



orthopaedic
outreach

Annual Report 2013

Australian Outreach surgeons give their time and skills to make a world of difference.

ORTHOPAEDIC OUTREACH

Orthopaedic Outreach is the humanitarian arm of the Australian Orthopaedic Association (AOA). Our members are volunteer surgeons, anaesthetists, nurses and allied health personnel.



WE ARE A SURGEON LED ORGANISATION

Our aim is to deliver medical facilities and services to communities in need in countries throughout Asia Pacific. We provide specialised orthopaedic training and education to suitable medical and paramedical personnel; specialised orthopaedic services; and medical equipment and associated items for use within those communities.

Orthopaedic Outreach is most active throughout the Pacific and South-East Asia, although our members are also involved in wider projects in areas such as east Africa and India and Orthopaedic Outreach also collaborates with other organisations.

We are funded by corporate donations from the medical industry, Outreach members, general public and the Australian Orthopaedic Association. We acknowledge with appreciation the significant support of the AOA, for without it, Orthopaedic Outreach would not be able to deliver the breadth of programs outlined in this report.

Orthopaedic Outreach is made up of ordinary, associate, corporate, honorary and life members. The majority of ordinary members are orthopaedic surgeons in both public and private practice.

Responsibility for the overall management and decision-making related to Orthopaedic Outreach activities and finance lies with the Committee of Management, which consists of nine members, inclusive of office-bearers, one member nominated by RACS, one by Rotary Club of Kogarah, one member is a nursing representative nominated by the Committee itself, three members are nominated by the AOA, and three members are elected by the Outreach membership. Membership of the Committee is for a period of two years, with positions declared vacant on a rotational basis. Office-bearers are elected by the committee members. The Committee of Management meets quarterly.



DONATIONS

Orthopaedic Outreach, ABN 68 910 058 787, is a registered international charity. Donations are tax deductible. Donations are endorsed as a Deductible Gift Recipient (DGR) and also endorsed by the Australian Taxation Office to access GST and FBT concessions and income tax exemption.

Donations can be made to Orthopaedic Outreach by direct deposit to:

Orthopaedic Outreach Fund Incorporated
Donation Account

BSB: 062 250 **Account Number:** 80 0915

COMMITTEE OF MANAGEMENT

Chairman	Stephen Quain	Orthopaedic Surgeon (NSW)	
Deputy Chairman	Andreas Loeffler	Orthopaedic Surgeon (NSW)	AOA Nominee
Honorary Secretary & Treasurer	John Bennett	Civil Engineer (ret.) (NSW)	Kogarah Rotary Nominee
	John Batten	Orthopaedic Surgeon (TAS)	RACS Nominee
	Kathy Hill	Registered Nurse (ACT)	Nursing Representative
	Peter Cundy	Orthopaedic Surgeon (SA)	AOA Nominee
	John Tuffley	Orthopaedic Surgeon (QLD)	AOA Nominee
	Graham Gumley	Orthopaedic Surgeon (NSW)	
	Anthony Jeffries	Orthopaedic Surgeon (WA)	

ADMINISTRATION

Chief Operational Manager Graham Hextell Nurse Consultant (NSW)



CONTINUING TO MEET THE CHALLENGE

When I look back at this year's activities and re-reading minutes of our Management Committee meetings and indeed my previous reports, we remain justifiably proud of the achievements, so many of our Outreach/Orthopaedic Association members have achieved, but realistically with a touch of frustration at some of the problems and challenges that remain.

I again commend those colleagues who year and year, and often several times a year give up their time and their expertise in meeting our goals of primarily teaching and training as well as providing clinical services to our Pacific neighbours and to South-East Asia. Again, I also acknowledge that there are numerous orthopaedic surgeons who not necessarily as part of Outreach, but with the same ideals and goals, quietly give of their time in providing services in other areas including New Guinea.

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

The collaborative work with the College of Surgeons Internal Committee continues. John Batten is the nominee of the College on the Outreach Management Committee and continues to make personal visits to Vanuatu along with Don Pitchford and others.

PROJECTS

Our commitment to the Pacific has not changed. Teams continue to visit Fiji in particular, including Lautoka and Suva and Labasa, both in clinical service provision and in particular in assisting in teaching the graduate surgeons on the Fiji program. We have maintained our focus also on nurse training and perioperative and orthopaedic workshops which has proved very beneficial largely under the instigation of Graham Hextell our Operations Manager.

We have again supported visits to Tonga, Samoa, Kiribati and the Solomon Islands working in conjunction with the Pacific Islands Orthopaedic Training Program under the direction of Dr Des Soares.

