




orthopaedic
outreach

2020 Annual Report



Cultural awareness is a key element for all outreach volunteers, and features at DFAT level expectations.



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 29 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.

Dr John Tuffley, Chair.



Chair's Report Dr John Tuffley

“Don't let yesterday use up too much of today”

CHEROKEE PROVERB

Orthopaedic Outreach activities were numerous until March 2020, when all trips ground to a halt.

Our challenge is now to accept that “it is what it is”, and to, as per the Cherokee proverb, focus on how we can provide assistance within the constraints placed upon us. We will need to be nimble and adaptable, as restrictions will be continually changing.

Instead, groundwork is being undertaken to explore the feasibility of Orthopaedic Outreach complying with criteria required for Australian Council For International Development [ACFID] compliance. This would provide a platform to then gain accreditation with the Department of Foreign Affairs and Trade (DFAT); an important step to qualify for additional funding.

Orthopaedic Outreach was pleased to bestow on Professor Bill Cumming and Professor Eddie McCaig Life Membership. Both have made enormous contributions to outreach activities. There is little doubt that Orthopaedic Outreach has been Professor Cumming's life passion. Professor McCaig has been pivotal in improving the provision of orthopaedic services in Fiji.

Gratifyingly, three of our members were honoured by the AOA for their services; Paul Pincus and Kevin Woods receiving awards for Services to Education, and Stuart Myers receiving the Humanitarian Services Award for his longstanding contribution to the Fijian Outreach program.

The Orthopaedic Outreach Committee of Management thanked Tony Jeffries for his long-term commitment as a committee member, and look forward to his ongoing influence in monitoring our impact in PNG, where he continues to support local surgeons in Lae. In his place, the committee welcomed Kate Stannage, bringing with her experiences of volunteering with, and as a current Board of Management member of Australian Doctors For Africa (ADFA).



Bill Cumming, acknowledged for his long standing dedication to a humanitarian cause, became the inaugural Orthopaedic Outreach Life Member.

An informative webinar hosted by the AOA, provided an insight into Outreach involvement. Nicole Williams, David Graham and Graham Gumley each provided their personal perspectives, from registrars to team leaders.

In representing the humanitarian face of orthopaedic surgeons in Australia, Orthopaedic Outreach appreciates the ongoing support of the AOA, its' members, and those who continue to make significant private donations. This continues to offset the dwindling support from industry. The ongoing support of Stryker is acknowledged including the support of three travelling registrars.

Thanks also go to Liz Burrell and Brett Courtney, raising funds for Orthopaedic Outreach through a silent book auction. Orthopaedic Outreach could not function without the tireless efforts of our Operations Manager, Secretary/Treasurer, Management Committee, Administration Officer, and key, those who give freely to participate in our activities. All are sincerely thanked.



Operational Manager's Report

Graham Hextell

The non-for-profit sector continues to evolve, with increasing levels of scrutiny placed on charitable donations, and the use of those donated funds.

As steps continue towards accreditation Outreach has continued its work in revising its' governing instrument (Rules of Association) with a view to have these adopted in 2020, along with a review of all governance and policy frameworks.

Clear strategies around maximising the impact of Orthopaedic Outreach were put in place at the commencement of this financial period, with great enthusiasm centred around new levels of activities and engagement. These were inclusive of the opportunity to utilise a grant received from the John James Foundation, and to work within shared communities starting with the Solomon Islands for the mutual benefits of both organisations.

With the arrival of the coronavirus, those plans were effectively closed, as all scheduled activities were initially postponed, and then later became cancelled for the year. Orthopaedic Outreach did, however, provide some highlights through the latter half of 2019. These included an introductory knee arthroscopy skills course in Cambodia; further support for the development of paediatric assessment and management of club foot through Ponseti skills training in Fiji, Samoa and Indonesia; multiple visits across various sites across Papua New Guinea demonstrating our increasing commitment to more remote areas; and the Vietnam program continued to show strength through the hand and shoulder programs in Hue Central Hospital, identifying further opportunities to develop shoulder surgery, across their provincial systems. Assoc Prof Graham Gumley became the first Orthopaedic Outreach volunteer to be invited as an external examiner by The College of Surgeons of East, Central and Southern Africa, held in Kampala, Uganda.

The global pandemic has presented an opportunity to rethink the approach that Orthopaedic Outreach takes as an organisation in supporting those across the Pacific and South East Asia. Our volunteers have identified the necessity to maintain communication with their international colleagues through social media networks and videoconferencing capacity.

While our volunteers certainly miss being there in person, with the increase in frequency of communication has come a closer and more open and frank discussion in sharing the challenges that they face in a day to day setting. This has perhaps strengthened the relationships between our volunteers and their Asia-Pacific colleagues.



A donation of Dennis Brown boots packed and ready for shipment to support our Ponseti training programs across the Pacific.

