




orthopaedic
outreach
AUSTRALIA



2023 Annual Report





Orthopaedic Outreach is an Australia-wide organisation of volunteer surgeons, anaesthetists, nurses and allied health personnel, that is recognised by the Australian Orthopaedic Association (AOA) as its humanitarian arm.

Orthopaedic Outreach. A surgeon-led organisation.

Orthopaedic Outreach supports volunteer surgeons, anaesthetists, nurses and physiotherapists who provide surgical and teaching services in areas of need, throughout South East Asia and the Pacific Islands. Our work is done with the full support and involvement of local key community leaders.

We treat patients suffering as a result of trauma (accident and injury), infection, tumour or debilitating congenital conditions such as club-foot. Outreach surgeons fully engage with the local medical personnel and place a strong emphasis on teaching and training, so that local doctors have the opportunity to improve their knowledge and skills. In many instances, local doctors are able to safely and effectively perform much needed procedures on their own after Outreach teams have returned home.

This transfer toward a more self-sustainable model has been a welcoming element throughout the past two years, whereby international travel restrictions have prevented Outreach volunteers from taking part in physical activities, yet multiple virtual platforms have been used to maintain the relationships with key in-country personnel.

Long running Outreach programs in Indonesia, Cambodia and Vietnam have seen a very significant shift in the skills of local surgeons who are now competent and able to pass these skills on to their in-country colleagues. Such programs demonstrate that the model of donated support we employ, focused on training, is increasingly effective over the long term.

The impact of Outreach goes well beyond the obvious benefit provided to any one individual patient. Our care frequently enables patients to have their function restored, which in turn enables them to support their families and reduce the burden otherwise born by local communities and governments.

Funds we receive through memberships and donations are used to cover equipment, surgical supplies, anaesthetic equipment, and the most basic expenses of medical staff who voluntarily give their time and skills to do this work.

We have no shortage of surgeons willing to do this vital work, but are always in need of funds to support them. A donation to Outreach is truly the gift of a lifetime to those less fortunate in the world.

Orthopaedic Outreach is registered as a Charity with the Australian Charities and Not-for-profits Commission (ACNC), and is endorsed by the Australian Taxation Office as a Deductible Gift Recipient (DGR). All donations to Orthopaedic Outreach are tax-deductible.

Thank you for your support.

Dr Kevin Woods, Chair.



Chair's Report

Dr Kevin Woods

The past year has seen a number of very positive developments in Outreach activities, both from the volunteer front, and in making substantial strides towards improved governance for the organisation.

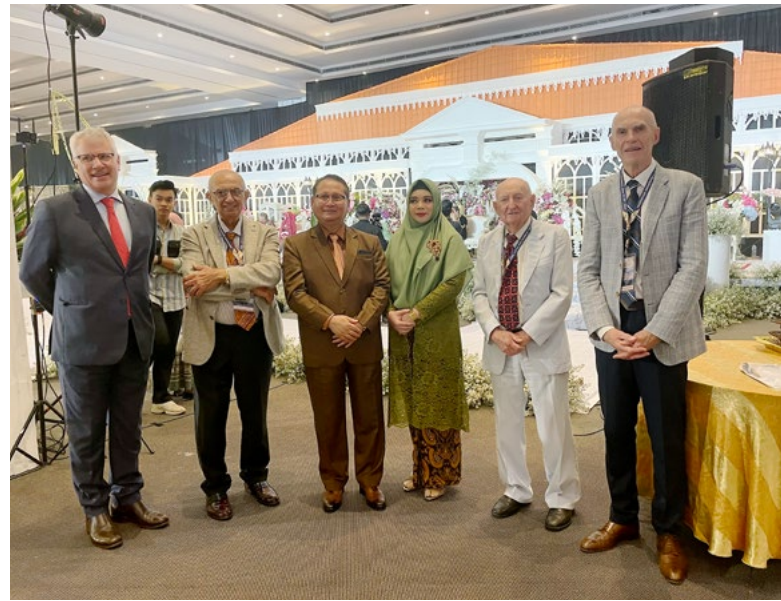
It has been pleasing to be able to assist an increasing number of overseas activities, with a predominant focus on capacity building in centres as diverse as Fiji, Nepal, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vietnam.

In addition, this year has seen an extensive and comprehensive overhaul of the governance of Outreach. This is viewed as an essential requirement for organisations operating in the Not-For-Profit arena, due to a higher level of accountability expected of such entities.

In response, to achieve such compliance has required an extensive review of current operating structures, with the result, after taking expert legal advice, being the organisation transition from an incorporated association to a company limited by guarantee, which was viewed as a more appropriate structure. This change was duly put to a Special General Meeting of members and approved on July 6th, 2023.

The composition of the Committee of Management, in future the Board, has also changed with the addition of two directors from outside the organisation who bring experience in accounting and financial controls, and in marketing and fundraising. In addition, sub committees of the Board have formed, in order to specifically address matters of Governance, Finance and Risk, and to oversee the operations of Programmes.

These governance changes have in part arisen from the need to demonstrate a higher level of operational oversight for the purpose of attaining accreditation with the Australian Commission For International Development (ACFID), but the accreditation process itself has also driven an awareness of the desirability of such changes.



Establishing lasting relationships while improving integrity to the Indonesian examining process has been a key project over many years for our volunteers.

The ACFID application process is to be completed in early August 2023, with the result expected to be known by year's end. ACFID exists to support the Australian aid and development sector. It ensures a higher level of accountability for its member organisations, and allows those same organisations to contribute and influence decisions that impact the work and credibility within the sector.

ACFID state that affiliation with their Code of Conduct ensures member organisations are part of an internationally recognised network, committed to transparency, accountability and integrity.



Operational Manager's Report

Graham Hextell

Program development

Our programs continue to focus on surgical service provision for regions with no orthopaedic surgical coverage, and the skills development of both surgeons and therapists working with patients experiencing musculoskeletal conditions.

A hugely successful venture back into Nepal after a number of years absence identified robust opportunities to work with surgeons at the National Trauma Centre (without the connections of AusNep, this would not have been possible), in particular the Chief Consultant Surgeon of Hand and Reconstructive Surgery, Dr Shilu Shrestha. Dr Shrestha is the first dedicated orthopaedic hand surgeon in Nepal.

Tongan Chief of Surgery, Lord Viliami Tangi, valued the contribution by Orthopaedic Outreach teams in 2022/23 at approximately NZD\$250,000, as that was the estimated costs if the Ministry of Health had sponsored those patients to be treated in New Zealand.

