




orthopaedic  
**outreach**

2018 Annual Report





Advanced microsurgical techniques continue to develop in Cambodia. Dr Julie Chino and Dr Nicholas Smith operating at the National Paediatric Hospital, Phnom Penh.



# 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 34 separate visits to 10 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





# Chairman's Report

## Assoc. Prof. Graham Gumley

**We remain grateful to our many volunteers and supporters who have given so much to see Orthopaedic care and education progress throughout our region through ongoing and new service projects and an increasing number of programs with a focus on education and skill transfer.**

Collaboration remains a hallmark of Outreach activities. Our strong relationships with the RACS, particularly the Global Health Committee and the Pacific Islands Orthopaedic Association (PIOA) have further expanded our educational reach.

A Continuing Orthopaedic Education (COE) series in Indonesia; ongoing education programs in Vietnam, Cambodia, Fiji and throughout the Pacific Islands have seen local capacity escalations and not only improved routine surgical outcomes, but a growing disaster preparedness in the region.

In response to a request from the AOA, Outreach has assumed oversight of the World Orthopaedic Concern fund, whose activities are in supporting short term education visits and programs from and within the region. This will amplify our effectiveness as a teaching organisation without detracting from the Outreach mission of volunteer philanthropic activity by Australian Surgeons.

A review of the program reports will highlight the breadth of activity, the impact of the contribution of our surgeons, nurses, therapists and other allied professionals to patient care and surgical development. We are grateful to family members who patiently support our teams and generously give up valuable family time to see so many in need served.

The ongoing support of the AOA Board and membership is vital and our team members are proud to represent the AOA and its values.



**Complex surgery often includes multiple teams. Dr Julie Chino, Dr Nicholas Smith and Dr Isaac Harvey, with hand therapists Dr Anne Wajon and Cathy Merry looking on.**



**Hand therapy plays a vital role in patient outcomes. Dr Anne Wajon is seen here demonstrating correct techniques for application of plaster.**



# Chief Operations Manager's Report Graham Hextell

**Recent publications such as the Lancet Commission on Global Surgery, safe surgery and anaesthesia, and the promotion of access to emergency and essential surgical care, have had a significant impact on health care thinking and strategies, producing a change in attitude and highlighting the shortfalls in many developing countries within our region.**

The World Health Organisation (WHO) recognise three Bellwether procedures (emergency caesarean section, emergency laparotomy and management of an open fracture) as essential surgical care, yet there are other examples of high priority procedures such as obstetric fistula repair, correction of club foot, neonatal surgery and cleft lip repair which are also life changing.

The Fiji School of Medicine has been a mainstay of surgical training throughout the Pacific for many years, hosting surgical trainees from neighbouring island nations to complete their formalised surgical training. The training program has concentrated on the development of generalist surgical skills, with an appreciation of orthopaedics. The recognition of orthopaedics as essential surgery by the WHO has promoted the need for advancing orthopaedic surgical training in the Pacific.

The infrastructure investment in improving operating facilities within Fiji is evident with recent refurbishment of Suva and Lautoka, and with planning underway for Labasa Hospital. Lautoka Hospital has been identified locally to become a leading centre for orthopaedic surgery in Fiji, and as such Orthopaedic Outreach has committed to a significant increase in team activities following generous support from members of the Australian Philanthropic Association. These plans became disrupted in late 2017, with the devastation of a hospital fire effectively leaving theatres unusable resulting from a combination of fire and water damage.

Papua New Guinea hosts two centres for surgical training: The University of Papua New Guinea in Port Moresby and the Divine Word University in Madang. Orthopaedic Outreach looks forward to working more closely with both of these centres as we reunite our connections across Papua New Guinea.

Orthopaedic Outreach is extremely grateful for the ongoing support from the AOA Board, our industry partners and the AOA members who support our work through donations and volunteering their time and expertise.



**Support for Orthopaedic Outreach from local Ministerial positions is important. The Minister for Health, Director of Surgery and Director of Nursing all unite in agreeing there are opportunities to partner with organisations such as Orthopaedic Outreach.**



