



A GUIDE TO CONTINUING PROFESSIONAL DEVELOPMENT FOR ORTHOPAEDIC SURGEONS

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Purpose of CPD

CPD is a lifelong learning activity for all medically registered practitioners. The purpose of CPD is to ensure that medical specialists maintain, enhance and develop skills and knowledge to ensure the highest standards of patient care. CPD improves the standard of practice through a commitment to a continuum of learning in the specialist discipline.

Employers and regulatory authorities require proof of CPD participation and compliance, from 1 January 2023 continuing medical registration will rely on being CPD compliant. Australian Medical Council (AMC) Standards state: *Registered medical practitioners who are engaged in any form of practice are required to participate regularly in CPD that is relevant to their scope of practice to maintain professional currency, and support them to maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.*

The National Law establishes possible consequences if you do not meet this standard, including that:

- the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration, if you don't meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)
- a failure to undertake the CPD required by this standard is not an offence but may be behaviour for which health, conductor performance action maybe taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for health professionals (section 41 of the National Law).

The AOA CPD Program

The AOA CPD program must be completed on an annual basis (1 January - 31 December) to coincide with your annual medical registration.

The AOA CPD program is based on the principles of adult education. It is self-directed, providing the flexibility for learning to be tailored to individual learning needs. The program reflects competencies in the domains of:

- Communication
- Teamwork and conflict management
- Professionalism
- Leadership and Organisational Skills
- Advocacy
- Education and Research
- Medical and Surgical Expertise

This ensures that the skills, knowledge and attributes achieved through the AOA 21 Training Program in orthopaedics can be maintained and built upon in the post-fellowship years.

Program Summary

It is intended that CPD is cyclical, with 3 clear steps that cover planning your learning, undertaking CPD activity and then reflection on the learning with a view to begin planning for the next cycle. From January 2023 the three-step AOA CPD requirements are as follows:

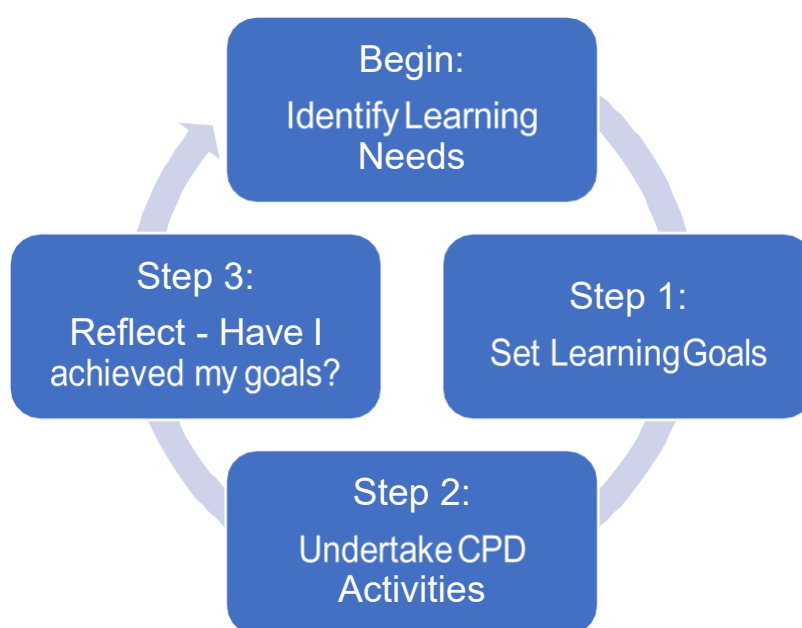
Step 1 - Develop a Professional Development Learning Plan at the beginning of each year.

Step 2 - Complete 50 hours of CPD activities during the year. Activities should be relevant to the scope of practice and individual professional development needs and can be used in your Learning Plan.