Outreach activities for 2019-2020

Places visited	Purpose	Outreach volunteers	Local coordinators
CAMBODIA			
PHNOM PENH AND KAMPOT 28 Jul – 3 Aug 2019	Supported surgeries across multiple sites in Phnom Penh: Children's Surgical Centre, National Paediatric Hospital and Preah Kossamak Hospital. Kampot included supporting those at the Sonja Kill Memorial Hospital and the local community medical centre.	Orthopaedic surgeons: Assoc. Prof. Graham Gumley, Assoc. Prof. Neil Jones, Assoc. Prof. Sin Tour Phot, Dr Roongsak Limthongthang, Dr David Graham, Dr Andy Ang. Hand therapist: Marin Suzuki. Imaging technologist: Mandy Ang.	Assoc. Prof. Vuthy Chhoeurn, Assoc. Prof. Duong Bunn, Assoc. Prof. Sok Buntha, Dr Jim Gollogly, Dr Sin Phot, Assoc. Prof. Bounchan Youttroung.
PHNOM PENH 27 Jul – 3 Aug 2019	Consultations in rural clinics at local request. Provide clinical guidance and surgical support with pre-identified complex patients. Conduct basic knee arthroscopy training workshop (200 attendees) at KSFH.	Orthopaedic surgeons: Dr Peter Lugg, Dr Peter Annear.	Dr Lim Taing. Dr Sok Meng.
PHNOM PENH 7 – 12 Feb 2020	Provide clinical guidance and support with pre-identified complex patients.	Orthopaedic surgeon: Dr Peter Lugg.	Dr Sok Meng.
FIJI			
SUVA 14 – 19 Jul 2019	Provide clinical guidance and support with pre-identified complex patients; targeted education on arthroscopy knee surgery for surgical trainees.	Orthopaedic surgeons: Dr Michael McAuliffe, Dr Peter Myers. Registrar: Dr Bradley Gilpin. Perioperative nurse: John Dash. Martin McBain (McBain Foundation).	Dr Pauliasi Bauleka, Dr Emosi Taloga, Dr Vaigalo McCaig, Dr Jemesa Tudravu, Assoc. Prof. Eddie McCaig.
SUVA 11 – 16 Aug 2019	Orthopaedic surgical service provision; provide clinical guidance for surgical trainees. Explore paediatric surgical services in-country.	Orthopaedic surgeons: Dr Peter Brazel, Dr Mark Moroney. Anaesthetist: Dr Tony Ganendran. Perioperative nurse: Ben Francis. Registrar: Dr Ali Vakilli. Martin McBain (McBain Foundation).	Dr Pauliasi Bauleka, Dr Emosi Taloga, Assoc. Prof. Eddie McCaig.
SUVA 18 – 19 Nov 2019	Instructional Ponseti training course delivery for local medical and therapists.	Orthopaedic surgeon: Dr Koen De Ridder. Ponseti practitioner: Helen Burgan.	Dr Pauliasi Bauleka. Physiotherapist: Nishant Singhe.
INDONESIA			
BANJARMASIN 28 – 29 Sept 2019	Contribute to international faculty for Orthopaedic Seminar and Workshop: Clubfoot management using Ponseti technique.	Orthopaedic surgeons: Dr Sandeep Tewari, Dr Maria Wong.	Prof. Zairin Noor, Dr Izaak Zoelkarnain Akbar, Dr Aryadi Kurniawan.
JAKARTA 20 – 22 Nov 2019	Convene the Continuing Orthopaedic Education seminar on orthopaedic trauma management.	Orthopaedic surgeons: Assoc Prof Zsolt Balogh, Dr William Lumsdaine.	Dr Istan Irmansyah, Dr Bintang Soetjahjo, Dr Made Febri.
BANDUNG 4 – 8 Dec 2019	Invited external examiners for the Indonesian National Board Orthopaedic exams. Deliver surgical resident teaching and pre-exam course for final year resident surgeons.	Orthopaedic surgeons: Assoc. Prof. Bill Cumming, Dr Ian Dickinson, Assoc. Prof. Joe Ghabrial, Dr Rami Soriel, Dr John Tuffley, Dr Kevin Woods.	Dr Yoyo Ismiarto, Dr Ferdiansyah, Dr Eka Wiratnaya.
PAPUA NEW GUINEA			
RABAUL 11 – 20 Jul 2019	Orthopaedic surgical service delivery. Provision of guidance on assessment and treatment options with local surgeons.	Orthopaedic surgeon: Dr Robin Diebold.	Dr Felix Diaku.
KUDJIP 31 Aug – 14 Sept 2019	Provide valuable surgical oversight and relief to allow local surgeon to attend the Annual PNG Medical Symposium in Port Moresby.	Orthopaedic surgeon: Dr Paul Hitchen. Physiotherapist: Susan Hitchen.	Dr Ben Radcliffe, Dr Alex Mel.
KOKOPO 6 – 13 Sept 2019	Orthopaedic surgical service delivery. Provision of guidance on assessment and treatment options with local surgeons.	Orthopaedic surgeon: Dr Rob Sharp.	Dr Felix Diaku.
LAE 11 – 18 Oct 2019	Orthopaedic surgical service delivery. Provision of guidance on assessment and treatment options with local surgeons.	Orthopaedic surgeon: Dr Anthony Jeffries, Dr Levi Morse.	Dr Stephen James.
LAE 7 – 14 Mar 2020	Orthopaedic surgical service delivery. Provision of guidance on assessment and treatment options with local surgeons.	Orthopaedic surgeons: Dr Anthony Jeffries, Dr Levi Morse.	Dr Stephen James.

