



AOA

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

A photograph of a person wearing a hat and a backpack, walking away from the camera on a sandy dune. The background shows a vast, flat landscape under a dramatic sunset sky with orange and blue clouds. The image is framed by a large white triangle on the right side.

# Annual Report 2023-2024

# 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 2023

Interest in AOANJRR clinical studies increases following increased investment in people and infrastructure. Data requests increase; 84 per cent are research-oriented, seeking data reports to develop journal publications and scientific papers.

## August 2023

WA and SA/NT branches combine to deliver the first tri-state ASM, held over four days in Darwin.

## September 2023

First TAS OWL workshop for aspiring female orthopaedic surgeons is held, supported by RACS, with co-convenors Rebecca Tang and Peter Moore.

AOA leads Australian Ethical Health Alliance representation at an APEC Business Ethics for SMEs Forum in Washington DC. AOA CEO moderates keynote session involving ten countries with consensus frameworks. Australia's regional leadership is acknowledged.

The AOA 21 Review Report is published, providing details and context for 29 Board- and Federal-Training-Committee-approved recommendations regarding AOA 21.

## October 2023

AOA is the guest nation at the Royal College of Orthopaedic Surgeons of Thailand and ASEAN Orthopaedic Association ASM in Pattaya, Thailand.

VIC medical student Suzen Agharia wins the 2023 OWL Essay with her submission titled 'The Menu'.

National Rural Health Alliance CEO Susanne Tegen joins the AOA Board as the first external general director, providing valuable expertise in regional and rural medicine from a non-orthopaedic perspective.

## November 2023

AOA President Chris Morrey convenes AOA's most-attended ASM to date. Michael A Johnson is welcomed as AOA's 83rd president, and Second Vice-President Mark Moroney is welcomed to the Board.

AOA staff from across Australia participate in an OzHarvest experience and cook over 300 meals for the community.

45 Australian Indigenous Doctors' Association (AIDA) members join the second AOA 'Exposure and skills in orthopaedics' workshop at the AIDA National Conference, held at nipaluna lutruwita (Hobart, Tasmania).

A five-year AOA 21 Review recommendations implementation plan is approved by the Federal Training Committee and Board. Dean of Education Bryan Ashman presents highlights of the Review at the ASM.

The AOA QLD Branch provides a \$40,000 grant to help establish the Queensland Orthopaedic Registrar Research Collaborative.

## December 2023

22 orthopaedic surgeons, including AOFAS Chair David Lunz, are interviewed as part of a joint investigation by the *Sydney Morning Herald*, *the Age*, and *60 Minutes* on their experiences treating patients to correct issues following podiatric 'surgeon' procedures.

## January 2024

AOA fellows Graham Gumley (AM) and David Stabler (OAM) are recognised in Australia Day Honours.

A renewed flexible risk-management and appetite-reporting system is presented to the Audit and Risk Committee.

## February 2024

AOA leaders conduct a roadshow presentation at the American Academy of Orthopaedic Surgeons Meeting in San Francisco with global executives of 11 companies and leading clinical journals the *Bone and Joint Journal* and the *Journal of Bone and Joint Surgery*.

AOA represents the Oceania region as one of seven global regional ambassadors of the International Medical Education Leaders' Forum.

Dean of Education Bryan Ashman presents key findings from the AOA 21 Review at the 2024 Ottawa Conference in Melbourne (the leading global conference on assessment of medical competence). AOA 21 is recognised as a leader in competency-based orthopaedic surgical education and training.

Second Vice-President Mark Moroney travels with Orthopaedic Outreach to the 29th Nepal Orthopaedic Association Meeting and OrthoCon24.

The AOA Audit and Risk Committee welcomes two new external members. The expertise of risk, technology, and cyber security expert and professional board director Anne Garlick and KPMG Australia National Internal Audit Lead Partner Crag O'Hagan helps stabilise and future-proof all AOA technology platforms.

The first combined VIC/TAS ASM, held from 23-25 February in Hobart, marks the beginning of a four-year cycle of combined VIC and TAS branch ASMs to be held in TAS.

## March 2024

The AOA Board approves plans to conduct a due-diligence investigation into the feasibility of seeking direct accreditation from the Australian Medical Council for education, training, and awarding fellowships for orthopaedic trainees.

The Queensland Orthopaedic Research Fund launches the QLD Musculoskeletal Network, a formal conduit for networking and collaboration in research.

A record 282 people apply for Selection into training, including the highest number of female applicants to date (65).

## May 2024

The AOANJRR receives increased and additional funding for core activities from the Federal Budget, following years of advocacy efforts by AOA members.

The Musculoskeletal Patient Advocacy Coalition meets with Federal Minister for Health the Hon Mark Butler to advocate for health reform awareness and action to address MSK conditions through the Health Minister's Reform Agenda.

AOA collaborates with the AIDA to launch the first AOA AIDA ASM Bursary Program, providing two AIDA members full complimentary registration to the 2024 AOA ASM.

The AOA OWL Bursary program runs for the second year following a positive reception and is extended to support female medical students and doctors in training.

Long-range strategic blueprinting and strategy of the Research Academy concept progresses with key meetings in May and July, with a further meeting scheduled for August ahead of an October roundtable.

AOA is represented on the cross-college working group tasked with implementing National Health Practitioner Ombudsman recommendations regarding greater transparency and accountability in specialist medical training site accreditation.

## June 2024

AOA and other surgical specialties make a significant contribution to RACS's monitoring submission to the Australian Medical Council, seeking to address conditions on ongoing accreditation of surgical training.

Emerging leaders from across multiple Australian and New Zealand surgical specialties attend the refreshed AOA Emerging Leaders Forum in Melbourne.

60 female medical students and junior doctors attend the largest OWL workshop to date at Royal North Shore Hospital in NSW.

AOA staff gather across multiple sessions to formalise staff values focused on supporting each other to grow and excel in a safe, enjoyable and highly productive environment.

# President's Report

**Michael Johnson**



When I have travelled both in Australia and overseas this year to meet members and attend various meetings, I have learnt a lot about the opportunities and challenges facing professional organisations. From these discussions I get the impression that AOA is in a relatively strong position in comparison to many overseas professional organisations.

One of the pleasures of this year has been to attend the annual meetings in Korea, Singapore, India and Japan, and see first hand the excellence and innovation that is present in our close neighbours.

In contrast to a number of previous presidents I did not have a specific focus for my presidency, but instead wished to consolidate a stable period after several years of both internal and external challenges.

**I would like to concentrate on three topics: the AOA-RACS relationship, Board composition and some aspects of advocacy.**

## THE AOA-RACS RELATIONSHIP

There are of course multiple other areas in which AOA is involved, but I will leave those aspects to the relevant portfolio chairs in their reports.

We need to continually remember that it is not necessary for registered orthopaedic surgeons to be members of AOA, or for that matter RACS, and it is therefore essential that we concentrate on maximising the relevance and value that AOA provides to both members and trainees.

The recent troubled period at RACS has prompted the Board to institute a re-examination process of the governance and cost structure of orthopaedic training and continuing medical education. In an ever-changing world, the Board feels that we need to examine the most efficient and cost-effective way of delivering AOA services, including education and training, and not assume that the models that have been used in the past are appropriate for the future. An extensive investigation or 'due diligence' is being undertaken to determine the advantages in providing education, training and CPD independent of the College of Surgeons. This does not mean that AOA feels that it is necessary or appropriate to no longer take part in many activities of the College, but rather that we should take greater responsibility for those areas that we can do in a more cost-effective and efficient way.



The AMC and NZMC will not accept substantially different regulatory and governance processes on either side of the Tasman. Therefore the 'due diligence' action is being undertaken in concert with the NZOA, who have similar concerns. The exercise is being done transparently with regular meetings and updates being held with the NZOA, RACS and the AMC.

## THE COMPOSITION OF THE AOA BOARD

This re-examination of the functions of AOA has also highlighted the increasing complexity of AOA as an organisation. The organisation is now increasingly sophisticated, with member-facing services in education and training, CPD and professional standards, the AOANJRR, event management, member services and branch support, research facilitation, and Outreach and Asia-Pacific engagement. This is based on a sound foundation of financial management, staff commitment, communications and IT support, security and privacy. The complexity of the organisation now requires increased sophistication of skills on the Board; A motion for constitutional change will be put to the members at the time of the AGM to have three independent directors on the Board. As a member organisation it is essential that we continue to have a significant majority of orthopaedic surgeons on the Board. However, we also need to accept the limitations of the skill set of orthopaedic surgeons. We need to embrace and value the diversity of opinions and skills that can be offered by people from other backgrounds. Not only do they provide unique skills in finance, risk and strategy, IT, and the medical regulatory environment, they also provide insights about how orthopaedics and orthopaedic surgeons are viewed by the outside world. I would encourage members to support this constitutional change at the time of the AGM.

## OPERATING PODIATRISTS

AOA has had a major focus on advocacy over the last year. For many years, it has highlighted concerns about surgery performed by podiatrists at every opportunity, including multiple ministerial meetings with the various federal ministers. Finally a review was set up under Professor Ron Paterson secondary to evidence of high rates of Podiatry Board notifications and community concerns about the use of the term 'surgeon'. Whilst the review made many sensible recommendations, we do not feel that it has addressed a major concern in that it has suggested changing the title from 'podiatric surgeon' to 'surgical podiatrist'. For the general community, this does not clarify the difference in education between podiatrists and surgeons, and it will be an ongoing area of advocacy.

## WAITING LISTS

AOA has also facilitated a coalition with consumer groups concentrating on increasing the consumer utility and transparency of surgical waiting lists. Meetings have been held with the Federal Minister as well as multiple state jurisdictions. We strongly believe that the present categories 1, 2 and 3, which concentrate on threat to life and immediate threat to health, grossly undervalue chronic disability. This is exemplified by the term 'elective surgery', which has a connotation that the surgery is almost a lifestyle choice. Also, for the average patient the publically available information about category wait time is of little use.

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...the definition of 'waiting lists and times' needs to be expanded to three separate lists: GP to outpatients, outpatients to waiting list, and waiting list to surgery.

