



AOA

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

Australian  
Orthopaedic  
Association

2020-2021  
Annual Report



85<sup>th</sup>  
Anniversary

ORTHOPAEDICS IN AUSTRALIA





# 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.

# OUR PURPOSE

Restoring and advancing the wonder of movement.



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2020-2021

# KEY HIGHLIGHTS

**JULY  
2020**

*Advocating for patients*

President Andrew Ellis addresses the Medibank Board of Directors to advocate for patients, the community and a sustainable health system.

*Promoting cultural inclusion*

The Cultural Inclusion Working Group, chaired by Board Director Chris Morrey and formed to make recommendations on the inclusion of all Australian cultures, holds its inaugural meeting.

*Managing key relationships*

The renewed Service Agreement relating to the speciality training program in orthopaedics between AOA and the Royal Australasian College of Surgeons (RACS) is signed.

**AUG  
2020**

*Connections with key bodies*

Past AOA Chair of Education and Training Omar Khorshid is appointed president of the Australian Medical Association.

*Supporting trainees digitally*

The National Fellowship Trial Exam is conducted online for the first time.

*Guidance during upheaval*

AOA releases a position statement on orthopaedic MedTech company representatives in operating rooms during the transition to elective surgery in the COVID-19 pandemic.

**SEP  
2020**

*Centring the patient*

AOA advocates for transparency, ethics and patient-centred models of care for short-term day surgery as a business model via press release.

*Exploring crucial issues with key experts*

With 'What is the problem?', AOA begins a three-part webinar series on 'Short Stay Arthroplasty - Sustainable and Better Value Healthcare?', involving prominent external speakers and receiving strong positive feedback from attendees.

PRESIDENT

CEO

STRATEGY

EDU & CPD

AOARF

OUTREACH

EVENTS

STATS

MEMBERS

OCT  
2020

*Bringing members together digitally*

AOA holds its first Australia-wide, virtual and in-person annual scientific meeting – leading the way for agile, dynamic and technology-enabled conferences.

*Engaging the community on current issues*

Part two of the short-stay arthroplasty series is held on ‘The Australian experience’, providing crucial context for the issue as it affects Australian patients and healthcare providers.

*Connecting with medical students*

AOA Orthopaedic Women’s Link runs an essay competition on the topic ‘Orthopaedic surgeons are born, not made’, engaging female medical students from across the country.

*Sharing ethical expertise with international peers*

AOA, as chair of the Australian Ethical Health Alliance, joins the Asia-Pacific Economic Cooperation (APEC) for the launch of the 2020 Report on Code of Ethics Implementation. AOA presents insights into how AEHA has facilitated collaboration during the COVID-19 pandemic, alongside nine other APEC economies.

*Analysing 20 years of invaluable joint-replacement data*

AOA releases the 2020 AOANJRR Annual Report and reflects at the AOA ASM upon the two decades of data it has collected, and the impact the Registry has had on changing practice and improving outcomes for patients.

*Empowering member research*

The AOA Research Foundation awards their first PhD pathway scholarship, which provides financial support for trainees who wish to pursue a PhD.

NOV/  
DEC  
2020

*Looking to the future*

The short-stay arthroplasty webinar series concludes with ‘Where to from now?’. The series attracts 448 attendees.

*Protecting patients*

AOA publishes a press release to advocate for further discussion on same-day joint replacements that are unsuitable for many patients but promoted by some Australian private health insurers.

*Ensuring prudence in reform*

AOA President Michael Gillespie writes to Minister for Health the Hon Greg Hunt, calling for a pause in the reform process of the Prostheses List to allow clinician involvement and review.

*Providing insight for female medical students*

AOA Orthopaedic Women's Link and the AOA Champions of Change Working Group convene an OWL workshop that introduces NSW-based female medical students and junior doctors to orthopaedics.

*Promoting ethics during times of crisis*

AOA leads sector-wide discussions on the ethical dilemmas that are faced by both clinicians and healthcare institutions, through the Australian Ethical Health Alliance's webinar on 'Ethics in the healthcare sector and its importance during times of crisis'.

**JAN  
2021**

*Reinforcing digital infrastructure*

AOA launches a revised Learning Management System to facilitate trainees' access to online learning and Bone School videos from around Australia, as part of the AOA Digital Transformation Plan.

**FEB  
2021**

*Warmly welcoming the new cohort*

AOA delivers a successful Bone Camp that serves to welcome 42 'Intro' trainees into the AOA 21 Training Program, with a mixture of online and face-to-face sessions across four time zones, supported by 40 AOA members who share their experiences and expertise.

**MAR  
2021**

*Consultation in strategy*

AOA's Board of Directors meet face to face to collaborate on AOA's next strategic plan, with insights and opinions from the membership and AOA groups central to the discussion.

*Speaking out for regional peers*

AOA releases a position statement to support Myanmar's orthopaedic surgeons and medical staff, expressing concern for their safety and wellbeing while appealing to the military not to harm or arrest them.

**APR  
2021**

*Honouring military peers*

AOA First Vice-President Annette Holian lays a wreath at the Last Post Service, honouring the nine Australian Defence Force personnel lost in the 2005 Nias Island Sea King crash.

**MAY  
2021**

*Protecting staff health*

To reinforce staff wellbeing, AOA introduces access to an Employee Assistance Program for mental health support, family support, conflict resolution and other counselling services.

*Breaking down barriers*

AOA holds a webinar on the topic: 'Reversing the barriers to females becoming orthopaedic surgeons', highlighting an ongoing commitment to improve diversity in orthopaedics, the importance of workplace flexibility for trainees, and the significance of mentorship and role models.

**JUNE  
2021**

*Coordinating advocacy*

Building on the outcomes of the short-stay webinar series, AOA, the Australian Knee Society and the Arthroplasty Society of Australia release a consensus position statement on Rehabilitation after Hip or Knee Arthroplasty.

*Working with subspecialties*

AOA, the Shoulder and Elbow Society of Australia and the Australian Hand Surgery Society advocate with the Department of Health to address the unintended consequences of the proposed MBS item number changes.

*Advocating for patient access to life-changing surgery*

AOA urges the Victorian Government to lift its ban on elective orthopaedic surgery via press release.

*Innovating in events*

AOA's first virtual event platform launches at the AOA 2021 Continuing Orthopaedic Education meeting - an innovative platform offering a livestream of the meeting, an exhibition hall featuring virtual sponsor booths, and an information desk.

*Uniting the sector on ethics*

AOA hosts a sector-wide hybrid Australian Ethical Health Alliance strategy workshop, in which 42 attendees plan for the future of ethical collaboration in the sector.

*Effecting strategy*

AOA achieves substantial completion of the three-year AOA Strategic Plan 2019-2021.

*Fighting managed care*

AOA President Michael Gillespie writes to Federal Minister for Health The Hon Greg Hunt expressing concerns regarding a draft determination by ACCC regarding the Honeysuckle Health application to establish a value-based buying group.

# PRESIDENT'S REPORT

President – Michael Gillespie



## INTRODUCTION

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2021 – the second year of the COVID-19 pandemic – has continued to confound and challenge AOA as it strives to complete its many roles and responsibilities. New challenges are new opportunities for change, growth and innovation, and AOA has risen to the task magnificently.

## CONTINUATION OF COVID DISRUPTION

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At the time I assumed office, the prevailing view across the whole community was that we had seen the worst of COVID-inspired disruption, and that the introduction and rapid completion of a national vaccination programme would see a speedy resumption of the usual rhythms of our (pre-COVID) personal and professional lives. The arrival in Australia of the highly infectious Delta strain of COVID has seen those plans radically disrupted, with far-reaching implications across all of AOA's activities.

**New challenges are new opportunities for change, growth and innovation, and AOA has risen to the task magnificently.**

Fortunately, elective surgery was able to resume nationwide in the latter part of 2020. Only recently has it been restricted – and then only in NSW and Victoria. Let us hope that these restrictions become no more severe or widespread in the coming weeks and months.

The rapid spread of the Delta COVID variant has disrupted AOA's planned schedule of meetings, including (most regrettably) the national Annual Scientific Meeting planned for Melbourne in November. Various state branch and subspecialty society meetings have also been cancelled, deferred or changed to virtual mode.

On behalf of the Board and membership, I congratulate the AOA Conference and Events Team for their excellent work in dealing with so many sudden and unexpected changes, yet still producing meetings of a uniformly high standard. The enthusiasm with which this team, and indeed the entire AOA staff, embraced the need to move to a digital future has been highly commendable and is greatly appreciated.

## BOARD ACTIVITY

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The Board has welcomed several new members this year, with Chris Morrey moving to the position of second vice-president, Christopher Vertullo as treasurer and general director, Andrew Wines as general director, Tom Clifton as AORA president, and Juliette Gentle as OWL observer.