Places visited	Purpose	Outreach volunteers	Local coordinators
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SAMOA

APIA 20 – 22 Nov 2019	Deliver structured Ponseti refresher training course providing ongoing support for assessment and management of club foot.	Orthopaedic surgeon: Dr Koen De Ridder. Ponseti practitioner: Helen Burgan.	Dr Shaun Mauiliu. Dr Tala Taavao.
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SOLOMON ISLANDS

HONIARA 23 – 29 Feb 2020	Foster relationship established with orthopaedic surgical department providing clinical and surgical support.	Orthopaedic surgeon: Dr Paul Hitchen.	Dr Patrick Houasia, Dr Stephen Kodovaru, Dr Alex Munamua, Dr James Te'wani, Dr Clay Siosi, Dr Reshwin Rajan.
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TONGA

NUKU'ALOFA 1 – 5 Oct 2019	Continuation of successful program addressing both surgical interventions and serial casting through Ponseti technique for equinovarus talipes (club foot).	Orthopaedic surgeons: Dr Andrew Leicester, Dr Jeff Ling. Physiotherapist: Natalia Tannos.	Lord Viliami Tangi, Dr Alamea 'Aholelei.
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UGANDA

KAMPALA 30 Nov – 6 Dec 2019	Invited extrenal examiner for the College of Surgeons of East, Southern and Central Africa Fellowship exams and Annual Scientific Meeting.	Orthopaedic surgeon: Assoc. Prof. Graham Gumley.	Prof Abebe Bekele, Dr Neil Wetzig.
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VIETNAM

HUE 21 – 25 Oct 2019	Hand and shoulder surgery consolidating open, arthroscopic and management of fracture techniques. Advanced microsurgical skills development in managing free flap and innervated flaps. Upper limb and hand therapy course targeting orthopaedic and plastic surgeons, physiotherapists, nurses and plaster technicians. 26th team visit. 16th course.	Orthopaedic surgeons: Dr Peter Scougall, Dr Richard Lawson, Dr Damien Ryan, Dr Danny Biggs, Dr David Lieu, Prof. Jagdeep Nanchahal (Oxford). Physiotherapists: Rosemary Prosser, Daniel Vukovic.	Dr Nguyen Van Hy, Dr Ho Man Truong Phu.
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HO CHI MINH CITY 16 – 23 Nov 2019	University of Medicine and Pharmacy Orthopaedic trauma management lectures, case discussions and cadaveric practical workshops. Hospital for Traumatology & Orthopedics Cerebral palsy management demonstrating neuromuscular model of care, symposium on navigational and robotic-assisted knee surgery. City Children's Hospital Expansion and consolidation of cerebral palsy care. 175 Military Hospital Hip and knee assessment and management of injury. Thi Nghe Orphanage Assess musculoskeletal anomalies.	Orthopaedic surgeons: Assoc. Prof. Ton Tran, Dr Brian Loh, Dr Glenn Boyce, Dr Brad Crick, Dr Andrew Gong, Dr Rabi Solaiman, Dr Darren Webb, Dr De Juan Ng, Dr Kosta Calligeros, Anaesthetist: Dr Ashit Das. Physiotherapists: K. Tran, K. Bryen, Mahek Dudhwala.	Dr Xuan Hoang, Dr DV Chau, Dr NAH Tang, Dr P Le, Dr HP Do.
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Team visits 2019-2020

Cambodia

Over the last 15 years our work in Cambodia has fallen under 3 main areas:

- Provision of equipment.
- Provision of expertise and support.
- Facilitation and support of scientific meetings.

The intention to bring Cambodians to Australia for greater exposure to targeted surgery has not been able to proceed as planned. Each of primary areas of work with the Cambodians have proven to be difficult, if not impossible under the global coronavirus restrictions.

The potential to co-host an annual orthopaedic meeting in Phnom Penh to allow targeted presentations and the potential to include surgical technical skills workshops remain a valuable concept. Working with local leaders, this will work to both encourage and improve local surgeons to present their cases and their findings. In the immediate timeframe, the use of videoconferencing technologies could be utilised to support this. Our volunteers are considering methods to assist in the training of orthopaedic surgeons, with the collation of online teaching resources being one initiative being considered.

Opportunities have been identified to work further with the perioperative nurses within Cambodia which will improve their understanding of orthopaedics and work towards an overall advancement of perioperative patient care.

As facilities continue to expand, and increase their surgical capacity, the reliance on functioning technical equipment also increases. The dedicated local group of biomedical support staff remains low in numbers and the local health system would greatly benefit from additional biomedical support technicians. The University of Health Sciences in Phnom Penh currently have a biomedical science program listed, however further discussions are required to see how well it is placed to address the existing gap in biomedical technical support.

It will be some time before any containers can be loaded with donated equipment from either Perth or Melbourne, perhaps 2021 at the earliest, which brings alternate means for facilitating orthopaedic surgery in Cambodia. Our volunteers will continue to work with their Cambodian colleagues in considering suitable sources for quality equipment and implants to support orthopaedic surgery.



Fiji

Orthopaedic Outreach acknowledged the dedication and commitment that retiring Professor Eddie McCaig provided in supporting our visits into Fiji. Professor McCaig provided guidance on when and where our visits would be best placed, in supporting the surgical trainees of the Fiji School of Medicine. His oversight throughout the Pacific region was unique. Orthopaedic Outreach recognised Professor McCaig through Life Membership of the organisation.

