



Australian Otolaryngology

A newsletter published for the benefit of all members of the Australian Society of Otolaryngology Head and Neck Surgery

From Your President

In constructing this report to you all from the President, I have gone back over all the available newsletters on the ASOHNS website. The earliest is Volume 4 Number 1, Autumn 2007. In that issue, three significant things were raised that affect the members of the Society in important ways to this day.

In Rob Black's article, *From Your President*, in that issue he spoke of value for money in being members of ASOHNS and RACS. All of the points raised in that article are very relevant today and I recommend you all visit the website and read it. (Click on: [ASOHNS Newsletter Autumn 2007](#) - you will need to log in to access).

Membership of ASOHNS and RACS is the greatest protection we have in uncertain times, and I cannot stress enough that times are, and will continue to be, uncertain.

Rob also announced a process to appoint a CEO to better manage Society affairs.

In the next newsletter (Spring 2007) the appointment of our first CEO was announced. I can recall being involved in that process and the uncertainty as to whether the membership would be accepting of the concept and the additional expense incurred. In fact, the initiative was an outstanding success and continues to be so under the stewardship of Lorna Watson, our current Executive and Finance Officer.

The third article, written by myself as your then Board Chairman and Senior Examiner, announced the beginning of SET, to be rolled out by The College the following year. This replaced the old BST system and has impacted selection and training profoundly.

In observing these historical changes affecting the way we conduct business today, and perusing all the newsletters to current date, there is an opportunity to follow change as it has affected us all. In particular, I would recommend re-reading all of the newsletter reports from the Presidents, as they often succinctly detail the important issues of the day. [You will find these located in the Members and Trainees sections of the website].

The newsletter has grown over these years from a simple eight or so pages to a significant

document of some 25 pages detailing most of what is happening in our professional life. This parallels the increasing size and complexity of the profession, and the Society's wish to keep all members as informed as possible. The newsletter is now, more than ever, essential reading for you all.

John Curotta retired as President at the last Annual General Meeting. We should all recognise the significant contribution he has made over the last two years in the Presidency.

The formation of the Outreach Sub-Committee was an important development in our ongoing outreach activities.

The fostering of closer relations with our near Northern neighbours and inviting their respective Society Presidents to our Annual Scientific Meetings has been a wonderful initiative. We have been visited by those from South Korea, Singapore, Malaysia, the Philippines, Thailand and Indonesia. We expect to continue increasing the contact and sharing of information and expertise between them and ourselves into the future.

John also recently chaired a meeting in Sydney of past, present and future ASM convenors, in order for knowledge and experience to be passed on. This meeting is invaluable and much is to be learned from those who have recently been in the firing line with conference organisation. It is a great initiative.

Changes to Council

There have been changes to the Council since the AGM held in March this year in Brisbane.

Michael Jay's term as Immediate Past President ended this year, now filled, of course, by John Curotta.

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Christopher Perry OAM joins the Council as Vice-President.

Malcolm Baxter OAM has stepped down as CPD Sub-Committee Chair, as he will be chairing the newly formed Outreach Sub-Committee and his replacement is Michael Dobson (former Federal Secretary for seven years).

Roger Grigg is the new Queensland Section Representative on the Council.

We thank those who have contributed so much to their roles and welcome our new Councillors.

Banding in Private Hospitals

This has been identified as a concern. You are aware that private funds band procedures and remunerate private hospitals according to where the procedure fits in the banding range.

ENT procedures suffer by being banded in the lower levels and consequently attract less return from the funds. Some procedures suffer from high disposable costs (drill burs for ear surgery and shaver blades for FESS, for example) which further lowers the hospitals' profit margin.

There is a possibility that private hospitals might discriminate against low banded professions in terms of theatre access in order to improve their bottom line. I understand that this has happened in some areas in ophthalmology and plastics.

In response to this we have set up a sub-committee headed by Stuart Miller and Larry Kalish to represent the profession and frame submissions to the National Procedure Banding Committee, which oversees the banding process. I am told by Stuart that this is a slow process and any move to "up band" ENT procedures will be tedious.

Members aware of any discriminatory behaviour should feed this to the sub-committee via Lorna Watson at the ASOHNS office.

National Data Collection

Those who attended the last ASM would have attended several important talks by visiting speakers confirming the virtue of specialties being able to accumulate national statistics about the positive outcomes of surgical procedures.

We live in times of increasing health costs and financial reserves that are unable to keep up. The inevitable result is, and will continue to be, rationing of health services. The soft target is always elective surgery.

There are already questions being asked as to the value of certain procedures, for example tonsillectomy, adenoidectomy, grommets, septoplasty and upper airway procedures for snoring and OSA. Some of these are being labelled low value procedures with the inference that funding may not be guaranteed into the future.

It is vital that we address this in a proactive way and be able to provide accurate and national data that demonstrates the value of what we do with our procedures for the Australian patient population. We cannot be involved in any debate without this. To this end your Council is considering how best to spend some of your funds.

I believe the most important thing I can do for you as President over the next two years is to oversee this and ensure we are ready to have a positive impact on any debate that arises. It has been referred to as "future-proofing" your ability to work in many elective areas.

New Editor Journal Supplement

Richard Harvey is the new ASOHNS Journal Supplement editor. We wish him well in this most important endeavour.

ASOHNS ASM 2015

The site was inspected at the recent meeting of ASM convenors in Sydney.

It will surprise some in that it is a bit unusual, but will work very well and I think add greatly to the conference. I congratulate the convenors in finding and selecting the meeting site.

My Dual Roles

I should talk briefly about the dual roles I have. I am also your Specialty Elected Councillor to RACS.

Firstly, dual roles are not foreign to me, having served for several years as Board Chairman and at the same time, Senior Examiner.

As your Specialty Elected Councillor it is my job to represent the interests of our specialty to the College. There is also within that role certain responsibilities to the College. It is unlikely that conflicts will ever arise and it is very clear from the Council meetings I have so far attended that we are a Society essentially uncomplicated and very comfortable in our own skins.

As your President I also attend a meeting of the Presidents and College Executive now held at each Council week.

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As President at those meetings it is very useful to have the background knowledge of a Councillor and insight into the workings of RACS.

The only disadvantage I see so far is the unfortunate amount of extra work the dual roles demand. I would be interested to hear from the membership of any concerns that the dual roles might have.

It will be a source of great pride and a humbling experience to be able to serve you as President for the next two years. I encourage anyone to contact me at any time with concerns. As has been said on many occasions — the door is always open.

Neil Vallance FRACS
President

Welcome to our New Members

NSW / ACT

Miguel BRAVO
Daron COPE
Toby CORLETTE
Nicholas JUFAS
Justin KONG
Shih-Wei (Tony) KUO
Hannah NORTH
Leo PANG
Faruque RIFFAT
Alex SAXBY
Joanna WALTON

QLD

Emily PERRY
Ryan SOMMERVILLE
Anand SURULIRAJ

SA

Theo ATHANASIADIS

VIC

David JAMES
Halil OZDEMIR
Natalie SIST
Patrick WALSH

WA

Rataphol (Chris) DHEPNORRAT

Fellowship Exam Passes

Congratulations to the following Trainees who were successful at the May 2014 RACS Exams:

NSW

Ben McARDLE
Justine MILLAR (*née Streit*)

QLD

Richard BARR
David HOGAN

SA

Rowan VALENTINE

VIC

Daniel McCORMICK
Yi ZHAO

Alastair Mackendrick receives OAM

Congratulations to Dr Alastair Mackendrick of Western Australia who received the Medal of the Order of Australia in the recent Queen's Birthday Honours.

Alastair received his OAM for service to medicine and to community health in rural and remote areas.

He received an ASOHNS Medal for Distinguished Contribution to the Art and Science of OHNS during the 2013 ASM in Perth.

Council Meeting Update

The ASOHNS Council met on 29 March this year and the following summarises key issues that were discussed.

Private Hospital Banding

The President's Report identified private hospital banding as probably the most active issue in the forthcoming months, as ASOHNS had been made aware that reimbursement for ENT procedures in private hospitals had slipped behind that of other specialties.

Membership Categories Review

Membership Categories had been reviewed. A vote would be taken at the 2014 AGM to change the category "Ordinary" to "Full" member.

[NOTE: This was voted unanimously at the 2014 AGM held on 31 March].

2016 ASM

The ASOHNS Council discussed a proposition presented by Neil Vallance that the 2016 ASM might combine with other countries' OHNS meetings, including Korea, New Zealand and Singapore. It was agreed that Neil Vallance would investigate the concept further and would present more information at the next Council meeting later in the year.

Fees Report

An evidence-based review on snoring surgery would be undertaken by the Department of Health. The final submission would be made to MSAC in two months' time.

A review of Rhinoplasty Surgery had progressed well with minimal change expected.

For more information on Fees update see page 31.

Outreach Sub-Committee

An annual Scholarship had been proposed that would be made available for an ENT Trainee or established Surgeon from a country of need to apply to attend an educational course within Australia, which would benefit their circumstances. In addition, the successful applicant would undertake a two-week attachment at an ENT unit of a public hospital within reasonable distance of the course venue.

The process for assessment and selection would be further developed and presented to Council for approval at the next Council meeting.

CPD Sub-Committee

Providing support for CPD compliance to members based in rural and regional areas was discussed.

ASOHNS office holds the webinar licence and the facility is available to members nationally, provided no two or more meetings are held at the same time.

Board of OHNS

The OHNS Selection Regulations had been amended to select better candidates for the speciality. There was a moratorium on some requirements.

A review of the Morbidity Audit and Logbook Tool (MALT) had been undertaken and the MALT online logbook was now open to all members of the College to record their own surgical logs. The Board had arranged for the logbook to cover a large majority of operations performed by ENT surgeons. MALT is compulsory for SET 1 Trainees. Surgical Supervisors and RTS Chairs are able to view their trainees' logbooks.

Darwin Hospital training supervision had been moved into the NSW Regional Training Sub-Committee's jurisdiction.

Executive Officer Update



I am pleased to report that ASOHNS continues to move forward in a positive manner, increasing in membership numbers. Many members contribute to the progress of ENT in Australia through training, outreach, research and CPD, some of which is co-ordinated through the Society.

I have been involved with ASOHNS since 2008, previously working in finance with the former CEO, Mark Carmichael. When Mark left and John Curotta took over as President, the ASOHNS Federal Council discussed how the Society would be best served from a staffing point of view moving forward. In July 2012 I was appointed as Executive and Finance Officer. My role includes management of the office, liaison with Federal Council, the College, government, health bodies, and other medical societies, in addition to finance.

In my early days with ASOHNS I was told that ENT stands for "Essentially No Tantrums" and trainees told me how they selected the specialty, based on the kindly nature of their mentors. I have certainly found this to be the case. I feel fortunate to be working with such a kind, dedicated and talented group of surgeons. As well as surgical skills, many of you possess other interesting talents including photography, music, flying planes, farming, bike riding, triathlons and winemaking.

