From Your President

The first half of this year has been a productive one; setting the scene to pro-actively advance member services and completing another highly successful Annual Scientific Meeting.

The year began with a survey distributed to members seeking input on, firstly, the most beneficial areas to spend available surplus funds and secondly, the structure and content of future ASMs.

After our Council meeting in March, Council representatives undertook to make recommendations in the three highest ranked areas for using the funds. These were discussed in a teleconference held in July and projects will be activated in the latter part of the year and/or beginning next year.

It was unfortunate that there was also a sour note during this period, with media attention highlighting apparent under-reporting of discrimination, bullying and sexual harassment within the medical profession and hospital system.

This began with an article that included quotes from a female surgeon indicating that female medical professionals would be better silently submitting to sexual harassment in order to protect their future careers.

Both OHNS Board Chair, Richard Gallagher and I co-signed an email, sent to all members, trainees and OHNS International Medical Graduates, emphatically stating that any sort of discrimination or harassment within our specialty and medical system would not be tolerated and drawing attention to the relevant RACS policy and procedure guidelines.

Under the direction of outgoing President, Professor Michael Grigg, the RACS took immediate action in responding to the media articles and launching a support program.

All members will have seen a number of RACS communications on this issue and in particular the formation of the Expert Advisory Group on discrimination, bullying and sexual harassment to better inform the College and the profession on these issues.

Moving back to the more positive events of the year, the following highlights ASOHNS activities:

Member Survey Results

In January we asked members to take part in an online survey in two areas:

1. ranking from 1 – 10 your preferred areas where ASOHNS should be directing surplus funds

and

2. the characteristics of your ideal ASM.

Regarding best use of funds, the survey results showed that members agreed with Council’s preferred option that the most valuable use of surplus funds would be on pro-actively accumulating data on the positive outcomes of specific surgical procedures relevant to our specialty.
The ranking on this preference was significantly higher than the other options presented, with the next two areas of preference being CPD activities for members and Indigenous communities ear health projects.

Data Collection
During the ASM held in Sydney in March, I presented templates for three sets of data questionnaires that had been developed for tonsillectomy, grommets and septoplasty.

Council is currently considering tenders from two IT providers for the electronic capture of data on a web-based system from anywhere on a range of compatible devices.

The national roll out of electronic data collection should not be too far away.

Continuing Professional Development
Providing support for our members’ CME compliance is a primary function of ASOHNS and the member survey indicated this as a significantly important area for use of funds.

While members are eligible for discounted registration fees to attend the ASMs and state sections hold meetings within their state that are accredited CME activities, there needs to be more support, particularly for those working in regional and remote areas.

In recent years, ASOHNS NSW Section introduced webinar technology for its bi-monthly CPD meetings, an initiative that has been enthusiastically taken up by those based in regional and rural areas of NSW and the ACT.

ASOHNS holds an annual licence for this technology and we have advised previously that this is available for other state section meetings and/or subspecialty CME activities.

We are currently assessing e-learning activities, available from international sources to determine if these would be appropriate to further support CME for our members.

Indigenous Communities ear health project support
Several members of the Council, led by Francis Lannigan, are determining Indigenous ear health projects where ASOHNS funds would be best allocated.

Their input will also be discussed by Council and action will be implemented either later this year or beginning next year.

I look forward to updating you further about the action strategies and plans for these projects in my next and final President’s article in the ASOHNS end of year newsletter.

Successful Sydney ASM
The ASM held in Sydney in March was another resounding success.

Held in the historic Australian Technology Park, the venue elicited mostly positive comments from attendees, both anecdotally and from the meeting survey data.

One of the benefits of being unable to hold the meeting in a purpose-built convention centre was that it gave an opportunity to “move outside the square” (i.e. a convention facility environment) and the main social events were held in separate venues (Museum of Contemporary Art for the Welcome Reception and Luna Park for the Gala Dinner) which provided those of us not residing in Sydney the chance to enjoy viewing its main assets – the magnificent Harbour, Opera House and Harbour Bridge.
Again, the invited keynote and other international speakers gave top value to the scientific program, satellite meetings and breakfast sessions and were ably supported by our own local members.

I thank all those who gave so generously of their time and expertise towards the scientific program.

You can read the overview of the 2015 ASM on pages 13-16.

My sincere thanks go to the ASM’s Convenor, Larry Kalish and Scientific Convenor, Nirmal Patel, and members of the organising committee (whose names are listed on page 16) for the tremendous work they did in making this meeting such a success and maintaining our high standards.

ASM 2016

We are now working towards our next year’s ASM and as a Melbourne resident, I’m especially pleased to invite you all to attend this meeting being held in our city.

As you know, Sherryl Wagstaff is Convenor and will be supported by Patrick Guiney and Bernie Lyons sharing the Scientific Convenor role.