**Perioperative Nursing workshops – collegiality is strong amongst Pacific Island perioperative nurses.**



# Outreach activities for 2017-2018

Places visited	Purpose	Outreach volunteers	Local coordinators
<b>CAMBODIA</b>			
<b>PHNOM PENH</b> 21-22 August 2017	Lower limb trauma and arthroscopic workshop hosted at the Khmer Soviet Friendship Hospital.	Orthopaedic surgeons: Dr Tim Keenan, Dr Peter Lugg, Dr Merv Cross, Dr John Bartlett	Dr Lim Thaing Dr Sok Meng
<b>PHNOM PENH</b> 16-25 November 2017	Multiple presentations throughout the Cambodian Society for Surgery Annual Conference including the Keynote presentation: Assoc. Prof. Graham Gumley - Safe and sustainable orthopaedic surgery in developing countries. Microsurgical instruction course delivery; supported surgeries across multiple sites.	Orthopaedic surgeons: Assoc. Prof. Graham Gumley, Assoc. Prof. Des Bokor, Dr Damien Ryan, Dr David Stewart, Dr Nicholas Smith, Dr Tom Ward, Assoc. Prof. Neil Jones, Assoc. Prof. Amit Gupta, Dr Roongsak Limthongthang. Hand therapists: Dr Anne Wajon, Cathy Merry.	Assoc. Prof. Vuthy Chhoeurn Dr Jim Gollogly Assoc. Prof. Bounchan Youttiring Assoc. Prof. Sok Buntha Assoc. Prof. Doung Bunn Dr Sin Phot
<b>PHNOM PENH</b> 23-28 November 2017	Cambodian Society for Surgery Annual Conference. Continuation of orthopaedic surgical skills supervision at the Khmer Soviet Friendship Hospital.	Orthopaedic surgeon: Dr Peter Lugg.	Dr Lim Thaing Dr Sok Meng
<b>PHNOM PENH</b> 25 Nov - 22 Dec 2017	Delivery of Operating Room Fundamentals program, Infection Control Seminar and support for the Annual Orthopaedic Nurse Meeting hosted by the Khmer Soviet Friendship Hospital.	Infection Control Nurse: Kareen Dunlop. Orthopaedic surgeon: Tim Keenan.	Dr Lim Thaing In Many
<b>PHNOM PENH</b> 5-10 March 2018	Oversee continuation of the lower limb surgical program at Khmer Soviet Friendship Hospital.	Orthopaedic surgeon: Dr Peter Lugg.	Dr Sok Meng
<b>FIJI</b>			
<b>LAUTOKA</b> 10-22 July 2017	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainees.	Orthopaedic surgeons: Dr Michael McAuliffe, Dr Peter Brazel, Anaesthetist: Dr Craig French. Perioperative nurse: John Dash. Registrar: David Fraser	Dr Vaigalo McCaig
<b>LAUTOKA</b> 6-12 August 2017	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainees.	Orthopaedic surgeons: Dr Shane Prodger, Dr Nicola Ward, Dr David Bade.	Dr Vaigalo McCaig
<b>SUVA</b> 8-14 October 2017	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainees.	Orthopaedic surgeon: Dr Doron Sher.	Dr Emosi Talonga
<b>LAUTOKA</b> 22-29 October 2017	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainees.	Orthopaedic surgeon: Dr Mark Moroney, Dr Kevin Woods, Dr Peter Brazel. Anaesthetist: Dr Anthony Ganandren. Perioperative nurse: Elizabeth Atkin, Linda Pforr. Medical student: Joseph Whittle. Physiotherapy student: James Moroney.	Dr Vaigalo McCaig Dr Mark Rokobuli Dr Ravneil Singh Dr Michele Manisha
<b>LABASA</b> 18-25 November 2017	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainees.	Orthopaedic surgeon: Dr Andreas Loeffler. Perioperative nurse: Amy Coghill.	Dr Jaoji Dr Rishal Dr Sanjay
<b>LAUTOKA</b> 21-29 April 2018	Orthopaedic surgical service provision with a specific focus on hand and wrist; sessions for physiotherapists on plaster and splinting techniques.	Orthopaedic surgeon: Dr Stuart Myers, Dr Paul Della Torre. Physiotherapist: Emilie Myers, Adrian Jollow, Steven McCullough. Perioperative Nurse: Megan Cloudy. Medical student: Thomas Boland.	Dr Vaigalo McCaig
<b>SUVA</b> 6-12 May 2018	Orthopaedic surgical service provision including supervision and training for upper limb specific orthopaedic presentations.	Orthopaedic surgeon: Dr Philip Frawley.	Dr Pauliasi Bauleka
<b>LABASA</b> June 2018	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainees.	Orthopaedic surgeon: Dr Andreas Loeffler. Perioperative nurse: Angela Grein.	Dr Alapate Natoba
<b>INDONESIA</b>			
<b>BALI</b> 29 Jul - 5 Aug 2017	Establishing hand clinic support services.	Susan Shaw.	Dr Bramantya Karna
<b>BALI</b> 1-3 August 2017	Deliver pre-exam course for final year local trainees in Bali.	Orthopaedic surgeon: Dr Dick Beaver, Dr Chris Blenkin, Dr Rami Sorial.	Prof Siki Dr Istan Irmansyah Dr Bramantya Karna
<b>BALI</b> 4-6 August 2017	Invited external examiners for the Indonesian National Orthopaedic Board exams in Bali.	Orthopaedic surgeon: Assoc. Prof. Bill Cumming, Assoc. Prof. Joe Ghabrial, Dr Ian Dickinson.	Prof Putu Astawa Prof Siki
<b>BALI</b> 1-5 August 2017	Contribute to the Continuing Orthopaedic Education program for surgical trainees including surgical demonstrations on upper limb.	Orthopaedic surgeon: Dr Danny Biggs.	Dr Istan Irmansyah Dr Bramantya Karna
<b>BANDA ACEH</b> 7-9 November 2017	Convene the Continuing Orthopaedic Education Trauma seminar held in Banda Aceh.	Orthopaedic surgeons: Prof. Zsolt Balogh, Dr William Lumdaine.	Dr Istan Irmansyah Dr Yogi Prabowo
<b>SOLO</b> 1 February 2018	Deliver pre-exam course for final year local trainees in Bali.	Orthopaedic surgeons: Assoc. Prof. Bill Cumming, Dr Ian Dickinson, Assoc. Prof. Joe Ghabrial, Dr Paul Pincus, Dr Sandeep Tewari, Dr John Tuffley.	Prof Zairin Noor Dr Ifran Saleh Dr Istan Irmansyah



