orthopaedic
outreach

2017 Annual Report

Dr Anthony Leong supporting local surgeon Dr Naseri Aitaoto in Pago Pago.

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. This year we supported 39 separate visits to 11 countries.

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.

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.

Associate Professor Graham Gumley
Chairman

President's Report
Assoc. Prof. Graham Gumley

Quietly and without fanfare Orthopaedic Outreach continues to advance Orthopaedic education and quality patient care around the Asia Pacific region.

As the summary pages show the number of Outreach programs continues to grow in number and impact. Many programs are maturing after decades of tireless work, yet new and return missions for much needed basic care and advanced surgery continue to serve many where no surgeon or resources would otherwise be available.

The recent focus on the needs in PNG have seen 4 trips in this period. This sees a rekindling of Outreach's involvement in PNG where our volunteers deal with both logistical and security challenges in caring for the injured and supporting the local surgeons.

On the other end of the spectrum Orthopaedic Outreach continues to support the credentialing process in Indonesia at the request of the Indonesian Orthopaedic Association (IOA). In January Outreach members conducted the third of a series of Examiner Training Courses in Surabaya, followed by partnering with IOA counterparts in examining their final year trainees, contributing to the development of the IOA training program towards a full international standard.

This focus on training and skills transfer has seen Dr. Steven Kodovaru successfully complete the Pacific Islands Orthopaedic Association (PIOA) course and final examination. Many Orthopaedic surgeons have actively contributed to this success through the teaching of modules within the PIOA program of serving in support of the surgeons in Honiara. The importance of this achievement will be recognised in a formal presentation ceremony to Dr. Kodovaru at the Outreach session at the AOA ASM.

One of the hallmarks of Outreach success is perseverance and consistency. Certainly this is well demonstrated by Dr. Andreas Loefler who has now competed 27 service

Damien Ryan and Jagdeep Nanchahal demonstrating complex reconstructive hand surgery in Hue Central Hospital, Vietnam.

Microsurgical skills training is essential for the ongoing development of training surgeons in Vietnam.

trips to Labasa, Fiji, and John Bennett the Honorary Secretary and Treasurer of Outreach who, although not a surgeon has served tirelessly for more than 20 years overseeing the professional and finance side of our organisation. This is despite being yet to go on an overseas mission trip himself. Such dedication and resilience as shown by these two, underpins the continued growth of our programs and will ensure that the care and teaching provided by our volunteer teams will pay dividends of enhanced surgical capacity and improved patient lives of many years ahead.

Chief Operations Manager's Report
Graham Hextell

This year saw an unprecedented number of volunteer activities supported by Orthopaedic Outreach with orthopaedic trauma training continuing to feature as a common request throughout the Pacific.

This year we successfully completed trauma training in Fiji and Vietnam, with additional interest for similar content delivery in Papua New Guinea and Cambodia. The regions we support each have unique subtleties, which then in turn influence patient presentations into hospital. An example of this is the changing highland tribal dynamics in Papua New Guinea, which as reported in mainstream media, identifies a shift in typical mechanisms of injury as a result. Increased ease of access to high velocity weaponry is impacting on clinical presentations, creating a change in patient assessment and priorities of care, and we see an importance in supporting those in the regional health services with management of both orthopaedic trauma and soft tissue damage.

Advancing levels of degenerative joint disease throughout South East Asia and the Pacific is seeing an increase in consideration for joint replacement for local populations. Orthopaedic Outreach continues to work with key opinion leaders to develop a set of guidelines and minimum expectations for any site considering the introduction of arthroplasty surgery within their home country, encouraging a patient-focused approach with safety as paramount.

Orthopaedic Outreach is greatly appreciative of every one of our volunteers, and wish to acknowledge in particular the long serving commitment throughout the Pacific of Dr Rod Green. Dr Green, a highly credentialed anaesthetist, completed his 21st volunteer visit providing expert anaesthesia as a key member of Orthopaedic Outreach teams. Dr Green has actively contributed to the safe and efficient delivery of anaesthesia for orthopaedic surgery in Fiji, Kiribati, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

Perioperative Nurse Lisa Frendin supporting local nurse Charmaine through complicated trauma surgery in Pago Pago.

Local hospital executive management support for Orthopaedic Outreach in Pago Pago.

PIOA candidate Dr Naseri Aitaoto on clinical visit in Apia.

