

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

# Annual Report 24/25



AOA

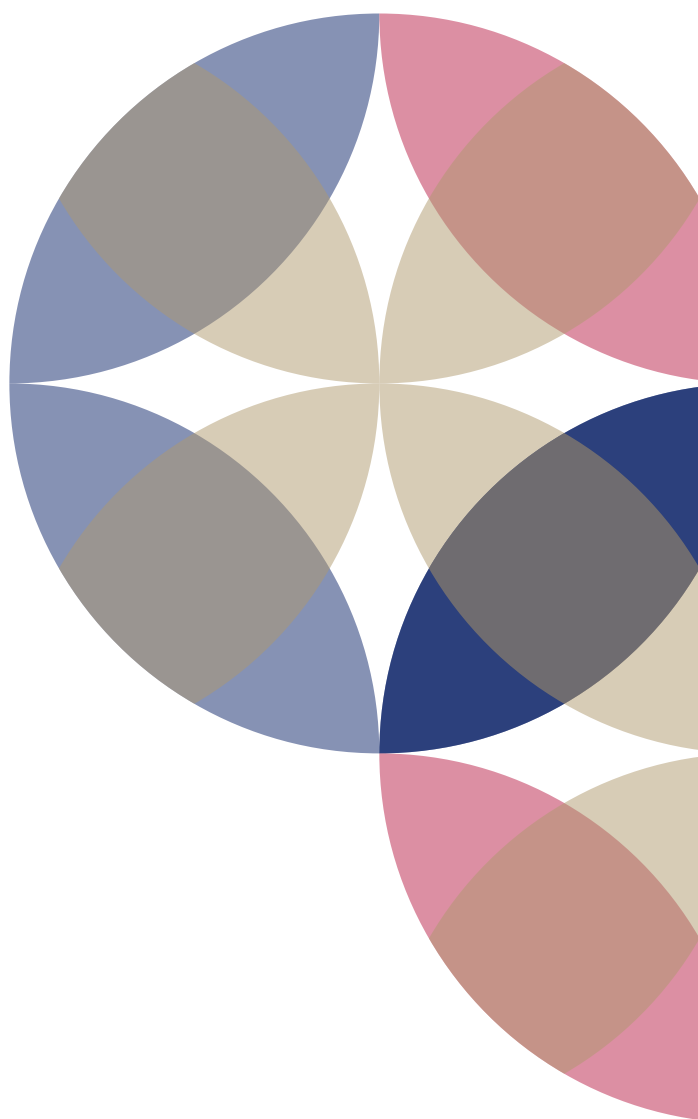
AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

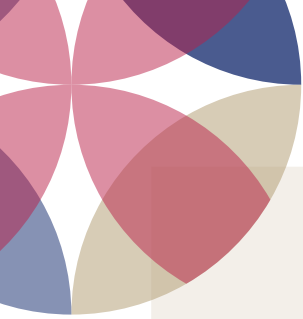
# Our Purpose

Restoring and advancing the wonder of movement.

# 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.





# Key Highlights

## July 2024

AOA continues to address hospital accreditation standards, with monthly participation in National Health Practitioner Ombudsman Working Group.

## August 2024

AOANJRR passes 100,000 shoulder replacement records; over 75 per cent were performed between 2014 and 2024.

Victoria-based PGY2 Pooja Jeyadeva wins the 2024 OWL Essay for her submission 'The Forgotten Toolbox'.

Orthopaedic Outreach advances ongoing hand surgery and therapy provision in Nepal by funding a five-day mission to Kathmandu, supported by the Australian Hand Surgery Society and AUSNEP.

## September 2024

AOA CEO represents AOA, and as chair leads Australian Ethical Health Alliance representation at an APEC Business Ethics for SMEs Meeting in Lima, Peru, then is appointed to APEC Implementation Working Group for the 2025 meeting.

## October 2024

The 2024 AOANJRR Annual Report celebrates 25 years of advancing orthopaedic care across Australia through crucial data collection and analysis.

The fourth Board performance review in a decade is conducted by Anne Garlick, independent member of the Audit and Risk Committee.

President Michael Johnson convenes the 2024 ASM in Brisbane. Scott Fletcher is welcomed as AOA's 84th president, and Andrew Wines is welcomed to the Board as second vice-president.

OWL Chair Danielle Wadley hosts over 100 guests at the OWL Soirée at the AOA ASM.

Katherine Stannage is welcomed as the new OWL Committee chair and AOA Board member.

Over 98 per cent of members at the 2024 AGM vote in support of AOA undertaking a due-diligence process regarding direct accreditation from the Australian Medical Council.

A silent book auction raises \$1,600 for Orthopaedic Outreach at the ASM.

AOA Conference and Event Management (CEM) delivers the 2024 International Symposium on Limb Salvage, with 841 delegates from Australia and worldwide meeting in Brisbane.

The AOA-chaired Musculoskeletal Patient Advocacy Coalition, comprising five patient-advocacy groups, enters second year of collaborating to advocate for patients with MSK conditions, securing meetings with federal minister of health and various state ministers.

## November 2024

AOA's first podcast, *MSK Connect*, is launched.

AOA staff from across Australia participate in staff development days and OzHarvest Cooking for a Cause in Sydney.

## December 2024

AOA members and staff attend Pacific Region Indigenous Doctors Congress (PRIDoC) on Kaurna Country (Adelaide).

AOA Board welcomes the AORA vice-president as an observer to the Board.

The first steering committee meeting is held for an exciting new AOA research-hub initiative.

AOA members Paul Pincus, John Tuffley and Bill Donnelly set sail in the Sydney to Hobart Yacht Race and raise \$3,000 for Orthopaedic Outreach.

## February 2025

AOA president leads Asia-Pacific strategy development workshop with Asia-Pacific Committee, Pacific Islands Orthopaedic Association, Orthopaedic Outreach, and Asia Pacific Orthopaedic Association.

Dean of Education Bryan Ashman presents on AOA's world-recognised competency-based training program, AOA 21, at the American Orthopaedic Association meeting in USA.

Registry clinical directors present 13 papers, with two progressing to finalists for best papers, at the 14th International Society for Arthroplasty Registries meeting in Christchurch.

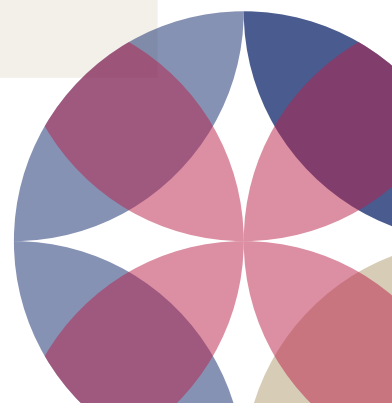
AOA president, scientific secretary, and CEO attend a meeting of the Council of Presidents of Medical Colleges on proposals for expedited pathways for specialist international medical graduates, advocating AOA views.

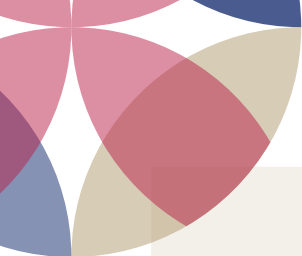
## March 2025

A board workshop, including a cyber-security-simulation, strengthens AOA cyber-security capacities.

AOA and NZOA meet with Australian Medical Council and Medical Council of New Zealand to discuss reducing the cost of training and intention to seek direct accreditation for orthopaedic surgical education and training.

AOA CEO hosts the third tripartite meeting between NZOA CEO, RACS CEO and respective education executive staff.





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Longer-term funding for the AOANJRR is secured in the 2025 Federal Budget to support core Registry activities into the future.

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The inaugural AOANJRR Education Forum in Adelaide gathers stakeholders from across government, research, medical defence, industry, and consumer patient groups.

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Board approves and appoints members to the Board Director Nomination Committee to select independent directors to the Board, in line with 2024 AGM Constitution changes.

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## April 2025

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AOA and NZOA host a highly informative session with the full surgical sector on plans to deliver lower-cost orthopaedic surgical education and training, assessing models including direct accreditation for education and training.

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Following a vote from the membership and Board approval, AOA's new research initiative is named the Academy of Clinical Excellence in Orthopaedics (ACE); six key working groups are convened.

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The *AOA Research Foundation Strategic Plan 2025-2027* is launched, with three core strategies: governance and sustainability, engagement, and quality research.

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Four new bursary programs introduced to facilitate attendance at the AOA and AORA ASMs.

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AOA CEM delivers the 24th Asia Pacific Orthopaedic Association Congress in Cairns, attracting 664 international and domestic delegates.

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## May 2025

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AOA submits application to become CPD Home to the Australian Medical Council (AMC).

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The 2025 AEHA Symposium 'Ethical healthcare in an era of disinformation and misinformation' hosted by AOA and chaired by AOA CEO and AEHA chair, brings together over 180 national and international stakeholders in-person and online.

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AOA Representative John Cunningham helps establish a new collaborative initiative with the Australian Digital Health Agency, RANZCR and the Australian Digital Imaging Association, aimed at improving digital imaging access.

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AOA commences state and federal health department, ministerial, and policy personnel meetings to discuss plans to reduce the cost of training and intention to seek direct accreditation for orthopaedic surgical education and training.

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First research paper from the AOA 21 Review published in the *Journal of Surgical Education*, the journal of the Association of Program Directors in Surgery in the US.

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## June 2025

AORA advocates for trainee and member fee relief policy, later to be approved at the July 2025 Board.

AOA 21 Review recommendation implementation enters second year, continuing to refine and update AOA education and training based on extensive expert review.

For the first time, Asia Pacific delegates join peers from across Australia and New Zealand at the AOA Emerging Leaders Forum, in its eighth iteration in 2025.

Dr David Bade and Dr Katherine Stannage present at the 'Every Doctor, Every Setting' health practitioner mental health and wellbeing session at the Australian Medical Association's College, Association, and Society Meeting.

AOA's continuing efforts to improve rural orthopaedic services are the focus of the fifth episode of *MSK Connect*, featuring Rural Advocate Susi Tegen and rural-based AOA Members Arvind Puri, Chris Morrey and Ric Angliss.

80 female QLD medical students and junior doctors attend one of the largest OWL Workshops to date.

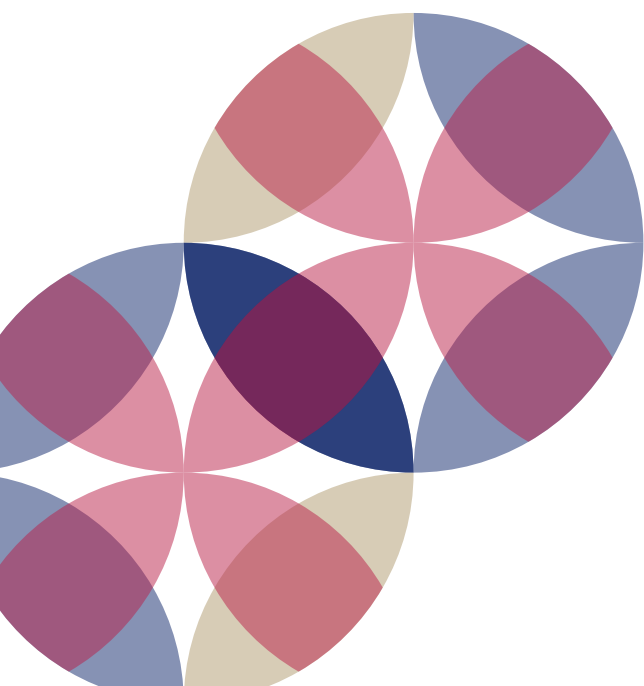
AOA executes a first ever funding agreement to develop ACL Registry with Ramsay Hospital Research Foundation.

With one year remaining, a forensic audit of AOA's 2022-2026 strategic plan's 62 milestones reports 37% complete, 52% in progress or transition, and 11% to be completed in the following 12 months.

AOANJRR reports a meaningful increase in engagement with surgeon Registry reports, reflecting effective advocacy by the AOA Surgical Performance Advisory Group.

AOA's commissioned external expert completes the AOA Workforce Mapping Report 2025, greatly improving the contemporary understanding of the distribution and dynamics of the Australian orthopaedic workforce.

AOA finalises first phase of meticulous planning and seeks proposals to improve and update the AOANJRR with a technology platform fit for purpose over the coming decades.





# President's Report

Scott Fletcher

As I write this Annual Report in August, spring is not far away. For a country orthopaedic surgeon, spring evokes images of tilling the soil and sowing seeds that will bear fruit in the months and years ahead.

I begin this report with that reflection because, in many ways, the activity of the Australian Orthopaedic Association (AOA) during 2025 has been about sowing seeds that will bear fruit over the next five to ten years and beyond.

Over the past 15 years, AOA has grown enormously under the guidance of successive presidents, boards, and management. Employee numbers have increased from ten to 60, and membership now exceeds 2,000. AOA has matured from an adolescent organisation in 2010 to a capable and confident adult in 2025 - one with the maturity, capability, and capacity to reflect on who we now are and where we want to be in the next ten to 20 years.