The 50 hours must include:

- a) A minimum of 25 hours **Reviewing Performance and Measuring Outcomes** (including a minimum of 5 hours in each of these two categories.)
 - i. This includes mandatory completion of all surgical case forms sent to a surgeon by the Australia & New Zealand Audits of Surgical Mortality (ANZASM) for operating surgeons.
- b) A minimum of 12.5 hours of **Educational Activities**
- c) A Minimum of one activity in each of the following categories (“**CAPE**” activities):
 - i. Culturally Safe Practice,
 - ii. Addressing Health Inequities,
 - iii. Professionalism and
 - iv. Ethical Practice
- d) Your choice of activities to make up the remainder of the required hours.

Step 3 - Reflect on the Professional Development Learning Plan to ‘close the loop’ on your initial plan and in preparation for the next CPD year.



Annual records of CPD activities are due to be submitted to AOA by no later than February 28 of the following year.

We expect that as the new CPD Requirements evolve, more targeted minimum requirements for surgeons may be identified by RACS. These will be incorporated into the AOA CPD Program as details become available.

Participation in CPD

Under the National Law, which governs the operations of the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (AHPRA), all practitioners with specialist registration must participate in a CPD program that is accredited by the AMC through a CPD Home, and meet the CPD standard set by their College. For orthopaedic surgery in Australia this standard may be met by completion of the AOA or the RACS CPD program, or a program provided by an alternative accredited CPD Home.

“Registered medical practitioners who are engaged in any form of practice are required to participate regularly in CPD...”

“Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.”

Extract from MBA Registration Standard: Continuing Professional Development

All Active AOA members must comply with the minimum annual CPD requirements. The CPD requirement is the same for all types of orthopaedic practice, operative, non-operative or limited types of practice.

Fully retired members who no longer hold medical registration are not required to participate in CPD. Members who have retired from operative practice and continue to work in any other capacity must fulfil the requirements.

Members that are working in a full-time or part-time capacity are required to comply with the minimum annual CPD requirements of 50 hours per year. There is no reduction in CPD requirements for part-time surgeons as the standard of practice is the same.

Members that are working overseas and who retain Australian medical registration are required to meet the Australian CPD Registration Standard by participating in either the AOA CPD program, the RACS CPD program, or a program provided by an alternative accredited CPD Home.

New Fellows will be invited to enrol in the CPD program. New Fellows must participate in CPD in their first year of active practice (greater than six months of the calendar year). This includes new Fellows who may be participating in a fellowship position as a consultant.

Trainees in the Transition to Practice stage of training will be granted access to a targeted version of the CPD program to document their Training Program Requirements.

Members holding medical registration other than specialist medical registration should contact the Medical Board to discuss their CPD requirements.

Members are asked to notify the AOA CPD Team if their circumstances change on cpd@aoa.org.au.

Special Consideration

Under extenuating circumstances, members who are unable to meet the CPD requirements for their practice type may be granted an exemption for a given year. Extenuating circumstances which may warrant special consideration include:

- Serious illness
- Parental leave
- Leave of absence from professional duties
- Cultural Responsibilities
- Personal circumstances.

The following reasons do not constitute grounds for an exemption from CPD:

- Fellows residing overseas who retain Australian medical registration. In this case, Fellows are required to meet the Australian CPD Registration Standard by participating in the AOA CPD Program, the RACS CPD Program, or a program provided by an alternative accredited CPD Home
- Fellows undertaking sub-specialty training or post-Fellowship training (PFET)
- Fellows who are retired but maintain registration where there is a regulatory requirement to participate in CPD

Members may be granted either a total exemption from the full annual CPD requirements, or a partial exemption (either exemption for a specific category or activity, or pro rata requirements depending on circumstances.)

To apply for special consideration, you must complete the Special Consideration Form and submit it to the AOACPD team by the CPD due date. The form will be available via CPD Online or by contacting the AOA CPD team.

