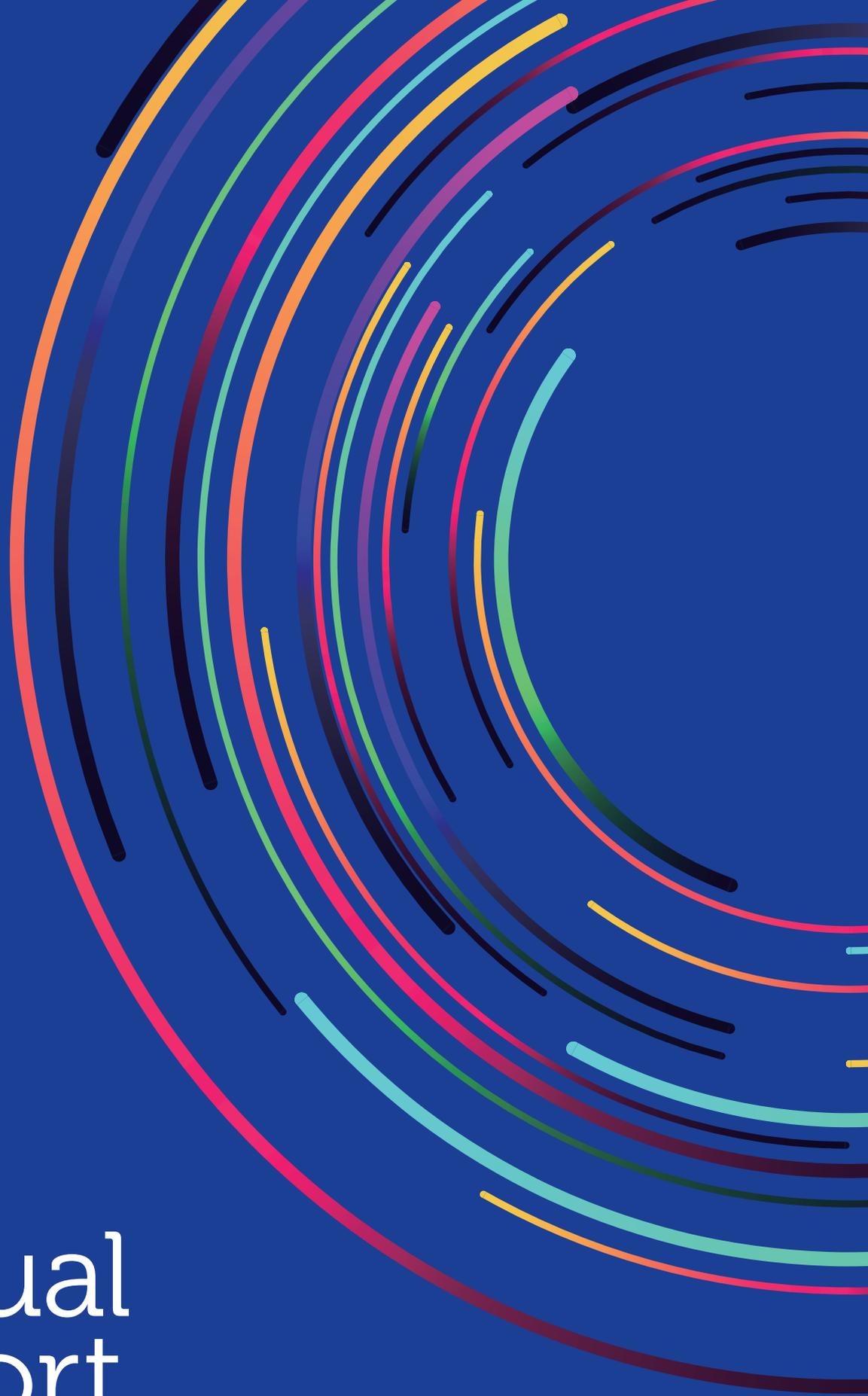




AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

Annual Report 2019





Vision

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

Purpose

Restoring and advancing the wonder of movement.

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Key Highlights

2018 – 2019

AUG-18
–
AUG-19

Ethics sessions are delivered at NSW, SA, WA and QLD state branch ASMs following launch at VIC ASM early 2018

AUG-18

The first OWL event providing potential future orthopaedic surgeons insight into the orthopaedic career as a woman takes place in QLD – other sessions follow in NSW and VIC

SEP-18

All AOA internal files and TIMS/Training App data is moved to a secure cloud hosting system, increasing security and reducing in-house hardware requirements

OCT-18

The Australia and New Zealand Sarcoma Association Ltd is formed from the merger of the Australian Sarcoma Group and the Australasian Sarcoma Study Group

OCT-18

AOA Event registration is now built in-house using a custom form-builder platform, allowing more flexible, immediate and convenient event registration services

OCT-18

The AOA Champions of Change is formed, providing additional resources for the execution of AOA's diversity strategy

OCT-18

AOA leads the design, development and delivery of the RACS Surgical Leaders Forum in Melbourne, in cooperation with the Australian Society of Plastic Surgeons

OCT-18

Representatives from more than 20 countries join the AOA ASM in Perth

NOV-18

For the first time, representatives from other specialties join the sixth annual AOA Emerging Leaders Forum, reflecting AOA's increasing esteem in leadership education

NOV-18

AOA President delivers the keynote presentation at the WW1 orthopaedic symposium at the 2018 Congress of the French Society of Orthopaedics and Traumatology (SOFOT) in Paris

NOV-18	AOA President, members and CEO represent the Association at the WW1 Centenary commemoration at the Australian National Memorial at Villers Bretonneux
NOV-18	AOA's cybersecurity is increased through the implementation of a web application firewall, and attempted malicious activity is now tracked in real time
DEC-18	Beginning with the December VIC/TAS Bone School, ethics sessions are incorporated into Bone School across the country
JAN-19	Revised AOA Accreditation Standards for Hospitals providing training posts are launched, with enhanced standards for training flexibility
JAN-19	The AOA CPD App is launched, allowing easy member recording of professional development activities
JAN, APR & JUL-19	AOA chairs three Australian Consensus Framework implementation workshops, with attendance from all areas of the health sector
FEB-19	The first cohort of AOA 21 Trainees enters Core Orthopaedics, as the implementation of AOA 21 continues; those under the new program outnumber SET trainees for the first time
FEB-19	Mentoring sessions are included for the first time at Bone Camp
FEB-19	Online abstract submission is enabled for all AOA events, allowing faster, more efficient and more autonomous collation and review of presentation abstracts
FEB-19	AOA CEO delivers the first of a series governance education workshops in 2019, subsequently held throughout the country and extended on request to other groups and specialties
FEB-19	The AOA Advertising Complaints Subcommittee meets for the first time, facilitating discourse around proper conduct in service and practice promotion
MAR-19	AOA CEO participates in the seventh consecutive OzHarvest CEO CookOff, raising more than \$90k and gaining AOA recognition nine times on the Australian Financial Review's front page
MAR-19	AOA co-chairs the second Australasian-region International Medical Education Leaders Forum, held in Auckland, New Zealand

**MAY –
JUN-19**

AOANJRR continues to feature as a world-leader in registry science at the 2019 Congress of the International Society of Arthroplasty Registries in Leiden, Netherlands

JUN-19

Outreach members and operational manager are recognised by Tupou VI, King of Tonga, as members of the Royal Order of the Crown

JUN-19

AOA features as the guest nation at the 2019 EFORT Congress, focused on registry science, in Lisbon

JUN-19

OWL Chair Jennifer Green addresses the American Orthopaedic Association at their annual meeting on AOA's efforts to support a more equitable orthopaedic society

JUN-19

The first PhD training post is accredited, facilitating a trainee's choice to follow the PhD pathway

**JUN,
JUL &
AUG-19**

Three AOA state branches host record numbers of attendees at their annual scientific meetings – QLD (June), NSW (July) and WA (August)

JUL-19

The AOANJRR Strategic Plan 2020–2023 is approved, mapping the path of the Registry over the next three years

JUL-19

A presentation on AOA selection by the AOA Dean of Education is selected as a top-three nominee for the 2019 Canadian Royal College/Journal of Graduate Medical Education's residency education plenary at ICRE 2019

JUL-19

The Australian Ethical Health Alliance is formed to guide implementation of the ACF, and its steering committee elects AOA CEO as chair





President Report

President – David Martin

The AOA Board is delighted to see AOA 21, a major strategic initiative, become fully operational in 2019.

INTRODUCTION

The AOA Board and management continue to oversee the operational activities of the Association, liaise with Royal Australasian College of Surgeons, AHPRA, state and federal governments, the medical device industry, medical defence organisations, and medical insurers, and look carefully at both the implementation of our strategic objectives and the plans for our future direction. This year has seen advancement in all these areas, and particularly pleasing is the change of AOA 21 from a strategic issue to a fully functioning aspect of our day-to-day activities. None of this would be possible without the enthusiastic and unstinting support from the membership (especially those involved in the myriad committees, state executives and hospital accreditation visits), and the skill and hard work from all of our staff. There are a number of areas that I would like to highlight.

MEMBERSHIP SURVEY

One of our most important resources that informs the Board on the direction in which AOA should move is the annual member survey. You, the members, can let us know what issues are of greatest concern, and this guides the Board as to appropriate allocation of resources. One minor problem is the relatively small number of responses that are received each year; efforts are continually being made to make the survey easier to complete, whilst still remaining relevant. The topics of most interest this year are health insurance issues, over-servicing, advertising practices, work-life balance and the adaptation of practice to new technologies. All of these areas are under active consideration and most have been the topic of newsletters, *Bulletin* articles and presentations at state meetings.