The return of activities has also brought with it a high level of engagement from training registrars through the Stryker-funded Travelling Fellow Award. The partnership with Stryker to provide an outreach experience for training registrars reached its 18th year in 2023, providing a steady pipeline of enthusiastic contributors who in turn aim to become future team leaders of outreach programs.

UPNG/Townsville observership

The opportunity to complete an international experience through an observership as a minimum, is criteria for completion of the Postgraduate Diploma programs at UPNG. This allows for postgraduate candidates to return to Port Moresby for final examining, and hopefully return to their local provincial hospital as a recognised Orthopaedic and Trauma surgeon.

Dr Jenny Tovu from Wewak Hospital, East Sepik Province, PNG was the beneficiary of this observership.

Acknowledgement to Dr Levi Morse in creating time and place, as supervising surgeon; to The Mater Hospital Townsville, Townsville Day Surgery for accepting the terms of the clinical visitation, and for Stryker South Pacific in enabling the support required. Appreciation also goes to Dr Andrew Ellis as supervising surgeon at Royal North Shore Hospital, Sydney in coordinating a brief clinical visit and skills workshop on external fixation principles (Stryker).

If you wish to assist surgeons in PNG similar to Dr Jenny Tovu then please make contact with Orthopaedic Outreach or the Asia Pacific Committee of the AOA.

Volunteer compliance and risk mitigation

With an increased governance structure comes a shift in volunteer member compliance and reporting requirements. The overall benefits of these changes are the confidence that the structure provides for prospective donors, as well as those in-country benefiting from the security of knowing that our programs are delivered by volunteers committed to a verification process.



Graham Hextell with Dr Alamea Fulivai-A'holelei (Tonga).

Outreach activities for 2022-2023

Visited	Purpose	Outreach volunteers	Local coordinators
FIJI			
Suva 14-18 Nov 2022	Hand and upper limb	Orthopaedic surgeons: Matt White, Blaise Wardle, Catherine Hibberd. Training registrars: Lauren O'Rourke, Elise Woo. Periop nurse: Carl Elliott. Physiotherapists: Giles Boland, Natalie Alfaro.	Pauliasi Bauleka Alipate Natoba
Suva 30-31 Jan 2023	Ponseti	Orthopaedic surgeon: Koen de Ridder. Physiotherapists: Karen Schubert, Danielle Hampel, Auburn McIntrye.	Pauliasi Bauleka Alipate Natoba
Suva 15-21 Apr 2023 2-8 Dec 2018	Hand	Orthopaedic surgeon: Stuart Myers. Anaesthetist: David Goodie. Physiotherapists: Emilie Goodison, Adrian Jollow. Sonographer: Lucy Collins. Med. Student: Sophie Ludbroke (self funding).	Pauliasi Bauleka Alipate Natoba
Suva 21-27 May 2023	General ortho and trauma	Orthopaedic surgeon: Micheal McAuliffe. Orthopaedic Fellow: Tristan Pillay. Outreach Committee member: Martin McBain.	Pauliasi Bauleka Alipate Natoba
Labasa 11-17 Jun 2023	General ortho and trauma	Orthopaedic surgeon: Doron Sher. Training registrar: Jerry Lin. Peiop Nurse: Amanda Linsley.	Jaoji Vulibeci Pita Sovanivalu
INDONESIA			
Bali 15-19 Dec 2022	Pre-exam preparation; external examining	Paul Pincus, Kevin Woods, Bill Cumming, Joe Ghabrial, Ben Jeffcote.	Yudha Mathan Sukti Istan Irmansyah Irsan
Solo 20-26 Jun 2023	Pre-exam course; external examining; examiner training	Paul Pincus, Kevin Woods, Bill Cumming, Joe Ghabrial.	Yudha Mathan Sukti Istan Irmansyah Irsan
PAPUA NEW GUINEA			
Townsville 24 Aug-17 Nov 2022	Dr Jenny Tovu Observership	Orthopaedic surgeons: Levi Morse, Andrew Ellis.	Prof Ikau Kevau
Port Moresby 27-29 Nov 2022	External examining	Orthopaedic surgeon: Andrew Ellis.	Prof Ikau Kevau
Wewak 27 Mar-1 Apr 2023	General ortho and trauma	Orthopaedic surgeons: Levi Morse, Anthony Jeffries.	Jenny Tovu

Visited	Purpose	Outreach volunteers	Local coordinators
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NEPAL

Kathmandu 17-25 Sept 2022	Hand and peripheral nerve; hand therapy	Orthopaedic surgeons: David Graham, Brahman Sivakumar. Physiotherapists: Jade Wong, Stacey Fritsch. Operational Manager: Graham Hextell.	Lisa Kiddle Sanju Kr Tandukar
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SAMOA

Apia 2-3 Jan 2023	Ponseti training workshop	Orthopaedic surgeon: Koen de Ridder. Physiotherapists: Karen Schubert, Danielle Hampel, Auburn McIntrye.	Shaun Mauiliu Areta Samuela
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SOLOMON ISLANDS

Sydney 1-4 Mar 2023	Australian Hand Surgery Society Annual Scientific Meeting		Clay Siosi-Lewi Agnes Auto
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Honiara 10-18 Jun 2023	Hand and peripheral nerve; hand therapy	Orthopaedic surgeons: David Graham, Brahman Sivakumar, Anna Watson. Physiotherapist: Stacey Fritsch.	Stephen Kodovaru Clay Siosi-Lewi
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TONGA

Nuku'alofa 22-31 Oct 2022	General ortho and spine	Orthopaedic surgeons: Geoffrey Rosenberg, Mark Ridhalgh. Orthopaedic Fellow: James Coolican. Anaesthetist: Rodney Green. Periop Nurse: Marianne McGhee. Operational Manager: Graham Hextell.	Dr Alamea Fulivai-A'holelei
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Nuku'alofa 28 Sept - 4 Oct 2022	Paediatric ortho and club foot	Orthopaedic surgeons: Andrew Leicester, Jeff Ling. Anaesthetist: Hugh Seaton. Physiotherapist: Natalie Tannos.	Lord Viliami Tangi Tevita T'ungafasio
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VIETNAM

Ho Chi Minh City 1-8 July 2022	Paediatrics, trauma and infection	Orthopaedic surgeon: Ton Tran. Training registrar: Leah-Marie Hill-Buxton. Physiotherapists: Melanie Laing, Janet Hough. Medical student: Stephanie Tran (self-funded).	Dr Xuan Hoang Ms Dzung Nguyen Dr N. Huynh
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Ho Chi Minh City and Hanoi 28 Oct - 4 Nov 2022	Trauma, paediatrics and deformity	Orthopaedic surgeons: Ton Tran, Ravi Dissanayake, Brian Loh. Training registrar: Jacob Bock.	Ms Dzung Nguyen Dr N. Huynh Nguyen Dac Nghia
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Team visits 2022-2023

