

# CHAIRMAN'S REPORT ORTHOPAEDIC OUTREACH FUND PTY LTD - 2009



## INTRODUCTION

This will be my last annual report as Chairman of the Management Committee of Orthopaedic Outreach Fund Pty Ltd, concluding a seven-year term of office. This period has seen much change in Orthopaedic Outreach, both in terms of its structure, finances and projects. I am now comfortable that Orthopaedic Outreach is in “a good place” with respect to all the above matters. There is I believe, enthusiasm, energy and commitment from the next generation of surgeons.

## RELATIONSHIPS

### 1. Australian Orthopaedic Association

A year ago a Memorandum of Understanding was signed between the AOA and Orthopaedic Outreach. This has led to both the restructuring of the Management Committee and the finances of Orthopaedic Outreach. This new relationship is a very positive development for both organisations, bringing them closer together in a co-operative way. I expect increasing maturity of the relationship, such that Orthopaedic Outreach will be seen for what it is, the humanitarian arm of the AOA.

Orthopaedic Outreach's logo is being modified and re-designed to bring it in line with the current new branding of the AOA. This gives Orthopaedic Outreach a fresh face and underlines the mutual relationship between Orthopaedic Outreach and the AOA.

The support given by the AOA Board to Orthopaedic Outreach has been enormous, as has been the support from the CEO, Ian Burgess and staff of the AOA office. It has been a great pleasure to have worked with such a helpful and positive group of people.

### 2. Royal Australasian College of Surgeons

Close co-operation between Orthopaedic Outreach and the College, continues. Many of our projects are funded through the College, including the Pacific Islands' Project, AusAID to PNG and the ATLASS Project, Timor Leste. I have sat on the International Committee of the College during my term of office and have enjoyed the collegiality and friendship of members of that committee. Everyone pulls in the same direction, expanding activities in the developing world about us. Recently the Second International Development Symposium was held at the College in Melbourne. I attended this representing Orthopaedic Outreach. Outreach enjoyed excellent exposure and was well received as a strong player in the development of surgical services in developing countries.

I also would like to acknowledge the close relationship that has developed between Orthopaedic Outreach and Daliah Moss and the other administrative staff of the Department of External Affairs at the College who do a great deal in terms of helping organise surgical team trips to host countries. This department headed by Prof. David Scott, is dynamic and enthusiastic with no task too difficult for them.

### **3. Host Countries**

As teams return time and again to individual host countries important close and personal relationships have developed between our teams and the doctors, nurses and politicians in these host countries. This close personal relationship, based on mutual respect, has a great deal to do with the way in which we can go about our work. The focus is very much on capacity building within these developing countries, in partnership with them.

### **4. Projects**

These are many and varied and too extensive to list here in this report. Suffice to say there is not a Pacific Island nation that orthopaedic surgical teams do not visit and our reach extends beyond the Pacific Islands to PNG, Timor, Indonesia, Vietnam, Cambodia and Africa. There is an ever increasing demand for our help. The accent on help is now moving strongly to a greater emphasis on education and training at all levels in the host countries. This is achieved by in-country training, as well as fellowships and training of individuals here in Australia. It is most important that we listen to what the host country feels it needs, rather than impose what we think it needs on them.

In association with the College, Outreach is helping develop reporting systems. This is so that we can report back to host countries in a timely fashion, as to what individual projects are achieving and modify them accordingly to host country needs.

Time and space does not allow me to comment on the many individual efforts that have been made by orthopaedic surgeons in the developing world. It constantly continues to amaze me how individuals can make much out of little and have such a dramatic effect on the health and wellbeing of less fortunate people.

### **5. Finances**

The last 12 months have been difficult financially. However, it seems that we are coming slowly out of the woods. The AOA has donated a further \$25,000 to help defray some of the Orthopaedic Outreach's administrative costs. In addition over the next year or two the funds that had been allocated to projects by the Humanitarian Services Committee of the AOA will flow through to Orthopaedic Outreach. HSC funded projects will continue to be funded as agreed, although all our project funding is reviewed regularly to ensure Outreach can fund projects fairly and within our means. At the end of the day our approach is to facilitate as many projects as possible, and support, as best able, our teams.

It would be extremely remiss of me if I did not acknowledge the financial support that we receive unstintingly from the Australian Orthopaedic Industry. A core group of Orthopaedic Industry companies exhibit the very best standards of corporate citizenship by supporting Orthopaedic Outreach. These companies include Zimmer, Synthes, Global Orthopaedics, Johnson & Johnson, Smith & Nephew, Stryker Australia. There has been a long-term commitment to us from these companies, both with finance and equipment, and this support is a major plank on which Orthopaedic Outreach has been able to develop its humanitarian work.

I also pay tribute to the surgeons, anaesthetists, nurses and physiotherapists who make up our teams, providing their time pro bono. Last financial year we estimated this pro bono work to be equivalent to approximately AUD\$1 million.

The Honorary Treasurer/Secretary, John Bennett, has managed our finances adroitly and with humanity. His has been a steady hand on the financial tiller, always aiming to spend our limited resources in supporting projects so to be going forward at all times. John has been ably supported by Madeline Cumming, who now produces excellent financial statements for all Management Committee meetings. My thanks to both John and Madeleine for their good work and personal friendship.

## **6. Management Committee**

The Management Committee meets every three months. Of the six orthopaedic surgeons on the Management Committee, the AOA board nominates three. They are currently Andreas Loeffler, Peter Cundy and John Tuffley. The other three surgeons elected by Orthopaedic Outreach members are currently myself, Graham Gumley and Stephen Quain. Annette Barrand continues to represent Orthopaedic Nurses and, of course, John Bennett represents Kogarah Rotary. John Quinn is the College's representative on our management committee. We now have representation from Queensland, New South Wales, ACT and South Australia. I hope to see in time representation from Victoria and Western Australia to make the board of management a truly nationally-focused committee.

Our meetings have been always harmonious and productive and I thank all members of the Management Committee for their time and dedication. I can assure members that Orthopaedic Outreach is in good hands with these people at the helm.

## **7. Administration**

Our executive secretary, Beverley Hughes, is very much the life blood of the organisation. Her patience, commitment, cheery disposition and organisation are what make Orthopaedic Outreach tick. Her job is big and grown bigger as we take on more projects and organisation becomes more complex. The help offered to Bev from the AOA office staff I know has been greatly appreciated by her and the continuing development of that relationship, by both organisations will, I'm sure, help share our administrative load. It is impossible to run an organisation like Orthopaedic Outreach

without dedicated people dealing with the day to day issues. Beverley has been in the job for a long time, has enormous contacts with surgeons and others overseas and is an invaluable piece of our jigsaw. I've had the greatest pleasure working closely with her over a long period of time now and can say that her dedication and commitment is truly inspirational.

## **8. The Next Year**

The management committee, of course, will need to elect a new chairman and there is no shortage of good talent and experience around the table. My own view is that we must refocus more on the education and training of individuals in host countries at all levels. However, we must do this in close co-operation with the policy makers and hospital staff of those countries, making sure that what we are doing is appropriate to their needs. Training and capacity building is, in the long-term, the best contribution that we can make to developing nations.

**David McNicol**  
**Chairman, Management Committee**  
**Orthopaedic Outreach Fund Pty Ltd**