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In addition the present definition of 'waiting lists and times' needs to be expanded to three separate lists: GP to outpatients, outpatients to waiting list, and waiting list to surgery. The present calculation of waiting lists is becoming so open to gaming to be of decreasing value. It is necessary for waiting-list data to be displayed in a manner useful to patients in order for musculoskeletal problems to have a level of community awareness consistent with the burden of disease. Examples of more useful patient-centric data can be seen overseas such as in Canada.

## DIGITAL IMAGING

AOA has also had concerns about the increasing access issues related to digital radiology services. I am sure we are all well aware of the frustrations related to multiple usernames and passwords and lack of access to public hospital databases. In June 2023 under the leadership of John Cunningham and Michelle White, AOA convened a roundtable discussion with RANZCR, the Australian Digital Imaging Association and RACS. This meeting illustrated much common ground and this has resulted in an ongoing process which is likely to lead to considerable improvement. Over the last 15 years the government has prioritised funding for electronic medical records, and hopefully this coalition of groups will be able to advocate for the funding necessary to improve the utility of the present disorganised digital imaging system.

## WORKFORCE

Medical, including orthopaedic, workforce is an area of particular concern to government. This is in response to a number of factors including geographic maldistribution, changing demographics and rapidly changing health care options and technology.

This has initiated three recent government reviews: the National Medical Workforce Strategy, the "Kruk Report" concerning registration of overseas-trained practitioners, and the National Health Practitioner Ombudsman's report on training-site accreditation.

Change will be inevitable and AOA has been advocating on many fronts to ensure the quality of patient care is not eroded.

The orthopaedic workforce will need to be increased, although accurate data is not available. We are going to fill this void both by resourcing analysis of existing databases and also asking members for more workforce detail at the time of annual subscription. I would encourage members to provide information as there is great benefit in the most accurate orthopaedic workforce data being held by AOA.



Funding of AOANJRR  
core activities, unchanged  
in eight-year period at

**\$2.3m**

We believe that the solution to workforce issues is multifactorial: increased training through increased site accreditation, ensuring hospitals are attractive places to work, and, to a lesser extent, the use of overseas-trained specialists.

The "Kruk Report" focussed on the third issue and as a consequence National Cabinet has required the Medical Board of Australia to use regulation to set up a new, faster pathway to registration for some specialist international medical graduates. The plan is to set up an expedited pathway for doctors with selected qualifications to sit alongside the existing pathway to specialist registration. The existing pathway will remain in place for candidates not eligible for the expedited pathway.



AOA and the Australian community has greatly benefitted from its members trained overseas. We feel however that any expedited pathway needs to have a rigorous assessment process and a subsequent supervision process both to assist the specialist and to obtain direct observation of their skills and decision making. Any process must provide not only community safety, but also an environment in which the overseas-trained doctor can succeed.

## AOANJRR SUPPORT

The other important pillars of workforce planning are training-site accreditation and workplace staff retention. These are both areas where multiple stakeholders have a responsibility. We of course must ensure that accreditation standards are reasonable and relevant, whilst jurisdictions must accept their role in helping individual hospitals to meet the requirements. It is clearly very complex, but as an example senior AOA members and staff on several occasions visited individual hospitals to discuss difficulties. It is fascinating how what appear to be major difficulties can be resolved during a respectful face-to-face meeting.

Another area of significant advocacy this year has been in relation to funding of AOANJRR core activities. This had remained stable at \$2.3m p.a in the eight-year period 2014/15- 2022/23.

This level of funding has been inadequate to fund the increased costs related to, amongst other things, inflation, the increased size of the database and its analysis, and increased data security requirements.

Over the last few years, AOA and the Registry team have been advocating tirelessly with the federal and state governments and the MTAA for increased funding. There has been an enormous number of meetings and subsequent email traffic explaining the need to maintain what is one of the pre-eminent surgical databases both in Australia and globally.

Fortunately, funding for core activities has been increased to \$2.674m for 2023/24, and most recently an additional \$1.249m was provided, making the total for 2023/24 \$3.92m.

For 2025/26 the federal budget papers show an increase of \$1.561m over and above the inflation-adjusted \$2.674m - expected to be \$2.754m - making a total of \$4.3m for 2025/26.

Beyond that date, funding is subject to an overall review of the core registry funding models. This will be an ongoing area of considerable advocacy.



For 2025/26 the  
federal budget papers  
show an AOANJRR  
funding increase of

**\$1.56m**

## THANK YOU

Finally I would like to thank the Board, AOA members, staff and trainees. I have been on the AOA Board for eleven years and this has given me an opportunity to get to know a large number of people outside my normal spine surgery ecosystem. The Board members have universally been a wonderful group and I have made many lifelong friends.

As a group, they have selflessly demonstrated a desire to continually improve orthopaedics and patient care.

I must mention Scott Fletcher and Mark Moroney, the vice-presidents. They both have been always available to give me much-needed sensible advice.

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AOA is extremely fortunate in the time, energy and effort given by our members in all activities including training, committees, outreach etc. We have all benefitted from the commitment of our colleagues and I would like to thank you all. I promise you that this dependence on member support is at the forefront of decision making, as it cannot be taken for granted.

I must thank Adrian Cosenza and all the AOA staff. The AOA staff work tirelessly, largely behind the scenes. This has been particularly so over the last few years when there has been a period of financial uncertainty. It is only through being involved that you realise the effort shown, the topic-matter expertise, and loyalty to AOA of this group.

I would also like to acknowledge the trainees. The trainees are the future of our organisation and I wish you all the best in the future. I would encourage you to make time for AOA activities in your busy schedule. It has certainly been a very important part of the enormously rewarding career that I have enjoyed.

Lastly, I would like to thank Maggie, my wife. Orthopaedics is often an all-consuming career with many challenges. Her support (and editing) has been essential and much appreciated.

# CEO Report

Adrian Cosenaza



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

On the cusp of a new era, leveraging foundations laid over the past decade.

## A DECADE OF FOUNDATION BUILDING

Under the stewardship of a fully engaged and prudent Board of Directors, notwithstanding a differing composition of directors each year, AOA has grown, developed and matured into a widely respected professional association over the past decade. Each chair has led the Board with purpose, guided by members' feedback and contributions from across Australia.

The environment in which the practice of musculoskeletal and orthopaedic medicine is applied has changed remarkably and continues to change at an unprecedented pace. The experience and feedback from members and trainees in education, training, professional standards, clinical practice, research and advocacy within hospital and jurisdictional environments and elsewhere guide AOA in developing and providing resources to best equip members for the delivery of improved patient outcomes.

Over the past decade the association has embarked on ambitious and globally benchmarked strategic initiatives designed to both respond to and anticipate rapid structural and other changes in technology advancements, cyber risks, significant regulatory shifts, cultural imperatives, climate change, impacts of the ageing population and tectonic shifts in geopolitics. The vital link between strategy and risk has never been more important.

The health sector is a critical part of the Australian economy and is arguably the most complex, with many players – state and federal, private and public, professional colleges and associations, and patient lobby groups – and the complex interplay of regulation and sometimes unwieldy national governance frameworks.

In response to these ongoing and dynamic changes, over the years AOA has, amongst other initiatives:

- commencing in 2012, proactively designed, developed and delivered a world-class competency-based training and education program – AOA 21 – followed by a recently completed international expert panel review in 2023
- further enhanced and developed the AOA National Joint Replacement Registry, solidifying its global reputation as the premier arthroplasty registry. This development has been embedded through successive strategic plans from 2012, including implementing recommendations from two independent reviews in 2014 and 2021



- invested in repositioning research as a critical component of delivering quality improvements to patient care through the development of the first research strategic plan in 2016, with a subsequent refresh in 2022
- reaffirmed a commitment to ethics and professionalism with the development of the Ethical Framework in 2016 and strengthening of the Code of Conduct in 2020
- reenergised its focus, since 2015, on contributing education, service delivery and humanitarian support in the Asia Pacific region through the development of a targeted Asia Pacific strategic plan
- developed the very first diversity strategic plan in 2018, since refreshed in 2024, and
- refreshed a specific focus on orthopaedic rural health through the development and progression of a regional orthopaedic surgery strategic plan from 2022.

Support for the delivery of strategy requires investment in governance, risk, leadership, long-range plan development, relationships, technology and people.

During this time the Board has stewarded AOA's execution capacity and the capability required to deliver desired outcomes by:

- modernising and strengthening governance through overseeing two constitutional changes in 2015 and 2022, with another to be proposed at the 2024 Annual General Meeting
- guiding the professional adoption of internationally benchmarked risk-management systems since 2012, which more recently were enriched in 2022 with the adoption and practice of monitoring risk tolerance reflected within the ambit of the Board's risk appetite statement. The Board recently held a half-day workshop reviewing key AOA risks; this provided a platform for refinement, repositioning and enhancement for coming years
- supporting the careful, prudent, professional and expert financial management of the association, with members' funds since 2010 growing from \$10m to almost \$20m in 2024, providing a sound foundation for future investment
- fully supporting the delivery of the Emerging Leaders Forum in response to members' appetite for leadership education, with delivery of the first session in 2014 and the most recent in 2024, with resounding commendation from participants
- significant technology investment, not limited to modernising the website, launching education tools and apps, enhancing registry services, automating fellowship and research application processes and, in particular in the past two years, meaningful investment in cyber risk governance and security
- strongly supporting people and culture initiatives through attraction and development of AOA staff to support member services, with staffing levels steadily increased over the years in response to member- and Board-led requirements as the association becomes increasingly complex and sophisticated, and
- robust relationship management and collaboration with members through state, subspecialty, and Board committees as well as externally, including government, regulators, patient advocacy groups, industry, universities and research institutions locally and globally.