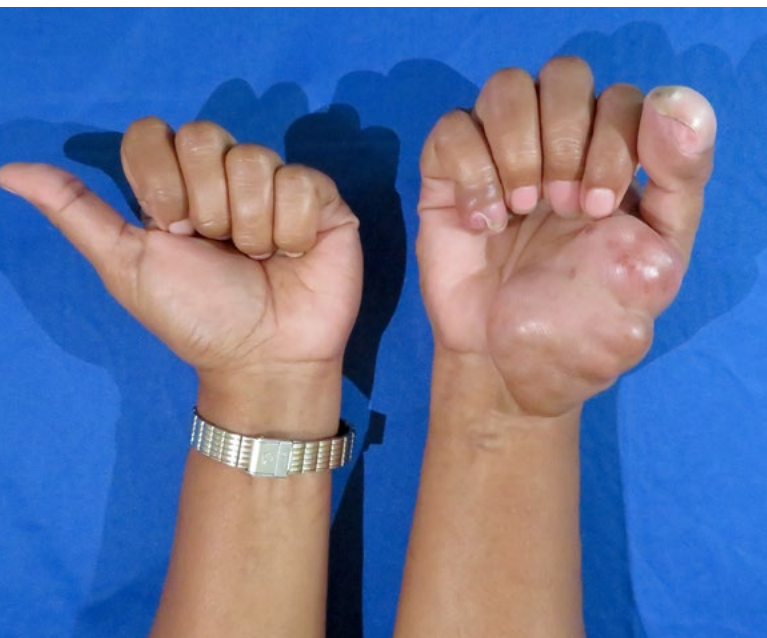
Fiji

Suva

This past year has seen a strong focus on sharing knowledge and skills with the Fijians across a number of faculties. Paediatrics, Orthoplastics, Orthotrauma, Physiotherapy and the benefits of Sonography in orthopaedics have all featured throughout both the staff within the Colonial War Memorial Hospital and students at Fiji National University.

Our Ponseti team returned to Suva for the first time since 2019, providing sound follow-up care to children presenting with club foot. A two-day training course fostered local skill development in casting techniques and generating trust within the local community. Often children born with congenital deformity of any kind are presented to traditional healers prior to considering treatment through the hospital network.

The faculty was an international collaboration led by Koen de Ridder (Wellington, NZ) joined by a number of experienced Australian therapists.



A 36 year old female presented to clinic with quite advanced tumour growths of her right hand - something unlikely to see in countries with more advanced health systems.

Unfortunately, we still saw cases of neglected CTEV due to a lack of penetration of knowledge into the community outside of the immediate hospital area where their health care system is predominantly community / village based. The loss of our primary contact in Fiji in tragic circumstances will no doubt lead to a loss of coordination of the Ponseti Program in the Eastern Region of Fiji.

The hand-upper limb team targeted a united approach to hand and wrist surgery with an understanding of orthoplastics. Hand surgery globally is recognised as an area shared across the two surgical specialties of orthopaedics and plastic surgery, however in lower resourced countries, the importance of a shared role becomes even more important in order to provide the best outcomes for their patients.

Significant casting, splinting and patient assessment supplies were donated to the physiotherapy department in support of hand therapy and its necessity for the successful rehabilitation of hand surgical patients. This was further supported by delivery of formal educational in-service presentations on flexor tendon injury management and finger fractures. Currently all physiotherapists practice as generalists, with an existing shortage there is no capacity to allow for sub-specialisation.

Each of the visiting teams into Suva have identified a need to address the widespread prevalence of sepsis and the necessity of optimal surgical debridement of traumatic and infected wounds. Trauma remains a high volume presentation, with limited fixation options.

Ongoing engagement via virtual means will continue at the request of the Fijians, whereby monthly hand surgical sessions are held, and weekly clinical review for ortho trauma.

Labasa

Regional orthopaedics suffers from a lack of key equipment: with neither tourniquet nor image intensification available, the capacity for orthopaedic surgery in Labasa remains limited, despite Vanua Levu being the second largest island in Fiji with a population of 136,000.

Indonesia

The Indonesian program continues to centre on establishing more robust credentialing procedures for the Indonesian Orthopaedic Association as part of the final examining of orthopaedic surgical trainees. Examiner training comprises various examining scenarios that provide opportunities for discussion. The particular focal areas were examiner attitude, bias and conflicts of interest, and how these may influence the examining outcome. The exams themselves typically span multiple days and is approached as a process involving a celebration of learning.

Only those with existing or recent previous experience on the Royal Australasian College of Surgeons (RACS) Court of Examiners are invited to be involved within this process, with a vision to maintain the highest standards possible. Orthopaedic Outreach are fortunate to have a high number of like-minded members willing to volunteer their time for this program.

The orthopaedic surgical training program in Indonesia has developed to become a highly rated program, through the dedication of a key number of local orthopaedic surgeons determined to see international standards recognised locally. To date, registrars are not paid throughout their training. This is set to change in the near future, and may offer a greater diversity of candidates into the training program.

Finally, on an excellent note, the Indonesian Orthopaedic Association has appointed Drs Bill Cumming and Joe Ghabriel as internal Indonesian examiners. An appropriate reward for them after so many years of dedication to the program.



Team visits

Nepal

The Tribhuvan University Teaching Hospital, Kathmandu was the single site that the AOA and Orthopaedic Outreach coordinated supplies to following the 2015 earthquake, and was previously identified as a key site for engagement due to the capacity for a teaching component. The local network appeared weakened, sadly primary contacts had relocated and the program was required to adjust.

Sushma Koirala Memorial Hospital became an immediate focus, although outpatient clinic numbers were lower than expected, and while many patients were suitable candidates for surgery, not all were forthcoming when the surgical option was offered. It appeared that the hiatus in visits has shifted local trust, and instead the family and village elders when consulted, chose traditional healing instead.

The inclusion of hand therapy remained a strong point, with a splinting and casting workshop delivered by Outreach therapists Jade Wong and Stacey Fritsch, attended by 16 therapists from throughout the Kathmandu region. Finger and hand/wrist splinting techniques were taught in a highly interactive session. Donated supplies provided the necessary materials for the participants to practice on each other creating useful splints for a number of conditions.