Places visited	Purpose	Outreach volunteers	Local coordinators
<b>INDONESIA</b>			
<b>SOLO</b> 2 February 2018	Indonesian Collaboration meeting: a collaboration between the Indonesian Orthopaedic Association, the Australian Orthopaedic Association and Orthopaedic Outreach.	Orthopaedic surgeons: Assoc. Prof. Joe Ghabrial, Assoc. Prof. Bill Cumming, Dr Ian Dickinson, Dr Paul Pincus.	Dr Ifran Saleh Dr Bramantya Karna Dr Nicolaas Budhiparama Dr Edi Mustamir Dr Istan Irmansyah
<b>SOLO</b> 3-4 February 2018	Invited external examiners for the Indonesian National Orthopaedic Board exams in Bali.	Orthopaedic surgeons: Assoc. Prof. Bill Cumming, Dr Ian Dickinson, Assoc. Prof. Joe Ghabrial, Dr Paul Pincus, Dr Sandeep Tewari, Dr John Tuffley.	Dr Bintang Soetjahjo Dr Ifran Saleh Dr Istan Irmansyah
<b>BANJARMASIN</b> 8-12 May 2018	Indonesian Continuing Orthopaedic Education seminar: Paediatrics. Deliver structured training sessions for senior trainees.	Orthopaedic surgeons: Dr Michael Bellemore, Dr Terence McGuire, Dr Des Soares.	Dr Aryadi Kurniawan Dr Yoyos Ismiarto
<b>KIRIBATI</b>			
<b>TARAWA</b> 2 - 9 April 2018	A collaborative project with the RACS funded team led by John Tuffley. Conduct Ponseti assessment and support for fracture management.	Orthopaedic surgeon: Dr John Roe. Perioperative nurse: Cherie Genat. Physiotherapist: Nadia Brandon-Black.	Dr Kabiri Tuneti
<b>NEPAL</b>			
<b>KATHMANDU</b> 4-10 March 2018	Provisions of structured training on the use of ultrasound techniques in assessing paediatric hip dysplasia at the Hospital and Rehabilitation Centre for Disabled Children.	Orthopaedic surgeon: Dr Michael Bellemore.	Dr Bibek Banksota
<b>PAPUA NEW GUINEA</b>			
<b>LAE</b> 14-21 October 2017	Orthopaedic surgical service delivery; provision of guidance on assessment and treatment options for local surgeons.	Orthopaedic surgeon: Dr Anthony Jeffries.	Dr Alphonse Rongap Dr Steven James
<b>LAE</b> 21-27 April 2018	Orthopaedic surgical service delivery; provision of guidance on assessment and treatment options for local surgeons.	Orthopaedic surgeon: Dr Anthony Jeffries.	Dr Alphonse Rongap Dr Steven James
<b>SAMOA</b>			
<b>APIA</b> 29 Jun - 7 Jul 2017	Continuation of existing program developing surgical skills for lower limb trauma.	Orthopaedic surgeon: Dr John Clifford, Dr Robert Pianta. Anaesthetist: Dr Julie Chen. Registrar: Dr Ferraby Ling, Dr Dharsh Musienko. Perioperative nurse: Lynne Moloney, Katy Sue.	Dr Ponifasio Ponifasio Dr Shaun Mauiliu Dr Areta Samuela
<b>SOLOMON ISLANDS</b>			
<b>HONIARA</b> 31 Jul - 5 Aug 2017	Ponseti method refresher course; data review for Global Clubfoot initiative; paediatric orthopaedic teaching.	Orthopaedic surgeon: Dr Peter Cundy.	Dr Patrick Houasia Dr Stephen Kodovaru
<b>TONGA</b>			
<b>NUKU'ALOFA</b> 28 Sept - 2 Oct 2018	Continuation of existing successful program addressing surgical interventions for equinovarus talipes (club foot).	Orthopaedic surgeon: Dr Andrew Leicester, Dr Jeff Ling. Anaesthetist: Dr Richard Connolly. Physiotherapist: Natalia Tannos.	Dr Kolini Vaea
<b>NUKU'ALOFA</b> 19-26 June 2018	Provision of general adult orthopaedic surgical service.	Orthopaedic surgeon: Dr Geoff Rosenberg, Dr Mark Ridhalgh. Anaesthetist: Dr Rod Green. Perioperative nurse: Lee Mayo.	Dr Kolini Vaea Dr Alamaeia Aholelei
<b>VIETNAM</b>			
<b>HUE</b> 23-27 October 2017	Conduct two separate surgical skills seminars: nerve and tendon repair; fracture management. Hue Central Hospital, Hue City. Attended by in excess of 100 participants.	Orthopaedic surgeon: Dr Peter Scougall, Dr Richard Lawson, Dr Tim Heath, Dr Damien Ryan, Dr Jagdeep Nanchahal (Oxford). Physiotherapist: Rosemary Prosser, Clancy Tisdell, Chris Trigatti (Medartis).	Dr Pham Dang Nhat Dr Ho Man Truong Phu
<b>HO CHI MINH CITY</b> November 2017	Vietnam Orthopaedic Observership Program.	Orthopaedic surgeons: Dr Andrew Beischer, Assoc. Prof. Ton Tran.	Dr Xuan Hoang
<b>HO CHI MINH CITY</b> 15-18 March 2018	Support local surgeons at HCMC Hospital for Traumatology and Orthopaedics through outpatients clinics, instructional seminar on spinal pathology, management and surgery.	Orthopaedic surgeons: Dr Michael Johnson, Dr Peter Turner, Dr Andrew Beischer.	Dr Xuan Hoang
<b>HO CHI MINH CITY</b> 10-12 May 2018	Vietnam Orthopaedic Observership Program.	Orthopaedic surgeons: Dr Andrew Beischer, Assoc. Prof. Ton Tran	Dr Xuan Hoang



Team visits 2016-2017





# Cambodia

Outreach supported teams and surgeons continue to make a significant impact in Cambodia where there is a need for advancing surgical techniques in the orthopaedic management of disadvantaged Cambodians in the long term, and with an aging population in combination with the high volume of motor vehicle related orthopaedic trauma.

Training seminars have been hosted at the Khmer Soviet Friendship Hospital and Kossamak Hospital as they progress towards developing into centres of excellence for orthopaedic trauma. Lower limb trauma workshops, facilitated by Drs Tim Keenan and Peter Lugg, have attracted growing levels of interest. This has been well supported by an infection control program and orthopaedic nursing education.

The larger Outreach Upper Limb team's work in November included a two day physiotherapy workshop, and full day surgical skills workshop, a microsurgery course, presentations at the National Surgery Conference in combination with patient evaluation and complex surgical procedures at National Paediatric Hospital, Kossamak Hospital, Children's Surgical Centre and the Sihanouk Hospital Centre of HOPE. Contribution to the University of Health Sciences training program with lectures and tutorials continue to support orthopaedic training.

Our surgeons and allied health professionals have been invited to return to continue strengthening orthopaedic surgery training and practice.



