

A woman wearing a traditional conical hat and a checkered shirt is crouching at a market stall. She is surrounded by baskets of fruit, including a large basket of round, reddish-yellow fruits. A blue plastic bag is visible next to her. The background is slightly blurred, showing other people and market activity. A large, stylized blue circular graphic is overlaid on the right side of the image.


orthopaedic  
**outreach**

2019 Annual Report





Surgery can be a frightening experience. Anaesthetist Dr Jon Christie welcomes mother and child into the operating theatre in Kiribati.



# 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

### **Orthopaedic Outreach remained very active in 2018/2019, with members leading trips to numerous regions in the Pacific and South East Asia.**

Outreach work is undertaken after consultation with local key personnel in the regions visited, to ensure that the assistance and teaching provided matches local needs.

Trips were made to several Pacific Island Countries, including the Solomon Islands, Samoa, Tonga, Kiribati, and to several centres in Fiji (Lautoka, Suva, and Labasa).

Papua New Guinea remains in need of Outreach assistance, and visits have been made to Lae, the New Guinea Highlands, Rabaul, and to Port Moresby.

Outreach work previously carried out in South East Asia has been built upon, with ongoing educational activity continuing in Vietnam and Cambodia, particularly in the specialty areas of foot and ankle, hand/micro-surgery, and arthroplasty.

The Indonesian Orthopaedic Association has sought assistance in line with the memorandum of understanding between AOA/Orthopaedic Outreach and the Indonesian Orthopaedic Association/ Indonesian Orthopaedic Board of Studies, leading to Outreach assistance with the Indonesian Orthopaedic Fellowship Exams, and with continuing orthopaedic educational activities in Indonesia. New activities which will be undertaken by Outreach in Indonesia in the next 12 months include Ponseti Courses, and trauma courses.

Outreach is looking to re-establish links to Timor Leste, probably in conjunction with RACS, and to this end, a scoping trip was recently conducted.

Without the enthusiastic support of those who volunteer for Outreach trips, and without donations from members, philanthropists, and the trade, these activities could not take place. The management committee of Orthopaedic Outreach thanks all who have contributed to the activities of Orthopaedic Outreach over the past 12 months, and looks forward to continued support for Outreach activities.



**Local ferry transport is essential for travel in Kiribati. Boats similar to this are often the only way to transport patients from any of the 20 other islands or even from remote sections of the main island, Tarawa.**

The dedication and work of several Orthopaedic Outreach members was acknowledged by the AOA at the honours and awards ceremony during the AOA AGM, October 2018: Joe Ghabrial awarded AOA Life Membership, John Bennett awarded AOA Honorary Membership, Michael McAuliffe and Peter Lugg presented with Humanitarian Awards. Outreach congratulates these members.

Orthopaedic Outreach is cognisant of the fact that Outreach represents AOA while undertaking outreach activities, and mindful of this, Outreach members take care to adhere to the AOA code of conduct in the course of their activities. Orthopaedic Outreach appreciates the support of AOA.

Orthopaedic Outreach looks forward to a fruitful 2019/2020.



# Operational Manager's Report

## Graham Hextell

**The 8th World Health Organisation (WHO) Global Initiative for Emergency and Essential Surgical Care (GIEESC) was held in conjunction with the RACS 88th Annual Scientific Congress in Bangkok earlier this year.**

This is a global forum that convenes multidisciplinary healthcare professionals, health authorities and international organisations, and provided Orthopaedic Outreach a unique opportunity to collaborate with international leaders on developing initiatives to reduce the burden of death and disability from conditions that could be successfully treated through orthopaedic surgery.

The networking opportunities of participating in these annual global health forums allow visibility of Orthopaedic Outreach, with requests for increased involvement in areas of need as a direct result. The relationships with country leaders are strengthened, and we maintain a reliable presence. Reacquainting with the East Timorese surgeons became direct result from this years' meeting, with an invitation to assist in regional orthopaedic surgical care.

Orthopaedic Outreach continues to improve its governance structure through revising the Rules of Association and establishing improved terms of employment of its paid employees. The increased ability to negotiate with government bodies and non-government organisations (NGO's) in the future will become a direct of result of these actions.

The collaboration between Orthopaedic Outreach and the Indonesian Orthopaedic Association to create the Yayasan Orthopedi Indonesia has been a strong success for this year. This will see Outreach support the Indonesians with their own orthopaedic humanitarian services through the formation of the Yayasan.

This level of collaboration extends to include projects with partner organisations such as RACS, through their Global Health Committee, and the Pacific Islands Orthopaedic Association (PIOA).



**East Timorese locals were incredibly welcoming with Outreach Manager Graham Hextell and Perioperative nurse Natalie Notaras.**