Any program success requires local in-country leaders. In seeking alternative sites for future programs, we were introduced to Dr Shilu Shrestha, orthopaedic surgeon, Director of Hand and Reconstructive Surgery at the National Trauma Centre, Kathmandu, and currently the only female orthopaedic surgeon in Nepal. With a vision to create a strong program focusing on establishing a teaching centre of excellence for hand surgery in Kathmandu, with research collaboration, and long-term goals including the creation of the Nepal Hand Surgery Association, we sensed that this was the foundation to launch from in 2023.



AusNep were resourceful in ensuring in-country activities progressed smoothly.



Skills transfer is key to success of Outreach programs. The hand therapy workshop in Kathmandu was a prime example of such high level engagement from in-country personnel.

Orthopaedic Outreach contributed alongside of Aus Nep Australia Limited, an Australian not-for-profit NGO with long-standing connections in Nepal, to maximise the impact of this visit. Aus Nep have been delivering various health camps in remote regions throughout Nepal for a number of years, with strong in-country connections. Go to Aus-Nep.com for more information.

Papua New Guinea

Boram General Hospital, Wewak serves the entire East Sepik Province, spanning some of the most remotely populated areas on the planet. The Sepik River often serves as the highway of the region, transporting supplies, but also hospital patients.

This visit has been the culmination of a concept borne upon an impromptu meeting with PNG trained general surgeon, Dr Jenny Tovu, in Port Moresby, in August 2018.

As Dr Tovu is now nearing completion of the Postgraduate Diploma in Orthopaedic surgery, coinciding with the completion of a hospital upgrade of Boram Hospital, it seemed appropriate to schedule a visit in support of the community Dr Tovu represents, and will continue to care for.

120 consultations in outpatients, dominated by trauma: primary mechanism of injury - bush knife, but the frequency of gun shot wounds are also on the rise. Dr Tovu triaged the clinic under the guidance of our volunteer surgeons.

Surgical volume was less than expected, with all but one being traumatic forearm fractures. The inconsistency with transport in regional PNG (either air or road) creating delays in freighting instrumentation and equipment to support the team activity. While this is often an anticipated situation, on this occasion it seemed extreme.

Local Health Authorities took great interest in the clinical support being provided to the East Sepik Province community through the connections of Dr Tovu, and it is the future clinical capacity building here that is the real opportunity. The influence to invest in consistent supply chains for key surgical items would immediately reduce the length of hospital stay for surgical patients, having them return to their local villages sooner, and providing for their families.

The pathway is long to become an orthopaedic surgeon in Papua New Guinea:

- 5 years study medical school MBBS (UPNG).
- 2-3 years service Resident Medical Officer (usually serving in a regional location).
- 2-3 years service General Practitioner.
- 4 years study M.Med General Surgery (UPNG).
- 3 years service as a General Surgeon.
- 3-4 years training Higher Postgraduate Diploma Orthopaedic Surgery (UPNG).



Dr Jenny Tovu proudly hosting the Orthopaedic Outreach team at the newly opened operating theatres, as part of a redevelopment for Boram General Hospital in Wewak.



The local community benefited significantly from our volunteer visit to Wewak.

Team visits

Samoa

As an easily treatable and highly prevalent condition, Congenital Talipes Equino-Varus (CTEV or Clubfoot) represents a perfect opportunity for Outreach teaching. Treatment is safe, inexpensive and can be easily added to any well-functioning Orthopaedic department. This treatment will restore mobility to children who will otherwise be left with non-functional and disfigured feet which will mean they are less able to participate in a functional role in their community. Unfortunately, many cases of CTEV remain neglected throughout the South Pacific due to lack of knowledge on the simplicity and effectiveness of early treatment.

The purpose of this trip was to build on the knowledge base and improve the practical application of a Ponseti Treatment Program throughout Samoa as well as building on relationships that allow for easy communication and access to Australian based specialist information easily via messaging and email services.

The international faculty led by NZ surgeon Koen De Ridder witnessed the high level of commitment from in-country leaders, Dr Areta Samuelu and Dr Shaun Mauiliu combined with the skilled experience of Ruby the local physiotherapist, contributing to a successful and coordinated program. There was a high level of interest shown during the workshop from a broad range of participants representing a diverse geographical area.

A strong potential exists within the program for expanding the in-country surgical capacity to include Tibialis Anterior Tendon Transfers and Posteromedial Release procedures. This would empower the Samoans to provide a more complete service for the families within their community.



All hands on deck at the Ponseti training program: Tupua Tamasese Mealeo Hospital, Apia.



Koen De Ridder flanked by local leaders Areta Samuelu (L) and Shaun Mauiliu (R) following another successful Ponseti training program.

Solomon Islands

Life in general is reliant on the use of our hands. Without full function, prospect of employment and quality of life may be compromised, even more so throughout the Pacific Islands where agricultural productivity is heavily reliant on manual labour contributions.

Traumatic injuries to hands that either present late or are mis-diagnosed are most likely to result in poor outcomes. The result of a poorly managed injury has knock-on effects throughout families and communities reliant on that individual's contribution.

The Solomon Islands Orthopaedic Department has recognised the need for dedicated hand surgeons within their surgical capacity.

For this purpose, the Hands On program based in the Solomon Islands states its aim is to develop a sustainable hand surgical program that spans the South Pacific. A lasting historical connection between Honiara and the Swiss through Dr Hermann Oberli, has allowed surgeons from Basel, Switzerland to provide initial guidance in establishing the program.

In partnership with Swiss and Australian hand surgeons, local Pacific Islander surgeons receive support through online and in-country mechanisms. Orthopaedic Outreach volunteer surgeons and hand therapist were invited to visit the National Referral Hospital, Honiara, and work with in-country staff and consider how best to support this program.