East Timor: the focus of clinical services has changed somewhat with the local Ministry of Health concentrating its efforts on maternal and paediatric health and helping raise the standards of the recently returned Cuban graduates, being their priority. Nevertheless, in association with the College we are continuing to provide surgical services to Dili and Bacau.

Indonesia (Bali) and Surabaya: as was foreshadowed in recent reports the emphasis has changed to now focus on training workshops in particular for the Indonesian Orthopaedic Association examiners and also for the candidates with several of our colleagues including Kevin Woods and Graham Gumley joining Professor Bill Cumming and Joe Gabriel as external examiners. This will continue in 2014.

Our other projects in association with the College and with Rotary support in Vietnam and Cambodia continue with rapid advances being made in these centres.

CHAIRMAN'S REPORT

DR STEPHEN QUAIN

CONTINUED



FUNDING

We remain dependent and are of course extremely grateful for the support from the Australian Orthopaedic Association without which our activities would almost certainly be severely curtailed, if not, ceased. We also appreciate the harmonious relationship of our management team including Graham Hextell and Bev Hughes working within the AOA offices and the support of the AOA Board and in particular of Adrian Cosenza, the Chief Executive Officer.

Corporate support has diminished due to the changes in the regulatory requirements for the orthopaedic industry supporting other activities, but we remain grateful for the support and the working relationships that we have with the companies and in particular the maintenance of the Stryker Orthopaedic Registrars Awards which allow up to five registrars to accompany surgeons on visits.

CONTINUING CHALLENGES

Maintenance of equipment and restocking of fracture implants has not improved over the last few years. Problems with image intensification and maintenance and servicing of equipment particularly in the Pacific remains.

In the Pacific obesity, diabetes, infection and trauma continue as major problems which are not being addressed with any success as yet. PNG and specifically Port Moresby for various reasons including communications with the orthopaedic surgeons there, is the principal area in which we have thus far failed to reach our objectives.

Finally, as previously, I commend and thank the day to day managers and co-ordinators specifically Graham Hextell and Mrs Beverley Hughes and also Mr John Bennett who continues as our Rotary nominee and skillfully manages the financial aspects and provides sensible advice.

CHIEF OPERATIONS MANAGER REPORT

GRAHAM HEXTELL



Orthopaedic Outreach completed 28 visits throughout the Asia Pacific region in 2013. Our surgical teams have worked hard to keep up with the requests to visit countries who need it most.

Perhaps our most significant achievement in 2013 has been around the work being done in Vietnam and Cambodia. The programs in these countries are the more mature established programs supported by Outreach. We conducted microsurgery workshops on hand and upper limb, which were very well attended by local doctors and surgeons, with 30 participants attending the workshops each time. To now be working at this level with the local surgeons, and to have strong and collegial relationships, is truly a shining example of what can be achieved over the long term. The citizens of these countries really do benefit from having local surgeons who are now trained to better manage complex injuries and perform difficult microsurgical procedures.

We are delighted that our perioperative nursing program has been informally adopted as the gold standard throughout many parts of the Pacific. We ran education workshops for operating theatre nurses in Fiji, and these were attended by personnel from seven surrounding Pacific islands. These workshops are important because the operating theatre environment does not only belong to the surgeon. Surgeons need to be well supported by staff who understand the standards of the operating room, as well as the routines and techniques of the surgeon. We intend to continue to develop and roll this program out, although our biggest challenge with this is funding.

We have had to temporarily withdraw from Papua New Guinea, due to safety concerns. We simply cannot send surgeons into areas which present great risk to their lives. The situation will be monitored and we hope to go back when the situation improves.

We've had some challenge in 2013. The demand from our surgical teams for equipment and surgical instruments has been quite significant. It is not unusual for our surgical teams to visit countries which have very poor equipment, and often we arrive to find that equipment has completely broken down. It is quite a logistical exercise to get equipment and supplies into the field to coincide with our team visits. It is important that we manage our operations properly in this regard. Outreach has operated at the lowest possible administrative cost for many years and as operational manager I acknowledge the Management Committee for their sound guidance in this regard. We all work very hard to keep costs to a minimum and in the spirit of Outreach, we will continue to engage people with the right skills on a volunteer basis.