## members' funds growing



2010 from **\$10m**  
2024 to circa **\$20m<sup>+</sup>**

## A NEW ERA EMERGING

During 2023–2024 the Board guided important strategic matters including but not limited to:

- proposing to further strengthen AOA governance by seeking to increase the number of external independent directors to three; undertaking the fourth Board effectiveness review; and streamlining Board committee structures to provide a ‘fit for purpose’ governance rhythm to address 21st century systemic challenges facing AOA
- in response to the matters surfacing in 2023 affecting the stability of the Royal Australasian College of Orthopaedic Surgeons (RACS) and informed by strong AOA member reaction, initiating a due-diligence process of conducting a comprehensive and systematic review, examination, and assessment to determine whether AOA could deliver a world-class competency-based surgical education training program, including examination and qualification, at a meaningfully lower cost than under the present direct RACS accreditation model. The motive to conduct the due diligence is primarily driven by business pressures facing members and trainees and acknowledgement that the current system of training through the RACS accreditation model is unlikely to be the most efficient or cost-effective in comparison to other potential modes of delivering accredited training and education
- providing strong thought leadership in seeking to more purposefully connect and leverage AOA clinical expertise, clinical practice, education, training and research capability as part of an ambition to focus on holistic and integrated quality improvement for patients in the treatment of musculoskeletal disorders and injuries, through the creation of an ecosystem presently termed ‘academy’
- leading the technology strategic vision for the registry and research data services to ensure that it remains contemporary and fit for purpose well into the 21st century
- spearheading AOA to continue to seek sources of revenue diversification adding to the current sources comprising government grants, events, fellowship, sponsorship, alliances, members, trainees, research data, advertising and communication, and
- with the expertise provided by new external Members of the Audit and Risk Committee Anne Garlick and Craig O’Hagan, new external Member of the Board Susanne Tegan and newly established Technology Executive Manager Corinne Archer, reviewing, remediating, stabilising and future-proofing all of AOA’s technology platforms to support the Registry, education and training, communication and member services.

The Board is mindful of its oversight to ensure that there are plans in place to address the key strategic risks, including:

- securing long-term financial sustainability
- providing sufficient resources to ensure the Board provides the required level of AOA staff to support the ambitious agenda
- repositioning technology governance and cyber governance
- undertaking the comprehensive effort required to carry out the due diligence and
- simultaneously charting, developing and navigating execution of recommendations arising from key strategic reviews (AOA 21 and Registry), whilst blueprinting reimagined technology architecture for AOA’s future state, and shaping the potential new capability required for a research ‘academy’ ecosystem for the next five to ten years.

## 2023–24 ACHIEVEMENTS BUILDING ON AOA'S ESTABLISHED TRACK RECORD

- For the 2022–2026 strategic plan comprising 62 milestones, 81 per cent of milestones are in progress, only 16 per cent not started and three per cent are complete.
- Notable achievements are completion of the recommendations arising from the AOA 21 Strategic Review, the approval of the resulting implementation plan, and the substantial completion of the 2021 Registry Review Implementation Plan.
- Relentless, tight ongoing financial management and oversight to chart the successful \$2m turnaround foreshadowed last year, resulting in an operational surplus for 2023/24 thanks to prudent and meticulous financial stewardship.
- In particular, it is pleasing to note the strong revenue growth of over 40 per cent over the past 12 months, through continuing diversification providing a robust foundation for AOA to navigate funding challenges and investments required in member services in the coming years.
- Strong progress in further strengthening AOA's risk-management systems through application of leading-edge techniques to provide the Audit and Risk Committee and the Board with improved risk insights and information to better enhance risk mitigation and risk-control management.
- Excellent nurturing and consolidation of the musculoskeletal patient advocacy coalition resulting in meetings with federal and state health ministers advocating to address the systemic issues for Australia's second-highest burden of disease. This patient coalition working with AOA comprises the Australian Patients Association, the Consumers Health Forum of Australia, Arthritis Australia, Pain Australia and MSK Australia.
- Collaborations and relations with NZOA in particular have strengthened, with the New Zealanders joining AOA in the due-diligence exercise.
- Robust and contemporary international relationships through interaction and rich exchange of insights, lessons and communication with orthopaedic associations from the United States (American Academy of Orthopaedic Surgeons and American Orthopaedic Association), Britain, South Africa, New Zealand and Canada enables AOA to benchmark many activities and provides valuable global experiences and access to expertise. AOA also maintains strong relationships with the Asia Pacific Orthopaedic Association (APOA), European Federation of National Associations of Orthopaedics and Traumatology (EFORT) and the Royal College of Physicians and Surgeons of Canada. AOA represents the Oceania region, serving as one of seven global regional ambassadors, on the International Medical Education Leaders Forum, which brings together senior thought leaders to discuss, learn and share ideas and experience in medical education across the globe.
- Strategy development sessions with the respective boards of Orthopaedic Outreach and the AOA Research Foundation, both facilitated by AOA, have assisted Orthopaedic Outreach in developing its first strategic plan, while providing the AOA Research Foundation with the impetus to develop their second strategic plan.

For the 2022–2026 AOA strategic plan comprising 62 milestones

**16%**

not started

**81%**

in progress

**3%**

COMPLETE





## AOA STAFF

- AOA staff provided robust, tireless and resilient support and service to members and the Board during a very busy year. This occurred during the tight cost-control period requiring fiscal discipline as the Board stewarded the projected \$2m turnaround mooted a year ago.
- With the loss of anticipated revenue from cancellation by the government of the previously anticipated funding for the Registry in July 2023 and the cancellation of some meetings resulting in loss of revenue, combined with the lower planned revenue contributions from the ASM held in October 2023 in Melbourne, cost control was a key focus throughout 2023/24 to achieve the Board's required positive operating surplus financial result for 2023/24.
- Staff workload remained at high levels requiring careful management and care. I am very grateful for the amazing culture, teamwork and camaraderie demonstrated by AOA staff all over the country.
- It is pleasing to note AOA staff relief and gratitude following the achievement of the 2023/24 financial turnaround with Board-approved additional staff resources underway to assist in ameliorating some of the significant work scheduled.
- AOA staff co-created staff values over a nine-month consultation period. AOA staff values are:
  - Remember we are human
  - Grow through opportunities and challenges and
  - Respect, recognise and celebrate.

## SUMMARY

The 12 months of 2023/24 have been a highly effective, productive and successful year:

- substantially delivering on most milestones within the various strategic plans
- achieving – indeed exceeding – the targeted \$2m ambitious financial turnaround
- substantially improving risk and governance in technology and cyber-risk
- progressing a more sophisticated risk-management system more 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 active 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 Michael Johnson for his outstanding leadership and wise counsel 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



Throughout the 2023/2024 year, your Federal Training Committee (FTC) has continued to steer the training program towards the goals of the original AOA 21 project. Last year my report included commentary of the process undertaken to review the AOA 21 Training Program. In September 2023 we published the [AOA 21 Review Report](#).

Towards the end of 2023 both the FTC and the Board approved an implementation plan following the recommendations of the Review, which were stratified across three years. Members can refer to my 'Implementation of the AOA 21 Review Recommendations' article in the Autumn 2024 *Bulletin* for more information on the Implementation Plan.

Work began immediately on the Implementation Plan, with good progress on a number of the initial priority areas. The FTC quickly realised that the timeline was a little ambitious, and the plan has subsequently been refreshed to a three-to-five-year plan.

	Theme	Associated Recommendations	Implementation Timeline				
			Q2, 2023	Q1-Q2, 2024	Q3-Q4, 2024	2025	2026
Over-arching	Communication		Ongoing & continuous				
	Engagement		Ongoing & continuous				
1	Accreditation	1a, 1d	Ongoing & continuous				
		1b, 1c, 1e					
2	Curriculum / delivery	2a, 6a	Ongoing & continuous				
		3a					
		2c, 6b					
3	Faculty development	3c, 3d					
4	Research	4a, 4b, 4c, 4d					
5	Assessment	5a, 5b, 5d, 5e	Ongoing				
		5f					
6	Subspecialty exposure	6c					
		1b, 2b, 6c					
7	One source of truth	7a	Ongoing & continuous				
			Ongoing & continuous				

Table 1: AOA 21 Review Implementation Plan Timeline

Implementation Timeline Code	Development
	Implementation

The regulatory environment in which we deliver the training program is increasingly complex. Many external factors have impacted on progress and required diversion of resources in the last year.

## ACCREDITATION OF TRAINING SITES

Accreditation had been flagged as a priority area of action for the recommendations of the AOA 21 Review. Around the same time that we were publishing our Implementation Plan, the National Health Practitioner Ombudsman (NHPO) published a report titled 'A roadmap for greater transparency and accountability in specialist medical training site accreditation'. The report highlighted priority areas for improvement in training-site accreditation processes and called for a consistent framework for accreditation to be developed and rolled out across all medical colleges.

Over the past few months AOA National Education and Training Executive Manager Ally Keane has been a part of a cross-college working group tasked with developing agreed model standards and processes for all colleges. A review of the AOA 21 Accreditation Standards will need to align with this new framework and the associated processes, which are due to be published by the end of 2024.

**22 reviews**

undertaken across the  
2023/2024 financial year



Our Accreditation Committee continues 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 22 reviews undertaken across the 2023/2024 financial year.

On behalf of the FTC and the Board I would like to extend heartfelt thanks to Sindy Vrancic, who completed her second term as chair of the Accreditation Committee at the end of 2023. Sindy's dedication and diligence in undertaking her responsibilities cannot be overstated. Her leadership was crucial to the success of the AOA accreditation process.

## SPECIALIST INTERNATIONAL MEDICAL GRADUATE ASSESSMENT

Whilst assessment of specialist international medical graduates (SIMGs) is primarily a RACS responsibility, for orthopaedic SIMGs RACS relies on the contribution of orthopaedic surgeons to facilitate these assessments. AOA's SIMG Assessment Committee is involved in initial assessments and ongoing monitoring of SIMGs on a pathway to fellowship.

In December 2023 the Federal Government endorsed the final report of the 'Independent review of Australia's regulatory settings relating to overseas health practitioners' by Robyn Kruk (The Kruk Report). The recommendations of the Kruk Report seek to address Australian workforce shortages by immediately increasing the number of internationally qualified health practitioners able to practice in Australia. A key outcome of the Kruk Report is the development of expedited registration pathways for medical specialists. Considerable advocacy and engagement efforts have been expended toward ensuring that any expedited pathway does not reduce the standard of care being provided to the Australian community.