Outreach activities for 2016-2017

Places visited	Purpose	Outreach volunteers	Local coordinators
AMERICAN SAMOA			
PAGO PAGO 12-21/05/2017	Lower limb specific visit, with a focus on local education for assessment and surgical options for knee injuries.	Orthopaedic surgeons: Dr Samuel Macdessi, Dr Anthony Leong. Anaesthetist: Dr Marty Bohm. Perioperative Nurses: Lisa Frendin, Graham Hextell.	Dr Akapusi Ledua Dr Naseri Aitaoto
CAMBODIA			
PHNOM PENH 9/10 – 4/11/2016	Provide clinical instruction on infection control principles throughout entire hospital facility; Developed Nurse Leadership team within Khmer Soviet Friendship Hospital.	Clinical Nurse Consultant: Kareen Dunlop. Orthopaedic Clinical Nurse Specialists: Sam Jennaway, Mandy Rebeiro, Amanda Grauze.	Dr Lim Thaing
PHNOM PENH 30/9 – 6/10/2016	Oversee Orthopaedic rounds at Kossamak; THR program at Khmer Soviet Friendship Hospital; National Paediatric Hospital; National Trauma Centre discussions.	Orthopaedic surgeon: Dr Tim Keenan.	Prof Duong Bunn Prof Lim Thaing Prof Chhoeurn Vuthy Dr Sina Ry
PHNOM PENH 11-19/08/2016	Delivery formal training through upper limb surgery and basic microsurgery workshop; formal presentations delivered at National Surgical Conference; provision of specialist surgical services to multiple local hospitals.	Orthopaedic surgeons: Assoc. Prof. Graham Gumley, Prof Des Bokor, Dr Nicholas Smith, Dr David Stewart, Prof Neil Jones, Dr Limthongthang Roongsak, Dr Julie Chino. Hand Therapists: Dr Anne Wajon, Cathy Merry.	Prof Chhoeurn Vuthy Prof Duong Bunn
PHNOM PENH 14/11 – 07/12/2016	Attendance at the Cambodian Society for Surgery / Traumatology Annual Meeting; guidance on patient assessment through outpatient clinics. Review of Kossamak operating theatre development.	Orthopaedic surgeon: Dr Tim Keenan.	Prof Chhoeurn Vuthy
PHNOM PENH 25-6/11/2016	Attendance at the Cambodian Society for Surgery / Traumatology Annual Meeting.	Orthopaedic surgeons: Dr Michael Wren, Dr Peter Lugg.	Prof Sok Buntha Prof Chhoeurn Vuthy
PHNOM PENH 14-25/01/2017	Oversee continuation of orthopaedic surgical service development, in particular the THR program at the Khmer Soviet Friendship Hospital.	Orthopaedic surgeons: Dr Tim Keenan, Dr Peter Lugg.	Prof Chhoeurn Vuthy Dr Sina Ry
PHNOM PENH 1-5/03/2017	Oversee continuation of the THR program at the Khmer Soviet Friendship Hospital.	Orthopaedic surgeon: Dr Peter Lugg.	Dr Sok Meng
PHNOM PENH 1-5/04/2017	Oversee continuation of the THR program at the Khmer Soviet Friendship Hospital.	Orthopaedic surgeon: Dr Peter Lugg.	Dr Sok Meng
PHNOM PENH 2-8/04/2017	Provide clinical instruction on infection control principles throughout entire hospital facility; Developed Nurse Leadership team within Khmer Soviet Friendship Hospital.	Clinical Nurse Consultant: Kareen Dunlop.	Dr Lim Thaing
PHNOM PENH 1-5/05/2017	Oversee continuation of the THR program at the Khmer Soviet Friendship Hospital.	Orthopaedic surgeon: Dr Peter Lugg.	Dr Sok Meng
FIJI			
SUVA 5-11/06/2016	Orthopaedic surgical service delivery in absence of key local surgeons; clinical guidance on sports injuries as presented through clinic.	Orthopaedic surgeons: Dr Doron Sher, Dr Phillip Frawley. Anaesthetist: Dr Richard McMahon. Perioperative Nurse: Celeste Gaspar.	Dr Jemesa Tudravu Sr Sera Saro
LAUTOKA 11-15/07/2016	Orthopaedic surgical service provision; provide guidance and support for local trainees.	Orthopaedic surgeons: Dr Peter Brazel, Dr David Hayes. Anaesthetist: Dr Chris Cairncross. Registrar: Praveen Vijaysegaran. Perioperative Nurse: Ben Francis. Dotdash representative: John Dash.	Dr Vaigalo McCaig
LABASA 6-9/12/2016	Orthopaedic surgical service delivery; provide guidance and support to local trainees.	Orthopaedic surgeon: Dr Andreas Loefler. Perioperative nurse: Aislinn Palmer.	Dr Jaoji Vulibeci
LAUTOKA 6-14/04/2017	Orthopaedic surgical service delivery with specific focus on hand and wrist; clinical skills sessions for physiotherapists on plaster and splinting techniques; x-ray meetings and patient clinical review; patient follow up from previous team visit in April 2016.	Orthopaedic surgeons: Dr Stuart Myers, Dr Paul Della Torre. Anaesthetists: Harry Koumoukelis, David Goodie. Registrar: Dr Rachel Blackshaw. Physiotherapists: Emilie Myers, Dane Johnson, Adrian Jollow. Sonograper: Lucy Collins. Perioperative nurses: Megan Clody, Sarah Lee, Kim Graham.	Dr Arun Murani Dr Vaigalo McCaig
LABASA 24-28/04/2017	Orthopaedic surgical service delivery; provide guidance and support to local trainees.	Orthopaedic surgeon: Dr Andreas Loefler. Perioperative nurse: Sarah Collins.	Dr Jaoji Vulibeci
SUVA 5-8/06/2017	Instructional training workshop focusing on assessment and treatment options for orthopaedic trauma.	Orthopaedic surgeons: Dr Matthew Wilkinson, Dr Levi Morse. Registrar: Dr William O'Callaghan. Perioperative Nurse: Martin Richardson.	Dr Jemesa Tudravu Dr Emosi Taloga Prof Eddie McCaig
LAUTOKA 18-25/06/2017	Provide guidance and support to local trainees.	Orthopaedic surgeons: Dr David Hayes, Dr Richard Clarnett. Anaesthetist: Dr Chris Cairncross. Medical student: Jock Clarnett. Perioperative Nurse: Ben Francis.	Dr Vaigalo McCaig Dr Mark Rokobuli
INDONESIA			
SANGLAH 19-21/09/2016	Indonesian Orthopaedic Nursing Seminar planning	Clinical Nurse Consultant: Prof Di Brown.	Dr Nario Gunawan Mr Triwinjaya Mrs Nurhayati Alit, Winarta
SURABAYA 11-12/11/2016	Indonesian Orthopaedic Nursing Seminar.	Clinical Nurse Consultants: Ruth Jones, Johanna Thorpe.	Dr Nario Gunawan
JAKARTA 23/1/2017	Meet with Aust Deputy Ambassador to secure ongoing support; Indonesian College of Surgeons meeting.	Orthopaedic surgeons: Prof Bill Cumming, Prof Joe Ghabrial.	Prof Mohamad Hidayat Dr Nicholas Budiparama

Places visited	Purpose	Outreach volunteers	Local coordinators
INDONESIA			
MALANG 24-28/1/2017	Deliver examiner training course for local Indonesian examiners; specialty workshop for senior trainees.	Assoc. Prof. Graham Gumley, Dr Kevin Woods, Dr Ian Dickinson, Dr John Tuffley, Prof Bill Cumming, Dr Joe Ghabrial, Dr Paul Pincus.	Prof Mohamad Hidayat
KIRIBATI			
TARAWA 30/04-11/05/2017	Orthopaedic surgical service delivery; provision of guidance on assessment and treatment options for local surgeons.	Orthopaedic surgeons: Dr John Tuffley, Dr Sheanna Maine. Anaesthetist: Dr John Christie, Perioperative Nurses: Joelene Steele, Cherrie Genat.	Dr Burentau Teriboriki Dr Kabiri Tuneti
PAPUA NEW GUINEA			
LAE 15-22/10/2016	Orthopaedic surgical service delivery; provision of clinical guidance through patient assessment and treatment options; establish ongoing relationships with local staff.	Orthopaedic surgeon: Dr Anthony Jeffries.	Dr Alphonse Rongap Dr Jacob Painui Dr Benjamin Yapo
VUNAPOPE 22-26/08/2016	Orthopaedic surgical service delivery; provide guidance and support to local trainee surgeon.	Orthopaedic surgeon: Dr Rob Sharpe.	Dr Felix Diaku
LAE 26/02 – 04/03/2017	Orthopaedic surgical service delivery and provision of clinical guidance.	Orthopaedic surgeons: Dr Anthony Jeffries.	Dr Alphonse Rongap
KUNJIP 11/03 -2/04/2017	Extend existing education levels with primary fracture management skills.	Orthopaedic surgeon: Dr Paul Hitchen. Physiotherapist: Susan Hitchen.	Dr Jim Radcliffe
SAMOA			
APIA 13-24/07/2016	Continuation of exiting development program focusing on clinical assessment and surgical skills.	Orthopaedic surgeons: Dr John Clifford, Dr Rob Pianta. Anaesthetist: Dr Mark Tuck. Registrar: Dr Liam Halliday. Perioperative nurse: Lynne Moloney.	Dr Ponifasio Ponifasio Dr Shaun Maulilui Dr Areta Samuela
APIA 4-8/09/2016	Ponseti technique training course for the conservative management of club foot.	Orthopaedic surgeons: Dr Peter Cundy, Dr Rod Pattinson. Registrar: Dr Will Cundy. Physiotherapists: Helen Burgan, Ruth Baker.	Dr Ponifasio Ponifasio Dr Shaun Maulilui Dr Areta Samuela
APIA 4-7/09/2016	Deliver presentation at Pacific Island Surgeons Association (PISA) meeting.	Orthopaedic Outreach Manager: Graham Hextell.	Dr Ponifasio Ponifasio Dr Shaun Maulilui Dr Areta Samuela
APIA 11-17/12/2016	Specific surgical support with High Tibial Osteotomy and ACL reconstructive surgery.	Orthopaedic surgeon: Dr Bruce Caldwell. Perioperative nurse: Lee Mayo.	Dr Ponifasio Ponifasio Dr Shaun Maulilui Dr Areta Samuela
SOLOMON ISLANDS			
HONIARA 18-28/02/2017	Orthopaedic surgical service coverage during PIOA module delivery.	Orthopaedic surgeon: Dr Paul Hitchen.	Dr Patrick Houasia
SRI LANKA			
COLUMBO 05-12/04/2017	Conduct examining of final year surgical trainees at the invitation of the Sri Lankan Orthopaedic Association.	Orthopaedic surgeon: Assoc. Prof. Graham Gumley.	Dr Ananda Perera Dr H. J. Suraweera
TONGA			
NUKU'ALOFA 14-22/09/2016	Provision of general adult orthopaedic surgical service.	Orthopaedic surgeons: Dr Geoffrey Rosenberg, Dr Mark Ridhalgh. Anaesthetist: Dr Rod Green. Registrar: Dr Sarah Farrell. Perioperative Nurse: Naomi Bridge.	Lord Viliami Tangi Dr Kolini Vaea
NUKU'ALOFA 24-30/09/2016	Establishing serial casting for children presenting with club foot; pre-screening patients for surgery.	Physiotherapists: Rebecca Snowden, Andrew Gorie.	Dr Kolini Vaea Siosaia Vakasiuola
NUKU'ALOFA 2-4/10/2016	Continue to build on previous years with surgical service provision specifically focused on treatment of equinovarus talipes (club foot).	Orthopaedic surgeon: Dr Andrew Leicester. Anaesthetist: Dr Hugh Seaton.	Lord Viliami Tangi Dr Kolini Vaea
NUKU'ALOFA 5-13/06/2017	Provision of general adult orthopaedic surgical service.	Orthopaedic surgeons: Dr Geoffrey Rosenberg, Dr Mark Ridhalgh. Anaesthetist: Dr Rod Green. Perioperative Nurse: Naomi Bridge.	Lord Viliami Tangi Dr Kolini Vaea
VIETNAM			
HUE 26/11 – 3/12/2016	Conduct two separate surgical skills seminars: upper limb tendon and nerve injury; shoulder surgery. Hue Central Hospital, Hue City; attended by 70 Vietnamese surgeons.	Orthopaedic surgeons: Dr Peter Scougall, Dr Richard Lawson, Dr Damien Ryan, Dr Wade Harper, Dr David Lieu, Prof Jagdeep Nanchahal. Hand Therapists: Rosemary Prosser, Kylie Flynn.	Prof Bui Duc Phu Prof Pham Nhu Hiep Dr Pham Dang Nat Dr Ho Man Truong Phu
HO CHI MINH CITY 13-17/11/2016	Support local surgeons at HCMH Hospital of Traumatology and Orthopaedics through outpatient clinics; deliver instructional seminar on femoral nailing and pelvic fracture including saw bone workshop.	Orthopaedic surgeons: Dr Andrew Beischer, Dr Ton Tran, Dr Harvinder Bedi. Registrar: Dr Sina Babazadeh.	Dr Xuan Hoang
HO CHI MINH CITY 8-12/05/2017	Assess surgical ability to develop surgical teaching in the operating rooms for multiple subspecialties for teaching program planned for November 2017. Participate in teaching activities at the 3-day hospital annual conference.	Orthopaedic surgeons: Dr Andrew Beischer, Dr Ton Tran. Registered nurses: Meredith Elliot, Jackie Dingle, Di Newman. AOA representative: Sarah Cartwright.	Dr Xuan Hoang