OUTREACH ACTIVITIES 2013

Location	Purpose of visit	Outreach Volunteers	Local country coordinators
Cambodia Phnom Penh & Battambang 18-25/8/2012	Delivery formal training on upper limb surgery & basic microsurgery workshop	Orthopaedic surgeons: Prof Graham Gumley, Prof Des Bokor, Dr Nick Smith, Dr Jennifer Green, Dr Ricaredo de la Costa, Prof Neil Jones, Photographer Mr Nicholas Jones	Dr Chhoeurn Vuthy
Phnom Penh 23/8 - 18/9/2012	Education delivery through semi-formal presentations; guidance on patient assessment through outpatient clinics	Orthopaedic surgeon: Dr Tim Keenan	Dr Sina Ry
Phnom Penh 6-10/11/2012	Attendance at the Cambodian Society for Surgery / Traumatology Annual Meeting.	Orthopaedic surgeon: Dr Stephen Quain	Dr Chhoeurn Vuthy
Phnom Penh 10-12/11/2012		Orthopaedic surgeon: Tim Keenan	
Fiji Suva 22-28/7/2012	Orthopaedic surgical service provision.	Orthopaedic surgeon: Doron Sher, Perioperative nurse: Celeste Gaspar	Dr Jemesa Tudravu
Suva 12-15/11/2012	Introductory Perioperative Nursing Program: Education delivery through semi-formal settings and clinical skills workshops. (Funded jointly by Orthopaedic Outreach and RACS).	Perioperative Nurses: Graham Hextell, Tressa Tuxford, Christine Nieuwland, Julie Walters, Ann Halvorsen, Mel Grant	SSCSiP advisor: Mabel Taoi
Suva 16-7/11/2012	Principles of Fracture Management course: Education delivery to surgical trainees from Fiji School of Medicine	Orthopaedic surgeons: Dr Matt Wilkinson, Dr Angus Nicoll, Registrar Dr Will Talbot, Dotdash representatives: Martin Richardson, Scott McLeod	Prof Eddie McCaig; Dr Jemesa Tudravu
Labasa 24/11 - 2/12/2012	Orthopaedic surgical service delivery; provide guidance & support to local trainees.	Orthopaedic surgeon: Dr Andreas Loeffler, Perioperative nurse: Angela Grein	Dr Jemesa Tudravu;
Lautoka 23-30/11/2012	Orthopaedic surgical service provision; facilitated clinical support of surgical trainees; clinical review.	Orthopaedic surgeons: Prof Kevin Tetsworth, Dr Pritpal Bansi, Dr Ashish Gupta, Anaesthetist: Dr Adam Harmon, Perioperative nurses: Fiona Tetsworth, Skye Ward	Dr Jemesa Tudravu
Labasa 20-24/5/2013	Orthopaedic surgical service delivery; support of local surgical trainees.	Orthopaedic surgeon: Dr Andreas Loeffler, Perioperative nurse: Angela Grein	Dr Jemesa Tudravu;
Lautoka & Suva 10-14/6/2013	Orthopaedic surgical service delivery with specific focus on hand & wrist; Clinical skills sessions for physiotherapists on plaster & splinting techniques; x-ray meetings and patient clinical review; Patient follow up from previous team visit in April 2012.	Orthopaedic surgeons: Dr Stuart Myers, Dr Hamish Rae, Anaesthetist: Dr Gary Newfield, Resident: Dr Xuan Ye, Physiotherapists: Emilie Myers, Clare Maple Brown, Medical student: David Bui	Dr Jemesa Tudravu
Indonesia Bali 21-2/7/2012	Convene Bali Hand Surgery Symposium held at Sanglah Hospital, Bali.	Orthopaedic surgeons: Prof Bruce Conolly, Dr Des Soares	Dr Bramantaya Karna
Bali 16-24/11/2012	Deliver formal presentations at ASEAN meeting in Jakarta & Neurosurgical spinal meeting in Malang	Orthopaedic surgeons: Prof Bill Cumming, Prof Joe Ghabrial	
Bali & Makassar 24-26/1/2013	Contribute as presenters at the 3rd Trauma Symposium held at Sanglah Hospital, Bali. Prepare pre-exam course content. Invited external examiners for Indonesian National Orthopaedic Board exams in Makassar;	Orthopaedic surgeons: Prof Bill Cumming, Prof Joe Ghabrial, Dr Ben Jeffcote, Prof Marinis Pirpiris, Dr Ed Baddour,	Dr I G Lanag, Prof Idrus Paturusi, Prof Mohamed Hidayat
Bali 19-23/6/2013	Invited speakers at the Current Advances in Orthopaedic Trauma Conference: Bali.	Orthopaedic surgeons: Prof Bill Cumming, Prof Joe Ghabrial, Dr Des Soares, Dr Ben Jeffcote	Prof Mohamad Hidayat; Prof Putu Astawa.