Sadly, Director Alison Taylor is also moving on from her position as Board representative of the state branch chairs, but only to assume her new role as senior examiner in orthopaedics for RACS.

The Board has been hardworking, professional and collegiate. At all times, Board members have laboured mightily in the service of AOA, and I record here my personal thanks to them all for their unwavering loyalty, frank and (at times) fearless advice and constant support though what has been a very challenging year.

## STRATEGIC PLAN

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After an extensive and wide-ranging period of consultation with all elements of AOA, the Board held a series of discussions and reflections, including a very successful strategy workshop led by CEO Adrian Cosenza, to develop the strategic plan for 2022-24.

The final version emerged after further review and modification. This will now become the blueprint for AOA activity for the next three years, in the four key areas of: Training and Education; Culture, Diversity and Inclusion; Clinical Practice and Research; and Advocacy and Engagement.

The new plan is now available for review on the AOA website. I offer my thanks to all those across AOA who contributed their energy and ideas. The plan will serve us well as we move into the exciting but uncertain future.



**This will now become the blueprint for AOA activity... in the four key areas; Training and Education; Culture, Diversity and Inclusion; Clinical Practice and Research; and Advocacy and Engagement.**

## ADVOCACY

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AOA over this year has been highly engaged across many aspects of the current healthcare landscape.

Its knowledge and experience are well regarded, highly valued and keenly sought by many other interested parties, including (but not limited to): departments of health at both state and federal levels, the Medical Technology Association of Australia (MTAA), Private Healthcare Australia (PHA), The Australian Private Hospitals Association (APHA), and the ACCC to name but some.

AOA has hosted a series of informative, well-attended and thought-provoking webinars on a variety of topical subjects, with the aim of increasing the level of engagement of all parties in areas of mutual concern. These areas include short-stay models of care, inpatient/in-home rehabilitation, and the continuing tension around the attempts to introduce what many see as US-style managed care. There is much more to be done in this area, and AOA will continue to advocate against attempts by third parties to interpose themselves in the doctor-patient relationship, and to limit choice for both patients and their doctors.

AOA has provided much robust advocacy on these and other matters, and will continue to do so, consistent with its advocacy commitments as outlined in the latest strategic plan.

## AOANJRR

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As we have come to expect, this year's AOANJRR Annual Report once again raises the standard for the comprehensive, innovative and accurate presentation of joint-replacement data to new levels of excellence.

This year, PROMs data is reported for the first time - another first for the Registry, and offering yet further evidence of its leading role in the world of registry science.

Registry-nested clinical trials are also under way; enquiries from the many interested parties across the landscape of orthopaedics are received on an increasingly frequent basis. This too is a pleasing and exciting development, and one that will be monitored and supported by the Board.

On behalf of the Board, and the wider AOA membership, I congratulate the director, the deputy directors, the assistant deputy directors, the Registry manager and all AOA Registry staff for their excellent work this year. Long may it continue.

## CONFERENCES AND EVENTS

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Notwithstanding the increasingly complex and unpredictable changes to daily AOA activities that COVID has thrust upon us, the scientific secretary, the chair of the COE Committee, the COE convenors and our Conference and Events Team have managed to plan and complete two very stimulating and interesting meetings earlier this year (both in hybrid mode), and to complete the year, the national ASM in virtual mode. In both of the COE meetings, AOA introduced sophisticated and novel IT architecture, which gave a deeper, more nuanced and sophisticated look and feel to the virtual experience. These improvements will add greatly to the value of this year's national ASM.

AOA has, by force of circumstance, been obliged to pivot very quickly to a digital future in all its activities, none more so than in conference and events planning. This new hybrid delivery mode is most assuredly the way of the future, and AOA is leading the way in developing and refining this critical educational programme. Congratulations and very many thanks to everyone who has worked extremely efficiently and enthusiastically to successfully stage these events, and indeed all the many meetings at state and subspecialty level over the course of the year.

## EDUCATION AND TRAINING

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AOA 21 continues to grow and mature, as our first cohort of trainees from this program are now emerging and taking their place in the wider AOA community.

The Board has decided that it is now timely to have an external review of AOA21 – to revisit and re-examine all its components, with the aim of refreshing, modifying, improving and refining any and all elements to keep it up to date, relevant and fit for purpose.

FTC Chair Chris Kondogiannis, Education Manager Ally Keane and all the members of FTC have worked tirelessly throughout the year in service of the trainees, and never more energetically than in the advocacy campaign to reverse the RACS decision to cancel the November Fellowship Exam.

A sophisticated, well-coordinated and swiftly executed campaign led by First Vice-President Annette Holian, RACS Councillor Kerin Fielding, Chief Examiner Angus Gray and other members of the Court, in combination with the FTC Chair and senior education staff, advocated strongly for reinstatement, and fortunately they were ultimately successful. This was an excellent outcome, for which all at AOA can be pleased and grateful.

## CULTURE, DIVERSITY AND INCLUSION

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AOA efforts in this area continue to make steady progress under the stewardship of Second Vice-President Chris Morrey. In similar vein, OWL has seen its profile steadily rise, both locally and in international forums, such as the International Orthopaedic Diversity Alliance.

The Board has undertaken the necessary but difficult task of constitutional reform, and one of the changes to be proposed will be to change the status and nomenclature around the OWL representative. Other changes recommended by the Board will serve to modernise our Constitution in order to better serve members' interests. Members, please consider them carefully.

In conclusion, I take this opportunity to record on behalf of the entire AOA membership my sincere thanks and deep appreciation for the outstanding service to the Association delivered by our extremely competent and professional staff, led with distinction by our highly esteemed CEO, Adrian Cosenza. They are a highly competent and committed group, who are unfailingly courteous and accommodating in all their interactions with and on behalf of the membership. As a member organisation we are extraordinarily fortunate to be so well-served by this outstanding group. Thank you all.

It has been a privilege and a pleasure to serve as AOA president for 2021. It has been without doubt the greatest challenge and highest honour of my professional career to have been accorded this role.

I again thank the Board, the executive and the membership for their advice, guidance and support over the last twelve months.

AOA moves into a new era with the installation of its first female president, Annette Holian. I wish her and the Board every success as they chart AOA's fortunes over the next year, and beyond. I am certain that with your support, their efforts will lead on to further world-leading achievement in pursuit of our Purpose: Restoring and Advancing the Wonder of Movement.

# CEO REPORT

Chief Executive Officer – Adrian Cosenza



## INTRODUCTION

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There is a sense of déjà vu at the time of this report being prepared. Greater Sydney is in its seventh week of hard lockdown, Brisbane has just entered a short three-day lockdown, and South Australia and Victoria have just emerged from their respective lockdowns... at least for now. It feels like 2019/20 all over again. Events, the fellowship examination and meetings have all been affected once again as members rapidly adjust to a continually changing environment. The past year can be characterised as one of resilience and agility, with members and staff demonstrating dexterity and skill in continuing to respond and deliver to the AOA and wider community.



**Doing the best for our people creates the environment for staff to do their best for members and the community**

## OUR PEOPLE FIRST

The importance of mental health and wellbeing has been a particular focus stewarded by the Board over the past 12 months. Particular attention has been paid to providing support, flexibility, tolerance and assistance wherever possible to help trainees progress in their training, to enable members to deliver virtual and hybrid meetings, and to provide ongoing care and specific support for AOA staff.

The recently completed 2019–2021 strategic plan reflected specific aims in its core strategies.

In **Education and Training**, aims included:

- To nurture a compassionate and flexible environment that enables trainee physical and mental wellbeing
- To ensure that trainers receive the best possible support to deliver the highest quality of education to trainees.

In **Leadership and Professional Standards**, aims included:

- To create a culture of inclusion that promotes and enables all people into and within the profession of orthopaedic surgery to the benefit of the Australian people
- To create an environment of psychological safety and wellness
- To create a culture to which prospective trainees want to belong, of which current trainees are proud, and with which fellows continue to engage.

The implementation of milestones in both respective areas of the 2019–2021 strategic plan progressed these areas of people-focus.

AOA staff are able to access an employee assistance program to provide support for mental health, family support, conflict resolution and other counselling to best support their roles as parents, siblings, children, partners and employees. Doing the best for our people creates the environment for staff to do their best for members and the community. I would like to extend a special thanks to all staff across Australia for their dedication, professionalism, resilience and warm collaboration to best serve AOA members.

## DELIVERING WELL IN UNCERTAIN TIMES

The substantial completion of the three-year strategic plan 2019–2021 has been achieved, with 61 of the 65 milestones completed and four milestones carried over to the 2022–2024 strategic plan. Progress and achievement in all key strategic plans – comprising education, ethics and professionalism, research, diversity, the AOANJRR and digital transformation – have been a highlight. Notwithstanding the dynamically changing environment, the Board was also able to steward the achievement of the projected financial budget and risk-profile expectations

It is worth noting that prudent stewardship of risk management and risk exposure resulted in no court actions and a full recovery of insurable actions arising from COVID-19. The Board guided a refresh of the AOA Risk Management Framework, including risk tools, and initiated the first review of the Constitution since 2015, with plans to table some proposed amendments at the 2021 AGM in November.

