


A person wearing a straw hat and a dark shirt is pushing a bicycle along a dirt path. The bicycle is heavily loaded with a large, white sack of rice that has colorful stripes (red, green, blue) near the top and bottom. The path is flanked by lush green rice fields. In the background, there are trees and a cloudy sky. A large, circular, blue, textured graphic is overlaid in the top right corner of the image.

orthopaedic
outreach

A U S T R A L I A

2021 Annual Report



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

Orthopaedic Outreach. A surgeon-led organisation.

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

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

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

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

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

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

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

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

Thank you for your support.

Dr Kevin Woods, Chair.



Chair's Report

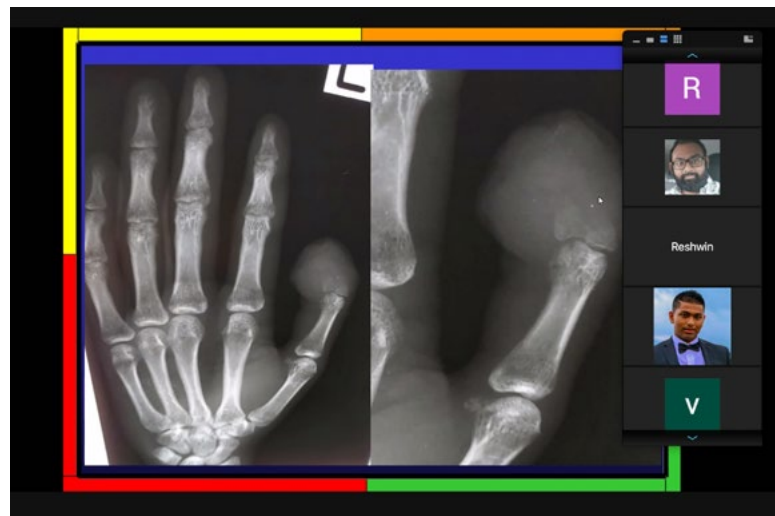
Dr Kevin Woods

This last year has continued to present many challenges to the work of Orthopaedic Outreach. Despite travel to neighbouring countries remaining impossible throughout this year, Outreach has continued to support our colleagues in neighbouring countries remotely where possible.

In Indonesia, Outreach has continued support of both training and examining via a number of measures, including fortnightly teaching sessions conducted by Drs Cumming and Ghabrial, and pre-exam trials held prior to the Indonesian College of Orthopaedics and Traumatology National Board Exams, in both June, and again in December.

In addition, discussions continue with the leaders of the Bali Training Programme regarding the establishment of a "Bone School" programme, modelled on the AOA equivalent, but accounting for the differing pathologies encountered in Indonesia.

For Fiji, weekly online case discussion meetings have been held with Outreach member surgeons and consultants in Suva hospitals. The Australian mentors have reported considerable improvements in confidence and decision making in their Fijian colleagues over the course of this programme. This contact has been facilitated by The McBain Foundation from Ipswich which is arranging for Fiji to be able to connect via Teams which can be maintained from Australia.



Clinical case-based discussions have been valuable in maintaining a connection with our international colleagues.

Hand surgery sessions are also conducted for colleagues based in Lautoka, consisting of fortnightly sessions including 2 way case presentations, with hand therapists also contributing.

At the upcoming AOA ASM, the Outreach programme will hear from speakers from West Papua, Fiji, PNG and Vietnam about their experiences, particularly during the pandemic.

The Management Committee of Outreach has also used the pause in travel activities to strengthen the strategic framework of the organisation, with particular emphasis on accreditation of the organisation with ACFID, which will continue over the next 12 months.

The Management Committee of Outreach is also extremely grateful to the Board of Directors of the AOA for the collaborative approach they have taken in working to normalise the grants received by Outreach from the AOA over the course of the business disruptions caused by the pandemic.



Operational Manager's Report

Graham Hextell

Another year interrupted by the continuing global pandemic. Orthopaedic Outreach has relied on its faithful volunteers who have maintained their enthusiasm in supporting those in low resourced countries in other ways beyond physical visits.

Our appreciation goes to Professor Di Brown OAM for the long-serving contributions to the Orthopaedic Outreach Committee of Management. Professor Brown has been involved in extensive projects throughout Indonesia and Fiji, that will have long-lasting benefits to the local healthcare systems.

Dr Kate Stannage also leaves the Committee of Management, having provided strong direction with governance and providing a clear representation for paediatric orthopaedics in Outreach projects.

It has certainly been a year of fluctuations, and frustrations. One realisation is the nature of a busy practice, often combined with on-call and afterhours commitments, and the general unpredictability of surgery and surgical patients. For it is often more realistic for our volunteers to clear their decks for a 10 day period to focus internationally, than it is a dedicated time slot as a repeating regular event. Worklife is just that unpredictable.