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





# Outreach activities for 2018-2019

Places visited	Purpose	Outreach volunteers	Local coordinators
<b>CAMBODIA</b>			
<b>PHNOM PENH</b> 9-16 November 2018	Multiple presentations throughout the Cambodian Society for Surgery Annual Conference, including a microsurgical skills training course for junior medical officers. Supported surgeries across multiple sites in Phnom Pehn.	Orthopaedic surgeons: Assoc. Prof. Graham Gumley, Assoc. Prof. Des Bokor, Dr David Graham, Assoc. Prof. Neil Jones, Dr Roongsak Limthongthang, Dr Alex Nicolls, Dr Ho Man Truong Phu, Dr Damien Ryan. Hand therapists: Marin Suzuki, Cathy Merry. Graham Hextell (Outreach manager).	Assoc. Prof. Vuthy Chhoeurn, Assoc. Prof. Duong Bunn, Assoc. Prof. Sok Buntha, Dr Jim Gollogly, Dr Sin Phot, Assoc. Prof. Bounchan Youttironng.
<b>PHNOM PENH</b> 31 Aug - 1 Sept 2018	Lower limb orthopaedic trauma seminar. Focus on Clinical assessment, non-operative and operative techniques including introduction to arthroscopy.	Orthopaedic surgeons: Dr Peter Lugg, Dr Tim Keenan, Dr Merv Cross, Dr John Bartlett.	Dr Meng Sok.
<b>PHNOM PENH</b> 15-20 June 2019	Provide clinical guidance and support with pre-identified complex patients.	Orthopaedic surgeon: Dr Peter Lugg.	Dr Meng Sok.
<b>FIJI</b>			
<b>SUVA</b> 8-13 July 2018	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: John Dash. Registrar: Dr Rick Steer. Martin McBain (McBain Foundation).	Dr Pauliasi Bauleka, Dr Emosi Taloga, Assoc. Prof. Eddie McCaig.
<b>SUVA</b> 15-19 October 2018	Provide clinical guidance and support with pre-identified complex patients; targeted education component for surgical trainees.	Orthopaedic surgeons: Dr Michael McAuliffe, Dr Joe Lamplot (Washington Uni). Perioperative nurse: Ben Francis. Martin McBain (McBain Foundation).	Dr Pauliasi Bauleka, Dr Emosi Taloga, Dr Vaigalo McCaig, Dr Jemesa Tudravu, Assoc. Prof. Eddie McCaig.
<b>LABASA</b> 3-7 December 2018	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainee. Explore local GP referral processes for orthopaedic trauma and congenital anomalies.	Orthopaedic surgeon: Dr Andreas Loeffler. General Practitioner: Dr Gillian Deakin.	Dr Alipate Natoba.
<b>SUVA</b> 9-12 March 2019	Instructional Ponseti training course delivery for local medical and therapists.	Orthopaedic surgeons: Dr Peter Cundy, Dr Koen De Ridder, Dr Andrew Morris, Dr Nicole Williams. Ponseti practitioner: Helen Burgan. Orthotist: Ruth Baker.	Dr Pauliasi Bauleka.
<b>SUVA</b> 24-29 March 2019	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainees.	Orthopaedic surgeon: Dr Doron Sher. Anaesthetist: Dr Richard McMahon. Perioperative nurse: Celeste Gaspar.	Dr Pauliasi Bauleka, Assoc. Prof. Eddie McCaig.
<b>LAUTOKA &amp; BA</b> 21-29 April 2019	Orthopaedic surgical service provision; provide clinical guidance and support for surgical trainees with a specific focus on hand and wrist; sessions for physiotherapists on casting and splinting techniques.	Orthopaedic surgeons: Dr Stuart Myers, Dr Paul Della Torre. Physiotherapist: Emilie Myers, Adrian Jollow, Steven McCullough. Perioperative nurse: Megan Hunt. Medical student: Thomas Boland.	Dr Mark Rokobuli.
<b>INDONESIA</b>			
<b>BALI</b> 1-5 August 2018	Invited external examiners for the Indonesian National Board Orthopaedic exams, including examiner training workshops. Deliver surgical resident teaching and pre-exam course for final year resident surgeons.	Orthopaedic surgeons: Dr Chris Blenkin, Assoc. Prof. Bill Cumming, Assoc. Prof. Joe Ghabrial, Assoc. Prof. Graham Gumley, Dr Kevin Woods.	Prof Putu Astawa, Prof Siki, Dr Istan Irmansyah, Dr Bramantya Karna.
<b>BALI</b> 21-23 November 2018	Collaboration discussions between Yayasan Orthopedi Indonesia and Orthopaedic Outreach.	Outreach manager: Graham Hextell.	Dr Bramantya Karna.
<b>MAKASSAR</b> 21-27 January 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: Dr Richard Angliss, Assoc. Prof. Bill Cumming, Dr Ian Dickinson, Assoc. Prof. Joe Ghabrial, Dr John Tuffley.	Dr Ifran Saleh, Assoc. Prof. Zairin Noor.
<b>SOLO</b> 24-25 May 2019	Convene the Continuing Orthopaedic Education seminar on sports injury management.	Orthopaedic surgeons: Dr Greg Hoy, Dr Peter Berton, Dr Des Soares.	Dr Istan Irmansyah, Dr Bintang Soetjahjo, Dr Made Febri.
<b>JAKARTA</b> 18-23 June 2019	Invited external examiners for the Indonesian National Board Orthopaedic exams. Deliver pre-exam course for final year resident surgeons at the University of Indonesia.	Orthopaedic surgeons: Dr Chris Blenkin, Assoc. Prof. Bill Cumming, Dr Ian Dickinson, Assoc. Prof. Joe Ghabrial, Dr Paul Pincus, Dr Sandeep Tewari.	Dr Ifran Saleh, Assoc. Prof. Zairin Noor.
<b>JAKARTA</b> 21 June 2019	Indonesian Collaboration meeting: a collaboration between the Indonesian Orthopaedic Association, the Australian Orthopaedic Association and Orthopaedic Outreach.	Orthopaedic surgeons: Dr Chris Blenkin, Assoc. Prof. Bill Cumming, Dr Ian Dickinson, Assoc. Prof. Joe Ghabrial, Dr Paul Pincus, Dr Sandeep Tewari.	Dr Ifran Saleh, Assoc. Prof. Zairin Noor, Dr Edi Mustamir, Dr Ferdiansyah, Dr Aryadi, Dr Istan Irmansyah, Dr Yoda, Assoc. Prof. Nicolaas Budhiparama.