Over the past two years John Curotta has generously set aside time to visit the office on his commute to work to support the learning curve of the new office, and provide clinical input. The sound advice and extensive knowledge of John and members of the Federal Council and Board of OHNS has been invaluable.

Recent Activities

Annual Scientific Meeting

We thank Roger Grigg, Anders Cervin and the local Queensland committee for their warm welcome to Brisbane and a wonderful meeting.

The Indigenous Ear Health meeting was extremely well received, and has ignited a "call to action" amongst attendees. I encourage you to watch the meeting video which can be accessed via a link (see page 25 for details).

Constitution

The Constitution has been updated so "Ordinary" members are no longer "Ordinary", now more fittingly termed "Full" members.

Training

The specialty training regulations are being refined by the OHNS training Board and the first session for Surgical Supervisors at the ASM was held as a lunch meeting in Brisbane. It is hoped that this will be expanded to a longer meeting in future years, incorporating training of supervisors in this key role.

Website & Webinar Facilities

The upgraded website which will be launched this year is being populated with information.

Webinar facilities are being used more extensively, including the weekly SNOT school for NSW trainees working outside the metropolitan area. We are looking to expand use of webinar for CPD in more states.

Journal

The ASOHNS Journal remains the best access for trainees to publish their research. Please note that your ASOHNS membership entitles you access to the online journal. You can access articles from the UK journal as well as the Australian supplement via www.jlo.co.uk

College

The RACS Activity report for 2013 shows that OHNS remains the third largest surgical specialty (just over nine per cent) behind general surgery (33 per cent) and orthopaedics (26 per cent).

There are 429 active RACS Fellows in OHNS in Australia. We are a small group compared to the whole, but it remains important to ensure ASOHNS members are represented at the College.

Neil Vallance continues to represent the specialty at many College meetings. Please vote for your colleagues in any Council elections for executive positions, as this would give another voice for the specialty.

The Future of ASOHNS

Neil Vallance was elected President of ASOHNS in March 2014. He is the 13th President of ASOHNS, and the 35th President since the inception of the previous body, the Otolaryngological Society of Australia. I look forward to working with Neil and wish him well for his term as President.

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ASOHNS will continue to advocate on behalf of members and the community, play a key role in the education of the next generation of surgeons and assist with CPD for ongoing education in the specialty.

The next ASM will be hosted in Sydney and plans are progressing well. I encourage you to mark your diaries for that meeting from 7 – 9 March 2015. The Indigenous Ear Health day is planned for Friday 6 March 2015.

The program will again be aligned with the OHN Nurses Group, an important opportunity for collaboration between surgeons and ENT nurses.

The great deal of Outreach work that many of our members are involved in is another area I have enjoyed learning about. A survey of members was undertaken in 2012, which sadly had a low response rate. We hope to collect more data about the Outreach work our members are engaged in, in rural / remote communities as well as international work.

Lorna Watson
Executive & Finance Officer

ASOHNS Staff

In addition to my position as Executive & Finance Officer, the other ASOHNS staff are:

Ian Denney SET Program Administrator



Ian is responsible for coordinating the RACS/ ASOHNS training program, working closely with the OHNS Board. He is the key contact for trainees in the OHNS training program. His primary tasks include:

- Maintaining Trainees' records/files and monitoring their progress against the SET requirements.
- Maintaining an accurate and current listing of all Trainees.
- Communicating with Trainees regarding their training, as directed by the Board Chair.
- Administering content for the Trainees Section of ASOHNS website.
- Alerting Trainees to educational opportunities.
- Preparing the agenda, minutes and reports for the OHNS Board meetings.
- Liaising with Board Chair, Regional Training Subcommittees and other members as necessary.
- Liaising with the Trainee Representative
- Distributing details of Trainee placements to Trainees and hospitals.
- Coordinating the Robert Guerin Memorial Annual Trainees Meeting and administering the meeting website.
- Responding to queries and requests from Trainees.

Ian had worked in a similar role for another medical membership organisation. This involvement, together with his office administration and meetings management experience, and previous positions at a medical insurance provider, are beneficial to his current role.

Carole Gridley Membership Manager

Carole is responsible for all operational aspects of membership and is the key contact for membership services, including:

- Coordinating membership applications and processing new members.
- Administering annual membership subscriptions.
- Administering ASOHNS website content (all except the Trainees section).
- Producing and updating the Members Directory.
- Newsletters (coordinating content, drafting and sub-editing articles, artwork design and production).
- Information dissemination to all members (including the monthly Professional Development Update e-bulletins, state section and Federal AGMs).
- Coordinating information about NSW CPD meetings.
- Promoting state section meetings and state-relevant information.
- Promoting the Annual Scientific Meetings and satellite meetings.
- Managing the members database and email distribution lists.
- Responding to queries and requests from members and the general public.

In addition, Carole's original training as a journalist, subsequent training in graphic design and many years' experience in public relations, marketing and event management are advantageous in assisting with ASM promotion and other areas of writing and graphics, as needed.

ASOHNS Supplement to the JLO - Update

January 2014 represented the fifth published issue of the Australian Supplement to the JLO. In 2013, of the 36 submitted manuscripts, 16 were rejected, 12 accepted and eight under review.

We accepted 13 manuscripts leading up to the 6th issue for second half of 2014. They represent Australian Research. A further 10 submissions are currently under review.

The Editorial Board acknowledges the enormous contribution from Simon Carney who had served as Editor for almost seven years. He stepped down just before Christmas 2013.

Lorna Watson and Rosamund Greensted have been extremely helpful in the transition period.

Editorial Board met in Brisbane at the ASOHNS ASM. Richard Gallagher (Head & Neck), Raymond Sacks (Rhinology), Shyan Vijayasekaran (Paediatrics) and Rob Briggs (Otology) have agreed to assist as section editors.

Alkis Psaltis has joined the Editorial Board from last year's nomination.

Lyndon Chan won the inaugural award for the best trainee manuscript submitted to the Australian Supplement of the *Journal of*

Laryngology and Otology for his manuscript on "Free fat grafting in superficial parotid surgery to prevent Frey's syndrome and improve aesthetic outcome".

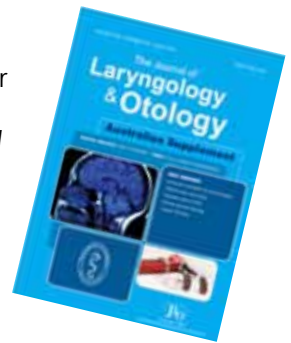
The Journal Supplement appears to be well positioned for future issues.

Case reports are being discouraged and rejection is likely. Attempts at original data manuscripts and high quality reviews are being encouraged from the otolaryngologic community in Australia.

I strongly encourage all fellows and trainees who present at the ASOHNS 2015 ASM to consider submission to the Australian Supplement of the *Journal of Laryngology and Otology*. It represents an excellent opportunity for original research from Australia to be published in an indexed medical journal. Additionally, these publications demonstrate the tremendous academic efforts of our Society internationally.

Richard Harvey FRACS

Editor, Australian Supplement to the *Journal of Laryngology and Otology*



Inaugural Award: ASOHNS Award 2013

- Best Manuscript by a Trainee - Australian Journal of Oto-Laryngology published by the *Journal of Laryngology and Otology* Australian Supplement - Dr Lyndon Chan



Congratulations to Lyndon Chan (above right), winner of the inaugural ASOHNS Award 2013 - Best Manuscript by a Trainee.

Lyndon is a SET 4 trainee from New South Wales. His article was entitled "Free fat grafting in superficial parotid surgery to prevent Frey's Syndrome and improve aesthetic outcome".

Lyndon was presented with a plaque and certificate by then ASOHNS President, John Curotta, during the 2014 ASOHNS Annual Scientific Meeting Brisbane.

Richard J Harvey - New Editor



Richard currently works as a dedicated rhinologist (nose, sinus, allergy and endoscopic sinus and skull base surgery) at Macquarie University and St Vincent's Hospitals in Sydney.

He is the program head of Rhinology & Skull Base Surgery at the Applied Medical Research Centre of UNSW and

is Associate Professor at both the University of NSW and Macquarie University.

After several years of post-training fellowships including formal fellowships in the USA and UK, Richard practises in Sydney, as one of only a few dedicated rhinologists in the country.

He has authored more than 100 publications, books and book chapters.

As well as being Editor of the Australian Supplement of the *Journal of Laryngology and Otology*, he is an associate editor for *American Journal of Rhinology and Allergy* and Cochrane ENT disorders group.

Richard contributes to the editorial board for *Rhinology Journal* and the *International Forum of Allergy and Rhinology* and is actively involved in research programs in Sydney.

He runs a series of courses in Sydney every year to further rhinologic education and training in Australia.

Member Profile: Neil Vallance, Victoria

ASOHNS President

There were three great early influences on my professional life.

As a first year intern at St Vincent's Hospital, Melbourne, my first rotation was working in the Professorial Department of Medicine, where ward rounds broke for lunch and went into the early afternoon. Grave considerations such as minute dosage changes to drugs in hopelessly failing elderly patients created doubt for a future career as a physician.

The second influence on me was a surgical rotation where young patients with appendicitis got better after an operation. I was a confirmed surgeon.

The third, of course, was to set me on the path to becoming an ENT surgeon.

During that first year I had the great fortune to rotate through the ENT Department. I recall clearly the first ward round. A cold morning waiting at the nurses station in St Josephs ward at 7.30 am, having gotten there at 6.45 am to see that all was as it should be. I recall meeting Jack Kennedy for the first time and recall nothing else other than I liked him immensely. I think we became firm friends at that meeting and am very proud to say that we have remained so ever since.

The ENT rotation was a marvellous and career-determining experience. In those early years it was more admiration for someone who always turned up at 7.30 am every day to do ward rounds. It was experiencing how to relate to patients and how the patients in turn idolised their surgeon. It was the surgery itself certainly - innovative, broad in scope and always performed with a skill I have not witnessed elsewhere.

"The ENT rotation was a marvellous and career-determining experience"

I graduated from the OHNS training program in 1984, along with Vince Cousins. We were the first of a four-year training program. Prior to that the training was only for three years.

It would be difficult to see how to accommodate current training in three years, such has been the growth of the specialty.

Immediately after graduation I went to work in Albury Wodonga and had the good fortune to be associated with Kevin Holwell.



We maintained an excellent relationship but my wife hated country life and in 1990 we eventually returned to the Mornington Peninsula where I live today.

Jack Kennedy arranged for me to take a consultant position at St Vincent's, which I enjoyed for two years.

It was a mixed blessing. I would get up early, drive for an hour-and-a-half to make the ward round at 7.30 am, then drive back to Frankston and try to make a living.

I still miss St Vincent's greatly and loved the place when I was there as a student, resident, registrar and finally consultant. It is probably the old St Vincent's that I miss — the old buildings with so much history, the personalities, the ever-present Sisters of Charity and the warm feeling of family that modern hospitals are devoid of.

