AOA ACCREDITED FELLOWSHIPS POLICY

Ref No: FC002

Review Date: **March 2030**
Date Developed: **January 2014**
Date Last Revised: **July 2026**
Principal Responsibility: **AOA CEO**
Endorsed: **AOA Board Meeting**

Approved by:	Title: CEO	Name: Adrian Cosenza	Signature/date  July 2026

OUTCOME:

All AOA Accredited Fellowship Programs will be accredited and managed in accordance with this Policy.

DEFINITIONS

Accreditation is the process in which the Australian Orthopaedic Association certifies Fellowship Programs.

AOA is the Australian Orthopaedic Association.

AOA 21 is the Surgical Education and Training Program in orthopaedic surgery.

Chief Supervisor is the individual primarily responsible for the Fellowship Program and the Fellow.

Co-supervisor assists the Chief Supervisor with day-to-day supervision of the Fellow.

CPD is Continuing Professional Development.

Fellowships Committee consists of AOA members appointed by the Board as per their Terms of Reference.

Fellowship Program is a sub-specialty training program in orthopaedics.

Fellow is the individual selected to participate in the sub-specialty training in the Fellowship Program.

Institution is the site at which the Fellowship Program will be held (e.g. hospital, private practice entity). There may be a number of institutions that are associated with the Fellowship Program.

RTC is the Regional Training Committee responsible for overseeing AOA 21 trainees in their training region.

RACS is the Royal Australasian College of Surgeons.

SIMG is a Specialist International Medical Graduate.

POLICY

- The aim of AOA accredited fellowship programs is to provide orthopaedic surgeons with supervised short-term training in a specific aspect of orthopaedic surgery. The main objective is to allow surgeons to develop their surgical skills in a subspecialty through a work-based surgical fellowship program provided by a chief supervisor/hospital.
- Australian fellowship programs also provide opportunities for Specialist International Medical Graduates (SIMGs) to improve their professional skills and gain experience

not available within their country of training.

- AOA's accreditation process provides a voluntary service to AOA members and Fellows, by ensuring that the highest standard of training available in AOA accredited fellowship programs is offered throughout Australia.
- The process works towards meeting the increasing number of requests for AOA validation of sub-specialty training fellowship programs by external bodies, including health care institutions, medical boards, medical industry, government agencies and overseas institutions. Further, the process aims to minimise the impact of an AOA accredited fellowship program on AOA 21 trainees by ensuring that these programs do not detrimentally impact their surgical and professional experience.
- Fellowship programs are not formalised surgical training programs. Any experience gained during these fellowship programs may not be accredited to the AOA 21 training program. Further, the AOA fellowships portfolio should attempt to finance itself on a cost incurred basis.
- AOA's fellowship accreditation process is independent of the RACS accreditation process.

1. MINIMUM ACCREDITATION REQUIREMENTS

1.1. The Fellowship Program must be in a sub-specialty area relevant to orthopaedics and must be focused on the acquisition of specialist skills, experience and knowledge beyond that delivered in an accredited surgical orthopaedic training program.

1.2. The Fellowship Program will include clinical, laboratory or comparable basic science research in a sub-specialty relevant to orthopaedics. Facilities must be available to enable such research to be undertaken by participants.

1.3. Evidence must be provided to demonstrate that the primary institution where the fellow will work supports the accreditation of the sub-specialty Fellowship Program.

1.4. The minimum tenure of the Fellowship Program must be six (6) months.

1.5. The Fellowship Program must include supervision. The position must not be a consultant position.

1.6. A Chief Supervisor, responsible for both the Fellowship Program and the Fellow, must be allocated to the Fellowship Program.

1.7. It is recommended that a Chief Supervisor nominate one or more co-supervisors when applying for an AOA accredited Fellowship.

1.8. Chief Supervisors of Fellowship Programs that run within institutions with

AOA 21 trainees must demonstrate that the Fellowship Program will not impact on access to the training experience, education and operative competence-based training of these trainees. This must be agreed to by the RTC.

1.9. Should the Chief Supervisor already have an AOA Accredited Fellowship Program, the AOA Fellowships Committee will take into consideration the number of Supervisors associated with each AOA Accredited Fellowship Program and the ability to appropriately supervise each Fellow.