The other realisation has been the changing demands in-country, seeing local surgeons dramatically affected from COVID-19 in their communities, often resulting in them being redeployed to overarching administrative roles, such is their wide skill base, in the absence of any local surgical capacity.

As these past two years have yielded minimal exposure to areas of need for our training registrars, we are grateful for the continuing support from Stryker for the Travelling Registrars Award. This is a partnership spanning more than two decades, and an essential one to continue building on our volunteer surgeon base, and in continuing to make an impact in the countries we support. Ongoing registrar involvement will continue to be a focus of Outreach in this coming year.

The ease of access to any number of AOA supported webinars and e-meetings has certainly helped generate a closer sense of community with those surgeons and sites we regularly support. Whether it was the AOA COE meetings, the Asia Pacific Trauma Society, or the APOA Trauma Congress, each of these virtual meetings provided opportunities for our international colleagues to connect, in the absence of physical visits.

There is little doubt that the delivery mechanisms of humanitarian support will have changed forever, with a need to identify the most effective blend of pathways.



This is what we hope to see more of in 2022; working side-by-side our pacific colleagues.

Outreach activities for 2020-2021

Visited	Purpose	Outreach volunteers	Local coordinators
CAMBODIA			
PHNOM PENH	Host fortnightly two way case based discussions with clinical follow-up of previous cases presented.	Orthopaedic surgeon: Dr Peter Lugg	Dr Meng Sok
FIJI			
SUVA, LABASA AND LAUTOKA	Host weekly open forum case-based discussions with clinical follow-up of previous cases presented.	Orthopaedic surgeons: Dr Michael McAuliffe Dr Peter Brazel Dr Mark Moroney Dr Ali Vakili Martin McBain (McBain Foundation)	Dr Pauliasi Bauleka Dr Vaigalo McCaig Dr Pita Sovanivalu Dr Alipate Natoba
LAUTOKA	Host fortnightly two-way case based discussions, including clinical teaching on surgical technical aspects, clinical imaging, and post-operative care and rehabilitation.	Orthopaedic surgeons: Dr Stuart Myers Dr Paul della Torre Physiotherapists: Adrian Jollow Emily Myers	Dr Alipate Natoba Dr Reshwin Rajan
INDONESIA			
MULTIPLE SITES ACROSS THE ARCHIPELAGO	Deliver pre-exam course for all Indonesian final year trainees in collaboration with the Indonesian College of Orthopaedics and Trauma.	Orthopaedic surgeons: Assoc.Prof. Bill Cumming Assoc. Prof. Joe Ghabrial Dr Chris Blenkin Dr Sandeep Tewari Dr Kevin Woods	Dr Ferdiansyah Dr. Yoyos Dias Ismiarto Prof. Dwikora Novembri Utomo
DENPASAR AND BALI	Coordinate pre-exam preparation for Bali training program candidates, consisting of clinical assessment, classifications, and management of case scenarios.	Orthopaedic surgeons: Assoc. Prof. Bill Cumming Assoc. Prof. Joe Ghabrial	Prof. Putu Astawa Dr Eka Wiratnaya Dr Bramantya Karna Prof. Dwikora Novembri Utomo
PAPUA NEW GUINEA			
LAE	Orthopaedic trauma case consultations and general orthopaedic discussions.	Orthopaedic surgeons: Dr Anthony Jeffries Dr Levi Morse	Dr Steven James

Financial Information 2021

INCOME STATEMENT

	2021	2020
	\$	\$
INCOME		
Grants		
Australian Orthopaedic Association	150,000	125,000
Donations		
Corporate donations	10,000	20,000
McBain Bequest	40,000	60,000
Other private donations	46,183	51,327
Member subscriptions	49,650	37,250
Reimbursements and other income	1	2,588
Total Income	295,834	296,165
EXPENDITURE		
Overseas Programs	15,002	124,581
Domestic programs	0	11,937
Promotion and fundraising	540	5,195
Administration and accountability		
Operational and office management	85,760	85,410
Professional fees	15,698	22,169
Other administration expenses	13,313	19,729
Total Expenditure	130,313	269,021
EXCESS (DEFICIT) FROM OPERATIONS	165,521	27,144

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 2021.