Continuing Professional Development Learning Plan

A CPD Learning Plan is a mandatory component of the AOACPD program each year. A CPD Learning Plan is a written plan that outlines your learning goals or objectives, relevant to your current and intended scope of practice, and how you plan to achieve those objectives. The CPD Learning Plan includes a Reflection (Step 3 of the CPD Requirements) that will be undertaken towards the end of the CPD Year. The Reflection will facilitate consideration of whether the objectives laid out in the CPD Learning Plan have been achieved and how your learning has been impacted.

The CPD Portal provides a user-friendly interactive template which will step you through the process of creating a CPD Learning Plan. There are two elements to creating a CPD Learning Plan.

- First, you will outline your area/s of practice. The template provides a list of both Operative and Non-Operative Areas of Practice - you should include all options that reflect your scope of Practice.
- Next, you should set your CPD Learning Objectives for the year. You must record at least one Learning Objective however you can have multiple Learning Objectives, perhaps for different areas of your practice.

Your Learning Objective can be related to any competency area where you believe you would benefit from further learning or development, clinical or otherwise. You can assign a competency area from the drop-down menu. You will then be prompted to outline your plans for achieving your Learning Objective by listing activities you plan to undertake during the year to support your learning.

Please refer to the step-by-step guide on *How to Develop a CPD Learning Plan*, located on the [CPD resources webpage](#).

Allocation of CPD Hours

CPD activity may only be claimed in the calendar year in which it was undertaken. No hours can be carried over to the following year.

The CPD activities provided in this guide are intended as examples of learning opportunities available to orthopaedic surgeons and are not comprehensive. Members may undertake activities other than those listed and claim CPD hours accordingly. The AOACPD team is available to assist as needed. If there are activities you believe should be included, please forward your suggestions to cpd@aoa.org.au.

The CPD program allows for automatic recording of regular or recurring activities. This means that a member can enter an activity on its first occurrence and then set a recurrence for future incidents of that activity. For example, regular weekly clinical care review or monthly journal club meetings can be entered once and a recurrence set for the same activity each week, fortnight or month throughout the year rather than each occurrence needing to be itemised individually.

AOA allocates CPD hours to scientific meetings and courses according to the topics covered by [programs submitted for assessment](#). By recognising meetings and courses for CPD hours, AOA does not guarantee the quality of educational content for these events.

Hours accrued for attendance at all AOA meetings are automatically uploaded to CPD Online.

CPD Program Online Portal

AOA provides an online CPD Portal for recording of all 3 steps of CPD including a digital CPD Learning Plan, recording of CPD Activities and a reflection tool to 'close the loop' on your CPD learning at the end of the year.

The CPD Portal is available both on a website for desktop computer access and via an App for mobile phone and tablet access.

The CPD Portal provides real-time summaries so that members can easily monitor their progress towards compliance. For more information on CPD Online, please see the *How to Use the CPD Program Online Portal* guide, located on the [CPD resources webpage](#).

Confirmation of Participation and Compliance

Once compliance is achieved, members can download and print a Certificate of Compliance via the CPD Portal. Copies of compliance certificates can also be requested from the AOA CPD team.

If you are encountering difficulties in achieving compliance, please reach out to the AOA CPD Team for help on cpd@aoa.org.au

Members who do not submit a record of their CPD activities annually by 28 February of the following year, or who do not successfully verify their CPD activity when selected for audit, will be considered non-compliant.

AOA will report compliance of AOA CPD Program participants to RACS and the MBA in accordance with their stipulated timelines as required by the CPD Registration Standard.

Non-compliance in CPD is a breach of the AOA Code of Conduct. Every effort will be made to advise and support members in meeting CPD reporting requirements, however persistent non-participation or non-compliance may result in loss of AOA membership.

Audit and Verification

As a means of meeting AMC accreditation obligations, AOA conducts an annual random audit of the CPD program. AOA will randomly select 5% of members annually for verification of CPD activity.

Members selected will be notified in writing by no later than June of each year and asked to verify their CPD activity. Verification is completed by providing supporting documentation to match the information supplied through the CPD Portal.

Members are strongly encouraged to upload evidence of their CPD activities on the CPD Portal at the time the activity is logged.