**Prof Neil Jones: guiding local surgeons through complex reconstructive surgery at the Children's Surgical Centre.**



**Assoc. Prof Graham Gumley leads a multidisciplinary team to Phnom Pemh annually, working with many local surgeons across the city's hospitals.**



# Team visits

## Fiji

### Lautoka

It was with great invigoration that we approached this years' visits scheduled for Fiji. A number of our members had sought creative solutions to increase funding for an escalation of activities to support the local surgeons across the country. Lautoka Hospital had been identified as the primary orthopaedic site across Fiji, with a small team being built to support local surgeon Dr Vaigalo McCaig. Increased frequency of team visits with a well coordinated approach had been scheduled throughout the year. Teams were well briefed in expectations, and patient load from previous team visits including those requiring follow-up or staged surgery.

Late in 2017 Lautoka Hospital opened a newly constructed section of the hospital which also housed new operating theatres. Unfortunately these theatres have been inaccessible for the entirety of 2018 as a result of significant damage resulting from a hospital fire, and subsequent water damage. This has placed substantial stress on local staff, with severely restricted capacity for surgical treatment within the community utilising a single small space for surgery.

Trauma and infection remain two of the major burdens on the Fiji healthcare system. Roads deteriorate significantly following the tropical downpours contributing to increasing road traffic trauma. Regional areas are frequently disrupted by mudslides limiting access after storm activity. This combined with some historical use of traditional healers or bone setters delays presentations of injury, leading to non-unions and mal-unions of bony trauma.

All team visits provide education, with half-day sessions scheduled throughout the stay to provide a combination of patient assessment techniques, surgical and non-operative treatment and intraoperative skills review. These interactive sessions encourage the local surgical trainees to present their own difficult cases and discuss various treatment pathways in an informal and non-judgemental environment.



**informal sessions centering on problem-based learning and case scenarios generate great interest and discussion with the Fijian surgical trainees.**

### Labasa

Located on Fiji's second largest island, Vanua Levu, patients seen in Labasa cover all ages and variety of orthopaedics, including paediatric clubfeet, back pain, delayed trauma with mal-unions, osteomyelitis and tumour. The staff at Labasa welcomed Dr Alipate Natobe in 2018 following his completion of a fellowship in New Zealand. The addition of another surgeon with a dedicated interest in Orthopaedics will bring with it great benefits to the local community. There remains discussions around funding allocated for new or refurbished hospital facilities including operating theatre space, which would follow those of Suva and Lautoka. Obstetrics remains a high volume demand on the local facility with high daily delivery averages and we look to further promote the inclusion of club foot assessment and early Ponseti treatment with a multidisciplinary approach.

### Suva

Following the unexpected closure of operating services at Lautoka, the Colonial War Memorial Hospital (CWMH) in Suva has become the primary centre for all surgery across Viti Levu, the main island of Fiji. Visits into CWMH have been tailored to meet local training needs including orthopaedic skills sessions, and supervised surgery with varying complexity. Consideration for Outreach resources previously allocated to Lautoka to be redistributed to Suva have been undertaken, with team visits redirected to meet the local orthopaedic population demands.



# Indonesia

Orthopaedic Outreach remain committed to making strong contributions to the Indonesian Continuing Orthopaedic Education program. This collaborative project has been in place since 2006, ensuring an engaging and educational format with the Indonesian Orthopaedic Association. With the input from Assoc. Prof Zsolt Balogh and the Australian Orthopaedic Trauma Society, as well as long-time contributor Dr Des Soares, a modular program has been developed with themes of major trauma, upper limb, lower limb, spine and hand, and paediatrics including evidence based updates throughout. The inclusion of program evaluation by attendees also adds value in maintaining relevance to local systems and situations.

Orthopaedic Outreach visits to Indonesia often include multiple facets at any one time, which serves to maximise our volunteers time in-country and away from their often busy home practices. This year we saw a multitude of activities intermixed within single visits: There was the Inauguration of Professors Joe Ghabrial and Bill Cumming as Permanent Visiting Professors at the University of Udayana in Bali; An Upper Limb and Extremity Course



**Orthopaedic Outreach contribute biannually to the Indonesian COE seminars. Dr Des Soares, Dr Michael Bellemore and Dr Terence McGuire with local faculty members for the Paediatric Orthopaedic Continuing Education seminar in Banjarmasin.**

and workshop organised through Sanglah Hospital's Department of Orthopaedic Surgery and Trauma Surgery with Dr Danny Biggs contributing to both primary presentations and live surgery demonstrations plus a pre-exam course designed to prepare those about to sit their National Board Examinations for the Indonesian Orthopaedic Association. Australian examiners have been invited for some time to support and guide in the process of these final accreditation events.

The Orthopaedic Trauma education seminar in Banda Aceh was a welcome return to the region for Orthopaedic Outreach. While outreach volunteers were actively involved in the management of orthopaedic trauma patients in the immediate period post-tsunami in 2004, such is the broad spread of orthopaedic centres throughout Indonesia that it has been some time since Orthopaedic Outreach has returned. The enthusiasm of participants and local presenters provides vast networking opportunities.

Banjarmasin hosted the Paediatric Continuing Orthopaedic Education seminar, with Drs Michael Bellemore and Terence McGuire joining Des Soares. Excellent presentations from the Indonesian Orthopaedic Association representatives complemented those from our volunteers. This workshop was characterised by an informal spirit which led to excellent learning outcomes for the registrars present. A combination of brief quiz inclusion in presentations as well as live video feeds of Ponseti technique ensured participants were intensely engaged in all presentations.

With such a large investment from Orthopaedic Outreach in Indonesian activities in the past, the Indonesian Collaboration Committee consisting of key Indonesian Orthopaedic Association leaders and Orthopaedic Outreach volunteers meet regularly. One significant outcome of this collaboration has been the establishment of the Indonesian Foundation – a national organisation representing the humanitarian arm of the Indonesian Orthopaedic Association, with a vision to conduct services in remote areas of Indonesia.