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"I still miss St Vincent's greatly and loved the place ... "

In 1990 I was asked to do a locum at Monash Medical Centre. This was a new hospital created from the relocation of Prince Henry's and the Queen Victoria Hospitals out to Clayton in the South East of Melbourne.

I was appointed Head of Unit in 1991. The ENT Department was small then - two consultants (myself and Ron Trower), half a resident, one operating list per week and a small outpatient clinic.

Ron left towards the end of 1991 and I was very fortunate that Doug Buchanan wanted to come back from Sydney to join me.

Together we have seen the Department grow to now encompass four major hospitals in the Monash Health Service. The department now has 19 consultants, six registrars, two fellows, six support staff and performs 35 operating lists every week, as well as multiple outpatient clinics. We also administer dental, maxillofacial and audiology services. Running this department efficiently has been my greatest professional challenge. It would clearly not be possible without a dedicated and professional consultant staff.

I have been fortunate enough in my professional life to have developed an interest in, and be able to do a significant body of work in, laryngology and head and neck surgery.

I have been involved in a specialty voice clinic for 25 years and see a lot of professional voice users and performers, many of whom develop lesions that require surgery.

I am also lucky enough to lead a terrific team of head and neck surgeons in a weekly multidisciplinary team meeting. I am able to operate all day one week in head and neck, and the next week all day on laryngology and airway cases.

I feel fortunate that for most of my professional life I have been intimately involved in training and education. I still feel the necessity to teach tonsillectomy to trainees despite having a more specialised public practice.

I have been lucky enough to serve the specialty in a diverse number of roles — Chairman of the Victorian State Training Sub-committee, Board Chairman, Senior Examiner, Specialty Elected Councillor to RACS and now your President.

"I feel fortunate ... most of my professional life, I have been intimately involved in training"

I am very conscious of the great and wonderful people who have gone before and established this specialty of ours as a vibrant, interesting and wonderfully fulfilling occupation.

I encourage our registrars and new consultants to be the same and never forget that what we enjoy today was hard fought for yesterday. I also encourage them to participate in Society and College matters as much as possible and to experience the pleasure of being able to represent their mates.

I am now 62 years old and can remember being a registrar like it was yesterday.

I am, however, in disgustingly good health and, to date, have never missed a day's work due to illness. The transition to retirement is, however, looming and whilst I never really think about it, there is only limited time left to achieve whatever needs to be achieved professionally.

I am very grateful to be able to represent you all as your President. I respect our past Presidents who have all served you well.

I wish the membership well for the future and hope to catch up at various times over the next few years.

**Neil Vallance FRACS
President**

Outreach Feature: With CHEERS to Nepal

In May this year, Malcolm Baxter OAM took a team to the Children's Hospital for Eye and Ear Rehabilitation Services (CHEERS) in Bhaktapur, Nepal. The following is his report of the trip.

The first question you ask when you arrive at the nearly new CHEERS (Children's Hospital for Eye and Ear Rehabilitation Services) hospital in Bhaktapur, Nepal, is: why have we been asked to help?

This is a nearly brand new hospital of very interesting octagonal design, which is quite well equipped, although sparse in some items, and which has two full-time ENT Surgeons plus another part-time specialist who spent four months with Prof. Paul Fagan in Sydney some years ago.

The hospital was founded by the BP Eye Foundation of Nepal, a not-for-profit organisation, which, as the name suggests, is an ophthalmology organisation. In recent years the Director and Board of that Foundation decided that their main focus was children and, as they were dealing with a lot of very disabled children who had multiple disabilities, including hearing, then they should develop an ENT service as well.

Their third tier of service is, as the name suggests, a service for treatment and rehabilitation of deaf and blind children, some who also have intellectual retardation or autism and would have been condemned to a life of complete neglect otherwise.

This was really impressive and involves residential care for several children at a time, for a few weeks, where they are taught the basics of self-care and mobilisation and language skills as far as can be developed. Our team was very impressed by the obvious dedication and commitment of the paramedical and teaching staff involved in that work.

With regard to the rest of the hospital and the Outpatient Department, it was interesting that despite the name, most of the patients were in fact adults and that there were not really very many patients, considering the population of Kathmandu. This is because this service needs to establish itself in a country which does not have a GP referral system and which relies on word of mouth to attract patients.

Although its primary focus is for the poor people of Nepal, especially children, it realises it has to attract some paying patients as well to make itself viable and also for the same reason must treat adults as well as children.

There are two ENT outpatient clinics in the hospital, only one of which seems to be used at present, both equipped with modern Korean ENT consoles.

All the usual instruments are present, although there is only one flexible nasolaryngoscope in the hospital, which is treated like gold.



Patients waiting to be seen at the village "ear camp".

I must say I did more indirect laryngoscopies and some posterior rhinoscopies in three days of consulting than I had probably done in 10 years at home and only used a flexible scope once, in the hospital.

There are four reasonably well-equipped operating theatres, each of which has an excellent Zeiss microscope. The theatres are used for eyes as well, of course.

After an initial two days of seeing the hospital and working briefly in the Outpatient Clinic and a prolonged briefing session, our team (Lana Tutin, OT Nurse, Monash, Sowmya Rao, Audiologist, Western General Hospital, Lorraine Baxter, Nurse, Alfred Hospital and myself, Monash), moved with the hospital team to carry out an "ear camp" in the hill country of Northern Nepal.

The philosophy of the hospital, like similar organisations in Nepal, is to go into the remote

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areas to consult and screen and bring major operating cases back to the main hospital. At present, it does not do any operating on site, although this may change in the near future, at least for minor cases.

The village chosen was about seven hours' drive from Nepal at about 2,000 metres altitude in a very pretty forest area. Living conditions were basic but adequate, the food was excellent and the villagers showed us a lot of hospitality and were grateful for our attendance.

The Director of the hospital, ENT Surgeon, Dr Sanjib Upadhyay, and myself consulted together in one room (having taken all our equipment and medications there ourselves naturally) and saw approximately 500 patients over two days' consulting.



Malcolm Baxter examining a patient at the village "ear camp".

As usual, about 90 per cent of these had either nothing particularly wrong with them or had simple complaints.

I am sure I must have exhausted the country's supply of Ranitidine over two days! However, that certainly left a substantial number of patients that did have significant pathology mainly ear disease, and also some other conditions.

On return to the main hospital, we did two days of operating, which was rather short, but were unable to include any patients just seen who will come later.

The patients we operated on were ones that had already been put on the waiting list, through the public outpatient system, with chronic suppurative otitis media.

I ended up only operating on three patients myself due to cancellations and other factors. Dr Upadhyay hopes that this operating session will be extended in future trips.

So the question again arises with this infrastructure and personnel all in place, "why do they need our help?"

Dr Upadhyay explained that they were a not-for-profit, NGO-type institution, which is aimed primarily towards providing service to the poorer people of Nepal.

Although there are 60-70 ENT Surgeons now in Nepal, most of these are in private practice or other institutions and he has not been able to attract anybody to work at CHEERS because of financial reasons.

Accordingly, they do suffer from a personnel shortage and the presence of volunteers does help them to cover their work and extend it.

Interestingly, we did not take our own anaesthetist on this occasion and they had to employ an outside anaesthetist for two days. Apparently this was quite a financial drain, so any future teams should preferably have their own anaesthetist, which would help the hospital greatly.

This was an interesting experience, which is really quite different from my usual experience in the Pacific and East Timor in the way it is set up.

I last operated in Nepal 17 years ago with Dr Mike Smith's organisation, Ear Aid, out of Pokhara, which also did the ear camp model, except that the full range of operations were actually done on site. Dr Smith, who is still a consultant in Hereford, England, is setting up his own hospital in Pokhara.

Dr Neil Weir of Guildford, UK, also runs an organisation known as BRINOS in Nepalgange, far west of Nepal.

Therefore, the aim of CHEERS is to set up a similar organisation based in Bhaktapur (Kathmandu) for similar reasons, to service the poorer population. This is difficult because of financial constraints and lack of committed personnel.

Dr Upadhyay and the Board of the BP Eye Foundation are very keen to establish links with Australia and links with Australian ENT Surgeons via ASOHNS.

It would be especially attractive to an Otologist as they are keen to learn about BAHAs and cochlear implants, although they have no real prospect of fitting these in the near future because of lack of infrastructure and finance.

Also, they would welcome our visits for teaching purposes. I personally am not a specialist otologist, practising mainly as a laryngologist these days, so I could only offer "bread and butter" otology, although there is certainly a need for this as well and certainly they would

cont'd ...

welcome anybody from Australia with an interest to go and work there for one to two weeks.

Other aspects of ENT are also of great interest apart from otology; for example, they are keen to start doing FESS surgery in future and laryngology, especially paediatric, was of interest.

I would recommend this project to anybody who has an interest in working in these areas. Nepal is a fascinating country. Although, frustratingly, we could not see much of the big mountains on our trip due to climatic conditions at this time of year, the walking was still great and the villages and cultural sites fascinating.

Please note that this is not College- or ASOHNS-funded and any individuals that are interested will have to pay their own airfares to and from Nepal. The Foundation itself, however, will

feed you and transport you and they accommodated us in the Moonlight Hotel, Thamel (the old tourist area of Kathmandu), which was basic but very adequate.

One other pleasing difference is that you won't have to take a ton of equipment with you and worry about excess baggage, as all is provided. Obviously you may want to take your personal loupes, etc.

If anyone is interested, please do not hesitate to contact me on:

mbaxter@unite.com.au or 0417 749 337

Malcolm Baxter OAM, FRACS
Chair
Outreach Sub-Committee

Call for Nominations for 2015 Society Awards

ASOHNS is now calling for nominations for 2015 Society Awards.

The category **Distinguished Services for ASOHNS** is intended to recognise members who have made outstanding contributions to the Society.

The category **Distinguished Contribution to the Art and Science of Otolaryngology Head and Neck Surgery** is intended to recognise members who are providing outstanding OHNS services outside their normal practice activities.

There is also a category - **Society Certificate of Appreciation for Services to ASOHNS**.

Nominations for any of the categories can be made by financial members of ASOHNS only. Nominations must include:

- Full name of the member nominated
- The category for which the member is being nominated
- A document, minimum 500 words (about one full page), outlining the nominee's eligibility for the relevant category.

The above details must be sent to the **Executive & Finance Officer** by post, email or fax by **30 September 2014**.

Nominations will be considered by the Awards Sub-Committee who will submit recommendations to the Council at their November meeting.

Those selected will be awarded their medallions at next year's ASM to be held in Sydney.

For more information on the Awards and previous Award winners, click on the link to the Members section of the ASOHNS website: **Society Awards** (Note: you will need your login details to access this item).