Team visits 2016-2017

American Samoa

The Lyndon Baines Johnson Tropical Medical Centre in Pago Pago hosted our visiting team, with a brief to evaluate existing orthopaedic services and to consult on an increasing volume of lower limb presentations. The territory has documented priorities including:

- improve capacity of the health care system to manage increasing challenges of the 21st century. This includes targeting:
  - development of local health workforce;
  - improved development of health policy;
  - consistent management processes at all levels
- identify emerging and re-emerging diseases and implement effective interventions.
- implement effective interventions to decrease the burden of chronic disease related to unhealthy lifestyles, especially cardiovascular disease, cancer and diabetes mellitus.
- develop strategies to manage increasing degenerative joint disease and osteoarthritis.

American Samoa consists of 5 volcanic islands and two coral atolls, situated only 220kms east of Samoa, with an estimated current population between 56,000-58,000 perhaps declining since the 2010 census figure of 64,000. The capital city is Pago Pago which also has one of the best natural deep anchorage harbours in the South Pacific. Historically this was heavily utilised throughout the second world war as fighting spanned across the Pacific.

American Samoans, consistent with other Polynesian populations, have an increasing level of chronic diseases related to lifestyle, with poor nutrition combined with reducing physical activity. The overwhelming aspects are increasing obesity, type II diabetes with associated complications together with osteoarthritis and degenerative joint disease.

Dr Akapusi Ledua leads the orthopaedic surgical services, and is supported by Sitiveni Traill and Naseri Aitaoto. A review of monthly audit figures reveals 195 orthopaedic outpatient clinic consultations, 30 of whom would require admissions and an average of 20 patients progressing for surgery. The overwhelming trends were consistent with elsewhere in the Pacific: paediatric deformity (club foot), infection (osteomyelitis, and trauma). Osteoarthritis and degenerative joint disease was also prominent.

Surgical support by the anaesthetic department was surprisingly strong, with 5 anaesthetists contributing to the department. Their training is at the level of anaesthetic diploma through Fiji Medical School, with at least one anaesthetist having spent a year in Adelaide. The standards and systems in place ensured safe and competent anaesthetic care, though at a rather simple level. The options seemed to be either General Anaesthesia or a simple spinal block. Post operative pain regimes could be considered to improve patient outcomes, and the capacity for peripheral nerve blockade training using ultrasound would assist with this.

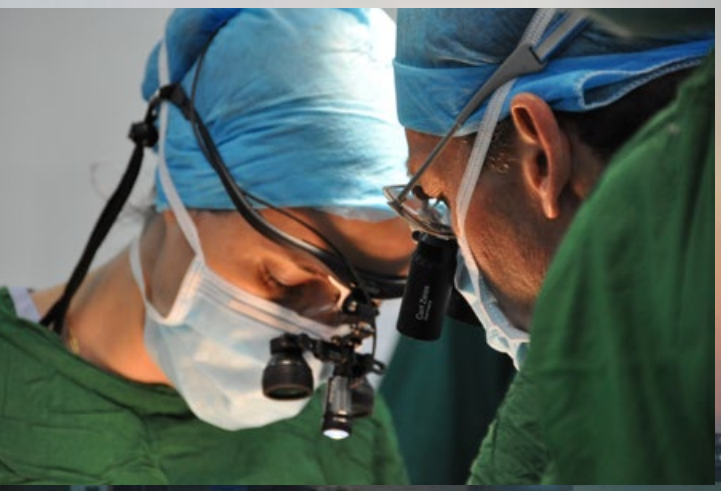
Dr Samuel Macdessi with Dr Ledua Akapusi and Dr Naseri Aitaoto – interviewed for Pago Pago TV evening news.

Samuel Macdessi and Anthony Leong gave formal presentations on degenerative joint disease; anaesthetist Martin Bohm presented on pain principles and modalities. All team members contributed to operative success through working side-by-side collaboration with their colleagues, providing supervision and guidance as needed throughout fracture reduction cases. Perioperative Nurse Specialist Lisa Frendin supported local perioperative nursing staff as they learned how to manage new surgical techniques and procedures while Graham Hextell reviewed sterilisation standards and practices.