Places visited	Purpose	Outreach volunteers	Local coordinators
<b>KIRIBATI</b>			
<b>TARAWA</b> 29 April - 6 May 2019	A collaborative project with the RACS funded team led by John Tuffley. Continued efforts to guide Ponseti technique and trauma management.	Orthopaedic surgeon: Dr Paul McEniery. Perioperative nurse: Cherie Genat.	Dr Kabiri Tuneti.
<b>PAPUA NEW GUINEA</b>			
<b>PORT MORESBY</b> 26-28 August 2018	Invitational visit to establish orthopaedic surgical skills training program.	Orthopaedic surgeon: Dr Matthew Wilkinson. Outreach manager: Graham Hextell.	Prof Ikau Kevau.
<b>KUNDIAWA</b> July 8-13 2018	Observational visit in support of local PIOA trainee; explore spinal surgery support mechanisms.	Orthopaedic surgeons: Dr Des Soares, Dr Ian Cheung.	Fr Jan Jaworski, Dr Petrus Opum, Dr James Yakea.
<b>LAE</b> 14-20 October 2018	Orthopaedic surgical service delivery; provision of guidance on assessment and treatment options with local surgeons.	Orthopaedic surgeon: Dr Anthony Jeffries	Dr Stephen James.
<b>LAE</b> 4-9 March 2019	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.
<b>SAMOA</b>			
<b>APIA</b> 27 June - 7 July 2018	A collaborative project with RACS funded team led by John Clifford developing surgical skills for lower limb orthopaedic surgery.	Orthopaedic surgeons: Dr John Clifford, Dr Robert Pianta. Anaesthetist: Dr Julie Chan. Registrar: Dr Emma Lewis, Dr Maya Keeka. Perioperative nurse: Linda Amos.	Dr Areta Samuela, Dr Tala Taavao.
<b>APIA</b> 13-16 March 2019	Deliver structured Ponseti refresher training course providing ongoing support for assessment and management of club foot.	Orthopaedic surgeons: Dr Peter Cundy, Dr Koen De Ridder, Dr Andrew Morris, Dr Nicole Williams. Ponseti practitioner: Helen Burgan. Orthotist: Ruth Baker.	Dr Areta Samuela, Dr Tala Taavao.
<b>SOLOMON ISLANDS</b>			
<b>HONIARA</b> 1-6 Nov 2018	Foster relationship established with orthopaedic surgical department providing clinical and surgical support.	Orthopaedic surgeon: Dr Paul Hitchen.	Dr Patrick Houasia, Dr Alex Munamua, Dr James Te'wani.
<b>TIMOR LESTE</b>			
<b>DILI</b> 16-21 June 2019	Invitational visit to establish requirement for recommencing Orthopaedic Outreach visits. Provide clinical guidance in clinics and operative supervision.	Orthopaedic surgeon: Dr Anthony Jeffries. Outreach manager: Graham Hextell. Perioperative nurse: Natalie Notaras.	Dr Nilton Da Silva, Saturnino.
<b>TONGA</b>			
<b>NUKU'ALOFA</b> 28 Sept - 2 Oct 2018	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.
<b>NUKU'ALOFA</b> 17-27 June 2019	Provision of adult general orthopaedic surgical service.	Orthopaedic surgeons: Dr Mark Ridhalgh, Dr Geoff Rosenberg. Anaesthetist: Dr Rod Green. Perioperative nurse: Lee Mayo.	Lord Viliami Tangi, Dr Alamea 'Aholelei.
<b>VIETNAM</b>			
<b>HUE</b> 23-27 October 2018	Hand surgery and hand therapy course targeting orthopaedic and plastic surgeons, physiotherapists, nurses and plaster technicians. 25th team visit; 15th course.	Orthopaedic surgeons: Dr Peter Scougall, Dr Richard Lawson, Dr Damien Ryan, Prof. Jagdeep Nanchahal (Oxford). Physiotherapists: Cathy Merry, Kylie Flynn.	Dr Nguyen Van Hy, Dr Ho Man Truong Phu.
<b>HO CHI MINH CITY</b> 29-31 October 2018	Trauma management training with staff from Cho Ray Hospital (level 1 trauma facility). Revision surgery teachings at the Hospital for Traumatology & Orthopedics.	Orthopaedic surgeons: Assoc. Prof. Ton Tran, Dr Andrew Beischer, Dr Glenn Boyce, Dr Brad Crick, Dr William Edwards, Dr Jason Harvey, Dr De Juan Ng, Dr John Galbraith. Registrar: Dr Lucas Annabelle. Anaesthetist: Dr Ashit Das. Physiotherapist: Khanh Tran. Perioperative nurse: J Miller. N. Keough (Stryker).	Dr Xuan Hoang, Dr DV Chau, Dr NAH Tang, Dr P Le, Dr HP Do.
<b>HO CHI MINH CITY</b> 15-16 June 2019	Inaugural foot and ankle course delivered in conjunction with both the Hospital for Traumatology & Orthopaedics and the University of Medicine & Pharmacy (UMP).	Orthopaedic surgeons: Dr Andrew Beischer, Dr Les Grujic, Dr Andrew Wines. Radiologist: Dr Richard O'Sullivan.	Dr Xuan Hoang.



# Team visits 2018-2019





# Cambodia

An international collaboration coordinated by Prof Graham Gumley completed a successfully 10 day program in Phnom Penh. The international collaboration consisted of Australian upper limb surgeons, surgeons from the United States of America, United Kingdom, Thailand, and Vietnam, as well as Australian hand therapists, completing a multidisciplinary team.

The surgical team was well coordinated across three hospitals (National Paediatric Hospital, Children's Surgical Centre, and Kossamak Hospital. supporting local surgeons with complex surgical cases being undertaken.

The education focus continued throughout the visit with formal afternoon lectures on assessment and repair techniques for a multitude of upper limb presentations, delivered at the University of Health Sciences.

In addition to surgical activities, the team was able to make valuable contributions to the National Surgery Conference, providing a surgical skills workshop for 25 Cambodian surgical trainees consisting of multiple workstations featuring:

- upper limb assessment and x-ray interpretation,
- nerve repair techniques,
- flexor tendon repair,
- extensor tendon repair,
- hand therapy techniques.

These workstations held a strong focus on attendee participation under direct supervision and guidance of the Outreach faculty. The hand therapists had previously held a full day clinical based workshop at the invitation of the Cambodian Physiotherapy Association, and welcomed a member of their executive to participate in the delivery of skills training. This inclusion reinforced to local surgeons and trainees the essential role held by hand therapists in the care and management of patients.

The Khmer Soviet Friendship Hospital in Phnom Penh continues to strive for improved patient care, in response to the initial ground work undertaken from 2014-2017 (acknowledgement to Kareen Dunlop) in identifying a hospital-wide infection control program, as preparation for advanced orthopaedic surgery including arthroplasty. Dr Peter Lugg has demonstrated a great commitment to clinical teaching and improving the clinical outcomes for the local population. The clinical ward areas are



**Dr David Graham and Dr Roongsak Limthongthang in Phnom Penh.**



**National Paediatric Hospital, Phnom Penh. Complex paediatric deformity requires careful surgical planning.**

much improved, and the hospital now is host to a new dedicated physiotherapy department. This is an area of patient care that they are keen to pursue with further training and have encouraged Orthopaedic Outreach to consider support for physiotherapists development with future visits.



# Team visits

## Fiji

### Lautoka

After much anticipation the Government of Fiji announced in November 2018 that Aspen Medical was the successful selected bidder for the provision of health services under a public private partnership arrangement. Although the contract was only signed in January 2019, the commitment from Fiji to a public-private partnership for the Ba and Lautoka Hospitals will last beyond another 20 years. This decision is in line with the Fijian government's announcement to modernise the Fiji health system.

Aspen Medical has experience throughout the Pacific, and over the past 15 years has managed hospitals, clinics and aero-medical evacuation services across Papua New Guinea, Solomon Islands, Timor Leste, Vanuatu and Kiribati.

The impending transfer of hospital management has led to an extended period of instability, impacting on surgical access combined with questionable sterility in using procedural rooms as operating theatres, low level willingness to facilitate repairs, an overall staffing insecurity led from uncertainty and resource allocations resulting in low staff morale.

There are complex challenges in providing supportive educational visits, with low level motivation to participate demonstrated locally. No dedicated operating time, limited imaging access, and a workforce largely reliant on junior medical officers with limited physical resources restrict the impact our teams can have. Instrumentation and implants critical to the care of surgical patients remain sealed in a damaged asbestos laden operating theatre from 9 months prior.