I would like to acknowledge the extraordinary efforts of Vera Sallen, who has just completed her second term as SIMG Assessment Committee chair. Vera has been pivotal in ensuring the maintenance of standards in the SIMG assessment processes. She has meticulously worked through countless applications, sifting through hundreds of pages for each document-based assessment. Her contributions cannot be overstated.



## AMC ACCREDITATION

Most members will be aware that, following submission of a monitoring report in 2023, the AMC granted RACS only a six-month extension to the accreditation of the surgical training programs, including AOA 21. RACS has 20 conditions on its accreditation and the AMC was not satisfied that sufficient evidence had been provided in the submission to allow an effective assessment of progress.

AOA had previously undertaken a self-assessment against the 20 conditions and developed an action plan which the FTC has methodically been working through over the past few years. Our self-assessment is that 70 per cent of conditions are now considered met by AOA, with some activities complete but ongoing. It is important to note that a number of the conditions relate to RACS-wide activities that AOA contributes to but cannot satisfy alone.

We continue to work collaboratively with RACS and the other surgical specialties towards achieving the AMC conditions, with regular workshops and substantial behind-the-scenes activities.

## ACTIVITY-CASED COSTING

Alongside the strategic review of AOA 21, a refresh of the activity-based costing that determined our training fee for the previous SET program was commenced for the more complex requirements of AOA 21. It was not possible to undertake the costing in a complete and thorough way until the entirety of the AOA 21 Training Program had been undertaken by the first cohorts of trainees, and the related processes embedded. This was a labour-intensive process, led by AOA's hard-working education and training staff over many months. The results of this were presented to the FTC, Board and AORA Executive in late 2023. Understanding the financial burden of training, the FTC is working to identify ways to reduce costs for trainees. This is part of the impetus for the due-diligence process investigating direct AMC accreditation for training.

## TRAINING DELIVERY

As always, concurrent to the many strategic projects that look to ensure we provide the best possible training, the daily operations of the training program are ongoing. Our trainee numbers are slowly increasing and the need for our members to teach, supervise, assess and mentor our trainees as they work toward their specialist qualification is a constant requirement in that continued growth. Across the spectrum of contributions made to these essential activities, it is always apparent that our members see the opportunity to train the next generation of orthopaedic surgeons as both a privilege and a responsibility. We cannot sufficiently express our appreciation except to acknowledge once again that our members are the backbone of the AOA 21 Training Program. Please continue to provide feedback, and complete those workplace-based assessments!

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**We cannot sufficiently express our appreciation except to acknowledge once again that our members are the backbone of the AOA 21 Training Program.**

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We have been working hard to develop resources to better support those in training roles - I hope you have had the opportunity to review some of the excellent training material now available on the Learning Management System. We look forward to releasing another batch of modules in the new financial year.

## SELECTION

Selection continues to be a challenging issue, as it brings with it high-stakes decisions that impact on the careers of many excellent young unaccredited registrars. The demand for training places continues to gradually increase with a record number of applications once again received in 2024. This increased growth in interest unfortunately translates to higher numbers of unsuccessful applicants. With the removal of the maximum number of attempts, it is more important than ever that we continue to provide frank and honest feedback on performance to this cohort.

The RTC chairs have been offering counselling sessions to applicants who have applied unsuccessfully three or more times over the past few years. 58 unsuccessful applicants from this year's cohort are eligible for this additional feedback opportunity. The reality is that currently, less than 20 per cent of applicants can be offered a training post in any year.

The Selection process this year was largely unchanged from the previous year in an attempt to embed the new sequence: CV barrier assessment, situational judgement test, multi-mini interview and verbal referee report. The engagement of our members with the Selection process is quite extraordinary! Over 500 members were involved with either interview or referee reporting, or both. On behalf of the FTC and the Board I thank each of you for your dedication to helping us select next year's trainee intake.

## THANKS

In conclusion, please join me in thanking the Federal Training Committee for all that they do to support the training program:

Name	Role
Paul Allcock	SA/NT RTC Chair
Greg Hogan	WA RTC Chair
Peter Moore (outgoing) & Sam Joseph (incoming)	VIC/TAS RTC Chair
John Radovanovic	QLD RTC Chair
Ben Gooden (outgoing) & Ed O'Leary (incoming)	Northside NSW RTC Chair
John Estens	Newcastle NSW RTC Chair
Jai Sungaran	Southside NSW RTC Chair
Sindy Vrancic (outgoing) & Andrew Wines (incoming)	Accreditation Committee Chair
Vera Sallen (outgoing) & Jon Smith (incoming)	SIMG Assessment Committee Chair
Alison Taylor (outgoing) & Harvinder Bedi (incoming)	Senior Orthopaedic Examiner
Bryan Ashman	Dean of Education
Susi Tegen	External Representative
Brett Oliver	Jurisdictional Representative
Danielle Wadley	OWL Chair
Michael Johnson	AOA President
Hussain Al-Ramadani	AORA President
Scott Fletcher & Mark Moroney	Presidential Line Observers

Most especially, my thanks go to our wonderful Education and Training staff, including the regional managers and training officers, who support the regional training committees! This group of extraordinary individuals give generously of their time and work tirelessly to ensure our training processes run smoothly.

# Education Report

A/Prof Bryan Ashman, Dean of Education



President  
CEO  
Education  
AORA  
PCS  
AOANJRR  
OWL  
AOARF  
Outreach  
Scientific  
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Members  
Treasurer

## INTRODUCTION

This year our efforts in Education have centred around developing a framework to implement the changes to AOA 21 which were announced at last year's ASM following the Report on the AOA 21 Review. The Education team has also been involved in conversations with the Australian Medical Council and RACS regarding the 2023 AMC Accreditation Report giving an extension of time to RACS to address several issues deemed to need resolution to meet the required criteria for reaccreditation. Included amongst these are SIMG supervision and assessment, cultural competence and safety training, training in perioperative medical management and external stakeholder feedback on surgical training.

## AOA 21 REVIEW

Some of the findings of our review last year were presented at a podium session at the Ottawa Conference on the Assessment of Competence in the Health Professions in Melbourne in February. We have also been invited to give a keynote lecture at the 2025 winter meeting of the American Orthopaedic Association's Conference of Residency Program Directors in Nashville next February. Several papers are being prepared for publication relating to validation of assessment, the impact on trainees and supervisors of the change from SET to AOA 21, and managing bias in assessment.

## CHANGES TO AOA 21 AS A RESULT OF THE REVIEW

The Federal Training Committee and the AOA Board have considered the recommendations for changes to AOA 21 in the light of the Review findings, and approved in principle the following actions:

- Reduce the number of WBA requirements for module completion
- Reduce the number of mandatory Level One procedures for module completion and develop case number ranges for those remaining, in consultation with subspecialty societies
- Revise the WBA templates to allow initiation by trainees and incorporation of self-reflection
- Review the place of feedback entries
- Review the Foundation Skills curriculum
- Review the research activity requirements
- Review access to subspecialty training posts
- Review the compulsory RACS courses

Further details and a proposed timeline for implementation will be presented at the ASM in October.

## CULTURAL COMPETENCE AND CULTURAL SAFETY TRAINING FOR AOA 21 SUPERVISORS

The AMC has mandated that evidence of training in cultural competence and cultural safety (CC and CS) be required for all supervisors and trainers by the end of 2024.

The training requirement can be met by participating in any CC and CS course, either through local hospital VMO accreditation processes or by an online course offered by RACS or the Australian Indigenous Doctors' Association. Evidence is a certificate of completion uploaded via the AOA Learning Management System on the website.

There will also be an ongoing annual requirement for all consultants to undertake a CC and CS activity via the CPD program. The CPD requirement is for one activity per year with no minimum hours. A list of activities will be available on the CPD portal.

# AORA President Report

Hussain Al Ramadani



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

As we wrap up another year, I want to take a moment to reflect on our collective journey and achievements. This year has been one of both significant challenges and notable successes for the AORA executive team. I extend my deepest gratitude to all of you; your unwavering dedication and support have been instrumental to what we have been able to achieve.

The past 12 months presented considerable difficulties, particularly for our training registrars. The double whammy of a RACS and AOA training fee increase, coupled with the increased cost-of-living pressures faced by all Australians, hit trainees hard. This rising expense intensified the financial burden on registrars, especially those attempting to undertake flexible training pathways.

AORA has been on the forefront of advocating for our trainees on this issue over the last 12 months. I am very proud to report we have been able to negotiate:

- decreasing the size of the initial proposed fee increase for 2024
- reducing the cost of registration for the AORA ASM by 50 per cent
- reducing the AOA training fee incurred by part time trainees by 25 per cent
- removing the automatic inclusion of "optional subscriptions" on the annual trainee invoice, empowering our members to make more informed decisions about their subscriptions and ensuring they only pay for the services they choose to use
- having the Federal Training Committee recommend the removal of the ASSET course from being a mandatory requirement of the Intro training year, which if implemented will allow for a saving of over \$4000 for future trainees.

These accomplishments would not have been possible whatsoever without the help of the countless individuals that make up the various committees within AOA. The tireless commitment and passion of those involved with the AOA Board, Federal Training Committee, Accreditation Committee, and SIMG Committee (all of which I had the privilege of working with during my time as VP and president) is truly inspiring. This unwavering dedication not only underscores the strength of our organisation but also reaffirms the importance of collegiality. Almost everyone involved is doing so on a voluntary basis sacrificing time away from work and personal



commitments to improve the registrar experience. It has been a profound reminder of how each individual’s contribution, no matter how big or small, can play a critical role in success. I truly do hope that over the last year I have been able to act as a bridge between trainees and these committees, and in doing so shed light on the sacrifices you make for us. Thank you.

I’d like to conclude as I started. I want to reiterate my gratitude to the AORA Executive. Your commitment and resilience have been crucial. As we look ahead, I am confident that Jerry (incoming president) will continue the progress we have made. Thank you all.