At the conclusion of the audit, those randomly selected will receive personal feedback on their CPD verification and a copy of the Audit Report. All data is deidentified for the purposes of CPD audit reporting.

It is recommended that participants retain their CPD documentation for a minimum of three (3) years.

If a member is selected for audit by AHPRA, they may contact the AOA CPD team for assistance in meeting the requirements of the audit.

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Help and Support

For further information on the AOA CPD program, please visit [the AOA website](#).

If you require further assistance at any time, please contact the AOA CPD team:

Phone: +61 2 8071 8000

Email: cpd@aoa.org.au

CPD Activities

Three types of CPD are required by the Medical Board each year:

1. Activities that Review Performance;
2. Activities that Measure Outcomes; and
3. Educational Activities.

Activities that fall into each category are outlined below.

Specialist high-level requirements

RACS has stipulated that as a mandatory element of CPD, all operating surgeons must complete all surgical case forms sent to a surgeon by the Australia & New Zealand Audits of Surgical Mortality (ANZASM). This activity is captured in *Section 2: Measure Outcomes* below.

CAPE Activities

Aligning with the Good Medical Practice Guide, members must complete a minimum of one activity in each of the following categories ("CAPE" activities):

- i. **Culturally Safe Practice,**
- ii. **Addressing Health Inequities,**
- iii. **Professionalism and**
- iv. **Ethical Practice**

CAPE activities may fall into any of the three activity types listed above. Further information is available in the CAPE Guide on the CPD resources webpage.

All CPD Activity needs to be logged either on the CPD Program Online Portal or via the CPD App. For more information, please see the *Logging CPD Activities* guide, located on the [CPD resources webpage](#).

Review Performance and Measure Outcomes

Members must accrue a minimum of 25 hours of CPD Activity across the activity categories of Review Performance and Measure Outcomes each year.

1. Review Performance

Members must accrue a minimum of 5 hours of CPD Activity in the activity category of Review Performance each year. Activities in this category include:

Activity	Description	Verification
Self-appraisal	Self-appraisal of one's own strengths and weaknesses	Self-appraisal form or statutory declaration
Reflection and evaluation of learning	Reflection and evaluation of learning with a view to identifying learning needs	Reflective Journal or Learning Plan
Personal Development	Mindfulness, well-being and self-care activities	Evidence of completion
Personal Audit Analysis	Analysis of personal audit data (E.g. Actively reflecting on personal audit data to promote changes in practice)	Audit Report
Multi-source Feedback (360-degree survey) of Self	Undertaking a Multi-source Feedback (360-degree survey) of yourself, reflecting on feedback received with a view to changing behaviour or improving practice. The purpose of an MSF is to encourage reflection and improvement by asking colleagues and patients to identify areas of strength and weakness in a surgeon's practice. The feedback collection process is managed by AOA staff so that ratings and comments can be deidentified.	MSF Report, statutory declaration of completion of reflective tool. If an AOAMSF, internal verification. <i>An AOA MSF is available, please contact cpd@aoa.org.au</i>
Patient Experience Survey	Undertaking a Patient Experience Survey to collect feedback from patients, reflecting on feedback received with a view to changing behaviour or improving practice	PES Report, statutory declaration of completion of reflective tool <i>An AOA PES is in development and will be available in future</i>
Peer Review of Own Practice	Having a Peer formally review your practice (may be clinical or legal practice), reflecting on feedback received with a view to changing behaviour or improving practice	Review Report, statutory declaration of completion of reflective tool
Workplace Performance Appraisal	Undertaking a Workplace Performance Appraisal, reflecting on feedback received with a view to changing behaviour or improving practice	Appraisal Report, statutory declaration of completion of reflective tool, written confirmation from relevant institution.
Surgical Audit with Peer Review*	Surgical Audit results which are presented and discussed in an open and supportive peer-group environment where feedback is provided. Discussion should be considered and lead to meaningful reflection on how practice can be improved	Completed Peer Review Verification <i>The Peer Review Verification must be completed by a colleague, who can confirm the Peer Review element of the Surgical Audit. For departmental audits, the verification peer must be the Chair of the audit committee or official delegate. While the online peer review process is being built, a pdf can be uploaded.</i>