Our volunteers continue to work with key surgeons across each site including Emosi Taloga, Vaigalo McCaig, Pauliasi Bauleka, Alipate Natoba, Mark Rokobuli and Pita Sovanivalu to deliver variation within the program to meet their focused needs.

The work initiated last year on the assessment and management of club foot through the use of the Ponseti technique was further expanded, with local physiotherapists taking the lead in joining the surgeons' refresher training session. The increase in paediatric-specific team members and activities, further broadens the framework of the Fijian Outreach program.

Managing knee injuries has been identified as an ongoing challenge in Fiji. Targeted complex patients were pre-identified, allowing for specific education to focus on knee surgery specifically concentrating on primary knee arthroscopy skills. With additional similar visits planned, this will see an increase in surgical skills and local capacity increase in managing this patient category.

With visits previously scheduled for both Labasa and Lautoka postponed, our volunteers have been active through providing videoconference opportunities to discuss clinical cases, and maintain regular open communication. These have been in the form of monthly formalised teaching sessions covering hand surgery and general ortho trauma, and then also weekly general discussions which include cases as presented throughout the past week. While outreach volunteers have missed visiting in person, they are maintaining strong open communication channels with their Fijian colleagues.

Indonesia

The Indonesian College of Surgeons and the Indonesian Orthopaedic Association value the involvement of Orthopaedic Outreach volunteers as external examiners, as well as convening a pre-exam course for candidates, and examiner trainers' course for local surgeons wishing to extend themselves into the credentialing process.

Orthopaedic trauma was also this past years' focus with the Indonesian Continuing Orthopaedic Education program delivered almost entirely by volunteers' Zsolt Balogh and William Lumsdaine. This is a tremendous workload, and one that is fully appreciated by Orthopaedic Outreach.

Ponseti training for the management of club foot was co-hosted with the Indonesian Orthopaedic Association in Ulin General Hospital, Banjarmasin, Kalimantan with great success. Sandeep Tewari & Maria Wong volunteered leading key sessions throughout the program. The concept is to repeat these training courses in lesser developed regions across Indonesia as the needs arise.

A collaboration has been established between Orthopaedic Outreach and Universitas Gadjah Mada, Yogyakarta in contributing to the delivery of the Education of Orthopaedic and Traumatology Program. Marinis Pirpiris and Yudha Mathan Sakti will lead this development, commencing with a proposed trauma seminar series.



Team visits

Papua New Guinea

Lae

ANGAU Hospital in Lae provides services for the Morobe Province with an estimated population of 700,000. The Australian government are committed to providing for the health sector in Papua New Guinea, as the Lae Hospital redevelopment on track for completion in 2020. This is a significant investment which also encompasses the co-located school of nursing, providing for their future nursing workforce. The hospital has been under-resourced for many years, with patient demand clearly outstripping its capacity to deliver optimal care. The clinical services building will contain a new emergency department, obstetrics and gynaecology ward, paediatrics and operating theatres. These essential facilities will provide the structures for the major provincial hospital, yet concern remains surrounding the resourcing of orthopaedic implants, equipment and surgical workforce.

Delayed presentations following severe trauma are common and remain a significant problem, as patients often travel significant distances to attend the hospital. As a result, wounds are often infected by the time of admission.

Inpatient numbers of violent orthopaedic trauma remain high, with the majority of those presenting with long bone fractures falling within the male 30-45 year old demographic. This year also saw an increased number of paediatric mid shaft femoral fractures as inpatients, with the clinics dominated by the high volumes of delayed presentations of various fracture dislocations.

It is not uncommon for there to be extensive inpatient delays until patients undergo definitive operative treatment due the volume of surgical cases creating a backlog. For this reason, elective surgery for more long-standing orthopaedic problems such as non-union, mal-union, chronic osteomyelitis and bone tumours is often further delayed or not possible at all.

Our volunteers have committed to supporting Dr Steven James, the surgical trainees and the wider community of Lae through biannual visits, and actively participate in case discussions via various social media platforms in between times.




A challenging week of operating with some very confronting trauma, made easier by the overwhelming welcome from the local operating theatre team.

Kokopo

Vunapope hospital received two team visits during this period in an effort to provide further support to Dr Felix Diaku. The willingness to learn and to provide quality surgical care for the community is obvious, yet the resources available in order to do so are significantly limited, including human resources.

Surgical instrumentation, implants, equipment and disposable supplies were all in short supply for the volume and complexity of patients presenting to the hospital. The presentation trends during these visits included approximately 50% violent trauma resulting from bush knife wounds, with these patients predominantly requiring nerve and tendon repair, although there were also a small number with open bony fractures. This is challenging surgery in a challenging environment.



Our volunteers have committed to further contributing to provide both surgical supplies and surgical teams so that they can continue to build on the groundwork established to date.

Kudjip

In 2017 the Kudjip Nazarene Missionary Hospital was officially appointed by the PNG Minister of Health as the official hospital for the region, such is the recognition for the quality of clinical outcomes. Kudjip is located in the Waghi valley of the Western Highlands, between two of the highest points within PNG.