Our volunteers look forward to the completion of further restoration and redevelopment of Lautoka Hospital, which is of urgent need. The lack of access to a fully functioning operating theatre impedes essential levels of primary surgical care for the vast populations within its catchment.

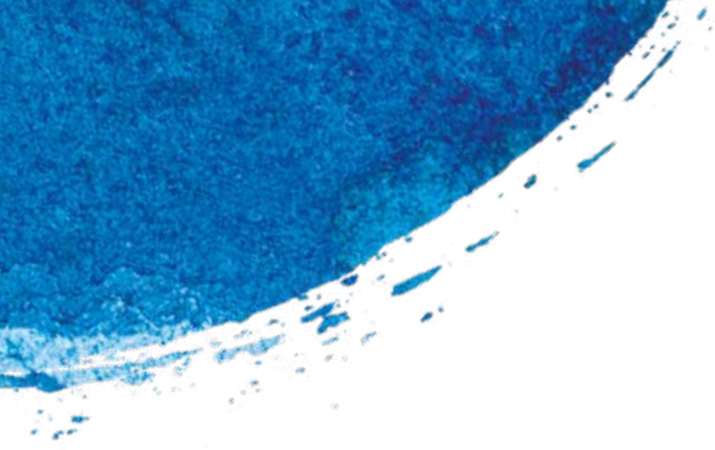
### Labasa

Andreas Loeffler completed his 30th visit to Labasa during this term. The major development within Labasa is the commitment shown by Dr Alipate in establishing himself as the resident orthopaedic surgeon. The work is relentless, as orthopaedics easily accounts for 25% of all hospital admissions. As a method of sharing the workload, the general surgeons agree to manage the diabetic foot sepsis and the all too frequent amputations



Teaching minimally invasive knee surgery at the Colonial War Memorial Hospital, Suva.





**Clinical assessment and discussing treatment options with local families is an important part of meeting community needs and expectations.**

that follow. The local hospital administration acknowledges that orthopaedics requires both human and capital resources and there are plans for further recruitment of surgeons into the hospital.

### **Suva**

Trauma remains the bulk of surgery that presents during our visits to the Colonial War Memorial Hospital, Suva. This includes complex acute trauma and patients presenting with secondary conditions as a result of the trauma, such as non-unions, malunions and infection.

Our teams outlined the use of the Ponseti technique to the local health professionals, and with an appreciation of the high incidence and sub-optimal management of club foot in Fiji, a unique training opportunity evolved. Surgeons, surgical trainees and physiotherapists representing all divisions across Fiji attended a Ponseti training course. The Ponseti training generated significant interest from the 32 participants, with immediate follow-up refresher courses scheduled for the coming year. This faculty itself was an international collaboration led by Peter Cundy and

Helen Burgan, with the inclusion of Koen de Ridder from Wellington New Zealand.

Orthopaedic Outreach encourages all volunteer teams to make contact with the Australian High Commission in country as a mechanism of informing the Australian High Commission of the work that we do. The delegates in Suva are increasingly supportive of our programs, providing connections with freight forwarders Gibson Freight to assist in bulk shipping of donated supplies. Through the support of the McBain Foundation and Dotdash Australia, Orthopaedic Outreach have managed to provide an estimated \$35,000 worth of new orthopaedic instrumentation and equipment for the Colonial War Memorial Hospital. The Fijian Ministry of Health have also agreed for secured storage space to be allocated within the Suva Pharmaceutical and Biomedical Services Centre for Orthopaedic Outreach specific items. This allows for repeat use instrumentation and equipment no longer requires expensive shipping, and can remain in-country for visiting team use as required.

## **Sterilisation and surgical site infection prevention remain key aspects**

Post operative surgical site infection is problematic, with our volunteers concerned about the ongoing issues leading to an increasing infection risk. The issues are clearly multi-factorial in nature, and cause a significant impact on surgical outcomes and the capacity to undertake surgery of any complexity. Our volunteers have agreed to identify this as a high priority for future visits over the next 1-2 years.

Key aspects agreed upon with the senior orthopaedic surgical team include the requirement for a review of existing sterilisation practices, review of pre and post-operative surgical patient care in relation to surgical preparation and wound care, and the consideration of initiating a study on the effects and techniques used to reduce the risks of surgical site infection. Surgical skills transfer and clinical service provision will still feature, however the risks of a preventable disease from surgical infection are too great to ignore.



# Team visits

## Indonesia

Orthopaedic Outreach works in cooperation with the Indonesian Orthopaedic Association to coordinate a Continuing Orthopaedic Education program. These meetings are shared across the major orthopaedic surgical training hubs, ensuring access to registrars from all over Indonesia. These meetings also provide final year registrars to present their final research papers to the audience. The engagement level of registrar participants is high, and with mixed mode delivery including short quiz type presentations, those present are challenged throughout the meeting. Topics within this period were sports medicine and orthopaedic trauma, with some sessions attended by approximately 200 orthopaedic surgical trainees.

Bandung, West Java was the host site for the orthopaedic trauma meeting with a focus on upper limb injuries. This was at the invitation of Dr Istan Irmansyah Irsan, with Outreach volunteers' Drs Ben East and Ben Hardy playing lead roles in presenting a total of 9 hours of prepared presentations and clinical case-based discussions.

The specifics of sports injury management were discussed as part of the workshop organised by the Indonesian Orthopaedic Association and the Solo orthopaedic department, Central Java. Dr Made Febri provided an excellent and comprehensive presentation on multi-ligament knee surgery. This was complemented by Outreach volunteers' Dr Greg Hoy and Dr Peter Berton, joined by Dr Des Soares as the Outreach convenor.

Orthopaedic Outreach volunteers are involved in resident training days, pre-exam courses and National Board exams at the invitation and request of the President of the College of Orthopaedic Surgery, and the Indonesian Orthopaedic Association, as a measure of external governance. Interaction between Outreach and the AOA with the Indonesian Orthopaedic Association and their Board of Studies is at several levels and has matured to the point where the AOA, Outreach, the IOA, and the IOA Board of studies have a memorandum of understanding defining the relationship and activities AOA and Outreach undertake in Indonesia.

## Kiribati

Kiribati comprises 33 islands, 21 of which are inhabited. The islands are spread over an area as large as mainland USA. The main island, Tarawa, has a population of over 50,000 and is one of the most densely populated areas in the world.

- 3 islands have a population of about 5,000.
- 15 islands have populations of between 1000 and 5000.
- 2 islands have populations of less than 1000.