AOA 21

Seven years ago the Board made the decision to completely revamp our Training Program, moving from a time basis to a competency-based system. This was with a view to providing surgeons with better tools to face the challenge of 21st century medicine and to continue to improve patient outcomes. Australian training was always good at teaching surgery, but was less successful in teaching non-technical competencies. These non-technical areas (now named Foundation Competencies) are embedded in the Program, and are introduced to the new trainees at Bone Camp. After a huge amount of work by a very dedicated team, most of whom are part of the AOA team, I am pleased to report that AOA 21 has moved from our strategic portfolio to being fully operational. Special thanks to Ian Incoll and Omar Khorshid for their stewardship of this process in their roles as chairs of the Federal Training Committee, and in other educational roles. The overall success of this endeavour will depend on all surgeons associated with trainees providing regular and

responsive feedback via the Training App, which is hopefully on the first page of everyone's phones. It is worthy of note that state health departments, other colleges and some international bodies are interested in using our technology to track their own trainees.

DIVERSITY

One of the most pleasing developments over the past year is the rapid development and ongoing discussion of the *Diversity Strategy*. Although there is still significant work to be done, we have been able to present our strategy to many groups including the Australian Medical Association and the American Orthopaedic Association. I would like to thank Jenny Green, the Orthopaedic Women's Link Chair, for attending and presenting to this group in San Diego in June this year. The Champions of Change Working Group has been active in promoting diversity issues at local state and national meetings. The AOA Board in 2019 will have at least two female members and maybe more depending on the results of the elections. The need for large training hospitals to provide flexible training positions and the move to competency rather than time-based training will hopefully allow for a more diverse group to both participate in and complete orthopaedic training.

ADVOCACY

Tireless efforts by our staff and media advisors over many years have finally resulted in government departments and media organisations coming first to AOA for comment and advice on matters concerning musculoskeletal medicine. The AOA presidential line and management have had meetings with the Federal Health Minister, RACS, Australian Medical Association, the Australian Physiotherapy Association, Medical Technology Association of Australia, Australian Health Practitioner Regulation Agency, medical insurers and Australian Medical Council on issues including workforce issues, out-of-pocket costs, professional behaviour, Medical Services Advisory Committee determinations, Therapeutic Goods Administration issues, training and selection, strategies to assess older surgeons, and integrity with respect to interaction with the medical device industry.

We have seen a 79% increase in media mentions over the past 12 months, from 76 last year to 136 currently.

Topics have included tennis players' hips, medical tourism, youth sport injury prevention, pursuing orthopaedics as a female, and, most recently, the potential diet of saltwater crocodiles.

A further initiative that will improve our ability to work in a cohesive way is the implementation of governance training provided by our tireless CEO Adrian Cosenza for incoming directors, interested members and also the boards of some of our sister associations.

RACS RELATIONSHIP

RACS has spent considerable time in the last two years organising and participating in a 'road show' to go around Australia to talk to all the subspecialty societies. Open and respectful communication between our respective organisations has led to a significant improvement in our relationship. I would like to recognise John Batten, the previous RACS president, and Mary Harney, the previous RACS CEO, for their efforts, and I look forward to continuing this work with the current president Tony Sparnon and CEO John Biviano. *The Service Agreement* and *Service Activity Matrix*, which were generated some years ago, are due for review and renewal and we will ensure that AOA is able to continue to drive innovation in surgical practice, training and hospital accreditation while always honouring the Agreement and abiding by our *Ethical Framework* and values. Thanks as always goes to all those who devote significant time and effort in this area, but particularly our National Education Manager Ally Keane, her education team, and Federal Training Committee Chair Omar Khorshid.

ETHICS

In order to ensure that we continue to reflect our ethical values, all papers discussed at the board and committees have the aspects of our Framework that are relevant to the topic clearly listed at the start of the document. We continue to collaborate with The Ethics Centre in Sydney, and its director, Simon Longstaff, was the guest speaker at the Spine Society of Australia meeting in the Gold Coast, and a virtual speaker at our COE meeting in Melbourne. Under Second Vice-President Michael Gillespie, the Advertising Complaints Subcommittee has been considering examples of promotion of surgeons and clinics that, although they do not seem to fail an AHPRA legislative hurdle, do not pass the 'pub test'. This will hopefully allow ongoing collegiate conversation, mentoring and positive reinforcement to remain the main pillars of our professionalism, and avoid ineffective sanctions. We need to continue discussion in regards to what constitutes appropriate billing practices, and to come to sensible decisions that allow the best medical care in a sustainable environment, because if we fail to do so, others will make the decisions for us.

AOANJRR

The "Registry" continues to go from strength to strength. Australia was the guest nation at the EFORT meeting in Lisbon, with the theme of the meeting concentrating on registries. Wherever I have gone, it is the most common topic of conversation. The report this year will include data on comorbidities and this is a focus of ongoing research. The PROMs pilot continues and information for surgeons involved in this endeavour is already available. Ongoing identification and reduced use of poorly performing prostheses continues to see a decline in the rate of revision of arthroplasty procedures in Australia.

RESEARCH

We are in the middle of a five-year research strategy and there is continued development of the Network of Academic Orthopaedic Departments to help coordinate and facilitate orthopaedic research across the country. The Federal Training Committee continues to refine research requirements, and has created research training pathways that include a true surgeon-scientist option.

NATIONAL AND INTERNATIONAL MEETINGS

The constantly improving regard in which AOA is held internationally has resulted in Australia being invited as the guest nation to the French Society of Orthopedic and Traumatological Surgery meeting in 2018, and European Federation of National Associations of Orthopaedics and Traumatology and Indian Orthopaedic Association meetings in 2019. It was a great honour to present papers at symposia in Paris and Lisbon, particularly being able to talk about my grandfather's work in pioneering plastic surgery in World War 1. The other international meetings that I attended as a representative of AOA were the New Zealand Orthopaedic Association in Rotorua and again in Dunedin, Indian Orthopaedic Association in Coimbatore, American Academy of Orthopedic Surgeons in Las Vegas, Canadian Orthopaedic Association in Montreal, American Orthopaedic Association in San Diego, South African Orthopaedic Association in Durban and British Orthopaedic Association in Liverpool. The issues that concern us on a day-to-day basis are reflected by all of these groups. There have been presidential symposia in which I have been involved, discussing viability of the health systems, identification of underperforming surgeons, diversity, burnout, research and patient-centred care. Continued exposure to the issues identified by our international colleagues allows the Board to better plan for current and future challenges in Australian orthopaedics.

The state meetings have allowed me to meet a wide spectrum of the AOA membership. The quality of the registrar papers and instructional course lectures, as well as that of the free papers, has generally been high, but the greatest joy has been in the welcoming nature of each of the chairs, committees and members in each state branch. My only regret is not being able to get to every meeting. It is my intention to make a couple of the meetings a regular part of my ongoing education in coming years.

CONCLUSION

It has been a signal honour to have represented the Australian Orthopaedic Association as your president in 2019, and I thank the whole membership for having granted me the opportunity. I have met leaders in orthopaedics, industry, ethics, wellness, diversity and sustainability and have been both inspired and educated. This experience will live with me always, and I hope to continue to contribute to Australian orthopaedics for many more years. There are so many people who have helped me through the year; and a special thanks goes to my wife Julia and the rest of my family, the Board, and Andrew Ellis and Michael Gillespie as the presidential line, and our CEO Adrian Cosenza, and his wonderful staff. My best wishes to you all. If you continue to work together, the future health of the Australian community is assured.





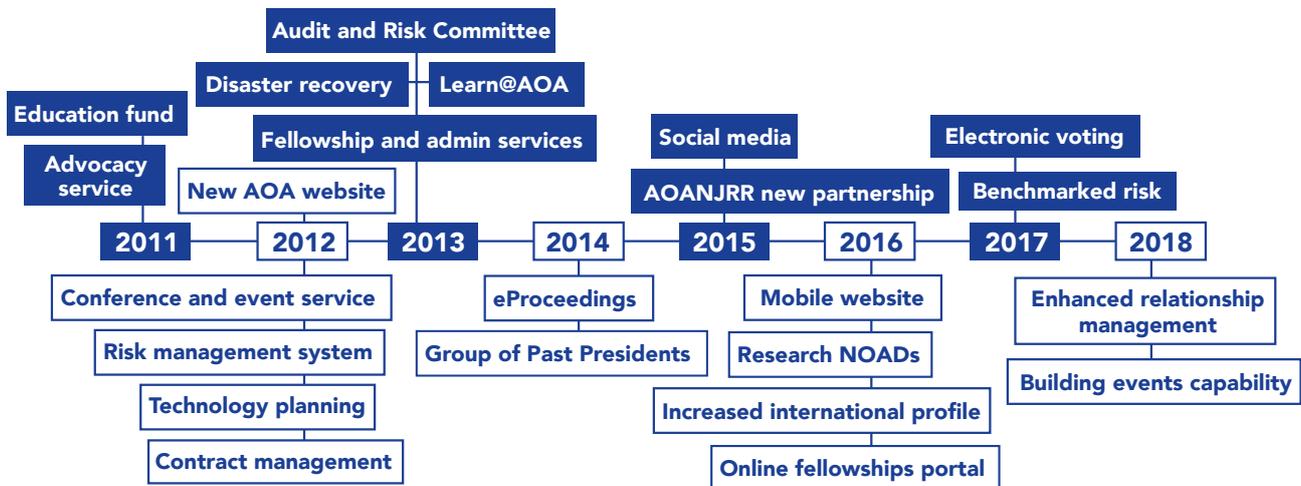
CEO Report

Chief Executive Officer – Adrian Cosenza

Implementing AOA's strategic transformation – the journey of continuous improvement.

The Board has continued to prudently oversee and carefully steward implementation of AOA strategies. AOA is now into the first year of the current 2019–2021 strategy cycle, having successfully completed delivery of all milestones in the past two strategic plans for the years 2013–2015 and 2016–2018. With the ongoing tireless and generous support of members, AOA's capability to execute strategic plans continues to positively develop, in the context of elevating the importance of better patient outcomes in all endeavours within a changing healthcare environment.