OUTREACH ACTIVITIES 2013

Location	Purpose of visit	Outreach Volunteers	Local country coordinators
Papua New Guinea Kimbe & Alotau 7-16/9/2012	Attend a PIP funded team led by Prof David Wood to deliver non-operative fracture courses in Kimbe & Alotau	Registrar: Dr Matt Jones	Dr Victor Golpak
Solomon Islands Honiara 9-16/9/2012	Provide guidance and support to local orthopaedic trainee surgeons; patient clinical review in clinics and ward rounds; provide orthopaedic surgical service as required.	Orthopaedic surgeon: Dr Paul Hitchen, Registrar: Dr Lorenzo Calbaro	Dr Patrick Houasia
Honiara 26/11 - 2/12/2012	Continue to build on previous team visits; establish formal agreements for commencement of PIOA Training Program.	Orthopaedic surgeon: Dr Des Soares, Perioperative Nurse: Lisa Yang, Anaesthetist Dr Stephen Pickering	Dr Patrick Housasia
Timor Leste Dili & Baucau 3-10/11/2012	Conduct outpatient clinics for patient review; provide guidance & support for local surgeon; provision of orthopaedic surgical service.	Orthopaedic surgeons: Dr David McNicol; Dr Phil Aubin; Anaesthetist: Dr Alyssan Armstrong Brown; Registrar: Dr Gavin Soo; Perioperative Nurse: Alyssa Glyde.	Dr Eric Vreede' Dr Saturnino Saldanha
Dili & Baucau 14-21/4/2013	Conduct outpatient clinics for patient review; provide guidance & support for local surgeon; provision of orthopaedic surgical service.	Orthopaedic surgeon: Dr Tony Jeffries, Anaesthetist: Dr Elizabeth Mackson, Perioperative nurse: Helen Boyd, Medical student: Andrew Szomor	Dr Eric Vreede; Dr Saturnino Saldanha
Tonga Nuku'alofa 10-17/7/2012	Introductory Orthopaedic Nursing Program: Education delivery through semi-formal settings and clinical skills workshops.	Orthopaedic nurses: Graham Hextell, Olivia Misa, Ian Harris, Peter Jones, Kate Boyle	Sr Sela Paasi; Sr Sulia Nonu
Nuku'alofa 13-21/7/2012	Orthopaedic surgical service provision.	Orthopaedic surgeons: Dr Mark Ridhalgh, Dr Geoffrey Rosenberg, Anaesthetist: Dr Rod Green, Registrar: Dr Bob Jang, Perioperative Nurse: Vicky Neary	Lord Viliami Tangi; Dr Paula Vivilli
Nuku'alofa 6-10/8/2012	Attendance at the Pacific Islands Surgeons Association biennial meeting	Orthopaedic surgeons: Dr Stephen Quain, Dr Des Soares	Lord Viliami Tangi
Nuku'alofa 27/9 - 2/10/2012	Continue to build on previous years with surgical service provision specifically focused on treatment of equinovarus talipes (club foot).	Orthopaedic surgeons: Dr Andrew Leicester, Dr Michael Solomon, Dr Leonard Kuo, Anaesthetist: Dr Hugh Seaton	Dr Paula Vivilli
Vanuatu Espiritu Santo 10-12/11/2012	Multidisciplinary team providing specialised surgical delivery; support for local hospital staff through clinical review.	Orthopaedic surgeons: Dr Donald Pitchford, Dr Matthew Hope, Plastic surgeon: Dr Raja Sawhney, Anaesthetist: Dr Nick Hogan, Perioperative nurse (Synthes): Melissa Williamson, Surgiplas Medical representative: Andrea de Bomford	Dr Hensley Garaeliu; Dr Trevor Cullwick
Port Vila 4-6/2/2013	Site visit, needs analysis audit pre training.	Graham Hextell	Richard Leona
Port Vila 11-15/03/2013	Introductory Perioperative Nursing Program: Education delivery through semi-formal settings and clinical skills workshops. (Funded jointly by Orthopaedic Outreach and RACS).	Perioperative nurses: Sally Sutherland- Fraser, Menna Davies, Marriane McGhee, Janelle Carlile.	Mr Jaques Maurice; Ms Elodie Roche, Dr Richard Leona
Vietnam Hue 27-31/09/2012	Conduct formal paediatric hand & wrist microsurgery workshop at Hue Central Hospital, Hue City; attended by 40 Vietnamese surgeons	Orthopaedic surgeons: Dr Peter Scougall, Prof Graham Gumley, Dr Richard Lawson, Dr Damien Ryan, Dr Sean Nicklin	Dr Pham Dang Nat





CAMBODIA

Cambodia team visits benefitted patients in multiple hospitals throughout Phnom Penh as well as Battambang and Siem Reap.

As with many developing countries, they receive humanitarian support from multiple sources, and one of the main challenges our teams face is ensuring a consistency of practice; upholding standards of care as best possible. With multiple visitors providing support and advice, it is difficult to ensure any single framework for care is followed.