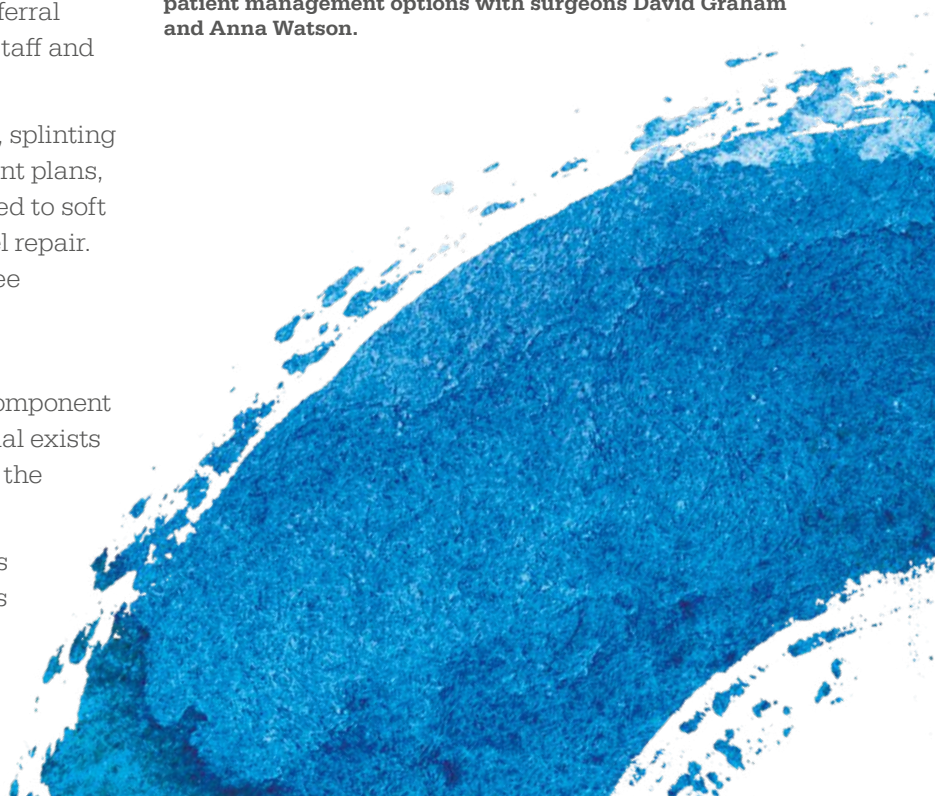
Content included clinical patient assessment, splinting and casting, surgical vs non-surgical treatment plans, in theatre skill development techniques related to soft tissue management, nerve, tendon and vessel repair. A formal program is underway, which may see surgical registrars from other Pacific Islands participate in future.

Hand therapy is recognised as an essential component of any hand surgery program, and the potential exists here for stand-alone therapy visits to promote the in-country therapist development.

The John James Foundation provide generous sponsorship in support of the Solomon Islands program.



Hand therapy is a vital component of a successful hand surgical program. Hand therapist Stacey Fritsch discusses patient management options with surgeons David Graham and Anna Watson.



Team visits

Tonga

The Tongan Ministry of Health has welcomed a core group of Outreach volunteers for multiple decades, spanning both paediatric and adult orthopaedic deformity and trauma.

October 2022 saw the 42nd Tonga Clubfoot Team activity – the first physical visit in three years. Like elsewhere across the globe, on-line technology had been utilised, maintaining a strong local connection, and creating the capacity to discuss clinical options for complex cases. Local surgeons had, through necessity, extended their skills to include performing achilles tenotomies on babies as young as 6 weeks, and this has resulted in far greater patient outcomes in comparison to those who may have had to wait up to 12 months for the procedure to be completed.

Of the forty children seen in outpatient's clinic, less than a dozen required surgery on this visit. Casting supplies and wound dressings are often in short supply, with skin integrity and wound care crucial to the children's outcomes.

The Orthopaedic Outpatient's Clinic has developed into a highly efficient model, superbly led by Sr Sela Fakatulolo, with local surgeons pre-screening to maximise time for both patient and clinicians. In-country surgeons take the lead in patient assessment, partnering with Outreach volunteers observing, providing guidance where appropriate.



Mark Ridhalgh assisting local surgeon Dr Tevita Tu'ungafasi.



Non-surgical treatment remains the initial pathway for the majority of orthopaedic trauma in Tonga.

Late presenting trauma dominates the clinical landscape, only further challenged by the limitation of fixation options. The staff are genuinely committed to serving their people, and providing the best care possible. From our perspective, we can treat the 20-30 triaged for surgery during our visit, and can at best, pass on the clinical understanding of the principles of fracture management.

The Ministry of Health values these team activities. The alternative would be sponsoring the very expensive pathway to New Zealand for surgery at between NZD\$20-50,000 per patient.



James Coolican assessing a patient in clinic.

Vietnam

Vietnamese centres throughout the country have embraced the return of Orthopaedic Outreach volunteer teams providing education and clinical support to both established and new professional contacts. Multiple visits into Vietnam occurred during this reporting period with differing foci, meeting local clinical requests.

Team activities in Ho Chi Minh City:

- 175 Military Hospital
- Cho Ray Hospital (Ho Chi Minh City)
- City Children's Hospital
- Hospital for Traumatology and Orthopaedics
- University of Medicine and Pharmacy

Team activities in Hanoi:

- Central Paediatric Hospital
- Haemophilia service centre
- Hanoi University Hospital
- St Paul's Hospital

Orthopaedic trauma, in particular road traffic trauma, dominates the clinical presentations in many of the hospitals within Ho Chi Minh City. This is a city becoming increasingly modernised with infrastructure supporting modern development, paired with a mainstay of traditional means for transport. Density of traffic serves to slow the pace and likely reducing the impact when collisions do occur, however the volume remains high for the services to maintain.

Seminar presentations included damage control in orthopaedics preceded by practical skills development workshops targeting the principles of fracture management, including topics such as the various applications for external fixation; complex fracture management.

The July 2022 team visit aligned with the Combined Annual Scientific Meeting of the Vietnamese Arthroscopy and Arthroplasty Society and the HCMC Arthroplasty Society. Prof Tran delivered two keynote presentations at this meeting.

The October 2022 team visit aligned with a National Symposium on Prosthetic Joint Infection, providing Outreach volunteers with the opportunity to contribute significantly to the program as part of an international



Prof Ton Tran, Janet Hough (paediatric neuromuscular physiotherapist) and Melanie Laing (paediatric advanced physiotherapist) ready to lead the Hammersmith Infant Neurological Examination (HINE) training, hosted at City Children's Hospital, HCMC.

faculty that also included clinicians from France and Italy. This was attended by 50 orthopaedic surgeons representing each of the major facilities across the country. The clinical capacity of orthopaedic surgery in Vietnam is expanding in an attempt to meet the needs of those requiring joint replacement. The emphasis for now remains on infection prevention and promoting sound clinical decision making.

The executive team at St Paul's Hospital, Hanoi, welcomed our team to deliver a full day seminar on both orthopaedic trauma and joint replacement surgery. The seminar was attended by 50 delegates from local surrounding hospitals onsite, while the team at St Paul's also broadcast the seminar to regional centres.

Team visits

Vietnam (continued)

Families with children born with Cerebral Palsy in low resourced countries often struggle due to late diagnosis and lack of support systems to provide assistance and guidance, in particular during their formative years. The team led by Prof Tran has been welcomed by the National Cerebral Palsy Association in Vietnam, providing clinical connections in facilities such as the City Children's Hospital (HCMC) and the Central Paediatric Hospital in Hanoi, which serves as the main tertiary referral hospital for children for the northern part of the country. A core strategy has been to raise the profile of cerebral palsy management to improve the care available for these children. Cerebral Palsy Alliance of Australia have been engaged for future contributions, and establishing a connection with in-country associations.