There has been innovative investment in technology for the virtual delivery of events for improved member and sponsor experience. AOA continues to enjoy excellent relationships across the health sector, including with government and other bodies, and in particular with the Australian Medical Association (AMA).

Active and deep consultation with members over the past 12 months has enabled the Board to steward the development and completion of the new 2022-2024 strategic plan, details of which are covered elsewhere in this annual report.

With the continued growth of core activities of AOA and the increasing breadth of activities, a major technology capability review has been initiated that will result in the development of a repositioned IT strategic plan to support the 2022-2024 strategic plan. This approach is expected to also facilitate a more purposeful and aligned technology capability and activity to enable improved member experience for access to Registry and AOA member services.

AOA continues to lead through active participation in local, regional and international forums on ethics and leadership, including providing support to New Zealand, Canadian and Malaysian initiatives.

## CORE STRATEGIES 2019–2021

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### EDUCATION AND TRAINING

The implementation of the AOA 21 program is substantially complete. In addition to bedding down utilisation and experience of existing tools and components of the program, the past year saw particular attention and resources on developing and providing content for the revamped Learning Management System. The functionality, rich content and improved navigation abilities have produced a truly world-class resource for trainees and members. In addition, considerable effort has been devoted to content development for Transition to Practice, the final stage of training. As with any major change program there are always areas of improvement, and the Federal Training Committee, supported by the regional training committees and the training community, are to be commended for tireless efforts and impressive commitment to delivering the best experience for trainees. Thanks in particular are expressed to Chair Chris Kondogiannis, and to all for their care and dedication.

The Australian Medical Council (AMC) conducted its regular review of the accreditation of the training program through the Royal Australasian College of Surgeons (RACS). The AOA leadership team met with representatives of the AMC. It is most pleasing to note the positive comments and reflections on AOA 21 and the AMC's recognition of AOA's leadership in this area.

Plans, deferred through the pandemic in 2020, are being revisited to commence a review and critique of AOA 21. Members and the Board are always seeking to improve and learn from experiences locally and elsewhere to deliver even better experiences and outcomes for trainees, members and the community.

## LEADERSHIP AND PROFESSIONAL STANDARDS

### Mentoring

The Mentoring Committee is in the process of progressing a pilot of a more formalised mentoring program through close involvement with state branches. The committee has reviewed a range of mentoring programs that are being undertaken and/or planned in association with AOA, including: specialist international medical graduate (SIMG) mentoring; OWL/Champions of Change programs for junior doctors; and a Western Australia Branch Intro Trainee pilot program. The value of the inclusion of sessions on mentoring in Bone Camp and Bone School has been acknowledged. Special thanks to Chair Tim Musgrove, who has been stewarding this important initiative over the past few years.

Ethics continues to be a core focus for the Association, with ethics education prominent in the Transition to Practice stage of training, as well as in plenary sessions of national and state meetings.

### Emerging Leaders Forum

Whilst the pandemic has disrupted the physical delivery of the popular Emerging Leaders Forum, during the year the planning for two leadership webinars has been advanced for delivery, in August 2021 of 'Leading in Crisis', and in September 2021 of 'The new normal in healthcare'. The Emerging Leaders Forum includes members up to 10 years post-Fellowship, as well as members from six other specialty societies/colleges, including NZOA. COVID-restrictions permitting, it is planned to hold a face-to-face meeting in November 2021.

### Ethics

Seven of the nine milestones under education and training are complete. The exciting development of ethics education in the inaugural Transition to Practice modules comprises webinars, scenario discussions, reviews of codes of conduct, considerations of ethical billing, advertising, conflicts of interest and how to weigh up one's ethical versus legal responsibility.

AOA chairs the Australian Ethical Health Alliance (AEHA), which comprises 75 members and

represents 25 million patients - the Australian community. Members from every sector in health are a part of AEHA. Significantly, the Australian Medical Association joined as a member in 2021. AOA and AEHA co-sponsored the three-part webinar series on short stay arthroplasty held 2020/21. In mid-2021, AOA led and facilitated a national hybrid strategy workshop for AEHA to develop the Alliance's guiding strategic document: the *AEHA Priority Plan 2022-2024*. AOA, through AEHA, has participated in showcasing Australia's progress in ethics in healthcare at the recent APEC forum in Australia, and participated in APEC forums convened by the Canadian and New Zealand governments. Most recently, the Malaysian pharmaceutical industry has sought to learn from AEHA regarding the construct of ethical frameworks.

### Diversity

An audit and review of the 36 months of the five-year strategic plan 2018-2023 demonstrates 26 of 28 deliverables are complete or complete and ongoing; one is ongoing, with the remaining one milestone to be refreshed and included in the new strategic plan relevant to education and training. The implementation of the 2018-2023 Diversity Strategy is on track to be completed by the end of 2021 or early 2022. It is proposed to reposition and restructure the *Diversity Strategic Plan 2018-2023* as a broader diversity and inclusion strategic plan and to align it with the AOA Strategic Plan 2022-2024; this is planned to be completed by June 2022.

Substantial progress has been made in many areas, including holding a successful OWL Essay program, a webinar on reversing the barrier for females in orthopaedics, an excellent networking lunch at the RACS Annual Scientific Congress, speaker opportunities at most state branch meetings, enhanced communication through the diversity and inclusion newsletter, and successful awareness campaigns on International Women's Day and Flexible Working Day.

### Governance

Delivery of the governance and leadership education sessions has been delayed due to the pandemic. These are expected to resume in 2022.

## RESEARCH

Overall, within the 2016–2021 *Research Strategic Plan*, there are 40 milestones; four years into the strategic plan 37 (93 per cent) have been progressed with 22 (55 per cent) complete. The visibility, awareness and profile of the importance of musculoskeletal research has increased during the term of the Strategic Plan. A refresh of the website and supporting communication delivery channels have assisted. There are 22 established networks of orthopaedic academic departments and over 40 listed in the relevant Research Map on the AOA website. Research education and how to undertake research has been promoted through holding research education sessions at or around national and state meetings and is now a fixture at Bone Camp each year. A key milestone was achieved with the awarding of the first PhD pathway scholarship through the AOA Research Foundation. The inclusion of patient reported outcome measures through the national rollout of the PROMS program with the Registry is another highlight over the past 12 months. AEHA hosted a highly successful webinar, 'The ethics of COVID-19 vaccination from discovery to distribution', featuring a multidisciplinary panel.

### AOA National Joint Replacement Registry

One year into the 2020–2023 Strategic Plan, robust progress is being made in all core strategies. The Registry features regularly in the monthly eNews. Patient engagement has been progressed through arrangements with the Victorian Agency for Health Information. Discussions continue with the Federal Government to ensure core funding is adequate in accommodating organic growth and increased technology investment to protect the infrastructure from cyber risk. Publications utilising Registry data have increased materially, with 26 published over the past year or so. The new experience with clinical trials continues with both Registry- and surgeon-initiated trials under way. Whilst physical meetings have not been possible, the Registry has continued to engage virtually. It successfully hosted the International Society of Arthroplasty Registries's annual conference during the period under review.

## ADVOCACY

AOA has been particularly active and highly engaged in a number of high-profile activities impacting the orthopaedic community and the Australian public. AOA has strongly advocated against the authorisation by the Australian Consumer and Competition Commission (ACCC) of the proposed medical services buying group, considering it a step towards managed care in Australia. There have been intense and regular discussions with the Federal Department of Health on the unintended consequences and adverse patient outcomes arising from the introduction of some sections of the orthopaedic MBS item review. AOA has been working closely with a number of specialty societies to assist in redressing this challenge. Equity of access to health for the rural community and the challenges of rural health have been the subject of collaboration with RACS as well as in strong representation to the Federal Minister for Health.

AOA's favourable standing in the orthopaedic community contributed to the successful lobbying, together with Australian Medical Association (AMA), for the retention of an improved Prostheses List methodology rather than the Diagnosis Related Group (DRG) option proposed by the health funds. Media appearances have included all the major news outlets and ABC, in addition to extensive social media coverage.

### Relationships

The relationship with the AMA under the presidency of AOA member and former Chair Education and Training Omar Khorshid has been strengthened, as have interactions with the Australian Society of Orthopaedic Surgeons. The AOA and RACS leadership groups meet regularly and the tone and style of the relationship with RACS is on a productive and respectful footing. AOA continues to positively embrace and support other groups in the health sector, and has assisted in delivering strategy

workshops for the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) Board, the Queensland Orthopaedic Research Trust, the Australian and New Zealand Sarcoma Association (ANZSA) and AEHA, and will deliver another for the AOA Research Committee, to occur in December 2021.