Orthopaedic Outreach, through Assoc. Prof. Graham Gumley, has established the delivery of an annual upper limb trauma and microsurgical skills workshop. This workshop aims to extend existing surgeons utilising a simulation setting for tendon and nerve reconstruction. Hand trauma remains high on the list of patient presentations in Cambodia, and this training addresses local needs.

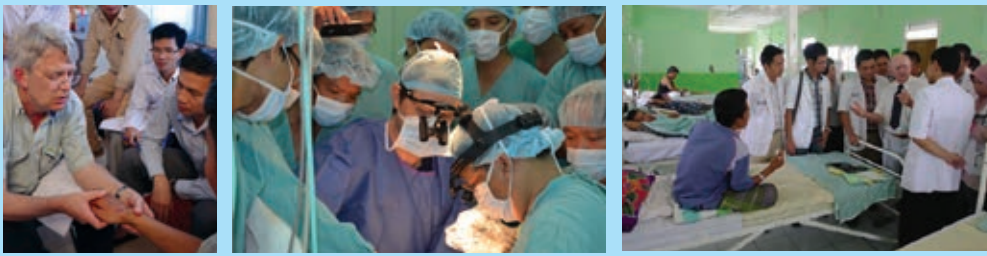
Dr Tim Keenan, in collaboration with World Orthopaedic Concern, visits various hospital facilities in Cambodia three to four times a year. Kossamak Hospital in Phnom Penh has been a focus with the development of a dedicated orthopaedic hospital wing previously funded partly through Orthopaedic Outreach donations. The regular contact with local surgeons provides them with the reassurance of an additional level of guidance and supervision not available from within their own health system.

VIETNAM

Hue Central Hospital acts as a major referral centre to 16 provincial regions providing leading specialist services throughout the Central region of Vietnam.

The hospital itself has an inpatient capacity of 2900 patients, and is categorised as a 'super hospital', one of only three designated in Vietnam. This 'super hospital' in Hue takes a leading role in teaching surgeons from remote provinces. Orthopaedic Outreach supports a team annually travelling to Hue Central Hospital, in their mission to improve the surgical skills of hand surgeons throughout the region. Dr Peter Scougall led a highly credentialed team containing Assoc. Prof Graham Gumley, Dr Richard Lawson, Dr Damien Ryan & Dr Sean Nicklin to deliver a formal structured workshop targeting specialist paediatric hand and wrist microsurgical techniques using simulation and problem-based learning. These workshops are often attended by up to forty Vietnamese surgeons looking at expanding their skills into the area of microsurgery, with many more applicants than can be accommodated each year.

As part of the workshop, each participant receives their own set of highly specialised microsurgical instruments, as well as magnification loupes, making the transition into this delicate speciality more achievable. One of the goals within the region is for the recognition of advanced hand and upper limb surgery by local Vietnamese doctors within their own country



FIJI

With six teams visiting various sites within Fiji, Orthopaedic Outreach invests significant resources annually into the provision of an orthopaedic surgical service as well as education and training opportunities for training surgeons, perioperative nursing & allied health staff.

These teams are primarily focused on assessment and management of orthopaedic trauma and infection, as these areas represent the overwhelming majority of patient presentations throughout Fiji.

Fiji is identified as the surgical training capital of the Pacific, with the Fiji National University (FNU) School of Medicine coordinating the Masters of Surgery program. With the only other established Medical School across the Pacific, being in Papua New Guinea, geography and accessibility dictates where Pacific trainees attend. The opportunity provided here is a collection of the future surgeons from around the Pacific all training in one site. Orthopaedic Outreach specifically target this group annually, working in liaison with key figures within the FNU to deliver a trauma management workshop. This is structured around adult learning principles of problem-based learning, exploring clinical case studies and practical application of trauma management.

Continuing with the education theme, an Introductory Perioperative Nursing Program was hosted by the Colonial War Memorial Hospital, Suva. This four-day program was attended by perioperative nurse leaders from the three major sites across Fiji – Labasa, Lautoka and Suva, as well as Cook Islands, Kiribati, Nauru, Samoa, Tonga and Tuvalu. Orthopaedic Outreach sponsored nurse academics and clinical experts coordinated a successful program with local assistance of SSCSiP advisor Mabel Tai.

INDONESIA

Australian orthopaedic surgeons continue to provide influence in Indonesia, largely through the relationships established by professors Bill Cumming and Youssef (Joe) Ghabrial.

These two have forged a strong bond with key leaders within the Indonesian Orthopaedic Association, and are regularly invited to present at key scientific meetings and oversee local trainee examinations.