Send to:

Executive & Finance Officer
ASOHNS Limited
 Suite 403, Level 4, 68 Alfred Street, MILSONS POINT NSW 2065
 Email: lornawatson@asohns.org.au
 Fax: +61 2 9957 6863

ASM 2014 Wrap Up



The 64th Annual Scientific Meeting of ASOHNS was held in Brisbane at end March/early April this year at the Brisbane Convention and Exhibition Centre.

There were 617 attendees in total, including presenters, day registrations and exhibiting company representatives. This number included 77 international attendees (40 from New Zealand), representing 22 countries.

Both anecdotal feedback and the final evaluation data received were very positive about the meeting's value and success. More than 50 per cent of the survey respondents rated the meeting as "Excellent" and 37 per cent rated it as "Good", giving a combined high satisfaction rating of 87 per cent.

The survey data indicated that the invited Keynote Speakers and Honoured Guest Speakers also received high satisfaction ratings, as did the pre- and post-ASM satellite meetings (from those who attended them), and other aspects of the meeting, such as the Breakfast Sessions and the general organisation of the meeting.

The ASOHNS ASM App introduced this year was generally well received as to its expediency, the information provided and ease of use.

The weather mostly didn't let us down – high humidity and some sprinkling of rain during the meeting days didn't dampen spirits and many appreciated the proximity to the South Bank, enjoying balmy evenings wandering amongst the plethora of eateries, market stalls and family friendly activities on offer.

As well as an intensive scientific program, many medical political areas were addressed.

Michael Stewart from New York focused our attention on outcomes research in otolaryngology. This theme was expanded on throughout the program with Claire Hopkins from the UK and Johan Hellgren from Sweden challenging us to get our own data so we can address the administrators with accurate information.

Ben Hartley from Great Ormond St gave many fascinating talks on paediatric airway disease and paediatric malignancies. He also participated in a fantastic hands-on Paediatric Airway course coordinated by Hannah Burns.

Brad Kesser from USA gave us an American perspective on single sided deafness and he discussed his Atresia techniques. He was

part of an Otology Masterclass organised by Andrew Lomas and Craig Bond, which included many leading Otolologists from Australia for a one-on-one temporal bone drilling.

Jean-Pierre Jeannon from the UK reconnected with many of the Australasian Otolaryngologists he had trained and spoke about his experience in 3-D tumour modelling and salvage head and neck surgery.

Jim Burns from Boston headlined our Laryngology program, including a one-day intensive hands-on course organised by Matt Broadhurst.

Other highlights were **Alex Saxby's** talk on Endoscopic Ear Surgery and **Ian Frazer** speaking on HPV related Head and Neck tumours.

David Kennedy spoke about the importance of philanthropy and this blended in well with an update on the Garnett Passe and Rodney Williams Foundation.

The Sunday sessions focused very much on the future of ENT.

A panel discussion included the President of the Swedish Association for Otorhinolaryngology Head and Neck Surgery, **A/Prof. Johan Hellgren**, who also joined other societies' guest Presidents in a session providing an international update. These included:

- **Dr Ratna Dwi Restuti**, President, Indonesian Otolaryngology Head and Neck Society.
- **Dr Phakdee Sannikorn**, President, Royal College of Otolaryngology Head and Neck Surgeons Thailand
- **Dr Howard M Enriquez**, President, Philippine Society of Otolaryngology-Head and Neck Surgery.

We enjoyed hearing about their outreach programs and their ability to manage huge number of patients with limited resources and specialists.

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The speakers mentioned earlier were supported by a range of Australian and other overseas speakers, all of whom presented valuable information and contributed to the meetings' overall success. We are extremely grateful for their participation and hard work.

Apart from those mentioned earlier, another two satellite meetings were held on Friday, 28 March before the main meeting and one was held as a post-ASM satellite meeting the day after.

The **Australasian College of ENT Physicians (ACENTP) Meeting** again had a very successful meeting. With other specialties looking to encroach into areas of occupational hearing advice and tinnitus management this a very important program and we hope to continue these meetings in the future.

Thanks to **Brian Williams, Joe Scoppa** and **Stan Stylis** for continuing to organise the workshop and for their strong participation.

The **Indigenous Ear Health – Closing the Air-bone Gap** one-day satellite meeting called for urgent action to develop a nationally coordinated plan to tackle educational and social implications of the Indigenous ear disease pandemic.

Warren Mundine, Principal Indigenous Adviser to the Prime Minister and Minister for Aboriginal Affairs took part in the meeting and has agreed to liaise with the federal Government to help with this crucial issue.

Thanks to **Kelvin Kong** and **Chris Perry** for their organisation of this important meeting, the third such meeting organised by ASOHNS to date.

Social Program

In addition to a packed educational program there was fun to be had and, in particular, the Gala Dinner was a great success.

Guests were highly amused and entertained by The Three Waiters (opera singing trio) and the band continued the entertainment later in the evening and had many up on the dance floor.

During the dinner, we were delighted that Queensland's **Prof. Bill Coman AM** was presented his **Life Membership** of the Society and **Prof. Bruce Black, Prof. Robert Black OAM, A/Prof. Chris Perry OAM**, together with **Dr Francis Lannigan** of WA, received **Society Awards medals**.

Many of us were saddened, being reminded of **Dr Frank Szallasi's** untimely death earlier this

year, as he had been chosen to receive a Society Award also. His Society medal and a citation were presented to his daughter, Emma Szallasi, in a ceremony held on the Saturday afternoon.

The **Golf Afternoon** was held at Indooroopilly Golf Club.

The trophy was won jointly by **Anne Cass** of Victoria and **Hemi Patel** of the Northern Territory (who was also a co-winner last year).

Honoured Guests

This year's meeting included the opportunity to welcome each of the Presidents of our counterpart organisations in Indonesia, Philippines and Thailand, as well as from Sweden (all names and organisations have been referred to above) and **Theo Gregor**, President of the New Zealand Society of Otolaryngology Head and Neck Surgery.

We were also pleased that delegates from Korea participated in the program. The session on robotic surgery highlighted their expertise in this field.

The former President of the Singapore Society of Otolaryngology-Head and Neck Surgery, Dr Chan Kwai Onn attended as a delegate. (He was an invited Honoured Guest at last year's ASM in Perth.)

Nurses Program

The Otolaryngology nurses program has expanded to include over 150 participants.

We thank the many local and international speakers who contributed to the fantastic program.

Andorin Aki from Vanuatu was able to interact with delegates about how she almost single handedly runs the Otolaryngology program in her country.

Many thanks to Cheryl Kelly and Tracey Nicholls for all their hard work.

Trade Exhibition

The trade exhibition once again added to the value of the meeting, with all available space again taken up.

As was customary, all morning and afternoon tea and lunch, food and beverages were served in the exhibition area and delegates had the opportunity to once again view and experience the latest advances in medical technology and products that support us in our profession.

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We are immensely pleased that all the hard work and effort resulted in a very high quality meeting – continuing the increasingly high standards set by previous ASMs.

My sincere thanks are due to **Anders Cervin**, for his valuable input and perspective in his role as **Scientific Convenor** and the other members of the Organising Committee, comprising **Craig Bond, Hannah Burns** and **David McCrystal**.

We also thank **Consec Conference Management's Barry Neame, Aaron Neame** and their team.

As always, we especially thank all the international and Australian presenters, delegates and their partners who attended.

The next ASOHNS ASM will be held in Sydney from 7 - 9 March 2015.

While I enjoyed the role of 2014 ASM Convenor, I am happy to hand over to Larry Kalish, Convenor, and Nirmal Patel, Scientific Convenor, and wish them well in the months ahead.

I'm looking forward to attending the Sydney meeting – in a considerably more relaxed frame of mind.

Roger Grigg FRACS
2014 ASM Convenor

New Life Member

Emeritus Professor William (Bill) Coman AM

Emeritus Professor Bill Coman AM has been awarded Life Membership of ASOHNS and was presented with his certificate during the 2014 ASM in Brisbane.

Bill is the inaugural Garnett Passe & Rodney Williams Foundation Professor of OHNS at the University of Queensland. He is a Trustee and Board member of the Foundation.

He has been an outstanding Otolaryngologist Head and Neck Surgeon whose career has spanned some 50 years.

He began contributing to ear surgery, working in the prestigious centres of Europe, including the Royal Infirmary in Edinburgh, Saint Bartholomew's Hospital in London and in both Cologne and Tübingen in Germany.

His most significant contribution has been in Head and Neck oncology. In 1978, together with his senior colleague and ASOHNS Life Member, Dr Gerard McCafferty, he established, and now chairs, a multi-disciplinary Head and Neck Cancer Clinic at the Princess Alexandra Hospital, one of the first multi-disciplinary clinics in Australia.

Bill has been an enthusiastic teacher and researcher. He has been a Lecturer or Clinical Lecturer in Otolaryngology for medical students, clinicians and nurses since 1974 and held the position of Professor of OHNS at the University of Queensland since 1990.

He has been a prolific researcher in fields as diverse as quality of life outcomes and surgical technique to the challenges of molecular biology of head and neck cancer and the

cellular response to viral diseases, including the role of the Human Papilloma Virus.

He has been invited as a guest lecturer at numerous national and international meetings, conferences or courses – including being the invited Guest of the Royal Society of Medicine, London, in 2006.

In 2003 Bill was the First International Guest Professor for the Society of University of Otolaryngologists – Head and Neck Surgeons in Washington DC and he delivered the prestigious Sir William Wilde lecture for the Irish Otolaryngology Society in 2002.

He has also been involved in indigenous health projects, establishing a registrar training program in Papua New Guinea.

He is a former Councillor, Examiner and Chief Examiner of the Royal Australasian College of Surgeons.

He was Chair of the Board of OHNS for six years. He was President of ASOHNS from 1995 to 1997 and hosted the first International Federation of Otorhinolaryngological Societies (IFOS) meeting held in Sydney, Australia in 1997.



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He is a member or Fellow of 11 other Associations and Societies, including the Cartesian Society, of which he was sometime President.

He was one of only 13 surgeons to receive Honorary Fellowship of the Section of Otolaryngology, Royal Society of Medicine.

In 2009, Bill was awarded the prestigious E S R Hughes Award by the College. This Award is designed to recognise distinguished contributions to surgery by Fellows of the College and others.

In 2005 he received Membership to the Order of Australia for his services to Medicine.

2014 Society Medals

for Distinguished Service to ASOHNS (1 x recipient)

A/Professor Christopher Perry OAM



During the past 26 years of his membership of ASOHNS, Associate Professor Christopher (Chris) Perry OAM has contributed significantly to the Society and our specialty - both within

Australia and overseas.

Especially noteworthy is his tireless commitment to Foreign Aid and developing OHNS training in Papua New Guinea.

He started going to PNG in 1991 as ASOHNS' appointed director / assistant to the PNG ENT advanced training program with Dr Avdesh Gupta.

