




orthopaedic
outreach

A U S T R A L I A

2024 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 clubfoot. 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 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 Andrew Beischer, Chair.



Chair's Report

Dr Andrew Beischer

The past year has been productive for Orthopaedic Outreach in terms of addressing organisational structure. We've adopted a new constitution, completed our transition to a company limited by guarantee, and effected a title change – we're now known as Orthopaedic Outreach Australasia Limited. There is a board of directors overseeing organisational direction, supported by committees: Governance and Risk; Finance and Audit; Marketing and Fundraising; and Programs, Monitoring and Evaluation, which is dedicated to reviewing our volunteer activities.

The Board has moved towards a more skills-based representation, welcoming non-surgeons Narelle Pym (marketing and fundraising) and Bhupesh Kaphle (finance and accounting) to our ranks. A significant impetus for this change has been seeking accreditation with the Australian Council for International Development (ACFID), with a view to having access to Federal Government funding opportunities. This journey was championed by my predecessor Kevin Woods and over the past year we have continued to navigate what has been quite a complicated and involved process. I am hopeful that ACFID accreditation is now within our grasp.

One implication in seeking ACFID accreditation is an increased responsibility to ensure compliance within industry standards and government regulations. We anticipate that members who participate in our overseas programs will experience an increase in compliance checks and documentation requirements while these new processes are becoming embedded within the organisation, and that they too see the value of ensuring good governance reaches into our program activities.

In early April 2024 a meeting of the board directors, committee members and key stakeholders was held in Brisbane to commence the process of developing a strategic plan for the next four years. This session was conducted by Adrian Cosenza, who kindly donated his time and expertise to Orthopaedic Outreach with the



Inspiring collaboration and leadership in action. The Orthopaedic Outreach Board and AOA CEO Adrian Cosenza.

blessing of the AOA Board. The 2024–2028 strategy document is under development with a view to share across our membership by the year's end. One key outcome is the transition away from 'just-in-time' funding model towards a more strategic approach allowing a longer vision. Commencing in 2025, team leaders will be able to submit funding proposals that have been developed around goals targeting a three-year period. This allows greater development goals to be planned and mapped accordingly. Successful applicants will receive approved funding for their three-year period, dependent upon timely post-activity reporting confirming that measurable objectives and outcomes are being achieved with each team activity.

Finally, I would like to thank my fellow board directors and the members of each of our four committees who have selflessly given their valuable time over the past 12 months to guide Orthopaedic Outreach towards achieving its vision.



Operational Manager's Report

Graham Hextell

Program development

The development of a program at Kathmandu's National Trauma Centre at the request of Dr Shilu Shrestha gains momentum with her recent appointment as the new Director of Orthopaedics. As the first dedicated orthopaedic hand surgeon in Nepal, progress under her leadership continues with the establishment of the Nepal Hand Surgery Society, and Orthopaedic Outreach members contributing to a Hand Surgery educational seminar and Hand Therapy workshop.

Orthopaedic Outreach members also reconnected with the Fiji National University, providing practical workshop opportunities for daily teaching activities across multiple disciplines. The aim is to extend our reach and encourage those graduates to embrace orthopaedics across all health disciplines. Our teams focusing on hand surgery, orthopaedic trauma, and paediatrics will each have greater access in a bid to increase the appreciation of orthopaedics and influence the uptake of orthopaedics in an expanding workforce.

Supporting the development of our Asia Pacific colleagues

Each year the AOA provide Orthopaedic Outreach the opportunity to showcase the work we do, and those we work with, through the Annual Scientific Meeting. This year was no exception as we invited Drs Celleen Setiawan (Indonesia), Jaqueline Pahun (Papua New Guinea), Stephen Kodovaru (Solomon Islands) and Shaun Mauiliu (Samoa). This group represented the delivery of orthopaedic surgery across a wide variety of levels of resources, and each surgeon presented with confidence in the Orthopaedic Outreach session.

The AO Foundation are recognised globally for their expertise in delivering high quality skills-based training and workshops. Orthopaedic Outreach secured sponsorship for Drs Jenny Tovu and Richard Kulau (Papua New Guinea) to experience the AO Trauma – Basic Principles of Fracture Management Course.

Orthopaedic trauma remains the highest volume presentation in most hospitals throughout Papua New Guinea (PNG), hence trauma training remains essential in the development of all PNG surgeons.