## Membership

As a membership organisation, our primary purpose is to support our members in their work of caring for patients - within the bounds of what is possible and reasonable for such an organisation. While this sounds straightforward, in practice it is complex.

In 2025, AOA placed substantial focus on membership engagement. We have communicated - through words, print, and podcasts - that we stand with our members, and we have acted where appropriate.

Over the past 12 months:

- We have strengthened connections between the Presidential Line and state and territory chairs.
- We have maintained regular engagement with the presidents of subspecialty societies.
- We have reported to every state meeting held during the year.
- We have continued to support Orthopaedic Women's Link and promote diversity.
- We have supported leadership courses for our future leaders.

We have also responded to increased member interest in how AOA addresses behaviour inconsistent with our Code of Conduct. Through the Professional Conduct and Standards Committee, we uphold our standards while ensuring natural justice and procedural fairness. AOA will act when it is appropriate to do so.

The rising cost of medical indemnity has also been a concern, with average premiums for arthroplasty surgeons now AU\$60,000-70,000 and more for spinal surgeons. AOA will continue to advocate for fairness and accountability from medical indemnity providers, ensuring that any premium increases are risk- and evidence-based. For many, current increases are not sustainable and require ongoing advocacy.

AOA recognises the need to drive membership value and so is actively engaging with preferred partners through new state and national alliances.

AOA has made stronger connection with the membership, but the challenge is how we strengthen unity within the membership and how to more effectively engage with our youngest members. I think the next 12 months will be an opportunity for AOA to drive mentorship and support for our younger surgeons. It is the younger surgeons in particular that need to see a reason not only to belong to AOA, but also to want to drive its success.

## Training and education

AOA has worked closely with the New Zealand Orthopaedic Association (NZOA) to create greater value for our orthopaedic trainees. It is increasingly clear that trainees cannot afford to be part of an inefficient regulatory framework that allows duplication and double-handling.

In the past year, AOA has been actively exploring options that could lead AOA (and NZOA) to apply directly to the Australian Medical Council (AMC) for accredited training status in 2026. Several options remain under consideration, with no preferred approach yet put to the Board.

The demonstration of regulatory inefficiencies has also attracted the interest of RACS, and the College is working with us to increase value for trainees. An update to the AOA position in relation to training, examination and CPD can be expected at the Hobart ASM in October.

## Relationship with RACS

Although AOA is an independent legal entity with its own structure, constitution, strategic direction, finances and membership, we recognise that many AOA members are also RACS members, and that their RACS relationship is important. There is a diversity of member views on RACS, and AOA respects those perspectives. Members who value RACS membership will continue to pay RACS subscription fees. AOA will continue to focus on demonstrating and delivering its own value proposition, so that members want to remain as part of 'Team AOA'.

As AOA grows in capability, it is natural that we seek to create greater organisational autonomy. This may lead to a more mature relationship with RACS, focusing on value-adding rather than duplication.

## The evidence base

The AOA National Joint Replacement Registry (AOANJRR) enjoys a strong reputation among members, government, regulators, and industry – both in Australia and internationally. The Registry's data is highly sought after and delivers significant value, with an estimated economic benefit of AU\$1 billion.

In 2025, we have sown the seeds for technological upgrades to enhance data collection, analysis, and reporting. These changes will allow the Registry to continue growing and serving its purpose over the next ten to 20 years.

We have also commenced development of the **Academy of Clinical Excellence in Orthopaedics (ACE)** – a research hub designed to generate first-class evidence to improve patient care. ACE represents a pivot point for AOA, much like the early days of the Registry in the 1990s. The ACE Committee will report to members at the Hobart ASM, with a planned launch in March 2026.

## Consumer engagement and external connections

Following last year's constitutional change to allow greater independent representation on the Board, we have increased consumer involvement in key committees. This engagement ensures AOA operates in step with the broader health system.

We have also invested in building relationships with influential stakeholders – including ministers, ministerial advisors, CEOs of health bodies, industry partners, insurers, and jurisdictional leaders. Stronger connections with these stakeholders will enhance our effectiveness, impact, and sustainability as the peak body for orthopaedics.

## The AOA organisation

In 2025, the Board and management have continued to provide direction and purpose, with a clear patient focus. Under CEO Adrian Cosenza's strong financial leadership, the organisation has delivered another operating surplus, while laying the groundwork for greater revenue streams over the next decade. These include partnerships with global companies for clinical studies aimed at improving patient care.

As president, I extend my sincere thanks to Adrian, the Board, and in particular incoming President Mark Moroney and Second Vice-President Andrew Wines for their clear and valuable advice during the year.

'Team AOA' extends beyond the Board and management – it includes our entire membership, whose selfless contributions to training and professional support deserve recognition and thanks.

The Board and management will continue to work to ensure AOA remains fit for purpose, nurturing the seeds sown in 2025 so they grow to deliver lasting benefits for our members, our patients, and our profession.

*Thank you for the opportunity to lead and be supported.*





# CEO Report

Adrian Cosenaza

## A year of navigating complexity, pursuing innovation and ensuring stability.

### Environment

The twelve months to 30 June 2025 have seen the environment in which AOA participates and operates characterised by increased geopolitical disruptions, including armed conflict, trade and investment inequities, rapid changes in regulatory requirements, ongoing technology and cyber challenges, the advent of increased permeation of artificial intelligence throughout society and the workforce, and the continuing impact of the ageing population on a healthcare system in need of reform. The pressure on finances in all sectors of health is the topic of many discussions in a country, society and healthcare system in need of rejuvenation and positive reform. The challenge of misinformation and disinformation requires careful guardrails and prudent policy making amongst societies experiencing increased social polarisation and decline of trust.

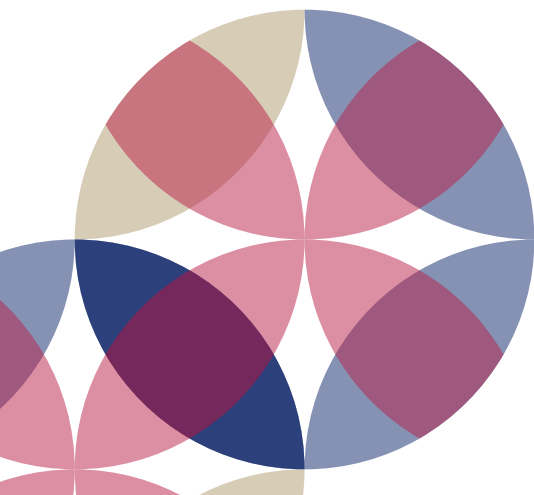
It is clear that leaders have never carried so much in the modern workforce. Leaders are required to create the environment to enable staff to thrive, and many organisations are undertaking restructures, and seemingly doing so more often, with the added culture requirement to show up consistently, stay visible, be empathetic and convey an upbeat emotional tone. The demands on leaders at all levels is an increasingly higher psychological load. Leadership energy is a key cultural strategic asset, and investing, supporting, nurturing and mentoring leaders is key to enabling capacity.

### Pursuing innovation and ensuring stability

Under the stewardship of a fully engaged and prudent Board of Directors, purposeful oversight of thought leadership, strategy execution and focused risk management has enabled AOA to be well positioned to respond with innovation and growth in these turbulent times. This approach has been complimented by a steady razor focus on financial management that has ensured continued stability and strength in AOA finances.

AOA's emerging long-term strategic direction reflects an innovative, forward-looking vision, guided by foundations laid through current and previous AOA strategic plans, and embracing:

- assessing the feasibility to become directly accredited for education, training, examinations, SIMG matters and the establishment of a CPD Home by the Australian Medical Council through the health ministerial meetings
- completing the multi-year implementation plan of the recommendations for improvement from the AOA 21 Review
- the establishment of the Academy for Clinical Excellence in Orthopaedics (ACE) and a pathway to improve connections for musculoskeletal research infrastructures, both within and outside AOA
- significantly repositioning and upgrading the technology for the Registry to ensure that it is fit for purpose for the next decade
- continuing to increase, widen and deepen connection and relationships throughout the health ecosystem, and blueprinting reimaged technology architecture for AOA's future.



## Risks

The external environment creates the risk in which AOA and indeed all organisations operate. The risks are many and varied. A recent global review of the top current risks, based on data from nearly 3,000 decision makers, include: cyber-attack and data breach, business interruption, economic slowdown, failure to attract and retain top talent, regulatory change, supply-chain failure, damage to reputation, failure to innovate and increasing competition. AOA is not immune to these risks.

The Board is mindful of its oversight to ensure that there are plans in place to address AOA's five key strategic risks, summarised below.

### 1 DIGITAL

The risk of not delivering contemporary, secure and reliable technology services to members – *the particular focus is presently highlighted with registry technology planning, data-migration challenges in education and training, registry technology transformation planning and cyber-risk improvements. In more recent times the need for AOA to more purposefully lean into artificial-intelligence education, governance and risk management has elevated the importance of oversight of this risk.*

### 2 STRATEGIC PROJECTS AND MEMBER SERVICES

The risk of not achieving strategic objectives due to competitor activities, economic development, and political regulatory changes – *reflects both strategy design and development and simultaneous execution risk associated with implementing agreed strategic initiatives, including registry digital transformation, development of the Academy for Clinical Excellence in Orthopaedics (ACE) and AOA 21 Review recommendations.*

### 3 TRAINING AND EDUCATION

The risk of education and learning objectives not being achieved due to ineffective design and delivery – *reflects design and execution risk in implementing AOA 21 Review recommendations whilst simultaneously charting the due-diligence process investigating the feasibility of direct accreditation for orthopaedic surgical education and training by the Australian Medical Council.*

### 4 PEOPLE

The risk that AOA may incur losses due to a drain or loss of key personnel, injury, or deterioration of morale – *whilst staff recruitment over the past twelve months, together with the intense focus on health and staff support, has assisted in alleviating this risk, coaching, mentoring, developing and educating a sizeable new staff cohort across all portfolios is a work in progress. The purposeful focus on succession planning for key roles is also a risk mitigant.*

### 5 BRAND AND REPUTATION

The risk of AOA brand and reputation being poorly regarded by members, patients, government and industry due to ineffective advocacy and management of key issues – *requires constant tactical, positional and strategic leadership to cope with a fast-changing environment.*

The Board is carefully and purposefully stewarding the capabilities and resources required. The journey ahead requires diverse skills and relevant experience, including in government and sector advocacy and lobbying; program-transformation leadership; orchestrating a transformation and growth agenda straddling financial management and modelling; new business establishment, risk mitigation and management; research capability development; and, importantly, people leadership in attracting and retaining top talent. Ongoing embedded succession planning for key roles is closely overseen by the Board.

Securing long-term financial sustainability through revenue diversification and careful cost management and providing sufficient resources to ensure the Board provides the required level of AOA staff to support the ambitious agenda remain a key focus.

## 2024–25 achievements building on AOA's established track record

- ✓ With a year remaining in the 2022–2026 strategic plan, overall, robust progress has been achieved in each of the four core strategies, with many repositioned and adjusted in response to market conditions and AOA capacity. 37 per cent are complete, 52 per cent are in progress, including a number repositioned, and 11 per cent are not substantially progressed.
- ✓ Education and training progressed well during the 12 months, including solid progress overall on AOA 21 Review implementation. The work on the direct accreditation has progressed at a brisk pace, with good-quality deliverables in addition to adjustments being made to adapt to changing circumstances. Culture, diversity and inclusion initiatives have resulted in positive and encouraging trainee and member initiatives toward desired outcomes. The unfolding of the Academy for Orthopaedic Excellence in Orthopaedics (ACE) developed at a pace that was quicker than planned. The focus on 'connection' aided the advocacy and engagement initiatives to result in unprecedented levels of activity.
- ✓ Notwithstanding early challenges to the 2024/25 budget achievability, arising from unexpected events leading to the significantly lower-than-planned revenues in some areas, careful revenue planning during the year and prudent expense management resulted in achieving the operating budget for 2024/25.
- ✓ There was extensive effort in repositioning and strengthening the risk management system, with more work to conclude this at the end of 2025.
- ✓ There are promising efforts in progressing cyber security essential eight maturity levels, with ongoing plans to continually strengthen cyber resilience.
- ✓ The conduct of a cyber-risk simulation with the Board of Directors Sunday 22 March 2025 is a good demonstration of AOA's increased maturity in cyber governance, with resulting recommendations strengthening AOA capability.
- ✓ Activities under the leadership of each AOA executive manager within their respective portfolios are well progressed. There is a very good focus on our people and culture.
- ✓ Well-developed executive succession planning for key roles is in place, with valuable experiences, opportunities and education and professional development opportunities having been afforded to a number of the executive.
- ✓ The triennial Board effectiveness review was conducted by independent Audit and Risk Committee Member Anne Garlick at the October 2024 Board meeting. Recommendations have been implemented in 2024/25. This is the fourth Board performance review conducted over the past decade, demonstrating the Board's maturing in self-reflection.
- ✓ Robust progress on patient focus has resulted in appointments to Board committees, patient involvement in the Registry Education Forum, continuing meetings of the MSK Patient Advocacy Coalition with government, and media releases promoting MSK patient needs.
- ✓ An active profiling period with extensive proactive media mentions in the form of online articles, radio segments and interviews has represented an increase of 62 per cent compared to the previous period.