A full day seminar was hosted at The City Children's Hospital, which included practical Hammersmith Infant Neurological Examination (HINE) training and discussions, paediatric case presentations with detailed management plans recommended for each child following formal case-based teachings. These seminars were attended by rehabilitation doctors and therapists from all three children's hospitals in HCMC, and those providing services in regional settings.



Prof Tram demonstrating patient assessment using the HINE techniques at City Children's Hospital.

The paediatric element also included clinical assessment and management of congenital deformity such as hip dysplasia. Our volunteer physiotherapists delivered a thorough program demonstrating casting techniques, braces, and rehabilitation. Opportunities were sought to discuss collaboratively around local health care challenges and cultural aspects related to the more common children's conditions seen.

During these visits, Professor Ton Tran received two Commendations for Excellence from the Chairman of the Peoples Committee of HCMC as recognition for the contributions by a foreigner in the promotion of health care for the people of HCMC.



175 Military Hospital in HCMC consistently engages with our volunteers, this year with a focus on the management of orthopaedic trauma and infection.

OBITUARY

John Henry Bennett OAM

27 May 1938 – 19 May 2023



John commenced his engineering career in 1959 with the Snowy Mountains Hydro-Electric Authority, working on the construction of Tantangara Dam, the Murrumbidgee-Eucumbene and Eucumbene-Snowy Tunnels, and the

design of Tumut 3 Power Station. While with the Authority, he also provided assistance to the Prime Minister's Department with planning for Australia's participation in both EXPO 67 and EXPO 70, and assisted in the design of Martin Place Station for NSW Railways.

John joined Lend Lease in 1971 and was involved in the planning and development of large residential estates, and setting-up their entry into retirement housing. In 1982 John established his own project management consultancy serving both government and private clients, which he continued until retirement.

A member of the Rotary Club of Kogarah for some 35 years, John served two terms as President and was twice awarded a Paul Harris Fellowship. Kogarah Rotary has been involved with Orthopaedic Outreach since its inception in the 1970's, and for the last twenty-five years John had been the Rotary nominee on the Outreach Committee of Management, for the greater part serving as Honorary Secretary and Treasurer.

John also served on the Management Committee of the St. George Hospital Cancer Care Lodge.

In 2018 the Australian Orthopaedic Association awarded John Bennett an Honorary Fellowship in recognition of his extensive contributions of time and expertise to Orthopaedic Outreach. The ongoing impact his wise counsel has had in the resulting provision of orthopaedic care to lower resourced communities cannot be underestimated. John oversaw the financial management of Orthopaedic Outreach for near 20 years, resulting in approval of funding for over 500 international team activities throughout the Asia Pacific. His calm and considered approach to the role of Honorary Secretary and Treasurer of Orthopaedic Outreach, steadied the organisation through some challenging times, yet he always maintained a focus on those in need, and the impact we could have as an organisation.

Orthopaedic Outreach is a non-profit organisation, with the object to promote care and treatment strategies of musculoskeletal disease, relieving suffering and disability. With a focus on disability, trauma and infection, the impact is primarily throughout the disadvantaged communities within low-resourced countries of the Asia-Pacific region.

John never did participate within an overseas team activity, perhaps enjoying vicariously the successes through the team reports.

John has created a legacy in Orthopaedic Outreach that will not be forgotten. His efforts recognised posthumously with a Medal of the Order of Australia (OAM).

Townsville Observership

Dr Jenny Tovu

Papua New Guinea has a rich culture in developing high quality surgeons, with the creativity required to work within the limited resources available.

The pathway to become an orthopaedic surgeon is a lengthy one: two years post MBBS as an RMO, a further two years' service in any discipline, five years post graduate training as General Surgeon, followed by a minimum of three years' service prior to consideration as a sub-specialty trainee.

The requirements of the University of Papua New Guinea for Postgraduate Diploma in Orthopaedics and Trauma candidates include for candidates to complete an international experience in order to meet the criteria of course completion. This final hurdle presents as a challenge to many young surgeons, and one where Orthopaedic Outreach sought to provide a solution.

Wewak General Hospital serves the East Sepik Province – a geographical regional spanning 43,500 kms², with an estimated current population of 591,000 to care for. For perspective, this is slightly larger than the country of Denmark, The Netherlands, Switzerland, West Sumatra (Province of Indonesia), yet with only a single surgeon to cater for the entire region.



NRL is hugely popular in PNG, so it was always a bonus being in Townsville during the season.

Dr Jenny Tovu took this as a responsibility, seeing herself as fortunate to have both the clinical capacity and opportunities to learn, she identified the vital need for orthopaedic surgical care within her community. Uprooting her family and relocating them to Port Moresby, Dr Tovu sought to become a candidate for postgraduate orthopaedic training.

Fast-forward to the near completion of those studies, and the requirement for an international observership.

At the first mention of such a program, Dr Levi Morse, orthopaedic surgeon based in Townsville, with a particular connection to Papua New Guinea, expressed a willingness to assist. Levi was born in the PNG highlands of Goroka, where he lived with his family during his early years. He has a remaining connection with PNG, and is grateful for any opportunity to visit and make a contribution. Levi, along with Tony Jeffries, has also been a regular contributor to our program at ANGAU Hospital, in Lae, (Morobe Province), PNG's second largest city.

There are a minimum of four elements to any successful observership:

1. The Hospital

In this case, primarily the Mater Private Hospital, Townsville, but also Townsville Day Surgery, granted accreditation as a clinical visitor under the direct supervision and guidance of Dr Levi Morse. While each hospital may have their own specific terms for observers, in summary this meant Dr Tovu was to always be in the company of her supervisor, with the supervisor responsible for ensuring all patient consent procedures were followed at all times. There are often clinical restrictions associated with observerships, and these are to be clearly defined prior to any agreements signed.

2. The Accommodation

The charitable organisation, Youth With A Mission (YWAM), kindly provided secure accommodation by way of a self-contained studio apartment at a very reasonable rate. YWAM also have strong connections throughout PNG with their own programs, which had other PNG nationals also staying and working within the premises.



John Turner and his team at Stryker HQ delivering an ad-hoc sawbone workshop with Dr Jenny Tovu.

3. The Funding support

Orthopaedic Outreach, Stryker South Pacific, and the Mater Foundation combined to provide funding support that removed any significant financial burden to Dr Tovu for this experience.