We’ve had the opportunity to consider the results of the members’ online survey regarding preferences for the structure and scientific content of our ASMs.

These results have been reviewed by the 2016 ASM Convenors and especially by our new ASM Sub-Committee established last year.

This sub-committee has been implemented to provide assistance with overall direction, planning and financial advice to state sections tasked with organising the ASMs as they rotate around major state capitals.

Beginning with next year’s ASM, this committee will work closely with relevant state convenors to ensure there is adequate support and advice and will take responsibility for setting general principles to deliver the best learning experience possible.

The theme of 2016 is Back to Basics. There will be an emphasis on covering topics and issues we all face in our practices every day.

Sherryl Wagstaff is also implementing a number of innovations, which will make this something of a landmark in the history of our ASMs.

In keeping with the principal of returning surplus funds to the membership it has been decided to offer one of the satellite meetings free of charge to ASOHNS members at future ASMs.

In 2016 the laryngology workshop will be free to members.

Much of the updated information on key ASOHNS activities is addressed further in this newsletter and my 2015 Annual General Meeting report covered a range of activities undertaken throughout the past year fairly extensively.

For those who didn’t attend the AGM, the papers are published in the Members Section of the website.

Congratulations

Finally, I congratulate those members who were recognised for their outstanding services to our specialty and public.
These include:

**Graeme Clark** who received the prestigious Russ Prize in 2015

**Stuart Miller** who was appointed a Member of the Order of Australia in the Australia Day honours.

**Stephen O’Leary** who was awarded both the 2015 Gunnar Holmgren Medal from the Swedish ENT Association for Otorhinolaryngology Head and Neck Surgery and the 2015 Acta Oto-Laryngologica Prize awarded by the Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum.

**David Cronin, Paul Fagan, William (Bill) Gibson** and **Raymond (Ray) Sacks** who were this year’s Society Medal recipients and **Harvey Coates** who was awarded the inaugural RACS Indigenous Health Medal.

Again, I thank all those who contribute so much to ASOHNS and the specialty, including my fellow Council members, OHNS Board Chair, Surgical Supervisors and Sub-Committee chairs for their continued hard work and support.

My best wishes to you all for the remainder of this year.

**Neil Vallance FRACS**

President
Stephen O’Leary awarded two international prizes

Professor Stephen O’Leary’s outstanding research and clinical contributions to otolaryngology and ENT surgery have been recognised with two international awards this year.

In May he was presented with the Gunnar Holmgren Medal by the Swedish ENT Association for Otorhinolaryngology Head and Neck Surgery.

In August he will travel to San Francisco, USA to receive the Acta Oto-Laryngologica Prize from the Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum.

The Acta Oto-Laryngologica Prize is awarded every fourth (4th) year for outstanding contributions to international ORL-HNS in its broadest sense. The recipient is selected from the entire international ORL-HNS community. Membership of the Collegium is not a prerequisite.

The Prize committee includes the General Secretary of the Collegium, the Chairman of the Foundation Acta Oto-Laryngologica and the Editor-in-chief of the International Journal Acta Oto-Laryngologica, which was founded in 1918 by Gunnar Holmgren - described as the father of Swedish otolaryngology.

Harvey Coates awarded RACS Indigenous Health Medal

Professor Harvey Coates AO was awarded one of the inaugural RACS Indigenous Health Medals.

The Indigenous Health Medals were introduced as part of the RACS’ efforts to celebrate individuals who are helping to close the gap in health outcomes for Maori and Aboriginal and Torres Strait Islander people.

For many years Harvey has made, and continues to make, an enormous contribution to Aboriginal and Torres Strait Islander ear health.

He was unable to attend the 2015 RACS Annual Scientific Congress held in Perth, Australia in early May and was presented his medal at the RACS office in early June.

Three other surgeons were presented with the RACS Indigenous Health Medal - including two from New Zealand and one other from Alice Springs, Australia.
March Council Meeting Summary

The ASOHNS Council met on 5 March this year and the following summarises key issues that were discussed.

Treasurer’s Report - Surplus Funds
The Treasurer reported that the healthy surplus for the financial year ending 2014 was primarily due to: an extremely high return from the 2014 ASM, return from the RACS investment and revaluation of the ASOHNS premises. The Society also had strong growth in new members during the year.

Council agreed that surplus funds would be spent and the next phase would be determining and approving projects.

The member survey undertaken early in 2015 sought member input regarding prioritising use of surplus funds and resulted in Data Collection nominated as first priority.

This was followed by preferences for funding support for CPD and ongoing training for members and support for Indigenous ear health projects.

Council would hold a teleconference mid-year 2015 to discuss and approve specific projects for expenditure of surplus funds, as recommended by Council representatives.