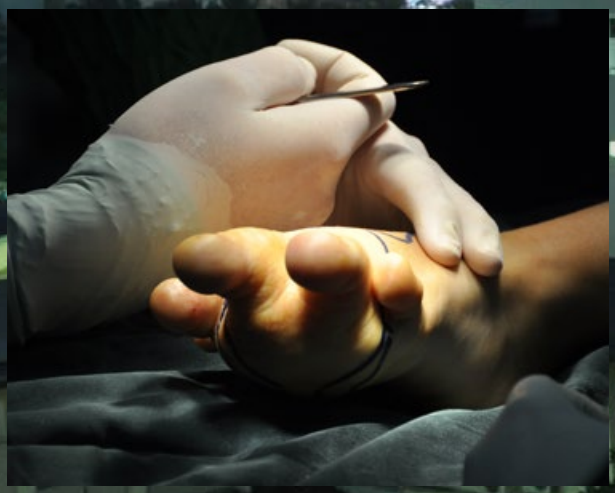
The LBJ Chief Executive, as well as local community and industry leaders, voiced their support for ongoing involvement of Orthopaedic Outreach in surgical skill-based training in American Samoa.

Team visits

Cambodia



Dr Julie Chino and Dr Nick Smith – microsurgery in Cambodia.



Dr Isaac Harvey – complex hand surgery.

The Khmer Soviet Friendship Hospital (KSF) Phnom Penh is now recognised as the leading hospital for nursing education and orthopaedic patient care. This has been largely due to the efforts of Kareen Dunlop in establishing a learning culture within the hospital, and one which now actively seeks to recognise standards of care. Kareen has led nursing education seminars from the KSF Hospital on multiple topics including pressure injury prevention and management, infection control and wound care principles, and basic life support including defibrillation. Continuing mentorship of the nurse leadership team and hospital executive members is building sustainable improvements across the hospital.

The total hip arthroplasty program continues under the careful guidance of Peter Lugg and Tim Keenan. Patient outcomes have been successful with careful patient selection, monitoring and reporting through locally-led initiatives. Implant choice and the sourcing of reliable distributors is an important aspect with locals now reviewing alternatives and options to utilise non-cemented varieties.

An Orthopaedic Outreach supported upper limb team visited Phnom Penh in August. This team has well established relations across a number of facilities spanning the National Paediatric Hospital, Children's Surgical Centre, Sihanouk Hospital Centre of HOPE, Kossamak Hospital and the Preah Ket Milea (Military) Hospital. Not only were hundreds of patients reviewed and more that 50 major surgeries completed, but five afternoon sessions of lectures were provided to the nation's surgery trainees through the University of Health Sciences. These key teaching sessions supported the country's surgical training curriculum and were followed up with an in depth exam to ensure the effectiveness of our teaching in English, with a more that 80% pass rate achieved.

Dr Anne Wajon and Cathy Merry delivered a full day of formal lectures and practical instruction on the practice of hand therapy to the postgraduate Physiotherapists .This represents significant progress towards developing the future healthcare workforce in Cambodia.

Fiji

There are exciting developments in Fiji including the commissioning of the revitalised operating theatres in Lautoka, and the prospect of re-establishing an orthopaedic surgical training program. This comes after many years of rebuilding the necessary cohort of medical staff to cover priority essential services before specialised training could be considered.

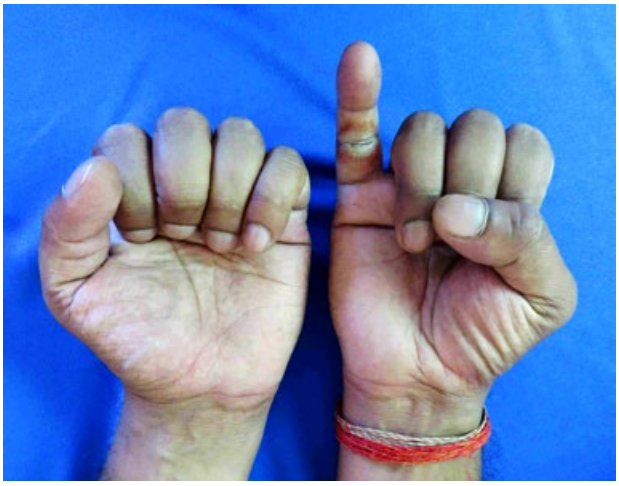
Orthopaedic Surgery in Fiji is consistent with the majority of Pacific Island nations: deformity, infection and trauma. The only variance appears to be the proportion of each. Infection due to late presentation, further complicated by diabetes remains the most prevalent presentation. At the other end of the spectrum are patients presenting with advanced joint degeneration requiring joint replacement surgery. Of concern is the continuation of international teams (not Australian) providing this as a 'fly-in-fly-out' service, with no patient follow-up and mixed results.

The benefits of increased frequency visits performing a more supervisory role, complementary to those that are specialty surgery specific, are becoming evident. Increased funding through a private donor has allowed Orthopaedic Outreach to significantly increase our levels of activity throughout Fiji. With no shortage of willing volunteers, these increased activities have been generously coordinated out of Michael McAuliffe's rooms, with practical guidance from Peter Brazel introducing many additional surgeons to Outreach experiences. These small teams of experienced consultants are playing the role of senior consultant surgeon, mentoring and guiding the young Fijian-trained surgeons and their trainees with patient assessment, clinical treatment options and where necessary, providing support in the operating theatre.

Long term relationships are essential in Outreach visits, ensuring trust and consistency. Andreas Loefler has been a long time supporter of orthopaedics in Fiji and this year lead his 27th visit into Labasa. The importance of an experienced generalist orthopaedic surgeon is evident in Labasa with patient presentations ranging from club foot, various vascular growths and haemangiomas, osteomyelitis, and late presenting trauma for open reduction and internal fixation. The local facilities in Labasa are noted to be in decline and it is with hope that following operating theatre redevelopments in both Suva and Lautoka, Labasa will be next.

Lee Mayo – perioperative nurse training.

Dr Michael McAuliffe and Dr Mark Rokobuli.



Flexor tendon injuries can be debilitating without corrective surgery.

Team visits

Indonesia

Australian involvement continues at the request of the Indonesian Orthopaedic Association. This is on multiple levels ranging from contributions to seminars attached to Continuing Orthopaedic Education meetings, orthopaedic trauma training, and in the training of local leaders in the intricacies of examining and credentialing final year trainees. Orthopaedic Outreach has had no shortage of willing volunteers to contribute to this successful program. Led by Bill Cumming and Joe Ghabrial, we see an increasing level of involvement from Ian Dickinson, John Tuffley, Kevin Woods, Graham Gumley and Des Soares.

The surgeon-led support of the development of Indonesia Orthopaedic nursing is also prevalent. This builds on a well established 'sister-hospital' arrangement between Sanglah Hospital in Denpasar and the Royal Darwin Hospital, providing opportunities for extended visitations, and collaboration in the development of Introduction to Orthopaedic Nursing training programs. The local acknowledgement of the benefits of this partnership are clear, with nurse leaders now seeking assistance to take their practice and patient care to the next level.

It is inspiring to see the development of the Indonesian Orthopaedic Foundation, a quasi-Outreach style initiative to support the poorer regions throughout Indonesia. Here we have local Indonesian surgeons and nurses who have benefited over the years of Orthopaedic Outreach directed education and skills training, now reaching out to support their own people. Areas such as the islands of Lombok and Sumba in the province of West Nusa Tenggara, Kupang in West Timor and Jayapura in West Papua have been identified as local areas of need, each with existing local leaders reaching out for assistance.

High level discussions continue including those at the Australian Embassy in seeking greater involvement and support for internal development activities through such initiatives as the Direct Aid Program.

Kiribati

The Kiribati Ministry of Health prioritised provision of clinical services mentoring of the sole Orthopaedic surgeon and to provide clinical teaching on multiple levels in 2017. Dr John Tuffley led a team familiar with Tungura General Hospital, Tarawa. The consistent team composition provides stability with team dynamics as well as building strong trusting relationships with those in-country.