He was Chair of the Foreign Aid Program from 2003 – 2007, during which time he focused on providing training and educational opportunities for trainee Ear, Nose and Throat (ENT) surgeons in PNG. This included arranging for them to travel to Australia to attend conferences/hospital placements. There are 11 ENT surgeons in PNG and at least 9 stayed in the Perry household during their training in Brisbane.

Chris also visited PNG to run educational sessions and supply ENT services to a population needing such assistance.

Within Australia, he has regularly visited remote communities since 1982 and still makes two such outreach surgical visits each year.

One of his most significant achievements for the specialty on behalf of ASOHNS was as founder, Medical Director and driving force behind the Deadly Ears program in Queensland. This program is designed to reduce the incidence and severity of chronic ear disease in indigenous communities and received State Government funding to allow it to continue to operate.

Chris was a Queensland Regional Training Committee Chair for two years and a former RACS Examiner.

He was convenor of Australia's first thyroid disease scientific conference and the subsequent five (5) biennial meetings.

Currently, Chris is Consultant ENT Surgeon at Princess Alexandra Hospital and Royal Children's Hospital and Associate Professor at University of Queensland.

He is a member of a Griffith University Eureka Award-winning research team, which has received substantial funds for embryonic stem cell research, Aboriginal ear research, a head and neck cancer study on patient education materials, a viral oncogenesis study and a chemoprevention study from the Queensland Cancer fund.

Chris received a Medal of the Order of Australia in 2009 for service to medicine as an ear, nose and throat specialist and to Indigenous health.

Our profession owes much to Chris' drive and commitment and he is a worthy recipient of the Society Medal for Distinguished Service to ASOHNS.

for Distinguished Contribution to the Art and Science of Otolaryngology, Head and Neck Surgery (4 x recipients)

Professor Bruce Black



Professor Bruce Black has been a lifelong contributor to the scientific advancement of otology.

He obtained his MBBS from the University of Queensland, and undertook his ENT

training in Edinburgh and London in 1975. He attained his FRACS in 1978.

Throughout his career, Bruce has pursued advancing the treatment of chronic suppurative ear disease. In this he has been his own harshest critic, always prepared to modify and criticise his own techniques, based on outcomes measured by his prospective data collection.

He has had more than 30 articles published in major specialty journals, many of which he has allowed his registrars to co-author with him.

Bruce was awarded an MD by the University of Queensland in 1998 and now teaches medical students and registrars and supervises PhD candidates. He has been a professor for 20 years.

He has served as a member of the editorial review staff of *Otology and Neurotology* journal and the editorial review board of the Australian Journal of Otolaryngology for seven years.

Bruce has invented grommets, prostheses and surgical techniques. He is a consultant for prosthetic design for Gyrus.

His main research interests are:

- Ossicular reconstruction
- Vascular flaps
- Prevention of cholesteatoma
- Keyhole Cochlear implant and bone conduction implant surgery

He is a Founding Board Member of the Hear and Say Centre for Deaf Children, a Founding and Senior Cochlear Implant Surgeon Royal Children's Cochlear Implant Service and a Founding Partner of Attune (Queensland Hearing).

Bruce's contribution to otology has resulted in invitations to present at numerous international courses and conferences.

Professor Robert Black OAM

Professor Robert Black OAM has contributed significantly to ASOHNS and the specialty of Otolaryngology, Head and Neck surgery via many roles.

Currently, he is the newly appointed Head of Otolaryngology at the new Queensland Children's Hospital and is Head of Department at Mater Adults and Mater Children's Hospital.

His roles for ASOHNS include: co-opted Councillor in 2003, Federal Vice-President (2004 – 2005); Federal President (2006 – 2008) and Immediate Past President (2008-2010).

He has been actively involved in surgical training, serving as Chair of the Board of OHNS from 1999 until 2000, as a former Senior Examiner in the speciality of OHNS and former Chair of the Court of Examiners at the Royal Australasian College of Surgeons.

Rob was Specialty Editor of the *Australian and New Zealand Journal of Surgery* for 20 years, relinquishing it only last year.

His office bearer roles have also included that of Chairman of the ENT Tribunal of the Workers' Compensation Regulatory Authority (Q-COMP) and Chair, ENT Consultative Group with the Australian Defence Force.

Rob is not only a Fellow of the RACS but also a Fellow of the Royal College of Surgeons Edinburgh and Fellow of the American College of Surgeons.

He undertook post-graduate experience overseas in the UK and USA and has 32 publications and three book chapters.

In 2012 Rob received the Medal of the Order of Australia for service to medicine, particularly in the field of otolaryngology.



Associate Professor Francis Lannigan



Associate Professor Francis Lannigan is a relatively recent member of ASOHNS, joining in 1997 after moving to Australia. But in that time, he has been a major contributor to ASOHNS and the

Royal Australasian College of Surgeons.

He has contributed significantly to research, teaching and clinical services at the Princess Margaret Hospital, the University of Western Australia and Notre Dame University.

Francis has been heavily involved in vetting applications of overseas trained otolaryngologists seeking to move to Australia – ensuring a high quality and ethical background for those successful applicants.

He worked tirelessly as Chair of the Board of OHNS from 2011 to mid-2013 and, previously, as the WA Chair of the Regional Training Subcommittee.

He has been, and continues to be, a mentor and confidante to many of our OHNS trainees.

He was awarded a Commendation from the College for his contributions, both as Board Chair and to the Commonwealth Government overseas trained specialists evaluation group.

He continues to contribute to ASOHNS as current Chair of the WA Section.

Francis has a deep and abiding passion for improving the ear health of Aboriginal children in Western Australia and has, for more than 15 years, conducted a pro bono clinic in the underprivileged area of Kwinana near Perth.

For a longer period he worked as Clinical Lead in the Goldfields Region, providing services to Bega Garnbarringa Health Services and NTP Aboriginal Medical Services, as well as visits to the Lands and other remote parts of the Goldfields.

His research efforts have resulted in major papers in the Laryngoscope regarding adenoidectomy and subsequent ventilation tube insertion in 50,000 WA children.

He has undertaken basic research on ossicular disease in the middle ear and was a major contributor to the Aboriginal and Torres Strait Islander Ear Health Manual.

Francis is deemed a valuable colleague with excellent diagnostic and clinical surgical skills – with the advantages of commonsense and a splendid sense of humour.

Dr Frank Szallasi was the fourth nominee to receive this award but died suddenly in January this year. See page 19 for his citation.

Certificates of Appreciation

ASOHNS Certificates of Appreciation were presented to Dr Roger Grigg (below left) and Professor Anders Cervin (below right) for their respective roles as Convenor and Scientific Convenor of the 2014 ASM.



Vale: Dr Frank Szallasi FRACS

1955 - 2014 | FRACS Otolaryngology, Head and Neck Surgery

ASOHNS members were greatly saddened by the untimely death of Dr Frank Szallasi in January this year. He had been notified at the end of last year of his nomination for the ASOHNS Society Medal for Distinguished Contribution to the Art and Science of Otolaryngology, Head and Neck Surgery.

Immediate Past President, Dr John Curotta, presented Frank's 2014 Society Medal post-humously to his daughter, Emma Szallasi, representing his family, during this year's ASM in Brisbane.

Below is Frank's citation.

Frank Szallasi migrated to Australia from Hungary with his parents and brother when he was 16 years old.

He and his family settled in Sydney. Although he spoke little English on arrival in Australia, Frank graduated from the University of New South Wales with first-class honours in Medicine.

His resident years between 1980 and 1982 were spent at St George Hospital in Sydney. Frank was remembered as the junior doctor who could insert chest drains, whilst those around him were learning to place IV cannulas.

Frank undertook Otolaryngology training in Queensland. After attaining his specialty qualifications he was appointed initially as a Visiting Consultant to the Princess Alexandra Hospital and later, with his colleague the late Graeme Lim, established an Otolaryngology training position at Ipswich General Hospital in 1993. It was in Ipswich that he set up a thriving public as well as private practice.

In 1995 Frank undertook additional training in the UK in order to establish a microvascular reconstructive service in Ipswich. The community of Ipswich and West Moreton could then be treated in their own local hospital, which was a great comfort to them and their families.

He was well versed in all aspects of Otolaryngology, but it was Head and Neck Surgery, particularly reconstructive surgery, where he was a leader. He regularly travelled to Papua New Guinea to perform outreach surgery, where he would perform complex resections and perform up to five free flaps in a week.

Frank loved being an ENT surgeon and often, as many of his trainees would attest, pushed the boundaries of his specialty, venturing into the cranial or thoracic cavities without fear or hesitation. His three-dimensional knowledge of surgical anatomy was without peer.

He also loved teaching, and for most of his surgical career held weekly or fortnightly informal teaching sessions for trainees.

These sessions were conducted on evenings or weekends, either at his office, Ipswich Hospital or at his home, where trainees were welcomed almost as family members. All recent trainees owe Frank a debt of gratitude for his guidance in passing the Fellowship exam.

Frank was also actively involved in teaching and mentoring in a formal capacity, as a past Chair of the Queensland Regional Training Subcommittee and as an examiner with the Royal Australasian College of Surgeons. As an examiner, he was unique. He had the gift of cutting complex topics to the absolute essence, and constructing questions and guidelines of distilled wisdom. He was modest and measured in his approach to examining, but readily exposed those with knowledge that was wanting.

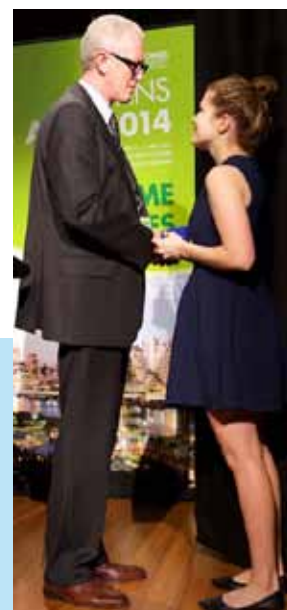
Frank also served the specialty of Otolaryngology Head and Neck Surgery with great distinction in other aspects, including as a previous Chair of the Queensland Section of ASOHNS and Convenor of the 2003 ASOHNS Annual Scientific Meeting in Cairns.

Frank was universally well regarded by his colleagues and patients and revered by those he trained and mentored. He was a devoted husband as well as a loving father to his children, Emma, Amanda and Tim, who survive him.

Despite his magnificent achievements, Frank was a humble and unassuming man who would never have regarded himself a worthy recipient of formal recognition by his peers.

Frank Szallasi's untimely passing represents an irreplaceable loss for his family, colleagues, trainees, patients, and the Otolaryngology community at large.

He will be greatly missed and fondly remembered by all.



2014 Jean Littlejohn Prize Winner - **Tristan Allsopp**

Congratulations to Tristan Allsopp who was awarded the 2014 Jean Littlejohn Prize for the best trainee presentation during the 2014 ASOHNS ASM in Brisbane.



Tristan Allsopp (pictured left) with Prize Convenor, David Marty, is a SET 3 trainee from Queensland.