A copy of the full 2021 audited financial report can be found at www.orthoreach.org.au or by contacting admin@orthoreach.org.au

BALANCE SHEET

	2021	2020
	\$	\$
ASSETS		
Current Assets		
Cash and cash equivalents	355,870	235,302
Trade and other receivables	0	2,586
Other current assets	50,000	0
Total Current Assets	405,870	237,888
Non-Current Assets		
Property, plant and equipment	0	0
Total Non-Current Assets	0	0
TOTAL ASSETS	405,870	237,888
LIABILITIES		
Current Liabilities		
Trade and other payables	(4,194)	11,408
Total Current Liabilities	(4,194)	11,408
Non-Current Liabilities		
ATO – BAS payment	6,412	0
Wages and superannuation payable	1,928	0
FBT payable	7,473	0
Credit card	1,670	0
Other creditors	612	30
Total Non-Current Liabilities	18,094	30
TOTAL LIABILITIES	13,900	11,438
NET ASSETS	391,971	226,450
EQUITY		
Retained earnings	391,971	226,450
TOTAL EQUITY	391,971	226,450

Financial Information 2021

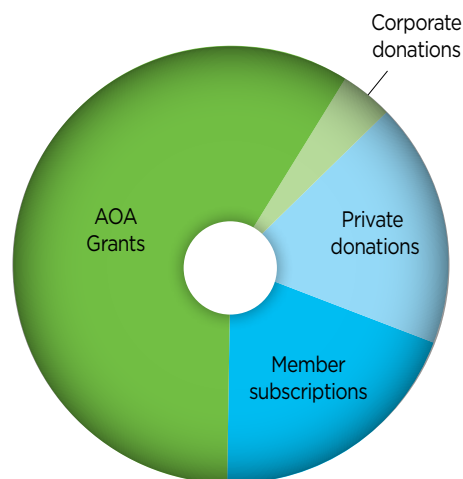
IN SUMMARY

WHERE OUR FUNDS CAME FROM	\$
Australian Orthopaedic Association	150,000
Corporate donations	10,000
McBain Bequest	40,000
Other Private donations	46,183
Member subscriptions	49,650
Reimbursements and other income	1

TOTAL MONETARY SUPPORT 295,834

HOW OUR FUNDS WERE DISTRIBUTED	\$
Overseas Programs	15,002
Domestic Programs	0
Promotion and fundraising	540
Administration and accountability	114,771

TOTAL MONETARY EXPENDITURE 130,313

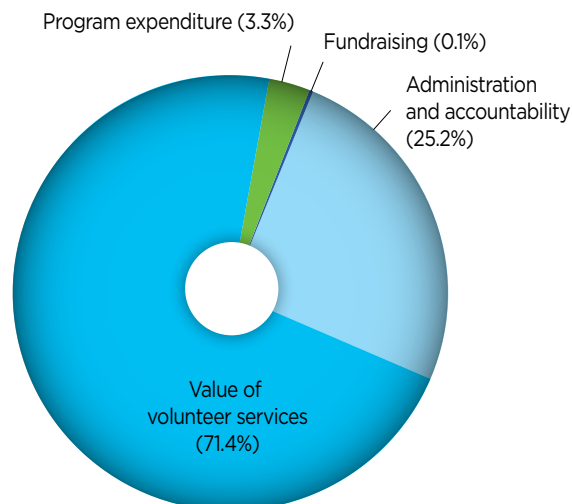


LEGACY OF A PANDEMIC – 2019-2021

	2018/2019	2019/2020	2020/2021
Countries visited	10	9	0
Communities visited	18	16	0
Volunteer team visits	29	20	0
Volunteer team numbers	88	61	0
EXPENDITURE ON OVERSEAS PROGRAMS	\$307,646	\$136,518	\$15,002

Surgeons and anaesthetists	\$
15 volunteers for a total of 91 days	273,000
Nurses, allied health & other volunteers	
6 volunteers for a total of 65 days	52,000
TOTAL VALUE OF VOLUNTEER SERVICES	325,000

DISTRIBUTION OF 'REAL COSTS' OF OPERATION	\$
Value of volunteer services	325,000
Program expenditure	15,002
Promotion and fundraising	540
Administration and accountability	114,771
TOTAL 'REAL COSTS' OF OPERATIONS	455,313



Auditors Report



Auditor's Report

ORTHOPAEDIC OUTREACH FUND INC

For the year ended 30 June 2021

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 2021, 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 2021 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 FCA, Registered Company Auditor

MartinCo

Auditor's address: Sydney

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Dated: 11/10/2021 Hurstville Office: Level 1, 4 Cross Street, Hurstville NSW 2220 | PO Box 812 Hurstville BC NSW 1481
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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





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	Kevin Woods	Orthopaedic Surgeon (ACT)	AOA Nominee
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
	John Tuffley	Orthopaedic Surgeon (QLD)	Elected member

Administration

Operational Manager Graham Hextell (NSW)

Administrative support Beverley Hughes OAM (NSW)



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www.orthoreach.org.au