The clinical caseload was significant, with nearly 200 patient consultations and 26 operative cases. This meant that limited opportunities remained for structured clinical teaching sessions. Discussions with local clinical leaders throughout debrief sessions identified strategies to use time more efficiently and allow a more balance schedule with future visits.

Club foot management strategies continue to be sought with Dr Sheanna Maine in discussions regarding future opportunities to participate in additional training and professional development. The more experience and exposure to Club foot assessment techniques and Ponseti serial casting, the more confidence these health practitioners will become.

Positioned to the far east of the Pacific, the geographical span of the Kiribati islands is estimated to be size comparative to that of mainland USA. With such extensive distances separating communities from accessing the national hospital it is not uncommon to have delayed clinical presentations, with a heavy reliance on small health clinics managed by general medical officers and nurse practitioners.

One suggested means of increasing local capacity includes extending the next Outreach team visit to include the main outer islands. Key local clinical leaders will support the Outreach team initially in establishing systems and protocols for the management of club feet, with a view to extending to primary fracture assessment and management.

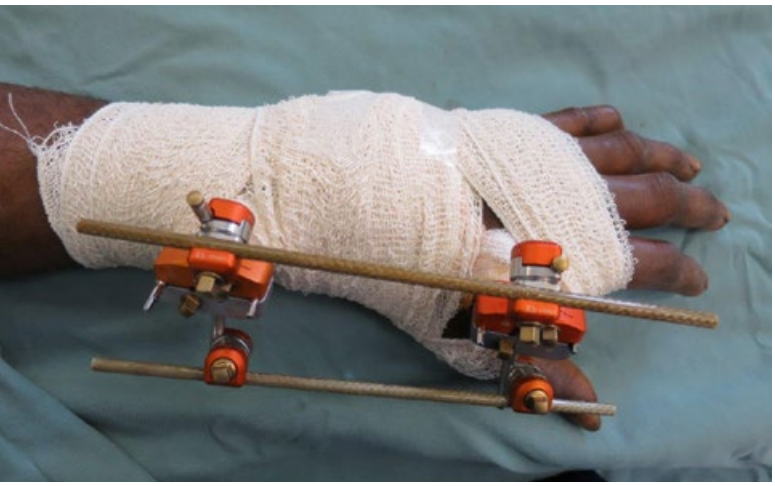
Steam autoclaves no longer in use.

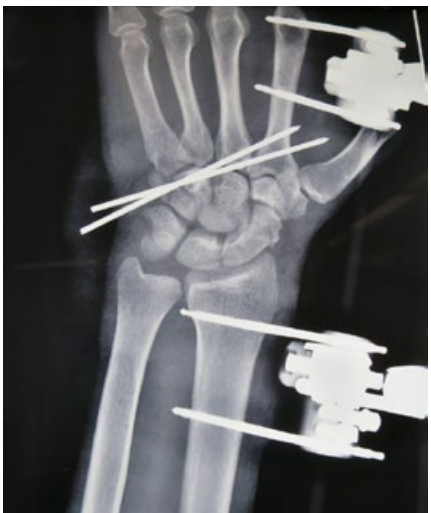
With little alternatives, open tray trucks become the most convenient method of transport, increasing risks of road trauma.

Team visits

Papua New Guinea

Angau Hospital is the major hospital in Lae, Papua New Guinea. It is named after an Australian Army Unit that was responsible for the civil administration of the territory of Papua and the mandated territory of New Guinea. The hospital provides inpatient and specialist medical services to the people in the Sepik, Medang and Morobe provinces. The hospital receives a large volume of orthopaedic surgical cases, mainly from trauma. It is estimated that approximately sixty-five percent of the acute hospital admissions are trauma related. There is a significant problem with violence related injury with approximately thirty percent of trauma admissions due to bush knife injuries. With no orthopaedic surgeons based at the hospital the trauma and orthopaedic services are provided by three general surgeons, one of whom primarily specialises in urology. At present there are two general surgical registrars, one of whom is relatively junior. Overall, the hospital is under-resourced in terms of orthopaedic implants, equipment and man power.





Surgical intervention following a bush knife injury – a common occurrence in PNG.

Delayed presentations following severe trauma are common since patients often have to travel significant distances to attend the hospital. As a consequence wounds are frequently infected at the time of admission. The backlog of cases means that it is not uncommon for there to be a significant inpatient delay before patients undergo definitive operative treatment for trauma and that elective surgery for more long standing orthopaedic problems such as non-union, mal-union, chronic osteomyelitis and bone tumours is also often not undertaken.

Orthopaedic Outreach supports two visits annually into Lae. These currently see Anthony Jeffries working with local surgeon Alphonse Rongap, and his two general surgical registrars. The focus necessarily remains on wound debridement, and principles of fracture management, both through the use of internal and external fixation methods. The ability to manage patients and provide best outcomes is limited by the lack of implants and the high volume of trauma.

Kudjip Nazarene Mission Hospital run by PNG Christian Health Care, has recently been appointed by the PNG Department of Health as the official provincial hospital servicing a population in the vicinity of 300,000. Paul Hitchen utilised his connections to coordinate a scouting visit to Kudjip along with physiotherapist Susan Hitchen. The hospital is well supported through U.S. volunteer surgeons, with instrumentation and equipment adequate for the patient demands. The challenges remain in providing clinical education on fracture management, both with ORIF techniques and application of external fixation.

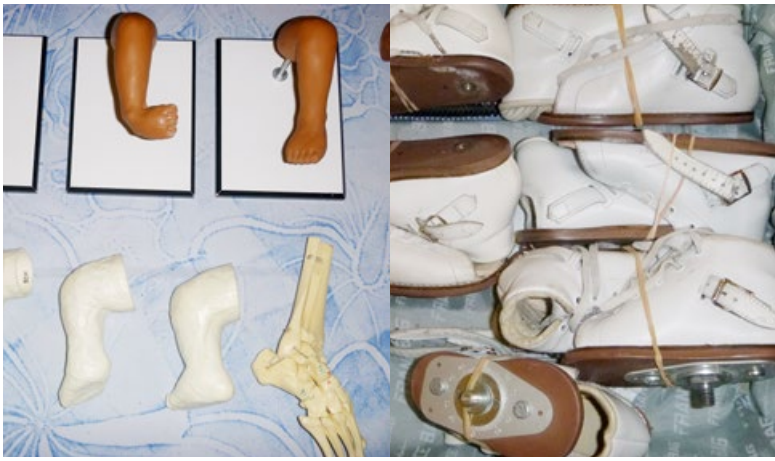
PNG is geographically diversive limiting easy access for locals attending the hospitals as well as for visiting teams with their volumes of instrumentation and equipment. John Griffiths continues to maintain his great work in Madang, partnering with local orthopaedic surgeon Jerzy Guzma. Rob Sharp has also a long term affiliation with Rabaul, and is working with Felix Diakau, a young surgeon n training, currently participating the in Pacific Islands Orthopaedic Association training program based in Honiara. Orthopaedic Outreach continue to work with Prof Ikau Kevau and his colleagues in Port Moresby to identify additional skills-based training, in particular with fracture management.

Samoa

Samoa hosted the Pacific Island Surgeons Association meeting in September 2016. At the invitation of the conference convenor, Lord Viliami Tangi of Tonga, Orthopaedic Outreach attended and presented to the forum. This is a biennial meeting shared throughout the 14 Pacific Island nations and acts as a celebration of their development and experiences.