Osteosynthesis and Trauma Care (OTC) Foundation supported by Stryker South Pacific facilitated Orthopaedic Outreach sponsored surgeons Drs Gabriel Kunes (Papua New Guinea) and Jeremy Paris (Fiji) to attend their one-day External Fixation Course, hosted at the Royal Brisbane Women and Children's Hospital. The Course faculty included Orthopaedic Outreach members Ton Tran, Rick Steer, Jerry van de Pol and Ravi Dissanayake, who also extended the experience to include attendance at the local registrar training sessions and consultant-led clinics. The AOA extended the invitation and our supported surgeons were also welcomed to attend the QLD AOA Orthopaedic Research Foundation Annual Scientific Meeting.



Each year Orthopaedic Outreach seek to sponsor the inclusion of Pacific Island surgeons to attend and present their work at the AOA ASM.

Shaun Mauiliu (Samoa) and Stephen Kodovaru (Solomon Islands) with Graham Hextell at the AOA ASM 2023 in Melbourne.

Outreach activities for 2023-2024

Visited	Purpose	Outreach volunteers	Local coordinators
FIJI			
Suva 16-21 Jul 2023	General Ortho and Trauma	Orthopaedic Surgeons: Peter Brazel, Praveen Vijaysegaran Sonographer: MARRISA Vijaysegaran Anaesthetists: Saya Aziz, Andrew Jorgenson Registrar: Patrick O'Connor	Pauliasi Bauleka Alipate Natoba
Suva 14-18 Aug 2023	General Ortho and Trauma	Orthopaedic Surgeons: Paul Della Torre, Vaibhav Punjabi Registrar: David Ma Anaesthetist: Richard Lech	Pauliasi Bauleka Alipate Natoba Pita Sovanivalu
Suva 14-19 Apr 2024	Hand and upper limb ortho surgery Hand therapy	Orthopaedic Surgeons: Stuart Myers, Matthew White Anaesthetists: David Goodie, Adam Kelly Physiotherapists: Emilie Myers, Nicola Wheeler, Adrian Jollows Physiotherapy students: Irene Xiao, Sheralle Kumar	Pauliasi Bauleka Alipate Natoba
NEPAL			
Kathmandu 11-17 Aug 2023	Hand and peripheral nerve surgery Hand therapy	Orthopaedic Surgeons: David Graham, Brahman Sivakumar Hand Therapists: Paul Foster, Clancy Kemety Registrar: Sarah Brereton Registered Nurse: Graham Hextell	Shilu Shrestha
Kathmandu 21-24 Feb 2024	Nepal Orthopaedic Association Annual Scientific Conference	Orthopaedic Surgeon: Mark Moroney Operational Manager: Graham Hextell	Arun Lamichhane Vijayendra Adhikari Sunil Singh Thapa
PAPUA NEW GUINEA			
Wewak 29 Oct - 5 Nov 2023	General ortho and trauma	Orthopaedic Surgeons: Levi Morse, Tony Jeffries Anaesthetist: Alex Kippin Registrar: Varun Vasudeva	Jenny Tovu
Port Moresby 5-11 May 2024	General ortho and trauma	Orthopaedic Surgeons: Levi Morse, Tony Jeffries Anaesthetist: Alex Kippin	Jenny Tovu Richard Kulau

Visited	Purpose	Outreach volunteers	Local coordinators
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TONGA

Nuku'alofa 28 Oct - 2 Nov 2023	Paediatric ortho and clubfoot	Orthopaedic Surgeon: Andrew Leicester Registrar: Justin Bobyn Anaesthetist: Russell Bourne Physiotherapist: Bethany McLennan	Viliani Tangi Alamea 'Aholelei Tevita Tuungafasi John Poulivaati
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Nuku'alofa 12-19 Aug 2023	General ortho and spine	Orthopaedic Surgeons: Geoff Rosenberg, Mark Ridhalgh Periop Nurse: Lee Mayo	Viliani Tangi Alamea 'Aholelei Tevita Tuungafasi
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VIETNAM

Hanoi 16-23 Sep 2023	Paediatrics including cerebral palsy assessment, Ponseti training, ortho trauma and infection	Orthopaedic Surgeons: Ton Tran, Darren Webb, Brian Loh, Ravi Dissanayake, De Juan Ng Registrars: Edward O'Bryan, Leaha-Marie Hill-Buxton Physiotherapists: Melanie Laing, Adri Bennie Physicians: Elizabeth Elliott, Tasneem Karim (Cerebral Palsy Alliance)	Dr H. P. Do Dr D. V. Chau Ms T. N. T. Le Dr N. Huyng Dr N. O. D. Vo Dr S. N. Tran Dr D. N. Nguyen Dr O. T. Nguyen Dr T. X. Dao Mr. L. A. Dinh Dr D Hoang Ms. V. Tran
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Hue 2-6 Oct 2023	Hand surgery and hand therapy	Orthopaedic Surgeons: Peter Scougall, Jagdeep Nanchahal, Richard Lawson, Damian Ryan, Abhinav Aggarwal Hand Therapists: Kylie Flynn, Rosemary Prosser Team Assistant: Alex Lawson	Ho Man Truong Phu Quin Nhu Nguyen Van Hy Nguyen Than Xuan Pham Nhu Hiep
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Team visits 2023-2024