1.10. Chief Supervisors with two (2) AOA accredited fellowship programs, seeking to apply for a third or more, must provide a copy of all existing and proposed fellowship program timetables and a statement to outline supervision arrangements.

1.11. Fellows must not be used as substitutes for consultants on call unless they are Australian and New Zealand Fellows who hold a FRACS (Orth), have specialist registration and have agreed to this prior to commencing the Fellowship Program. All other Fellows are able to contribute to the work of the institution by covering on- call at the level of a registrar.

1.12. Fellows must not be regularly rostered on call unless it is directly relevant to the specialty of the proposed Fellowship Program.

1.13. Fellows must be employed under a contract by the primary institution with appropriate remuneration in place. It is not expected that a participant will be directly employed by a single surgeon.

1.14. Eligibility for appointment

1.14.1. Chief supervisor

The Chief Supervisor must:

(a) Have passed the Royal Australasian College of Surgeons Fellowships Examination in Orthopaedics.

(b) Be a financial member in good standing of the AOA (FAOrthA).

(c) Have at least 5 years' experience as a specialist orthopaedic surgeon and have sufficient post-specialty training experience in the Fellowship subspecialty area. In special circumstances this can be modified at the discretion of the Fellowship Committee.

(d) Have a current Australian medical registration as a specialist orthopaedic surgeon.

(e) Have full evidence of their CPD compliance for the preceding year and on-going compliance must be maintained.

(f) Participate in the AOA National Joint Replacement Registry if arthroplasty is performed in the Fellowship Program.

(g) Be on staff at all institutions that are affiliated with the fellowship program.

(h) Have evidence of membership in a national or international surgical or medical association. This includes but is not limited to being an active member of an AOA associate specialist society.

(i) Be an active contributor to orthopaedic science research, publication or presentation activity. Examples include:

- Publication in a peer reviewed journal within the last 5 years,
- Contribute to an AOA ASM or COE within the last 5 years,

- Current member of the editorial board of an international peer reviewed orthopaedic journal.

1.14.2. The Co-supervisor:

The Co-supervisor must:

(a) Have passed the Royal Australasian College of Surgeons Fellowships Exam in Orthopaedics.

(b) Be a Fellow in good standing of the AOA (FAOrthA).

(c) Have at least five (5) years of specialist experience and training experience in the fellowship subspecialty area. In special circumstances this can be modified at the discretion of the Fellowship Committee.

(d) Have a current Australian medical registration as an orthopaedic surgeon.

(e) Have full evidence of their CPD compliance for the preceding year and on-going compliance must be maintained.

(f) Participate in the AOA National Joint Replacement Registry if arthroplasty is performed in the Fellowship Program.

2. PROCEDURE FOR APPLYING FOR FELLOWSHIP ACCREDITATION

2.1. Applications for accreditation can be made online at any time of year on the AOA website. Only complete applications will be processed.

2.2. On completion of the application for accreditation of a new AOA Accredited Fellowship Program, a fee will be payable to the AOA. This fee is non-refundable.

2.3. The application will be assessed against the requirements outlined in this policy which may change from time to time.

2.4. Applications will first be sent to the local RTC Chair to assess training impact and to consider whether the application is supported by the RTC.

2.5. RTC may decline to support the application if there is significant impact to AOA 21 trainees or if there is local knowledge to suggest the proposed Fellowship Program is not of a sufficient standard.

2.6. AORA state representatives will be consulted to seek feedback from registrars at AOA accredited training sites to assist with determining the impact of a fellowship on trainees.

2.7. Following the RTC, the application will be sent for assessment by the AOA Fellowships Committee. Meetings of the AOA Fellowships Committee occur quarterly.

2.8. The AOA Fellowships Committee will review applications and seek feedback and will ultimately make the decision regarding the accreditation of the Fellowship Program.

2.9. In special circumstances, the AOA Fellowships Committee may review and accredit a Fellowship Program prior to the subsequent meeting of the AOA Fellowships Committee via circular resolution.

2.10. Where accreditation is granted, the initial accreditation will be valid for a period of for three (3) years,

2.11. If the Fellowship Program is not approved for accreditation by the AOA Fellowships Committee the applicant may appeal the decision in

accordance with the AOA Reconsideration, Review & Appeals Policy.

