


MEMBERS USE OF AOANJRR DATA - AD HOC REQUESTS

AOANJRR MANUAL
Ref No: MEM002

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Approved by:	Title: CEO	Name: Adrian Cosenza	Signature/date  January 2023
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OUTCOME:

Members will request ad hoc AOANJRR reports in accordance with this policy.

BACKGROUND:

- Surgeons have the capacity to request detailed individualised ad hoc reports on their own procedures or any other areas of research interest.
- Surgeons can request ad hoc AOANJRR reports for research either individually or as a group.
- Ad hoc reports for surgeons contributing their data to the Registry are provided to them at no cost.

DEFINITIONS:

- AOA - Australian Orthopaedic Association
- AOANJRR - Australian Orthopaedic Association National Joint Replacement Registry
- Ad Hoc Report Request - An individualised data report provided on request
- Requestors – Surgeons or other non-industry researchers requesting AOANJRR data who are not Assistant/Deputy Clinical Directors of the AOANJRR
- Ad Hoc Report – Specific AOANJRR data provided to the requestor

POLICY

- This policy covers the requesting of ad hoc reports, the number that can be active at any one time per surgeon or group of surgeons and the cost.
- Higher degree students need to seek special dispensation in writing from the Registry Clinical Director to increase the number of ad hoc reports they can access.

IMPLEMENTATION PROCEDURES:

1. Ad Hoc Report Requests
2. Restriction of Active Report
3. Time for Processing Ad Hoc Reports

1. Ad Hoc Report Requests

- Ad hoc requests must be made utilising the correct forms available on the AOANJRR Website
- All ad hoc requests must be accompanied by a signed 'AOANJRR Data Access Deed

- of Agreement' signed by the lead surgeon on behalf of all authors
- Ad hoc reports are provided at no cost to those surgeons contributing data to the AOANJRR
- Surgeons will not request ad hoc reports on behalf of medical devices companies. There is a pathway for medical device companies to request ad hoc reports if required and they should be directed to utilise that pathway.
- Surgeons using Ad Hoc Reports containing data based on analysis of the entire AOANJRR data or a subset of that data must involve the AOANJRR in the preparation and publication of the manuscript as per the Authorship and Publication Policy
- Ad hoc reports are not to be shared with external or internal stakeholders outside the author cohort unless written authority is obtained from the Registry Clinical Director

2. Restriction of Numbers of Active Ad Hoc Report Requests

- Due to the increasing numbers of surgeons requesting ad hoc reports the number of active reports/requests by any one or any group of surgeons is restricted to two (2) at any one time.
- An individual data requestor can only be named on two (2) active ad hoc report requests manuscripts at any one time, regardless of whether they are the principal requestor/investigator named on the request as an additional investigator added as co-authors at a later date.
- The two (2) active ad hoc report request restriction is effective from the date the policy is endorsed by the AOA Board and is implemented retrospectively for all ad hocs requests and manuscripts at any stage of completion. Liaison will occur with any effected members as to which two ad hoc requests/manuscripts they wish to progress. The topics of the ad hoc requests not progressing will be open to other members to request.
- Addition of any authors to any manuscript must be authorised by the Registry Management Group.
- An active ad hoc report request is defined as the period between the initial request for a report and the final acceptance (with no further editing or formatting) of a manuscript based on that ad hoc report for publication in a peer reviewed journal.
- This is to allow equity of access to ad hoc reports for all AOA members

3. Time for Processing Ad Hoc Reports

- A best endeavours approach is used for processing ad hoc requests
- Requests are reviewed each week but the time to process requests varies depending on such factors as the proposed request, complexity of the request and the input required by statisticians and registry clinical directors

PERFORMANCE INDICATOR/S

Number of complaints

Number of breaches of policy