The hospital compound recognises Christian values operating effectively as a mission, and welcomes our volunteers willing to take the journey.

Cases performed during our stay included tibial external fixation for a distal tibial fracture (one week old); bone graft for a tibial non-union 4 months post chop; and tendon repair with k-wire fixation for a metacarpal fracture post chop. During one case, local surgeon Dr Mel had to leave theatre urgently to insert a chest drain in a man with a haemopneumothorax post chop. Victims are required to pay an additional hospital fee for tribal violence-related admissions.

Trauma isn't always of a tribal-violence nature. One patient (Tobias) presented from a very remote part of the Jimi Valley having fractured his femur 3 weeks prior during an aggressive tackle playing soccer. Such is the local bond, a kinsman carried him for a day to reach an aid post, and then later to access an airstrip for evacuation. He was initially flown to Mt Hagen as the nearest provincial hospital with orthopaedic services, however as Kudjip is the provincial hospital for the Jimi Valley, he was redirected a further 45 minutes' drive down the Highlands Highway to Kudjip. Eventually his femur was plated and with the assistance of sound post-operative physiotherapy he made a good recovery.

The Australian government is working in partnership with the government of PNG to support the expansion of the Nazarene Hospital. This is through an Incentive Fund, which will see a new obstetric ward, pharmacy



Robin Diebold following up post operative care with perioperative nurse Nadia Makeham.

and laboratory, dental clinic, administration building, medical supply stores and laundry building. The emergency department will be expanded, along with the operating theatres and surgical outpatients building. This recognises the role the missionary hospital plays in providing essential surgical services to a vast population across the highland's communities.

Local tribal pride is strong throughout PNG, and tribal rivalry doesn't always result in violence. The Ware Kare Show demonstrated this through a cultural exhibition where local tribes gather in traditional costume, with each tribe bidding to outdo the other with various chants, drumbeats and dances. As the only westerners' present, this was a truly memorable occasion.

Team visits

Samoa

Outreach volunteers committed to progressing the assessment and management of club foot, with a scheduled refresher Ponseti course in November, 2019 following on from their initial course delivery in March 2019.

Shared target goals were established with the Samoan surgeons and therapists, such as the review of clubfoot treatment, and Samoan national database to establish the levels of improvement with early identification and referral of babies born with club feet. An effective supply chain of essential elements for the provision of Ponseti is also essential, and the team were keen to explore if there was enough supply of plaster, boots and bars, and generally listen to how further assistance may be required.

Unfortunately, Samoa endured a significant Measles epidemic, making any formal delivery of a workshop impossible under the declaration of a state of emergency across the country. This meant that the club foot babies were in home isolation for their own protection, and not allowed to be brought into the hospital for assessment or treatment. Staff were reallocated to manage the high volumes of Measles-related hospitalisations.

Local surgeon, Dr Shaun Mauiliu, requested the visit continue without formalised training sessions and maximised the opportunity to meet, holding extensive informal discussions which, while surgeon-led, included the core staff within the physiotherapy department, and orthotist. Topics included the management of recurrent club feet, errors in treatment, and use of the Pirani score. A planned formal advanced two-day workshop will be considered for within the next 12 months, and include therapists from Savaii.

The relationships with the Samoan surgeons are strong, and this extended into seeking opinions on recent trauma cases that had presented, including a young male with a fracture-dislocation of the hip following an MVA, and a middle-aged male with cervical facet dislocation with mild neurology. The small number of Ponseti cases reviewed were all progressing as planned to the credit of the local team.