# Team visits

## Kiribati

The team travelling to Kiribati consists of a core group of individuals familiar with the setting and the local hospital staff. This provides significant benefits in building on established relationships and gaining the trust of local medical personnel so that they are more willing to share their concerns and ask difficult questions. Dr John Tuffley led a team established with a view to expanding future team activities and increasing the frequency of team visits. Dr John Roe gained his initial outreach experience and would be welcomed back for future visits. The team also included physiotherapist Nadia Brandon-Black, who contributed through partnering with the single local physiotherapist and orthotist in preparing post operative protocols for rehabilitation. A greater staff involvement with ward rounds and the post operative care of patients would contribute to reduced length of hospital stay.

Limited access to supplies restricts capacity for care, with the island severely lacking consumables such as slings/ collar and cuff, tubigrip, fibreglass casting material as an alternative to POP (given its resistance to humidity and Kiribati lifestyle), thermoplastics for splints, clean dressings for postoperative wound care and compression bandages.

With both outpatient consultations and surgical procedure numbers down on previous years, it would appear that a more effective pre-visit screening process has been instigated, although high volumes of chronic hip, knee and back pain do still present.

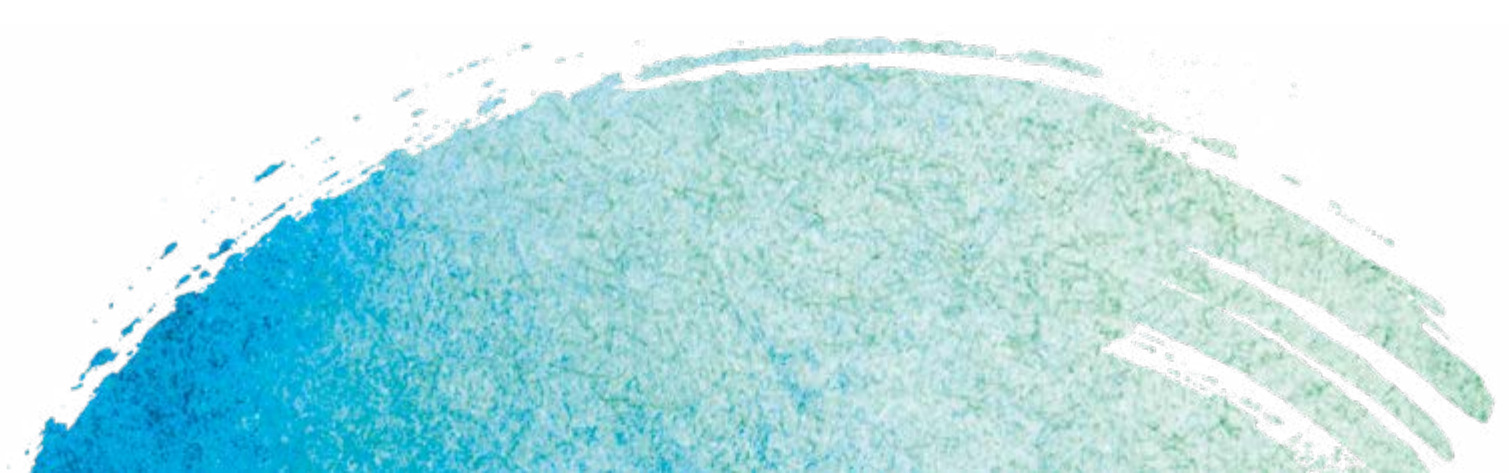
Local surgeon Dr Kabiri is continuing with his progression through the Pacific Island Orthopaedic Association (PIOA) training, and would benefit from more regular visits throughout the year from Australian orthopaedic surgeon volunteers.



**The collegiality between visiting teams and host country is strong in Kiribati. This fosters tremendous opportunities for sharing experiences.**



**Dr Kabiri Tuneti leading the orthopaedic outreach team through a busy ward round in Tungaru Central Hospital, Tarawa.**





# Nepal

An initiative established by the Australian Paediatric Orthopaedic Society (APOS) connected Australian orthopaedic surgeons with those at the Hospital and Rehabilitation Centre for Disabled Children in Kathmandu, Nepal. This is a small dedicated centre of 70 beds specifically catering to children with severe acute and chronic disabilities.

Local Director, Dr Bibek Banksota has welcomed visits from Drs Andrew Leicester, Richard Angliss and Michael Bellemore during this time to provide local teaching on paediatric orthopaedic assessment. One successful outcome of this relationship has been the establishment of a local ultrasound screening program for hip dysplasia, with Dr Bellemore conducting local orthopaedic registrar teaching in both outpatient clinics and the operating theatre. The equipment for this service has been kindly provided through donations.

Orthopaedic Outreach are keen to partner with APOS in further supporting the paediatric services within Kathmandu.

Orthopaedic Outreach has previously been involved sporadically throughout various areas of Nepal. Drs John Bosenquet and Brian Holt are regular supporters of local services in Pokhara. Dr Kush Shrestha has now connected with the Dhulikhel Hospital, Kathmandu University Hospital which is a not-for-profit, non-government facility supported by the local Khulikhel community of approximately 14,000. The hospital has a wider catchment area beyond the immediate the Kavre district into surrounding provinces of about 1.9 million people.

The vision is to improve services, formalise training related to advancing surgical skills for final year trainees through case-based panel discussions and provide hands-on clinical skill workshops.





# Team visits

## Papua New Guinea

### **Port Moresby**

Papua New Guinea currently has an estimated population of almost 9 million. With only 8 qualified orthopaedic surgeons for this vast country, each surgeon manages the care of a population of more than a million patients. The progressively increasing population density in major centres further exacerbates this disproportionate coverage of orthopaedic surgeons.

There is only one orthopaedic surgeon in Port Moresby working with 3 orthopaedic surgical trainees at various stages of their program. Each of these are already accomplished general surgeons, some of whom have previously been the sole surgeon in a regional centre. While there are at least another 12 trainees eager to learn hindered by the shortage of those available to train them.