## AOA staff

AOA staff continue to provide robust, tireless and resilient support and service to members and the Board during a very busy year. AOA staff have fully embraced living and breathing the staff values now in place for almost two years. The three values comprise *Remember we are human*, *Grow through opportunities and challenges* and *Respect, recognise and celebrate*.

It is most pleasing to observe a meaningful increase in the staff net promoter score from -26 in January 2024 to +12 in June/July 2025. I continue to be deeply grateful for the amazing culture, teamwork and camaraderie demonstrated by AOA staff all over the country. Thanks to our staff for their care, professionalism and dedication to members.

Summary

The 12 months of 2024/25 have been a highly effective, productive and successful year:

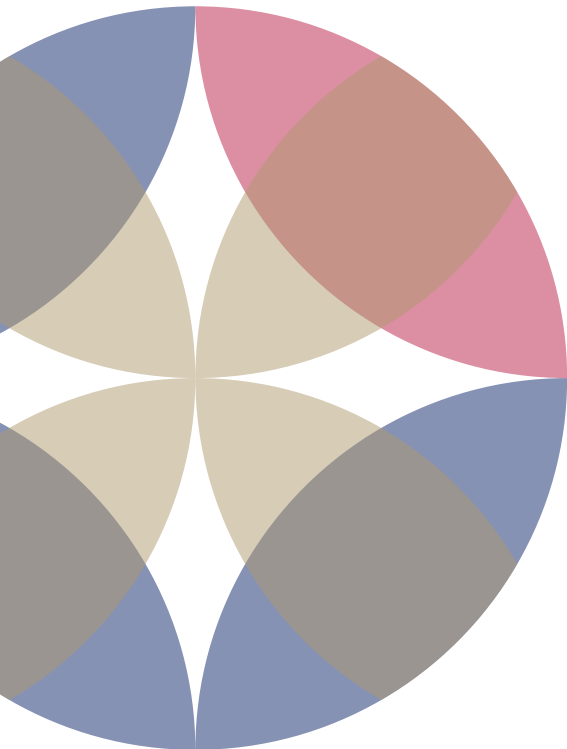
- ✓ substantially delivering on most milestones within the various strategic plans
- ✓ achieving a positive financial result despite early challenges
- ✓ maintaining 100 per cent compliance on all audit and finance regulatory obligations
- ✓ completing a positive Board performance review with recommendations implemented
- ✓ substantially improving risk and governance in technology and cyber-risk
- ✓ progressing a more sophisticated risk-management system directly linking strategies and risks, consistent with the Board risk profile
- ✓ delivering to high volume operations activities in all portfolios
- ✓ substantially delivering on project deliverables
- ✓ continuing high and positive engagement with staff
- ✓ promoting and growing AOA's brand and profile nationally and internationally.

The results and outcomes are considered remarkable given the staff workload and increased activities absorbed by the overall team in very challenging circumstances.

Gratitude

I would like to extend special thanks and gratitude to President and Chair of the Board Scott Fletcher for his leadership, support and guidance. I am deeply grateful to the Presidential Line and directors for their support, insight, wisdom, professionalism and camaraderie.

Special thanks to the AOA staff executives who, together with all staff, have demonstrated outstanding performance, member-service commitment, dedication and support. Together with the Board, committees of the Board and state branches, and members, all are collectively contributing positively to do everything possible to improve outcomes for patients with musculoskeletal disorders and injuries.





# Education & Training Report

Chris Kondogiannis, Chair, Education & Training

As we draw towards the end of the 2024/2025 year and the conclusion of my six years as chair of Education and Training, I will begin this report with a series of acknowledgements and thanks.

It has been a great privilege to lead the Federal Training Committee (FTC), first over a period of implementation and embedding change, and then of review and recalibration. The membership of the FTC has shifted over these years as member terms conclude and commence; however, one element has remained constant – the overwhelming commitment and drive of our colleagues in striving to deliver the best training program possible for trainees.

I extend my gratitude to this year’s FTC for your hard work, fortitude and good humour:

Jai Sungaran	Deputy Chair	Greg Hogan	WA RTC Chair
Susi Tegen	External Representative	Paul Allcock	SA RTC Chair
Brett Oliver	Jurisdictional Representative	Sam Joseph	VICTAS RTC Chair
Jerry Lin	AORA President	George Kirsh	SS NSW Chair
Catherine Guest	AORA Vice-President	Ed O’Leary	NS NSW Chair
Andrew Wines	Accreditation Chair 2nd Vice-President	Gajan Selvakumaran	NC NSW Chair (incoming)
Jon Smith	SIMG Chair	John Estens	NC NSW Chair (outgoing)
Bryan Ashman	Dean of Education	Rohan Brunello	QLD RTC Chair
Katherine Stannage	OWL Chair	Scott Fletcher	President
Harvinder Bedi	Senior Orthopaedic Examiner	Mark Moroney	1st Vice-President
Peter Moore	Rural Representative		

As most of our membership knows, nothing happens at AOA without the extraordinary efforts of our staff. I would like to extend my personal thanks to Ally Keane, AOA’s executive manager – national education and training, for her comradery and collegiality, tireless work, knowledge, and unmatched expertise. Her good humour and almost saintly tolerance with me has been much appreciated. That our training program is highly regarded and internationally viewed as an exemplar is due in no small part to Ally’s dedication and commitment. AOA owes her a massive debt of gratitude.

Ally is ably supported by the Education and Training Team at head office and across our training regions – we are fortunate to have this highly skilled, committed and professional group keeping all the pieces of the training puzzle in place. I am also very thankful for their contributions and support. They are invaluable to the organisation, and wonderful colleagues.

## AOA 21 Review Implementation Plan

The FTC has continued to progress work on the AOA 21 Review Implementation Plan. Many of these projects have been led by A/Prof Bryan Ashman, AOA's dean of education, and his report on [page 17](#) provides a number of updates on progress.

## Accreditation of training sites

I wrote last year regarding the pause on implementation of recommendations relating to training-post accreditation, given the National Health Practitioner Ombudsman (NHPO) report recommendations which called for a consistent framework to be developed and rolled out across all medical colleges. The NHPO working group (on which AOA has represented the surgical specialties) has now published model standards and model procedures, which will be rolled out progressively. The review of the AOA 21 Accreditation Standards will need to align with this new framework, and surveys were recently distributed to all accredited sites seeking input into the specialty-specific requirements that will form a part of our Standards Framework going forward.

Work is underway to review and update our accreditation processes to align with the model procedures, especially in relation to common terminology and the adoption of a risk framework to guide decision making. These outcomes align well with the accreditation recommendations from the AOA 21 Review.

The regulatory environment in which we deliver the training program is increasingly complex, and the Board and FTC have continued to advocate to ensure that trainees will be protected under the model standards with regard to supervision, protected teaching time and accommodation and relocation support.

An important legal issue that has come to light is that hospitals and training providers, like AOA, have a shared duty to trainees with regard to their health and safety at work. Through the accreditation process, AOA is seeking to ensure all parties meet obligations to consult, cooperate and coordinate activities in such a way that risk is mitigated or eliminated. As a means of operationalising this, a more effective mechanism for seeking trainee feedback, especially in situations where trainees may be reluctant to speak up individually, has been implemented in partnership with AORA.

Our Accreditation Committee, under the purposeful leadership of Andrew Wines, has continued its important work in reviewing training posts and sites against the AOA 21 Accreditation Standards. The hard-working members of this committee lead every review, with 38 reviews undertaken across the 2024/2025 financial year.

## Specialist international medical graduate assessment

SIMG assessment has been a key focus this year. Based on the recommendations of the Kruk Report, Ahpra has introduced an expedited registration pathway for UK and Irish doctors across a number of medical specialties. An expedited pathway has yet to be applied to surgery, but Ahpra has signalled it will be in near future.

The FTC and Board value the contribution SIMGs make to orthopaedic care and service delivery, but remain concerned that the current model lacks appropriate safeguards for patient safety, workforce distribution and service delivery. We continue to advocate for a College-led expedited pathway that maintains oversight, supports streamlining, and ensures that SIMGs are integrated into fellowship for collaboration, CPD, and future involvement in training.

Earlier this year, RACS's SIMG assessment policy was found to be non-compliant with regulatory standards, and this has since been corrected. Re-assessments were offered to SIMGs potentially disadvantaged by the previous process. I would like to acknowledge the extraordinary efforts of Jon Smith, AOA's chair – SIMG assessment, and A/Prof Ashman, who together undertook this substantial additional assessment workload.

## Australian Medical Council (AMC) accreditation

Last year, AMC only granted RACS a six-month extension to the accreditation of the surgical training programs. Following this, an intensive period of data collation and reporting was undertaken, in partnership with RACS and the other surgical specialties, culminating with an extensive submission to the AMC for review and assessment. Pleasingly, accreditation was extended for three years until October 2027. Fourteen conditions remain to be actioned, and the FTC and Board approved an updated AMC Accreditation Project Plan for 2025/2026 to continue to work towards addressing those conditions over the next 18-24 months.

A key project associated with AMC conditions is the implementation of supervisor evaluation, which seeks to review director of training (DoT) and trainee supervisor (TS) performance via self-assessment and trainee feedback. The first surveys were distributed in late 2024. Pleasingly, trends in responses from trainees are mostly very positive, with 95 per cent of trainees indicating their DoT always models professional behaviour. Trainee feedback will continue to be gathered until the quantum of responses allows for collated, anonymised feedback to be shared with supervisors. Individual reports benchmarking the supervisor self-assessments against other supervisors' responses are being prepared and will be provided shortly.



The AMC now requires that all doctors involved with training complete cultural competence and cultural safety (CC and CS) training. Recognising that many of our members have already undertaken this type of training locally, the FTC opted against mandating a specific training module. Instead, we

prepared a training guide explaining the requirements and outlining several training pathways that are available, including regionally relevant options, for those who may not have previously completed this type of learning. To facilitate our reporting to the AMC, we have asked that members upload evidence

of their training on the Learning Management System for collation of compliance data. Thanks to all the members who have proactively engaged with this process, demonstrating their dedication to fostering culturally competent and safe healthcare settings.

## Training delivery

In addition to the significant strategic projects underway in the Education and Training portfolio, it would be remiss of me not to touch on the ongoing operational activities of the training program. Our dedicated members continue to supervise, teach, assess and mentor our trainees – contributing an extraordinary number of pro bono hours helping guide and nurture our orthopaedic surgeons of the future. I am inspired by the dedication and commitment of you, our members, and by the many ways you contribute to the complex machinery of the training program.

The FTC recognises that there is more we can do to support you in the variety of training roles you undertake. Bryan Ashman has developed a series of online modules for directors of training (DoT), providing guidance and direction across the multifaceted aspects of the DoT role. In the coming months, similar resources targeting the trainee supervisor (TS) role will also be released. The position descriptions for DoTs and TSs have also been reviewed and updated, to reflect the changes to the training program and the essential learning requirements of the AMC.

Members are invited to access the DoT Modules on the [AOA Learning Management System](#).

The screenshot displays the AOA Learning Management System interface. At the top, there is a search bar labeled "Search courses" with a "Go" button and a help icon. Below the search bar, a grid of eight module cards is shown, each featuring a thumbnail image and a title. The modules are:

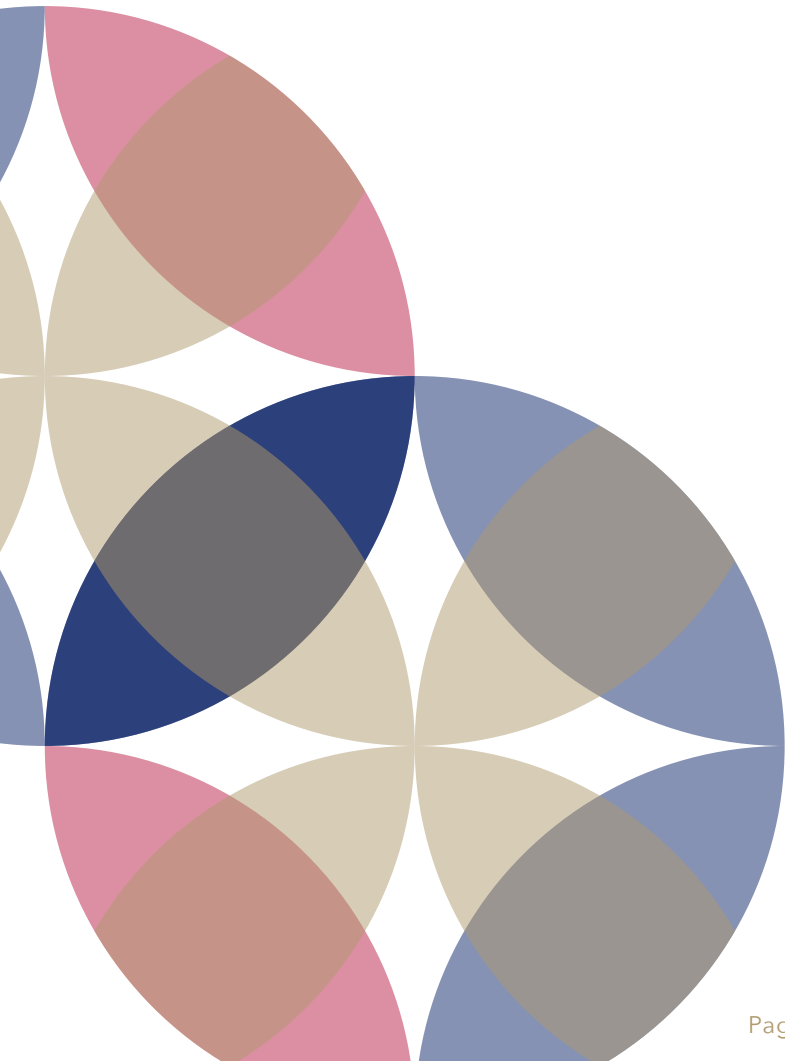
- Module 1: Welcome & Introduction: AOA DoT Guide**
- Module 2: Competency Based Medical Education and the AOA21 Curriculum - An Overview**
- Module 3: Role of an AOA Director of Training - An Overview**
- Module 4: Coordinating Training at Training Sites**
- Module 5: Advocate for Flexible Training Opportunities**
- Module 6: Assessing Trainee Competence & Progression - An Overview**
- Module 7: Orthopaedic Module Completion**
- Module 8: Leading Performance Improvement Processes**

Selection

Selection of the 2026 Intake was undertaken over the first half of 2025, with 43 first-round offers extended. This year saw an Orthopaedic Multiple Choice Question Test and a Departmental Referee Report replace the Situational Judgement Test, a change that has been well received by members and applicants. The primary purpose of these tools, used in combination, is to select candidates in numbers manageable enough to undergo interview.