Both the geography of Kiribati and the fact that the small islands do not have full time doctors makes any consistency in the screening of orthopaedic patients difficult. Outreach teams have in the past left information (information sheets on "Word" documents) for the local staff to aid them in screening, and to assist them in managing non-specific low back pain and end stage bilateral knee osteoarthritis. This has included patient information sheets translated to help patients self manage knee osteoarthritis and low back pain due to age related degenerative spondylosis, which can conveniently be provided by local medical staff.

The bulk of the population (55%) who live on the main Island where the Outreach team spend their time had been fairly well screened. The remaining 45% of the population who live on other islands, some up to 2 weeks away by boat, are screened at local clinics, not by doctors, but by 'medical assistants'. Many of the patients from these islands do need assessment and treatment by the Outreach team, but many present with chronic degenerative conditions that are beyond our capacity to treat, particularly those with non specific low back pain, degenerative lumbar spondylosis, or end stage varus pattern osteoarthritis of the knees.

The geography of the country, the absence of doctors on most islands, plus the logistics and cost of transporting patients from distant islands to Tarawa (the main island where the Outreach team is based) will continue to make the consistency of screening of patients coming from these islands difficult.

In general terms, and with consideration of the mix of patients seen on visits over the past 5 years, the patient mix was consistent during this visit.



**Above: The success of long standing teams connecting with their local counterparts.**



**Left: Perioperative nurse Joelene Steele and Dr John Tuffley assess the result of Ponseti technique and serial casting on this child born with talipes equinovarus (club foot).**

The caseload for 2019 included greater than 240 patient consultations. Of those that progressed to surgical intervention, there were 3 unilateral and 3 bilateral cases of club foot. These children required multiple procedures completed several days apart in line with the Ponseti method. Soft tissue procedures and delayed presentations of trauma comprising of malunions and non-unions made up the remaining surgical patient load.

There are times when the Outreach team visit is widely advertised, resulting in a greater number of patients

from the outer islands being seen. These patients, compared with the Tarawa population, generally have more significant pathology; fracture mal-unions and non-unions, untreated joint dislocations, axonotmic nerve lesions, and late presentations of congenital talipes equino-varus. TB of the spine also exists with a small number of TB spine patients reviewed.

Opportunities to improve orthopaedic services in Kiribati exist, and although the surgical registrar is relatively new to his position (5 months as of May 2019) his enthusiasm in acquiring orthopaedic knowledge and developing orthopaedic surgical skills has exceeded recent predecessors. This creates great potential for a local surgeon who can provide a good orthopaedic surgical service to Kiribati. Any mentorship from Dr Tuneti (current acting Director of Hospital and Medical Services, and previous surgeon performing orthopaedics) will be advantageous.



# Team visits

## Papua New Guinea

Connections continue to strengthen throughout regional centres of Papua New Guinea with increasing opportunities for orthopaedic surgical training becoming available. The long term benefits for local communities in having more experienced and specialised surgeons are significant, and Outreach continues to work with these regional facilities to support them as best possible during these times.

As a consequence of the modular style of specialist training, there is periodically a requirement for local trainees to undertake instructional workshops off-site. In smaller centres with limited local surgeons, there is a potential reduction of local surgical services for the duration of their absences.

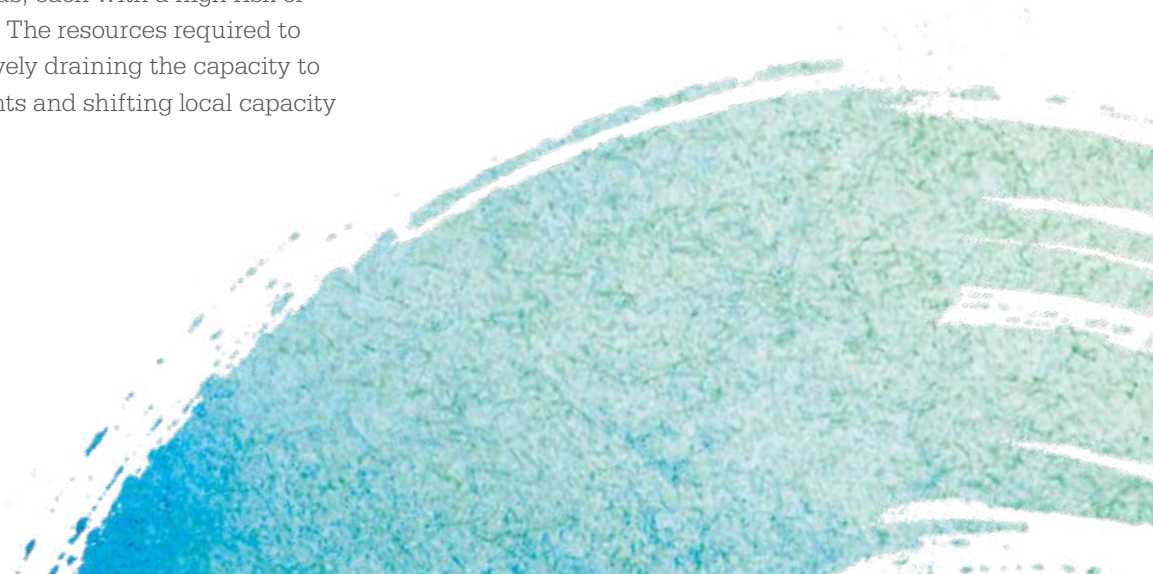
Valuable open communication with Dr Stephen James in his role as Head of Surgery continues to provide a mechanism of success for this program. Frank discussions have been held regarding the future visits and the capacity the ANGAU Hospital has to meet the community demands and needs as a surgical hospital, and while consideration will be given in future for Outreach to provide surgeon coverage during periods of leave, at this point in time, it will continue with the two visits annually. Anaesthetic inclusion has been invited to contribute to the development of local anaesthetic providers, promoting a multidisciplinary approach.

Implant availability continues to place limitations on surgical management of orthopaedic trauma. A dominating proportion of patient admissions result from domestic violence involving bush knives. The injuries sustained include open fractures, nerve and tendon injuries, and significant soft tissue wounds, each with a high risk of wound infection and sepsis. The resources required to treat these patients are actively draining the capacity to care for other surgical patients and shifting local capacity to manage safe surgery.



**Orthopaedic trauma has no age barriers – here skin traction provides a conservative treatment in the absence of viable surgical options.**

The teams travelling to Lae and Kokopo during 2018/2019 both relied on Orthopaedic Outreach instrumentation and equipment including donated sutures and implants from Johnson & Johnson Medical, which is conveniently freighted for us by DHL Express.