An attached clinical component of the PISA meeting was a Ponseti training course, the first of its kind held in Samoa in recent years. The request for this came following the overwhelming success orthopaedic Outreach have had with similar skills based courses, in particular in the Solomon Islands. Ponseti therapist Helen Burgan and surgeon Peter Cundy, joined by Rod Pattinson, Ruth Baker, Will Cundy and Stephen Kodovaru, led the faculty. The inclusion of Stephen was a highlight: Stephen had attended his first Ponseti training in 2012 as a young resident. With just 5 years of Stephen's training he has progressed to leading aspects of training for others. This seemingly short investment period with such obvious gains was not lost on those in attendance; the high level of collaboration across island nations working towards promoting self-sustainable teachings in the Pacific.

With a high volume of lower limb injuries presenting to Tupua Tamasese Meaole Hospital, local surgeons have for some time been receiving guidance on the management of these injuries, in particular anterior cruciate ligament injuries. Historically Wayne Viglione, and now through Rob Pianta, John Clifford and Bruce Caldwell have gradually increased the local capacity to surgically treat these injuries. Implant availability remains challenging with local supplies often void of small fragment plates and screws due to the high volume of trauma presentations. The requests for supported surgical visits continue as Apia look to further extend their orthopaedic surgical capacity.



Ponseti models and boots used in the inaugural Outreach Ponseti training held in Apia.

Dr John Clifford and Dr Robert Pianta sharing a quiet moment of reflection.

Samoan heritage provides a strong link for Lynne Moloney.

Team visits

Solomon Islands

Orthopaedic Outreach continues to provide long-standing support to the Orthopaedic Department of the National Referral Hospital, Honiara. Dr Paul Hitchen has been visiting Honiara for many years and has established a strong supportive relationship with the team there. The Department has 4 registrars, and all are enrolled in the PIOA Orthopaedic Training Program and is keen to have ongoing support for the development of Orthopaedics skills in trauma management, reconstruction and arthroscopy.

Dr Hitchen reports a highlight of the team visit is in the daily clinic. It is difficult to estimate numbers as patients just turn up without a booking and wait for hours in the corridor outside to be seen. They carry a disheveled small exercise book that is their personal record, and sometimes may have a few aliases making tracing an x-ray difficult. Since this is a national referral hospital they typically have spent some days travelling.

Usual presentations include the effects of trauma, especially paediatric fractures caused by falls from a height after climbing trees causing. Osteomyelitis is common and is particularly severe in the Solomons. Deformity is frequently seen, often due to old trauma but sometimes due to a presumed metabolic bone disorder. Tuberculosis of bone must always be considered, and all who present with back pain get an x-ray to check whether this could be the cause. One individual illustrated this point when he came to the clinic with a history of worsening groin pain and an irritable hip. His back was a little sore so we sent him off for x-rays and an ultrasound that revealed likely TB of the spine with the ultrasound indicating and a TB psoas abscess. There is a growing prevalence of diabetes or “sik sugar” coexistent with obesity and as such osteoarthritis of knees and osteomyelitis of the foot is more common. Knee sports injury is a regular presentation due to widespread participation in soccer.

Conservative management through use of traction.

The weekly clubfoot clinic continues to be successful under the management of Drs Kodavaru and Munamua, both of whom gave an excellent talk on the principles of Ponseti management and demonstrated their examination and casting techniques. The program has been such a success in that no surgical posteromedial releases have been required in the last 4 years. This is a testament to the dedicated teaching of Peter Cundy and Helen Burgan. The program is now running well, however they have a need for a supply of boots and bars for the infants to go into once the casting is over. There were some recent attempts to start a locally made boot and bar prosthesis overseen by an AVI volunteer however it was met with limited success and the volunteer has returned to Australia.

As usual the operating theatre wherein we shared cases was an excellent medium to foster and check on surgical skills that had been taught over many previous visits. It is pleasing to note that all registrars display sound dexterity and appropriate use of equipment. They are most adept at the SIGN nail and, although sometimes a difficult and time consuming task, they can skilfully lock it the nail without use of x-ray.

Orthopaedic Outreach wishes Stephen Kodovaru well in exams and his endeavour to become the first graduate of the Pacific Islands Orthopaedic Association training program.

Tonga

The high incidence of club foot amongst Polynesian populations is well documented. The Tonga Club Foot program has been in place for many years, originally through the initiative of the late Dr Ian Stratton, and more recently through the commitment of Andrew Leicester. Despite the longevity of the program, and with children appearing to require less involved surgical intervention, those considered most appropriate for surgery are frequently declining leaving them with a poor prognosis. Additional scheduled visits of physiotherapists throughout the year continue to be a consideration and would provide additional support to local staff responsible for serial casting in line with the Ponseti technique.

Patient presentations to the orthopaedic clinic continue in line with the high incidence of obesity, diabetes and degenerative joint disease. These remain a concern increasing the local burden on both the community and the Tongan health system. A general orthopaedic surgical team including Geoff Rosenberg and Mark Ridhalgh completed two team visits during this period, both of which were successful in providing a much needed orthopaedic surgical service to Tonga. Tonga is currently in a building phase ensuring medical graduates are well positioned across essential services to maintain a functioning health system: specialised orthopaedic surgical training will be delayed until increasing numbers of graduates filter through the undergraduate training programs. Until then, it remains imperative that generalist surgeons have an appreciation of the care and management of orthopaedic presentations, in particular orthopaedic trauma. Orthopaedic Outreach plays a continued and vital role in supporting these surgeons.

Dr Mark Ridhalgh with a young patient receiving treatment for osteomyelitis. Osteomyelitis is not uncommon throughout the Pacific.

Outreach team members meet with Tongan royalty in Vaiola Hospital, Nuku'alofa. From left: Graham Hextell, Orthopaedic Outreach manager; Dr Frank Connon, Orthopaedic surgical registrar; Dr Geoff Rosenberg, Orthopaedic surgeon; Queen Nanasipau'u of Tonga; Dr Mark Ridhalgh, Orthopaedic surgeon; Lord Viliami Tangi, Chief of Surgery.

Team visits

Vietnam

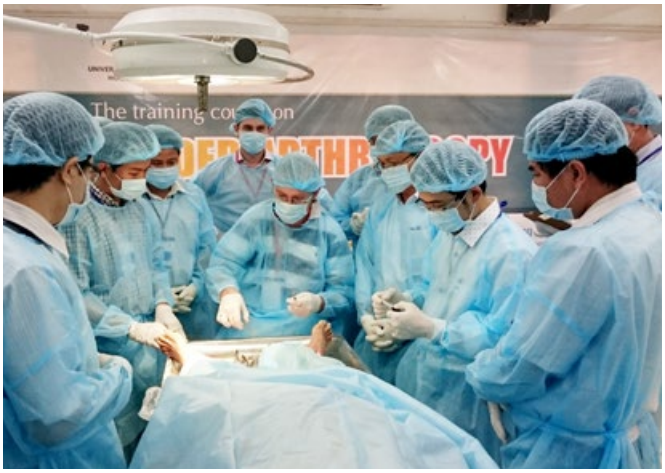
Orthopaedic Outreach is active in two separate regions in Vietnam. Peter Scougall led an upper limb team into Hue Central Hospital in central Vietnam as part of an ongoing program originally started by Mosman Rotary some 20 years ago. This was their 23rd team visit and 13th skills course. Andrew Beischer and Ton Tran led a team to Ho Chi Minh City in the south of Vietnam as part of an Epworth Hospital collaboration. This program, although in its infancy having commenced in 2015, has gained great momentum, partnering with the Hospital for Traumatology and Orthopaedics .