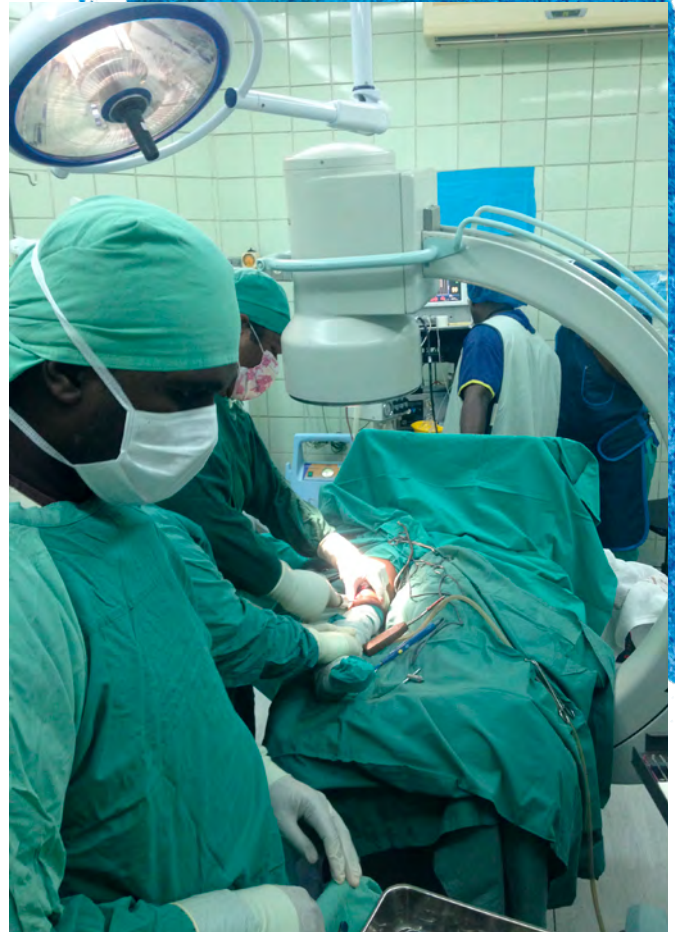
Solomon Islands

The single visit during this period was to continue the longstanding support from Orthopaedic Outreach to the Orthopaedic Department. The Department now has four consultants, three of whom have been trained by the Pacific Islands Orthopaedic Association (PIOA). There are two registrars also currently enrolled in the PIOA Orthopaedic Training Program. The consultants are in essence new and finding their feet with new responsibility. Dr Kodovaru had just spent nine months as a registrar in New Zealand. The Department is keen to have support for ongoing development of skills in Orthopaedics including trauma management, reconstruction and hopefully arthroscopy.

The orthopaedic team within the Solomon Islands have been vigilant in maintaining a strong relationship with Dr Hermann Oberli, a legend of the Solomon's who established the orthopaedic surgical unit, and who continues to visit for extended stays, supporting the team. Dr Oberli had last previously been there only a few months prior, and so this visit saw the fewest number of surgical cases. Efficiencies with case turnover remain slow, which sees low theatre utilisation.

The orthopaedic team have developed a structured approach with excellent patient hand-over each morning from the JMO's, where the previous 24 hours patients are presented and discussed. The learning environment is obvious, and the volume of those wishing to join the orthopaedic team remains steady – which is great feedback for the culture they have fostered.

The weekly club foot clinic continues to function with great effect, with credit to local leader, Dr Stephen Kodovaru for his dedication to the program. Supplies to support the clinic are regularly donated through the Women's and Children's Hospital, Adelaide.



Long bone fracture fixation under image intensification. This may be standard equipment in Australia, but is somewhat of a luxury item across the pacific.

Orthopaedic Outreach successfully obtained a grant to establish routine visits supporting the development of hand surgery sub-specialisation from the John James Foundation.

The John James Foundation also has a long-standing association with the Honiara National Referral Hospital (HNRH), supporting paediatric, medical oncology, and obstetric and gynaecology programs, and so this brings a combined capacity to further contribute to the services within the HNRH. Unfortunately, our visit targeting hand surgery was cancelled due to the coronavirus restrictions, and our volunteers are considering methods of providing resources until our visit schedule can recommence.

Team visits

Tonga

Australian orthopaedic surgeons have been volunteering in Tonga for many years, with this being the 40th annual clubfoot visit. The Tongan physiotherapists enthusiasm and skill in performing the Ponseti technique is resulting in improved outcomes with fewer children requiring surgical intervention throughout the year. Challenges continue with parental education regarding the long-term benefits of compliance with both casting and the use of the Dennis Browne boots and bar system.

The benefits of having volunteer physiotherapist, Natalie Tannos (Sydney Children's Hospital) arrive prior to the surgical team are evident, as there is oversight into the receipt and distribution of pre-freighted supplies for casting, and assistance for the local therapists in prioritising the assessment of babies. Vaiola Hospital has a new rehabilitation unit which houses excellent facilities for this purpose, combined with the enthusiastic staff providing an organised approach with computerised documentation on all patients.

There remain those children who may still require surgery, including percutaneous Achilles tenotomies, or a Turco posteromedial release, however these are becoming fewer. Andrew Leicester and Jeff Ling continue with the demonstration of these tenotomies, with the anaesthetic oversight of Hugh Seaton, with the aim to help them gain the confidence and requisite skill to perform them throughout the year.

Uganda

At the invitation of Professor Abebe Bekele, Head of Examining and Credentialing, for the College of Surgeons of East, Central and Southern Africa (COSECSA), Assoc. Prof Graham Gumley attended the COSECSA Fellowship exams and Annual Scientific Meeting, held in Kampala, Uganda.

COSECSA is a non-profit professional body that fosters post graduate education in surgery and provides structured surgical training throughout the region. It has 14 members and five affiliate countries across sub-Saharan Africa. The college has created a training pathway, which harnesses existing resources, albeit often under-utilised, for surgical training. Standards of practice and research in surgical care are also being advanced through college avenues and networks.

This involved a week-long series of examiner briefings, to ensure both external and internal examiners were familiar with the processes, and uniform in consistencies when assessing. The examination process itself included a viva and clinical examination, with domains currently used including overall professional capacity, knowledge and judgement. quality of response, and bedside manner. There is scope for further modification of the model used, and feedback is actively sought from the external examiners, as a process towards improvement of graduate outcomes.



Graham Gumley with Neil Wetzig at the COSECSA ASM and Conference, ULAGO National Specialised Hospital, Kampala.





Team visits

Vietnam

Hue

Australian hand surgery visits have been a constant to Vietnam since 2002, developing a successful partnership between Orthopaedic Outreach volunteers and the surgeons at Hue Central Hospital, Vietnam. The reputation of the quality in teaching provided through these courses is recognised across the country. From around 40 surgeons working in Hue and nearby provinces attending the first course in 2004, to now near to 100 from all over Vietnam in 2019.