Sprints



Marathons



Over the transformation journey of the past nine years, the Board has wisely guided investment to significantly lift the professionalism and efficiency of AOA operations through best-practice governance. Investments in technology, risk, and people have enabled AOA to deliver improved member services. Simultaneously, with the active engagement, feedback and involvement of members, the Board has overseen significant strategic transformation of orthopaedic surgical education and training, ethics, research, professional standards and advocacy. Signature endeavours include implementation of AOA 21, the practical and pragmatic journey to embedding an ethical culture, an energised focus on research, nurturing mentoring, increased capability and expansion of the world-recognised AOA National Joint Replacement Registry, and a fully embracing focus on improving diversity and leadership capability in orthopaedics, while also sharpening the focus of effort in the Asia-Pacific region.

STRATEGIC PLAN 2019–2021

The pace of execution and delivery of strategic initiatives has not slowed. Already in the first year of the *2019–2021 Strategic Plan*, the Board has seen 86 per cent of the 47 deliverables actioned, with over 11 per cent completed and only three per cent yet to commence.

Over the past year the Board has been highly active in reviewing progress against the *2019–2021 Strategic Plan* on eight occasions and progress on each of the research, ethics, diversity and Asia Pacific strategic plans respectively on four occasions. In addition, directors prudently guided the development of a new strategic plan for the AOA National Joint Replacement Registry for 2020–2023. The Board also reviewed the AOA Research Foundation's first ever strategic plan for 2018–2023, and acknowledged the excellent endeavour of the AOA Research Foundation's Board in pursuing this important development.

With wise and considered oversight and advice from the Audit and Risk Committee, AOA has reviewed key risks on two occasions through the Board as part of the six-month review cycle. AOA has maintained ongoing alignment of risks with the strategic plan through careful risk-mitigation actions and management of controls to stay within the AOA Board-approved risk profile.

AOA is deeply consultative, actively discerning, monitoring and always reaching out to members, state branches, subspecialty societies, AORA and Orthopaedic Women's Link (OWL). In addition to direct feedback, the annual member satisfaction survey has been one of many tools used by the Board to gauge member engagement and satisfaction. It is most pleasing to note that following a period of gradual and slight decline in overall member satisfaction, as elements of the transformation that brought significant change to impact the majority of members in recent years all over Australia, in 2019 overall member satisfaction bounced to 86 per cent, up from 82 per cent in 2018. In addition, the number of functions rated over 90 per cent satisfaction increased from three in 2018 to six in 2019. These measures are a most encouraging sign of the members' positive engagement with, and agile adoption of, the internationally benchmarked changes executed through the implementation of the many aspects of the strategic plan.

CORE STRATEGIES

Education and Training

AOA 21 was launched in 2014 with an eight-year time frame for delivery. At just over the five-year mark, of the 47 milestones to 2021, 44 (94 per cent) have been completed, and of the 194 tasks to 2021, 177 (91 per cent) have been completed. This world-leading endeavour is well ahead of schedule thanks to the outstanding leadership and dedication of members all over Australia.

Internationally recognised and acclaimed medical educator and physician Dr Jason Frank, who has over 20 years of experience as a specialist advising on medical education programs in over 15 countries, recently commented on the project on social media:

“One of the best medical education projects I have ever collaborated on. All-star team and a dedicated community who really wanted excellence.”

By way of example, in the period 2016–2019, over 130 AOA 21 workshops have been delivered to over 700 members actively involved in education and training.

A recent summary of 330 survey responses from workshop participants revealed that for 97 per cent of attendees, the workshops met or exceeded expectations; 96 per cent of participants intended to implement what was learned; 95 per cent felt the information was directly applicable; and 95 per cent felt more confident in their role for having undertaken the education.

2019 saw the delivery of the third annual Bone School in February. Its program offered to the 2019 introductory trainee cohort clinical and foundation-competency education – facilitated by a highly engaged expert group of AOA leaders and members.

Implementation of the new *Accreditation Standards* has progressed with over 30 hospital sites engaged in the first months of 2019. Early feedback and experience suggest the improved standards and process are a significant improvement on the previous approach.

Now well into its second year of implementation, 2019 has again seen the accumulation of rich data through the entering of Workplace-Based Assessments and Feedback Entries, orthopaedic module completion, quarterly reviews and appraisals – as well as the logging by trainees of operative procedures via the AOA 21 Training App, with records of nearly 200,000 procedures recorded and stored over the past two years.

This ever-increasing bank of invaluable information allows a deep understanding of those aspects of practice to which AOA 21 trainees are gaining the most exposure, as well as those that represent the greatest opportunities for future development.

AOA is investing in the tools and internal capacity required to better sort, filter and analyse this data, which will allow the team to draw increasingly sophisticated insights from which to further refine and enhance the way trainees are taught and learn.

Already, the benefits of these investments have seen the AOA Dean of Education accepted to present research based on AOA 21 data at national and international scientific meetings, prompting yet more enquiries from groups hoping to learn from AOA's experience.

Leadership and Professional Standards

This core strategy features three signature initiatives – diversity, ethics and leadership.

Under the energetic leadership of Vice-President Andrew Ellis and Orthopaedic Women's Link (OWL) Chair Jennifer Green, execution of the *AOA Diversity Strategic Plan 2018–2023* continues quickly and thoroughly. Of the 28 milestones, six (21 per cent) are complete and 22 (79 per cent) have been progressed.

The recently formed AOA Champions of Change Working Group has facilitated access to additional resources and energy to support the ceaseless work of Orthopaedic Women's Link, which has already resulted in better representation of AOA's female members and better connections with and for aspiring surgeons. External parties, both domestic and international, have begun to recognise the strides AOA has been making in relation to diversity, resulting in invitations to join and contribute to conversations with other groups facing similar challenges.

Particular acknowledgment must be made of the tireless efforts of current OWL Chair Jennifer Green. Jennifer's opportunity to speak to the American Orthopaedic Association at their annual meeting this year was well-earned, and we thank her for representing AOA and OWL's efforts so well, and also for helping our American colleagues learn from our experience.

The implementation of the *Ethical Framework* continues briskly. Of the 28 milestones in the *Ethics Implementation Plan*, seven (25 per cent) are complete, 14 (50 per cent) are in progress and seven (25 per cent) have not yet commenced.

The Board is guiding progress in three areas: governance, education and leadership.

In governance, the strengthening of the Board committee structure, including enhancing and refining the respective roles and responsibilities of the committees, has been well advanced, as has the process for addressing ethical concerns.

The Ethics Committee, Professional Conduct and Standards Committee and newly formed Advertising Complaints Subcommittee all have key roles to play.

A revision of AOA's Code of Conduct, incorporating the Association's *Position Statement on Interaction with the Medical Industry*, is, at the time of writing, nearing completion. The revision process has been strongly informed by the *Ethical Framework*, and should result in a code even better suited to provide guidance and solid, well-grounded standards to members navigating an ever-changing healthcare landscape.

In education, ethics is being integrated in many AOA forums, including Bone School, Bone Camp, the Emerging Leaders' Forum, state and national annual scientific meetings and governance and leadership sessions.

Not content to focus solely on internal matters, through its leadership the Board continues to strongly support AOA's central involvement in the implementation of the *Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector* (ACF) – now guided by the recently formed Australian Ethical Health Alliance (AEHA), with over 70 signatories from all areas of the healthcare sector.

Through the ACF, and the role as the alliance-member elected chair of that group's steering committee, AOA continues to build valuable connections with scores of other signatories – mediated directly by a shared commitment to a set of clear ethical principles.

AOA is being recognised internationally for its leadership, as demonstrated in this communication to the Australian Government from the United States Department of Commerce:

“AOA ...who played a key role engaging a diverse array of parties to develop an Australian consensus framework for ethical collaboration in the health sector. The Australian consensus framework, launched last year, is the largest and most advanced of its kind, not only in APEC, but in the world. We have been able to leverage Australia’s achievement to raise the bar for consensus frameworks across APEC economies. We expect another economy to launch a consensus framework this year, and two others are substantially updating their existing frameworks to be broader and more inclusive, which is a direct result of Australia’s framework”.

Members are keen for relevant education on leadership. Now in its sixth year, the Emerging Leaders’ Forum was successfully held in 2018 with participation from members as well as from other specialty society representatives. The 2019 program has grown to accommodate the largest ever group of participants, with over 30 from AOA, and other specialty societies, including NZOA, keen to participate in the program, which comprises design-learning exercises, learning about leadership principles, engagement with invited leaders, debate and problem resolution through ethical dilemmas presented in hypothetical scenarios.

AOA has also delivered a series of governance and leadership sessions for Board directors, Board committees, and general members all over the country. These sessions are delivered at no cost to members and designed to improve education and awareness in best-practice governance protocols consistent with best-practice principles provided through the Australian Institute of Company Directors (AICD).

Through demand and at the special request of the Royal Australasian College of Surgeons (RACS), and in a gesture of goodwill to the sector, AOA is also delivering these sessions to other specialties.

The Clinical Quality Interim Committee (CQIC), in particular, has been particularly productive over the past year, as they construct an ever-growing platform of developed and endorsed position statements and clinical guidelines as a resource for members and allied health colleagues, and where helpful, for the public.

Research

Of the 40 milestones in the *Research Strategic Plan 2016–2021*, 12 (30 per cent) are complete, 23 (58 per cent) progressed and only five (12 per cent) not yet commenced. Of the 25 milestones in the *AOA Research Foundation Strategic Plan 2018–2023*, five (20 per cent) are complete, 11 (44 per cent) progressed and nine (36 per cent) have not yet commenced

The renewed energy driving the twin forces of the AOA Research Committee of the Board and the AOA Research Foundation continues unabated. Work continues on establishing a true surgeon-scientist pathway through the Training Program, and scoping is underway for a potentially more formal and structured involvement for AOA in higher education. Thanks to the increased efforts to raise the profile of research within AOA, research education sessions are appearing with increasing frequency in state ASMs and at the national ASM.