## AORA EXECUTIVE

Jerry Lin	(NSW SS and VP, incoming President)
Naomi Pinto	(OWL)
Megan Cain	(SA)
Matt Greenaway	(WA)
Stephen Kent	(QLD)
David Graan	(NSW NC)
Raymond Kim	(NSW NS)
Catherine Guest	(VIC)

# PCS Report

Sue Liew, Chair Professional Conduct and Standards



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

Mahatma Gandhi said that seven things will destroy us. One of those things is knowledge without character. Maybe that is what we have been missing – character education...?

## CONTINUING PROFESSIONAL DEVELOPMENT

“This is what Gandhi means by knowledge without character—a lack of connection between what we know to be in everyone’s long-range best interest and our ability to act on that knowledge.”

The Compassionate Universe by Eknath Easwaran, copyright 1993; Nilgiri Press

First of all, a big thank you to Ally Keane and Vicky Dominguez, for their time, commitment, and endless patience in the development and maintenance of our CPD program, and a big welcome to Elise Tapper, who has joined the CPD team. Also thank you to the CPD Committee members who have provided guidance and wisdom in steering this ship.

## SO, WHAT HAVE WE BEEN UP TO THIS YEAR?

In 2022/23, the AOA Board decided that our preferred position was that the AOA CDP program should stay under the umbrella of RACS as our CPD home with the assumption that the RACS-AOA service agreement would eventually also encompass our CPD program. Thus, a lot of blood sweat and tears from the team was shed, jumping through the hoops of the accreditation requirements that the AMC placed upon RACS, and understandably the accreditation requirements RACS placed on us (and the NZOA). The latest piece of work within this has been discussing the way that RACS (and thus AOA and NZOA) will develop a way of evaluating any of our CPD programs. This sounds easy but when one starts thinking about it, in reality, it will need more data collection and would be akin to instituting PROMs for the AOANJRR... Anyway, that is just the detail! In Table 1, there is some more detail on the nuts and bolts of our AOA CPD program as it sits under the RACS CPD home umbrella, noting that self-reported CPD compliance for the 2023 (calendar) year is required for re-registration for the 2024 Ahpra registration year commencing in September 2024. Having a CPD home is not mandated until we apply for our 2025 Ahpra registration.

Indicators	2019	2020	2021/2022^	2023	2024*
No of meetings accredited	103	98	19	16	6
No. in the AOA CPD Program	848	980	965	1036	1035
No. compliant	819	937	936	1003	33
% compliant	97%	96%	98%	97.5%	3%
No. not yet compliant	29	49	29	33	1002
% not yet compliant	3%	5%	2%	2.5%	97%
AOA members not doing CPD	4 exempt	5 exempt	5 exempt	7 exempt	0 exempt

Table 1 – CPD data at August 2024

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

\*2023 CPD is due at the end of the calendar year

## BUT WAIT, WHAT HAS HAPPENED NOW?

Well, RACS has made a fiscal decision that surgeons doing the AOA CPD program will not come under the umbrella of the RACS CPD home unless they are also (some sort of) a member of RACS as well. And placed in the context of the due-diligence process that AOA is currently undergoing, one can understand that the AOA Board has now changed its position on becoming a CPD home by moving to commence the process of applying to the AMC directly for AOA to become a CPD home in its own right. In the meantime, we will also continue to work with RACS in meeting the AMC requirements as these requirements will need to be met regardless of whether we stay under RACS or become our own home, and we will continue to negotiate on the former versus the latter.

## WHAT ELSE IS NEW OR IN PROGRESS?

As predicted, a number of things have been nominated to become mandatory activities. Being up to date with our ANZASM forms was the first one, and now also for the 2024 CPD year, we need to do an hour of each of the CAPE (C-cultural competency; A-addressing health inequity; P-professionalism; E-ethics) activities as mandated by the AMC. Finally, accessing and reflecting on our personal AOANJRR data is 'highly desirable' for 2024 and will become mandatory for 2025. We are working on trying to make these processes as easy as possible for you to achieve...

## PROFESSIONAL CONDUCT AND STANDARDS

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**"Character is doing the right thing when no-one is watching"**

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Anonymous

A big welcome back and thank you to Kathy Hill, who has come back into the fold! It has been a quiet year for the PCSC, so thank you for "just being normal"! I am very pleased to report that the number of complaints against surgeons is at an all-time low (Table 2).

Complaints processed	1
Complaints referred for sanction	0
Complaints resolved	11 (past year)
Advertising complaints	0
Complaints referred to Ethics Committee	0
FY24 complaints pending	2

Table 2 - Complaints data at August 2024

Finally, I would like to leave you with some Ahpra data (personal communication) on orthopaedic surgeons (Figure 1):

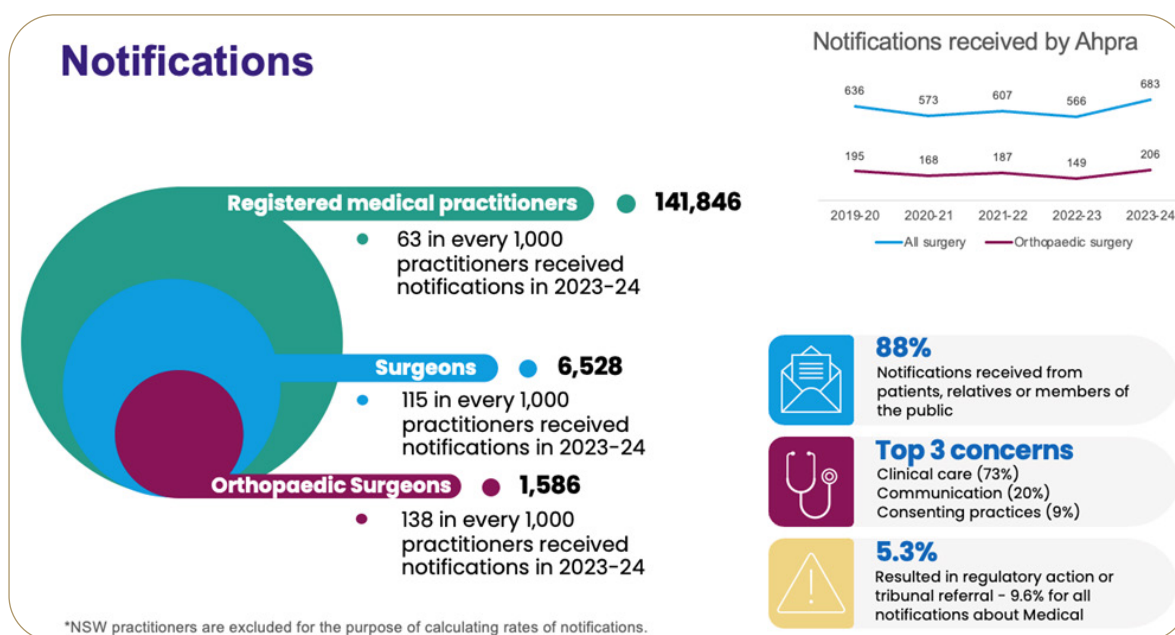


Figure 1: Ahpra data only (excludes notifications received by NSW and OHO)

In 2023-24:

- The rate of notifications received by practitioners with a specialty of surgery is 115 in every 1,000 practitioners. This is 1.8 times the rate for all medical practitioners.
- For those with a subspecialty of orthopaedic surgery, the rate of notifications received was 138 in every 1,000 practitioners. This is 2.2 times the rate for all medical practitioners.
- There were 20.7 per cent more notifications about specialty surgeons than in 2022-23, and 38.6 per cent more notifications about orthopaedic surgeons than in 2022-23.
- The top three concern types were for clinical care, communication and consenting practices, which is the same top three as for all surgeons

## BUT:

Only 5.3 percent of notifications about orthopaedic surgeons resulted in regulatory action or referral to tribunal, which is well below the rate for all medical practitioners, for which 9.6 per cent resulted in regulatory action or referral. Or to put it another way, 94.7 per cent of notifications completed in 2023-24 resulted in no regulatory action.

**"The only certainty is that nothing is certain."**

# Registry Report

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



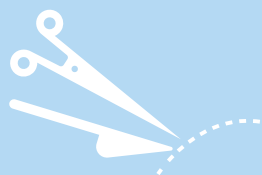
This year, the Australian Orthopaedic Association National Joint Replacement Registry (AOANJRR) achieved several significant milestones, marking another year of progress and impact. The Registry, which began collecting data in 1999, reported its two millionth joint replacement procedure, highlighting its pivotal role in monitoring and improving orthopaedic care across Australia.

A total of 146,795 hip, knee, and shoulder replacement procedures were recorded in 2023 alone, underlining the ongoing dedicated contribution to patient care and clinical research provided by the membership.

Key achievements of the AOANJRR in 2023 include comprehensive audits, extensive clinical presentations, and numerous peer-reviewed publications. Sixty-six individual hospital audits and 1,112 individual surgeon audits were completed, underscoring the Registry’s commitment to communicating arthroplasty outcomes and supporting high standards of clinical practice across institutions and among healthcare providers. The Registry’s research presence was notable, with 43 conference presentations, including nine podium presentations delivered at international

forums highlighting the global impact of the AOANJRR’s work. Furthermore, the year saw the publication of 16 peer-reviewed journal articles, contributing to the wider academic understanding of joint replacement outcomes.

One of the focal points of 2023/2024 was the continued expansion of Patient Reported Outcome Measures (PROMs) data collection. In this initiative, 244 hospitals and 816 surgeons participated, gathering crucial patient insights into health and functional outcomes following joint replacement surgeries. This initiative engaged 129,054 patients through the AOANJRR patient dashboards, providing invaluable data on their perspectives.



# 146,795

Hip, knee & shoulder  
replacement procedures  
recorded in 2023



The governance structure of the AOANJRR remained robust, ensuring effective management and oversight of its operations. A total of 24 Registry Management Group meetings were held, reporting back to six AOA Registry Committee meetings. These meetings, in turn, reported directly to the AOA Board, ensuring clear and efficient communication at all levels of the organisation.