# Samoa

Collaborative projects with the Royal Australasian College of Surgeons continued as a co-branded team formed from the Royal Melbourne Hospital and Western Health, Victoria to visit the Tupua Tamasese Meaole Hospital in Apia, Samoa. Local in-country surgeons host visiting teams to their country almost every week throughout the year, with this Orthopaedic surgical team focusing on surgical skills training for ACL repair and reconstruction. Stryker South Pacific generously supported the inclusion of training registrar, AOA trainee Dr Emma Lewis, to broaden the appreciation of skills and resources available in first world orthopaedics.

The incidence of club foot in the Western Pacific is among the highest of any populations globally. Early detection and strategies for management are crucial to ensure corrective techniques are undertaken through engaging with a Ponseti program. Local leaders Dr Tala Ta'avao and Dr Areta Samuelu have recognised this and welcomed refresher training courses ensuring local clinicians have access to experienced Ponseti practitioners to update their skills and revise techniques. The success of these programs allows for local control of club foot assessment and management within a short timeline, promoting local capacity building and confidence within their local systems.





# Team visits

## Solomon Islands

The Solomon Islands National Referral Hospital Orthopaedic department values Orthopaedic Outreach visits. There are occasional visits from other international teams, with the Taiwanese actively involved. These have at times extended to include major joint replacement surgery, which presents risks in the current environment.

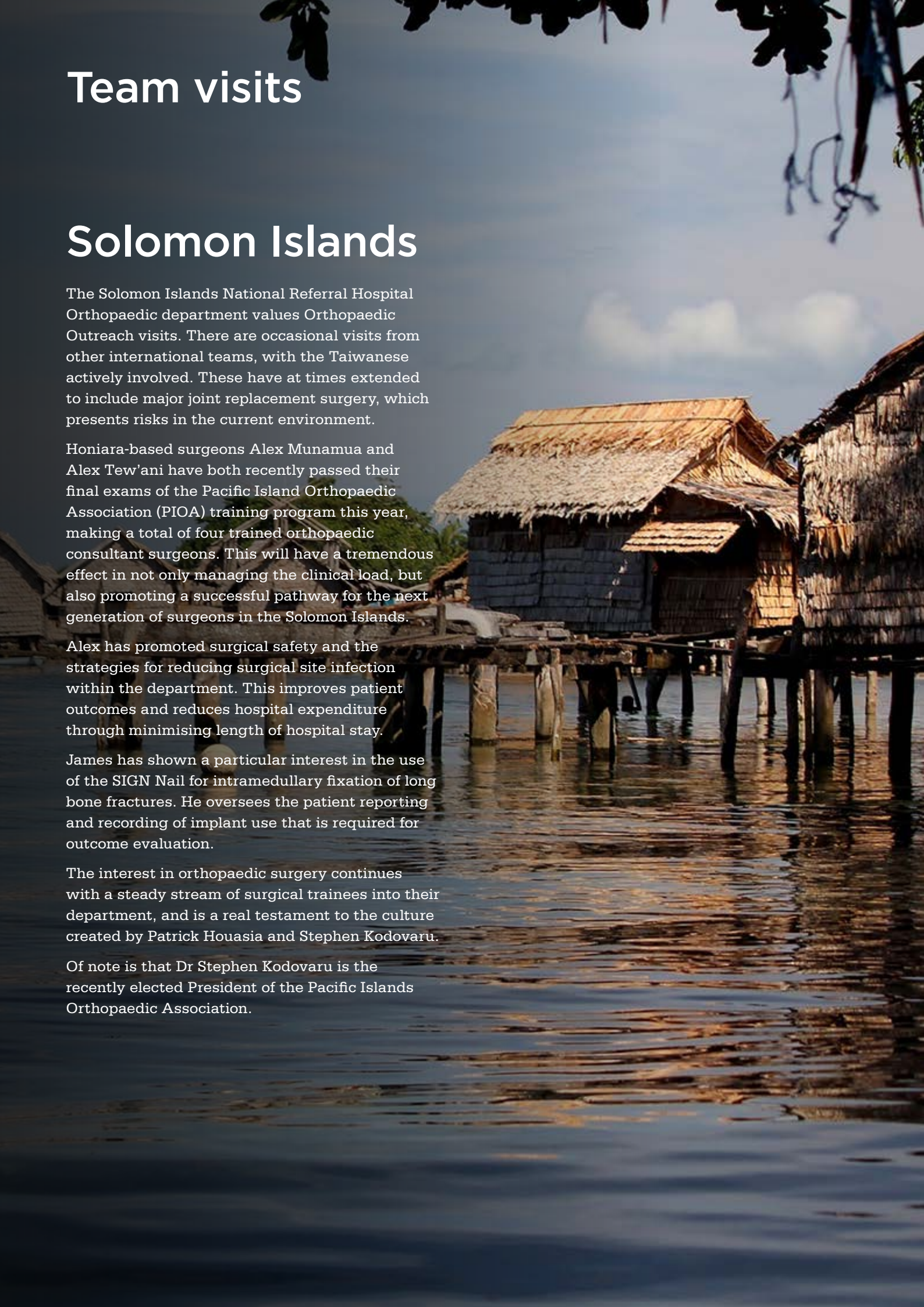
Honiara-based surgeons Alex Munamua and Alex Tew'ani have both recently passed their final exams of the Pacific Island Orthopaedic Association (PIOA) training program this year, making a total of four trained orthopaedic consultant surgeons. This will have a tremendous effect in not only managing the clinical load, but also promoting a successful pathway for the next generation of surgeons in the Solomon Islands.

Alex has promoted surgical safety and the strategies for reducing surgical site infection within the department. This improves patient outcomes and reduces hospital expenditure through minimising length of hospital stay.

James has shown a particular interest in the use of the SIGN Nail for intramedullary fixation of long bone fractures. He oversees the patient reporting and recording of implant use that is required for outcome evaluation.

The interest in orthopaedic surgery continues with a steady stream of surgical trainees into their department, and is a real testament to the culture created by Patrick Houasia and Stephen Kodovaru.

Of note is that Dr Stephen Kodovaru is the recently elected President of the Pacific Islands Orthopaedic Association.





# Timor Leste

Orthopaedic Outreach conducted a visit to the Hospital Nacional Guido Valadares, Dili at the invitation of local orthopaedic surgeons with the aim to re-establish previous connections and consider new opportunities. This was the first visit to Dili since May, 2014. Timor Leste has embraced the Cuban medical training model, as well as post graduate diploma studies available, vibrantly supported by RACS. With varying countries and NGO's actively investing support for the development of health professionals in Timor Leste, challenges exist with coordination of services, surgical congestion and language barriers.

Consistent with many other developing nations, opportunities to further develop perioperative personnel in the care and management of orthopaedic specific instrumentation and equipment exist, providing a more controlled orthopaedic surgical experience for patients and surgeons alike.