The engagement of our members with the Selection process is phenomenal, being involved with interviewing and referee reporting, as well as in the setting of the MCQ questions. On behalf of the FTC and the Board I thank each of you for giving up your time and expertise to this important process.

The demand for training places continues to increase, which unfortunately means that in this year’s first round of offers, only one in every six or seven applicants has secured a training place for 2026. The FTC recognises the serious impact this has on the lives of our young colleagues. The fairness of the process relies on consistent application of the Regulations. To uphold the authenticity and integrity of the process, it is essential that members maintain confidentiality in referee reporting – even when tempted to reassure registrars of their support.







# Education Report

A/Prof Bryan Ashman, Dean of Education

President
CEO
Education
AORA
CPD
AOANJRR
OWL
AOARF
Outreach
Scientific
Stats
Members
Treasurer

In February this year, I presented an invited lecture on behalf of AOA to the American Orthopaedic Association Council of Orthopaedic Residency Directors Conference in Nashville on assessment of competence in orthopaedic training.

Although they have over 200 individual programs in the United States, they did not have a national curriculum or assessment system until this year. They were keen to hear about the findings of the AOA 21 Review, in particular the issue of performing and recording workplace-based assessments.

## AOA 21 Review paper

Our paper on the Review was published in the August edition of the *Journal of Surgical Education*: Ashman BC, Cosenza A, Frank JR, Incoll IW, Kondogiannis C, Nousiainen M, Snell L, Tomlinson J, Vrancic S. (2025, 82, 8). Competency-Based Training for Orthopaedic Surgery: an evaluation of the Australian Orthopaedic Association Training Program 2017-2021.

## Changes to AOA 21 as a result of the Review

Work on the recommendations from the Review has progressed during the year and the Education Team has been presenting the proposed changes to the regional training committees and state branch ASMs. Further details and a proposed timeline for implementation will be presented at the ASM in October.

## Online training for AOA 21 supervisors

Faculty training modules have been developed to explain and support the roles and responsibilities of directors of training and trainee supervisors, and can be accessed through the Learning Management System portal on the AOA website. The modules cover the curriculum, assessment tools, module sign-off, performance and progression reviews, FEX eligibility and managing underperformance.

## Respectful Behaviour in Orthopaedics

It is a requirement that all consultants engaged with training registrars must have completed the RACS online Introduction to Operating with Respect course. RACS has also asked AOA to require trainee supervisors and directors of training to have completed the RACS advanced Operating with Respect course, which is a one-day face-to-face course. This course is run once a month in alternating capital cities and can be difficult to access. AOA has developed a modular online course on Respectful Behaviour in Orthopaedics, which will be offered as an alternative training opportunity next year.

## National Trial Fellowship Examination

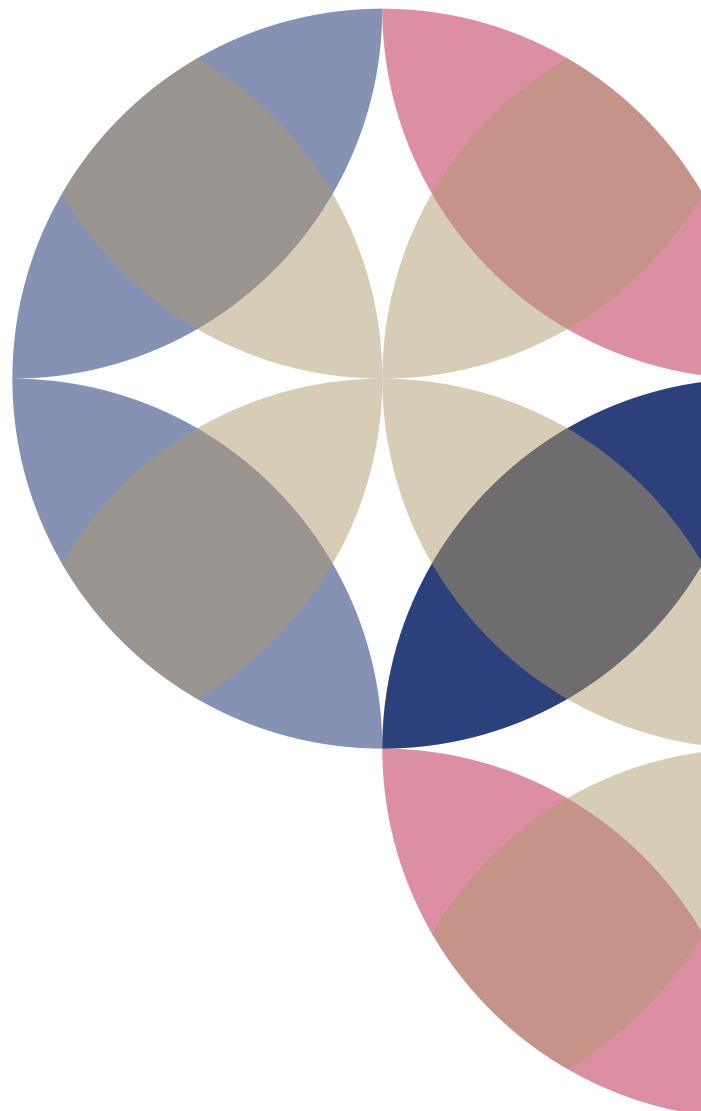
The NTFE will again be run on the Sunday before the AOA ASM, this year in Hobart, and will retain the same format of a 35-minute computer-station experience with two examiners discussing operative surgery, patient-examination videos and clinical management. Feedback from prior NTFEs has been universally positive, although many trainees would like the full experience with written papers and real patients. Logistically, it is not practical to incorporate patients in the trial exam for 40 or more candidates, but the AORA Executive will be providing a trial written paper prior to the NTFE on the Sunday morning.

## Transition to Practice

The Transition to Practice period of training follows successful completion of Core Orthopaedics, including the RACS Fellowship Examination. The twelve-month period starts in August or February, usually depending on when the FEX was passed (May or September). The TTP program will be revised during next year for implementation in 2027. The focus will be on making the final period of training more meaningful for both trainees and training sites to allow a wider range of experience and responsibility in preparation for independent practice.

## Bone Camp

The Bone Camp weekend continues to provide the new cohort of trainees with the opportunity to meet their peers, learn about the AOA 21 training process, participate in expert demonstrations of physical examination techniques, and explore concepts around professionalism, wellbeing, DBSH, flexible training, and how to survive! As always, packing a full program into two days is challenging but the feedback each year allows for changes to be made to maximise the learning experience and still allow time for the social interaction.





# AORA Report

Jerry Lin, AORA President

Serving as president of the Australian Orthopaedic Registrars' Association this year has been both deeply rewarding and at times humbling. From our very first meeting, it was obvious that the AORA Executive were not only committed but passionate about making a difference.

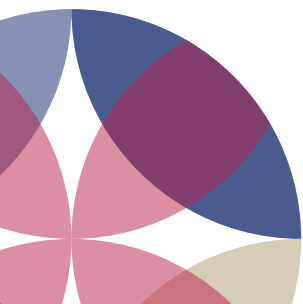
I want to sincerely thank each member of the Executive and the many trainees who contributed ideas – whether in formal meetings, over a quick coffee, or in the middle of a corridor chat between cases. Those moments of honesty, encouragement, and problem solving were the driver of our progress, and it was through this collective spirit that we were able to achieve so much together.

## In 2025, together we:

- ✓ streamlined AORA's internal processes for greater efficiency, clarity and continuity
- ✓ secured stronger trainee representation at the Federal Training Committee with the addition of our vice president
- ✓ established a trainee financial relief policy with streamlined access
- ✓ embedded trainees in every hospital accreditation visit
- ✓ advocated for fairer SIMG assessment
- ✓ addressed serious cultural/training issues in multiple underperforming hospitals
- ✓ formalised and updated flexible training policy
- ✓ structured discussion for trainees returning from interruption and those with multiple FEX attempts
- ✓ advanced practical discussions on rural and regional workforce pathways
- ✓ progressed key discussions and contributed to shaping the next iteration of the AOA 21 Training Program.

## A big year for AORA

2025 was no ordinary year. The profession has been navigating workforce pressures, rural-urban imbalances, ongoing debates over SIMG pathways, and a cost-of-living climate that is hitting trainees hard. Instead of being overwhelmed, our team made a conscious choice to turn concerns into action. We focused on making AORA sharper and more responsive internally, while working with AOA and our committees to deliver tangible wins for trainees across the country.



## Internal improvements

Inside AORA, we made the machine run better. We introduced standardised meeting templates and clear action logs so that every discussion ended with ownership and deadlines, not just good intentions. We updated our terms of reference to give the Executive more clarity, consistency, and continuity – so future leaders won't have to reinvent the wheel.

We also created a dedicated Accreditation Committee Representative role, with a brand-new regulation within the Accreditation Committee to embed anonymous trainee feedback for every hospital. I still remember the first time a hospital accreditation visit under this new framework flagged serious cultural issues that might have been missed before. That feedback went straight to action, and within months real changes were being implemented. It was proof that these 'small' internal reforms can have a big, visible impact on training quality.

## External advocacy and support

Externally, we set about making the trainee voice more present, more consistent, and more constructive in national policy forums. The AORA vice president now sits as an observer on the Federal Training Committee – a change that means trainees have an extra voice in the room. We pushed hard for more open and proactive communication on SIMG policy changes, knowing how corrosive rumour can be to trust. One moment that stays with me was a phone call from a senior trainee who said, "It's the first time I've really understood what's going on". That's the kind of difference we set out to make.

## Financial safeguards

On the support front, we spearheaded and formalised a new financial relief policy, with commitment from AOA to establish a fund trainees can access with a streamlined process. I cannot overstate how important this is. During the year, I spoke with two trainees facing sudden family crisis who feared they might have to step away from the program. Both trainees were supported by AOA with financial assistance, but having a formal policy and streamlined support in place meant there were real safety nets.

## Accreditation and culture

AORA and the Accreditation Committee reimagined how trainees are involved in hospital accreditation. For the first time, every site visit now includes trainee participation, via anonymous trainee feedback and formal participation at the accreditation meeting. This new cooperation has given us sharper insight into culture and training quality. That process uncovered three underperforming hospitals with serious issues – issues we have addressed early and in doing so made significant differences within three to six months to the quality of training provided at these sites.

## Supporting training transitions and exam challenges

We worked with AOA to build better flexible training pathways and to commence discussion on a trainee-returning-from-interruption framework. We have also formulated a working group, with AOA, to brainstorm structured support for candidates facing multiple unsuccessful FEX attempts. These aren't easy conversations; they often come with frustration, disappointment, and self-doubt. But with better mentorship, exam preparation resources, and locally delivered revision options, we're shifting the focus back to solutions.

## Rural and regional pathways

Rural and regional orthopaedics remained a major theme. With the Rural Workforce Committee, external representatives, NSW RTCs and the FTC, we moved beyond talking about maldistribution and began shaping trial concepts for a rural training pathway in NSW, and are proposing a more fit-for-purpose rural/regional-based TTP program. The aim is to boost service capacity, give trainees meaningful rural experience, and help communities see orthopaedics as a stable, ongoing presence rather than an occasional fly-in fly-out service.