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**A major milestone this year is the publication of the 25th edition of the AOANJRR Annual Report, which provides a comprehensive analysis of data on hip, knee, and shoulder replacements with a procedure date up to and including 31 December 2023.**

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<https://aoanjrr.sahmri.com/>

In addition to this core report, the AOANJRR produced 14 supplementary reports, offering detailed insights into various aspects of joint replacement surgery. These supplementary reports covered a range of topics, including:

1. A lay summary of hip, knee, and shoulder replacement
2. PROMs: Hip, Knee, and Shoulder Arthroplasty
3. Demographics of Hip, Knee, and Shoulder Arthroplasty
4. The use of cement in hip and knee arthroplasty
5. Mortality rates following hip and knee arthroplasty
6. Revision surgery in hip and knee arthroplasty
7. Metal-on-metal bearing surfaces in total hip arthroplasty
8. Prosthesis types with minimal or no use
9. Demographics and outcomes of elbow and wrist arthroplasty
10. Demographics and outcomes of ankle arthroplasty
11. Demographics of spinal disc arthroplasty
12. Analysis of state and territory health data
13. Partial shoulder arthroplasty
14. Comparative prosthesis performance

The comprehensive nature of these reports reflects the AOANJRR's dedication to improving the understanding and outcomes of joint replacement surgery in Australia. The achievements of 2023/2024 emphasise not only the Registry's ongoing commitment to clinical excellence and patient care but also its growing influence in shaping global arthroplasty practices.

# OWL Report

Danielle Wadley, OWL Chair



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

The 2024 financial year has not been without controversy and the selection process has been central to this. However, it is easy to cast aspersions.

The OWL Chair having the capacity to sit on the Board and the FTC with full voting rights has brought an important voice to the table. Both the Board and the FTC are collectives of very hardworking, dedicated and passionate people who give up many hours of their free time to serve the orthopaedic community and to ensure the training program remains world class. I have been overwhelmed at times by the dedication some of my colleagues demonstrate in these roles, with every aspect and decision discussed and considered at length, and opinions voiced freely and without animosity. This, I believe at times is significantly underappreciated by some, but remains pivotal to the success of AOA.

The culture, diversity, equity and inclusion program is very much in full swing, with many initiatives running on an annual basis. The winner of the OWL Essay has recently been announced and I look forward to providing the opportunity for the winner to present her essay at the OWL Soiree at the ASM in October. The state-by-state OWL workshops are a great success, enjoyed by many junior doctors and medical students to explore orthopaedics as a career option and to provide a 'sneak peek' into our world. We have strengthened relationships with the Australian Indigenous Doctors' Association (AIDA) and supported the growth and initiatives of the International Orthopaedic Diversity Alliance (IODA). The 2024 intake of females onto the training program achieved an all-time high, with over a third of new trainees offered a position from the highest ever number of female applications. Making orthopaedics accessible and breaking down the perceived and real barriers for females over the years with the grass-roots approach in activities seems to be making real headway. Competition for these positions remains fierce, and regardless of gender, only the *crème de al crème* achieve the coveted training posts.

It has been a privilege to serve the orthopaedic community and represent the OWL membership as chair for the past two years. I would like to express my sincere thanks to the AOA staff - in particular Michelle White - who help make this possible. Without their support and hard work, my role would have been infinitely harder.

Surgeon wellness began to fall under my portfolio, so with that I am off to concentrate more on my own wellness, as sometimes I forget there is a whole world out there outside of orthopaedics. I encourage you all to consider your own health and wellness. The better we are in health, the more we can promote and assist our patients in their own health care.

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"The greatest wealth is health."

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Virgil

# AOA Research Foundation Report

David Martin, AOA Research Foundation Chair



## FINANCES

The Foundation achieved an operating surplus of \$312,833 for the year ending 30 June 2024 compared to \$60,831 in 2022/2023. Income for the year increased by \$136,007 compared to the previous year as a result of an increase in investment returns of \$165,048, offset by a decrease in donations and members subscriptions.

The result after unrealised movements in market-related investments arising from the favourable impact of the markets amounted to a surplus of \$605,413.

Return from investments, at \$347,825 was higher than the performance of \$182,777 for the previous year and represented a return of 5.2 per cent – a satisfactory result in the current investment environment. Unrealised gains on market-related investments for the year ended 30 June 2024 amounted to \$292,580, which was slightly lower compared to the previous year of \$444,416. 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	4,449,522	-	176,797	-	<b>176,797</b>
30/06/2016	293,427	4,544,133	153,626	-	<b>153,626</b>
30/06/2017	303,517	4,951,436	308,823	179,659	<b>488,482</b>
30/06/2018	310,998	5,271,406	304,697	97,875	<b>402,572</b>
30/06/2019	318,821	5,529,658	391,366	54,947	<b>446,313</b>
30/06/2020	326,493	5,350,996	251,080	(310,344)	<b>(59,264)</b>
30/06/2021	331,252	6,139,313	198,289	639,632	<b>837,921</b>
30/06/2022	331,252	5,819,385	207,648	(517,228)	<b>(309,580)</b>
30/06/2023	333,275	6,350,804	182,777	444,416	<b>627,193</b>
30/06/2024	347,077	6,679,386	347,825	292,580	<b>640,405</b>

Research grant payments for the year amounted to \$96,493 compared to \$182,076 in the prior year. There are no other movements of significance requiring comment.

Revenue for the year was 491,966 compared to \$355,959 in 2022/2023. Members' funds at 30 June 2024 amounted to \$7,949,944 compared to \$7,344,531 at 30 June 2023 – an increase of \$605,413 and a most satisfactory outcome given the turnaround in the market.

## GRANTS AND SCHOLARSHIPS

For the year under review 2023/2024, a total of 24 grant applications were lodged using the online platform. Seven grants (five regular grants and two Early Career Researcher grants) were awarded, totalling \$141,985. Grants paid in the year ended 30 June 2024 totalled \$140,872. 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 30 grant applications for the 2024/2025 round. No PhD scholarship applications were received.

For FY 2023–2024

**24**  
grant applications

**7**  
awarded

totalling  
**\$141,985**



## THE FOUNDATION IN 2023–2024

Work is nearing completion on the implementation of the AOA Research Foundation Strategic Plan 2018–2024, and I am pleased to report that after five years, 25 (100%) of our strategic milestones have been progressed with 18 (72%) complete.

Planning is now underway for the 2025–2027 Research Strategic Plan, with a research strategy day scheduled for August 2024. A strategy update will be provided in the 2024/2025 report.

The Foundation has again received several generous donations and bequests in the past 12 months. On behalf of the AOARF Board, I would like to acknowledge and thank these donors and their families for their support. Special thanks to Peter Bath, the Ian and Tatiana Henderson Foundation, and 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 look forward to continuing my involvement over the next year. Our current directors include Sina Babazadeh, Zsolt Balogh, Roger Bingham, Ursula Bradshaw, Claudia Di Bella, Michelle Dowsey, Catherine McDougall and Michael Schuetz. I would also like to thank our dedicated Research Advisory Committee for their work in reviewing each grant and scholarship application received. In 2023–24 our RAC was led by Claudia Di Bella as chair with members Zsolt Balogh, William Blakeney, Sara Farshidfar, Jonathan Negus, Jarrad Stevens and Chris Wilson.

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

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

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# Orthopaedic Outreach Report

**Andrew Beischer, Orthopaedic Outreach Chair**



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

The past year has been productive for Orthopaedic Outreach in terms of addressing organisational structure. We've developed a new constitution, completed our transition to a company limited by guarantee, and effected a title change – we're now known as Orthopaedic Outreach Australasia Limited.

There is a board of directors overseeing organisational direction, supported by committees: Governance and Risk; Finance and Audit; Marketing and Fundraising; and Programs, Monitoring and Evaluation, which is dedicated to reviewing our volunteer activities.

The Board has moved towards a more skills-based representation, welcoming non-surgeons Narelle Pym (marketing and fundraising) and Bhupesh Kaphle (finance and accounting) to our ranks. A significant impetus for this change has been seeking accreditation with the Australian Council for International Development (ACFID), with a view to having access to Federal Government funding opportunities. This journey was championed by my predecessor Kevin Woods and over the past year we have continued to navigate what has been quite a complicated and involved process. I am hopeful that ACFID accreditation is now within our grasp.

One implication in seeking ACFID accreditation is an increased responsibility to ensure compliance within industry standards and government regulations. We anticipate that members who participate in our overseas programs will experience an increase in compliance checks and documentation requirements while these new processes are becoming embedded within the organisation, and that they too see the value of ensuring good governance reaches into our program activities.

In early April 2024 a meeting of the board directors, committee members and key stakeholders was held in Brisbane to commence the process of developing a strategic plan for the next four years. This session was conducted by Adrian Cosenza, who kindly donated his time and expertise to Orthopaedic Outreach with the blessing of the AOA Board. The 2024–2028 strategy document is under development with a view to share across our membership by the year's end. One key outcome is the transition away from 'just-in-time' funding model towards a more strategic approach allowing a longer vision.

Commencing in 2025, team leaders will be able to submit funding proposals that have been developed around goals targeting a three-year period. This allows greater development



goals to be planned and mapped accordingly. Successful applicants will receive approved funding for their three-year period, dependent upon timely post-activity reporting confirming that measurable objectives and outcomes are being achieved with each team activity.

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Finally, I would like to thank my fellow board directors and the members of each of our four committees who have selflessly given their valuable time over the past 12 months to guide Orthopaedic Outreach towards achieving its vision.

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# Scientific Secretary Report

**Kenneth Cutbush, Scientific Secretary**



## 2023 ASM – MELBOURNE

After a successful pivot to online meetings with the onset of COVID-19 and a combined AOA-NZOA ASM in Melbourne for 2022, the 2023 AOA ASM in Melbourne marked a fantastic return to a thriving in-person event. Members, peers and guests from around the world gathered in Melbourne for our biggest ASM to date, with the theme 'Rural surgery: build it and they will come'.

More than 1000 delegates gathered for sessions across four days from 12-16 November, featuring daily trainee-focused sessions, strong subspecialty representations, insightful plenaries and fantastic social events that allowed the orthopaedic community to reconnect.

## 2024 ASM – BRISBANE

The 85th AOA Annual Scientific Meeting will take place 13-17 October 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 will explore the explosive developments currently taking place in the data landscape and their ramifications for the health sector, while special sessions on education and the AOANJRR will provide insights into the engines of AOA's ongoing mission to improve outcomes for Australian patients.