Timely access to surgery remains a focus for the Timorese surgical department, with solid data being collected estimating transition from regional sectors into Dili for surgery such as primary management of open fractures. Population expansion in regional settings highlights the role regional facilities such as those in Maliana and Baucaua play as referral sites for surgical care. Orthopaedic Outreach is committed to working collaboratively with the department of surgery at Hospital Nacional Guido Valadares in providing their own surgical outreach programs to the communities within these regional facilities. Opportunities for Outreach to provide services in conjunction with or supported by RACS are being investigated.



**Perioperative nurse Natalie Notaras with local Timorese surgeon Dr Nilton da Silva and his perioperative team.**



**Access to surgery from remote villages presents its limitations across Timor Leste.**



# Team visits

## Tonga

Orthopaedic Outreach has established a fruitful long-term relationship with the Tongan Ministry of Health. There is a strong sense of community and leadership from Vaiola Hospital, which includes the Honourable Minister Dr Saia Piukala, Lord Viliami Tangi, CEO Dr Siale 'Akau'ola, Medical Superintendent Lisiate Ulu'fonua and Chief Nurse Dr Amelai Afuha'amango.

Such is the depth of understanding between the Tongan leadership group and Orthopaedic Outreach, that King Tupou VI of Tonga awarded Outreach volunteers Drs Rodney Green, Mark Ridhalgh and Geoffrey Rosenberg, and Operational Manager Graham Hextell the Order of the Crown in a private ceremony within the Royal Palace. This was in recognition of the many years of consistent commitment to health service and education within their community.

October 2018 welcomed the 39th annual club foot visit to Vaiola Hospital, led by Dr Andrew Leicester from the Sydney Children's Hospital. The team focused on skills transfer involving the clinical assessment of club foot and the serial casting techniques required for the successful Ponseti management of club foot. The Ian Stratton Trust support this initiative through the provision of funding to source vital materials and medical supplies. These supplies were transported courtesy of DHL Express at no cost, which allows Orthopaedic Outreach to utilise funds on much needed programs instead of freight expenses.



**Dr Geoff Rosenberg operating with the Tongan Minister of Health, Dr Saia Ma'u Piukala.**



**A unique bond has been forged between Outreach volunteers and Tongan senior health officials.**







King Tupou XI of Tonga awarded Orthopaedic Outreach volunteers the Order of the Crown in a private ceremony within the Royal Palace. This was in recognition of the many years of consistent commitment to health service and education within their community.



Minister of Health Dr Saia Ma'u Piukala, Dr Mark Ridhalgh, Dr Geoff Rosenberg, Dr Rodney Green, Mr Graham Hextell. Background: Medical Superintendent: Dr Lisiate 'Ulufonua, and Vaiola Hospital CEO, Dr Siale 'Akau'ola.



# Team visits

## Vietnam

In Hue, Central Vietnam, Orthopaedic Outreach volunteers delivered the 25th team visit and 15th instructional course with orthopaedic and plastic surgeons combining with nurses and plaster technicians to total 100 participants. This visit is recognised throughout all regions of Vietnam as a highlight for upper limb conditions. The local coordination of such a course is essential as the partnership evolves, with Hue Central Hospital Director of Orthopaedic Department, Prof Nguyen Van Hy welcoming the continuation of these annual course as an important phase of local surgeon development.

Clinically the team have focused on the management of upper limb injury with brachial plexus injury dominating the October 2018 program. The impact of corrective surgery for more than 20 patients with these specific injuries is life changing. Additional to this, a further 25 patients received surgical intervention presenting with a variety of nerve, tendon or other soft tissue injury or bony defect as a result of traumatic injury.

The teaching component of this team activity features multidisciplinary inclusion ensuring post-operative rehabilitation occurs to maximise their ability to return to normal function as soon as possible.

Further projects have been established in Vietnam emerging from the origins of the relationship with the Hospital for Traumatology and Orthopaedics in Mo Chi Minh City. Teaching remains the focus of each visit, with Outreach volunteers collaborating with Dr Do, Clinical Dean of the University of Medicine and Pharmacy, to deliver multiple lectures, case discussions, cadaveric practical workshops and surgical skills sessions. These target the mid to high range surgeons in establishing not only advanced surgical skills, but fostering a learning environment for those surgical trainees and medical students also in attendance.

Medical industry support for these Vietnam projects has been extremely generous with particular mention of Stryker South Pacific (external fixateur training) and Conmed Linvatec (donation of three arthroscopic towers to the university for teaching purposes). The lasting benefits for surgical trainees in having access to instrumentation and equipment will advance their training.



**Vietnamese surgical trainees explore surgical techniques through instructional sawbone workshops.**



**The partnership with the Hospital for Traumatology and Orthopaedics in HCMC continues to strengthen, establishing a commitment to learning through strong attendance at the inaugural CME on acute injuries of the foot and ankle.**

Orthopaedic surgery impacts populations at either end of the spectrum. Access to arthroplasty surgery is becoming an expectation globally. Vietnam surgeons are expanding their clinical practices to meet these needs, and our Outreach volunteers have been included in high level discussions regarding primary hip and knee planning, rehabilitation and infection control. Plans are also being considered for the management of children with musculoskeletal conditions. This included participating in an inaugural summit on the management of cerebral palsy in Ho Chi Minh City.







# Financial Information 2019

## **INCOME STATEMENT**

	2019	2018
	\$	\$
<b>REVENUE</b>		
Grants		
Australian Orthopaedic Association	125,000	125,000
Donations		
Corporate donations	0	40,320
McBain Bequest	65,000	60,000
Other private donations	56,115	67,344
Reimbursements and other income	3	10,488
Member subscriptions	42,336	36,781
<b>Total Revenue</b>	<b>288,454</b>	<b>339,933</b>
<b>EXPENSES</b>		
Overseas Programs		
AYT Club foot program*	13,412	5,327
Stryker Registrar Program*	10,000	10,500
Other overseas programs*	164,310	114,602
Medical equipment, storage and freight**	97,504	36,871
Domestic programs	22,420	35,626
Promotion and fundraising	7,202	965
Administration and accountability	111,187	99,705
<b>Total Expenses</b>	<b>426,035</b>	<b>303,596</b>
<b>EXCESS (DEFICIT) FROM OPERATIONS</b>	<b>(137,581)</b>	<b>36,337</b>

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

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

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

The financial information provided in this report is a summarised version of the audited Financial Report for the year ended 30th June 2019.