Tristan's presentation subject was 'Analgesic Management of Patients undergoing tonsillectomy by Australian otolaryngologists: an analysis of the intra-operative and post-operative prescribing habits' and following is his abstract:

Background

Recent evidence has been presented on the previously undocumented risks of therapeutic codeine use in patients who have undergone tonsillectomy with a background of Obstructive Sleep Apnoea. It is believed that despite these children receiving doses within the normal range, they were part of a previously unrecognised population called ultra-rapid metabolisers. Given the often insufficient analgesia with paracetamol, many clinicians may prefer to use a codeine based preparation and therefore place the population at risk. The purpose of this study is to identify analgesia and complications, in particular codeine based preparations used by Australian Otolaryngologists.

Methods

Three hundred and ten otolaryngologists registered with the Australian Society of Otolaryngology Head and Neck Surgery were invited to complete a questionnaire detailing prescribing habits.

Results

Surgeons surveyed exhibited significant awareness of the complications associated with codeine usage described previously by the US Food and Drug Administration. Frequently analgesia was modified based on co-morbidities the presence and severity of obstructive sleep. While concerns exist regarding opiate induced respiratory depression, many clinicians utilise oxycodone on discharge. The most frequent side effects attributable to analgesia reported were nausea and vomiting.

Conclusion

Australian otolaryngologists generally avoided codeine based formulations in at risk sub-populations. Surgeons used a variety of analgesia including opiates such as oxycodone on discharge although modifications were made for co-morbidities. Overall most surgeons took an active interest in post-operative analgesia with few life threatening complications reported.

Tristan Allsopp¹, Hannah Burns¹, Kathleen Cook²

1 Toowoomba Base Hospital, 2 Royal Children's Hospital

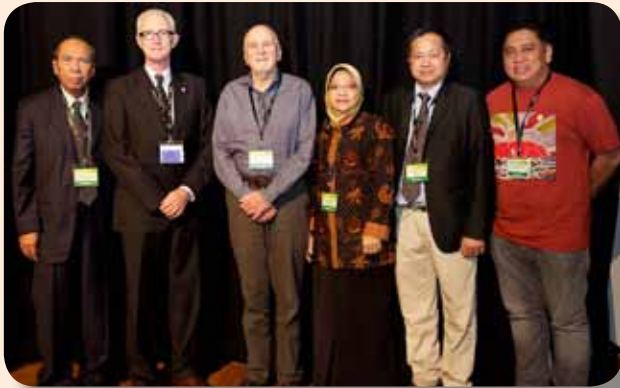
More information about the Jean Littlejohn Prize is located in the Trainees section of the ASOHNS website:

Jean Littlejohn Prize

(You will need your login details to access)

2014 Annual Scientific Meeting snapshots - plenary sessions and Gala Dinner





ASM 2015 Update



Dear Colleagues

As Convenor of the ASOHNS 65th Annual Scientific Meeting, it is my great privilege to cordially invite you to attend this meeting

in Sydney, to be held from 7 to 9 March 2015 at an exciting new venue, the Australian Technology Park (ATP).

The theme of this year's meeting is **Excellence and Innovation**.

We intend to showcase the best Australia has to offer across all the ENT sub-specialties over a shorter three-day program.

Along with Australia's best and brightest we will have numerous international speakers, including confirmed keynote speakers (see below for more information).

The meeting will include exciting and innovating pre- and post-ASM satellite workshops, such as:

- an endoscopic ear surgery course
- sinus surgery course
- head and neck dissection course
- paediatric update
- Indigenous ear health meeting

The pre- and post-ASM satellite workshops will be held on 6th and 10th March 2015.

I look forward to welcoming you all to Sydney in 2015.

Larry Kalish FRACS
ASOHNS ASM 2015 Convenor

ASOHNS ASM 2015 Scientific Convenor is:
Nirmal Patel FRACS

International Keynote Speakers

Dr John Del Gaudio

Chief, Rhinology and Sinus Surgery (since 2004); Director of Emory Sinus, Nasal, and Allergy Center; Residency Program Director for Otolaryngology - Head & Neck Surgery (since 2007); Professor (2009) and Vice Chair (2010) of the Department of Otolaryngology - Head & Neck Surgery.



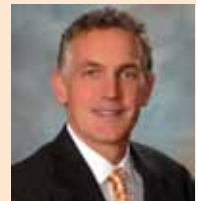
Dr Paul Krakovitz

Section Head of Pediatric Otolaryngology in the Head and Neck Institute at Cleveland Clinic; Co-director of the Pediatric Aerodigestive Clinic; and Associate Professor at Case Western Reserve College of Medicine and Vice Chairman of Surgical Operations for the Cleveland Clinic.



Dr Bert O'Malley, Jr

Gabriel Tucker Professor and Chairman
Department of Otorhinolaryngology - Head and Neck Surgery
Associate Vice President, Director
Physician Network Development
The University of Pennsylvania Health System



Dr Robert Vincent

Otologist - Causse Ear Clinic Beziers, the largest otology centre in France.



For more information on Keynote Speakers go to:
SPEAKERS

Abstract Submission deadline:

1 October 2014

For more information about abstracts go to:
[Submit Abstracts](#)

ASOHNS 2015 ASM website is live.
For more information, or to register your interest in the 2015 ASM, go to:

www.asohns.consec.com.au

Continuing Professional Development Update

Compliance Rates

Our current compliance rates for the 2012 year were already at 94 per cent. This was very pleasing relatively early into the assessing year, and compared very favourably with the final figure for 2011 of 84 per cent, although it was noted that 2010 was also 94 per cent in total. Hopefully we might get a few more to comply within this reporting year and get this figure even higher.

Note: that this represents a complying number of 372 out of a society membership of 393.

The RACS actually reported that this trend was present throughout all specialities for this year and we had seen a general increase in the overall compliance rate varying between specialities from 92 per cent to 97 per cent, which was very pleasing, especially considering 12 months ago it was 70 per cent - 80 per cent. Hopefully, our own speciality would ultimately be in that higher group.

Matters Arising from RACS PDSB Meeting – 23rd February 2014:

1. CPD verification was supposed to be 7 per cent, but would be higher very shortly.
2. It was suspected that some members were still not participants in the ANZASM surveys of operative mortality, whereas this was now required for Fellowship. It was suspected that some Fellows were wrongly certifying themselves which left them open to AHPRA penalties.
3. Credentialing and scope of practice was potentially on the horizon.
4. Re-validation was very much a 'buzz' word at present and was approaching fast. The College believed that this would be a requirement in about three years' time. Apparently this would involve closer scrutiny of what we were actually doing to re-educate ourselves and stay up to date. It should be differentiated from re-certification, which involved sitting a new examination, which I think most Fellows would consider undesirable.
5. It had been suggested that a lot of medico-legal issues regarding disciplinary matters, or complaints from patients, or investigations by AHPRA could be, to an extent, forestalled or at least dealt with more expeditiously by having a sub-committee of appropriate specialists to

refer to. Such a sub-committee would obviously have to come from these specialist societies. This had been mentioned in the past and the College wasn't keen because of potential legal problems, but it seemed to have been resurrected. It was mentioned because it was possible that the President, along with Presidents of other specialist societies could be approached about this.

The mood of the meeting was that, certainly, if this were to occur then it should be funded by the College.

Country and Provincial Members

I had been approached on two or three occasions by country or provincial Members complaining that compliance with the CPD requirements was too difficult given their often lone practices, especially with respect to their city colleagues. I certainly agree that this was probably true, especially with respect to audit, which is done easily by those attached to city teaching hospital units.

I had managed to negotiate a couple of these with the College and we seemed to have worked our way through them, but Federal Office told me that there had been complaints from other Members and it might be worthwhile if our Society and the College addressed these in the name of equity, given our desire to see these country and provincial areas staffed by specialists.

Semi-retired or retiring members may have similar problems.

Finally, this is my last report as CPD Representative as I am vacating the position. I would like to thank Lorna Watson and Carole Gridley at Head Office for the tremendous help they have given me and to the RACS CME staff who have similarly been helpful.

Thanks to all Members who have generally responded well to my nagging letters. I wish my successor, Michael Dobson, all the best.

Malcolm Baxter OAM, FRACS
ASOHNS CPD Chair
RACS PDSB Committee Member

Michael Dobson - New Chair, CPD Sub-Committee



Michael Dobson was appointed to the ASOHNS Council in March this year as new Chair of the Continuing Professional Development Sub-Committee, taking over from Malcolm Baxter.

Michael has been a Victorian State Chair and Representative and was Federal Secretary from 2005 until 2012. In this role he was instrumental in the design and development of the current ASOHNS website.

Born in Melbourne but raised in country Victoria, Michael returned to the country upon completing his ENT training in 1981 and set up a very busy practice in Shepparton.

He and his wife, Trish, returned to live in Melbourne in 2002 and Michael opened a private practice in Box Hill early the following year.

He has undertaken substantial outreach work over the years, teaching in Vietnam and Cambodia and providing primary and secondary surgical services in Timor Leste and Alice Springs.

Michael's experience of rural practice, like that of his predecessor, makes him very sympathetic to the heavy workload undertaken by practitioners in rural and regional areas. As CPD Sub-Committee Chair, he is keen to foster easier access to CPD opportunities, such as webinars, and will be working to develop this further.

We extend our sincere thanks and appreciation to Malcolm Baxter for all the time and effort he contributed as CPD Sub-Committee Chair for the past five years.

We look forward to working with Michael for the next few years.

Neil Vallance FRACS
President

VIDEO LINK - ASOHNS 2014 ASM - Plenary and Concurrents

Video recordings of most plenary and many concurrent sessions of the 2014 can be viewed online via a link and password. For those of you who attended the ASM, access to view the recordings is complimentary. All ASM delegates will be sent the link and a password via an explanatory email.

For those members and trainees who did not attend the ASM, access to the recordings is available for a cost of \$495 (GST-inclusive) for Members and \$330 (GST-inclusive) for Trainees. Members and Trainees will also be notified of this service this via email.

RACS CME points can apply (1 point for each full hour of viewing). For auditing purposes, members who did not attend the ASM and wish to claim CME points for viewing sessions online must obtain a certificate of verification from ASOHNS. The system is able to track viewers individually by name and can show how much time individuals spend viewing the sessions.

For further information about accessing the recordings and/or to purchase access, please contact **Carole Gridley, ASOHNS Membership Manager** on:

Tel: (02) 9954 5856 or **Email: members@asohns.org.au**

SET Update



The Board has been busy leading up to selection in July. This is the first year that the new selection process has been used. As expected there were some teething problems around changes to CV scoring and referee selection and scoring.

The interviews went well and notification to successful applicants will take place in late July.

At the ASOHNS meeting in April this year a lunchtime meeting was held for Surgical Supervisors and was generally well attended and received. It is planned that these meetings will occur at each ASOHNS Conference and possibly appropriate educational courses may be included.

The MALT Logbook was launched earlier this year. It is an online logbook recording system and database. SET 1 trainees have commenced using the system. It is also available for all members of RACS in our specialty.

