



**AOA**  
AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

## AUSTRALIAN ORTHOPAEDIC ASSOCIATION LIMITED

### TRAINING AGREEMENT

#### AOA 21 TRAINING PROGRAM

#### Background

The Australian Orthopaedic Association Limited (AOA) is committed to ensuring that the AOA 21 Training Program is undertaken in an appropriate environment, and that trainees understand both their rights and their duties as members of the AOA 21 Training Program. It is important that the AOA 21 Training Program is conducted in a manner that ensures transparency and accountability and achieves the required educational standards. This document sets out the statement of intentions of the trainee and the AOA Federal Training Committee for the duration of the AOA 21 Training Program. The Trainee will be required to sign an updated Training Agreement on an annual basis.

#### Acknowledgement by Trainee

##### Active Learning

I will endeavour to achieve the objectives of surgical training, which are to acquire skills, knowledge and experience as outlined in the revised Curriculum for Education and Training in Orthopaedic Surgery.

I agree to be an active participant, optimising to my personal benefit the educational experiences and opportunities presented to me. I acknowledge that the AOA 21 Training Program includes a competency-based stages of training progression structure.

I undertake to observe all relevant AOA and Royal Australasian College of Surgeons (RACS) policies in relation to surgical training and to comply with all regulations and reasonable directions of AOA and RACS. I understand that failure to do so may result in my suspension or dismissal from the AOA 21 Training Program. It is my responsibility to ensure that I am aware of all policies, procedures and regulations, and that I comply with these within all relevant time limits and deadlines notified.

The relevant policies and processes are available to read at [www.aoa.org.au](http://www.aoa.org.au) (via the Learn@AOA platform) and [www.surgeons.org](http://www.surgeons.org).

AOA Code of Conduct, Constitution, Privacy Collection Notice, fee information and other policies are available to read at [www.aoa.org.au](http://www.aoa.org.au).

##### Seeking Guidance or Raising Concerns

I agree that if I have concerns regarding my training, it is my responsibility to initiate the process to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from:

- My AOA Director of Training

- My AOA Trainee Supervisor
- My mentor (if appointed)
- My AOA Regional Training Committee Chair
- The AOA Chair of Education & Training
- The AOA National Education Manager

I agree and acknowledge that while I may seek advice and support, no Fellow or member of staff of either AOA or RACS is authorised to vary the rules and guidelines for the AOA 21 Training Program, or the policies in relation to the AOA 21 Training Program. Any change or variation of these conditions, guidelines or policies or any extension of time must be confirmed to me in writing after appropriate approval has been received.

I agree to personally participate in review processes in relation to my performance on the AOA 21 Training Program. I acknowledge that AOA has a Reconsideration, Review and Appeals Policy. I also acknowledge that RACS has an Appeals Mechanism Policy.

I agree to seek and provide feedback about my training experience, as appropriate. If I have concerns, it is my responsibility to raise them.

I give consent for the records of the operative procedures in which I participate and which I document online in the eLog to be made available by AOA to third parties for the purpose of documenting trainee experience data. For example, such data may be used when assessing the suitability of particular hospital posts for the AOA 21 Training Program; and the number and nature of procedures undertaken by trainees may be released to health departments, hospital administrators and other relevant authorities. However, individual trainees will not be identified during this process.

### **Employment Responsibilities**

I also acknowledge that I am not employed by AOA or RACS and that I must abide by my employment conditions. I grant AOA permission to release my contact details to each hospital where I am allocated a training post. I acknowledge it is my responsibility to contact each hospital to which I am allocated no later than 4 weeks after notification to initiate employment procedures and to complete all employment documentation in a timely manner, and I understand that failure to do so may result in the hospital refusing employment. This is outside the control of AOA.

I understand that recruitment to positions is guided by the relevant department of health or hospital recruitment policies and may include pre-employment and referee checks that must be conducted before I can commence employment.

Where there is conflict between my employment obligations and training requirements I will advise my AOA Director of Training accordingly.

### **Acknowledgement and Release**

I release my AOA Director of Training, the AOA Federal and Regional Training Committees, AOA and RACS (and their representatives) from all claims, costs, expenses or liability howsoever arising from advice or assistance given by any one or more of them in good faith in relation to the AOA 21 Training Program.