There has been excellent progress on the AOANJRR patient reported outcomes trial (PROMs) in 50 hospitals, with state governments and other stakeholders describing the trial as one of the most effective project-managed trials in recent years. All this progress augurs well for a national rollout following evaluation of the trial.

Together with the guidance of AOANJRR Director Professor Stephen Graves, and extensive input from members, state branches, subspecialty societies, AORA and OWL, the Board stewarded the development of a new strategic plan for the AOANJRR for 2020–2023.

The new plan affirms the purpose of the Registry to continually improve the quality of care for individuals experiencing musculoskeletal diseases. Six core strategies comprise the plan, including: consumer engagement; surgeon engagement; sustainability of the AOANJRR; research and academia; broadening the Registry's focus; and strengthening its international profile.

Member feedback was highly valuable and overwhelmingly positive, as evidenced through many comments, typified by the following:

“Fantastic, world class forward looking asset”

“The AOANJRR is the best AOA has done in my career”

“Whenever I meet colleagues from overseas they comment on how impressive AOANJRR is”

“The AOANJRR is a well-led organisation and its directors need great praise”

Advocacy

AOA's role as the leading voice in all matters related to Australian orthopaedic care and advice continues to be reinforced by the tireless work of AOA's surgeons, committees and Board.

With ever increasing frequency government bodies, other associations and medical groups continue to seek AOA's feedback and guidance on important decisions on matters such as changes to regulation and the formation of new national guidelines and strategies.

Over the past year AOA leadership has been highly active and amongst others maintained regular engagement with Federal Minister for Health the Honourable Greg Hunt, the Federal Department of Health, the Australian Quality and Patient Safety Committee, the Medical Technology Association of Australia, state health jurisdictions, the Australian Medical Council, the Australian Health Practitioner Regulation Agency, medical health funds, Private Healthcare Australia, the Australian Private Hospitals Association, RACS, specialty societies and NZOA.

In the media space, AOA's reputation also continues to grow, with requests for comment and interviews becoming steadily more frequent. President David Martin must be applauded for his readiness and enthusiasm throughout his tenure to engage with the media, often at short notice, on all things orthopaedic – through TV, radio and newspaper interviews.

Over the past year media mentions have increased by 79 per cent from 76 (2017/18) to 136 (2018/19). The Youth Sports Injury Prevention Program, spearheaded by Chris Vertullo and aimed at spreading simple, cost-effective injury-prevention techniques throughout sporting codes across the country, continues to gain prominent exposure through, amongst other instances, Chris's appearance on SBS's *Insight* and his contributions as an interviewee for an article in *The Saturday Paper*.

Other members have also contributed in the media. This exposure, demonstrating the knowledge, expertise and care of AOA's representatives and their determination to improve the lives of the Australian public, contributes invaluable to the positive perception of Australia's orthopaedic surgeons and helps reinforce the trust in the medical profession that is crucial to the safe and effective delivery of care.

The estimated value of AOA’s name gaining repeated prominent exposure on television, radio, social media and in major national newspapers is at an all-time high of \$2.8m–\$3.0m for the year, including the value to AOA of my involvement in OzHarvest as the CEO CookOff Ambassador for the seventh consecutive year.

OzHarvest CEO and founder – and well-loved community figure – Ronni Khan AO has described AOA as a “shining beacon of corporate social responsibility”.

In the Asia Pacific, excellent progress continues with the Vietnam Orthopaedic Observership Program, ongoing support for Indonesian surgeon training and Orthopaedic Outreach continuing to make robust progress in re-establishing support for Papua New Guinea.

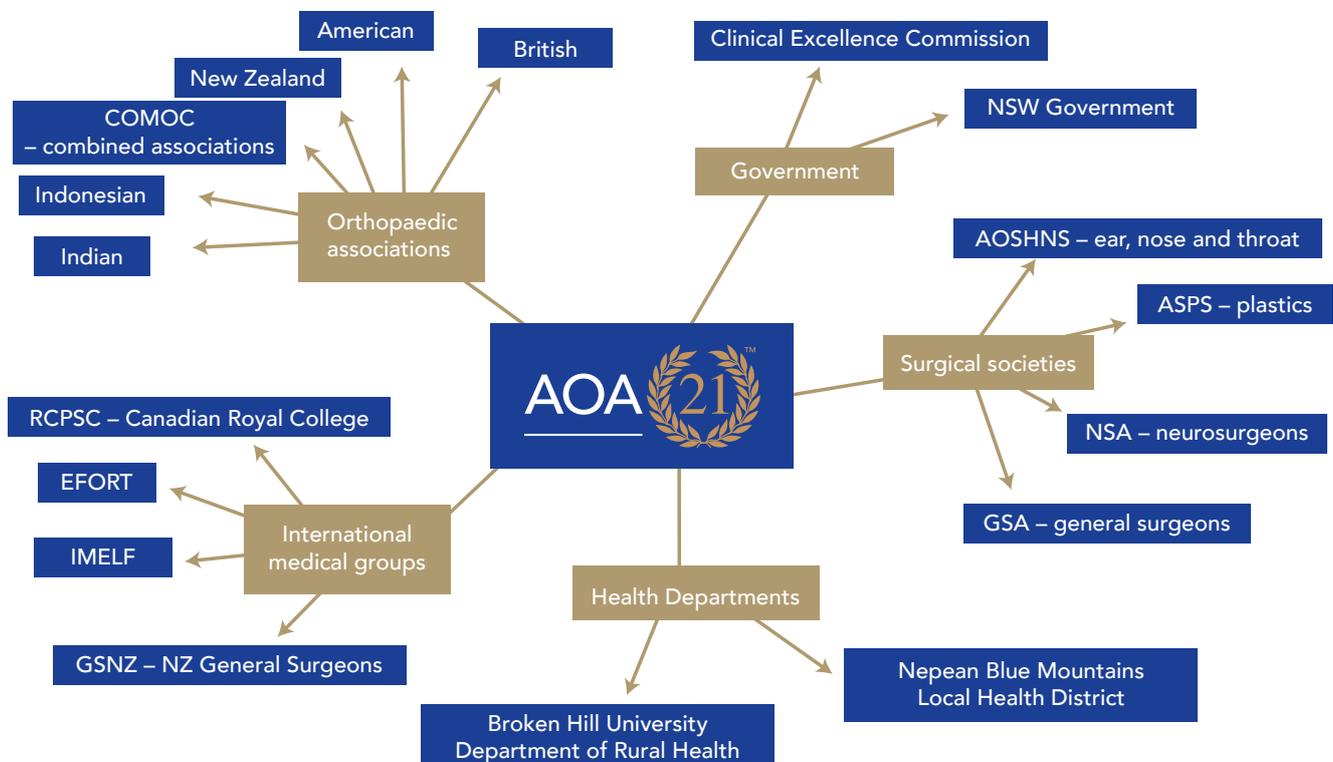
Members continue to provide generous time, expertise and support for colleagues and trainees across our regional neighbours, through numerous visits – for the purpose of teaching and mentoring to enhance the quality of patient care and clinical outcomes.

In another example of international recognition, AOA members and Orthopaedic Outreach volunteers Geoffrey Rosenberg, Mark Ridhalgh and Rodney Green, along with Orthopaedic Outreach Manager Graham Hextell, were welcomed by King Tupou VI of Tonga as members of the Royal Order of the Court, in gratitude for their continued commitment to the service of the Tongan people.

AOA’S VISION... TO BE WORLD RECOGNISED

The nine-year transformation journey has seen AOA increasingly recognised as a leader in orthopaedic surgery education and training, governance, ethics, leadership and risk management.

Increasing recognition through external party interest



In addition to some examples outlined earlier, AOA's world recognition is manifesting itself in many ways, including AOA's positions as the guest nation at the 2019 annual EFORT meeting in Lisbon in June 2019; special co-guest nation at the SOFCOT meeting in Paris in November 2018; through continuing to feature as the leader in registry science at the ISAR meeting in Leiden in May 2019; through the invitation as guest nation to the Indian Orthopaedic Association meeting in India in November 2019; and through gaining as guest and co-host with ANZORS for the 2025 combined meeting with the International Consortium of Orthopaedic Research (ICORS), to be held in Adelaide.

AOA was recently advised by the Royal College's International Conference on Residency Education (ICRE) planning committee and the Journal of Graduate Medical Education (JGME) that AOA has been selected as one of the top three nominees for the 2019 Royal College/JGME Top Research in Residency Education plenary session to be held in September 2019 for the presentation, 'The effects of gender on multiple mini interview station scores for selection into Australian orthopaedic surgery.'

CONCLUSION

The completion of the current strategic cycle will culminate in the full realisation of AOA 21, the flagship strategic initiative through which the AOA Training Program – along with a host of other aspects of AOA's role and identity – is being reviewed, revised and enhanced.

This has already taken years of hard work and dedication from AOA presidents, the Board, and many hundreds of members across the country, and it will take years more.

However, the appetite for development and constant improvement has not lessened, and even when AOA 21 has been fully operationalised, it is unlikely that the members of this proud association will be content to rest on their well-earned laurels.

If there is a core lesson in this long, transformational experience, it is that there will always be new opportunities to become even better.

It remains a most humbling experience to continue to be provided with the opportunity to work with and learn from so many presidents, directors, members and staff. I am deeply grateful for their counsel, guidance and support. Notwithstanding the amazing progress over the past nine years, it feels like it is the beginning of a new era and I remain as excited as ever to continue leading a highly skilled family of staff and to support members in the continuing transformation of orthopaedics in Australia for better patient and community outcomes.



Adrian Cosenza





Education & Training Report

Education and Training Chair – Omar Khorshid

The balance has now shifted, with AOA 21 outweighing SET in numbers for the first time.