Fiji

The presentation of a wide-ranging pathology in Fiji certainly adds to the registrar experience. Experienced Orthopaedic Outreach volunteers Peter Brazel, Stuart Myers and Paul della Torre each led visiting teams into Fiji during this reporting period, which included training orthopaedic registrars. Those registrars reported that their exposure provided a more balanced perspective upon returning to Australia, and also generated a willingness to continue their connection with the Fijian orthopaedic team, as they continue with their own practice development.

There is no luxury of sub-specialisation of orthopaedic care such as we see in Australian healthcare settings, and so children with talipes equinovarus are seen by the 'general' orthopaedic team, alongside the late presenting trauma, the unfortunate advanced tumour cases having received failed 'traditional medicine', the degenerative arthritic joints, and congenital hip deformity.

The benefits of training registrars participating in team activities also continues to be demonstrated, with the sharing of readily accessible and free online resources amongst the in-country surgical registrars.

Hand trauma remains high in Fiji, whether through workplace injury, domestic burns or defensive injury. Stuart Myers and Matthew White re-engaged with the Fiji National University, hosting lectures and workshops both for surgical trainees and physiotherapy students. The treatment and care of patients with hand injuries in Fiji continues to be shared with the plastics team, although targeted hand therapy referrals remain lacking from in-country surgeons. The aim of the hand team is to embed flexor tendon repair referrals from 6 weeks post op to four days postop.

Difficulties faced and lessons learned

There is a general reluctance for surgical intervention for a variety of reasons. This ranged from patient reluctance to submit to the constraints of the healthcare system. Poor health literacy, led Fijians to seek treatment from alternative sources such as traditional healers, who practiced "no pain, no gain" philosophy for treating fractures. Fiji has one of the highest rate of diabetic mortality in the world.



Australian Orthopaedic surgeons have been supporting surgeons in Fiji since the 1980's. Jemesa Tudravu, Eddie McCaig, Emosi Taloga, Vaigalo McCaig and Pauliasi Bauleka are pictured here with Peter Brazel and Martin McBain.

Surgical infection and intraop sterility could easily be compromised due to permeable drapes and poor air quality control. Anaesthetist challenges contribute with dwindling propofol supplies with no resupply foreseen resulting in spinal with no sedation as the anaesthetic of choice. Post-operative management of patients in humid conditions proves to be complex, with limited salvage options for periprosthetic infections.

'It's always infected' – A 2-year child presented five days after sustaining a fall and was unable to weight bear. The typical differential would be fracture, but in Fiji: infection needed to be considered. We took the patient to theatre proceeded to aspirate, irrigate and debride a purulent effusion from the patient's hip through a Smith-Peterson approach. The attitude of the mother was one that will stay with us and hopefully strengthen their belief in medicine for the rest of their lives. The initial reluctance, scepticism and desire to be discharged was met with the smile and look of relief as their child walked again the following day.

Indonesia

Australian Orthopaedic surgeons have been contributing to surgical services and supporting through education as early as the 1950's. While the Indonesian Orthopaedic Association (PABOI) established in 1976, and Orthopaedics recognised as a separate surgical specialty in Indonesia in 1980, in recent years our focus has been in conjunction with the Indonesian College of Orthopaedics and Traumatology Board on the examination process, both in preparation of final year candidates, but also the advancement of the examiners themselves.

Experienced senior examiners Kevin Woods and Rick Angliss represented the Australian Orthopaedic Association along with Y. A. E. (Joe) Ghabrial, who is recognised as an honorary IOA Fellow.

This exam represented a departure from previous involvements, whereby the Australian examiners acted as Observers of the Exam process and of the Indonesian Examiners. This is considered to be a significant evolution of the visiting examiners' contribution, as opposed to merely performing the role of an extra examiner, with little oversight of the broader exam process. It is noted that at this exam, there were some 76 Indonesian examiners, including observers, many of whom were relatively new appointments, which is a very pleasing development.

A long-term goal of the Indonesian Orthopaedic Association and Indonesian College of Orthopaedics and Traumatology is to progressively become more autonomous with regard to orthopaedic education and the conduct of the National Board exams. This year's activity is considered to be a significant step towards reaching this achievement.