Audit Analysis	Analysis of collegial audit data (E.g. Receiving feedback on personal audit data with a view to making changes in practice, Providing constructive feedback on a colleague's audit data, Acting as a reviewer for the NJRR or for an Audit of Surgical Mortality.)	Statutory Declaration of audit analysis, audit report.
Multi-source Feedback (360-degree survey) of Colleagues	Acting as an assessor on a Multi-source Feedback (360-degree survey) for a Colleague	Statutory declaration, Copy of deidentified form. If an AOAMSF, internal verification.
Peer Review of a Colleagues Practice	Undertaking a Peer Review of a Colleagues Practice (may be clinical or legal practice). To complete a peer review of legal practice, a surgeon must collect 2-4 medico-legal reports that they have previously completed and sit down with a colleague to discuss the reports. The colleague should provide constructive feedback on the reports, including areas of strength and weakness.	Copy of completed reflective tool, statutory declaration of completion of reflective tool <i>AOA is developing a tool to assist with this process.</i>
Mentoring and Visits	Interaction with colleagues, other medical staff, and visits to other institutions (E.g. Operating with a peer, Visits to other institutions with a focus on medical or clinical services, including formal clinical review visits.)	Statutory declaration, written confirmation from relevant institution
Patient Care	Activities that directly focus on patient well-being, particularly departmental, clinical or collegial meetings to present and discuss patient care (including imaging) (E.g. Regular departmental meetings, Collegial meetings, medical services survey or review)	Attendance sheet or minutes from meetings, written confirmation from the relevant institution, statutory declaration including a list of meetings attended, diary record.
Orthopaedic Governance	Meetings to discuss administrative or governance matters, particularly in relation to orthopaedics. Acting on behalf of the profession through involvement in the AOA. (E.g. Discussion regarding how to better manage the orthopaedic department, Management of theatre put-through or waiting lists, Acting as an AOA Hospital Inspector, AOANJRR Governance Roles, Quality Assurance Committee)	Attendance sheet or minutes from meetings, written confirmation from the relevant institution, statutory declaration including a list of meetings attended, diary record. AOA activities will be internally verified

Medico Legal Governance	E.g. Peer review of Medico legal reports, member of advisory panels for third parties	Statutory declaration, written confirmation from relevant institution
Performance assessment for a third party	E.g. Structured clinical performance assessment- face to face or on paper	Statutory declaration, written confirmation from relevant institution

**It is expected that this activity may be mandated by RACS for operating surgeons going forward*

2. Measure Outcomes

Members must accrue a minimum of 5 hours of CPD Activity in the activity category of Measure Outcomes each year. Activities in this category include:

Activity	Description	Verification
Personal Audit of Outcomes	An audit of some or all of the member's usual practice (E.g. Total Practice Audit – covering all operations performed, Evaluation of morbidity and mortality in surgical practice, Personal audit of outcomes for a particular procedure, Audit of NJRR data)	Statutory Declaration of audit analysis, audit report
National Joint Replacement Registry Opt-in	Opt-in (have their data identifiable solely for their own analysis) to the AOA's National Joint Replacement Registry (NJRR).	Written confirmation of participation in the NJRR
Clinical Registry Audit	Annual Review of surgeon data via NJRR / PROMs/NO registry/other registries	Written confirmation of participation by the Registry
Medico Legal Audit	Medico legal report audit or report review	Statutory Declaration of audit analysis, audit report, written confirmation of role as Reviewer
Root Cause Analysis	Systems review of own case	Statutory Declaration of analysis, analysis report
Incident Reporting	Analysis of incident reports/Riskman data	Written confirmation of role
Quality Improvement Project	Patient surveys. Review change of practice	Project Report
Departmental Audit	An audit of some or all other member's usual practice (E.g. Departmental Audit - such as an audit of patient waiting times)	Statutory Declaration of audit analysis, audit Report
Multidisciplinary Root Cause Analysis	Systems review as a member of a multidisciplinary panel	Written confirmation of role
Multidisciplinary Quality Improvement Project	Multidisciplinary patient surveys and review of changes to practice	Written confirmation of role, project report
Multidisciplinary Incident Reporting	Multidisciplinary analysis of incident reports/Riskman data	Written confirmation of role, project report