As I come toward the end of four years as chair of Education and Training, it seems fitting to pause and reflect. The Federal Training Committee (FTC) has purposefully worked toward our goal of 'Excellence in orthopaedic surgical education and training' and has worked hard to keep 'the ship' moving in that direction as we move through the difficult transition phase of implementation of AOA 21. We didn't get everything right from the outset; however, small course corrections as we continue to move forward will ensure that our goal becomes our ultimate destination. As I step down as chair in October, Chris Kondogiannis, current chair of the VIC/TAS Regional Training Committee, will continue to lead delivery of the final stages of the AOA 21 project.

AOA 21

The FTC has continued to monitor the rollout of the AOA 21 project plan throughout this year. Of almost 200 milestones and actions in the project plan, with a timeline through to 2021, 97 per cent are now complete. This considerable achievement is a testament to the commitment of the FTC, AOA Board, AOA Education and Training Team and all of you who have been working with us on the ground at training sites, Bone School, interviews, trial exams or site visits. The pro bono contributions of our members are the strength of our Association and cannot be understated. The FTC and Board have agreed that an external review of the implementation of AOA 21 should be planned for 2021.

The pro bono contributions of our members are the strength of our Association and cannot be understated.

2019 has seen the first cohort of trainees progress into the Core Orthopaedics stage of training – a significant milestone in the rollout of the AOA 21 Training Program. Trainees are now working through both the Introduction and Core stages of AOA 21. With three cohorts of trainees in this program, the balance has now shifted, with AOA 21 outweighing SET in numbers for the first time.

Trainees in Core Orthopaedics are working towards completion of their orthopaedic modules, with a view to demonstrating their competence across the topics of the applied medical and surgical expertise section of the *Curriculum*. Completion of some of the modules is a requirement for eligibility to sit the Fellowship Exam and all modules must be finalised for completion of Core Orthopaedics. Orthopaedic modules are supported by a variety of workplace-based assessments (WBAs) and eLogs.

The FTC acknowledges that the AOA 21 Training Program has brought with it many changes and that there is an increased requirement for completion of WBAs, requiring Fellows to directly observe trainees in a variety of settings. This was an intentional change to drive supervision where the evidence told us this was lacking. I extend my thanks to the approximately 800 members currently engaging with the assessment process for your perseverance and commitment to the training of the next generation of orthopaedic surgeons. It is anticipated that familiarity will lessen the considerable effort this undertaking currently requires. We hope that your effort, experience and completion of the AOA 21 Workshops is beginning to come together in achieving this ambition.

The FTC is refining details for the Transition to Practice stage of training that all AOA 21 trainees will complete prior to completion of training. Research is a requirement of Transition to Practice, and the FTC was pleased to recently accredit the first PhD post, which will facilitate a trainee following the PhD pathway. Work is underway towards development of educational materials for this final year with topics such as practice management and practical ethics identified.

Teaching and Learning across the breadth of the Foundation Competencies has continued, with ethics, mentoring and risk management included in Bone School schedules around the country. A suite of Bone School resources has been made available on the Learning Management System and the delivery of these will be approached in a more structured way going forward. The Learning Management System acts as a repository for learning resources for all trainees, regardless of their location.

2019 saw the launch of the new *AOA Accreditation Standards for Hospitals and Training Positions*. All AOA training sites will now be assessed against these new Standards, which are designed to ensure that a training site is appropriately equipped to provide education and training opportunities in accordance with the AOA 21 *Curriculum* and Training Program requirements.

An Accreditation Committee has been constituted as a sub-committee of the FTC to manage the operations of the new Accreditation process. The Accreditation Committee is comprised of regional representatives who are involved on site visits to ensure each application can be fully assessed and considered. A new initiative has seen the inclusion of trainee representatives on visiting teams to offer peer support to local trainees and create an environment for them to confide any issues pertaining to supervision or support in a non-threatening context.

Due to the volume of data now available and the complexity of running dual training programs, the FTC now meets four times a year, with the new meeting focusing on reviewing training data, the outcomes of the selection process and strategic planning.

SELECTION

The selection process for entry into the AOA 21 Training Program in 2020 is almost complete. The move back towards a more state-based process after 16 years of national selection has been successful, with most trainees selected into their state of first choice. This will minimise disruption for trainees and allow them to live closer to their family and social supports. The FTC reviews the selection process in detail every year and further changes will be required next year to ensure that we are using the best available selection tools and achieving the desired outcomes.

TRAINEE WELLBEING

The FTC is aware that surgical training can be very demanding and active steps are being taken to improve the training experience in our Program. AOA 21 is flexible by design and it will allow trainees to complete training at a pace that is suitable for their individual circumstances.

Unfortunately, AOA continues to receive feedback from trainees regarding allegations of bullying or harassment in the workplace. AOA is actively engaging with hospitals, the Australian Orthopaedic Registrars' Association and RACS in addressing allegations in multiple states and in some cases has reviewed the accreditation status of posts in those hospitals. We anticipate that cultural change will take time, but we have already seen that trainees are more willing to speak out against inappropriate behaviour than they have been in the past. I am confident that by addressing each of these issues as they arise, we will see changes that improve the trainee experience and also contribute to better patient outcomes.

I once again commend to you your dedicated FTC: RTC chairs Price Gallie (QLD), David Gill (Newcastle-NSW), Sean Suttor (Northside-NSW), Sindy Vrancic (Southside-NSW), Chris Kondogiannis (VIC/TAS), Nicole Williams (outgoing SA), Jegan Krishnan (incoming SA) and Li-on Lam (WA); Senior Orthopaedic Examiner Richard Angliss; AORA President Chris Conyard; Jurisdictional Representative Brett Oliver; External Representative Susi Tegen; Dean of Education Ian Incoll; and President David Martin.

The Federal Training Committee is very well supported by the Education and Training Team at AOA Head Office and the regional managers, who together support orthopaedic training across the country. I thank all of the Team led by Ally Keane, the FTC and the AOA Board for their support of Education and Training and for me over the last four years. I wish Chris and the rest of the FTC the best of luck as they complete the AOA 21 journey and deliver for Australian patients the best-trained orthopaedic surgeons in the world.



DEAN OF EDUCATION REPORT

Dean of Education – Ian Incoll

Orthopaedic surgical training in Australia has been transformed over the past few years. AOA's strategic educational review, created by then-president John Owen and the AOA Board in 2012, used international and local expertise to critique the SET program, and paved the way for a remarkable effort in modernising surgical education in Australia – AOA 21.

AOA's creation of a competency-based training program – using a clear and relevant curriculum and programmatic assessment, with embedded contemporary mobile-enabled learning design and technology – has become the exemplar of surgical training within Australia. Many other specialties are seeking our learnings and our technology, and RACS is also promoting (and perhaps taking some credit for) our innovative program internationally.

Although approached at many stages of the development and implementation process for their collaboration, it has only been in the past two years that NZOA have adopted and adapted a number of components of AOA 21. The AOA Board have generously supplied this intellectual property to NZOA at

no cost. It must be pointed out that, over the past seven years, hundreds of AOA members and staff have contributed their expertise and thousands of hours of unpaid work to develop AOA 21, and over \$3,000,000 of member funds has been invested.

SO WHERE ARE WE NOW?

In 2019, we have three intake years that are completely within AOA 21. The transition SET trainees should complete their training by 2021 and the SET program will then be retired. To assess our trainees' competence and progression in AOA 21, we have over 11,000 workplace-based assessments and an electronic logbook that has allowed, for the first time, clarity in their surgical skills experience and progression. Already, almost 220,000 procedures have been captured and correlation with surgical skills assessments is underway. The answer to the question "How much surgery, at what level of supervision, is required to achieve competence?" may soon have an answer based on evidence. This data has shown us that some procedures we have classified as 'Level 1' (meaning the trainee must be observed to perform competently) have very low numbers and will need to be reclassified.

The AOA 21 Training App has become the main portal for trainees and trainers to capture assessments and feedback. The feedback app is being used across the varying contexts of surgical training and prompting feedback conversations that otherwise may not have occurred.

AOA selection has been a vexed issue for as many years as we have been undertaking national selection. Every department has wonderful junior doctors they deem worthy of training, but very few consultants can comprehend the simple mathematics that, for each position available, there are often six or seven of these "gifted" juniors applying. Most will miss out. AOA members' referee reports have been gamed and become almost useless for selection, with this year's reports scored as perfect in over one quarter of applicants. This leaves interview as our only fair and reliable tool. At an international surgical meeting I attended recently, the most practical and fair solution to this problem was considered to be to undertake review to meet a minimum standard, and then allocate positions through a ballot for remaining applicants.

Analysis of our selection process for the past 13 years has also identified a bias against female applicants in the CV and referee-scoring components. Fortunately, this bias does not extend to the interview process. The Federal Training Committee now has the difficult task of redesigning selection to reduce this bias.

Education Consultant Jodie Atkin and I developed the AOA 21 Workshops five years ago to fill a perceived gap in teaching education for our surgical trainers. I am pleased to note that over 94 per cent of AOA directors of training and 82 per cent of all members involved in training have completed the four workshops: Workplace-based Assessment; Trainee Rotation Planning; Helping Underperforming Trainees; and Effective Feedback. These workshops have been very positively evaluated over the years and will now also be delivered to current trainees as a requirement for completion of training. A refresher workshop will be developed, to maintain and enhance our trainers' surgical teaching and reinforce the value of workplace-based assessment.

We have been promoting AOA 21 for many years and our learnings from implementation are highly sought after. Presentations on aspects of trainee experience, measurement of competence, training outcomes and diversity have or will be presented at the international orthopaedic meetings, the RACS ASC, the International Conference on Residency Education in Canada, the American Orthopaedic Association meeting in the US, state branch ASMs and the AOA national ASM.





