of \$1,249,641 in the base value of AOA's investment portfolio (reduced by a recall of funds of \$1,500,000) compared to an increase of \$1,369,144 in the previous year. Recognition in the financial statements of the unrealised increase in value helped reduce AOA's deficit somewhat, resulting in an overall deficit for the year of \$1,273,481 compared to an overall deficit of \$1,149,159 the previous year.

The operating deficit of \$1,951,521 is comprised of a deficit of \$1,307,255 from Head Office operations, a deficit from state branches operations of \$64,015, a deficit from the AOA National Joint Replacement Registry of \$596,900 and surpluses from other entities of \$16,650.

Investments

Income from investments for the year amounted to \$746,501 compared to \$724,273 in the previous year, an increase of \$22,228. This outcome, achieved despite the adverse trading conditions referred to earlier, is pleasing. The investment outlook at present is quite uncertain due to fluctuating market reactions, and the increases in interest rates are having an impact on fixed interest securities and securities valuations. A close watch is being kept on the allocation of the investment funds by AOA's advisers and the Audit and Risk Committee.

The value of the investment portfolio at 30 June 2023 was \$15,761,810 compared to \$16,012,169 at 30 June 2022, a decrease of \$250,359 (comprised of unrealised gains and income offset by a \$1,500,000 recall of funds for working capital). Excluding the capital fund use, the value of the investment portfolio increased \$1,249,641.

Findex continues to provide management of AOA's investment portfolio and the Board's Audit and Risk Management Committee oversees Findex's management by meeting with them at least twice annually for discussions and strategic overview.

Revenue and expenses

Revenue benefited from a sustained increase in membership-related activities; however, a decreased contribution from scientific meetings and conferences, down 55 per cent on the previous year, contributed to the overall revenue decline. Results from the growth in fellowship services through member demand are pleasing.

Travel costs were higher than previous years' norms due to an increased volume of travel along with airfare price increases. AOANJRR project costs were higher due to increased activity, expansion of the Registry Clinical Director Team and expansion of staff resources allocated to the Registry. Additional resources were added to technology, communication and education teams to support strategic initiatives and cyber security. Overall, employment costs increased by 19 per cent.

Membership

Membership at 30 June 2023 totalled 1,971, an increase of 37 compared to 30 June 2022. Membership subscriptions for the year, including branches, amounted to \$2,343,867 compared to \$2,244,672 for 2021/2022, an increase of \$99,195. The increase in membership income comprised income from new members and the usual CPI increase.

1971
members (+37)

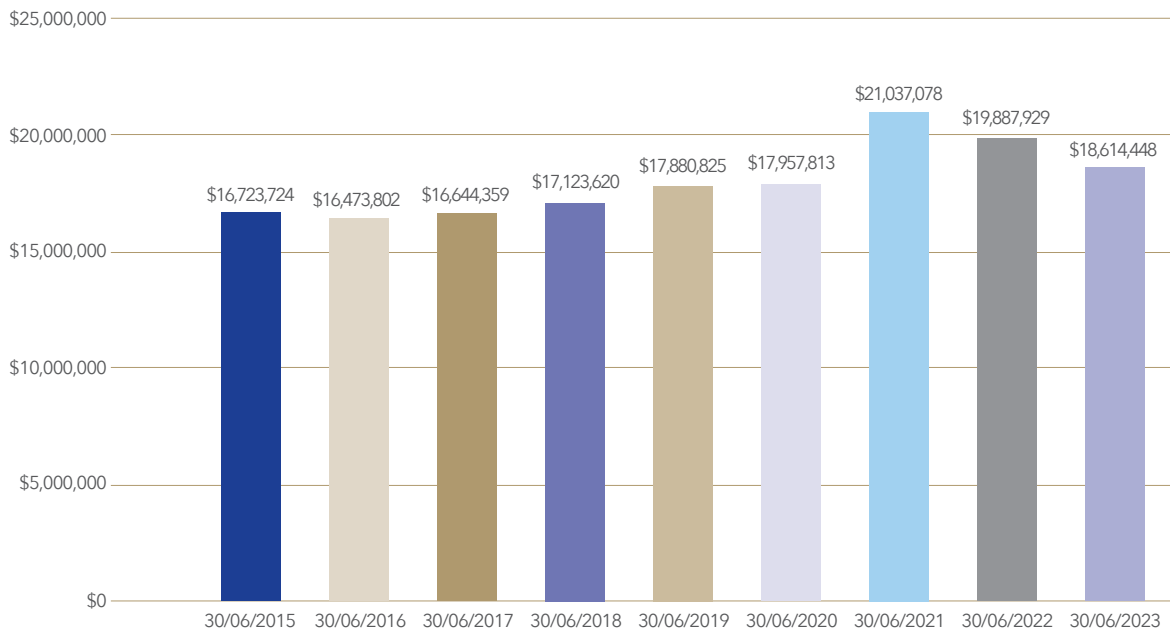
\$746,501
income from investments
for the year

Members' equity

Members' funds decreased by \$1,273,481 in the year to 30 June 2023, to \$18,614,448, down from \$19,887,929 as at 30 June 2022, though above the 30 June 2020 level of \$17,957,813.

The table below shows the trajectory of members' funds over the past ten years, showing a steady increase to the peak in 2021 and decrease in 2022 and 2023 for reasons covered earlier in this report.

AOA MEMBERS' EQUITY



Risk

Whilst risk management is an ongoing process through management, the Audit and Risk Committee and Board formally review the risk register twice a year.

AOA managers meet twice per year with the chief executive officer to review the risk-management system, and the results of those meetings are reported to the Audit and Risk Management Committee and then to the Board.

This year the level of sophistication in AOA risk increased with the development of a Board risk appetite statement providing guidance on risk tolerance levels. AOA risk management covers all portfolios, and this year the previously separate risk registers of the Registry and AOA have been merged into one register, managed through an integrated process.

With the guidance of Findex, the Board also reviewed and updated the investment objectives for AOA investment funds to seek to optimise returns over a rolling ten-year time horizon.

PRESIDENT
CEO
EDUCATION
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AOARF
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STATS
MEMBERS
TREAS.

Governance

The Audit and Risk Management Committee met three times during the year ended 30 June 2023 under the leadership of First Vice-President Michael Johnson. The other members of the Committee are Scott Fletcher (second vice-president), Christopher Vertullo (general director and treasurer), and Nathan Patrick (independent member). The president, Christopher Morrey, attended the meetings in an ex-officio capacity.

The Committee's brief is to provide assurance to the Board by reviewing financial matters in more depth than is possible for the Board, to provide oversight of AOA's risk-management practices and procedures, to review compliance with statutory requirements, and to meet with AOA's investment managers and the auditor. The Committee's charter was extended during the year to review technology and cyber security given the growing importance of this area.

The directors are most appreciative of the services of Nathan Patrick, who sits on the Audit and Risk Management Committee as an independent member and provides his services pro bono. The Committee highly values his expertise. Nathan retires from the Committee in November 2023 and the Board extends its gratitude for his guidance and expertise.

The Committee met with AOA's auditor before the financial statements were reviewed by the Board to ensure there were no unresolved issues or concerns in connection with the statements and received assurance in that regard. It is pleasing to report robust internal control and compliance systems overseen by the AOA Finance Team.

**On behalf of the Committee,
I would like to thank all
members, the Board and the
staff for their efforts in 2023.**