At the request of the Indonesians, Orthopaedic Outreach coordinate two seminars annually. These are attended by the junior consultants as well as the senior trainees, and focus primarily on trauma (led by Dr Ben Jeffcote) and another sub-specialty as nominated by local surgeons. This year was a symposium on hand surgery, led by Dr Des Soares.

To note is the future combined Indonesian Orthopaedic Association and Australian Orthopaedic Association Continuing Orthopaedic Education program to be held in Indonesia in April 2014. This exemplifies how two working groups can benefit from closer ties, and will showcase some of the outcomes from the years of input from volunteer Australian orthopaedic surgeons.



TIMOR LESTE

Timor Leste since it's independence in 2002, is one of the newest nations in the world – unfortunately it is also one of poorest.

Orthopaedic Outreach in collaboration with the Royal Australasian College of Surgeons, has been providing orthopaedic surgical support into the Hospital Nacional Guido Valadares, Dili as well as to the remote provincial settings such as Bacau, Suai and Maliana.

Supporting visiting orthopaedic teams into Timor Leste is expensive. Although geographically Timor Leste is one of Australia's closest neighbours, access into Dili comes at a cost, with overnight accommodation typically in Darwin to accommodate flight schedules, and the provision of complete range of supplies, as local facilities are poorly maintained with limited supply chain, and heavy reliance on donation.

Funding into Timor Leste is primarily through the Royal Australasian College of Surgeons accessing AusAID funding to support specialty surgical teams through ATLASS – Australia-Timor Leste Program of Assistance for Secondary Services. The current four year phase (2012–2016) is increasing the availability and quality of basic secondary services in anaesthesia, paediatrics, orthopaedics, obstetrics and general surgery. Long-term, in-country specialists are helping develop curriculum to train local educators to deliver surgical training.

Drs David McNicol and Phil Aubin, have alternated with Anthony Jeffries leading team visits into Timor Leste working with local in-house surgeon Dr Saturnino Saldanha.

PAPUA NEW GUINEA

Teams visiting Papua New Guinea face continuing challenges regarding communications, logistics and at times, personal safety.

Communications with key figures in Port Moresby remain limited, whilst those in provinces are hopeful of increased support.

From a provincial perspective, a new hospital development in Mount Hagen brings improved facilities, however local contacts are limited. The villages of Goroka , Kimbe & Alotau each benefited from receiving non-operative fracture training, as a mechanism to treat primary trauma. Instrumentation and equipment for surgical intervention is significantly limited, so it is important to ensure training meets the local resources available.

Madang province hosts the University of the Divine Word, led by polish born orthoped Jerzy Kuzma. Dr Kuzma trains a modest number of surgical trainees and receives regular visits from independent Australian orthopaedic surgeons, with the view to supplementing these with Orthopaedic Outreach sponsored teams in the future.



SOLOMON ISLANDS

Local enthusiasm sees a sound future of orthopaedic surgery as an individual specialty in the Solomon Islands with an increase in training orthopaedic registrars.

The launch of the Pacific Islands Orthopaedic Association (PIOA) – a Solomon Islands-based group led by local head of the orthopaedic surgery department Dr Patrick Houasia no doubt has influenced this growth. Patrick together with Des Soares from Brisbane completed an enormous amount of planning and will reap the rewards of delivering a successful training program open to all pacific island countries.

The foundation trainees are Dr Alex Munamua, Dr George Kabwere and Dr Stephen Kodovaru (Solomon Islands), Dr Shaun Mauiliu (Samoa) and Dr Kolini Vaea (Tonga).

The program consists of twelve modules each lasting two weeks held three times a year for four years. While Orthopaedic Outreach is not a primary financial sponsor of this training program, the concept aligns with the same goals, and upon request, individual team members, such as Drs Nicole Williams, Peter Cundy and Paul Hitchen attending Honiara to deliver training are supported.

Clinical practices continue to improve through simple measures such as the deployment of alcohol-based hand rub in preventing the transmission of pathogens.

Osteomyelitis both acute and chronic continue to plague the children. Appropriate use of external fixation is evident with sites varied from lower limb to pelvis.

Orthopaedic joint replacement surgery remains a consideration given a definite patient need yet logistical and financial constraints remain as obstacles. Dr Houasia has been fortunate enough to experience short term arthroplasty fellowship at the invitation of the Taiwanese. Joint replacement surgery has been initiated under strict control conditions, although this has been outside of Outreach contributions (through Taiwanese teams).

Talipes equinovarus (club foot) is being increasingly well managed through early identification and treatment programs in line with the Ponseti technique for correction. The local database is maintained by registrar Dr Stephen Kodovaru.