3. FOLLOWING ACCREDITATION OF FELLOWSHIP PROGRAM

3.1. Following the approval of accreditation, the chief supervisor will receive a letter outlining the term of the accreditation and will receive a certificate of accreditation.

3.2. Once approved, a web summary for the AOA Accredited Fellowship Program will be sent to the chief supervisor to complete if they elect to have the program listed on the AOA website.

3.3. The AOA accredited fellowship logo will be provided following approval of accreditation and may be used in the promotion of an AOA Accredited Fellowship Program.

3.4. Each AOA Accredited Fellowship Program covers one participant position only. If an additional position is proposed, a separate application for accreditation must be submitted and a separate application fee is payable to the AOA.

3.5. Additional Fellows cannot be appointed to a single AOA Accredited Fellowship Program except for brief periods of time of up to 2 months.

3.6. An annual maintenance service fee will be levied by AOA for each AOA Accredited Fellowship Program position for ongoing costs related to administration, such as the recording of data, processing of reports and the compilation and maintenance of the directory of these Fellowship Programs on the website.

3.7. Where an issue of sufficient concern is identified within the Fellowship Program, the AOA Fellowships Committee Chair may convene an AOA Accredited Fellowships Review Committee to review these concerns. Refer to Annex 1.

4. ADVERTISEMENT OF FELLOWSHIP PROGRAMS

4.1. The Chief Supervisor or employing institution may advertise the Fellowship Program, as AOA accredited, when formal correspondence has been received from AOA indicating that the Fellowship Program has been accredited.

4.2. A directory of AOA Accredited Fellowship Programs is available on the AOA website. It is the responsibility of the Chief Supervisor to periodically check the accuracy of the Fellowship program information on the website and to advise the AOA Fellowships Team if changes are required.

4.3. Fellowship Program documents may include the following statement: 'This Fellowship Program is accredited by the Australian Orthopaedic Association'.

4.4. AOA publications will advertise Australian fellowship programs and will distinguish between AOA accredited and non-accredited programs in advertisements.

5. FINANCING OF FELLOWSHIP PROGRAMS

5.1. AOA is not responsible for the contractual arrangements between the Fellow and Institution. This is a matter for the Fellow and Institution.

5.2. Funding for an AOA Accredited Fellowship Program must be in a manner that is accountable, transparent, and that will withstand public scrutiny.

5.3. A **base stipend** package of $100,000 per annum, before tax, (indexed annually) has been recommended as an appropriate **minimum** for the participant when funding is based in Australia. This amount is to be indexed annually according to CPI and may include accommodation and leave entitlements.

5.4. Funding may be provided to the participant by their home country or institution.

5.5. Entitlements may include payments in the form of assistant's fees (from Medicare directly to the Fellow), on-call fees, payments from institutions and grants from industry, as permitted by the extent or nature of registration provided by the Medical Board of Australia.

5.6. Where fees from assisting (including those generated under Medicare) are not paid to the participant and are instead assigned to a third party, contracts of employment must specify the arrangements concerning the assignment of such fees with a clear explanation given to the participant.

5.7. In the case where funds are distributed to an institution, excess funds may, at the Chief Supervisor's discretion, be applied to accountable Fellow's research expenses, attendance at scientific meetings and other activities associated with the Fellowship Program.

5.8. By seeking accreditation, Chief Supervisors agree to provide appropriate financial information regarding the Fellowship Program at the request of the Fellowships Committee.

5.9. Industry can support an individual fellowship program by providing a grant. It is recommended that contributions from an individual company not exceed $90,000 per annum (indexed annually) for an individual Fellowship Program. Programs can receive funding from multiple sources. It is recommended that AOA Accredited Fellowship Programs do not solely rely on grants from industry.

5.10. Industry bodies must not pay Fellows directly.

5.11. Industry support for Fellowship Programs must be funded through a third party to ensure 'arm's length' administration. Such third parties may include: the AOA, universities, research institutions and foundations, philanthropic associations, public and private hospitals or other organisations associated with the provision of health care.