The Board has also been actively reaccrediting training posts. The criteria have been well circulated. Despite this many posts fall short of what is required to maintain or attain accreditation.

The Board is now focused on revising our curriculum and Training Regulations.

Richard Gallagher FRACS
Board Chair
Board OHNS, RACS

Trainee Rep Report



This will, sadly, be my last Trainee Representative report as my two-year tenure is coming to a close.

I remember throughout my training previously, I had been vaguely aware that a Trainee Rep existed but was mostly unaware of its relevance to me. In applying for the

position, I had hoped to make a positive impact for the trainee body, as well as have the opportunity to understand the workings of both ASOHNS and the College.

Over the last two years I have been fortunate to see the dedication of the Board of OHNS, RACS to the improvement in training, the commitment to involving the Trainee Rep in discussions at a Board level and to see other passionate trainees at the RACSTA (Royal Australasian College of Surgeons Trainees' Association) meeting.

What struck me most is that everyone there is invested in the future of our specialty.

Like most dealings with bureaucracy things move slowly; I had hopes of sweeping changes, loud representation and generalised revolution.

So what has changed? Over the last two years, modifications have been made to the application process, aiming at improving the calibre of the applicant and creating an even more transparent application; whilst it may still not be perfect, this is recognised at the Board level and continues to be up for discussion and open to change.

Training posts continue to be reviewed and there is a growing push to ensure training hospitals retain their posts by demonstrating an adequate training environment or risk losing the position.

The curriculum is undergoing a major re-write, one that will allow the trainees a clearer understanding of the scheme and, hopefully, provide a better roadmap to ensure ultimate successful completion of training.

The rural/remote attachment was voted on by the trainee body and was very well supported; it is my hope that in the future we will see this element of care more vigorously incorporated into the training scheme.

As far as my own training, as I come to the end, what have I learnt?

It starts before even getting on to the training program, and is something that should be passed on to prospective trainees: identify the requirements early, (particularly the coursework and publications). These are factors entirely under your control, as opposed to the referee reports and the interview.

Once on, pass the exams early. This will change somewhat in the next few years as the generic part of the exam can be completed prior to commencing training.

It continued to surprise me to learn that trainees were facing dismissal in the second year of training, as they hadn't even attempted the exams!

Get one temporal bone course done early and start drilling out the steps on other temporal bones; I doubt I am alone when I was frantically drilling bones to complete the required steps in the middle of SET 3.

Keep an ongoing log of tympanoplasties from SET 1!!! Again, not doing so will lead to heartache as you chase audiograms and clinic reviews in SET 4.

Get the FESS course done in your SET 2-3 years. You want to do it when you are going to be able to continue to develop your skills, early in training. More often than not, you will be sharing with a more senior reg who wants to do more.

This applies also to the head and neck course - a great course, but you will likely get more out of it in SET 3-4. Just don't leave it too late, as you don't want it distracting you from exam preparation.

Finally the Fellowship exam.

It is going to change your life. I cannot underplay how big this thing is and it should be approached with significant commitment. As to when you should start studying, it starts as soon as you decide ENT is for you. I started warning my wife about the fellowship exam before I got on!

Things I found useful:

- Either get a subscription to current opinion or clinics in SET 3 and summarise an article or two every week – I did this with two other trainees and we met up by Skype most Sundays for an hour and then shared our summaries.

- Form a SMALL study group early. This can be hard to do in a state that has many trainees in one year or only one. With the internet, meeting up in person is not required, but any more than three and you start wasting time. Everyone is responsible for themselves and you do NOT want to have to do this more than once.
- Keep your family/loved ones sustained – commit an evening/weekend day off every week where all your attention is to them and no study, you need this and so do they, it gets harder the closer the exam gets but get out a calendar and make dates available.
- Cummings is our text, USE IT!!! Whilst it is not the final word (in fact is very weak on some things) it does provide a framework for the exam and therefore anything within it is fair game. This does not mean reading it from cover to cover but utilise the headings and plan appropriately.
- Keep healthy – this is SO important. A brisk walk around the block as your eyes start to glaze over does wonders to get you going.
- Talk with people who have passed it recently – the exam has evolved even in the last few years. It is now very constrained and marks are predetermined, the days of talking the examiner's ear off about what you know are over; they have a marking scheme and if you don't say what's on it, you don't get the marks.
- Listen to the examiner. I was struck after the exam when talking to the examiners how much they want you to pass. Whilst it may not feel like it as you are sweating, it is true. There will be something you're asked about in the exam you don't know; those questions are more designed to see how you cope with the situation rather than the perfect answer and are often worth few marks overall.

I congratulate those candidates who successfully passed the recent Fellowship Exam, and wish those who didn't pass every success at their next attempt.

I'm off to the US next year for a fellowship in paediatric ENT and wish my successor all the very best.

Niall Jefferson
Trainee Representative

2014 Trainees Meeting - Update

At the time of writing, the 2014 24th Robert Guerin Memorial Annual Trainees Meeting was scheduled to be held at the Rydges Hotel in Melbourne from 14 – 15 July.

71 trainees had booked to attend, including four International Medical Graduates (IMGs).

Twenty trainees had registered for the Practice Examination held for SET 4 and SET 5 Trainees scheduled for Sunday, 13 July at The Royal Victorian Eye and Ear Hospital, East Melbourne. Seven SET 3 Trainees and two IMGs had registered to "Bulldog" the examination.

Once again, the meeting had a dedicated website (<http://robertguerin.org.au>) which allowed trainees and those interested to keep up-to-date with program changes as they become available.

The site provided all relevant information about the meeting, including speakers, trade exhibitors and social events and enabled trainees to pay their registration fees online.

The meeting Convenor, Deborah Amott, put together a stimulating program that included:

- Dysphagia
- Paediatric Obstructive Sleep Apnoea
- Rhinoplasty
- Benign Laryngology
- Transoral Robotic Surgery

- Osteosarcomas of the Head and Neck
- The Business of ENT
- Locoregional Reconstructive Facial Flaps

Trainees, sponsors, exhibitors and invited guests would be welcomed to the meeting with casual drinks on the Sunday evening and would also enjoy a delicious dinner at Fenix Restaurant, Richmond on the Monday evening.

The trade exhibition, held in conjunction with the meeting, was fully subscribed by 12 companies who will exhibit their products and services.

A 'Passport Competition' would be held again this year, which would give trainees the chance to win one of three prizes: A GoPro Digital Camera, a \$100 Westfield Gift Card and a \$50 iTunes Gift Card.

To be eligible, trainees would need to visit each exhibitor's display table and have their 'passport' card signed by a company representative.

The 'passports' would be placed in a collection box and the winning entry would be drawn towards the end of the meeting.

For enquiries about Robert Guerin Memorial Annual Trainees Meeting, please contact:

Ian Denney, Surgical Education & Training Administrator

Tel: +61 2 9954 5856

Email: OHNStrainees@asohns.org.au

RACS News

New RACS President

Professor Michael Grigg is the new President of the College. He is a vascular surgeon but has a strong understanding of the OHNS specialty through his wife, ASOHNS Member, Sherryl Wagstaff.

New OHNS Senior Examiner

Dr Julie Agnew of Queensland is our new Senior Examiner, replacing A/Prof. Raymond Sacks.

New Examiner in OHNS

Dr David Veivers has been appointed a new Examiner in the OHNS Specialty.

RACS Council Highlights

Strategic issues discussed in June by College Council included:

- Increased advocacy
- CPD / Revalidation
- Private health insurers decreasing cover for procedures.
- Excessive fees being charged by a small number of surgeons.



Outreach Update



1. Outreach Committee

This was formed on an ad hoc basis at the last Federal Council meeting (in October 2013) and I have proposed details to formalise it and

also proposed an Outreach Scholarship in separate documents.

2. Current Activities:

a. RACS ATCLASS Project (East Timor)

This is a project, which has been very highly regarded and sought after by many members because of the links between our two countries and the problems suffered by the people of East Timor over the last few years.

There has been a successful program for the last few years of four, one weekly visits to the country, to either Bacau or Dili, to carry out ENT consulting and surgery and train specialist nurses.

A young Doctor has also been identified to study ENT and is currently doing this in Indonesia. Two of these visits per year have been funded by AusAID and two have been funded by Balwyn Rotary.

As is well known, the new Government has totally different ideas about foreign aid and has closed AusAID in its present form and incorporated it into DFAT.

The College had a contract with the Health Department of East Timor to provide various services until the end of 2016.

There is apparently a problem between what was the Dili AusAID office and RACS, which has led to moves to cancel this contract and even cease Australian Surgical involvement there. This will probably not occur, although it will be in an altered form.

There is even the suggestion that the Cuban medical facilities, which are now well established in East Timor should take over this function as well. We obviously regard this as a very retrograde step.

There is a move to promote primary health and also a necessity to train up the many Cuban trained, young East Timorese doctors which

are now flooding back into the country with an often uncertain level of training.

RACS does see itself as having a leading role, hopefully, in the training of these doctors if they can only convince Canberra. Such training will include basic ENT training and we will have a role there.

With regard to the ENT part of the contract from AusAID, this expired last year and I did the last trip under this contract to Dili in December. This was successful.

Part of our program has been the training of ENT specialist nurses which has made some progress, although not yet very advanced.

An Australian nurse, Julie Souness, was the resident ENT nurse in that country for two years and helped to organise our project and train the nurses. Unfortunately she has now left and we have been unable to replace her at present, although there will still be a role if the contract can be continued until 2016.

Happily, Balwyn Rotary have apparently expressed willingness to consider the further funding of two visits this year, although it is uncertain just how long this will continue after this year.

East Timor is certainly in a great state of flux with regard to surgical services generally, including ENT and we look forward to further developments.

b. RACS Pacific Island Project (PIP)

This is still under contract to AusAID for the next two or three years and continues to provide services to the various countries with visiting teams and seems to be going without any great problems at present, although the Fiji trip had to be put on hold recently due to unforeseen circumstances.

This was advertised to the membership via email in March this year.

c. Cambodia Project

I have no close knowledge of this, but Eliza Twedde, Adnan Safdar et al, seem to be doing a great job with very limited support.

I would certainly recommend the continued financial support for drugs that ASOHNS has made available in the past.

cont'd ...

3. Forthcoming Activities

a. Rowan Nicks Scholars

The Rowan Nicks Scholarship was set up by a benefactor to the College of Surgeons to bring young surgeons from overseas for 12 months for further training in this country. It is highly regarded by the RACS who are keen to see it continue and the acceptance of such Rowan Nicks Scholars by the institution reflects well on that institution, both in the RACS and public eye.

Happily, two Rowan Nicks Scholars last year and this year are ENT Surgeons. Firstly, an Indian ENT Surgeon with a special interest in head and neck will start at the Peter MacCallum Hospital shortly, for the rest of this year, under the sponsorship of Stephen Kleid and a Bhutanese Fellow will start at Monash Medical Centre later this year under the sponsorship of myself.