The relationship between Indonesia and Australian Orthopaedics continues to strengthen with the Indonesian College requesting an increased involvement through contributions to Continuing Orthopaedic Education (COE) meetings in Indonesia, provision of trainee teaching and trial examinations



AOA and RACS Court of Examiners representatives Paul Pincus and Kevin Woods together with long-term Indonesian Program Coordinators Bill Cumming and Joe Ghabrial.

in conjunction with their Annual Meeting each November. Facilitation of Indonesian Orthopaedic graduates to access clinical observerships within Australia also remains one of their overall priorities.

The multi-faceted program in Indonesia utilises differing aspects of Australian orthopaedics, and unites the Australian Orthopaedic Association, their Asia Pacific Committee, and Orthopaedic Outreach for a common cause.

These most recent exams were held in Bandung, 21-23 June 2024.

Team visits

Nepal

Nepal has a total of 750-800 orthopaedic surgeons catering for a population of approximately 31 million (1:40,000). The National Trauma Centre is the only true trauma hospital for all of Nepal, seeing an estimated 24,000 presentations annually (all specialties), the majority of which though, are orthopaedic-related.

Providing a 24hr surgical service six days per week, orthopaedic services are divided into three units, each led by a senior consultant. Dr Shilu Shrestha leads unit #2, overseeing a team of 13 consisting of surgical registrars and residents. As Director of Hand and Reconstructive Surgery, this team also absorbs responsibility for hand trauma.

Outpatient clinic consultations often reach upwards of 200 patients per day. To streamline the process during our team visit, these were initially triaged by local registrars, filtering non-hand or upper limb patients to be reviewed by other local surgeons. Surgical cases predominantly featured in one of three categories:

1. Late presenting trauma with non-union or mal-union, crush injuries, and contracture release of burn injuries.
2. Peripheral nerve graft repair following neuropraxia.
3. Complex fracture management, including wrist fusion.



Impassioned local leaders like Dr Shilu Shrestha at the National Trauma Centre in Kathmandu are key to success of development programs.



Preoperative planning discussion between Brahma Sivakumar and Ramesh Shrestha at the National Trauma Centre in Kathmandu.

The inclusion of hand therapists cannot be underestimated, as therapy involvement was integral to each hand patient's management of care. The volunteer therapists also collaborated with local therapists in the delivery of a dedicated hand therapy workshop. This included:

- Splinting and casting workshop coordinated locally by Sanju Kr Tandukar, Pravin Yadav (Head physio at NTC) and Roshan Dangol, with volunteer therapists Clancey Kemety and Paul Foster providing key contributions;
- Techniques taught included full and back slab forearm casting; POSI; finger splinting;
- 24 physiotherapists from throughout the Kathmandu valley attended the workshop with strong enthusiasm for a continuation of teaching on an annual basis.

There remains great potential in progressing a strong program focusing on surgery for complex hand and related skills development. Nerve, tendon and vessel repair techniques in addition to fracture management. This has been the request from Dr Shilu for future involvement from Orthopaedic Outreach.

- Support for the development of a centre of excellence for hand surgery in Kathmandu, with research collaboration.
- Promotion of short-medium term visitations by Australian Fellows and senior trainees, to foster research collaboration between centres.
- Support in-country surgeons progress in developing the Nepal Hand Surgery Association, and establish broader on-line case discussions.

Since reporting, Dr Shilu Shrestha has been appointed Head of Department for Orthopaedic Surgery – a true reflection of her leadership and the value she brings to the hospital.

ORTHOCON24

At the invitation of Nepal Orthopaedic Association President, Prof Arjun Lamichhane, Mark Moroney and Graham Hextell represented the AOA and Orthopaedic Outreach at the 29th OrthoCon in Kathmandu.

Sessions over the three days spanned three halls concurrently with clinical topics of trauma, paediatrics, arthroplasty, arthroscopy, spine, hand and upper limb, musculoskeletal oncology, pelvis and acetabulum, foot and ankle, shoulder and elbow. A Young Surgeon Awards session encouraged presentations from trainees, and a Research Methodology session promoted engagement in data collection and reporting. A session was dedicated also to Innovation in Orthopaedics, as the Nepalese seek to advance their practice through the learnings of others.

A vast, predominantly Asian International and National faculty attended and presented at the meeting. Dr. Moroney presented an ICL paper on Developmental Dysplasia of the Hip (DDH) in the opening scientific session. This presentation was well received by the audience.

The opening day also aligned to receive a live streamed SICOT webinar titled 'The Single Biggest Practice Change in My Orthopaedic Specialty in a Decade', which included Dr Avind Puri from Cairns. The SICOT session also explored opportunities and empowering youth within the global orthopaedic community.

The variety and complexity of presentations reflected a diverse skill set present throughout the country. Trauma was heavily represented reflecting the traffic conditions in the country along with the lack of adequate workplace health and safety standards.