## SIMG advocacy

This year AORA was particularly active in advocating to both AOA and Ahpra regarding proposed SIMG pathways. Our message was clear: while international colleagues bring valuable skills, any process must ensure robust safeguards for patient safety, uphold the high standards of Australian orthopaedic training, and address the risks of workforce maldistribution. We highlighted that simplified assessment models could undermine community safety, and that without careful oversight SIMGs may cluster in metropolitan centres while rural areas remain underserved. We also raised concerns about the lack of formal structures for selecting, supporting, and indemnifying SIMG supervisors, which places both trainees and supervisors at risk. These advocacy efforts kept the trainee perspective central to national discussions and ensured that AORA was recognised as a constructive, evidence-based partner in shaping policy.

Building our community and camaraderie

Looking ahead to 2026

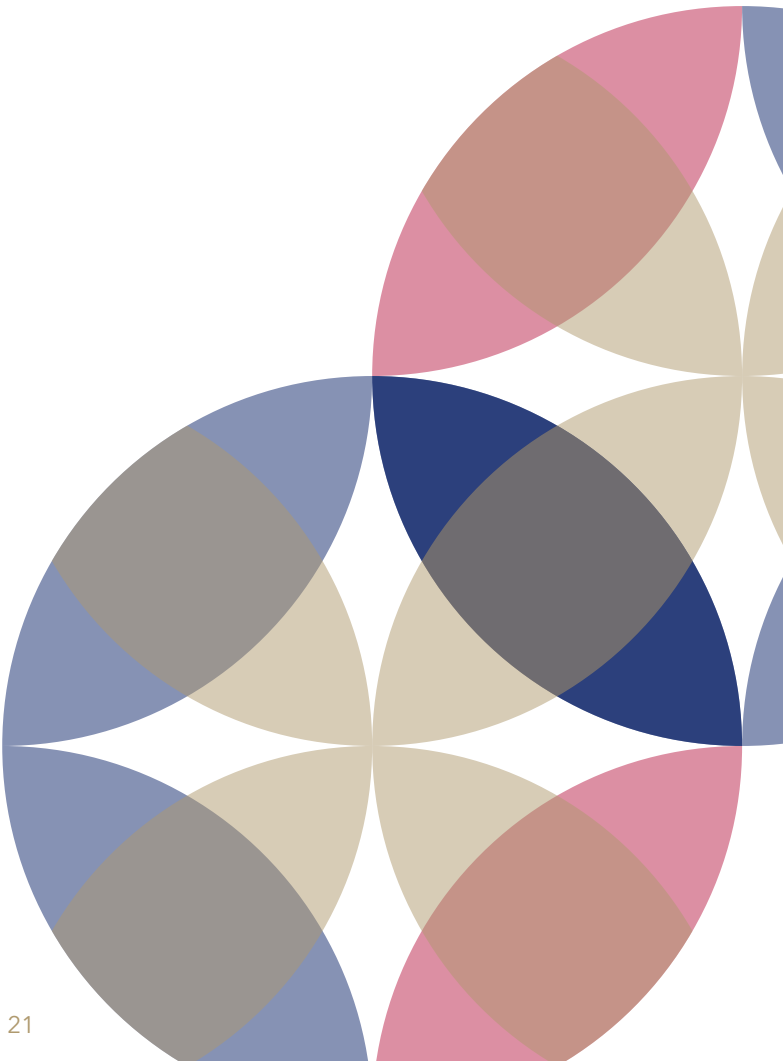
Our AORA ASM continues to be a highlight – a place where trainees from every region can connect, learn, and recharge. Beyond the lectures and formal sessions, it has become a space where friendships are made, stories are shared, and laughter often carries late into the evening. These moments of camaraderie are not just pleasant extras – they are what knit us together as a stronger, more supportive orthopaedic community. The collaborations, mentoring relationships, and sense of belonging that start at the ASM ripple outward, strengthening our profession far beyond the conference itself.

Looking back, I’m proud of how much we achieved together: we tightened our internal systems, gave trainees a stronger voice in decision-making, created real financial safeguards, made accreditation more transparent and responsive, improved support for those navigating training challenges, and advanced the conversation on rural pathways in a way that’s practical and grounded. These changes will outlast any one committee term.

As I hand over the presidency to Catherine Guest, I do so with complete confidence in the future of AORA. Catherine is a leader of substance – thoughtful, decisive, and deeply committed to the trainees. I’ve seen her quietly defuse tension in a meeting with a single well-placed question, and rally the FTC with her clarity and conviction.

I would also like to extend my gratitude to the AOA Board, the Federal Training Committee, and the Accreditation Committee. Their willingness to engage with us and their commitment to supporting trainees and training-related issues has been invaluable. The openness to hear our concerns and translate them into constructive action has strengthened the partnership between trainees and AOA.

To all the trainees who contributed to this year’s work – whether in a meeting room, on a late-night phone call, or with a simple message of encouragement – thank you. It has been an honour to be a part of AORA. The challenges ahead are real, but so is the strength of this community. I leave knowing AORA is in excellent hands, and that we will continue to make a difference where it matters most.





# CPD Report

Sue Liew, Chair Professional Conduct and Standards

“The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.” Alvin Toffler

## Continuing Professional Development

“Education is the kindling of a flame, not the filling of a vessel.” Socrates

I have learnt many things during my time as the chair of Professional Conduct and Standards. For this opportunity I must thank the membership who allowed me the privilege of serving AOA in this capacity, and I am grateful for the support of the CEO and Board. As I move into a different role as your/the AOA representative on the RACS Council, I think I can use some of these learnings to enhance our relationship with RACS.

Many thanks must go to the CPD team of Ally Keane and Vicky Dominguez, who have been joined by Melinda Tippet, and to the font of professional standards knowledge (among her other important portfolios), Kathy Hill. Finally, thank you to the CPD and Professional Conduct and Standards Committee members, who have given freely of their time and wisdom.

We started off 2025 in a cautiously optimistic frame of mind that we may become a CPD Home in our own right by July 2025, but our hopes were dashed when the AMC timelines for CPD assessment were delayed such that the earliest we might hear a result will be in September. Sadly, due to some of my (insider) learnings, and as I am a betting woman, I would not give good odds that we will gain CPD Home accreditation in 2025. Thus, my advice for those AOA members who are not financial members of RACS was to please just continue with your current CPD Home (Osler or DoctorPortal) – I can only apologise for this inconvenience.

One very big task achieved has been the improvement to the backend of the CPD portal through the embedding of the tracking for mandatory CAPE (Culturally safe practice, Addressing health inequities, Professionalism, and Ethical practice) activities. This was demonstrated at a webinar held on 7 August 2025 (recording available on the AOA website). A reminder was also given about the other mandatory activities (for 2025), which include accessing your personal AOANJRR data, and being up to date with your ANZASM forms. A big thank you to the CPD and IT personnel for this great enhancement! The only other update was for fellows working/living overseas, in that they must comply with Australian requirements (for CPD compliance including having a CPD home) to maintain their Australian registration. I must admit to being a little nervous about “what could go wrong” when we all come to re-register with Ahpra in September 2025, but I am somewhat reassured by the data we collect (particularly for 2024), shown in Table 1.

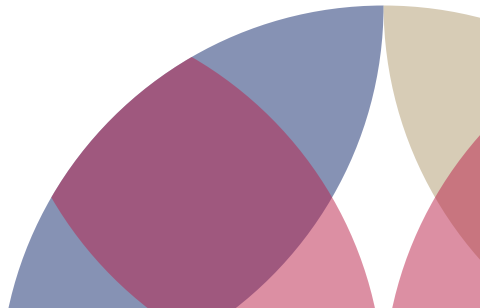


Table 1 – CPD data at 18 August 25

Indicators	2020	2021/2022^	2023	2024*	2025
No. of meetings accredited	98	19	16	9	9
No. in the AOA CPD Program	980	965	1036	997	1007
No. compliant	937	936	1003	974	33
% compliant	96%	98%	97.5%	98%	3%
No. not yet compliant	49	29	33	23	974
% not yet compliant	5%	2%	2.5%	2%	97%
AOA members not doing CPD	5 exempt	5 exempt	7 exempt	2 exempt	0 exempt

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

\*2024 CPD compliance required for 2025 Ahpra registration

## Professional conduct and standards

**"Integrity is doing the right thing, even when no one is watching."** C.S. Lewis

I am pleased to report an even quieter year for the PCSC with only one meeting held this year (Table 2).

Table 2 – Complaints data at 30/06/2025

Complaints processed	4
Complaints referred for sanction	0
Complaints resolved	4
Advertising complaints	0
Complaints referred to Ethics Committee	0
FY24 complaints pending	4

To play devil's advocate, is that because we are all better behaved, or is that because no one is watching? Well, I don't think the latter is true, as the media is certainly watching the medical profession! What I see now is that a number of our codes of conduct are being sorely tested. Who decides and what criteria "maketh the fit and proper person" to uphold the nobility of our profession... even when no one is watching or... even when not practising their profession...?

My prediction? Well, I think we are going to hear a lot more about it, and we need to take a deeper dive into the principles of professional ethics. Indeed, as I wrote a couple of years ago regarding CPD and paraphrasing Bob Dylan... "the times they are a-changing".





# AOANJRR Report

Paul Smith, AOANJRR Clinical Director &  
Michael O'Sullivan, AOA Registry Committee Chair

The Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) has continued to consolidate its role as a world-leading registry, providing high-quality arthroplasty data to inform clinical practice, policy, and research. This reporting period, 2024–2025, has been marked by major milestones and strong activity across all areas of Registry operations.

By the end of 2024, more than 2.28 million procedures had been reported, reflecting the commitment of surgeons, hospitals, and patients to comprehensive data collection.

The Registry released its twenty-sixth annual report in 2024, presenting data on hip, knee, and shoulder replacements with procedure dates up to and including 31 December 2024. A major highlight of the 2025 Annual Report is that the Registry now holds data on more than 100,000 shoulder replacement procedures, reflecting both the rapid growth in shoulder arthroplasty and the Registry's expanding coverage.

The most significant addition to the 2025 Annual Report is the new special chapter on aseptic revision hip, knee, and shoulder arthroplasty. By drawing together data across all three major joints, the chapter provides an unparalleled view of revision surgery and offers new insights

into how outcomes are shaped by implant selection, fixation methods, and patient characteristics.

As in previous years, the Registry has produced a comprehensive suite of supplementary reports that extend the depth of analysis and provide detailed insights across a range of arthroplasty topics. These include a lay summary of the Annual Report, as well as reports on partial shoulder arthroplasty, PROMs, demographics, mortality, revision surgery, cement use, metal-on-metal bearings, comparative prosthesis performance, and analyses of elbow, wrist, ankle, and spinal disc arthroplasty. A new supplementary report was introduced this year, Shoulder Replacement in Australia, which for the first time brings together all shoulder data from the Annual Report and related supplementary reports into a single consolidated publication. This resource provides surgeons with streamlined access to comprehensive information

on shoulder arthroplasty and is expected to support better decision-making and improve patient outcomes in this rapidly expanding field.

Registry outputs and contributions throughout 2024 have been extensive. A total of 171 data requests and 43 hospital audit requests were fulfilled, ensuring hospitals, surgeons, researchers, and health authorities had access to reliable and timely analyses. The Registry published 37 peer-reviewed journal articles and delivered 33 conference presentations, extending its influence across both national and international forums. A further 1,173 individual surgeon reports were issued, allowing surgeons to benchmark their practice against national outcomes and reinforcing the Registry's central role in continuous quality improvement. The impact of these activities extends beyond the professional community. The Registry is estimated to have delivered

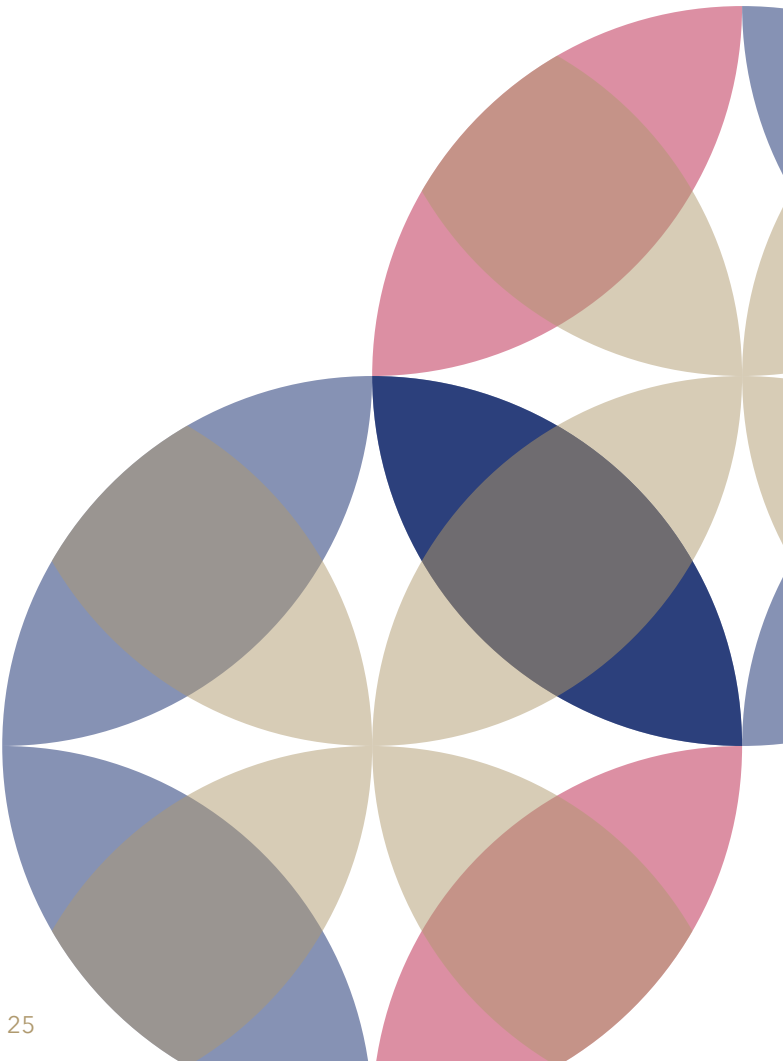


more than one billion dollars cumulatively over the past 20 years in benefits to the Australian health system through the early identification of underperforming prostheses, reductions in revision surgery, and improvements in clinical decision-making.