## ASIA PACIFIC

Progress on the Asia Pacific regional strategy has been delayed due to COVID-19. The focus in recent years has been on three country plans - Vietnam, PNG and Myanmar. Excellent relationships continue with APOA and Orthopaedic Outreach in shaping the way forward, together with closer ties to the Global Health Committee of RACS. Pending the safe restoration of travel into the region, resources have been diverted to providing remote access to AOA meetings to many member countries involved with Outreach and APOA. The access to education in this form has been deeply appreciated by these countries.

## FINANCE AND RISK

Following careful guidance and advice from AOA auditors, late in 2020 AOA was successful in qualifying for JobKeeper support. This provided a much-needed financial boost following Board-guided prudent management of expenses arising from a downturn in revenues due to meeting cancellations. AOA's careful long-range planning and financial management has enabled the Association to emerge in a satisfactory financial position for the period ending 30 June 2021.

The current lockdowns and limited availability of further meaningful government support for AOA should provide some support for the expected downturns, likely as a result of the pandemic late in 2021 and into 2022.

Special thanks once again go to Scientific Secretary and Board Member Richard Page and Conference and Events Manager Alison Fallon for their tireless efforts in seamlessly transitioning from long-established 'physical' meetings to virtual formats, including hybrid arrangements, and back again. Their patience and agility are to be commended.

The Audit and Risk Management Committee carefully reviewed the risk register of the Association on two occasions and the risk profile of the AOANJRR - endorsing the Board's risk appetite and satisfactory risk profile. Further work is underway to better define and quantify the Board's risk appetite, particularly in light of the heightened cyber risk potential resulting in data confidentiality being threatened through attacks. Special thanks to new Chair Annette Holian and new treasurer Chris Vertullo, who, together with President Michael Gillespie and Second Vice-President Chris Morrey, have provided wise counsel and guidance on the Audit and Risk Committee to assist in stewarding AOA's financial and risk position.

## AOA PROFILE AND BRANDING

AOA's profile continues to be well maintained. AOA Communication and Advocacy planning and execution have resulted in continued high rates of communication with members through the newsletter, website and social medial channels. The advent of webinars and livestreaming at meetings has broadened member reach and delivery channels. AOA's continued involvement with OzHarvest, International Medical Education Leaders Forum (IMELF) and AEHA reflect well on AOA's brand and reputation.

## SUMMARY

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# 76

milestones embedded  
in the four core  
strategies

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Members and staff have continued to serve the best interests of the Australian community through their dedication and professionalism in delivering AOA strategic plans and operational activities. The last year has been exciting, challenging, resourceful and successful on many levels in an extraordinary environment. There is little doubt that the agenda stewarded by the Board continues to be ambitious, expansive, visionary and inspirational. The new strategic plan is bold, with a vision to be global leaders in orthopaedics, and with nearly 80 milestones embedded in the four core strategies. I would like to express my continued sincere and deepest thanks to members, state branches, subspecialty societies, directors, staff, and the Presidential Line and Board, led with distinction by Michael Gillespie.

# STRATEGIC PLAN 2022-2024

## TRAINING & EDUCATION



### AIM:

- To continue to provide excellence in training and education
- To continue to progress AOA's leadership in orthopaedic surgical education
- To foster lifelong learning and professional behaviours
- To ensure that trainers receive the best possible support to deliver the highest quality of education to trainees
- To make available an optimal orthopaedic workforce for the community through improved rural training pathways and by leveraging contemporary technology
- To drive ethical behaviour through increased education in ethics
- To nurture a compassionate and flexible environment that is considerate of physical and mental wellbeing
- To further develop and promote AOA's global recognition in orthopaedic surgical education
- To continue to strengthen research within Training and Education to support AOA's national and international recognition.

## CULTURE, DIVERSITY & INCLUSION



### AIM:

- To create a culture of inclusion that promotes and enables access for all people into and within the profession of orthopaedic surgery, including the rural, regional and remote community, for the benefit of the Australian people and in particular for Aboriginal and Torres Strait Islander people
- To embrace consumer engagement in all activities of AOA in a manner representative of the cultural and diverse nature of the Australian people
- To create and foster an environment of psychological safety and wellness
- To raise awareness of, and facilitate ethical decision making and professional conduct through the ongoing practice of AOA's ethical principles
- To be recognised as a leading organisation that is open, transparent, ethical, diverse, inclusive, professional, family oriented and culturally and academically independent
- To drive cultural change and professional improvement to increase community relevance and leadership within the health sector
- To drive positive outcomes in environmental sustainability and social responsibility
- To increase cultural competency and safety of the orthopaedic community.

# STRATEGIC PLAN 2022-2024

## CLINICAL PRACTICE & RESEARCH



### AIM:

- To further develop a community of practice in musculoskeletal evidence-based medicine, learning and continuous quality improvement
- To expand and optimise AOANJRR's research capability to drive strategic research, and to further strengthen its leadership, global reach and influence
- To enhance the data collection and analysis capability of the AOANJRR and facilitate musculoskeletal research to assist members to measure clinical outcomes
- To utilise musculoskeletal research outcomes to provide leadership in ethical, evidence-based, cost-effective and sustainable orthopaedic practice to continually reduce the burden of musculoskeletal disease
- To strengthen research literacy amongst the membership
- To continue to strengthen clinically relevant research to support AOA's national and international recognition
- To utilise musculoskeletal research outcomes to provide leadership in ethical, evidence-based, cost-effective and sustainable orthopaedic practice to continually reduce the burden of musculoskeletal disease.

## ADVOCACY & ENGAGEMENT



### AIM:

- To promote a sustainable workforce in orthopaedics in Australia through balanced practice in general orthopaedics, subspecialisation and academia, and between rural and metropolitan distribution and university positions
- To reinforce collaborative and strong relationships with government, industry, healthcare institutions, medical colleges, specialties, patient groups, universities, the Asia-Pacific region and other stakeholders involved in musculoskeletal health, including ASOS
- To strengthen AOA's reputation and leadership as the peak professional body for orthopaedic surgery (including subspecialty societies) and musculoskeletal conditions to the community through maintaining its independence
- To advocate for improved universal access to safe, evidence-based, quality patient care
- To continue to drive AOA's digital transformation and adopt contemporary technology capabilities to deliver improved services to members.

# EDUCATION & TRAINING REPORT

Chair of Education & Training – Chris Kondogiannis



## INTRODUCTION

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Towards the end of 2020, we saw the world of surgical training start to shift back towards normality... face-to-face clinical teaching returned, the Fellowship Exam was delivered and we were eventually able to run our selection interviews. As we moved into 2021 and we cautiously started to meet in person again, we had perhaps thought the storm weathered, the disruption over. Sadly, this is not the case.

I'd like to take this opportunity to acknowledge the resilience of our training community - both our supervisors and trainers and our trainees. The FTC continues to recognise the tenacity and flexibility that the last year (and more) has demanded of you all. We have tried to learn from our shared experience with a view to refining how we deliver training in our current climate. There are many challenges, frustrations and setbacks. It has been inspiring to see so many rise to meet them - a live demonstration of AOA 21's foundation competencies in action.

## TRAINING AND AOA 21

The AOA 21 Training Program is now in full swing. Fellows and staff have worked tirelessly over the past 12 months to develop the learning materials for the final AOA 21 stage of training – Transition to Practice (TTP) – which commenced in August 2021. This new stage of training will focus on refining trainees' skills and knowledge to better prepare them for consultant practice, with a particular focus on developing our non-technical competencies.

It is an exciting milestone for the training program, and whilst we expect the usual teething problems with delivery of a new element for the first time, we are excited for trainees to work their way through the excellent material that has been prepared for them.

Though our initial plans to commence an external review of AOA 21 were somewhat delayed by the necessity to manage the many changes required by the pandemic, planning is well underway for this to begin in earnest in the later part of 2021.

There are currently 227 trainees in active orthopaedic training around Australia, with just a small cohort of trainees coming towards the end of their SET program. A warm welcome is extended to the 42 trainees of the 2021 cohort who have recently completed their first six months of training, as well as the soon-to-be 2022 intake, who have just recently received offers. Our congratulations to the 44 trainees who have so far completed their training in 2021.



## ACCREDITATION

Following the majority of Accreditation Reviews being placed on hold in 2020 due to COVID 19-related travel restrictions, the Accreditation Committee has now successfully transitioned the review process to a web-conference format. 23 reviews were undertaken, largely in the last six months. I express my deep and sincere thanks to Sindy Vrancic and the members of the Accreditation Committee for their tireless efforts in this area.