5.12. In cases where industry contributions are utilised, Chief Supervisors, Supervisors and Fellows agree to abide by the AOA Code of Conduct and Position Statement on Interaction with Medical Industry.

5.13. There is to be no link between industry funding and obligatory use of industry products.

5.14. Industry funding must be in accordance with the regulations outlined by the Medical Technology Association of Australia (MTAA) Code of Practice or its equivalent including the Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector. Contributions made through AOA will only be accepted from a company that has subscribed to an industry code of practice, and that code of practice undertakes regular auditing of its members.

6. REPORTING PROCEDURES

6.1. At the conclusion of the Fellowship Program, the Fellow and Chief Supervisor must submit reports on the AOA website.

6.2. Upon receipt of the fellow and supervisor reports, acknowledging the

successful completion of the Fellowship Program, the AOA will issue the Fellow a Certificate of Completion.

6.3. Both reports must be submitted in order for a Certificate of Completion to be issued to the Fellow.

6.4. Previous fellows' and supervisors' reports will be reviewed by the Fellowship Committee during the re-accreditation process. Non-compliance with completing the reports will be taken into consideration during the review.

6.5. AOA may disclose Fellow and Supervisor Reports for the benefit of validation of financial support and ongoing educational and clinical purposes to industry, providing a grant, upon request.

7. RE-ACCREDITATION OF AOA FELLOWSHIP PROGRAM

7.1. Renewal of the AOA accredited Fellowship Program will be subject to the AOA Accredited Fellowships Policy.

7.2. Chief supervisors will be notified 6 months prior to the expiration of their Fellowship Program's accreditation and link will be provided to complete the required application.

7.3. It is the Chief supervisor's responsibility to ensure that the appropriate re-accreditation application is submitted on time.

7.4. On completion of the re-accreditation application, a fee will be payable to the AOA. This fee is applicable to each AOA Accredited Fellowship Program and is non-refundable.

7.5. Where re-accreditation is granted, the accreditation will be valid for a period of five (5) years.

7.6. Any Fellowship Program found not to meet the minimum accreditation requirements as set by AOA, during the review process, may be disaccredited.

8. CHANGES TO AN AOA ACCREDITED FELLOWSHIP PROGRAM

8.1. In the event that there is a change to and AOA Accredited Fellowship Program, the Chief Supervisor is required to complete a 'Change in Circumstance Form' highlighting the changes, to the AOA Fellowship Committee. These changes include, but are not limited to:

- Change in Chief Supervisor
- Change in primary institution
- The addition of public hospital sites or private hospitals with training positions,

8.2. In the first instance the AOA Fellowships team will review all changes made to the Fellowship Program. If the change involves a change to the primary institution and includes additional public hospital sites, the team will consult the local RTC and may request additional documentation to support these changes.

8.3. Once the changes have been reviewed, the Fellowships Committee will make the following recommendations:

a) If the changes are minor, the Fellowship Program will continue with the changes taking effect immediately.

b) If the changes are major the chief supervisor will need to reapply for

accreditation and be assessed by the Fellowships Committee.

9. SUPERVISION OF AN AOA ACCREDITED FELLOWSHIP PROGRAM

9.1. Chief Supervisor Responsibilities

9.1.1. The Chief Supervisor is the individual primarily responsible for the Fellowship Program and Fellow.

9.1.2. The Chief Supervisor has a responsibility to:

a) Take full responsibility for the Fellowship Program and supervision of the Fellow.

b) Select and appoint the Fellow in accordance with the AOA Code of Conduct.

c) Coordinate the Fellowship Program at the relevant sites, including:

- Orientation for each Fellow on rotation to each of the institutions listed in the Fellowship Program.
- Coordination of the provision of appropriate facilities for clinical, laboratory or comparable basic research.
- Ensuring the availability of opportunities for the Fellow to engage in research.

d) Provide regular instruction and feedback to the Fellow.

e) Gauge the appropriate level of supervision required for the Fellow.

f) Ensure that the Fellow has the appropriate credentials in order to work at the institution(s).

g) Be readily available for the fellow and provide direct supervision to the Fellow when needed.

h) Be readily available to the Fellow and the patient and be prepared to take over the provision of patient care if/as needed.