Hip and knee arthroplasty is on a significant upward trajectory in Nepal based on the number of presentations that were delivered. Nepal is well supported by the medical industry with an estimated 30 suppliers present at the trade display, spanning a range of implant, soft goods, power tools and equipment, and pharmaceutical suppliers.



Mark Moroney and Graham Hextell with Bibek Banskota and his father Ashok Banskota: two inspirational leaders, ensuring service provision for disadvantaged communities in Nepal.

Hospital visits

Baidya & Banskota (B & B) Hospital, Kathmandu

Established in 1997 by Drs Jagdish Lal Baidya and Ashok Banskota, the B & B Hospital provides high end surgical care across multiple disciplines. Orthopaedics includes trauma, sports medicine and arthroplasty.

The 25 consultant Orthopaedic surgeons contracted to work at B & B Hospital, also have an obligation to provide services at the Hospital and Rehabilitation centre for Disabled Children (HRDC), situated 22.5 kms east on the very outskirts of the Kathmandu valley.

Hospital and Rehabilitation centre for Disabled Children (HRDC), Kathmandu

Established in 1985, under the guidance of Prof Ashok Banskota. HRDC runs four satellite clinics that span the length of the country, actively seeking out children with disability who would benefit from the surgical and rehabilitation care available at HRDC. As 60% of all deliveries in Nepal occur in the home therefore excluding such basic assessments as a neonatal hip examination. Likewise cerebral palsy treatment is directed to GMFCS 3 and above as those below this level of function are often neglected.

Aside from complex surgery, facilities available on-site include outpatient clinics, pathology and radiology, schooling, physiotherapy and rehabilitation, and custom orthotic and prosthetic manufacturing using local products.

Team visits

Papua New Guinea



Tony Jeffries, Alex Kippin, Varun Vasudeva and Levi Morse at work in Boram General Hospital, Wewak. The collegiality of Outreach team members goes a long way to contribute to the success of our programs.

Boram General Hospital in Wewak services the entire East Sepik province, an estimated population of 600,000 with no orthopaedic surgeon on site. It is estimated that approximately sixty-five percent of the acute hospital admissions are trauma related.

The most successful programs delivered by Orthopaedic Outreach volunteers, are based around specific local personnel. Local leaders provide the stability required for development to occur.

Tony Jeffries and Levi Morse have been supporting orthopaedic surgery across a number of sites in Papua New Guinea. The lack of stable surgical staffing presents challenges with ongoing development. Relocation of key personnel to another province, or a shift to non-surgical administrative roles given their unique skill set, depletes the surgical workforce on the ground, and disrupts any continuity within the program. Supporting the advanced skills development of Dr Jenny Tovu has been a focal point in the overall orthopaedic service, as well as her professional expansion.

Geographical challenges in Papua New Guinea make it difficult to deliver the orthopaedic surgical services to where many of the population reside when taking into account the remoteness of much of the country.

The inclusion of an experienced anaesthetist allows for broader teaching and sharing of knowledge, while adding security in the overall care of the unconscious or sedated patient. Alex Kippin is an enthusiastic educator on anaesthesia, and in a country that lacks the numbers of medical trained anaesthesia providers, his presence was vital.

A shift to Port Moresby General Hospital for the second visit during this period allowed access to in-country leaders and connections with the University of Papua New Guinea. There remains a significant opportunity for Australian Orthopaedic surgeons to volunteer their time and assist in maintaining an orthopaedic surgical curriculum that is current and relevant to the local environment and patient needs.

Throughout this reporting period, Dr Jenny Tovu has had the benefit of visits from our volunteers, ensuring consistent training in preparation for her final post graduate exam. AOA Past President and experienced member of the RACS Court of Examiners, Andrew Ellis, was invited by The University of Papua New Guinea as an external authority for this purpose.

Tonga

Successes of the long-term investment from the Tongan Clubfoot team are being seen with local management of primary screening, casting and early simple surgical interventions when needed are now being completed with confidence by local clinicians.

Early identification of relapse will remain important; however, this does allow the team to time to extend its focus and incorporate the management of more complex cases, expanding to include other paediatric congenital deformity.

Lower resourced countries require an even stronger multidisciplinary approach to clinical care, particularly given the reduced number of any one specialty clinician. The ongoing training with the team focusing on relapsed foot, developmental dysplasia of the hip (DDH) screening and clinical decision making for these children.



Australian surgeons have been supporting orthopaedics in Tonga since Ian Stratton first embarked on a two-year stint in 1978. While Dr Stratton committed to returning each year for the next twenty-one years, since his passing in 2001, Orthopaedic Outreach volunteers have taken the initiative to continue to foster the relationship.



The complexity of orthopaedic trauma that presents across the Pacific Islands greatly outweighs the capacity for prompt and effective surgery.