4. The experience

Beyond the clinical learning, the community feel generated by Levi and his team was extraordinary, and somewhat unexpected. The theatre nursing staff and their advocacy for the inclusion of Jenny in any number of activities, whether clinical or non-clinical became a feature. This ranged from Saturday morning walks and coffee, a ride to and from the hospital for work, and even ensuring Jenny attended a weekend trauma training session hosted by the local Smith & Nephew staff.

Orthopaedic Outreach has since continued to support Dr Tovu with Levi Morse and Tony Jeffries clinical visits to Wewak Hospital. At the time of publication, Dr Tovu was preparing for her final examinations in Port Moresby to enable her to return to Wewak Hospital as a recognised Orthopaedic and Trauma surgeon.

Acknowledgement to Dr Levi Morse in creating time and place, as supervising surgeon; to the Mater Private Hospital Townsville, and Townsville Day Surgery for accepting the terms of the clinical visitation, and for Stryker South Pacific in enabling the support required.

If you wish to assist surgeons in PNG similar to Dr Jenny Tovu then please make contact with Orthopaedic Outreach or the Asia Pacific Committee of the AOA.

Stryker Registrar Award

Since 2005 Stryker South Pacific has been supporting registrar involvement in Orthopaedic Outreach activities. This initiative has provided much needed funding for 70-plus orthopaedic surgical registrars to gain a unique surgical Outreach experience.

Many of these early experiences leave lasting memories, and contribute to future Outreach team leaders. Sustainability is an essential concept for Orthopaedic Outreach. We look to influence sustainable orthopaedic care in-country, and also consider the ongoing sustainability of our own systems and programs.

Of course, Outreach work is not for everyone, and there are many surgeons who acknowledge this, yet continue to be both members and donors, contributing so that others are able to provide the level of in-country surgical support within the programs we deliver.

Regardless of geographically where the site is that we are supporting, there are typically three constants that our volunteers experience.

Trauma

Whether it's late presenting or mis-diagnosed trauma, workplace, sporting or violent trauma – the volume can overwhelm local surgical services. This year's travelling registrars, James Coolican (Tonga, Sept 2022) and Thomas Christiner (Madagascar, May 2023), both identified key examples of these, and commented that there were also cases that just would not be seen in the Australian system, because they'd either be detected earlier, or it's just pathology more unique to the environment and limited health systems of developing countries.

Infection

Cases of osteomyelitis, in particular in children. Low nutrition levels through poor diet, chronic health conditions, diabetes, and generally compromised immune system are all significant factors influencing osteomyelitis.

Deformity

Congenital deformity such as clubfoot has the highest prevalence globally among the South East Asia region, and when further population breakdown, those of Polynesian heritage rank highest. Combined with an increased incidence, the wide majority of children with clubfoot are born into low- and middle-income countries, where specialist medical care is limited, and access to health facilities may be a days' walk away.

Our impact in promoting sustainable models of orthopaedic care is only as strong as the support we receive. Stryker South Pacific has been our longest supporting partner, and have created a lasting legacy through their travelling registrar program.



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Financial Information 2023

INCOME STATEMENT

	2023	2022
INCOME	\$	\$
Grants		
Australian Orthopaedic Association	125,000	125,000
Donations		
Corporate donations	4,700	6,580
Stryker Australia	30,000	10,000
McBain Bequest	25,000	80,000
John James Foundation	25,000	-
BoBo Giving Fund	10,500	-
Other private donations	94,539	45,815
Member subscriptions	49,900	34,450
Reimbursements and other income	7,474	7,474
Total Income	372,113	309,319
EXPENDITURE	\$	\$
Overseas Programs		
Stryker Registrar Program*	16,413	2,500
Other overseas programs*	94,178	11,699
Medical equipment, storage and freight**	35,975	36,981
Domestic programs	1,031	1,693
Promotion and fundraising	717	1,462
Administration and accountability	195,906	123,805
Total Expenditure	344,220	178,140
EXCESS (DEFICIT) FROM OPERATIONS	27,893	131,179

* Expenditure under these items represents the funds contributed by Outreach towards the total cost of volunteer team visits. The level of contribution covers economy airfares, reasonable accommodation, and appropriate living expenses. In the case of surgeons and anaesthetists, the contribution is further limited to a maximum per person, dependent on the level of funds available.

** This expenditure excludes the value of equipment, medical consumables and freight discounts received as 'in kind' donations from Outreach supporters and sponsors.

All surgeons, anaesthetists, nurses and allied health professional who make up the volunteer teams give their time on a pro bono basis. The value of their time is not represented in the financial accounts.

The financial information provided in this report is a summarised version of the audited Financial Report for the year ended 30th June 2023.

A copy of the full 2023 audited financial report can be found at www.orthoreach.org.au or by contacting admin@orthoreach.org.au

BALANCE SHEET

	2023	2022
ASSETS	\$	\$
Current Assets		
Cash and cash equivalents	560,912	528,983
Trade and other receivables	-	700
Other current assets	10,064	4,817
Total Current Assets	570,976	534,500
Non-Current Assets		
Property, plant and equipment	-	-
Total Non-Current Assets	-	-
TOTAL ASSETS	570,976	534,500
LIABILITIES	\$	\$
Current Liabilities		
CBA Credit Card	123	3,200
Provisions	5,094	-
Total Current Liabilities	5,217	3,200
Non-Current Liabilities		
Other creditors	14,105	7,539
Total Non-Current Liabilities	14,105	7,539
TOTAL LIABILITIES	19,322	10,739
NET ASSETS	551,654	523,761
EQUITY	\$	\$
Retained earnings	551,654	523,761
TOTAL EQUITY	551,654	523,761

Financial Information 2023

IN SUMMARY

SOURCE OF FUNDS	\$
Australian Orthopaedic Association	125,000
Corporate donations	95,200
Other private donations	94,539
Member subscriptions	49,900
Reimbursements and other income	7,474
TOTAL MONETARY SUPPORT	372,113

DISTRIBUTION OF FUNDS	\$
Overseas Programs	146,566
Domestic Programs	1,031
Promotion and fundraising	717
Administration and accountability	195,906
TOTAL MONETARY EXPENDITURE	344,220

OUR VOLUNTEERS ADD 'REAL VALUE'

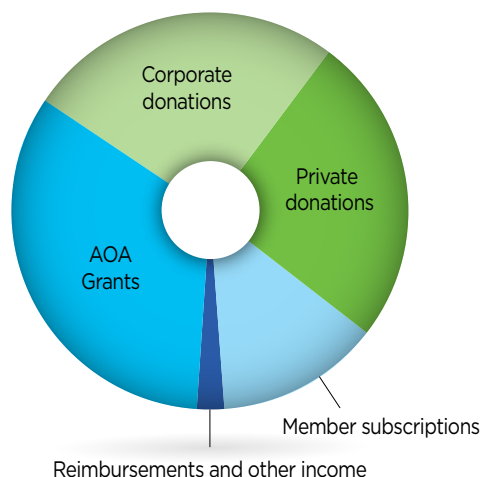
Orthopaedic Outreach could not operate without our volunteers, who all provide their services on a pro bono basis. Not only the volunteer surgeons, nurses and allied health professionals who make up the visiting humanitarian and educational teams, but also other volunteers who play significant roles in providing management and organisational support and in-kind donations. The value of these services is not included in the Outreach financial accounts. Set out below is an assessment of the value of these services, which is considered to appropriately reflect the 'real value' of the significant contribution made by our volunteers to Orthopaedic Outreach and towards the 'real cost' of Outreach operations.