The national Patient Reported Outcomes Measures (PROMs) program has continued to expand during the 2024-2025 reporting period. By June 2025, PROMs collection involved 244 hospitals and 841 surgeons, with more than 162,000 patients engaged through Registry dashboards. Completion rates remain strong, with 74.1 per cent of patients completing pre-operative surveys and 63 per cent completing post-operative surveys. Patient feedback continues

to confirm the value of joint replacement, with 84.9 per cent of participants reporting that they felt “much better” after their procedure and 87.5 per cent describing themselves as satisfied or very satisfied with their outcomes.

The 2024-2025 reporting period has reinforced the AOANJRR’s position as a cornerstone of arthroplasty monitoring and research. Through the production of its annual report and supplementary publications, the delivery of high-impact scientific outputs, the ongoing expansion of its PROMs program, and the fulfilment of hospital audits and data requests, the Registry has continued to deliver substantial value to patients, clinicians, and the health system.





# OWL Report

Katherine Stannage, OWL Chair

AOA's diversity initiatives can sometimes generate differing views, particularly around the role and impact of the Orthopaedic Women's Link (OWL) Committee. When gender-related challenges aren't part of your own experience, it can be easy to overlook or misunderstand just how important OWL's work is.

The Committee and members play a key role in advancing gender equity – advocating for female members on training- or work-related issues, providing mentorship and career support, and creating pathways for those aspiring to a career in orthopaedic surgery.

The Committee leads several grassroots initiatives, including the OWL Workshops, which were first established in 2018 in Queensland by Dr Catherine McDougall. Since then, 14 workshops have been delivered across Australia, engaging more than 400 female medical students, interns, and junior doctors. These workshops provide a valuable introduction to orthopaedic surgery, create opportunities for networking, and help to challenge the myths and outdated perceptions about what it takes to become an orthopaedic surgeon – some of which unfortunately persist today.

Another highlight for the OWL Committee each year is the OWL Essay Competition. Established in 2020, the competition gives the winning entrant the chance to present at the OWL Soirée

during the AOA Annual Scientific Meeting or at their local state branch meeting. This year's theme, 'Redefining strength and resilience in orthopaedic surgery', inspired many thoughtful submissions, with the winning essay recently announced and published online. Reviewing these essays is always a privilege – the quality, creativity, and sincerity of the contributions never fails to impress.

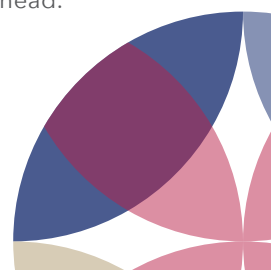
Alongside its annual initiatives, the OWL Committee also plays an important advocacy role for its members. Recent efforts have included the provision of advice and feedback regarding member fee relief, raising awareness of fertility challenges faced by orthopaedic registrars (with an important *Bulletin* article authored by Dr Sianne Toemoe), and driving forward the work to better support trainees returning to the training program after a period of interruption.

This year we have also launched a national first: the Australian guidelines for trainees and trainers on managing pregnancy in orthopaedic surgery. These guidelines aim to provide

evidence-based recommendations to support decision-making and risk management before, during and after pregnancy, ensuring the health and safety of both mother and baby. I would particularly like to acknowledge Dr Lily Garcia, whose expertise and dedication were instrumental in developing these guidelines.

Finally, I extend my thanks to the many members of the OWL community who have given their time, energy, expertise and insight to support our initiatives. OWL's achievements and advocacy are only possible because of this collective effort. It is your passion and determination that enable OWL to remain a strong champion of gender equity – a cause that strengthens not only our profession, but the communities we serve.

It has been a privilege to represent the OWL membership this year, and I look forward with enthusiasm to the opportunities that lie ahead.





# AOA Research Foundation Report

Claudia Di Bella, AOA Research Foundation Chair

## Finances

The Foundation achieved an operating surplus of \$119,990 for the year ended 30 June 2025, compared to \$312,833 in 2023/2024. Expenses for the year increased by \$220,745 compared to the previous year as a result of more grants issued, which increased by \$112,148 and due to the employment of a dedicated staff member and higher travel costs.

The result after unrealised movements in market-related investments arising from the favourable impact of the markets amounted to a surplus of \$504,346.

Return from investments at \$355,260 was higher than the performance of \$347,825 for the previous year and represented a return of 4.57 per cent – a satisfactory result in the current investment environment. Unrealised gains on market-related investments for the year ended 30 June 2025 amounted to \$384,356 which was higher compared to the previous year of \$292,580. Since J B Were was awarded the management of the Foundation’s investments, the returns and growth of funds under management have been as follows:

	Term Deposits	Managed Funds	Finance Income	Unrealised Gains/(losses)	Total Return
30/06/2015	449,522	-	176,797	-	176,797
30/06/2016	293,427	4,544,133	153,626	-	153,626
30/06/2017	303,517	4,951,436	308,823	179,659	488,482
30/06/2018	310,998	5,271,406	304,697	97,875	402,572
30/06/2019	318,821	5,529,658	391,366	54,947	446,313
30/06/2020	326,493	5,350,996	211,431	(310,344)	(98,913)
30/06/2021	331,252	6,207,008	159,368	639,632	799,000
30/06/2022	331,252	5,819,385	157,150	(517,228)	(360,078)
30/06/2023	333,275	6,350,804	134,316	444,416	578,633
30/06/2024	347,077	6,679,999	347,825	292,580	640,405
30/06/2025	363,390	7,509,897	355,260	384,356	739,616

Operating revenue for the year was \$164,608 compared to \$144,141 in 2024/2023. Members’ funds at 30 June 2025 amounted to \$8,454,290 compared to \$7,949,944 at 30 June 2024 – an increase of \$504,346 and a most satisfactory outcome given the turnaround in the market.

## Grants and scholarships

For the year under review 2024/2025, a total of 30 grant applications were lodged using the online platform. Seven grants (five regular grants and two Early Career Researcher grants) were awarded, totalling \$160,657.50. Grants paid in the year ended 30 June 2025 totalled \$208,641. 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.

The AOA Research Foundation received 29 grant applications for the 2025/2026 round. One PhD scholarship application was received.

## The Foundation in 2024–2025

The previous AOARF Strategic Plan (2018–2024) concluded officially in December 2024. Overall, there were 25 milestones, with all progressed and 18 (72%) completed. Any milestones still 'in progress' have been included or repositioned under the new strategic plan.

The [\*AOA Research Foundation Strategic Plan 2025–2027\*](#) was officially launched in April 2025. The vision of the Plan is "to enable exceptional patient centred research to drive improvements in the treatment of musculoskeletal disorders and injuries". The three core strategies of the strategic plan are: Governance and Sustainability, Engagement (surgeon, patient, community, and organisational), and Quality Research. Overall, there are 12 milestones with three (25%) now progressed.

The Foundation has again received generous donation 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 Sally Owen, wife of 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 wish to express my gratitude to all members of the Board for their support and dedication to the work of the Foundation, and I look forward to continuing my involvement over the coming years. Our current directors include Sina Babazadeh, Zsolt Balogh, Ursula Bradshaw, Matthew Broadhead, Richard de Steiger, Michelle Dowsey, Michael Schuetz and Tom Ward. I would also like to thank our dedicated Research Advisory Committee (RAC) for their work in reviewing each grant and scholarship application received. In 2024–25 our RAC was led by Zsolt Balogh as chair with members William Blakeney, Matthew Broadhead, Claudia Di Bella, John Farey, Sara Farshidfar, Peter Smitham, Jarrad Stevens and Chris Wilson.

To all of my colleagues and our dedicated AOARF staff and in particular Michelle Van Biljon, Chris Macris and Adrian Cosenza, 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

Andrew Beischer, Orthopaedic Outreach Chair

Over the last year Orthopaedic Outreach Australasia (OOA) has continued to improve its governance and corporate structure. We now have a skills-based board overseeing committees, each of which has a specific focus.

I am pleased to announce that in the last year we have achieved accreditation with the Australian Council for International Development (ACFID), and we will now use this imprimatur to assist our ability to fundraise from philanthropy, corporate entities and hopefully also government agencies. In the last year the newly formed Fundraising and Marketing Committee chaired by Narelle Pym has started to yield significant benefits to our organisation. A successful fundraising campaign to support Paul Pincus and John Tuffley's endeavour in the Sydney to Hobart Race raised nearly \$3,000. An excellent dinner, organised by Narelle Pym, John Tuffley and Paul Pincus held in March of this year in Brisbane raised over \$20,000 for OOA, which was an amazing outcome. Paul put on a masterful display as MC and I thank Ros Seeney for her tremendous efforts in selecting wines for the evening and running the wine quiz, which was great fun. With these early successes, Narelle's Committee will now continue to explore more fundraising activities in Melbourne, Sydney and Brisbane in 2026.

In addition to this, we have been quite successful in engaging with

corporate and private philanthropy. The Australian Orthopaedic Association, Stryker Australia, the Bobo Giving Fund and Orthopaedics SA have all continued with their generous support of our organisation and I thank them all for their longstanding relationships with OOA. In particular, I wish to thank Martin McBain and his family's bequest for their continued generous support of OOA. Their donation this year has funded the reformat and rebrand of our website and development of the OOA newsletter, and allowed us to post trip updates to members via social media.

I also wish to acknowledge and welcome three new corporate benefactors. The Punjas Group, headquartered in Fiji, has kindly agreed to provide logistic support for our teams to Fiji. LifeHealthcare has offered to provide OOA with warehousing of surgical equipment used by our teams, saving us \$16K per year, as well as providing logistic support for our programs in Papua New Guinea. Epworth Healthcare generously donated \$10K to support one of our teams that travelled to Tonga in June. I thank these organisations for their generous donations and hope they

will see value in their continued support of OOA into the future.

As alluded to in my last report, we are progressively moving towards a new model for funding our teams. We are requesting that team leaders now consider submitting three-year proposals for their humanitarian projects. We believe that this will assist with better budgeting for our programs and also improve our prospects for targeted fundraising, linking some of these activities to specific donors in the future. We also hope that this change will facilitate new OOA members to join our teams, as they will be better able to select which visits best suit them based on their clinical expertise and timing. We anticipate that there will be a settling-in period during this period of change and I ask for some patience from our OOA team leaders as these new processes are embedded within the organisation.

I again would like to thank my fellow Board directors and members of our committees for their efforts to support Orthopaedic Outreach Australasia. Finally, I wish to acknowledge and thank the many team members who volunteer their valuable time and skill to further the purpose of our organisation.



# Scientific Secretary Report

Kenneth Cutbush, Scientific Secretary

## 2024 ASM – Brisbane

The AOA Annual Scientific Meeting was held 13-17 October 2024 in Brisbane, focused on President Michael Johnson's chosen theme: 'Making data the solution'. In an era driven by technology and innovation, harnessing the power of data has become paramount in advancing orthopaedic medicine and improving patient outcomes.

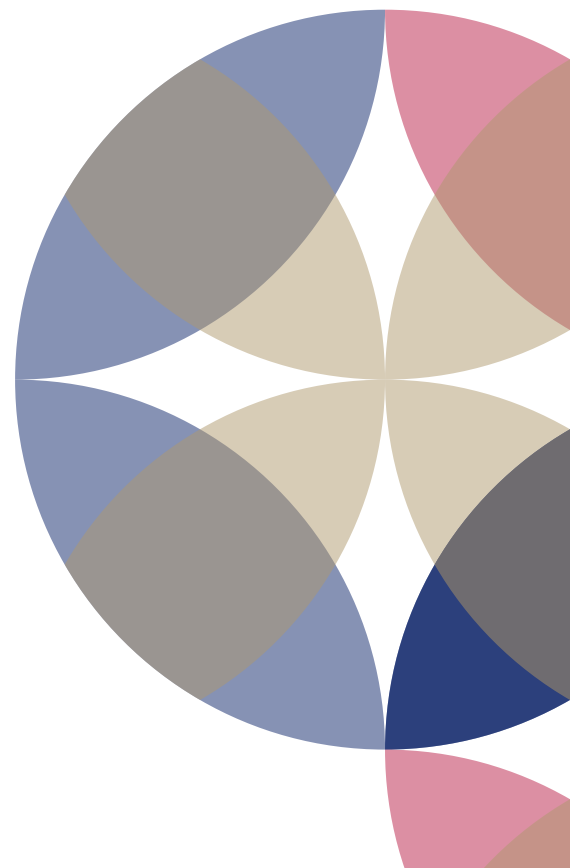
The presidential plenary explored explosive developments currently taking place in the data landscape and their ramifications for the health sector, while special sessions in education and the AOANJRR provided insights into the engines of AOA's ongoing mission to improve outcomes for Australian patients.