Training sites are now assessed against the AOA 21 Accreditation Standards for Hospitals and Training Positions, which were first introduced in 2019. Whilst a transition to the new Standards was afforded, the expectation is now that all mandatory criteria are satisfied in order to ensure a consistently high standard of training. Where this is not the case, conditions may be applied to accreditation and, on exceptional occasions, accreditation may be withdrawn. Accreditation applications can now be submitted online via a purpose-built accreditation portal, which we anticipate will help to alleviate the administrative burden of accreditation reviews for both training sites and accreditation teams.

## BONE SCHOOL AND ELEARNING

Whilst there have been some returns to face-to-face clinical Bone School, the upheaval of changing restrictions has made it difficult to maintain this in many training regions. Fortunately, our regional training managers have become adept at managing the delivery of Bone School online and this has meant that learning can happen even when trainees can't gather together. On that note, the regional managers, and all staff, have been invaluable in ensuring the delivery of our education during these difficult times. I owe them a deep debt of gratitude.

Our Bone School coordinators have been working diligently to ensure coverage of the Curriculum and delivery of excellent teaching from a variety of subject matter experts. For the most part, these teachers are our orthopaedic colleagues; however, we also tap into experts from other fields where our trainees can benefit from those insights.

The Learning Management System (LMS) has become an excellent source of resources. Trainees continue to be able to access Bone School material from other regions as well as their local materials. The LMS is also being used extensively to manage the learning materials for Transition to Practice. The system has now been put in place that allows specialist international medical graduates on a pathway to fellowship to also have access to these resources. Our staff are also working with Orthopaedic Outreach to pilot provision of suitable learning resources to our colleagues in the pacific and other regions.

We continue to deliver the AOA 21 Workshops for fellows involved in training online to support delivery of training and assessment. It is heartening to see the way our trainers engage with the workshops, with some now returning for a refresher on content previously completed. Work is also underway to create supporting online modules to supplement ongoing learning.

If you are a trainer, I encourage you to take every opportunity to initiate workplace-based assessments (WBAs) and feedback entries (FEs) for your trainees - our assessment strategy relies on regular feedback from a variety of sources for efficacy. Feedback is most useful when it is timely and surgeon driven.



**Our Trainee Information Management System (TIMS) is now a repository for almost 30,000 each of WBAs and FEs and over 500,000 eLog procedures.**

## SELECTION

Orthopaedic training continues to be in high demand, with 218 applications received this year for 39 offers across the country. As most would be aware, the interviews for the 2020 intake were considerably delayed due to COVID restrictions necessitating two rounds of interviews being completed within one financial year. In response to feedback that more applicants should have the opportunity to interview, 75 per cent of this year's applicants were interviewed. This was a considerable undertaking, especially so soon after the prior interview round, that would not have been possible without the good will and dedication of so many fellows.

## ACKNOWLEDGEMENTS

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I would like to once again commend to you the members of the FTC for their dedication and commitment over the past 12 months. The depth and breadth of work this group undertakes is considerable both on the FTC, and in many cases, on other related committees and working groups. It is a great privilege to continue to work with each of them.

I extend my gratitude to RTC chairs Amanda Reilly (QLD), David Gill (Newcastle-NSW), Sean Suttor (Northside-NSW), Jai Sungaran (Southside-NSW), Grant Pang (VIC/TAS), Jegan Krishnan (SA/NT) and Li-On Lam (WA); Accreditation Committee Chair Sindy Vrancic, Senior Orthopaedic Examiner Angus Gray; AORA President Tom Clifton; Jurisdictional Representative Brett Oliver; External Representative Susi Tegen; and President Michael Gillespie. I would also like to thank First Vice-President Annette Holian, Second Vice-President Chris Morrey and OWL Chair Juliette Gentle, who have been observers on FTC and provide a valuable contribution.

On behalf of the FTC, the trainees and the Association, I would like to recognise the efforts of all members involved in the delivery of the training program, whether via one of the FTC subcommittees, in a training site as director of training, trainee supervisor or trainer, through accreditation, selection, Bone School, exam or mentoring roles. You are the backbone of our training program and your contribution is warmly acknowledged and gratefully appreciated.

Finally, I would also like to acknowledge the hard work of the Education and Training staff at AOA Headquarters and the regional managers. The impact of the pandemic on their roles has been considerable and yet, unperturbed, this exceptional team go above and beyond each day to support delivery of the training program. I cannot overstate how fortunate AOA is to have such a highly skilled and dedicated staff. I could not fulfill my role without their integral support.

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# 218

applications received  
this year for 39 offers  
across the country

---

# 75%

of this year's applicants  
were interviewed

---

# 227

trainees currently  
in active orthopaedic  
training around  
Australia

# AORA REPORT

AORA President – Tom Clifton



## INTRODUCTION

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Well, what a year it has been. I don't think anyone predicted the long-term, permeative effect of COVID-19, throwing our way of life, economy and health system into complete disarray for the best part of two years. However, we shall prevail.

## FEX

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This last year has seen two postponements of the fellowship exams (FEX), causing an enormous amount of anxiety and stress amongst trainees. I think the advocacy of senior AOA members on our behalf should be recognised and commended, particularly the successful appeal and reversing of the latest decision by RACS to cancel the exam. We wish all the candidates the best of luck!



**I think involving consultants and trainees more proactively is a very positive step...**

## AOA 21...

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...is officially in and SET is out. Apart from a few stragglers, it's competency-based training all round. The 2017 cohort - the first years of the new training program - are in the final Transition to Practice (TPP) part of training and many should finish within five months. I think AOA 21 has been largely well-received by trainees and is functioning efficiently, with but a few hiccups; however, I look forward to the feedback and internal review session of the program being conducted by the Federal Training Committee (FTC) later in the year. I think involving consultants and trainees more proactively is a very positive step, so long as it's reactive to some of the problems that have been born out through experience of AOA 21.

## MEETINGS

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It has been a great tragedy that our usual regular meetings, which are fantastic opportunity to mingle over a drink or two and meet your colleagues, have been canned like tuna this year. I personally was really looking forward to meeting everyone at the AORA Annual Scientific Meeting. C'est la COVID. Next year.

## SELECTION

---

This was the topic of an all-weekend time-zone-like lock-in Zoom session held recently by the FTC to try to make the process as fair as possible and reflective of modern standards. As the chair said, "It's important to everybody that we get this right". In reality, there is no such thing as a perfect system, but I can assure you that everybody is putting in a lot of time to try and make it the best it can be.

## FEEDBACKS

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Don't forget them, even in TTP.

# CPD REPORT

Chair, Professional Conduct & Standards – Sue Liew



## 2021 PROFESSIONAL CONDUCT AND STANDARDS ANNUAL REPORT

I would like to open this report by thanking the staff who keep the engines in the backroom of this portfolio of Professional Conduct and Standards purring along. Who are they? They have included Belinda Balhatchet and Susie Obeid, and continue to include Kathy Hill, Liz Burrell, Vicky Dominguez, Rania Ali and Ally Keane. You will recognise these names in other portfolios as well, and this just highlights their amazing ability to multitask! So, what do we do? Well, under the professional conduct banner sits the Professional Conduct and Standards Committee (with a complaints review panel and an Advertising Complaints Subcommittee) and the Ethics Committee, to which our Mentoring Subcommittee, chaired by Tim Musgrove, reports. Alongside them sits the Continuing Professional Development Committee.

## CPD – YOU CAN'T TEACH AN OLD DOG NEW TRICKS...?

Last year (2020) the Royal Australasian College of Surgeons (RACS) decided to move their CPD year to align with the financial year. Our CPD Committee and the Board then also decided to move the AOA CPD program dates from a calendar year (1 January to 31 December) to a financial year, which we naively thought would better align with the dates for submission of medical registration renewal, and would ensure that the AOA and RACS CPD programs remained consistent.

**Education  
consists mainly  
in what we have  
unlearned.**

- Mark Twain

This year (2021), at the RACS Professional Development and Standards Board (with reps from all specialties) meeting, I was dismayed (luckily this was a virtual meeting...) to find that RACS was now going back to a calendar CPD year...! To be fair this was not entirely the fault of RACS, but perhaps a bit of short-sightedness with aligning with the wishes of the Medical Board of Australia, who have been reviewing and will be changing their processes. To make the change happen, we are planning to extend the relevant period (provided we remain compliant with the Medical Board), so the details are yet to be finalised. The current 2020 CPD year finished on 30 June 2021. We'll share the usual rundown of CPD statistics in future years, but it's difficult to provide them now for the 2019 and 2020 years due to the ongoing changes.

There will be ongoing changes to our CPD program, as the **Medical Board of Australia and Medical Council of New Zealand have now mandated that all medical practitioners must complete an annual learning plan.** For those completing the RACS CPD program, the changes have already been made; however, for those completing the AOA CPD program, we will need to make this a mandatory component, and a subcommittee of the CPD Committee will be starting to take a deep dive into this soon.