Orthopaedic trauma regardless of the mechanism of injury, continues to present itself throughout the islands that make up the Kingdom of Tonga, with delays in presentations hindering prompt assessment and intervention.

Our volunteers continue to foster primary orthopaedic surgical skills with lead general surgeon Dr Alamea 'Aholelei, while Dr Tevita T'ungafasio is preparing to focus on orthopaedic surgery, and will embark on a 12 month surgical placement as a surgical registrar in Waikato Hospital, New Zealand.

Team visits

Vietnam

The Australian hand surgery program in Vietnam commenced in the early 1990's and has contributed significantly to the care and management of hand injuries and deformity. Hue Central Hospital is one of the largest three throughout Vietnam and as the core host facility of this program, they also welcome surgeons and trainees attending from major centres in Hanoi and Ho Chi Minh City.

Periodic webinars between our volunteers and their Vietnamese counterparts maintained contact between 2020-2023, with this visit being a return to face-to-face teaching. The program this year, led by Peter Scougall, included dedicated training workshops attended by forty orthopaedic surgeons and twenty hand therapists. Case-based workshops focused on assessment and treatment of complex hand injuries including microsurgery. The less experienced Vietnamese surgeons attended skills workshops using pig-trotters.

The progression within these workshops has now been elevated to include content introducing methodology suitable for developing high quality medical research and systematic reviews, as well as reinforcing the importance of a multidisciplinary approach to hand surgery – with the inclusion of nursing and hand therapy targeting assessment, planning, operative treatment and post-operative care.



Richard Lawson operating alongside local surgeon Ho Phu Man Truong. Local leadership is essential for the success of our programs, and Phu was identified early by his predecessor as a future leader within his country.

Such has been the successes of our volunteers' previous teaching, courses and visits, the number of Vietnamese surgeons with dedicated hand surgery training and experience continues to increase each year. This level of impact was evident through experiencing a reduced surgical load with many of the usual cases now being covered by local surgeons. This allowed greater time allocation in assisting local surgeons with more complex hand surgery.

Other influencing factors include the introduction of random breath testing decreasing the volume of road trauma, commencement of a national patient insurance scheme increasing processing times, which created delays in patients presenting for surgery.



Identifying paediatric deformity in Vietnam. Brian Loh and Melanie Toy-Liang demonstrating the importance of thorough paediatric clinical assessment.



Our other activities in Vietnam include a focus on teachings of orthopaedics across the lifespan that involved neonatology, antenatal care, paediatric deformity, cerebral palsy, ortho-geriatrics and orthopaedic trauma, bone and joint infection. These are led by Prof Ton Tran and a team from Monash Health. This visit coincided with the National Paediatric Orthopaedics Society meeting, launching a Cerebral Palsy service, and activities in both Hanoi and Ho Chi Minh City.



Local living situations often place children in the close proximity of open fires, whether for cooking or heating, or both. Burn contracture release is important in the pathway of restoring function.



Congenital anomalies such as syndactyly present in significant numbers, and teaching the correction of this can allow in-country surgeons to service their communities at a higher level.



Peter Scougall has been leading a multidisciplinary team into Hue Central Hospital.

The Hospital of Traumatology and Orthopaedics HCMC (HTO) is another of the largest hospitals in Vietnam and remains a featured site for our programs. Between 1500 – 2000 patients attend the HTO daily as outpatients for treatment or assessment. Such is the volume of orthopaedic trauma presenting to the HTO, they may have up to six of their sixteen orthopaedic operating theatres running constantly throughout any twenty-four-hour period.

The diversity of this Orthopaedic Outreach team allows activities assisting in paediatric and cerebral palsy clinics, (where many children with un-diagnosed or mis-diagnosed genetic malformations are presented), physiotherapy clinics guiding management and splinting techniques, and then others delivering skills demonstrations, formal lectures and presentations rounding out the teaching component.

Strategy and Planning Day



Australian orthopaedic surgeons have been busy creating connections in low-resourced countries throughout the Asia Pacific as far back as the 1950's and 60's. Decades of volunteer dedication have followed, largely under the strategy of doing as much as possible with very little.

Strategic planning may be seen as a cornerstone for any successful organisation. The systematic processes used in generating the planning allow for priority setting, a focus of resources, and ensures that all stakeholders are working towards common goals. The not-for-profit 'impact' environment is under pressure to demonstrate performance results and also to generate funding in order to achieve those same results.

Under the facilitation of AOA CEO Adrian Cosenza, a Strategy and Planning Day was held, generating detailed discussions, contributing to guiding the organisation in key decision-making, considering both internal and external-facing components. Aside from the Orthopaedic Outreach Committee of Management and Sub-Committee members, AOA Board Director Danielle Wadley, and benefactor Martin McBain were also involved.