Fortunately the Pacific Islands Orthopaedic Association is making an impact throughout the regional centres of PNG, offering an alternative that does not require the trainees to be present in Port Moresby for the duration of their training. Lae, Rabaul, Popondetta, Mt Hagen, Kundiawa are all represented in this training program. Perhaps to be joined by a further two from Port Moresby. Orthopaedic Outreach will continue to work with both programs to support training and skills development.

### **Lae**

Angau Hospital, the major hospital in Lae, Papua New Guinea, is providing specialist medical services to a population in the Sepik, Madang and Morobe Provinces estimated 1.9 million people. Services are maintained by three general surgeons – with no trained orthopaedic surgeon. An estimated 65% of acute hospital admissions are trauma related. Elective surgery for more long standing orthopaedic problems such as non-union, mal-union, chronic osteomyelitis and bone tumours is also not possible due to limited theatre access and the urgency of trauma related presentations.

Dr Stephen James, general surgeon and head of surgery at Angau Hospital has recently commenced training with the Pacific Islands Orthopaedic Association. This is in combination with seven others from PNG regional centres. Dr James has documented a significant volume of closed long bone fractures and has successfully presented these as rationale to support the introduction of the SIGN Nail System into Lae.

A major redevelopment of the hospital is underway with part- support from the Australian Government. This includes a new operating theatre, intensive care unit space, two recovery stations, a central stock and sterilising department (CSSD), and a 20 bed ward to support the operating room.

Orthopaedic Outreach has supported Lae with two annual visits over the past three years, with a strong intention to increase these. We look forward to welcoming Stephen to the AOA ASM 2018 in Perth where he will present his experiences.

### **Madang**

Local orthopaedic surgeon Jerzy Kuzma continues with his great work supported by John Griffiths' visits throughout the year. This has been a long-term relationship with Madang successfully hosted PIOA modules early 2018 and will do so again in 2019.

### **Rabaul**

St Mary's District Hospital in Vunapope, Rabaul has been supported for many years by Dr Rob Sharp in providing an orthopaedic surgical service to the local community. This continues alongside local surgeon and PIOA trainee, Dr Felix Diaku. Also in Rabaul and training under PIOA tutelage is general surgeon Dr Kevin Lapu, based in Nonga General Hospital.

There are other AOA and Outreach members who participate in private ventures either self-funded or through separate organisations, yet still contributing towards the overall improvement of health services throughout the country.



# Samoa

The Tupua Tamasese Meaole Hospital in Apia remains one of the busiest hospitals throughout the Pacific for international visiting teams. While this volume of support can be overwhelming it provides great exposure for local surgeons and trainees to international visitors with their range of experience and skill, although it can potentially detract from the capacity to complete the heavy routine workload.

Orthopaedic Outreach works collaboratively with the Royal Australasian College of Surgeons in a co-branded team visit annually. This provides for the inclusion of a training registrar with the additional support of Stryker: South Pacific. These training registrars establish a mutual bond with their Pacific colleagues, which serve to encourage the future of orthopaedic surgeons volunteering their time and expertise working with others in less fortunate positions.

The high volume of lower limb injuries presenting in Apia necessitate a strong skill set in knee reconstruction techniques. This has become a focus of the team visits led by Drs Rob Pianta and John Clifford working closely with local surgeons Tala Ta'avao, Shaun Mauiliu and Areta Samuelu.



**The Orthopaedic Outreach team led by Drs Robert Pianta and John Clifford.**



**Dr Naseri Aitaoto assessing a young patient under the guidance of Dr Robert Pianta.**





# Team visits

## Solomon Islands

Dr Patrick Houasia as Head of the Orthopaedic Department of the National Referral Hospital, Honiara had a vision of creating a sustainable training site for young surgeons in orthopaedics. Enlisting the guidance of Dr Des Soares, the two established the Pacific Islands Orthopaedic Association in 2012. Dr Stephen Kodovaru participated in the initial PIOA module held in Honiara in February 2013. In June 2017 Stephen was announced as having successfully completed his examinations to become the first graduate from the Pacific Islands Orthopaedic Association training program.

Numerous Orthopaedic Outreach surgeons have volunteered their time and expertise in contributing to PIOA modules hosted in Honiara, as well as continuation of supervisory visits to support their ongoing development. Honiara benefits from a long-standing relationship with Swiss orthopaedics, with Dr Hermann Oberli having spent ten years from the mid 1990's as the incumbent orthopaedic surgeon, and generous support from individual surgeon groups internationally.

Assoc. Prof. Peter Cundy has been a constant presence in Honiara, teaching on the common paediatric orthopaedic conditions. The care and management of club foot remains a focus due to the volume of presentations, and regular refresher courses on paediatric assessment and application of the Ponseti technique are provided. The education goes well beyond patient assessment and management techniques, and regularly reviews data collected both locally and internationally to encourage an evidence-based approach to care.

General orthopaedic surgical visits are still an important aspect of the development of local surgeons with Dr Paul Hitchen visiting Honiara annually. These may be timed to provide local coverage while the PIOA trainees are attending training modules out of the country, or to support them upon return, to implement the new assessment and operative skills they have learnt.



**Ponseti technique for the management of club foot in the Solomon Islands is a life-changing initiative.**

While the current team works cooperatively with open discussion and case management, orthopaedics continues to expand within Honiara, with a further three trainees identified. This bodes well for continued sustainability of a maturing service.





# Tonga

Throughout Tonga, with the support of the Stratton Foundation, the Tongan Club Foot program has continued to have life-changing impacts on children born with talipes equinovarus, or club foot. Dr Andrew Leicester and Dr Jeff Ling continued a legacy left by the late Ian Stratton in visiting Vaiola Hospital, Nuku'alofa and working with the local medical and physiotherapy staff in assessing and treating the local children. Anaesthetist Richard Connolly assisted with those requiring surgical intervention, while physiotherapist Natalie Tannos worked with the local physiotherapy student in teaching the Ponseti method of serial casting.