In other breaking news on the CPD front:

- RACS will phase out gendered titles and will recognise all newly qualified FRACS surgeons as 'Dr', and will encourage all Fellows to use this title, thus all RACS correspondence will now be address to 'Dr'
- We will unite with RACS to comment on the new initiative of 'A framework for perioperative care in Australia and New Zealand' issuing from the Australian and New Zealand College of Anaesthetists, in that it fails to recognise that it is the surgeon making the decision about surgery!
- We commend RACS on their new position on 'Interactions with the medical industry 2021', recognising that AOA led the way in this issue about 18 months ago with our policy and changes to our accreditation process for educational meetings.

## PROFESSIONAL STANDARDS

I was delighted that Ethics and Professional Standards was Module 1 of the new Bone School for the Transition to Practice trainees. In week one we covered codes of conduct from AOA, RACS, the AMA, and AHPRA, and in week two we covered the ethics of advertising and billing. We received some really thought-provoking questions from the trainees, and I must say I learnt a lot!

On the flip side, in the last year (from July 20 to June 21) the Complaints Committee received 15 new complaints, with 12 resolved and three in progress (including those in process from the previous year). These were the number of formal complaints, noting that we have a complaints register where we document all enquiries that come in by phone, email, or even hard copy. Sometimes an initial discussion can defuse a situation, or it may be that the complaint is not really part of our jurisdiction. In the last year, the total number of enquiries was 15, and in the end eight formal complaints were referred to the Professional Conduct and Standards Committee, with the actions recommended ranging from a referral to the Medical Board to a written censure of behaviour.

**Children are great imitators, so give them something great to imitate.**

- Anonymous

# AOA RESEARCH FOUNDATION REPORT

AOA Research Foundation Chair – David Martin



## FINANCES

Notwithstanding the significant disruption to investment markets as a result of the pandemic, it is pleasing to report that the Foundation achieved an operating surplus of \$42,351 for the year ending 30 June 2021 compared to \$255,975 in 2019/2020. The result after favourable unrealised movements in market-related investments amounted to a surplus of \$681,983 compared to a loss of \$54,369 in 2019/2020.

Return from investments, at \$198,289, was less than the performance of \$251,080 for the previous year and represented a return of 3.1 per cent – a satisfactory result in the current investment environment. Unrealised gains on market-related investments for the year ended 30 June 2021 amounted to \$639,632, which was up from a loss of \$310,344 for the previous year. Market-related movements are entirely outside the Directors' control.

During the 2018/19 year, the Foundation agreed to accept funds from the NSW and VIC state branches for investment and these funds remained invested in 2020/21. The state funds are combined with the Foundation's funds, and returns are distributed in proportion to the value of funds invested by the various entities.

Revenue for the year was \$351,378 compared to \$375,586 in 2019/2020 – a decrease from last year due to interest received on investments. Members' funds at 30 June 2021 amounted to \$7,203,522 compared to \$6,521,539 at 30 June 2020 – an increase of \$681,983 and a most satisfactory outcome given extreme conditions.

**\$42,351**

operating surplus  
for year ending  
30 June 2021

**\$198,289**

return from  
investments

**\$681,983**

increase on  
members funds from  
previous year

There was an increase in IT development and rebranding costs totalling \$15,810. There was no significant movement in administrative expenses for the year compared to the previous year.

## GRANTS

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For the year under review 2020/2021, a total of 47 grant applications were lodged using the online platform. Five grants (three regular grants and two Early Career Researcher grants) were awarded, totalling \$130,749. Grants paid in the year ended 30 June 2021 totalled \$194,179. This amount varies from the value of grants approved since payments may occur up to two years after being awarded due to requirements for ethics approval and contractual matters.

At the time of writing, the AOA Research Foundation has received 21 grant applications for the 2021/22 round. This is a significant decrease from the 47 applications received in the previous year.

## THE FOUNDATION IN 2020–2021

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Work has continued on the implementation of the AOA Research Foundation Strategic Plan, and I am pleased to report that after three years, 20 (80%) of our strategic milestones have been progressed with 14 (56%) complete. A refresh of the AOARF's branding has recently commenced, which will improve the AOARF's image and allow us to pursue new avenues of fundraising and research promotion.

The Foundation has received a number of 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. The Foundation would not exist without the generous contributions of our members, both financially and by way of pro-bono volunteer hours of service.

In 2021 the AOARF awarded our inaugural PhD scholarship, and I am pleased to announce that a second scholarship has been awarded to a trainee for 2022. The scholarship is available to any members who wish to take time out of clinical practice to pursue their doctorate, but is particularly targeted at trainees who are undertaking the PhD pathway to meet the research requirements of the AOA 21 Training Program. One of the priorities of the Foundation is to support our early career researchers and we are proud to be able to offer this scholarship to members of the Association.

**5**

grants awarded,  
totalling \$130,749.

**21**

grant applications  
received

**80%**

milestones have been  
progressed with 56%  
completed.

## ACKNOWLEDGEMENTS

I would like to acknowledge the work of Minoo Patel and Paul Smith, who stepped down from their longstanding positions on the AOARF Board in October 2021, and thank them for their dedicated service to the Foundation over many years. We look forward to welcoming two new Directors into these positions in 2022. In particular, I would like to acknowledge Minoo's work as Chair of the AOARF. Minoo has dedicated significant time and effort to the work of the Foundation and as a result, the Foundation is in an extremely strong and stable position as we move into the future.

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 Maurizio Damiani (Treasurer), Sina Babazadeh, Roger Bingham, Claudia Di Bella, 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. Our RAC is led by Michelle Dowsey as Chair and current members include Zsolt Balogh, Claudia Di Bella, Ian Harris, Adrian Low, Jonathan Negus, Minoo Patel 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.

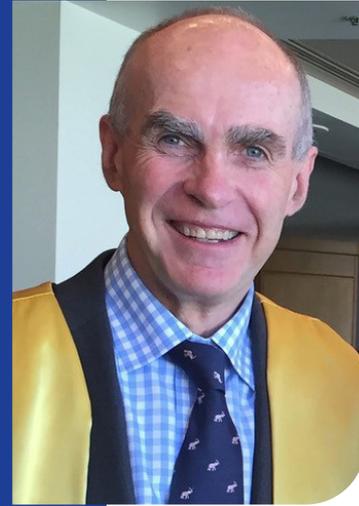
To advance the wonder of movement through musculoskeletal research.



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

# ORTHOPAEDIC OUTREACH REPORT

Orthopaedic Outreach Chair – Kevin Woods



## CONTINUING SUPPORT

This last year has continued to present many challenges to the work of Orthopaedic Outreach. Despite travel to neighbouring countries remaining impossible throughout this year, Outreach has continued to support our colleagues in neighbouring countries remotely where possible.

In Indonesia, Outreach has continued support of both training and examining via a number of measures, including fortnightly teaching sessions conducted by Drs Bill Cumming and Joe Ghabrial, and pre-exam trials held prior to the Indonesian College of Orthopaedics and Traumatology National Board Exams, both in June and again in December.

In addition, discussions continue with the leaders of the Bali Training Programme regarding the establishment of a 'Bone School' programme, modelled on the AOA equivalent but accounting for the differing pathologies encountered in Indonesia.

For Fiji, weekly online case-discussion meetings have been held with Outreach member surgeons and consultants in Suva hospitals. The Australian mentors have reported considerable improvements in confidence and decision making in their Fijian colleagues over the course of this programme. This contact has been facilitated by The McBain Foundation from Ipswich, which is arranging for Fiji to be able to connect via Teams which can be maintained from Australia.



## **The Management Committee of Outreach has also used the pause in travel activities to strengthen the strategic framework of the organisation...**

Hand surgery sessions are also conducted for colleagues based in Lautoka, consisting of fortnightly sessions including two-way case presentations, with hand therapists also contributing.

At the upcoming AOA ASM, the Outreach programme will hear from speakers from West Papua, Fiji, PNG and Vietnam about their experiences, particularly during the pandemic.

The Management Committee of Outreach has also used the pause in travel activities to strengthen the strategic framework of the organisation, with particular emphasis on accreditation of the organisation with Australian Council for International Development (ACFID), which will continue over the next 12 months.

The Management Committee of Outreach is also extremely grateful to the Board of Directors of the AOA for the collaborative approach they have taken in working to normalise the grants received by Outreach from the AOA over the course of the business disruptions caused by the pandemic.

# SCIENTIFIC SECRETARY REPORT

Scientific Secretary – Richard Page



## 231

hub attendees,  
2020 ASM

## 867

virtual attendees,  
2020 ASM

## 682

March COE attendees

## 897

June COE attendees

## 2020 ASM – SYDNEY

The 80th AOA annual scientific meeting, themed 'Standing Tall and Stepping Forward', was held 23 October 2020. In this year of disruption, AOA delivered the ASM to the orthopaedic community via hubs in NSW, SA, WA, QLD and TAS, and virtually to those who were unable to attend a hub.