At Hue Central Hospital, multiple aspects of skills training were delivered by a highly skilled team. 57 local orthopaedic and hand surgeons attended a specific hand microsurgical skills program;focusing on soft tissue reconstruction and nerve transfers; 23 orthopaedic surgeons attended shoulder surgery seminar including patient assessment of shoulder instability, rotator cuff repairs and frozen shoulder; and a further 29 from multi-disciplinary backgrounds attended a hand therapy seminar where the importance of patient assessment was emphasised including brachial plexus injuries, burns contractures, fractures and nerve injuries of the hand and wrist. Splint techniques were also demonstrated with each participant actively encouraged to create their own splints.

In Ho Chi Minh City the continuation of the Vietnam Orthopaedic Observership Program saw opportunities to explore the establishment of greater conduits for teaching. Clinical case conferences leading to bone workshops and cadaveric skills lab sessions were organised to teach techniques of pelvic fracture fixation and surgical approaches of the foot and ankle. One of the greater outcomes of this program has been the confirmation of a number of young and enthusiastic orthopaedic surgeons wishing to travel to Melbourne to benefit from a three month formal observership.

In seeking to further the lasting educational aspects of these visits the team has also worked hard to establish an orthopaedic section within the Hospital for Traumatology and an Orthopaedic Surgery library.

Dr Andrew Beischer conducting a clinical teaching session at the Hospital for Traumatology and Orthopaedics, Ho Chi Minh City, Vietnam.



Cadaveric skills lab: University Medical School, Ho Chi Minh City, Vietnam.

23rd team visit and 13th Hand Surgery Skills Course delivered in partnership with Hue Central Hospital, Vietnam.

Recognising the need for a socially responsible approach to humanitarian aid in developing countries

Graham Hextell

Orthopaedic Outreach Operational Manager

Orthopaedics in the developing world typically centres around paediatric deformity, trauma and injury as well as degenerative conditions, spinal deformity and degeneration, musculoskeletal oncology. Where this differs to developed countries is the capacity to treat the complexity that degenerative conditions and tumour require.

We see two primary categories influencing injury: #1 as countries develop, there is an associated rise in machinery and motorised vehicles. With the greater kinetic energy also brings a greater impact with injury. Legislation and regulation fails to keep pace with development, placing communities at risk. In these low to middle income countries, the leading cause of death in those aged between 5-45yrs is injury.

The lack of a surgical workforce capable of meeting existing and future demands remains a significant barrier in the provision of safe and effective surgical care in developing nations across the globe.

Data published in the Lancet in 2015 estimated growths in need for surgical access globally. In a speciality specific breakdown, categorising the procedure volumes, it is clear the need for orthopaedic surgical skills are high. Unintentional injury followed by musculoskeletal disease sat at the top of the table of the estimated need for surgical procedures in the global population (Rose, Weiser, Hider, Wilson, Gruen & Bickler, 2015).

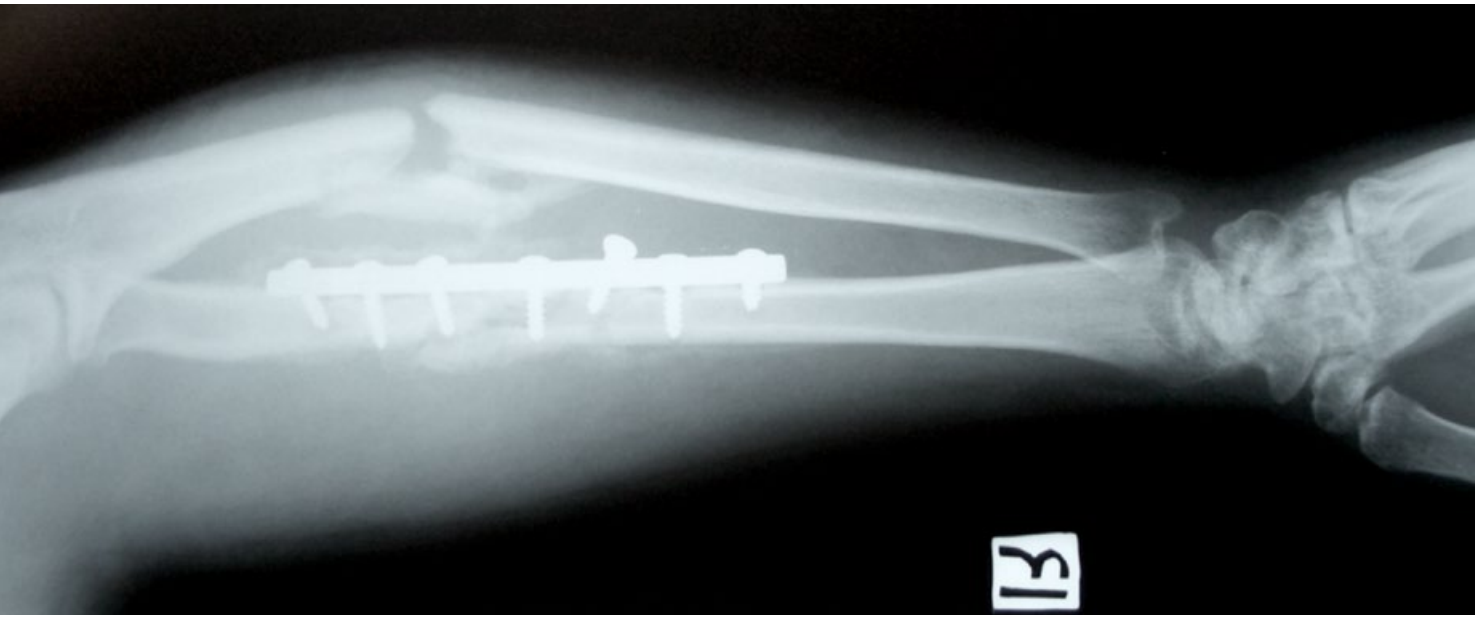
This is what we see all too often (right): here we have a case of a mal-union or non-union. The patient presents with a fractured radius and ulna. There is a lack of selection of suitable screws and plates to address the fractures in both bones, so a decision is made to correct the radius only. Screw selection is poor, and many are too short to maintain a bicortical fixation, but the local surgeon has done their best. This patient has their arm placed in a plaster cast and is discharged from hospital. After a week or so the arm feels ok and the patient starts to use it. Its hot and humid in the pacific, and the cast becomes uncomfortable, so the patient removes the cast, and continues to use their arm. The fractures have not yet healed, and results in deformity with a level of dysfunction.

In order to meet the demands of surgical correction for such traumatic injuries access to specific instrumentation and equipment, as well as the knowledge of the clinical application are paramount in providing suitable solutions and treatment pathways. With orthopaedics – this largely means power tools and implants; screws and plates to correct injury and deformity. Here we have the question: **is it the role of the humanitarian organisation to provide supplies?**

NGO's often receive requests for replacement instrumentation and equipment from countries they regularly visit because theirs may be 'lost or broken' and of course there is always a request for replacement implants. **Are we actually contributing to an ongoing dependence on charity?**

Non-Government organisations such as Orthopaedic Outreach make significant contributions throughout the developing world. For us this is with our nearest neighbours across the 14 Pacific Island nations, as well as emerging areas in South East Asia. Every attempt is made to identify and further develop the skills of local surgeons, with the goal to essentially result in redundancy – no longer would the team be the leaders in provision of orthopaedic surgical care, but the locals seeking to advance skills and surgical techniques under our guidance.