As local surgical capacity continues to rebuild, general orthopaedic surgical visits remain a requirement to support the local community. The majority of patient presentations for surgery include high numbers of late presenting trauma with mal-unions and non-unions, back pain, spinal instability, and infection. The impact of our teams working effectively with local staff counterparts in the introduction of surgical techniques to those unfamiliar with orthopaedics cannot be under estimated. Tonga continues to develop generalist surgeons with an appreciation of the care and management of orthopaedic presentations as a mechanism to provide best for their populations, and do so with the support of Orthopaedic Outreach.



**Consumable items used to support orthopaedic surgical visits.**



**Geoff Rosenberg and Mark Ridhalgh consult with local Tongan surgeon Kolini Vaea regarding surgical approach.**



# Team visits

## Vietnam

The work in Ho Chi Minh City initiated by Andrew Beischer with orthopaedic training continues to be well recognised locally with Andrew receiving formal recognition by way of a medal presented by the Federal Minister for Propoganda and Training. The thirst for international contributions in Vietnam is evident from the enthusiasm for the Vietnam Orthopaedic Observership Program, partnering the Hospital for Traumatology and Orthopaedics in Ho Chi Ming City with the Epworth Hospital in Richmond, Melbourne. This has advanced to including internet video conferencing between the two organisations for journal club purposes.

Team visits centre on clinical teaching and examining for training registrars, with formal presentations and lectures given this year at the University of Medicine and Pharmacy, and also to the Ho Chi Minh City Arthroscopic Society. This increased formality builds stronger professional relationships and has generated discussions on advancing post graduate orthopaedic training within Vietnam.

In Hue, central Vietnam, over 100 attendees participated in two quality courses focusing on care of the hand surgical patient. Both courses were hosted at Hue Central Hospital, overseen by local Director, Dr Pham Dang Nhat in collaboration with the Outreach team led by Peter Scougall.

The importance of identifying key local leaders for the success of volunteer visiting programs is paramount. The connection between Peter Scougall and Dr Nhat has been unique. This was the final course overseen by Dr Nhat, prior to his retirement and has been honoured by a Hand Surgery Travelling Fellowship being named in his honour. The inaugural recipient was Dr Ho Man Truong Phu, Chief of Plastic and Hand Surgery at Hue Central Hospital, who will attend and present at the Australian Hand surgical Society meeting in Perth as well as visiting Sydney and North Shore Private Hospital Hand Units.

The 14th hand surgical course which included content on tendon repairs and fracture management osteosynthesis drew surgeons representing provinces across the country. The practical elements of this course are a highlight utilising highly interactive simulation methods of pig trotters and sawbone workshops. The hand therapy course was also well received with many surgeons advocating for future therapist attendance.



**Andrew Beischer demonstrating surgical techniques as part of the Vietnam Orthopaedic Observership Program.**



**Richard Lawson: enthusiasm for learning never seems to fade during hand surgery courses in Hue.**



**Medartis sponsored sawbone workshops in Hue provide ample opportunity for applying newly instructed surgical techniques.**



Dr Damien Ryan and Dr Tim Peltz:  
microsurgical techniques through loupe  
magnification are essential for neurovascular  
reconstruction following trauma.





# Teamwork in Outreach programs

## Graham Hextell

Orthopaedic Outreach Operational Manager

**Teamwork is present in everyday healthcare. In caring for our patient in a clinical environment, we have the ward-based teams where various personnel from multiple disciplines come together to enact a plan of care with a uniform goal – patient care. In the operating theatre this the level of interpersonal reliability increases. Without quality anaesthetic and nursing care, the surgeon is limited in their capacity to provide the required surgical intervention.**

The operating theatre is unique. A special bond forms within those teams that become highly successful, being able to rely on each other to support common goals in moments of stress and difficulty. This leads to higher level of communication, predominantly non-verbal, where slight body language changes can provide insight into the ease or difficulties experienced within surgery, and the ability to pre-empt the changing needs of the surgeon or anaesthetist at any given stage of the operation.

We are fortunate that in the existing healthcare system we have highly qualified staff who are engaged in patient care and safety. High levels of technology alert us to advancing intraoperative problems, and instrumentation and equipment help us to manage those stressful and difficult stages of an operation with skill. All of this in a familiar environment week in, week out.

Outreach presents a different story. Many Outreach teams evolve as an extension of the local operating theatre team; a team familiar with each other who have decided as a group to share their experience and skills with those less advantaged in developing countries. They bring with them the capacity to work well together, with an awareness of each team members' scope of practice, ensuring safe patient care.

The arrival of an Outreach team into a local hospital requires a local department to be welcoming and inclusive. This is then reciprocated as local staff are recognised for their capacity to manage complex clinical situations without the latest technology or surgical instrumentation and equipment. We must remember that for the other 50 weeks of the year, these people do a tremendous job in caring for their local communities.

**As visitors it is heart-warming to be welcomed into an existing surgical team, to be asked to contribute and to work alongside local staff, as they ask questions on diagnostics or technique for corrective surgery.**

The effectiveness of teamwork in healthcare can have an immediate impact on maintaining patient safety; so essential for minimising the risks of adverse events caused through miscommunication, and effectively reduce medical errors. Teamwork in any healthcare setting relies on respectful and open communication, and the capacity to collaborate with colleagues from other disciplines leading to creative solutions and effective problem solving.





Dr Andrew Beischer: bipartisan high level engagement has led to great success of the Vietnam Orthopaedic Observership Program.