The scientific program contained plenaries featuring invited national and international guest presentations as well as key AOA reports.

## 2021 ASM – MELBOURNE

The 81st AOA annual scientific meeting, themed 'Per Ardua ad Astra', is to be held as a virtual meeting 8-10 November 2021. The COVID situation occurring within Australia in late 2021 prevents the meeting occurring in a hybrid/in-person format. However, an interactive multi-room format is to be utilised that will allow the delivery of all accepted scientific papers, key plenaries and AOANJRR report sessions.

## COVID IMPACT ON 2021 SCIENTIFIC MEETINGS

The COVID pandemic continues to impact AOA events in 2021. A number of events were postponed or delivered virtually. AOA were fortunate to be able to deliver two COE events - March and June. Both COEs were well attended both onsite and virtually. New technology was integrated into the COEs, which provided a memorable, captivating and innovative experience for the onsite and virtual delegates.

AOA will continue to deliver hybrid events, which will enable scientific meetings to be accessed by the orthopaedic community in Australia and worldwide.

# AOA 2020-2021 ANNUAL REPORT

## FACTS & FIGURES

### AOA STRATEGY

AOA STRATEGIC PLAN  
2022-2024

**76** milestones embedded



**19**  
in Education and Training



**23**  
in Culture, Diversity and Inclusion



**18**  
in Clinical Practice and Research



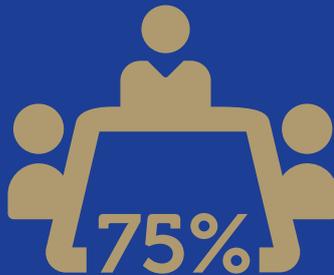
**16**  
in Advocacy and Engagement

### EDUCATION AND TRAINING

TRAINING PROCEDURES AND ASSESSMENTS LOGGED

**500k** procedures logged

**~30k** workplace-based assessments  
feedback entries



**75%**  
of 2021 applicants to the training program interviewed



**321**  
fellows involved in formal training programs (Directors of training and trainee supervisors)

### MEDIA AND ADVOCACY

ESTIMATED MEDIA COVERAGE VALUE

**\$2.25-2.5 MILLION+**

media enquiries **80**

media mentions **89**



### MEMBERSHIP

**1893**  
AOA members

**248**  
AOA trainees

### ETHICS

AOA ETHICS IMPLEMENTATION PLAN

**23** milestones completed/ongoing



AUSTRALIAN ETHICAL HEALTH ALLIANCE CHAIR

**77** healthcare organisations, representing  
**450k** health professionals, employees and trainees  
**~25m** consumers and patients  
connected in advancing ethical healthcare

## DIVERSITY

**1st**

meeting of the Cultural Inclusion Working Group held



1st OWL Essay run  
**Congratulations:**  
Kathlyn Andersen

**93%**

complete or ongoing milestones in the 2018–23 Diversity Strategic Plan



**40%**

female representation on the AOA Board, excluding observers

## FINANCE AND RISK

AOA ASSETS

**\$26.6**  
MILLION

AOA MEMBER FUNDS

**\$21**   
MILLION



**1,520**

ACTIVE AOA CONTRACTS during FY20-21



RISK CONTROLS AND ACTIONS

**1,184**

## EVENTS

**57**

events in the AOA CEM portfolio

**3347**

total attendance at hybrid events, FY20-21

**\$13k+**

raised for Orthopaedic Outreach at AOA events, FY20-21

## COMMUNICATIONS & IT

SOCIAL MEDIA FOLLOWERS



**7275+**

Up 19%



**2362**

Up 34%



**1341**

Up 22%

AOA WEBSITE ENGAGEMENT

**93k**

website users

**185k**

website sessions

**624k**

website page views

## RESEARCH



**\$130k**

worth of grants awarded



grants awarded  
3 regular  
2 Early Career Researcher



**1st**

PhD scholarship awarded in 2021

**80%**

of AOARF Strategic Plan 2018-23 milestones progressed

## WEBINARS



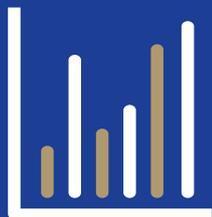
**10**

webinars held in 12 months



**1200** attendees

# AOANJRR DATA SNAPSHOT 2020



**1,723,466**

Total number of joint replacement procedures reported by the Registry at the end of 2020

Joint Replacement Procedures Reported in 2020

**49,169**  
Hips

**62,624**  
Knees

**7,827**  
Shoulders



**1,558**

Automated Industry Reporting System (AIRS) Produced



**35**

Hospital Audit Reports Produced



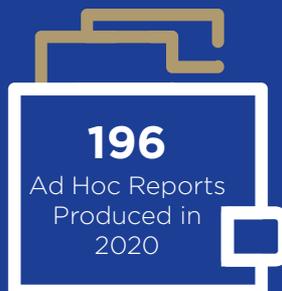
**986**

Individual Surgeon Reports



**42**

Conference Presentations



**196**

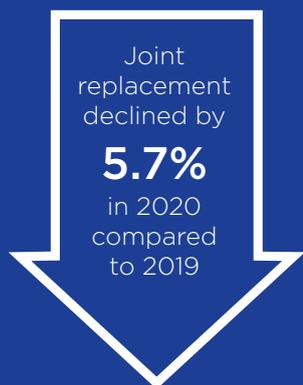
Ad Hoc Reports Produced in 2020



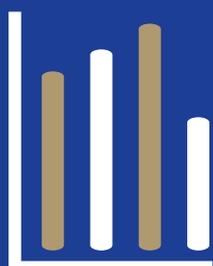
**32**

Journal Articles Published in 2020

## COVID-19 Impact on Joint Replacement in Australia



Joint replacement declined by **5.7%** in 2020 compared to 2019



**Actual decrease:**  
In 2020, there were

**7,086**

less hip, knee, and shoulder joint replacement procedures compared to 2019



Primary THR  
**↓4.9%**  
compared to 2019

Primary TKR  
**↓6.1%**  
compared to 2019

Primary TSR  
**↓1.8%**  
compared to 2019

## Update June 2021

### Registry Nested Clinical Trials

**3**

Surgeon Initiated RNCTs



**7**

Industry Initiated RNCTs

CRISTAL  
**12,722**  
procedures

RASKAL  
**10**  
hospitals

DISTINCT  
**51**  
hospitals

### PROMs National Rollout



Pre-Op PROMs  
**30,246**  
Post-Op PROMs  
**26,796**

Hospitals  
**143**



Pre-Op Completion  
**86.4%**  
Post-Op Completion  
**74.4%**

# MEMBERSHIP



## NEW FELLOWS

Abhinav Aggarwal	NSW	Andrew Kanawati	NSW
Angela Alder-Price	SA	Mun Khin Chan	NSW
Prasad Athreya	NSW	Carrie Kollias	VIC
George Awwad	NSW	Minjae Lee	NSW
Umatheepan Balasubramaniam	VIC	Peter Lorentzos	NSW
Lianne Bissell	NSW	Damian Mansour	NSW
Julieanne Burnton	NSW	Daniel Marshall	WA
Stephen Butler	QLD	Andrew McLean	QLD
Nicholas Calvert	WA	Paul Mednis	QLD
Wael Chiri	WA	Tamer Mettyas	QLD
Eugene Chung	NSW	Brett Moreira	VIC
Stacey Cole	VIC	Sarah Murgatroyd	QLD
William Cundy	QLD	De Neptune	NSW
Peter Darcy	QLD	Macdaniel Nixon	NSW
Riteshkumar Dawra	QLD	Taro Okamoto	WA
Thomas Fisher	SA	Justine St George	NSW
David Fraser	QLD	Richard Steer	QLD
Marc Friso	VIC	Keran Sundaraj	NSW
Tom Gieroba	SA	Rebecca Tang	VIC
Alison Hallett	QLD	Timothy Unsworth-Smith	WA
Catherine Hibberd	NSW	John White	SA
Andrew Hughes	VIC	Matthew White	NSW
Jake Jagiello	SA	Xuan Ye	NSW
Steven Kahane	QLD	Benny Zhang	VIC