This year the focus extended with the inclusion of a shoulder program. This allowed additional surgeons and therapists with shoulder expertise to complement the already successful team model. Apart from contributing to the course delivery, the therapists treated a total of 39 patients during their time, working along-side Vietnamese therapists in guiding their techniques. Their role also included the treatment and management of those immediate post-operative patients as well as those presented through clinic.

The shoulder program extended beyond open surgery with fracture management and into arthroscopic techniques. The hand program continued to further extend microsurgical skills, in particular for brachial plexus injuries, free-flap and innervated flap surgery, and post-traumatic injuries. A total of 92 participants

attended the courses, including surgical trainees, orthopaedic and plastic surgeons with an interest in shoulder and hand surgery, physiotherapists and rehabilitation clinicians. Many worked in Hue and at other hospitals in Central Vietnam, with some travelling from Hanoi and Ho Chi Minh City.

Independent and objective evaluation of programs can be difficult. Dr Pham Dang Nhat (former Director of Orthopaedics and Hand Surgery at Hue Central Hospital) and Dr Ho Man Truong Phu (current Director of Plastics and Hand Surgery), commented afterwards on how they saw our program to date. Excerpts from their comments are below:

“Vietnamese Hand Surgery project is the most durable and successful medical cooperation project that Hue Central Hospital has ever profited from. Since 1996, under the leading of Professor Conolly or Dr Scougall, one or two international hand teams have been coming every year to work with us...”

“The above factors played a major role in decision of establishing our Hand Unit, the first official hand surgery unit of Vietnam, in 2002. From the first Hand Unit with only 10 beds, 3 surgeons, 389 hand surgeries were performed in 2002, it has changed to become the Department of Plastic and Hand Surgery in 2011 now with 42 beds, 8 surgeons and around 1300 plastic and hand surgeries performed every year.”

THE AUSTRALIAN

The future sees the existing partnership continue, looking at developing a combined Hand Surgery Society, where funding may be available to provide international fellowship opportunities.



Richard Lawson teaching microsurgical techniques in Hue Central Hospital.



Above: Hue Central Hospital hosts participants from all over Vietnam to attend the hand and micro surgical training workshop.



Left: Richard Lawson and Ho Man Truong Phu demonstrating paediatric clinical assessment in clinic.

Ho Chi Minh City (HCMC)

Multidisciplinary teams continued their visits to various settings across HCMC. The key features included:

- teaching external fixation techniques as a component of damage control orthopaedics under the supervision of Clinical Dean, Dr Do, at the University of Medicine and Pharmacy;

- contributing to a nationally recognised CME symposium on navigational and robotic assisted knee surgery at the invitation of Dr K D. Tran, the Chief of Surgery at the Hospital for Traumatology and Orthopaedics (HTO) and an executive member of the HCMC Arthroplasty Society;
- consolidation of the cerebral palsy work initiated at the HTO is now also extending across to include those at the City Children's Hospital. Care models have been translated into Vietnamese, bringing an opportunity to work closer with their rehabilitation department. The goal is to establish a coordinated centre of care for those with cerebral palsy in HCMC;
- two-day educational program delivered centering on hip and knee conditions. Although the 175 military hospital is the largest in the country, it also provides care for a large number of civilians across the region.

Financial Information 2020

INCOME STATEMENT

	2020	2019
	\$	\$
INCOME		
Grants		
Australian Orthopaedic Association	125,000	125,000
Donations		
Corporate donations	20,000	0
McBain Bequest	60,000	65,000
Other private donations	51,327	56,115
Member subscriptions	37,250	42,336
Reimbursements and other income	2,588	3
Total Income	296,165	288,454
EXPENDITURE		
Overseas Programs		
AYT Club foot program*	4,153	13,412
Stryker Registrar Program*	4,000	10,000
Other overseas programs*	94,150	164,310
Medical equipment, storage and freight**	22,278	97,504
Domestic programs	11,937	22,420
Promotion and fundraising	5,195	7,202
Administration and accountability	127,308	111,187
Total Expenditure	269,021	426,035
EXCESS (DEFICIT) FROM OPERATIONS	27,144	(137,581)

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

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

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

The financial information provided in this report is a summarised version of the audited Financial Report for the year ended 30th June 2020.

A copy of the full 2020 audited financial report can be found at www.orthoreach.org.au or by contacting admin@orthoreach.org.au

BALANCE SHEET

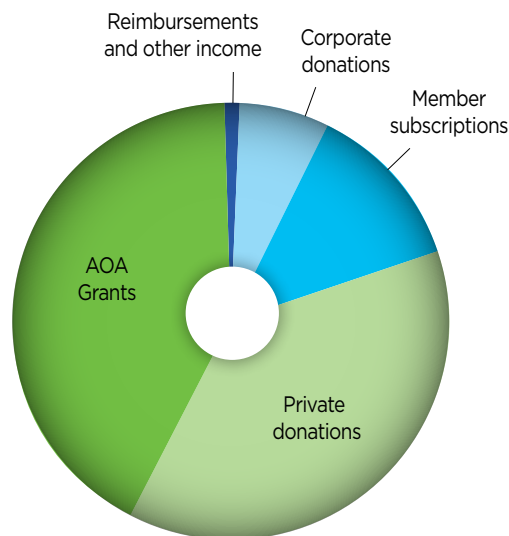
	2020	2019
	\$	\$
ASSETS		
Current Assets		
Cash and current equivalents	235,302	209,389
Trade and other receivables	2,586	0
Total Current Assets	237,888	209,389
Non-Current Assets		
Property, plant and equipment	0	0
Total Non-Current Assets	0	0
TOTAL ASSETS	237,888	209,389
LIABILITIES		
Current Liabilities		
CBA Credit Card	6,240	5,049
GST payable	5,168	4,884
Total Current Liabilities	11,408	9,934
Non-Current Liabilities		
Other Creditors	30	150
Total Non-Current Liabilities	30	150
TOTAL LIABILITIES	11,438	10,084
NET ASSETS	226,450	199,306
EQUITY		
Retained earnings	226,450	199,306
TOTAL EQUITY	226,450	199,306