I acknowledge that it is my responsibility to be fully informed and aware of all requirements, particularly rules, guidelines, time limits, and policies in relation to the AOA 21 Training Program, including information available on the AOA and RACS websites.

I acknowledge that I have read the AOA Constitution and Code of Conduct and that I am fully cognisant of my responsibilities as a member of AOA.

I agree to make all applications and provide all information required by either AOA or RACS within the time limit or deadlines stipulated by either organisation. I declare that I am not aware of any personal circumstances (including, but not limited to, health and medical conditions, visa status, family or other responsibilities, personal values or beliefs), which would prevent me from performing all requirements of the AOA 21 Training Program, and the work necessary to be undertaken other than as previously notified by me, discussed with, and explicitly acknowledged in writing by, the AOA Federal Training Committee. I agree that should this change during the course of my training that I will immediately advise AOA accordingly.

### **Disclosure of Information**

I authorise and agree to AOA disclosing information relating to my training, including but not limited to information on my progression and performance, to RACS, the AOA Board, my Trainee Supervisors and Directors of Training, Health Services, Hospital Administration and Departments to which I rotate during the AOA 21 Training Program and such other persons or organisations in any way involved in the AOA 21 Training Program. I acknowledge that I have read and understand the AOA Privacy Collection Notice.

I acknowledge that intellectual property and confidential information of AOA and other parties (including but not limited to information relating to AOA 21) may be disclosed to me or I may become aware of such information during the AOA 21 Training Program or otherwise in communications to and from AOA from time to time. I acknowledge and agree:

- that I do not have any right, title or interest in any intellectual property or confidential information of AOA;
- to keep the intellectual property or confidential information absolutely confidential at all times and not (directly or indirectly) reveal it to any third party;
- to take all reasonable steps and use my best endeavours to protect it from unauthorised disclosure;
- only to use it for the purposes for which it was disclosed;
- to notify AOA immediately if I become aware of any suspected or actual breach of confidentiality; and
- to indemnify AOA and its related entities and associates against any action claims, costs, expenses or losses suffered or incurred by AOA as a result of my breach of confidentiality.

### **Acceptance by Trainee**

I accept the rights and responsibilities of my position in relation to this Statement of Intention.

Signed: \_\_\_\_\_  
Trainee Name in block letters

Date: \_\_\_\_\_

### **Acknowledgement by AOA Chair of Education and Training**

As the representative of the AOA Federal Training Committee, I agree that the AOA 21 Training Program will be conducted in accordance with all relevant policies and procedures. The AOA Federal Training Committee will, through their Directors of Training, Trainee Supervisors and other members, endeavour to:

- Allocate approved clinical rotations (including rural terms) to trainees
- Allocate to each trainee a Director of Training and Trainee Supervisor for each clinical rotation
- Assist the trainee in achieving their education needs
- Review the trainee's learning objectives, in an endeavour to ensure that they are realistic, achievable and within the scope of the learning opportunities available
- Advise the trainee, as requested, on resources available to assist the trainee in achieving the objectives
- Assist the trainee to make the time needed for attendance at any required teaching sessions (i.e. Bone School), making appropriate time allowance for learning needs, and providing the appropriate balance between training and service
- Encourage a climate for learning and training
- Meet regularly with the trainee, and conduct formal meetings at least every 3 months to review the trainee's progress and provide feedback
- Complete all reports as required by AOA and RACS and the policies of the AOA 21 Training Program

I agree and acknowledge that no individual member of the AOA Federal Training Committee, AOA Director of Training, other Fellows or members of staff of either AOA or RACS is authorised to vary the rules and guidelines for the AOA 21 Training Program, or the policies of AOA or RACS in relation to the AOA 21 Training Program. Any change or variation of these conditions, guidelines or policies or any extension of time will be confirmed to the trainee in writing after appropriate approval has been received.

### **Acceptance by AOA Chair of Education and Training**

I accept the rights and responsibilities of my position relating to this Statement of Intention.

Signed: \_\_\_\_\_  
Chair, Education and Training Name in block letters

Date: \_\_\_\_\_.