The sponsors are responsible for the general day-to-day supervision of these surgeons, who will also have a mentor to whom they can report regularly.

It is important to realise that these Rowan Nicks Scholars will not "take work" from our own Registrars and Fellows who obviously will have priority in operating. However, the College guarantees that they will all be registered to actually lay hands on patients which may mean working in the outpatients or certainly attending the operating theatre where they

may scrub in and be second or third assistant. The College is adamant that it is most unsatisfactory for these Surgeons to be regarded as mere observers for 12 months and the co-operation of all members is requested.

b. Another Bhutanese ENT Surgeon is being

sponsored by a group at Royal Brisbane Hospital to hopefully receive further training in head and neck surgery, perhaps in two short sessions up to two to three months at a time over the next year or so. It is important in the light of the above to realise that there are only three ENT surgeons in Bhutan, and it would obviously be undesirable to take two of them away at any one time.

In May this year I took a team to the Children's Hospital for Eye and Ear Rehabilitation Services (CHEERS) in Bhaktapur, Nepal. For more information about this trip see separate article on pages 10-12).

Again, my thanks to everybody who has worked for Outreach over the past 12 months in whatever capacity and including ENT surgeons, nurses, anaesthetists, audiologists etc. We hope for your continued involvement.

Malcolm Baxter OAM, FRACS
Chair
Outreach Sub-Committee

Video Link - Indigenous Ear Disease - Closing the Air-bone Gap one day workshop held 28 March 2014 in Brisbane

This workshop addressing Indigenous ear disease was the third such meeting to be convened as a satellite meeting to an ASOHS ASM.

We are delighted to offer this online video recording of most of the presentations delivered during the workshop.

For those who participated, downloading the video will provide you a valuable reference.

For those who were unable to attend, downloading the video will allow you to view and hear the presentations you missed.

Please click on the link to download the video:

Indigenous Ear Disease - Closing the Air-bone Gap Workshop 2014

If you have the Silverlight plugin you will be prompted to update it to the current version. Once you update it you will be able to view the webcasts. If you have any difficulties, please contact:

Carole Gridley, Membership Manager on Tel: (02) 9954 5856 or email: members@asohns.org.au



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NACCHO Photography

Fees Sub-Committee Update

Summary of MBS Review of ENT Services



The bulk of the review process is complete.

Most of the item numbers under review (especially those related to tonsils, adenoids & grommets) have

been retained without change.

The review is still considering item numbers related to snoring surgery and it is hoped this review will be complete by year end.

The review of rhinoplasty numbers is complete and MSAC has passed their recommendations onto the minister for final approval. Aside from some minor modifications to item descriptors clarifying that items are intended for post-traumatic/functional problems but not purely cosmetic disorders, there have been no significant changes.

Other ongoing reviews are:

1. Application for item number covering stereotactic localisation for extra-dural procedures.
2. Application for item number covering simultaneous bilateral cochlear implantation.
3. Review of item numbers relating to craniofacial resections done in conjunction with neurosurgeons (a more equitable arrangement is sought).

A link is provided below if you wish to view the full report submitted at the March 2014 AGM posted in the Members Section of the ASOHNS website. (You will need to log in to access).

[ASOHNS Fees Sub-Committee Report March 2014](#)

Patrick Guiney FRACS
Chair, Fees Sub-Committee

Advertising and Social Media for Doctors

If you have a practice website, I would recommend you take time to review the changes by the Medical Board of Australia to guidelines for advertising, which came into effect on **17 March 2014**, and have been updated on 20 May 2014. Importantly, the use of testimonials is not permitted.

The detailed guidelines can be found at the Medical Board of Australia's website under Codes, Guidelines and Policies:

<http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-advertising-regulated-health-services.aspx>

Michael Gorton wrote an article on the guidelines from a legal health perspective in the April 2014 edition of RACS Surgical News.

Lorna Watson
Executive & Finance Officer

VALE:

Dr Raymond Carroll	-	New South Wales (1937 - 2014)
Mr Gerald Little	-	Victoria (1924 - 2013)
Dr Frank Szallasi	-	Queensland (1955 - 2014)

Meetings, courses, workshops organised by ASOHNS members for the remainder of 2014

Frontiers 2014: The Art, Science and Future of Otorhinolaryngology

Dates: **30 July - 1 August, 2014**
 Venue: **Sheraton on the Park, Sydney, NSW**
 GPRWMF
 Chairman: **Dr Dean Beaumont**

The Garnett Passe and Rodney Williams Memorial Foundation biennial Conference.

[For more information click here](#)

Australasian College of Ear Nose and Throat Physicians Scientific Meeting

Date: **2 August, 2014**
 Venue: **Chatswood, Sydney, NSW**
 President: **Dr Brian Williams**

The ACENTP was established to promote excellence in the practice of Medical Otorhinolaryngology and Medico-Legal medicine amongst ENT Specialists.

[For more information click here](#)

Australian Otitis Media Conference (OMOZ) 2014

Dates: **6 - 8 August, 2014**
 Venue: **Stamford Plaza, Melbourne, Vic**
 Conference Manager: **Rochayne Frost**

OMOZ is a way to link the otitis media research community in Australia and the Region to support collaborative efforts and share resources.

[For more information click here](#)

24th Annual Meeting of the Neuro-otology Society of Australia (NOTSA)

Dates: **8 - 10 August, 2014**
 Venue: **RPA Hospital, Sydney, NSW**

The meeting will include interesting clinical case discussions as well as some didactic presentations on topics of interest.

[For more information click here](#)

Endoscopic Sinus and Skull Base Surgery Course

Dates: **14 - 16 August, 2014**
 Venue: **St Vincent's Hospital, Sydney, NSW**
 Faculty: **A/Prof. Richard Gallagher, A/Prof. Richard Harvey, Dr Larry Kalish, Dr Yuresh Naidoo, A/Prof. Raymond Sacks, Dr Nicholas Stow**

A course aimed at practising surgeons and registrars. Advanced areas of surgical management will be covered.

[For more information click here](#)

Tri-Society Head & Neck Oncology Meeting 2014

Dates: **14 - 16 August, 2014**
 Venue: **Darwin Convention Centre, Darwin, NT**
 Convenor: **A/Prof. Suren Krishnan OAM**

This meeting is being hosted jointly by the Australian and New Zealand Head and Neck Cancer Society, Hong Kong Head & Neck Society and Head & Neck Cancer Society, Singapore.

[For more information click here](#)

5th Biennial David Brown-Rothwell Memorial Queensland Acoustic Neuroma Conference

Date: **30 August, 2014**
 Venue: **Princess Alexandra Hospital, Woolloongabba, Brisbane, Qld**
 Convenor: **A/Prof. Ben Panizza**

The Symposium has been designed to meet the current needs of the professionals involved in managing acoustic neuroma.

[For more information click here](#)

Royal Prince Alfred Hospital Endoscopic Ear Surgery Course

Dates: **5 - 6 September, 2014**
 Venue: **RPA Hospital, Sydney, NSW**
 Convenor: **Dr Alex Saxby**

This course for dissectors is now FULLY BOOKED.

[For more information click here](#)

Brisbane FESS Course

Dates: **5 - 6 September 2014**
 Venue: **Prince Charles Hospital, Brisbane, Qld**
 Convenor: **Prof. Anders Cervin**

An update on modern endoscopic sinus surgery techniques and medical management of chronic rhinosinusitis patients combined with an open rhinoplasty dissection.

[For more information click here](#)

The Australasian Academy of Facial Plastic Surgery (AAFPS) Masters' Symposium

Dates: **18 - 20 September, 2014**
 Venue: **Sydney Hospital & Australian National Maritime Museum**
 Convenors: **Drs Benjamin Burt, George Marcells, Simon Taylor, Angelo Tsirbas**

Special emphasis on Blepharoplasty and Upper Facial Rejuvenation.

[For more information click here](#)

SCENTS - Society of Country ENT Surgeons Conference

Dates: **11 - 12 October 2014**
 Venue: **The Stonelea Resort, Acheron, Vic**
 Convenor: **Mr Anthony Guiney**

Bring your family, bring interesting cases and x-rays, present your audit to meet your CPD requirement.

[For more information click here](#)

ANZSPO 2014

Dates: **24 - 26 October, 2014**
 Venue: **Pullman Resort, Bunker Bay, WA**
 Convenor: **A/Prof. Shyan Vijayasekaran**

The Annual Scientific Meeting of the Australian New Zealand Society of Paediatric Otorhinolaryngology.

[For more information click here](#)

Global Postlaryngectomy Rehabilitation Cadaver Demonstration Course

Dates: **6 - 7 November, 2014**
 Venue: **Princess Alexandra Hospital, Woolloongabba, Brisbane, Qld**
 Convenor: **A/Prof. Ben Panizza**

This two-day course is composed of a series of lectures, cadaver demonstrations and patient demonstrations. It is of interest to anyone wishing to expand clinical knowledge of the laryngectomy patient.

[For more information click here](#)

Core Skills: ENT Sinus Surgery and Facial Plastic Workshop

Dates: **7 - 8 November 2014**
 Venue: **CTEC, The University of Western Australia Crawley, WA**
 Convenors: **Mr Tim Cooney, Mr Tuan Pham**

Participants will have the privilege of using fresh frozen cadaveric materials, a superior teaching model due to its high degree of anatomical realism and near normal tissues properties.

[For more information click here](#)

2nd Australasian and Asia Pacific Laryngology Conference 2014

Dates: **7 - 9 November 2014**
 Venue: **Hotel Grand Chancellor, Hobart, Tas**
 President: **Mr Malcolm Baxter OAM**

This is the first official conference of the newly formed Laryngology Society of Australasia (LSA).

[For more information click here](#)

Temporal Bone Dissection Course

Dates: **7 - 9 November 2014**
 Venue: **St Vincent's Hospital, Sydney, NSW**

Includes live surgery with audience interaction and 14 hours of supervised dissection.

[For more information click here](#)

6th Adelaide Endoscopic Management of Vascular Injuries Workshop

Date: **26 November 2014**
 Venue: **Gilles Plains, SA**
 Convenor: **Prof. Peter-John (PJ) Wormald**

This course provides the unique opportunity for ENT and Neurosurgeons to improve their endoscopic skills in surgically managing this challenging complication, and to become familiar with the haemostatic options available. Early Bird Registration fee closes 30 September 2014.

[For more information click here](#)

17th Advanced Functional Endoscopic Sinus Surgery Course

Date: **27 - 29 November 2014**
 Venue: **Adelaide, SA**
 Convenor: **Prof. Peter-John (PJ) Wormald**

Includes a new "Masterclass in Frontal Recess Anatomy" - a 3-hour session dedicated entirely to the understanding of frontal recess anatomy. Early Bird Registration fee closes 30 September 2014.

[For more information click here](#)

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