Australian and New Zealand Audit of Surgical Mortality (ANZASM)*	Completion of all surgical case forms sent to a surgeon by ANZASM. (e.g. Regional Audits of Surgical Mortality (ACTASM, CHASM, NTASM, QASM, TASM, VASM, SAASM, WAASM))	Completed declaration <i>AOA will seek verification from ANZASM that all CPD participants are appropriately participating in ANZASM. If a member has not met the requirements of ANZASM at the time of AOA seeking verification, a certificate of completion from ANZASM may be required to confirm verification. For members in NSW participating in CHASM, a certificate of completion must be provided as verification.</i>
Medical Assessment Activities	E.g. Medical Assessment Committee, Tribunals, WorkSafe	Written confirmation of role
Case based meetings	E.g. M&M Meetings, Case Conferences, MDT meetings	Attendance sheet or minutes from meetings, written confirmation from the relevant institution, statutory declaration including a list of meetings attended, diary record.
Clinical Governance	E.g. Hospital Governance Committee, Writing protocols for hospital, Leading, analysing, writing reports on healthcare outcomes, Assessing Incident Reports, Risk Management Reports, Clinical Review Committees, Government Review Committees	Attendance sheet or minutes from meetings, written confirmation from the relevant institution, statutory declaration including a list of meetings attended, diary record.

**This activity is mandatory for operating surgeons*

Educational Activities

Members must accrue a minimum of 12.5 hours of CPD Activity in the activity category of Educational Activities each year. Activities in this category include:

Activity	Description	Verification
Journal Reading	Reading articles in peer-reviewed journals independently (E.g. The Journal of Bone and Joint Surgery/Australia and New Zealand Journal of Surgery/Specialty Journals, Other medical journals)	Written confirmation of subscription, statutory declaration of journals read, diary record.
eLearning	Use of eLearning materials provided by AOA, RACS or equivalent international groups. (E.g. Learning materials available via the AOA eLearning platform, AOAASMe- proceedings, RACS Operating with Respect online module). Use of eLearning materials provided by any other group, including industry (E.g. Learning materials available via general medical eLearning websites, Industry eLearning material)	Statutory declaration, written confirmation from the relevant institution, web-based certificate.
Self-Directed Learning	Self-directed and self-initiated individual learning activities (e.g. Studying textbooks, Audio or video learning)	Study plan or report, statutory declaration.
Further Education and Study	Formal post-graduate study, leading to a qualification, that relates to the participant's orthopaedic practice (E.g. Full-time or part-time degree programs (e.g. Masters of Surgery), Full-time or part-time diploma programs)	Educational transcript from relevant institution.
Impairment Assessment Training	Attendance at approved impairment assessment training	Certificate of attendance, confirmation of attendance from the relevant institution.
AOA Approved Fellowships	Post-Fellowship advanced training Fellowship positions in a subspecialty area.	AOA activities will be internally verified
Scientific Meetings	National and International scientific meetings (e.g. AOA Annual Scientific Meeting, RACS Annual Scientific Congress, AOA national subspecialty society meetings, equivalent international orthopaedic/surgical meetings). State, Regional and Industry scientific meetings (e.g. arthroplasty/arthroscopy workshops, industry instructional courses, surgical specialty meetings, AOA branch meetings). Scientific meetings, workshops and seminars are an effective learning opportunity directed at maintaining and enhancing knowledge and skills, keeping abreast of developments in clinical and medical science and networking with colleagues. AOA strongly recommends participants attend a National scientific meeting on an annual basis.	Certificate of attendance, confirmation of attendance from the relevant institution. AOA activities will be internally verified.
Journal Club	Reading articles in peer-reviewed journals as part of a journal club (e.g. Regular Journal Club meetings)	Statutory declaration of journals read/meetings attended, journal club attendance sheet, diary record.