VANUATU

Dr Donald Pitchford is an orthopedist based on the Gold Coast who has led a variety of teams into the Northern Provincial Hospital which is located on the island of Espiritu Santo, the largest island within Vanuatu.

Although the island itself only has a population of 40,000 the hospital based in Luganville provides services to almost 65% of the overall Vanuatu population, or 156,000 people.

Anecdotally, the majority of visiting teams support Port Vila. The majority of resources are also allocated to Port Vila, leaving Espiritu Santo under serviced and under supplied. There is limited ability to recognise or treat orthopaedic trauma and other orthopaedic disease in Santo, leading to a significant amount of non-union or mal-united fractures after delayed presentations.

Vanuatu has benefited recently from surgeons completing fellowship training in Australia with great outcomes. As the medical staff progress with new skills and techniques, they increase their ability to provide surgical treatment options for a wider range of patients. One limitation is that the surgeons themselves are not alone in the perioperative team, as so the upskilling of perioperative nursing staff was also seen as essential.

In line with the successes of perioperative nursing training elsewhere throughout the Pacific, Vanuatu hosted the Introductory Perioperative Nursing Program in Port Vila. A strength in Vanuatu is certainly a very dedicated and progressive School of Nursing attached to the Vila Central Hospital in Port Vila. With creative leadership, the staff within the School of Nursing fulfil a role in providing nursing graduates a range of opportunities through varied experiences in undergraduate years.

Challenges in Vanuatu are consistent with those seen in many other Pacific island countries. The lack of a reliable supply chain for basic requirements such as surgical gloves, anaesthetic drugs, material to wrap trays in for sterilisation – each of these limitations places staff under pressure and patients at risk. Replacement stock for orthopaedic surgical implants used in the correction of trauma seems fanciful, as they continue to rely on donations from various international NGO's.



TONGA REPORT

A COMMENTARY BY DR GEOFFREY ROSENBERG AND DR MARK RIDHALGH



AN ORTHOPAEDIC OUTREACH TEAM VISITED THE KINGDOM OF TONGA.

For the two surgeons, Dr Geoffrey Rosenberg and Dr Mark Ridhalgh, this was our sixth and seventh visits respectively.

For the anaesthetist, Dr Rod Green, this was his fifth visit. It is also important to note the legacy of the late Dr Ian Stratton who pioneered corrective surgery for children with club feet in Tonga remains in the Tongan Club Foot program. This highly successful program is currently led by Dr Andrew Leicester visiting annually to Nuku'alofa. We were accompanied by an orthopaedic registrar, as well as a theatre sister. Waiting for us when we arrived were Graham Hextell, Orthopaedic Outreach Operational Manager, and a team of four nurses from St Vincent's Hospital, who had been delivering a 4 day short course on 'Care of the Orthopaedic Patient' to the nursing and allied health staff.

Because of our continuing visits, we feel that all members of the team have developed a strong rapport with the Tongan medical staff. At all levels, this consists of trust and mutual respect, as well as genuine friendship. Over the years we have seen the orthopaedic development of Dr Kolini Vaea as well as Dr Saia Piukala as competent orthopaedic surgeons. In fact, there is frequent email communication with Kolini to discuss potential cases, particularly their surgical management.

Recently, the hospital received an image intensifier as well as a traction table and this has made an enormous financial as well as logistical difference to Tonga. The skill and ability to treat common injuries such as fractured necks of femur as well as slipped capital femoral epiphyses in children are now available. Previously, these conditions were either treated non-operatively or involved expensive transfers to New Zealand.

Extensive building works have taken place as well and there is now a new outpatients department with excellent facilities. Infrastructure continues to improve in Tonga at a rapid pace. They are in the process of receiving a shipment of new hospital beds as well as new sterilising equipment. A permanent biomedical technician now resides there and his guidance and expertise in maintenance is extremely valued and worthwhile.

The constant in all developing countries is either the late or non-presentation of simple orthopaedic fractures and dislocations. This is gradually improving as the local population is slowly gaining confidence in their own health system. Patients are becoming more aware of the importance of early presentation to hospital with relatively uncomplicated injuries, and of the need for follow-up assessment.

We continue to see constant improvement in the local ability in Tonga to treat orthopaedic conditions, both in emergency and elective presentations. This is primarily due to the enthusiasm and willingness of all the medical, nursing and allied health staff with whom we work.