AORA Report

Australian Orthopaedic Registrars' Association President – Chris Conyard

The evolution of the new competency-based requirements has revealed challenges, expected of any major change in process.

AOA21

2018/19 marked the first cohort to progress through the AOA 21 program. These trainees transitioned from *Introduction to Orthopaedics* into *Core* trainees. The evolution of the new competency-based requirements has revealed challenges, expected of any major change in process. I would like to acknowledge the Federal Training Committee and AOA board for giving trainees a platform to voice these challenges and work towards effective solutions.

ACCREDITATION

Trainees were this year given the opportunity to participate in hospital accreditations. Despite initially being opposed to the idea, after involvement in accreditations myself, I came to realise the benefits and insight gained; particularly, the high standards the AOA demands to provide an optimal training environment and the efforts hospitals go to in order to maintain these standards.

SELECTION

This year saw the selection of 53 new, deserving orthopaedic trainees. It was also the first year of state-based selection. It is proving increasingly difficult to gain selection onto the Australian orthopaedic training program, reflective of the quality of the training we receive. It is also becoming apparent we need to work toward supporting those unsuccessful applicants with AOA, RACS and the AMA currently active in this space.

GOVERNANCE

The AORA Executive were lucky enough to receive a half-day governance session prepared and delivered by our own CEO, Adrian Cosenza. Adrian discussed a range of sensitive, pertinent issues facing orthopaedic surgeons including confidentiality, advocacy, ethics and communication. Lessons learned influenced the invited speakers at this year's AORA ASM which include sessions on doctor wellbeing and unethical billing.

I would finally like to acknowledge the AORA ASM for their support, hard work and advocacy. Thanks to Catherine Hibberd, Gajan Selvakumaran, Justine St George, Blaise Wardle, Rick Steer, Thomas Fisher, Shaun Waring, Thomas Clifton and Meenalochani Shunmugam.



Continuing Professional Development

Continuing Professional Development Chair – Colin Whitewood

Our revised CPD Program is now well embedded into practice and we are encouraged by the way in which our members are working to familiarise themselves with the CPD Portal and requirements for their practice type. The 2018 compliance statistics are very pleasing and I would like to thank all of our members for keeping up to date with CPD in their practice. CPD can often feel like just one more administrative task to 'tick off the list', but it is far more than that. It is a significant part of meeting our responsibility to our patients and colleagues; to work to current standards of best practice at all times.

AOA staff continue to work collaboratively with the CPD team at RACS to ensure that all members receive consistent administrative and technical support, regardless of which CPD program they choose to complete.

CPD APP

In early 2019, AOA launched the new CPD App, which sits within the existing AOA Training App to maximise convenience for members. Members can now download the App on their mobile device and enter CPD activity anywhere, any time. Feedback on the App has been very positive and we have some improvements planned for implementation in the second half of 2019, which will further improve the user experience. We hope that the App will encourage members to stay up to date with CPD throughout the year, rather than wait until the deadline for submission is approaching.

CPD STATISTICS 2018 (AS AT JULY 2019)

No. of members undertaking the AOA CPD Program	852
No. Compliant in the AOA Program	806
% Compliant in the AOA CPD Program	95%
AOA members not undertaking CPD	0

**For AOA CPD reporting purposes, RACS CPD participation data is not included.*

PROFESSIONAL STANDARDS AND DEVELOPMENT

It is pleasing to note that the number of issues requiring intervention by the Professional Conduct and Standards Committee has decreased over time with the development and implementation of the AOA *Ethical Framework*, which is supported by a revised governance structure established by the Board. An Ethics Committee and an Advertising Complaints Subcommittee have been established to complement and enhance professional standards and development. The AOA *Code of Conduct* is in the final stages of revision and is aligned with the *Ethical Framework*.

AOA has had two very productive and informative meetings with the Australian Health Practitioner Regulation Agency and will continue to keep an open dialogue with them into the future.

OPERATING WITH RESPECT

I am pleased to be able to report that all practicing AOA members have now completed the online Operating with Respect module offered by the Royal Australasian College of Surgeons. This is an excellent illustration of AOA's commitment to ensuring the highest possible standards of behaviour and professionalism in the orthopaedic surgery profession. I would like to acknowledge the leadership and dedication of AOA President David Martin in personally encouraging all members to complete the module.

I will be stepping down as Chair of Professional Conduct and Standards in October 2019, and I would like to extend my thanks and appreciation to all of my colleagues and the staff at AOA for their support and advice over the last two years. I look forward to staying involved in the important work being done by AOA in ethics and professionalism and I encourage all members to reflect on these matters as we work to achieve the best possible outcomes for our patients.



AOA Research Foundation Report

AOA Research Foundation Chair – Minoo Patel

FINANCES

The Foundation achieved a surplus of \$419,926 for the year ending 30 June 2019 compared to \$354,949 in 2017/2018 – an increase of \$64,977. The operating result for the year before unrealised movements in market-related investments amounted to \$364,979 compared to \$257,074 for the previous year, with the difference arising mainly from an increase in revenue and a number of generous donations from members.

Return from investments, at \$391,366, was higher than the return of \$304,697 for the previous year and represented a return of 7.02 per cent (after deducting investment management costs) – a satisfactory result in the current investment environment. Unrealised gains on market-related investments for the year ended 30 June 2019 amounted to \$54,947, down from \$97,875 for the previous year. Market-related movements are entirely outside the Directors' control.

During the 2018/19 year the Foundation agreed to accept funds from the NSW and VIC state branches for investment. The state funds are pooled with the Foundation's funds and returns are distributed in proportion to the value of funds invested by the various entities. This initiative has enabled the branches to achieve significantly higher returns than had been experienced from investing only in term deposits, rates for which currently are minuscule.

Revenue for the year was \$599,801, compared to \$458,602 in 2017/2018 – a significant increase. Members' funds at 30 June 2019 amounted to \$6,575,908, compared to \$6,155,980 at 30 June 2018 – an increase of \$419,928. There was no significant movement in administrative expenses for the year compared to the previous year.

GRANTS

For the year under review (2018/2019), a total of 42 grant applications were lodged using the online platform. Eight grants (six regular grants and two Early Career Researcher grants) were awarded, totalling \$175,553 – an increase of \$22,813 on the previous financial year. Grants actually paid in the year ended 30 June 2019 totalled \$185,553. 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.

At the time of writing, the AOA Research Foundation has received 31 grant applications for 2019/2020. This is a significant decrease from the previous year and a notable deviation from the recent upwards trend in the number of grant applications submitted.

THE FUTURE OF YOUR FOUNDATION

Under the direction of the *AOA Research Foundation Strategic Plan* and feedback from members, the Board is working on a number of new initiatives to increase the Foundation's impact in musculoskeletal research and better support AOA members in their research activities. New developments that are planned or underway include:

- improved reporting on research funded by grants
- PhD scholarships
- longer-term financial planning, including development of a prospectus and bequest program
- revision of the grant application guidelines and criteria to ensure consistency, equity and alignment with the *Strategic Plan*
- refreshed branding of the AOA Research Foundation
- implementation of a research mentorship program.

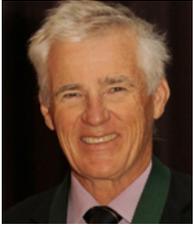
To advance the wonder of movement through musculoskeletal research.

The future of the AOA Research Foundation is bright and we welcome enquires from any members wishing to get involved in the important work of the Foundation. I encourage all members to attend the AOA Research Foundation AGM at the 2019 AOA ASM in Canberra in October to find out more about the important work being done by AOA in this area.

ACKNOWLEDGEMENT OF BOARD AND RESEARCH ADVISORY COMMITTEE

I would like to warmly welcome new Board members Claudia Di Bella, Sina Babazadeh and Michael Schuetz. I would also like to thank Allan Skirving for serving as Research Advisory Committee chair in 2018/2019 and welcome Zsolt Balogh as the incoming chair for 2019/2020. Finally, I would like to acknowledge the work of Russell Miller, who has recently stepped down from the Research Advisory Committee, and thank him for his service to the Foundation.

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



Orthopaedic Outreach Report

Orthopaedic Outreach Chair – John Tuffley

Stronger links with our Pacific and Asian neighbours build. Camaraderie and collegiality within our region strengthen.

Orthopaedic Outreach continues to represent AOA as its humanitarian arm. This is only possible with the generous support of AOA, the AOA members who donate to Orthopaedic Outreach, benevolent organisations such as the McBain Foundation, and the medical industry. Orthopaedic Outreach deeply appreciates those who financially support the organisation.

The work of Orthopaedic Outreach is only possible with the selfless dedication of those who give freely of their time and expertise to provide assistance to our less fortunate neighbour countries.

Those deserving thanks include not only the orthopaedic surgeons who lead the visits, but the nurses, anaesthetists, and therapists who make up these teams. Organisation is needed to support Outreach's work, and Orthopaedic Outreach is fortunate to have Mr Graham Hextell as the operational manager, Ms Beverly Hughes providing secretarial support, Mr John Bennett as treasurer, and a hard-working management committee.

In June 2019, the King of Tonga acknowledged his appreciation for the work of Orthopaedic Outreach by awarding Geoffrey Rosenberg, Mark Ridhalgh, Rodney Green, and Mr Graham Hextell as Members of the Royal Order of the Crown. Andrew Leicester is to be awarded this later in the year.

The work of Orthopaedic Outreach was showcased at the AOA ASM in Perth in 2018, with speakers presenting on activities in Papua New Guinea, Indonesia, Iraq and the Solomon Islands, and there will be an equally informative Orthopaedic Outreach session at the AOA ASM in Canberra, October 2019.

Orthopaedic Outreach undertakes stand-alone visits, but also partners with other organisations such as RACS, through their Global Health initiative and the Pacific Islands Project, the Epworth Hospital Vietnam Orthopaedic Observership Program, the Pacific Islands Orthopaedic Association, the Indonesian Orthopaedic Association, and the AOA Asia-Pacific Committee.