Four Core Pillars were identified as a result:

- Relationship Management
- Governance
- Financial Sustainability, and
- Communication

In the time passed since, Orthopaedic Outreach has transitioned to a Company Limited by Guarantee. The Orthopaedic Outreach Board has also introduced a Marketing and Fundraising Committee of the Board to assist in addressing the latter two Pillars.

Relationship Management was identified as a key theme throughout the day, and it is pleasing to note the strength of the relationship between the AOA and Orthopaedic Outreach. This filters down beyond the executive level into a shared engagement amongst staff and has great benefits for our combined future.



Previous AOA Board Directors John Tuffley and Andrew Beischer (top) discussing key components of the Orthopaedic Outreach Strategy, while below, Adrian Cosenza (AOA CEO) continues to generate the discussion in seeking a firm Purpose and Vision for the organisation.

The contributions that AOA members and, in particular those previously holding executive roles, make to Orthopaedic Outreach provide a constant connection, and reinforce the importance of sound processes in the management of the organisation to ensure a long and secure future.

Financial Information 2024

INCOME STATEMENT

	2024	2023
INCOME	\$	\$
Grants		
Australian Orthopaedic Association	125,000	125,000
Donations		
Corporate donations	10,146	15,200
Stryker Australia	50,000	30,000
McBain Bequest	40,000	25,000
John James Foundation	–	25,000
Dept of Foreign Affairs & Trade - AUS/IDN Grant	20,000	–
World Orthopaedic Concern - Grant	11,764	13,338
Bobo Giving Fund	10,530	10,500
Other private donations	78,077	70,698
Member subscriptions	44,400	49,900
Reimbursements and other income	7,473	7,473
Total Income	397,390	372,109
EXPENDITURE	\$	\$
Overseas Programs		
Stryker Registrar Program*	12,044	16,413
Other overseas programs*	126,017	120,224
Medical equipment, storage and freight**	48,637	43,402
Domestic programs	–	1,031
Promotion and fundraising	24,503	4,489
Professional fees and insurance	72,347	54,551
Operational and office bearer expenses	148,113	104,109
Total Expenditure	431,661	344,219
EXCESS (DEFICIT) FROM OPERATIONS	(34,271)	27,890

* 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 2024.

A copy of the full 2024 audited financial report can be found at www.orthoreach.org.au or by contacting admin@orthoreach.org.au

BALANCE SHEET

	2024	2023
ASSETS	\$	\$
Current Assets		
Cash and cash equivalents	515,249	560,912
Trade and other receivables	3,920	-
Other current assets	1,978	10,064
Total Current Assets	521,147	570,976
Non-Current Assets		
Property, plant and equipment	-	-
Total Non-Current Assets	-	-
TOTAL ASSETS	521,147	570,976
LIABILITIES	\$	\$
Current Liabilities		
Trade & other payables	7,018	14,228
Provisions	9,742	5,094
Total Current Liabilities	16,760	19,322
Non-Current Liabilities		
Other payables	-	-
Total Non-Current Liabilities	-	-
TOTAL LIABILITIES	16,760	19,322
NET ASSETS	504,387	551,654
EQUITY	\$	\$
Retained earnings	504,387	551,654
TOTAL EQUITY	504,387	551,654

Financial Information 2024

IN SUMMARY

SOURCE OF FUNDS	\$
Australian Orthopaedic Association	125,000
Corporate donations	142,440
Other private donations	78,077
Member subscriptions	44,400
Reimbursements and other income	7,473

TOTAL MONETARY SUPPORT 397,390

DISTRIBUTION OF FUNDS	\$
Overseas programs	186,698
Domestic programs	-
Promotion and fundraising	24,503
Professional fees and insurance	72,347
Operational and office bearer expenses	148,113

TOTAL MONETARY EXPENDITURE 431,661

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	\$
40 volunteers for a total of 72 days	732,493
Nurses, allied health & other volunteers	
16 volunteers for a total of 50 days	79,640

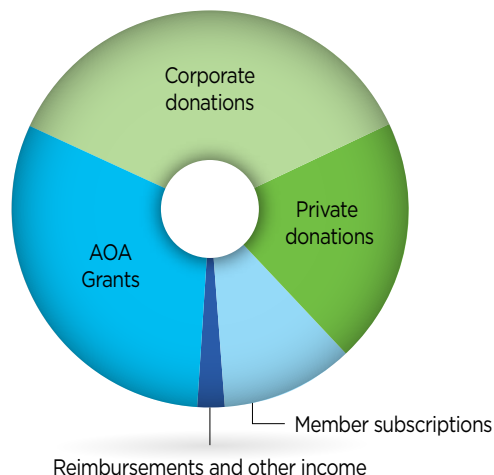
TOTAL VALUE OF VOLUNTEER SERVICES* 812,133