# Financial Information 2018

## **INCOME STATEMENT**

	2018	2017
	\$	\$
<b>REVENUE</b>		
Grants		
Australian Orthopaedic Association	125,000	125,000
Donations		
Corporate donations	70,000	20,000
McBain Bequest	60,000	
Other private donations	74,026	76,618
Reimbursements and other income	2,838	4
Member subscriptions	36,781	44,088
<b>Total Revenue</b>	<b>368,645</b>	<b>265,710</b>
<b>EXPENSES</b>		
Overseas Programs		
AYT Club foot program*		17,888
Stryker Registrar Program*	10,500	6,704
Other overseas programs*	122,557	166,661
Medical equipment, storage and freight**	36,871	13,634
Domestic programs	31,710	17,290
Promotion and fundraising	965	5,209
Administration and accountability	99,705	91,044
<b>Total Expenses</b>	<b>302,308</b>	<b>318,430</b>
<b>EXCESS (DEFICIT) FROM OPERATIONS</b>	<b>66,337</b>	<b>(52,720)</b>

\* 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.

\*\* 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 2018.

A copy of the full 2018 audited financial report can be found at [www.orthoreach.org.au](http://www.orthoreach.org.au) or by contacting [admin@orthoreach.org.au](mailto:admin@orthoreach.org.au)



## BALANCE SHEET

	2018	2017
	\$	\$
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and current equivalents	362,939	312,735
Trade and other receivables	30,090	13,083
Total Current Assets	393,029	325,818
<b>Non-Current Assets</b>		
Property, plant and equipment	42	259
Total Non-Current Assets	42	259
<b>TOTAL ASSETS</b>	<b>393,071</b>	<b>326,077</b>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Other Creditors		1,398
GST payable	17,199	17,903
Credit card	8,985	6,226
Total Current Liabilities	26,184	25,527
<b>TOTAL LIABILITIES</b>	<b>26,184</b>	<b>25,527</b>
<b>NET ASSETS</b>	<b>366,887</b>	<b>300,550</b>
<b>EQUITY</b>		
Retained earnings	366,887	300,550
<b>TOTAL EQUITY</b>	<b>366,887</b>	<b>300,550</b>

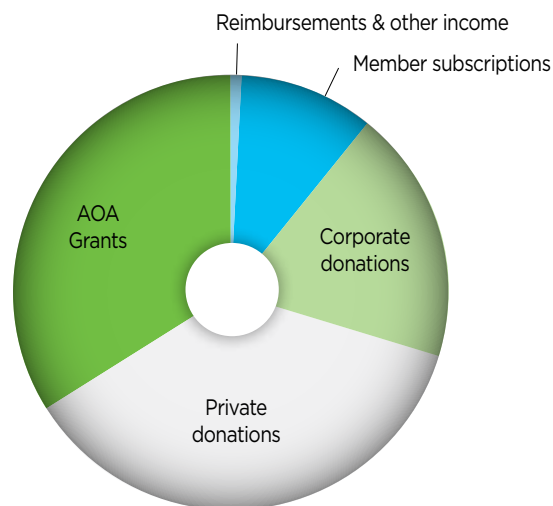


# Financial Information 2018

## IN SUMMARY

<b>WHERE OUR FUNDS CAME FROM</b>	<b>\$</b>
Australian Orthopaedic Association	125,000
Corporate donations	70,000
Private donations	134,026
Reimbursements and other income	2,838
Member subscriptions	36,781
<b>TOTAL MONETARY SUPPORT</b>	<b>368,645</b>

<b>HOW OUR FUNDS WERE DISTRIBUTED</b>	<b>\$</b>
Overseas Programs	169,928
Domestic Programs	31,710
Promotion and fundraising	965
Administration and accountability	99,705
<b>TOTAL MONETARY EXPENDITURE</b>	<b>302,308</b>

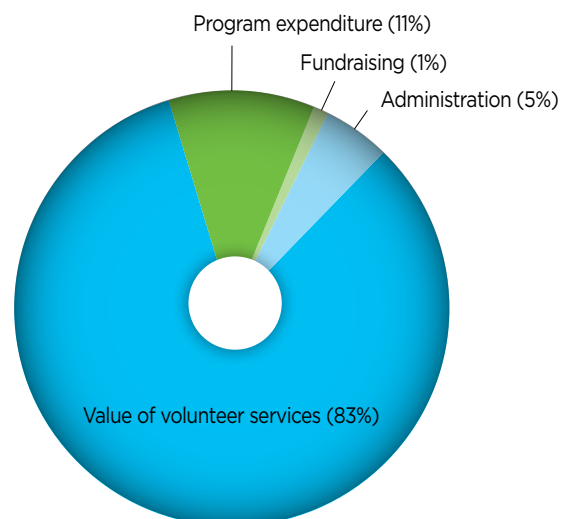


## OUR VOLUNTEERS ADD 'REAL VALUE'

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.

<b>Surgeons and anaesthetists</b>	<b>\$</b>
66 volunteers for a total of 406 days	1,218,000
<b>Nurses, allied health &amp; other volunteers</b>	
24 volunteers for a total of 194 days	155,200
<b>In-kind Donations</b>	
Consumables and freight	135,000
<b>TOTAL VALUE OF VOLUNTEER SERVICES</b>	<b>1,508,200</b>

<b>DISTRIBUTION OF 'REAL COSTS' OF OPERATION</b>	<b>\$</b>
Value of volunteer services	1,508,200
Program expenditure	201,638
Promotion and fundraising	965
Administration and accountability	99,705
<b>TOTAL 'REAL COSTS' OF OPERATIONS</b>	<b>1,810,508</b>





# 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 2018, 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 2 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 2, 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 2018 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 2 to the financial statements.

Name of Firm:

*MartinCo*  
MartinCo  
Chartered Accountants

Name of Principal:

*P. Martin*  
Peter Martin

Address:

Sydney

Dated this

27

Day of

*September*

2018

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MartinCo ABN 30 362 701 760

Liability limited by a scheme approved under Professional Standards Legislation

# Supporters of Outreach Thank you



The audited financial report was unavailable at the time of print.

It will be presented in full at the AGM and posted online via [www.orthoreach.org.au](http://www.orthoreach.org.au).





# 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

<b>Chairman</b>	Graham Gumley	Orthopaedic Surgeon (NSW)	Elected member
<b>Honorary Secretary and Treasurer</b>	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](http://www.orthoreach.org.au)

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