i) Be prepared to discharge supervisor duties as per the AHPRA guidelines.

j) Ensure that SIMGs are processed on the correct Visa, 407 (Training) Visa, unless otherwise specified/approved.

k) Notify AOA of any changes to the Fellowship Program as outlined in section 8 of this policy.

l) Complete the required 'Supervisor's Report' in a timely manner following the completion of the Fellow's tenure.

m) Disclose industry support received for the Fellowship Program as a potential conflict of interest, at any scientific meeting or at any AOA business or committee meeting.

n) Act in accordance with the *AOA Code of Conduct.*

o) Abide by the *AOA Position Statement on Interaction with Medical Industry.*

9.2. Co-supervisor's Responsibilities

9.2.1. Co-supervisors may be associated with the Fellowship Program

to assist with the day-to-day supervision of the Fellow.

9.2.2. Co-supervisors have a responsibility to:

a) Conduct day-to-day supervision and training of the Fellow as delegated by the chief supervisor.

b) Be readily available to the fellow and provide direct supervision to the Fellow when needed and where appropriate.

c) Be readily available to the Fellow and the patient and be prepared to take over the provision of patient care if/as needed.

d) Provide instruction and feedback to the Fellow.

e) If a local fellow in their 'Transition to Practice' phase of training is selected, the supervisor must assist and provide regular feedback, where appropriate, to the fellow to meet the AOA 21 'Transition to Practice' Criteria.

f) Meet with the Chief Supervisor to discuss the performance of the Fellow.

g) Disclose industry support received for the fellowship program as a potential conflict of interest, at any scientific meeting or at any AOA business or committee meeting whether or not the Chief Supervisor is presenting.

h) Act in accordance with the *AOA Code of Conduct.*

i) Abide by the *AOA Position Statement on Interaction with Medical Industry.*

10. FELLOWS

10.1. Eligibility for appointment local fellows

Successful candidates will be appointed by the Chief Supervisor of the Fellowship Program.

Applicants who wish to participate in a Fellowship Program should:

10.1.1. Hold a Fellowship of the Royal Australasian College of Surgeons (FRACS) in orthopaedic surgery, or

10.1.2. Be in the AOA 21 Training Program *'Transition to Practice'* stage of training and continue to follow the AOA 21 Training Program requirements as per their signed agreement at their commencement of training.

10.1.3. Only participate in accredited Fellowship Programs for a maximum of **two** years.

10.2. Eligibility for appointment Specialist International Medical Graduates

10.2.1. Successful candidates will be appointed by the Chief Supervisor of the Fellowship Program

10.2.2. The SIMG should be a qualified orthopaedic surgeon in their country of origin or;

10.2.3. Be training towards a specialist orthopaedic qualification in their country of residence where they are no more than two years from

completing their specialist degree.

10.2.4. The SIMG should be a member of good standing with their Associations/Colleges in their country of origin.

10.2.5. The SIMG must meet the National Board's English language skills standard, as outlined by Ahpra

10.2.6. Prior to commencement of the Fellowship Program, SIMG Fellows must apply for medical registration and obtain a visa to work in Australia. Depending on the Fellowship program, the fellow may get assistance with this process from AOA or another institute. The fellow will need to apply to:

a) The Australian Medical Council (AMC) in order to verify their qualifications for medical registration

b) RACS for short term training approval (for Fellows seeking limited registration).

c) AHPRA for the appropriate category of medical registration, and

d) The Department of Home Affairs for the appropriate visa category. Unless otherwise specified/approved, **all** international candidates are to apply for a 407 (Training) Visa.

10.2.7. It is expected that SIMGs participating in AOA Accredited Fellowship Programs will return to their country of residence at the conclusion of the Fellowship Program. These Fellowship Programs **are not** intended as a prelude to permanent medical registration in Australia.

10.2.8. SIMGs undertaking the specialist pathway through RACS must receive permission from the AOA Federal Training Committee prior to commencing an accredited Fellowship Program. Accredited Fellowship Programs **are not** designed for general training.

10.3. Fellow's Responsibilities

During the Fellowship Program the participant must:

10.3.1. Work within the scope of the Fellowship Program under the direction of the chief supervisor and Co-supervisor(s).