DISTRIBUTION OF 'REAL COSTS' OF OPERATION	\$
Value of volunteer services	812,133
Program expenditure	186,698
Promotion and fundraising	24,503
Professional fees and insurance	96,898
Operational and office bearer expenses	133,562

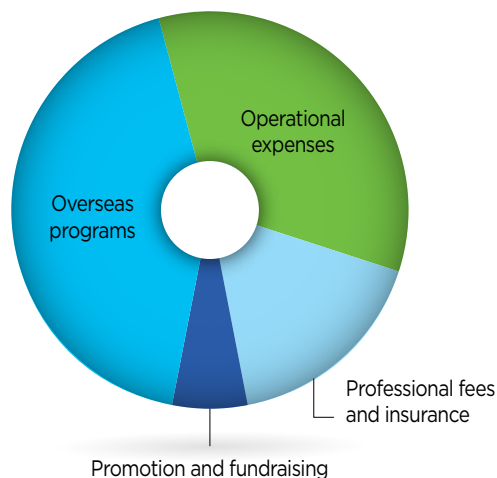
TOTAL 'REAL COSTS' OF OPERATIONS 1,253,794

* Hourly rates based on the NSW Health Award have been used to calculate the 'real costs' of volunteer services.

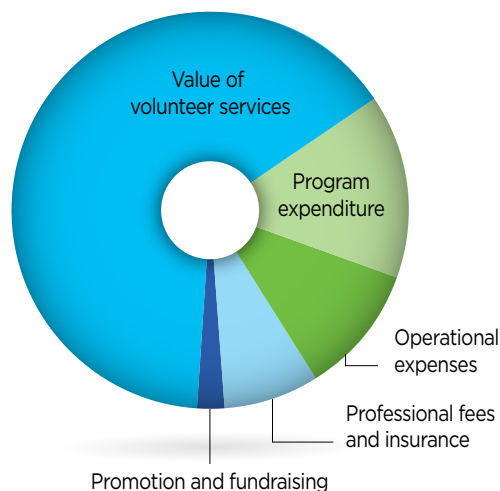
Monetary Support



Monetary Expenditure



Real Costs



Auditors Report



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

Report on the Financial Report

I have audited the accompanying financial report, being a special purpose financial report, of Orthopaedic Outreach Fund Inc, which comprises the balance sheet as at 30 June 2024, and the income statement, a summary of significant accounting policies and the statement by members of the management committee.

Committees' Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act and are appropriate to meet the needs of the members. The committee's responsibilities also include establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting under the Associations Incorporation Act. I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

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 amounts recorded.

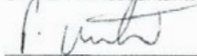
Independence

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

Auditor's Opinion

In my opinion, the financial report of Orthopaedic Outreach Fund Inc presents fairly, in all material respects the financial position of Orthopaedic Outreach Fund Inc as of 30 June 2024 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

Name of Firm: MartinCo
Chartered Accountants

Name of Principal: 
Peter Martin

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Dated this 21/9/24 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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Supporters of Outreach Thank you



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ORTHOPAEDIC
ASSOCIATION

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Australian Government



Australian
Philanthropic
Services



Australia-
Indonesia
Institute



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 elected by Outreach members; three (3) members are nominated by the Australian Orthopaedic Association (AOA); one (1) member is nominated by the Royal Australasian College of Surgeons (RACS); one (1) member is nominated as a Community Representative; one (1) member is a nursing or allied health professional 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	Andrew Beischer	Orthopaedic surgeon (VIC)	AOA nominee
Treasurer	Bhupesh Kaphle	BDO Accountant (QLD)	Community representative
Deputy Chair	Narelle Pym	Marketing & medical education (QLD)	Elected member
	Robert Costa	Cardiothoracic surgeon (NSW)	RACS nominee
	Ruth Jones	Registered Nurse (NT)	Nursing representative
	Mark Moroney	Orthopaedic surgeon (QLD)	AOA nominee
	Paul Pincus	Orthopaedic surgeon (QLD)	Elected member
	John Tuffley	Orthopaedic surgeon (QLD)	Elected member
	Kevin Woods	Orthopaedic surgeon (ACT)	AOA nominee

Administration

Company Secretary and Operational Manager Graham Hextell (NSW)

Administrative support Beverley Hughes OAM (NSW)

Membership and Compliance Officer Beth Hickey (QLD)

All images used throughout this report do so in compliance with the ethical stories and images policy. This is consistent with ACFID guidelines, demonstrating respect and privacy.



orthopaedic
outreach

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