# AOA 2023-2024 Annual Report

## FACTS & FIGURES

### AOA STRATEGY

**84%**

strategic plan  
milestones completed  
or in progress



**8**

in Education  
and Training



**26**

in Culture,  
Diversity and  
Inclusion



**18**

in Clinical  
Practice and  
Research



**10**

in Advocacy and  
Engagement

### EDUCATION AND TRAINING



**113k<sup>+</sup>**

operative procedures  
eLogged by trainees  
FY23-24

**15k**

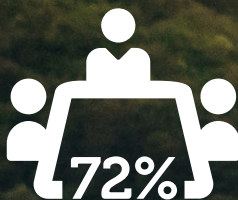
feedback entries

**9.5k**

workplace-based  
assessments

**22**

accreditation reviews  
completed



**72%**

applicants to training  
program interviewed



**319**

fellows involved in  
formal training programs



**282**

applications for  
selection to training

### COMMUNICATIONS

#### SOCIAL MEDIA



**10k<sup>+</sup>**



**3.1k<sup>+</sup>**



#### WEBSITE

**120k<sup>+</sup>**

users

**246k<sup>+</sup>**

sessions

**759k<sup>+</sup>**

pageviews

### MEMBERSHIP



### FELLOWSHIPS



**163**

accredited  
fellowships

**175%**

increase in members using  
Fellowships services since 2019

### FUNDRAISING

**\$750k<sup>+</sup>**

fundraised by by  
AOA CEO since  
2013 has provided

**1.5m**

meals for  
OzHarvest





## DIVERSITY



female applicants  
for Selection to training  
(+5 compared to 2023)

50

Female trainees in AOA  
21 Training Program



**OWL Bursaries provided**  
to increase female  
ASM attendance, with  
parameters extended to  
medical students and  
junior doctors

21%

female recipients  
of offers to the 20245  
training program intake

## EVENTS

14

delivered by CEM  
in FY23-24

3k+

event registrations,  
FY23-24

\$13k

raised for  
Orthopaedic  
Outreach through  
events

55%

AOA members  
registered for events  
in FY23-24

## FINANCE AND RISK

AOA ASSETS

**\$31.7+**  
MILLION



1,998

MEMBER FUNDS

**\$19.8**  
MILLION



ACTIVE  
CONTRACTS

## MEDIA AND ADVOCACY

**\$4-4.5**  
MILLION

ESTIMATED MEDIA  
COVERAGE VALUE



media  
mentions

166

media  
enquiries

88

media  
releases

13

## AEHA

19  
of 25



deliverables in  
progress from the  
AOA-chaired  
AEHA Priority Plan

## MEMBER BENEFITS



available through  
AIDA, BMW  
Professional Program,  
BJJ, W Hotel  
Melbourne, Qantas,  
Hoka and Oscar Hunt.

## REGIONAL & RURAL ORTHOPAEDICS



14

complete

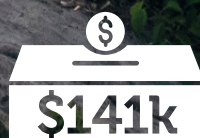


11

in progress

Strategic milestones aimed at  
regional equity of orthopaedic care

## RESEARCH



**\$141k**

awarded in grants in FY23-24:  
2 early career researcher grants



14 / 18

clinical practice and  
research milestones in  
progress in Strategic Plan



# AOANJRR 2023 DATA SNAPSHOT



**2,131,050**

Total number of joint replacement procedures reported by the Registry at the end of 2023



Infection is the No.1 reason for hip and knee prosthesis revision



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

Joint replacement procedures performed in 2023

**58,529**

Hips

**78,125**

Knees

**10,141**

Shoulders



**66**

Hospital Audit Reports



**1,112**

Individual Surgeon Reports



**43**

Conference presentations



**16**

Journal Articles Published

## PROMs National Rollout

June 2024 Update

Participating Hospitals

**244**

Pre-Op PROMs

**118,171**

Post-Op PROMs

**83,476**

Pre-Op Completion Rate

**73.7%**

Post-Op Completion Rate

**62.7%**



% 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

**87.3%**

Total Number of Hospitals Onboard per State /Territory:

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



**816**

Total number of surgeons participating



**129,054**

Patient participation through AOANJRR patient dashboards



# AOA Membership

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

## New Fellows

Danny Awwad	SA	Graham Irvin	QLD
Gobind Bal	NSW	David Kelly	WA
Dhash Beath	VIC	Nikola Kovac	WA
Daniel Benz	NSW	Tau Loseli	NSW
Jeremy Bellemore	NSW	Nicholas Marson	VIC
Michael Blaser	VIC	Mehul Mayank	QLD
Tim Chung	VIC	Lisa Major	QLD
Aidan Cleary	QLD	Cyrus Mehta	NSW
Elliott D'Costa	QLD	Edward O'Bryan	VIC
Mathew Davis	QLD	Jonathan Quinn	QLD
Daniel de Villers	VIC	Rodney Richmond	QLD
Andrei Diacon	VIC	Nabeel Sunni	NSW
Matthew Donaldson	NSW	Peter Taylor	VIC
Stephen Douglas	QLD	Ian Verrall	QLD
Hao Nan Du	VIC	Kit Brogan	SA
Matt Free	VIC	Ruy de Assunciao	NSW
Elizabeth Garcia	WA	Constantin Dlaska	QLD
Rajitha Gunaratne	WA	Michael Finsterwald	WA
Richard Hannan	VIC	Murilo Leie	WA
Benjamin Hardy	NSW	Shavantha Rupasinghe	VIC
Afsana Hasan	SA	Michael Wyatt	NSW
Luke Hilliard	VIC	Andrew Wilkinson	VIC
Eleanor Houghton	WA	Simon Fleming	International affiliate

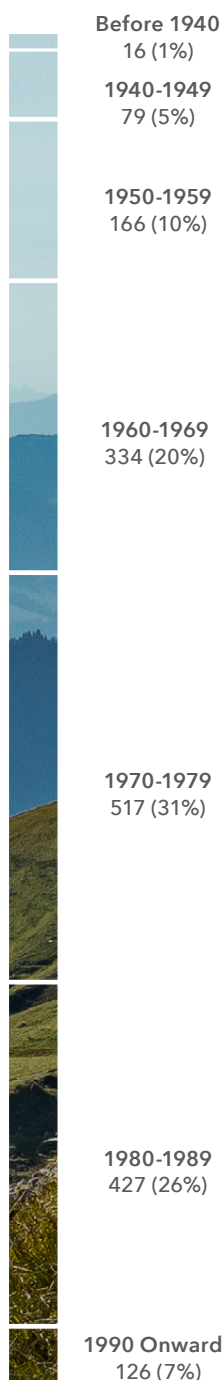
Deceased Members

Michael Alexeeff	WA	Loris Figgins	VIC
Mervyn Cross	NSW	Peter Holman	NSW
Shailendra Dass	VIC	Edward Reye	QLD
Peter Curwen-Walker	VIC	Neal Thomson	NSW
Bruno Gomes	NSW	Edward Bates	NSW
Joseph Robin	VIC	Ian Henderson	VIC
Robert Sharp	NSW		
Henry Mankin	USA, corresponding fellow		
John Bennett	NSW, honorary fellow		