Surgeons and anaesthetists	\$
34 volunteers for a total of 111 days	9,529,350
Nurses, allied health & other volunteers	
19 volunteers for a total of 90 days	1,322,172
TOTAL VALUE OF VOLUNTEER SERVICES*	10,851,522

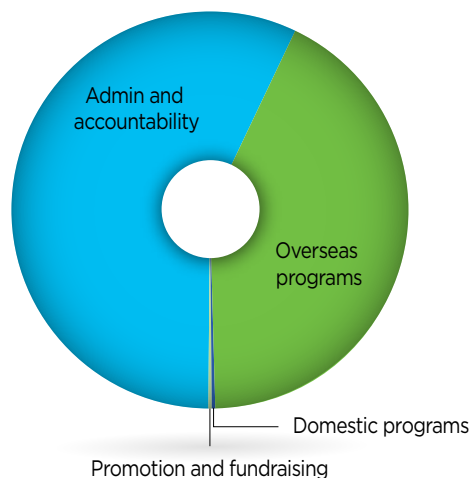
DISTRIBUTION OF 'REAL COSTS' OF OPERATION	\$
Value of volunteer services	10,851,522
Program expenditure	147,597
Promotion and fundraising	717
Administration and accountability	195,906
TOTAL 'REAL COSTS' OF OPERATIONS	11,195,742

* Hourly rates based on the NSW Health Award have been used to calculate the 'real costs' of volunteer services.

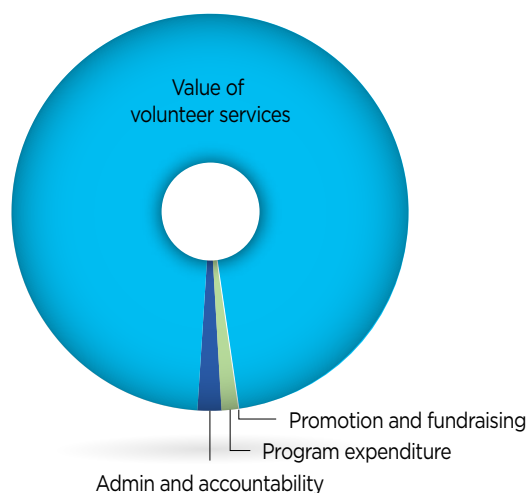
Monetary Support



Monetary Expenditure



Real Costs



Auditors Report



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ORTHOPAEDIC OUTREACH FUND INC ABN 68 910 058 787

Report on the Financial Report

I have audited the accompanying financial report, being a special purpose financial report, of Orthopaedic Outreach Fund Inc, which comprises the balance sheet as at 30 June 2023, and the income statement, a summary of significant accounting policies and the statement by members of the management committee.

Committees' Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act and are appropriate to meet the needs of the members. The committee's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting under the Associations Incorporation Act. I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

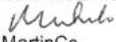
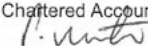
As is common for organisations of this type, it is not practicable for the Association to maintain an effective system of internal control over income raising activities until their initial entry in the accounting records. Accordingly, my audit in relation to income raising was limited to amounts recorded.

Independence

In conducting my audit, I have complied with the independence requirements of Australian professional ethical pronouncements.

Auditor's Opinion

In my opinion, the financial report of Orthopaedic Outreach Fund Inc presents fairly, in all material respects the financial position of Orthopaedic Outreach Fund Inc as of 30 June 2023 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Name of Firm: 
MartinCo
Chartered Accountants
Name of Principal: 
Peter Martin
Address: Sydney
Dated this

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Supporters of Outreach

Thank you





Charitable Status

Orthopaedic Outreach Fund Incorporated (Orthopaedic Outreach, ABN 68 910 058 787) is an incorporated association registered as a Charity with the Australian Charities and Not-for-profits Commission (ACNC). The association is endorsed by the Australian Taxation Office to access tax concessions relating to GST, FBT rebate and income tax exemption, and is further endorsed as a Deductible Gift Recipient (DGR). All donations to Orthopaedic Outreach are tax-deductible.

Structure

Responsibility for the control and management of the affairs of Orthopaedic Outreach lies with the Committee of Management. The Committee is made up of nine (9) members, inclusive of office-bearers. Three (3) members are elected by Outreach members; three (3) members are nominated by the Australian Orthopaedic Association (AOA); one (1) member is nominated by the Royal Australasian College of Surgeons (RACS); one (1) member is nominated as a Community Representative; one (1) member is a nursing or allied health professional nominated by the Committee itself. Office-bearers are elected by the Committee members. Membership of the Committee is for a period of two (2) years, with positions being declared vacant on a rotational basis. The Committee meets quarterly.

Committee of Management

Chair	Kevin Woods	Orthopaedic Surgeon (ACT)	AOA Nominee
Honorary Secretary and Treasurer	Maurizio Damiani (ret. 17th Mar 2023)	Orthopaedic Surgeon (ACT)	Elected member
	Andrew Beischer	Orthopaedic Surgeon (VIC)	AOA Nominee
	John Bennett	Civil Engineer (ret.) (NSW)	Community Representative
	Peter Brazel	Orthopaedic Surgeon (QLD)	AOA Nominee
	Robert Costa	Cardiothoracic Surgeon (NSW)	RACS Nominee
	Ruth Jones	Registered Nurse (NT)	Nursing Representative
	Paul Pincus	Orthopaedic Surgeon (QLD)	Elected member
	John Tuffley	Orthopaedic Surgeon (QLD)	Elected member

Administration

Operational Manager Graham Hextell (NSW)

Administrative support Beverley Hughes OAM (NSW)

All images used throughout this report do so in compliance with the ethical stories and images policy. This is consistent with ACFID guidelines, demonstrating respect and privacy.



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