As with any NGO we rely on donations to make our work happen, and while 'cash is king' by way of donation we receive support in many other shapes and forms. Yes cash provides the flexibility and freedom of use,



“Although donors’ intentions are unquestionable, often their lack of awareness of the local realities of the intended beneficiaries leads to unforeseen consequences of the donation at the recipient end”

World Health Organisation Report 2000

yet carefully selected product donations can be just as effective. We know that the one constant throughout our areas of need is lack of resources. And while the human resource is the most powerful of all, orthopaedics is a specialty becoming increasingly reliant on instrumentation and implants.

The World Health Organisation has established a set of guidelines for donating medical equipment and supplies. These guidelines certainly support the majority of principles discussed so far: that donations be demand driven not donor driven; that a collaborative approach between donor and recipient is required; and that in coming to terms with standards of care, it is difficult to impose first world standards in a struggling isolated community health facility.

Approximately 80% of healthcare equipment in the developing world is funded by foreign governments or international donors. These donation programs are fostered by good will on the part of the donors, through social responsibility initiatives, or a desire for tax breaks and a strategy to reduce the cost of storing surplus equipment. Key aspects for success include having local in-country contacts and established communication links; establishing in-country capacity to store and distribute stock donations; to be able to categorise and allocate in-coming supplies appropriately; having an awareness of local conditions, and seeking opportunities to provide further assistance.

When donations go wrong it goes terribly wrong. Inappropriate donations waste time, cost money in both freight and in disposal, and take up valuable storage space. Above all, the locals lose their faith in the donors – all donors, even the ones that play by the rules. A double standard in quality is not acceptable.

Financial Information 2017

INCOME STATEMENT

	2017	2016
	$	$
REVENUE		
Grants		
Australian Orthopaedic Association	125,000	125,000
Donations		
Special Purpose Funds (SPF)		35,000
Other donations	96,618	122,567
Reimbursements and other income	4	8,002
Member subscriptions	44,088	17,090
Total Revenue	**265,710**	**307,659**
EXPENSES		
Overseas Programs		
Pacific Islands and PNG*		
SPF Program – AYT*	17,888	
Other programs*	135,926	63,184
Asia and other regions*	34,296	64,200
Medical equipment, storage and freight	13,634	31,341
Domestic programs	17,290	23,187
Promotion and fundraising	13,345	10,232
Administration and accountability	86,051	91,139
Total Expenses	**318,430**	**283,283**
EXCESS (DEFICIT) FROM OPERATIONS	**(52,720)**	**24,376**

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

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 2017. A copy of the full 2017 audited financial report can be found at www.orthoreach.org.au or by contacting admin@orthoreach.org.au

BALANCE SHEET

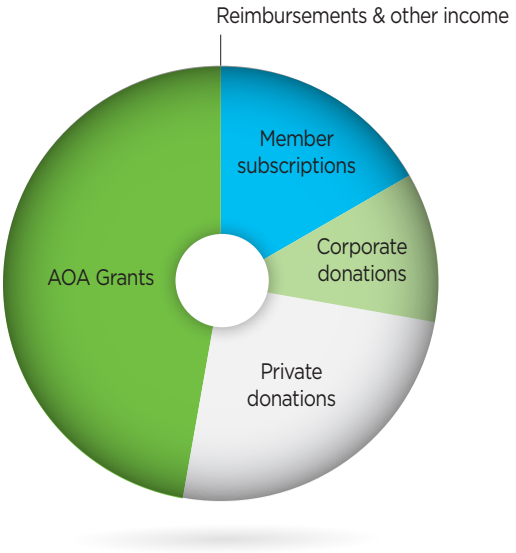
	2017	2016
	$	$
ASSETS		
Current Assets		
Cash and current equivalents	312,735	359,984
Trade and other receivables	13,083	13,052
Total Current Assets	325,818	373,036
Non-Current Assets		
Property, plant and equipment	259	479
Total Non-Current Assets	259	479
TOTAL ASSETS	**326,077**	**373,515**
LIABILITIES		
Current Liabilities		
Other Creditors	1,398	
GST payable	17,903	14,196
Credit card	6,226	6,050
Total Current Liabilities	25,527	20,246
TOTAL LIABILITIES	**25,527**	**20,246**
NET ASSETS	**300,550**	**353,269**
EQUITY		
Retained earnings	300,550	353,269
TOTAL EQUITY	**300,550**	**353,269**

Financial Information 2017

IN SUMMARY

WHERE OUR FUNDS CAME FROM	$
Australian Orthopaedic Association	125,000
Corporate donations	30,080
Private donations	66,538
Reimbursements and other income	4
Member subscriptions	44,088
TOTAL MONETARY SUPPORT	**265,710**

HOW OUR FUNDS WERE DISTRIBUTED	$
Overseas Programs	201,744
Domestic Programs	17,290
Promotion and fundraising	13,345
Administration and accountability	86,051
TOTAL MONETARY EXPENDITURE	**318,430**

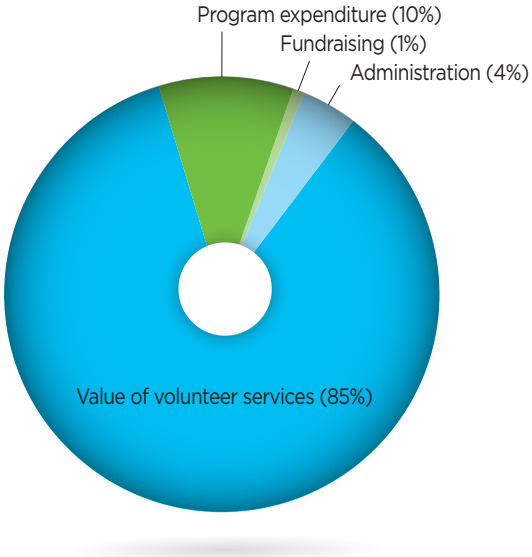


OUR VOLUNTEERS ADD 'REAL VALUE'

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	**$**
66 volunteers for a total of 566 days	1,415,000
Nurses, allied health & other volunteers	
33 volunteers for a total of 380 days	294,750
In-kind Donations	
Consumables and freight	110,000
TOTAL VALUE OF VOLUNTEER SERVICES	**1,819,750**

DISTRIBUTION OF 'REAL COSTS' OF OPERATION	$
Value of volunteer services	1,819,750
Program expenditure	219,034
Promotion and fundraising	13,345
Administration and accountability	86,051
TOTAL 'REAL COSTS' OF OPERATIONS	**2,138,180**



Auditors Report

MartinCo
CHARTERED ACCOUNTANTS

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 2017, 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.

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 2017 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 19 **Day of** September **2017**

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Thank you

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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 orthopaedic surgeons elected by Outreach members; three (3) members are orthopaedic surgeons nominated by the Australian Orthopaedic Association (AOA); one (1) member is nominated by the Royal Australasian College of Surgeons (RACS); one member is nominated by the President of the Rotary Club of Kogarah; one (1) member is a nursing representative 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

Chairman	Graham Gumley	Orthopaedic Surgeon (NSW)	Elected member
Honorary Secretary and Treasurer	John Bennett	Civil Engineer (ret.) (NSW)	Kogarah Rotary Nominee
	Peter Brazel	Orthopaedic Surgeon (QLD)	AOA Nominee
	Di Brown	Registered Nurse (NT)	Nursing Representative
	Robert Costa	Cardiothoracic Surgeon (NSW)	RACS Nominee
	Peter Cundy	Orthopaedic Surgeon (SA)	AOA Nominee
	Paul Hitchen	Orthopaedic Surgeon (NSW)	Elected member
	Anthony Jeffries	Orthopaedic Surgeon (WA)	Elected member
	Kevin Woods	Orthopaedic Surgeon (ACT)	AOA Nominee

Administration

Chief Operational Manager Graham Hextell (NSW)

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www.orthoreach.org.au