## 2025 ASM – Hobart

The AOA Annual Scientific Meeting (ASM) is scheduled for 12-16 October 2025 at the Hotel Grand Chancellor, Hobart.

AOA President Scott Fletcher has elected the theme 'Connection' for this year's ASM, which will bring together leading experts, surgeons, and trainees from across the country and beyond for an inspiring program of scientific sessions, instructional courses, and keynote presentations across all orthopaedic subspecialties.

The ASM 2025 is designed to foster collaboration, innovation, and professional growth, while also strengthening the sense of community within AOA. More than a scientific gathering, it is an opportunity to reconnect - with us, with each other, and with the broader healthcare community.



# AOA 2024-2025 Annual Report

# FACTS & FIGURES

## AOA STRATEGY

**89%**  
strategic plan milestones completed or in progress



**100%**  
in Education and Training



**84%**  
in Culture, Diversity and Inclusion




**94%**  
in Clinical Practice and Research



**80%**  
in Advocacy and Engagement

## EDUCATION AND TRAINING

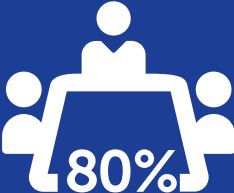


**112k**  
operative procedures eLogged by trainees FY24-25


**12k**  
feedback entries

**8.5k**  
workplace-based assessments


**38**  
accreditation reviews completed



**80%**  
applicants to training program interviewed




**300+**  
fellows involved in formal training programs




**295**  
applications for selection to training

## COMMUNICATIONS


SOCIAL MEDIA



**12k+**



**3.3k+**



WEBSITE

**123k+**  
users

**275k+**  
sessions

**774k+**  
pageviews

## MEMBERSHIP



**2059**  
AOA members



**280**  
Trainees

## FELLOWSHIPS

**88** programs  
**71** members } using AOA fellowship services




**185**  
(+14%) accredited fellowships

## FUNDRAISING

**\$825k+** provided by OzHarvest since 2013 through AOA's fundraising efforts

**1.65** million meals





## RESEARCH



awarded in grants in FY24-25:  
2 early career researcher grants

## MEMBER BENEFITS



4 alliance partnerships launched  
1 national | 3 regional

## AOA CEM EVENTS

15 delivered by CEM  
in FY24-25

4k+ event registrations,  
FY24-25

64% AOA members  
registered for events  
in FY24-25

\$8.4k+ raised for  
Orthopaedic Outreach  
through AOA events

## PORTFOLIO EVENTS

### 2025 Emerging Leaders Forum

15 speakers  
31 delegates  
7 kindred surgical groups

### AOANJRR Education Forum

11 speakers  
158 member &  
external registrations

## FINANCE AND RISK

### AOA ASSETS

\$32.8+  
MILLION



2063 ACTIVE  
CONTRACTS

### MEMBER FUNDS

\$20.9+  
MILLION



## MEDIA AND ADVOCACY

\$4-4.5  
MILLION



ESTIMATED MEDIA  
COVERAGE VALUE

media mentions 197

media enquiries 81

media releases 8

## AEHA

180+  
attendees

Australian and international  
stakeholders at the 2025  
symposium on ethics and  
misinformation in healthcare

## DIVERSITY & INCLUSION



68 female applicants  
for Selection to training  
(+3 compared to 2024)

50

Female trainees  
in AOA 21  
Training Program



OWL Bursaries awarded  
to support diverse attendance  
at the AOA and AORA ASMs

8 AORA ASM | 1 BNN AORA  
ASM | 1 AOA IODA ASM | 6 Rural  
and Remote ASM | 8 AOA OWL  
ASM | 2 AOA AIDA ASM | 1 AOA  
Trainee ASM

26%

female recipients  
of offers to the 2026  
training program intake



2 OWL Workshops delivered, engaging 75+ female  
medical students and junior doctors



# AOANJRR 2025 DATA SNAPSHOT



**2,285,453**  
Total number of joint replacement procedures reported by the Registry at the end of 2024



**171**  
Data Requests



Over a billion dollars of estimated benefit to the national health system accruing from AOANJRR activities

Joint replacement procedures performed in 2024

**60,414**      **79,331**      **11,306**  
Hips                      Knees                      Shoulders



**43**  
Hospital Audit Requests



**1,173**  
Individual Surgeon Reports



**33**  
Conference presentations



**37**  
Journal Articles Published

## National PROMs Data Collection

June 2025 Update

Participating Hospitals

**244**

Pre-Op PROMs

**149,121**

Post-Op PROMs

**108,818**

Pre-Op Completion Rate

**74.1%**

Post-Op Completion Rate

**63.0%**



Total Number of Hospitals Onboard per State / Territory:

- SA: 29      • ACT: 6
- NSW: 66      • VIC: 66
- NT: 3      • WA: 22
- QLD: 45      • TAS: 7

% patient-reported change following hip, knee, or shoulder joint replacement as “much better”

**84.9%**

% patient “very satisfied” or “satisfied” following hip, knee, or shoulder joint replacement

**87.5%**



**841**  
Total number of surgeons participating



**162,434**  
Patient participation through AOANJRR patient dashboards

# AOA Membership

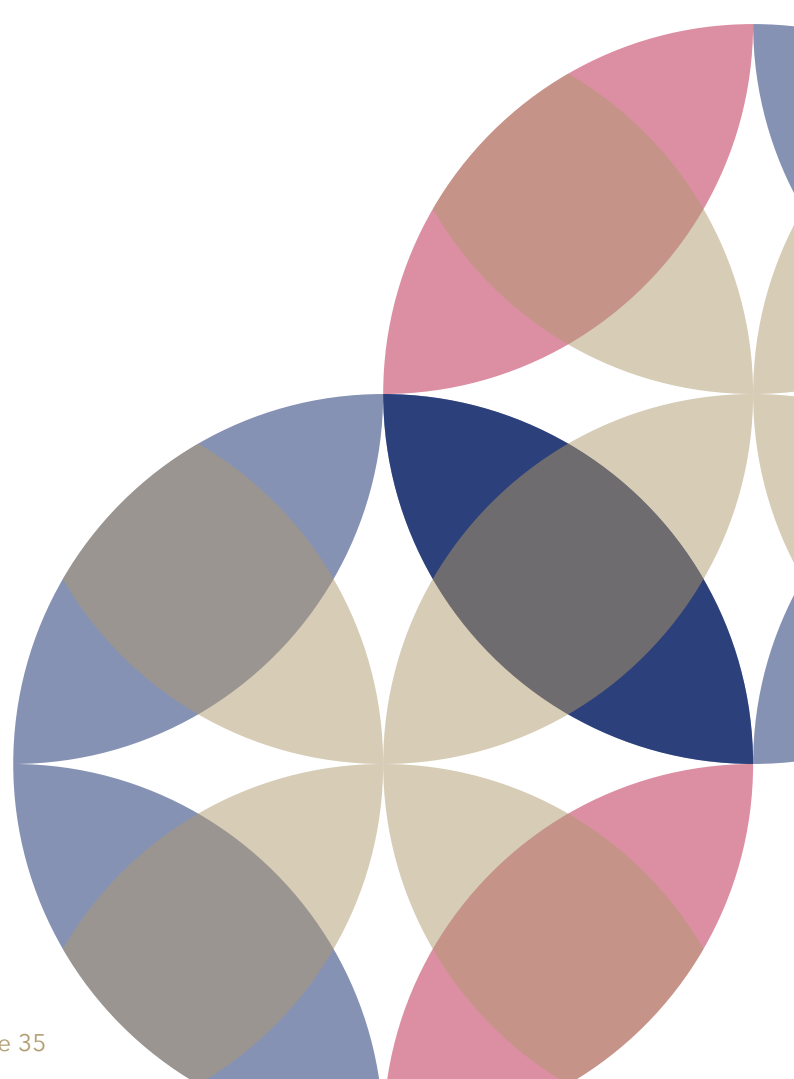
## New Fellows

Hussain Al Ramadani	NSW	Stephanie Lennon	SA
Navjit Bali	QLD	Samuel Lynskey	VIC
Ewan Batchelor	QLD	Brendan Maher	NSW
Michael Boland	QLD	Rejith Mannambeth	VIC
Megan Cain	SA	Amin Masoumi	NSW
Scott Campbell	ACT	Blake McCall	NSW
Harry Constantin	NSW	John McNicholl	QLD
Filip Cosic	VIC	Grant Menegon	QLD
Lukas Ernstbrunner	VIC	Michael Millar	NSW
John Farey	NSW	Luke Miller	QLD
Rachel Farrelly	NSW	Sheldon Moniz	WA
Blake Fidock	QLD	Dean Morris	NSW
Nicholas Furness	VIC	Christopher Mulligan	NSW
Amy Gibbens	TAS	Douglas Nizzero	VIC
Robert Glanfield	NSW	Carl Pretorius	QLD
Matt Greenaway	WA	Annabel Probert	NSW
Shunsuke Hayasaka	VIC	John Rayner	VIC
Darren Hinton	QLD	Kerian Robinson	VIC
Jarred Hogan	NSW	Marcus Simonian	QLD
Roseanna Hoswell	ACT	Oludolapo Sotade	QLD
Paula Jeffries	QLD	David Strong	NSW
Michael Jenkins	NSW	Benjamin Treffene	QLD
Madeleine Jolley	WA	Simon Van Rosendal	QLD
Tim Karbowiak	NSW	Adam Wertheimer	VIC
Geffrey Keighley	ACT	Peter Wong	VIC
Stephen Kent	QLD	Christopher Wylde	WA
Grant Kingston	QLD	Liang Xu	NSW
Munish Krishnan	NSW	Usama Zafar	QLD
Sun Loong (Keegan) Lee	NSW		