## DECEASED MEMBERS

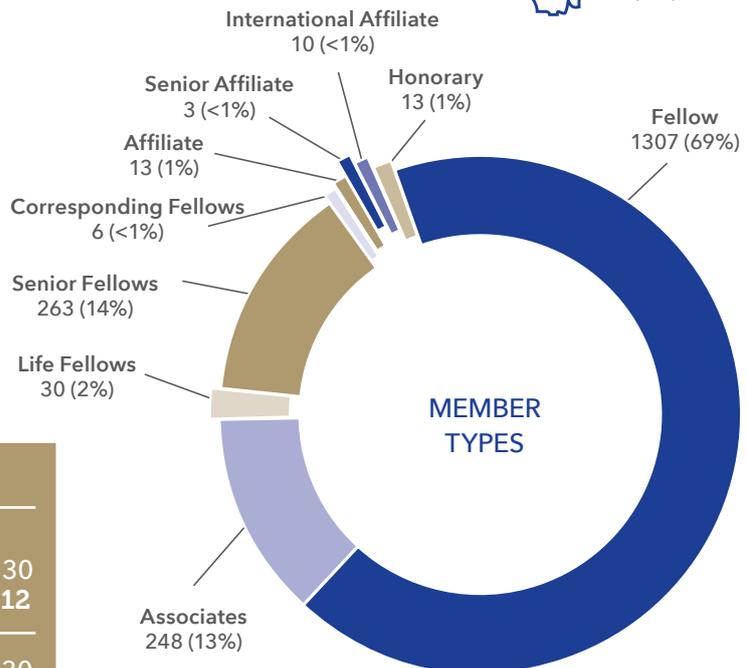
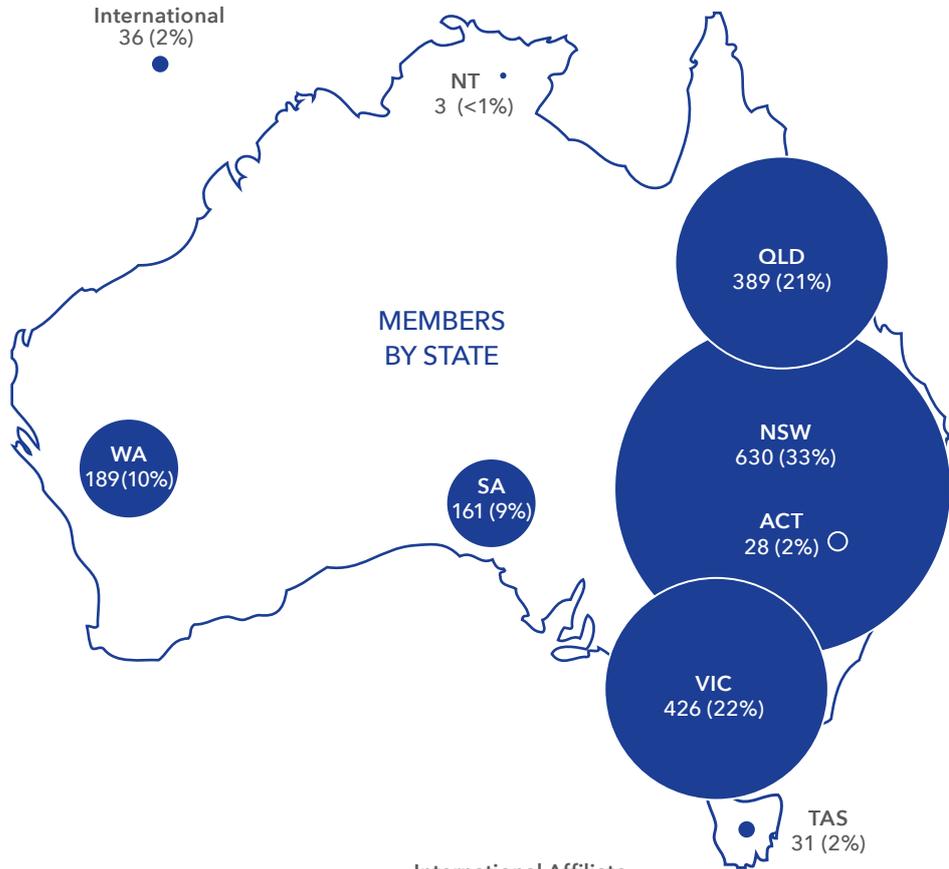
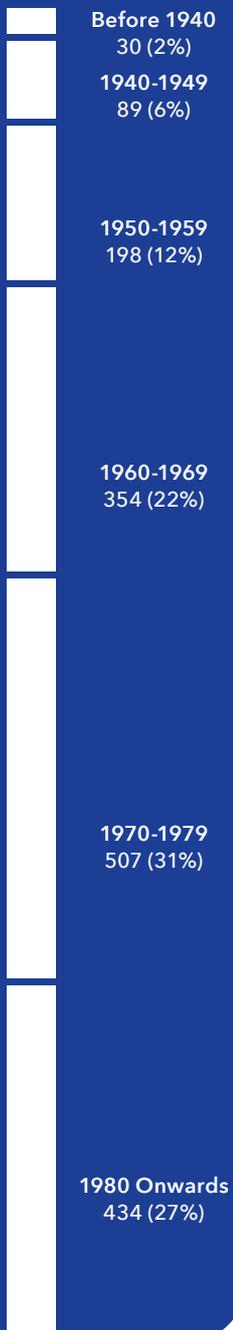
David Bracy	VIC	Malcolm Hay	WA
William Coyle	ACT	Malcolm McCallum	WA
Barry Elliott	VIC	Paul Rice	VIC
Don Faithfull	NSW	Richard Tooth	NSW

# MEMBERSHIP



## AGE RANGE OF PRACTICING AOA MEMBERS

(Dates of birth by decade)



**TOTAL**

Practicing members as of 30 June 2021 = 1612

Members as of 30 June 2021 = 1893

# HONOURS & AWARDS



L O Betts Memorial Medal

**Michael Bellemore**

Humanitarian Service Award

**Leonard Kuo**

Medal for Meritorious Service

**Kerin Fielding**  
**Andrew Ellis**

Award for Leadership

**Catherine McDougall**  
**Benjamin Gooden**

Award for Service to  
Orthopaedic Research

**David Parker**  
**Justin Roe**

Award for Service to  
Orthopaedic Education

**Andrew Hardidge**  
**Gary Nielsen**

Life Fellowship

**Roderick Thompson**



# BOARD COMMITTEES AND CHAIRS



## BOARD COMMITTEE

Board of Directors  
 ABC Travelling Fellowships Committee  
 Accreditation  
 Asia-Pacific Committee  
 Audit and Risk Management  
 President's and State Chairs' Committee  
 Clinical Trials Data Safety Monitoring  
 Continuing Orthopaedic Education  
 Continuing Professional Development Committee  
 Federal Training Committee  
 Advertising Complaints Subcommittee  
 Clinical Quality Committee  
 Fellowships Committee  
 Honours and Nominations Committee  
 SIMG Assessment Committee  
 Mentoring Advisory Subcommittee  
 AOANJRR Committee  
 AOA National Joint Replacement Registry  
 Academic Editorial Advisory Panel Committee  
 Orthopaedic Women's link (OWL) Committee  
 Professional Conduct and Standards Committee  
 Research Committee  
 Rural Surgeons Committee  
 Spinal PFET Committee  
 Subspecialty Presidents Committee  
 Ethics Committee  
 Workforce Working Group  
 Digital Radiology Committee  
 Patient Education Committee

## CHAIR

Michael Gillespie  
 Phong Tran  
 Sindy Vrancic  
 Ton Tran  
 Annette Holian  
 Michael Gillespie  
 Peter Myers  
 Chris Vertullo  
 Sue Liew  
 Chris Kondogiannis  
 Chris Morrey  
 Richard Page  
 Ken Cutbush  
 Michael Gillespie  
 Vera Sallen  
 Tim Musgrove  
 Neil Bergman  
 Don Howie  
 Juliette Gentle  
 Sue Liew  
 Michael Schuetz  
 Chris Morrey  
 Jonathon Ball  
 Michael Gillespie  
 Michael Gillespie  
 Annette Holian  
 John Cunningham  
 Orso Osti

## AD HOC COMMITTEE OR WORKING GROUP

Champions of Change Working Group  
 Cultural Inclusion Working Group  
 Masters and Co-Badging Working Group

Andrew Wines  
 Chris Morrey  
 Peter Choong

As at 30 June 2020

# MEMBERSHIP



**Michael Gillespie**  
President



**Annette Holian**  
First Vice-President



**Christopher Morrey**  
Second Vice-President



**Chris Kondogiannis**  
Chair of Education  
and Training



**Sue Liew**  
Chair of Professional  
Development of Standards



**Richard Page**  
Scientific Secretary



**Alison Taylor**  
State Chair Director



**Andrew Wines**  
General Director



**Chris Vertullo**  
General Director  
and Treasurer

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## Board Observers

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**Thomas Clifton**  
AORA President



**Greg Witherow**  
RACS Orthopaedic  
Specialty Councillor



**Jennifer Green**  
OWL Committee Chair

PRESIDENT

CEO

STRATEGY

EDU & CPD

AOARF

OUTREACH

EVENTS

STATS

MEMBERS



AOA

AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