10.3.2. Engage in either clinical/laboratory/comparable basic research as directed by the Chief Supervisor.

10.3.3. Have an accompanying Supervisor at each institution.

10.3.4. Never attend to patients without the permission of their supervisor.

10.3.5. Recognise the limits of their professional competence and scope of authority and seek guidance from their supervisor.

10.3.6. Where possible, contribute to registrar education by becoming involved in leadership and teaching opportunities.

10.3.7. Notify the AOA and their Chief Supervisor of any changes to their circumstances that will affect their participation in the Fellowship Program.

10.3.8. Not act in a way that is detrimental to the education or learning of AOA accredited trainees.

10.3.9. Complete the required *Fellow's Report* in a timely manner

following the completion of the Fellowship Program.

10.3.10. Abide by the Ahpra registration requirements and ensure registration remains valid.

10.3.11. Abide by the *AOA Position Statement on Interaction with Medical Industry.*

10.3.12. Abide by the *AOA Code of Conduct* (for AOA members only)

11. FELLOWSHIP PROGRAM DISCONTINUATION

11.1. Discontinuation of the accreditation of a Fellowship Program

The accreditation of a Fellowship Program will discontinue if:

11.1.1. Accreditation is not renewed.

11.1.2. Renewal of accreditation is not granted by the AOA Fellowships Committee.

11.1.3. The Chief Supervisor notifies the AOA in writing that the Fellowship Program has discontinued.

11.1.4. The Chief Supervisor is found to have provided incorrect or inaccurate information on documentation regarding the Fellowship Program.

11.1.5. The AOA Accredited Fellowships Review Committee recommends disaccreditation. Refer to Annex 1.

11.1.6. The Fellowship Program is no longer able to meet and maintain the minimum accreditation requirements.

11.2. Discontinuation of participation in a Fellowship Program

The cessation of the Fellow's involvement in the AOA Accredited Fellowship Program will occur if:

11.2.1. The Fellow has completed the term of the Fellowship Program.

11.2.2. The Fellow notifies the AOA or their Chief Supervisor in writing that they are no longer able to participate in the Fellowship Program.

11.2.3. The Fellow does not have the valid medical registration or visa in order to work in Australia.

11.2.4. One or more of the institutions affiliated with the Fellowship Program, or the Chief Supervisor, cease the Fellow's employment.

11.2.5. The Fellow has been found to falsify personal information and/or training documents.

12. MEDICAL DEVICE INDUSTRY INVOLVEMENT

12.1. The philosophy, structure and control of the Fellowship Program will rest with the Chief Supervisor without influence from the sponsoring party.

12.2. The successful applicant is to be chosen exclusively by the Chief Supervisor of the Fellowship Program.

12.3. The presence and extent of any sponsorship should be declared and transparent.

12.4. In the case the AOA is managing the distribution of the grant, the funds received must be used in accordance with the terms of the agreement

between the Funder and the AOA.

12.5. There is to be no link, either implicit or explicit, between the use of a product or service and industry funding.

12.6. AOA Accredited Fellowship Programs must not bear an industry sponsor's name.

12.7. Apart from appropriate acknowledgement, there is to be no prominent advertising of the industry's involvement of the Fellowship Program on AOA material e.g. Website or AOA Bulletin.

12.8. The industry sponsor must be a member of the MTAA or equivalent society and subscribe to and abide by an industry code of conduct.

12.9. Industry support for a Fellowship Program will be considered a disclosure item by the AOA as a potential conflict of interest at any scientific meeting at which the named co-supervisor is presenting, or at any AOA business or committee meeting.

13. AOA FELLOWSHIP PORTFOLIO REVIEW PROCEDURES

13.1. The Fellowships Committee will review the AOA Fellowships Portfolio at five (5) yearly intervals, or as required.

13.2. The review of Fellowship Policy will be conducted in five (5) year intervals in accordance with the portfolio review, or as required.

SEE ALSO

AOA Code of Conduct (and covering AOA Position Statement on Interaction with Medical Industry)

AOA Reconsideration, Review & Appeals Policy

PERFORMANCE INDICATOR/S

Number of accredited Fellowship Programs granted

Number of accredited Fellowship Programs successfully re-accredited