Data Collection
Three sets of questionnaires had been developed for tonsillectomy, grommets and septoplasty.

The process for collecting the data had not yet been determined but it would be done electronically.

CPD
ASOHNS members were 100 per cent compliant for the 2013 period.

CPD had been discussed at a recent RACS Council meeting and noted that there had been 100 per cent compliance across all specialties for the 2013 period.

Individuals who were non-compliant with CPD requirements could have their FRACS removed. Without possession of FRACS, AHPRA registration would be difficult.

RACS was working on a process for reinstating fellowship status for fellows whose FRACS might be removed as a result of CPD non-compliance.

Board of OHNS
Board Chair, Richard Gallagher, noted that he intended to apply to RACS for funding to attend the Intercollegiate Examination.

IMG Representative, Raymond Sacks, was also interested in attending, due to the increasing number of surgeons coming from the UK to work in Australia who had sat the Intercollegiate Examination and were exempted from undertaking the Australian Fellowship examination.

Council agreed that, if funding support were unavailable from other sources, approval would be given to finance two senior members to review the Intercollegiate Examination to compare it with the FRACS examination.

Annual Scientific Meetings
ASM 2015
The 2015 ASM would begin the weekend directly following the date of the Council meeting, with pre-ASM satellite meetings being held both that day (Thursday, 5 March) and the following day.

ASM 2016
Planning was well underway for the 2016 ASM to be held in Melbourne from 6-8 March, 2016.
One of the most important member services provided by ASOHNS is advocacy on behalf of our members.

ASOHNS is the recognised peak body for specialist otolaryngology, head and neck surgeons. The Society represents its members through participation on a number of statutory, regulatory and affiliated bodies on matters concerning the specialty in the health arena - ranging from scope of practice to fair reimbursement policies - with the public’s welfare as a focus.

This includes liaison with government departments, health funds, media and the community.

Many members assist with this work, representing the Society on committees, forums and interviews on topical health issues. We are very grateful for their prompt responses to our requests and sincere willingness to participate in the many activities and requests.

Recent activities include the following: (please click on each item for more information).

- Forums on Hearing Services and how that will integrate with the NDIS
- the MBS Review Taskforce Stakeholder forum
- National Allergy Strategy

We encourage all members to participate in the Society’s activities.

For any enquiries, please contact the ASOHNS office staff:

Lorna Watson - Council matters, representation, awards, Annual Scientific Meetings

Carole Gridley - membership-specific operational matters

Ian Denney - Surgical Education and Training Program and OHNS Board matters

Lorna Watson
Chief Executive Officer

I hope this brings a little ENT humour into your day, extracted from the American Academy Facebook page, from “Pearls before Swine”
Member Profile: Garret (Gus) Hunter - A Life

“I want to reach the age of sixty and regret what I HAVE done rather than regret what I HAVEN’T done.”

This is a quote from Michael Caine being interviewed by Michael Parkinson as he approached his 60th birthday.

I had been in both public and private ENT practice in Adelaide for 20 years when I was asked to go to Darwin and head the ENT unit at Royal Darwin Hospital.

I had been going to Darwin for the previous 10 years privately and this seemed a great sea change. The quote from Michael Caine seemed to sum up my thoughts and aspirations as I looked for new challenges.

As a child growing up in Adelaide I wanted to join the navy. No thoughts of medicine.

This changed one November afternoon in 1957 when I was involved in a bus accident coming home from school which left me with a mid thigh amputation of my right leg and no chance of joining the navy!

Four weeks in the Children’s Hospital in Adelaide exposed to medicine and this became my life long goal.

Medical degree from University of Adelaide followed as well as marriage to my lifelong partner, Kay.

By the time I had finished my intern year two boys had arrived with another on the way so I took a position as a Pathology Lecturer at the University of Adelaide.

Tried general practice but was drawn back to specialist training and was appointed to the ENT training program in Adelaide.

Even though we had a young family, Kay was extremely supportive as long as I “kept up to date”!

Adelaide was blessed with innovative and superb teachers and mentors. Ron Gristwood, Brian Rolland, Dean Beaumont and Neville Minnis to name a few.

A year in London at Whipps Cross hospital in Leytonstone followed and then settled back to both private and public practice in Adelaide.

Darwin loomed large from 1988 when the new Darwin private hospital opened and together with Geoff Vercoe we provided a private consultant and operative service for the next ten years.

In 1996 I was made an offer I could not refuse and relocated to Darwin. Abe Rao had been doing a sterling job with limited resources and had been coaxed out of retirement on more than one occasion.

When I arrived I started the unit from scratch with the help of Michael Zacharia who had also been appointed part time.