SUPPORTERS
OF OUTREACH

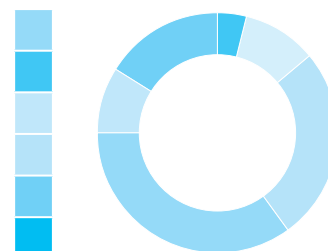
THANK YOU TO OUR SUPPORTERS





IN SUMMARY

	\$	%
WHERE OUR FUNDS CAME FROM		
Grants from AOA		
Humanitarian purposes	100,000	35
Administration assistance	25,000	9
Corporate donations	30,000	10
Other donations	73,454	26
Reimbursements and other income	45,578	16
Member subscriptions	10,442	4
TOTAL MONETARY SUPPORT	284,474	100



HOW OUR FUNDS WERE DISTRIBUTED		
Overseas Programs	190,933	63
Domestic Programs	37,109	12
Administration	73,110	24
TOTAL FUNDS EXPENDED	301,152	100



VALUE OF VOLUNTEER SERVICES

Orthopaedic Outreach could not operate without our volunteers, who all provide their services on a pro bono basis. The value of these services is not included in the Outreach financial accounts. Set out below is a calculation of the value of these services, which is considered to reflect appropriately the significant contribution made by our volunteers to Outreach operations.

SURGEONS AND ANAESTHETIST

63 volunteers for a total of 395 days 849,250

NURSES, ALLIED HEALTH & OTHER VOLUNTEERS

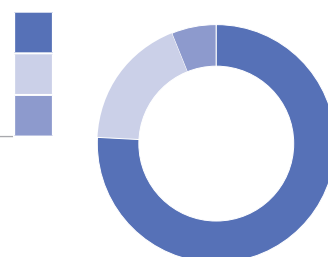
30 volunteers for a total of 190 days 85,500

TOTAL VALUE OF VOLUNTEER SERVICE	934,750
---	----------------

DISTRIBUTION OF REAL OPERATION COSTS

(including value of volunteer services)

Value of volunteer services	934,750	76
Overseas and domestic program costs	228,042	18
Administration costs	73,110	6
REAL COST OF OPERATIONS	1,235,902	100



FINANCIAL INFORMATION – 2013

INCOME STATEMENT	2013 \$	2012 \$
REVENUE		
Grants		
Australian Orthopaedic Association	125,000	125,000
Donations	103,454	83,416
Reimbursements		
Royal Australasian College of Surgeons	20,160	10,000
World Orthopaedic Concern	10,241	
Stratton fund	15,163	13,737
Other		1,270
Member subscriptions	10,442	11,745
Interest	14	403
TOTAL REVENUE	284,474	245,571
EXPENSES		
Overseas Programs		
Pacific Islands and PNG	119,341	157,312
Asia and other regions	39,921	51,743
Medical equipment, storage and freight	31,671	14,179
Domestic programs	37,109	317
Promotion and fundraising	533	
Administration and accountability	72,577	65,372
TOTAL EXPENSES	301,152	288,923
EXCESS (DEFICIT) FROM OPERATIONS	(16,678)	(43,352)

FINANCIAL INFORMATION – 2013

BALANCE SHEET

	2013 \$	2012 \$
ASSETS		
Current Assets		
Cash and current equivalents	171,900	204,090
Trade and other receivables	18,842	7,796
Total Current Assets	190,742	211,886
NON-CURRENT ASSETS		
Property, plant and equipment	279	873
Total Non-Current Assets	279	873
TOTAL ASSETS	191,021	212,759
LIABILITIES		
Current Liabilities		
Other Creditors		8,272
GST payable	2,157	1,189
Credit card	4,735	2,491
Total Current Liabilities	6,892	11,952
TOTAL LIABILITIES	6,892	11,952
NET ASSETS	184,129	200,807
EQUITY		
Retained earnings	184,129	200,807
TOTAL EQUITY	184,129	200,807

The financial information provided in this report is a summarised version of the audited Financial Report for the year ended 30th June 2013. A copy of the full 2013 audited financial report can be found at www.orthoreach.org.au or by contacting admin@orthoreach.org.au



MartinCo **Chartered Accountants**

A.B.N. 30 362 701 760

Level 1, 4 Cross Street, Hurstville NSW 2220 - P.O. Box 3052 Blakehurst NSW 2221

Telephone: (02) 9570 6699 Facsimile: (02) 9570 6690 Email: info@martinco.com.au

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 2013, 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.

Liability limited by a Scheme approved
under Professional Standards Legislation

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

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 2013 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

[Handwritten Signature]
Name of Firm: MartinCo
Chartered Accountants

Name of Principal: *[Handwritten Signature]*
Peter Martin

Address: Hurstville

Dated this *26* day of *November* 2013



orthopaedic
outreach

Level 12, 45 Clarence Street
Sydney NSW 2000 Australia.
ABN 68 910 058 787.

T +612 8071 8091

F +612 8071 8002

www.orthoreach.org.au

**Orthopaedic Outreach:
the humanitarian arm
of the Australian
Orthopaedic Association**