Financial Information 2020

IN SUMMARY

WHERE OUR FUNDS CAME FROM	\$
Australian Orthopaedic Association	125,000
Corporate donations	20,000
McBain Bequest	60,000
Other Private donations	51,327
Member subscriptions	37,250
Reimbursements and other income	2,588
TOTAL MONETARY SUPPORT	296,165

HOW OUR FUNDS WERE DISTRIBUTED	\$
Overseas Programs	124,581
Domestic Programs	11,937
Promotion and fundraising	5,195
Administration and accountability	127,308
TOTAL MONETARY EXPENDITURE	269,021

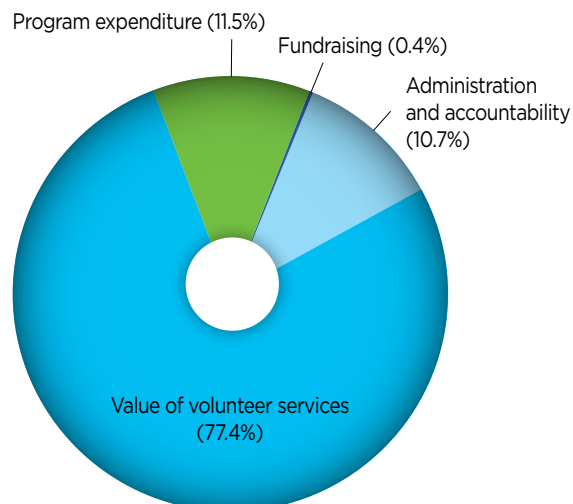


OUR VOLUNTEERS ADD 'REAL VALUE'

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

Surgeons and anaesthetists	\$
54 volunteers for a total of 266 days	798,000
Nurses, allied health & other volunteers	
15 volunteers for a total of 152 days	121,600
TOTAL VALUE OF VOLUNTEER SERVICES	919,600

DISTRIBUTION OF 'REAL COSTS' OF OPERATION	\$
Value of volunteer services	919,600
Program expenditure	136,518
Promotion and fundraising	5,195
Administration and accountability	127,308
TOTAL 'REAL COSTS' OF OPERATIONS	1,188,621



Auditors Report



Auditor's Report

ORTHOPAEDIC OUTREACH FUND INC
For the year ended 30 June 2020

Independent Auditors Report to the members of the Association

I have audited the accompanying financial report, being a special purpose financial report, of ORTHOPAEDIC OUTREACH FUND INC (the association), which comprises the committee's report, the assets and liabilities statement as at 30 June 2020, the income and expenditure statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the committee on the annual statements giving a true and fair view of the financial position and performance of the association.

Committee's Responsibility for the Financial Report

The committee of ORTHOPAEDIC OUTREACH FUND is responsible for the preparation and fair presentation of the financial report, and has determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporation Act and is appropriate to meet the needs of the members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I have conducted our audit in accordance with Australian Auditing Standards. Those 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 association'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 association'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.

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

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

Independence

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

Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of ORTHOPAEDIC OUTREACH FUND INC as at 30 June 2020 and (of) its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Peter Martin

MartinCo

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Dated: 30/10/20 Hurstville Office: Level 1, 4 Cross Street, Hurstville NSW 2220 | PO Box 812 Hurstville BC NSW 1481
Edgecliff Office: 159 New South Head Road, Edgecliff NSW 2027 | PO Box 68 Edgecliff NSW 2027

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Charitable Status

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

Structure

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

Committee of Management

Chair	John Tuffley	Orthopaedic Surgeon (QLD)	Elected member
Honorary Secretary and Treasurer	John Bennett	Civil Engineer (ret.) (NSW)	Kogarah Rotary Nominee
	Peter Brazel	Orthopaedic Surgeon (QLD)	AOA Nominee
	Di Brown	Registered Nurse (NT)	Nursing Representative
	Robert Costa	Cardiothoracic Surgeon (NSW)	RACS Nominee
	Peter Cundy	Orthopaedic Surgeon (SA)	AOA Nominee
	Youssef (Joe) Ghabrial	Orthopaedic Surgeon (NSW)	Elected member
	Katherine Stannage	Orthopaedic Surgeon (WA)	Elected member
	Kevin Woods	Orthopaedic Surgeon (ACT)	AOA Nominee

Administration

Operational Manager Graham Hextell (NSW)

Administrative support Beverley Hughes OAM (NSW)



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