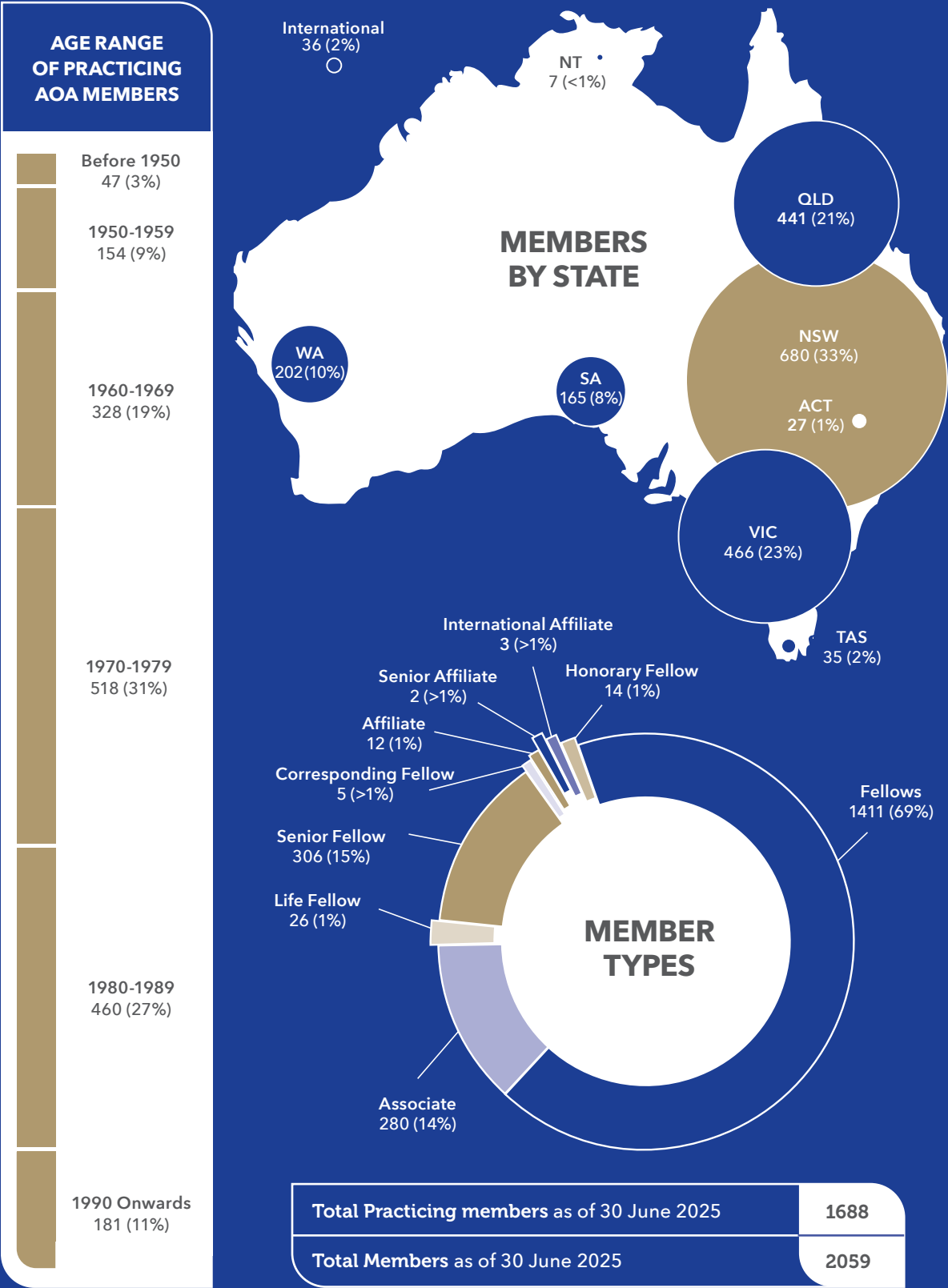
### Deceased Members

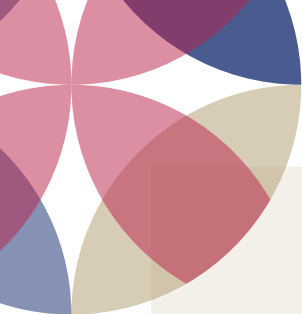
Nicholas Batalin	WA
John Beer	NSW
Michael Hayes	SA
Anthony Ingman*	SA
Markus Kuster	WA
William Lyons*	NSW
Jonathan Middleton	SA
John Power	UK
Alan Searle	NSW
Geoffrey Stubbs	ACT
John Watson	QLD
William (Max) Wearne	VIC

\*These members passed in the previous financial year, but we were informed more recently.



# Member Demographics





# Honours & Awards

**L O Betts Memorial Medal**

**Peter Lewis**

**Award for Leadership**

**Timothy McMeniman**

**Alison Taylor**

**Humanitarian Service Award**

**Leo Donnan**

**David Graham**

**Award for Meritorious Service**

**Christopher Blenkin**

**Guy Marquis**

**Richard Beaver**

**Diversity, Equity & Inclusion  
Award**

**Catherine McDougall**

**Award for Service to  
Orthopaedic Research**

**David Bade**

**Life Fellowship**

**Ian Dickinson**

**Honorary Fellowship**

**David Ackland**

**Chris Carty**

# Board Committees and Chairs

As at 30 June 2025

Board Committee	Chair
Board of Directors	Scott Fletcher
Advocacy	Mark Moroney
Asia-Pacific Committee	Ton Tran
AOA Registry	Michael O'Sullivan
Audit and Risk Management	Mark Moroney
Australian Orthopaedic Registrars' Association	Jerry Lin
President's and State Chairs' Committee	Scott Fletcher
Clinical Trials Data Safety Monitoring	Peter Myers
Continuing Orthopaedic Education	Kenneth Cutbush
Continuing Professional Development	Sue Liew
Federal Training Committee	Chris Kondogiannis
Fellowships	Kenneth Cutbush
Group of Past Presidents	Michael A Johnson
Honours and Nominations Committee	Scott Fletcher
AOA Registry	Michael O'Sullivan
AOA National Joint Replacement Registry Academic Editorial Advisory Panel Committee	David Campbell
Orthopaedic Women's Link (OWL)	Katherine Stannage
Professional Conduct and Standards Committee	Sue Liew
Research Committee	Michael Schuetz
Rural Surgeons Committee	Richard Angliss
Spinal PFET Committee	Kris Lundine
Subspecialty Presidents Committee	Mark Moroney
Ethics Committee	Michael A Johnson
AOA Academy of Clinical Excellence in Orthopaedics Steering Committee	Co-Chairs Richard Page and Michael Schuetz

### Ad Hoc Committees and Working Groups

Advocacy Committee subcommittee – Clinical Quality	Richard Page
Advocacy Committee subcommittee – Workforce	Michael A Johnson
Advocacy Committee subcommittee – Digital Radiology	John Cunningham
Advocacy Committee subcommittee – Patient Education	Orso Osti
ABC Travelling Fellowships Panel	Michael McAuliffe
AOANJRR Consultative Subcommittee	Scott Fletcher
AOANJRR PROMS Advisory Working Group	Michael O'Sullivan
AOA Registry Nested Clinical Studies Review Panel	Scott Brumby
FTC subcommittee – SIMG Assessment	Jon Smith
FTC subcommittee – Accreditation	Andrew Wines
Mentoring Advisory Subcommittee	Sina Babadazeh
Complaints Management Review Working Group	Michael A Johnson
Surgical Performance Advisory Group	Mark Moroney



# Board of Directors

As at 30 June 2025



**Scott Fletcher**  
President



**Mark Moroney**  
First Vice-President



**Andrew Wines**  
Second Vice-President,  
and Treasurer



**Chris Kondogiannis**  
Chair of Education  
and Training



**Sue Liew**  
Chair of Professional  
Conduct and Standards



**Kenneth Cutbush**  
Scientific Secretary



**Anita Boecksteiner**  
State Chair Director



**Susanne Tegen**  
General Director



**Jerry Lin**  
AORA President



**Katherine Stannage**  
Orthopaedic Women's  
Link (OWL) Chair



**Greg Witherow**  
Representative, RACS  
Orthopaedic Specialty  
Councillor



**Michael O'Sullivan**  
AOA Registry  
Committee Chair

President  
CEO  
Education  
AORA  
CPD  
AOANJRR  
OWL  
AOARF  
Outreach  
Scientific  
Stats  
Members  
Treasurer

— Board Observer —

— Board Attendee —





# Treasurer's Report

Mark Moroney, First Vice-President &  
Andrew Wines, Second Vice-President and Treasurer

President
CEO
Education
AORA
CPD
AOANJRR
OWL
AOARF
Outreach
Scientific
Stats
Members
Treasurer

The year ended 30 June 2025 was AOA's 89th year of operations.

## Summary

Revenue for the year was \$16,815,078 compared to \$16,211,489 in the previous year, an increase of 3.7 per cent. Total expense for the year increased, up to \$16,553,826 compared to \$15,875,930 in 2023/24, an increase of \$677,897 or 4.9 per cent. Notwithstanding the volatile and disruptive period, it is pleasing to report an operating surplus of \$261,252 for the year, which compares to \$335,559 in the previous year.

AOA began the year with a proposed budget surplus of \$195,827. The strong operating results were particularly assisted by lower employment expenses, IT costs and travel costs and buoyed somewhat by increased investment income of \$324,698.

The results from the annual scientific meeting were slightly lower than expected due to lower member attendance.

An increase in the value of the investment portfolio of \$805,109 increased the final result for the year to a surplus of \$1,066,361, as against an increase of \$1,252,013 for 2023/2024, a pleasing outcome in the current environment.

To the surplus of \$261,252, Head Office operations had a deficit of \$314,916; state branches contributed \$225,775; the AOA National Joint Replacement Registry contributed \$411,010; Australian Academy of Clinical Excellence in Orthopaedics (ACE) had a deficit of \$512,874; and other entities contributed \$15,366.

## Investments

Income from investments for the year amounted to \$981,907 compared to \$733,951 in the previous year, an increase of \$247,956. Despite the downward trend in interest rates and the world economy, the return for the year is pleasing. The investment outlook at present is quite uncertain due to the market reaction to continued international conflicts as well as the US tariff war. A close watch is being kept on the allocation of the investment funds by AOA's advisers and the Audit and Risk Committee. The investment portfolio has performed strongly due to market conditions. The value of the investment portfolio at 30 June 2025 was \$18,752,310 compared to \$17,158,288 at 30 June 2024, an increase of \$1,594,022.

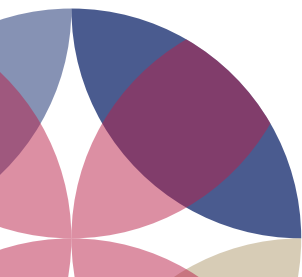
Findex continues to provide management of AOA's investment portfolio, and the Board's Audit and Risk Management Committee oversees Findex's management by meeting with them at least twice annually for discussions and strategic overview.

## Revenue and expenses

Revenue benefitted from the additional investment income along with increases in membership fees, as well as better results from the Annual Scientific Meeting compared to the 2023/2024 year.

2024/2025 was challenging year for the Academy of Clinical Excellence (ACE), with a total revenue decrease across the clinical studies portfolio.

There were significant increases in costs relating to travel, workshop costs, and consulting fees relating to the due-diligence exercise. AOANJRR project costs were also incrementally higher. Employment costs increased by 17 per cent due to the growth of the number of staff working on AOA initiatives.



Membership

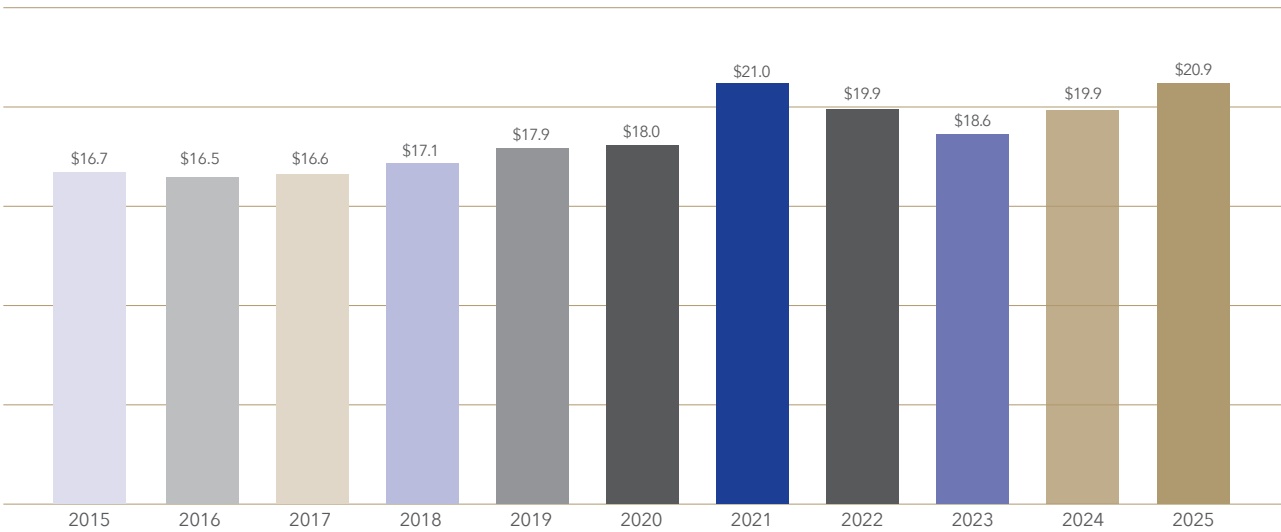
Membership at 30 June 2025 totalled 2,059, an increase of 41 compared to 30 June 2024. Membership subscriptions for the year, including branches, amounted to \$2,886,563 compared to \$2,609,505 for 2023/2024, an increase of \$277,058. The increase in membership income comprised income from new members.

Members' equity

Members' funds increased by \$1,066,361 in the year to 30 June 2025, to \$20,932,812 up from \$19,866,451 at 30 June 2024.

The table below shows the trajectory of members' funds over the past ten years, showing a steady increase to the peak in 2021 along with the decreases in 2022 and 2023 and the subsequent recovery in 2024 and 2025.

Table 1: AOA Members' Equity '000,000



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 continued to increase, with practical application of the Board risk appetite statement (approved last year) providing guidance on risk tolerance levels. AOA risk management covers all portfolios and this year a full review of the current AOA risk framework is underway.

Cyber security and investments required to modernise AOA technology in education, registry and member portfolios have been identified as key risks requiring ongoing, close and careful prudent oversight in the coming period.

With advice from AOA investment advisors Findex, the Board implemented the updated investment objectives for AOA investment funds approved last financial year, with pleasing results thus far.

Governance

The Audit and Risk Management Committee met three times during the year ended 30 June 2025 under the leadership of First Vice-President Mark Moroney. The other members of the Committee are Andrew Wines (second vice-president and treasurer), Christopher Vertullo (general director), Craig O’Hagan (independent member) and Anne Garlick (independent member). The president, Scott Fletcher, attended 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, providing oversight of AOA’s risk-management practices and procedures, reviewing compliance with statutory requirements, and meeting with AOA’s investment managers and the auditor. 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.

The directors are most appreciative of the services of Anne Garlick and Craig O’Hagan, who sit on the Audit and Risk Management Committee as the independent members and provide their services pro bono. The Committee highly value their expertise.

Craig resigned from the Committee in May 2025 due to being appointed to the Reserve Bank of Australia and the Committee 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.