A copy of the full 2019 audited financial report can be found at [www.orthoreach.org.au](http://www.orthoreach.org.au) or by contacting [admin@orthoreach.org.au](mailto:admin@orthoreach.org.au)



## BALANCE SHEET

	2019	2018
	\$	\$
<b>ASSETS</b>		
<b>Bank</b>		
Donation Cheque Account	180,577	350,178
Genral Cheque Account	28,812	12,761
<b>Total Bank</b>	<b>209,389</b>	<b>362,939</b>
<b>Current Assets</b>		
Debtors	0	90
<b>Total Current Assets</b>	<b>0</b>	<b>90</b>
<b>Fixed Assets</b>		
Computer – at cost	6,447	6,447
Computer – depreciation	(6,447)	(6,405)
<b>Total Fixed Assets</b>	<b>0</b>	<b>42</b>
<b>TOTAL ASSETS</b>	<b>209,389</b>	<b>363,070</b>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
CBA Credit Card	5,049	0
GST	4,884	17,199
<b>Total Current Liabilities</b>	<b>9,934</b>	<b>17,199</b>
<b>Non-current Liabilities</b>		
Credit Card Purchases	0	8,985
Other Creditors	150	0
<b>Total Non-current Liabilities</b>	<b>150</b>	<b>8,985</b>
<b>TOTAL LIABILITIES</b>	<b>10,084</b>	<b>26,184</b>
<b>NET ASSETS</b>	<b>199,306</b>	<b>336,887</b>
<b>EQUITY</b>		
Current Year Earnings	(137,581)	36,337
Retained Earnings	336,887	300,550
<b>TOTAL EQUITY</b>	<b>199,306</b>	<b>336,887</b>

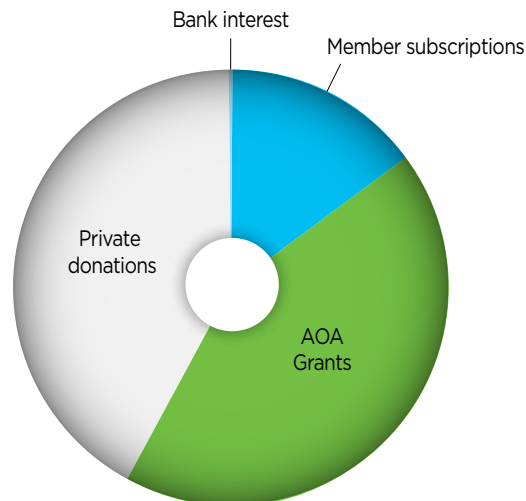


# Financial Information 2019

## IN SUMMARY

WHERE OUR FUNDS CAME FROM	\$
Australian Orthopaedic Association	125,000
McBain Bequest	65,000
Other Private donations	56,115
Bank interest	3
Member subscriptions	42,336
<b>TOTAL MONETARY SUPPORT</b>	<b>288,454</b>

HOW OUR FUNDS WERE DISTRIBUTED	\$
Overseas Programs	285,226
Domestic Programs	22,420
Promotion and fundraising	7,202
Administration and accountability	111,187
<b>TOTAL MONETARY EXPENDITURE</b>	<b>426,035</b>

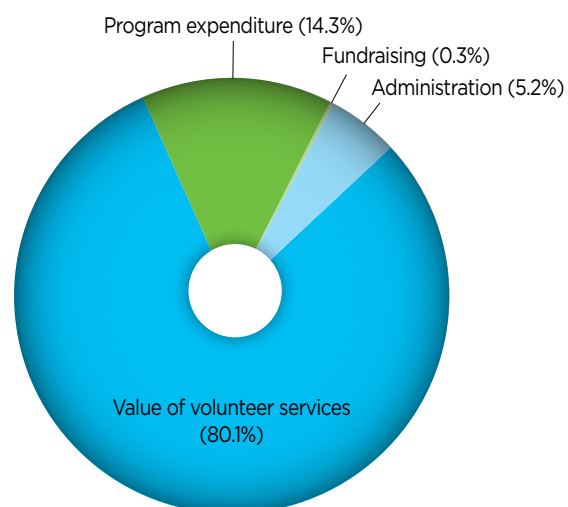


## OUR VOLUNTEERS ADD 'REAL VALUE'

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

Surgeons and anaesthetists	\$
74 volunteers for a total of 471 days	1,413,000
<b>Nurses, allied health &amp; other volunteers</b>	
25 volunteers for a total of 226 days	180,800
<b>In-kind Donations</b>	
Consumables and freight	125,000
<b>TOTAL VALUE OF VOLUNTEER SERVICES</b>	<b>1,718,800</b>

DISTRIBUTION OF 'REAL COSTS' OF OPERATION	\$
Value of volunteer services	1,718,800
Program expenditure	307,646
Promotion and fundraising	7,202
Administration and accountability	111,187
<b>TOTAL 'REAL COSTS' OF OPERATIONS</b>	<b>2,144,835</b>





# Auditors Report



## Auditor's Report

**ORTHOPAEDIC OUTREACH FUND INC**  
**For the year ended 30 June 2019**

### 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 2019, 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.

### 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 2019 and (of) its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Auditor's signature:

A handwritten signature in black ink, appearing to read "Peter Martin".

Peter Martin

MartinCo

Chartered Accountants

Auditor's address: Sydney

Dated: 19/9/2019 P: +61 2 9570 6699 | F: +61 2 9570 6690 | E: info@martinco.com.au | W: www.martinco.com.au  
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

<b>Chair</b>	John Tuffley	Orthopaedic Surgeon (QLD)	Elected member
<b>Honorary Secretary and Treasurer</b>	John Bennett	Civil Engineer (ret.) (NSW)	Kogarah Rotary Nominee
	Peter Brazel	Orthopaedic Surgeon (QLD)	AOA Nominee
	Di Brown	Registered Nurse (NT)	Nursing Representative
	Robert Costa	Cardiothoracic Surgeon (NSW)	RACS Nominee
	Peter Cundy	Orthopaedic Surgeon (SA)	AOA Nominee
	Youssef (Joe) Ghabrial	Orthopaedic Surgeon (NSW)	Elected member
	Anthony Jeffries	Orthopaedic Surgeon (WA)	Elected member
	Kevin Woods	Orthopaedic Surgeon (ACT)	AOA Nominee
<b>Ex-officio Chair</b>	Graham Gumley	Orthopaedic Surgeon (NSW)	

# Administration

**Operational Manager** Graham Hextell (NSW)

**Administrative support** Beverley Hughes OAM (NSW)





Level 12, 45 Clarence Street Sydney  
NSW 2000 Australia. ABN 68 910 058 787  
T +612 8071 8091 F +612 8071 8002

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[www.orthoreach.org.au](http://www.orthoreach.org.au)

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