Small Group Learning	Small group learning activities (e.g. Local hospital teaching sessions, small group learning)	Statutory declaration of meetings attended, attendance sheet, diary record.
Professional Workshops	Attendance at workshops with a focus on professional (rather than clinical or technical) skills. (e.g. Communication skills workshops, Train the trainer workshops, Leadership workshops, Cultural Safety workshops)	Written confirmation from organising body, Certificate of Attendance.
AOA 21 Workshops	Attendance at an AOA21 workshop. (e.g. Workplace Based Assessment, Trainee Rotations–A Planned Approach, Helping Underperforming Trainees, Effective Feedback, Teaching in the Clinical Setting, Introduction to AOA 21)	AOA activities will be internally verified
Scientific Research	Participation in a scientific research project (e.g. Writing grant applications, ethics committee submissions, research proposals, Conducting a literature review, Analysing or writing up data)	Written confirmation from relevant institution, research project plan
Research Review Activities	Reviewing grant or ethics proposals, editing or reviewing research or educational material	Written confirmation from relevant institution
Presentations	Presentation at scientific meetings (E.g. Plenary speaker, Paper presentation, Invited lecturer, convening/chairing sessions or meetings)	Program, abstract in Abstract Book, written confirmation from relevant institution
Publications	Publication in peer-reviewed orthopaedic journals and textbooks (E.g. First author of a journal article in The Journal of Bone and Joint Surgery, Second author of an orthopaedic textbook chapter.)	Written confirmation from relevant institution, electronic citation
Reviewer of Articles in Peer-Reviewed Journals	Time spent reviewing articles and content for peer-reviewed medical journals (e.g. Peer reviewer for The Journal of Bone and Joint Surgery, Peer reviewer for the Medical Journal of Australia)	Written confirmation from relevant institution
Patient Education Material Development	Preparing patient education materials	Statutory declaration, written confirmation from relevant institution.
Working with a coach or mentor	Interaction with colleagues, other medical staff, and visits to other institutions (E.g. Mentoring of junior doctors, Trainees, Fellows or a peer, Operating with a peer, Visits to other institutions with a focus on medical or clinical services, including formal clinical review visits.)	Statutory declaration, written confirmation from relevant institution.
AOA Governance	Acting on behalf of the profession through involvement in the AOA. (E.g. Serving on an AOA Board, Committee or Working Party)	AOA activities will be internally verified.
Teaching and Examination	Teaching and examination at any level, from undergraduate to fellowship—includes direct teaching but also preparation of education/ learning materials (E.g. Regular teaching activities (Bone School, tutorials, lectures etc), Development of educational materials, Guest/invited teaching activities, Examining (including setting and marking of papers)	Teaching schedules, written confirmation from the relevant institution AOA activities will be internally verified

	teaching at university, teaching undergraduates, running workshops for GPs / Nurses / Physios, teaching medico legal report writing	
Supervision	Supervision of orthopaedic Trainees, International Medical Graduates or Fellows at the participant's institution (E.g. Director of Training duties, Direct supervision of Trainees (i.e. Trainee Supervisor), Completing AOA Workplace-based Assessments, Nominated supervisor for a Specialist International Medical Graduate, Supervisor for a Fellowship position, Overseeing the operations of a colleague.)	Statutory declaration, written confirmation from relevant institution. AOA activities will be internally verified.
Community Orthopaedic Services	Contact hours spent in professional development while undertaking voluntary community services activities (E.g. Orthopaedic Outreach and similar activities, Australian Military Service, Other humanitarian work.)	Statutory declaration, written confirmation from relevant institution.