During the past 12 months, Orthopaedic Outreach work has been carried out across 10 countries throughout the Pacific and Asia, comprising approximately 28 visits involving in the order of 110 personnel. The nature of the work varies depending on the requirements of each country visited, and has included clinical services, lecture programs, orthopaedic service planning, examiner education, and assistance with running and standardising exams. A major issue faced by most countries visited is a lack of equipment and the basic implants to treat trauma, along with difficulties in maintaining equipment.

In the next 12 months there will be a renewed emphasis on providing assistance in Papua New Guinea, a reconnection with Timor Leste, and an increased number of Ponseti clubfoot workshops.

Outreach work is, for those performing it, exceedingly gratifying; ask any of your colleagues who have become involved. To all AOA members, consider undertaking some outreach work.

Membership

NEW FELLOWS

Mustafa Alttahir	NSW	Todd Mason	VIC
Brett Bairstow	WA	Lorcan McGonagle	WA
Sam Bewsher	NSW	Robert McNinch	QLD
Rachel Blackshaw	VIC	Daniel Myers	SA
Craig Brownlie	WA	Gayana Padmasekara	VIC
Alice Chang	NSW	Adam Parr	QLD
Calvin Chien	NSW	Sunil Ramawat	NSW
Jason Chow	NSW	Sumit Raniga	NSW
James Coulthard	NSW	Philip Rowell	QLD
Osama Elsewaisy	VIC	Andrew Sefton	NSW
Sarah Farrell	QLD	Brahman Sivakumar	NSW
Daniel Fisher	VIC	Mitchell Steele	NSW
Thomas Foote	QLD	Andrew Stillwell	QLD
Rekha Ganeshalingam	VIC	Seth Tarrant	NSW
Soon Ghee Ang	VIC	Scott Taylor	VIC
Ralph Gunkelman	NSW	Lawrence Tee	VIC
Liam Halliday	VIC	Alasdair Thomas	QLD
Paul Harvie	TAS	Paul Thornton-Bott	NSW
Anthony Houston	QLD	Praveen Vijaysegaran	QLD
Saleem Hussenbocus	SA	Tom Ward	ACT
Steven Kent	NSW	Darren Webb	VIC
Asher Livingston	NSW	Keith Winters	VIC
Dirk Lourens	QLD		

DECEASED MEMBERS

Basil Ireland	NSW	William Heape	VIC
Maurice (John) Gallagher	QLD	Barry Bracken	NSW
Michael Polke	VIC	Dibyendu Gope	WA
Roland Middleton	NSW	Paul Kierce	VIC
Brendan Dooley	VIC		



Scientific Report

Scientific Secretary – Ian Harris

The theme of the 2018 ASM was 'Better Patient Outcomes' and apart from the usual stellar national and international faculty, several successful plenaries were held.

2018 PERTH, ASM

The 2018 78th Annual Scientific Meeting (ASM), themed 'Better Patient Outcomes' was held at the Crown Convention Centre, Perth. The 2018 ASM attracted 1171 delegates which included 410 AOA members. The scientific program consisted of world-leading experts who contributed in several robust scientific discussions.

2019 CANBERRA, ASM

The 79th Annual Scientific Meeting, themed 'Teamwork and Engagement', will be held at National Convention Centre, Canberra. The scientific program will consist of concurrent subspeciality sessions and plenaries.

AGE RANGE OF PRACTICING AOA MEMBERS

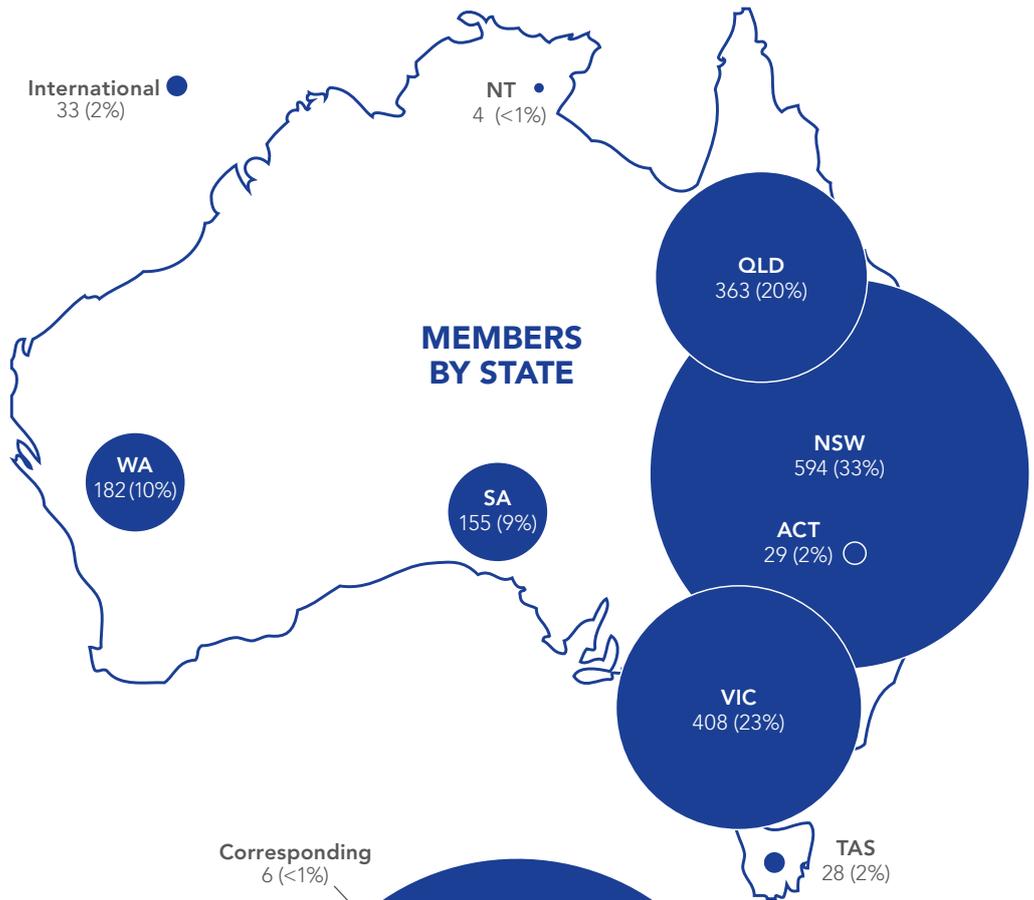
(Dates of birth by decade)



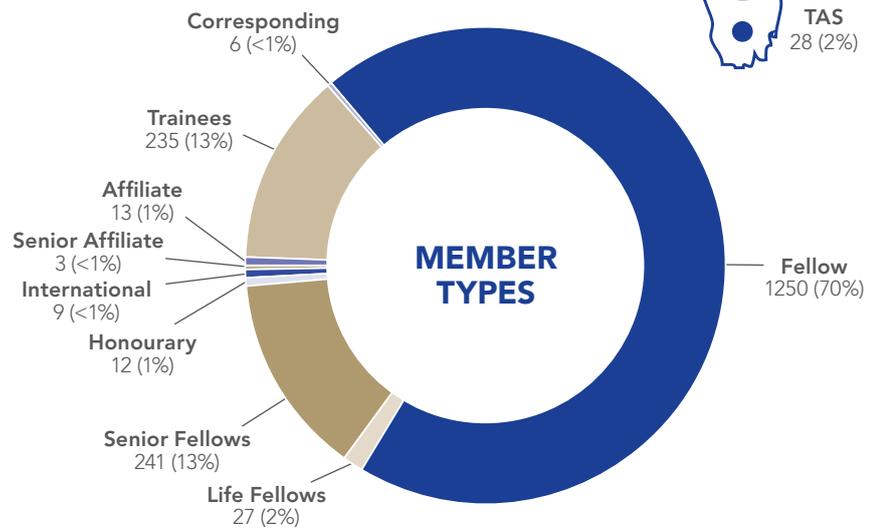
TOTAL

Practicing members as of 30 June 2019 = **1560**

Members as of 30 June 2018 = **1796**



MEMBERS BY STATE



MEMBER TYPES

HONOURS & AWARDS

L O Betts Memorial Medal:

Graham Mercer

Humanitarian Service Award:

Stuart Myers

Medal for Meritorious Service:

Roger Hargraves, Stephen Ruff & George Sikorski

Award for Leadership:

Andrew Wines

Orthopaedic Research Award:

Paul Smith & Piers Yates

Service to Orthopaedic Education:

Paul Pincus & Kevin Woods

Honorary Fellowship:

Onder Aydingoz

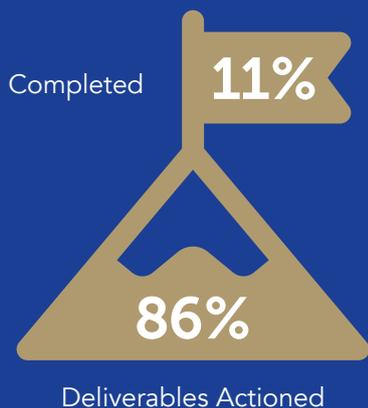
Life Fellowship:

David Marshall, David McNicol & David Sonnabend

Facts & Figures

AOA STRATEGY

AOA STRATEGIC PLAN
2019-2021



MEMBERSHIP



98%

of Australian orthopaedic surgeons are AOA members

SATISFACTION RATING

86%

2019 Annual Member Survey
+4% in 12 months



EDUCATION AND TRAINING

94% Milestones Complete  **91%** Tasks Complete

AOA 21

93,212



procedures logged
by trainees FY18-19

94%

AOA DoTs &
82% of all involved,
have completed
all workshops



AOA 21 workshops delivered

75

Hours of
training
complete

ADVOCACY

MEDIA PROFILE



136
mentions

\$2.8 
MILLION+

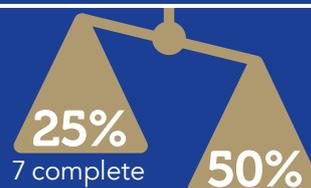
Estimated value of media profile incl.
OzHarvest CEO CookOff coverage

