**DRAFT INDIVIDUAL SURGEON AUDIT**

**Data Request Form**

* This form is to be used by surgeons to request detailed individualised reports on their own procedures that are currently not available through their web-based surgeon portal or their individualised downloadable surgeon report. **Please visit your web-based surgeon portal and download your individual surgeon report before** **requesting the Individual Surgeon Audit Report from AOANJRR.**
* If you are not an AOA Member, you will not be able to access the web-based Individual Surgeon Report. Please indicate in the Details of Data Usage section that you are not an AOA Member and proceed to the Data Analysis section.
* **This form enables surgeons to formally request access to data for the following five purposes, as detailed below:**

1. **Specific Dates:** To request data from specific dates that are not included in the web-based Individual Surgeon Report.
2. **Detailed Hospital Specific Data:** To request data from a specific hospital where the surgeon has practised and is not available on the web portal.
3. **Joint-specific data unavailable** **elsewhere**: To access data for a joint that is not included in the web-based Individual Surgeon Report. **Note: The web-based Individual Surgeon Report provides data for hips, knees, and shoulders.**
4. **Data to inform practice change**: To obtain data for implementing practice changes. For example, if a surgeon is considering changing a prosthesis and requires specific outcome information or is concerned about prosthesis outcomes not being sufficiently detailed in the online report, annual report or supplementary reports available online
5. **Data for non-AOA members:** If the surgeon is not an AOA Member, therefore cannot access the web-based surgeon portal to download their individualised surgeon report.

**\*\* If your reason for requesting the report is not listed above, please contact the Data Requests team at datarequests@aoanjrr.org.au for further guidance. \*\***

* The AOANJRR is a Declared Federal Quality Assurance Activity and is required by law to abide by certain requirements of the declaration. The AOANJRR must protect the confidentiality of the information it receives and maintain high-level data security procedures.
* The data provided in the Individual Surgeon Data Report is confidential and belongs exclusively to the requesting surgeon. You are not obligated, nor can you be compelled, to share this data with anyone else. However, the AOA encourages surgeons to use their data proactively to improve clinical practice. Surgeons can earn CPD points by uploading their CPD certificates to the AOA CPD portal and discussing their data with other surgeons. To protect confidentiality, you are advised to share your data only with another surgeon who is also covered by Qualified Privilege. The protection under the Qualified Privilege Scheme will cease to apply if this data is shared with others outside of the Qualified Privilege Scheme.
* Once complete, email the form to [**datarequests@aoanjrr.org.au**](mailto:datarequests@aoanjrr.org.au). You should expect a response within 2 working days, providing you with a reference number to track your request

**CONTACT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request** | Click or tap here to enter text. | **Date Information Required by** | Click or tap here to enter text. |
| **Name of Requesting Surgeon** | Click or tap here to enter text. | | |
| **Address** | Click or tap here to enter text. | | |
| **Telephone** | Click or tap here to enter text. | **Mobile** | Click or tap here to enter text. |
| **Email**  *The AOANJRR requires an Institution / Organisation email* | Click or tap here to enter text. | | |
| **Signature** |  | | |

**DETAILS OF data usage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Data Usage**  *Please provide details of the intended use of the requested data* | | | |
| **Please confirm that you downloaded your results from our website before requesting the report.** | Yes | | No  *(If no, Please Detail)*  Click or tap here to enter text. |
| **Please select the reason for your request.** | 1. Dates- Specific Dates  2. Hospital-Specific Data  3. Joint-specific data  4. Data for Practice Change  5. Non-AOA Member | |  |
| **Please provide a summary of the specific details of the data required.** | Click or tap here to enter text. |  | |

The AOANJRR will endeavour to provide the report by the nominated date. However, this is dependent on the available resources at the time of the request and the complexity of the analysis required.

**DATA ANALYSIS**

**Details of Audit/Data Usage**

*Please provide details of the intended use of the requested data*

Click or tap here to enter text.

**Data Period: Date from** Click or tap here to enter text. **Date To** Click or tap here to enter text.

**Data Required** *Tick and complete relevant box(es) and information*

|  |  |  |
| --- | --- | --- |
| **Procedures** | | |
| Primary  Revision | Hip  Knee | Shoulder  Other *(details)* Click or tap here to enter text. |
| **Prostheses** | | |
| All Prostheses  Specific Prostheses *(please detail)* Click or tap here to enter text. | | |
| **HOSPITALS** | | |
| All Hospitals  Specific hospitals *(please detail)* Click or tap here to enter text. | | |
| **ADDITIONAL DATA REQUIRED**  *please specify* | | |
| Click or tap here to enter text. | | |

Please email this form to AOANJRR [datarequests@aoanjrr.org.au](mailto:datarequests@aoanjrr.org.au)