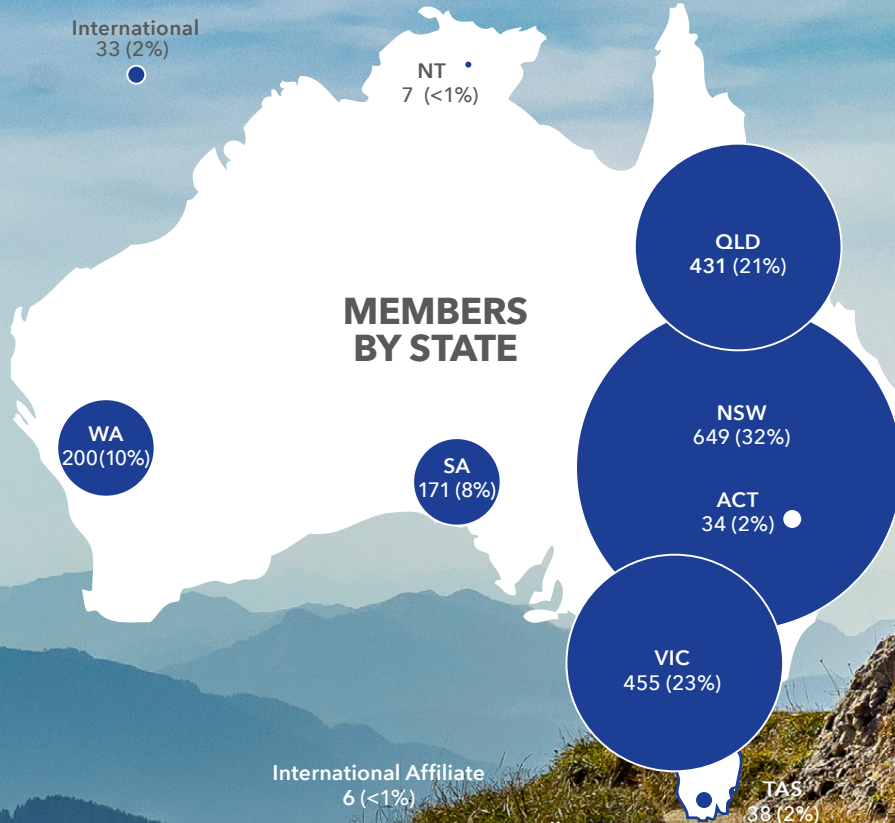


# Member Demographics

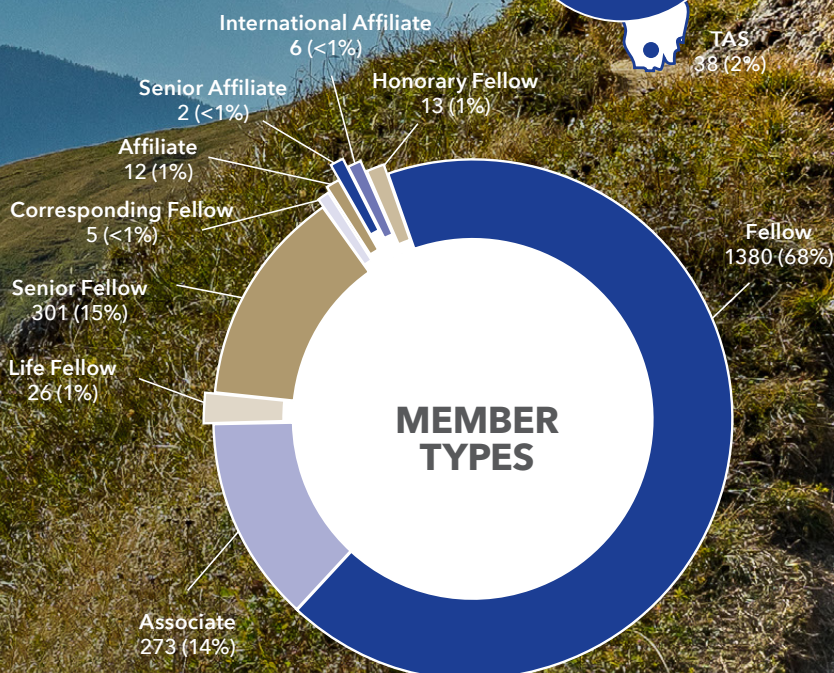
## AGE RANGE OF PRACTICING AOA MEMBERS



## MEMBERS BY STATE



## MEMBER TYPES



Total Practicing members as of 30 June 2024	1665
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Total Members as of 30 June 2024	2018
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# Honours & Awards

L O Betts Memorial Medal

Peter Myers

Award for Leadership

Tanya Burgess

Award for Service to  
Orthopaedic Education

Samuel MacDessi

Humanitarian Service Award

Peter Brazel

Award for Meritorious Service

David Penn  
Dean Pepper

Diversity, Equity & Inclusion Award

Jennifer Green

Life Fellowship

Stephen Graves  
John North  
Stephen Ruff

Honorary Fellowship

Fiona Bonar

# Board Committees and Chairs

AS AT 30 JUNE 2024

President

CEO

Education

AORA

PCS

AOANJRR

OWL

AOARF

Outreach

Scientific

Stats

Members

Treasurer

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

### 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	Phong Tran
AOANJRR Consultative Subcommittee	Michael A Johnson
AOANJRR PROMS Advisory Working Group	Michael O'Sullivan
AOA Registry Nested Clinical Studies Review Panel	Scott Brumby
Champions of Change Working Group	Andrew Saies
Cultural Inclusion Working Group	Marinis Pirpiris
FTC subcommittee – SIMG Assessment	Vera Sallen
FTC subcommittee – Accreditation	Andrew Wines
Masters and Co-Badging Working Group	Peter Choong (Research Committee representative)
Continuing Professional Development Working Group	Sue Liew
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 2024

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



**Michael Johnson**  
President



**Scott Fletcher**  
First Vice-President



**Mark Moroney**  
Second Vice-President



**Chris Kondogiannis**  
Chair of Education  
and Training



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



**Kenneth Cutbush**  
Scientific Secretary



**Anita Boecksteiner**  
State Chair Director



**Andrew Wines**  
General Director  
and Treasurer



**Susan Tegen**  
General Director

— Board Observer — Board Attendee —



**Hussain Al-Ramadani**  
AORA President



**Danielle Wadley**  
Orthopaedic Women's  
Link (OWL) Chair



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



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

# Treasurers Report

**Andrew Wines, Treasurer &  
Scott Fletcher, First Vice-President**



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

## SUMMARY

It is pleasing to report the achievement of an operating surplus of \$335,559 for the 2023-24 financial year compared to an operating deficit of \$1,951,521 in 2022-23 and an operating surplus of \$219,985 in 2021-22. Revenue for the year was \$16,211,489 compared to \$11,468,547 in the previous year, an increase of 41.4 per cent. Total expense for the year increased to \$15,875,930 compared to \$13,420,068 in 2022-23, an increase of \$2,455,862 or 18.30 per cent.

The Audit and Risk Committee's oversight of the investment portfolio resulted in an increase of \$1,396,478 in the base value of AOA's investment portfolio compared to an increase of \$1,249,641 in the previous year. Recognition in the financial statements of the unrealised gain in value helped increase AOA's overall surplus for the year to \$1,252,013 compared to an overall deficit of \$1,273,481 in the previous year.

The 2023-24 financial year was challenging, with negative impacts from some meeting cancellations, including the planned knowledge summit, lower than expected revenues in some conferences and events, including the ASM in Melbourne, the impact of some Registry activities, and the yearly accounting adjustment covering the treatment of lease payments in order to comply with Australian Accounting Standards. AOANJRR project costs were higher due to increased activity, the expansion of the Registry clinical director team, and expansion of staff resources allocated to the Registry. Additional resources were added to the technology, communication and education teams to support strategic initiatives and cyber security. Overall, employment costs increased by 9.9 per cent.

Recovery from the 2022-23 financial year was the result of tight expense management, revenue diversification, an increased number of members together with associated member-service revenue, the repricing of membership and training fees, steady revenue from research reports from the Registry supplanted with late additional government grant core registry funding, and a rebound in conference and events net revenue (up 41 per cent) despite the lower than expected result from the ASM held in Melbourne.

The Board's prudent guidance of AOA long-range financial planning has proven effective, with AOA overall finances remaining strong. Long-range planning, now in place for well over a decade, allows the Board to plan ahead to cover unexpected or cyclical impacts on revenue and expense.



For the 2023–24 financial year

**\$335,559**

Operating surplus

**\$16,211,489**

Revenue

INVESTMENTS

Income from investments for the year amounted to \$733,951 compared to \$746,501 in the previous year, a decrease of \$12,550. This outcome, achieved despite the sometimes volatile trading conditions, is pleasing. The balance of assets in defensive and growth categories is being carefully managed to optimise revenue contribution whilst contributing to an underlying increase in portfolio value. The investment outlook at present is somewhat uncertain due to fluctuating market reactions, and the increases in interest rates are having an impact on fixed-interest securities and securities valuations. A close watch is being kept on the allocation of the investment funds by AOA’s advisers and the Audit and Risk Committee.

The value of the investment portfolio at 30 June 2024 was \$17,158,288 compared to \$15,761,810 at 30 June 2023, an increase of \$1,396,478 (comprised of unrealised gains and income).

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.

MEMBERSHIP

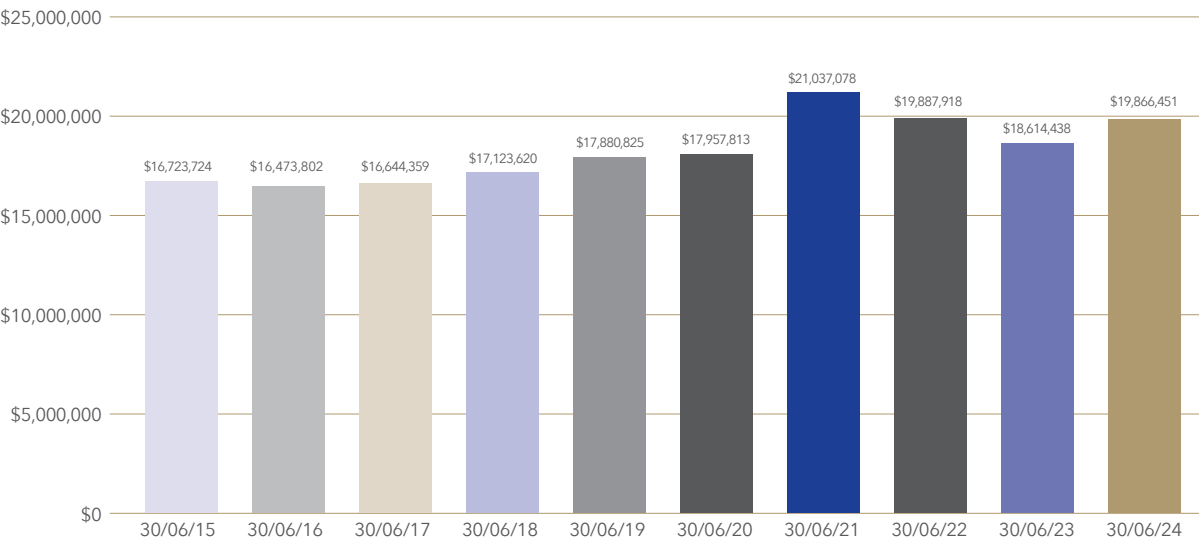
Membership as at 30 June 2024 totalled 2018, an increase of 47 compared to 30 June 2023. Membership subscriptions for the year, including branches, amounted to \$2,609,505 compared to \$2,343,867 for 2023, an increase of \$265,638. The increase in membership income comprised income from new members and repriced member fees including CPI.

MEMBERS’ EQUITY

Members’ funds increased by \$1,252,013 in the year to 30 June 2024, to \$19,866,451, up from \$18,614,438 as at 30 June 2023, though marginally below the 30 June 2022 \$19,887,918.

The table below shows the members’ funds trajectory over the past ten years, showing steady increase to the peak in 2021 and decrease to levels in 2023, followed by the 2024 recovery.

Chart 1: AOA Members’ Equity



## RISK

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

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

This year the level of sophistication in AOA risk 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.

The Board also met in the middle of year for a key risk review session, refreshing, repositioning and contemporising risks facing AOA. 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 the 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 2024 under the leadership of Vice-President Scott Fletcher. The other members of the Committee are Mark Moroney (Second Vice-President), Andrew Wines (General Director/Treasurer), Craig O'Hagan (Independent Member) and Anne Garlick (Independent Member). The president, Michael Johnson, attended the meetings in an ex officio capacity.

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

The committee continues to benefit greatly from the two independent members appointed a year ago. The directors are most appreciative of the services of Craig O'Hagan and Anne Garlick, who sit on the Audit and Risk Management Committee as independent members and provide their services pro bono. The Committee highly value their expertise.

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

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**On behalf of the Committee, we would like to thank all members, the Board and the staff for the efforts in 2024.**

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