ASSISTANCE **466**

AOA assisted patients, surgeons,
government and NGOs with 460
advocacy issues, 2013-19

ETHICS

IMPLEMENTATION
PLAN



CDP

CONTINUING PROFESSIONAL DEVELOPMENT COMPLIANCE



99% for 2017

OPERATIONS

CONTRIBUTIONS

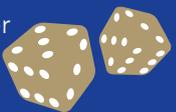
\$2.5 MILLION

contributed since 2013 to subspecialties and other bodies

RISK CONTROLS AND ACTIONS

681

Up 25% over 12 months



RACS FEES

\$7.3 MILLION

paid to RACS in training fees, 2008–2018



ACTIVE AOA CONTRACTS



Up 83% in three years

EVENTS

APPROVAL

★★★★★
92.5%

Attendees rated events as very good or excellent

EVENTS ATTENDEES

16,841

attendees at AOA events, 2013–18

OUTREACH

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

\$36K+

COMMUNICATIONS & IT

SOCIAL MEDIA FOLLOWERS



4300+
Up 44%



1321
Up 32%



750
Up 50%

AOA WEBSITE ENGAGEMENT

▲ **+13%**
Visits per user vs FY17-18

▲ **+5%**
Pages per visit vs FY17-18

▼ **-11%**
Bounce rate vs FY17-18

WEBSERVER

Webserver uptime



RESEARCH

\$948k

Research Foundation grants awarded, 2013–18

OUTREACH

100+ personnel, including AOA members and colleagues

10
Countries assisted



28
Visits

AOANJRR highlights of 2018

Reporting



1,492,892

Total number of joint replacement procedures recorded in the Registry at the end of 2018

Joint replacement procedures in 2018

122,500



879

Individual Surgeon Outcome Reports produced



1388

CPD Certificates released online via secure Surgeon Portal



Journal Articles Published

22



Podium Presentations

65



Conference Posters

13

39

Hospital Audit Reports produced



2018 Annual Report downloaded **31,883** times



Lay Summary downloaded **2,008** times



228

Ad Hoc Reports produced

Automated Industry Reporting System (AIRS) produced **802** reports in 2018

Projects underway

Grant Funded Projects

- **Stakeholder Access to Real-time PROMs Data** for Joint Replacement, Rapid Applied Research Translation (RART), MRFF Grant.
- **CRISTAL** - Comparing Two Standard Drug Protocols used for Preventing Venous Thromboembolism (VTE) Prophylaxis after Joint Replacement: A 10,000 Patient Registry Nested Clinical Trial (RNCT) MRFF Grant.
- Enhancing Joint Replacement Outcomes through **National Data Linkage**, NHMRC Grant.
- **Rehabilitation Outcomes** for Patients Receiving Joint Replacements: A Data Linkage Project, HCF Grant.
- Are Total Hip and Knee Replacements Associated with an **Increased Cancer Risk?** A Nationwide Cohort Study.



PROMs Patient Reported Outcomes Measures Pilot Study

45

hospitals participating

9,116

Pre-op PROMs recorded

2,277

Post-op PROMs recorded

Knee Osteotomy Registry



25 Hospitals now approved and another 21 hospitals with approval processes underway

ICT System built to deliver **Registry Nested Clinical Trials (RNCTs)**

20 YEARS OF THE AOANJRR

1999 Declared a Federal Quality Assurance Activity (FQAA)

1999 Hip & knee data collection commenced

1999 Partnership with University of Adelaide established

2000 First AOANJRR Annual Report

2002 Full national collection achieved

2007 First surgeon workshop held to review Annual Report

2007 Shoulder, wrist, ankle & spinal disc data collection commences nationally

2009 Federal funding legislated

2012 Secure online portals launched providing outcome data

2014 FQAA protection from subpoena upheld in court

2015 Over 1 million joint replacement procedures recorded

2015 Partnership established with the South Australian Health & Medical Research Institute and relocation to the Biomedical Precinct

2016 Annual individual Surgeon Outcome Reports released online

2018 Automated Industry Reporting System developed

2018 PROMs data collection commenced

2019 Registry Nested Clinical Trials commenced

2019 20th Annual Report produced

Reflections from around the world

On AOA 21 – The Association’s flagship education and training initiative

“...One of the best #meded projects I have ever collaborated on. All-star team and a dedicated community...”

Jason Frank, international medical education expert, Canada

On AOA leadership of the ACF and contributions to APEC ethics meetings

“Your organization’s longstanding commitment inspires policymakers across 21 economies...”

Christopher White, AdvaMed CEO, USA

“...the world’s largest consensus framework is a significant achievement...”

Diane Farrell, US Dept of Commerce

On the AOA Emerging Leaders Forum

“...AOA is setting a new standard...”

Niall Jefferson, ENT surgeon

On the AOA Board’s support for the AOA CEO’s fundraising efforts and consequent increase in the profile of orthopaedic surgery

“AOA now stands out as a beacon of corporate social responsibility...”

Ronni Kahn, OzHarvest

On the Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR)

"... the orthopaedic surgeons... they're the frontrunners here. The [AOANJRR] is very much a product of the endeavour of a committed group of surgeons, committed to excellence."

Mark Cormack, Federal Department of Health

"AOA has one of the largest joint arthroplasty registries in the world..."

Per Kjærsgaard-Andersen,
EFORT, Europe

"Wherever I meet colleagues from overseas they comment on how impressive the Aust Joint Registry is..."

Anonymous survey

On AOA Conferences and Events

"...delivering an international scientific meeting with varied stakeholders is certainly a challenge... [AOA] was able to achieve this seamlessly."

Denise Caruso, ANZSA

"I would certainly like to single out AOACEM for their professionalism, efficiency and attention to detail..."

David Parker, Asia-Pacific Knee, Arthroscopy
and Sports Medicine Society

"Their organisational skills are second to none..."

Drew Dixon, Australian Medico-Legal College

On AOA's contribution to the International Medical Education Leadership Forum (IMELF)

"We cannot overstate our gratitude..."

Andrew Padmos and Viren Naik, Royal College of Physicians
and Surgeons of Canada

On Orthopaedic Women's Link workshops for junior doctors and those aspiring to a
career in orthopaedics

*"I walked away with a clearly changed
perception of what orthopaedic surgeons
are like."*

*"As a smaller-framed, ethnic-minority female,
it was inspiring and reassuring to meet a smaller-framed,
ethnic-minority female who was a trauma boss."*

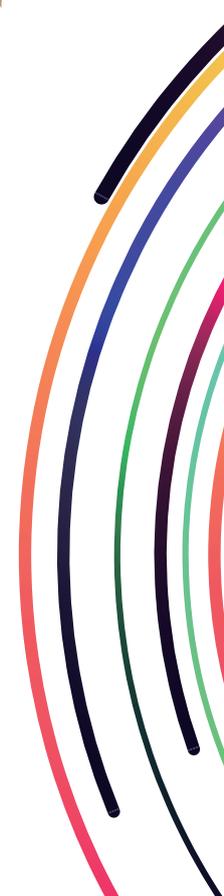
"I love, love, LOVED this workshop!!"

Anonymous feedback from junior doctors and medical students

On AOA's governance education sessions

*"AOA has really pioneered the development
of Governance Structure and also Surgical
Education in Australia."*

Stuart Philip, Urological Society of Australia and New Zealand



Board Committees and Chairs

As at 30 June 2019

BOARD COMMITTEE

CHAIR

Board of Directors	David Martin
ABC Travelling Fellowships Committee	Bill Donnelly
Asia-Pacific Committee	Andrew Beischer - completed May 2019; Ton Tran – commenced May 2019
President's and State Chairs' Committee	David Martin
Audit and Risk Management Committee	Andrew Ellis
Continuing Orthopaedic Education	Chris Vertullo
Continuing Professional Development Committee	Colin Whitewood
Federal Training Committee	Omar Khorshid
Advertising Complaints Subcommittee	Michael Gillespie
Clinical Quality Interim Committee	Michael Gillespie
Fellowships Committee	David Dickison
Honours and Nominations Committee	David Martin
IMG Assessment Committee	Ian Incoll
AOANJRR Committee	David Hale
AOA National Joint Replacement Registry Academic Advisory Panel Committee	Don Howie
Orthopaedic Women's link (OWL) Committee	Jennifer Green
Professional Conduct and Standards Committee	Colin Whitewood
Research Committee	Peter Choong
Rural Surgeons Committee	Chris Morrey
Spinal PFET Committee	Myron Rogers
Subspecialty Presidents Committee	David Martin
Ethics Committee	David Martin

AD HOC COMMITTEE OR WORKING GROUP

CHAIR

Champions of Change Working Group	Andrew Ellis
Code of Conduct Review Committee	Colin Whitewood
Digital Imaging Committee	Bill Donnelly
Patient Education Committee	Andrew Beischer
Workforce Working Group	Lawrence Malisano
Masters and Co-Badging Working Group	Peter Choong

Board Directors

As at 30 June 2019



D MARTIN

PRESIDENT



A ELLIS

FIRST VICE-PRESIDENT



M GILLESPIE

SECOND VICE-PRESIDENT



O KHORSHID

CHAIR OF EDUCATION
AND TRAINING



C WHITEWOOD

CHAIR OF PROFESSIONAL
CONDUCT AND STANDARDS



I HARRIS

SCIENTIFIC SECRETARY



M PIRPIRIS

STATE CHAIR DIRECTOR



C MORREY

GENERAL DIRECTOR



M DAMIANI

GENERAL DIRECTOR
AND TREASURER



C CONYARD

AORA PRESIDENT