We found it really difficult with lack of equipment, organising theatre lists, undertaking significant outreach work and attempting to have the unit recognised for training by ASOHNS.

“A picture tells a thousand words”

“I wanted to join the navy. No thoughts of medicine.”

“Tried general practice but was drawn back to specialist training.”

“Darwin loomed large ....”

“The two of us - with my wife, Kay, best friend and partner for 46 years”
Michael left after two years so I was able then to recruit a senior fellow to help with the workload.

I have had some 15 fellows now from all areas of the UK and two have stayed on.

Mr Hemi Patel has been granted his FRACS and Mr Graeme Crossland is about to finish his oversight.

This means that we have a viable succession plan.

The recruitment of fellows has opened up a rich resource of talent and friendship.

In the time I have been in Darwin our unit has established itself as a vibrant tertiary unit with a wide range of skills and achievements.

I have been fortunate to have had great support from both the Adelaide rotation and Sydney rotation for training registrars who have been exposed to both the joys and the delights of the Top End.

The incidence of chronic middle ear disease is rampant among the indigenous population we serve. My work has been centred on Royal Darwin Hospital with outreach visits to Katherine and Gove and all points in between.

Which meant many light aircraft flights and road travel.

This has been a challenge due to the tyranny of distance and non-compliance.

Hemi has established a world leading tele-otology program that has revolutionised our ongoing treatment.

Again, with the encouragement of Royal Darwin Hospital and with support from Bill Gibson’s group there is now a cochlear implant program established at Royal Darwin Hospital.

Darwin has been a revelation.

There is nothing like the sheer terror and then the exhilaration after a flight and thankfully landing in a light plane in the middle of a tropical storm.

Names of towns that conjure up the dreamtime; Maningrida, Oenpelli, Nguiu. Consulting in health communities across the Top End with both children and pets coming into the consulting room.

The wide spectrum of ENT disease has been a challenge but one that I have enjoyed.

A drawback was the constant on call but thankfully with extra recruitment this has become less onerous.

The difference between the Top End and Papua New Guinea can be stark where I went with the eye team from RDH on three occasions.


My registrar Michael Switajewski has fond memories of these visits.

The flying was just as hairy with clipping of treetops as we took off with an overloaded plane from a grass strip at Aitape (once the livestock was cleared!).
The aircraft we were on crashed some three weeks later near Mt Hagan with loss of all on board!

Everybody wears different hats in Darwin.

I am currently a practitioner member of the NT Medical Board of AHPRA.

I am the Medical Director of both the Division of Surgery and the wider Division of Surgery and Critical Care.

We excelled in the tragedy of the Bali bombing and Ashmore reef.

I have taken on the role of surveyor for the Australian Council of Healthcare Standards (ACHS), which has exposed me to the area of credentialing, and standards. I am looking forward to continuing this when I finally leave Darwin.

For 18 years Darwin has been our home. I intend leaving later this year to semi-retirement in Adelaide safe in the knowledge that there is a viable and exciting succession plan to continue the ENT service in Darwin and the wider Top End.

Garrett Hunter FRACS

PS: Universally known as Gus due to my teacher in grade five in Adelaide being a supporter of Sturt Football Club. Half forward for Sturt in 1956, Gus Hunter!!

Equipment needs of Papua New Guinea

There are now nine Specialist OHN Surgeons based in seven sites in Papua New Guinea with four (and soon to be eight) registrars, serving a population of 8.5 million people.

Most centres are short of adequate equipment for routine OHN procedures, and only three currently have a microscope and drill for ear surgery. The senior surgeons in Port Moresby have requested our assistance with overcoming this shortage.

Many of our more senior members are likely to have sets of well used used but very serviceable OHNS instruments that are no longer needed.

There may also be microscopes and drills. These could be put to very good use in PNG.

My initial request is for information on what is available and what might be offered for this purpose.

We should be able to transport without cost to the donors, probably to a central site for transfer to Port Moresby and distribution as required.

I will be happy to collate the information and co-ordinate transport, and can be contacted directly on 0408 564 235 or vccousins@iinet.net.au

Vincent Cousins FRACS

PS: Universally known as Gus due to my teacher in grade five in Adelaide being a supporter of Sturt Football Club. Half forward for Sturt in 1956, Gus Hunter!!
Assistant Professor Shruti Dhingra from India selected for ASOHNS 2015 International Scholarship

Assistant Professor Shruti Dhingra from Delhi, India is the recipient of the ASOHNS inaugural International Scholarship for Otolaryngology Head and Neck Surgery Surgical Education 2015.

A/Prof. Dhingra was selected out of three applicants and her specific purpose is to be trained in cochlear implantation, implantable hearing devices, auditory brainstem implants and skull base surgery.

She completed her OHNS training in India and has undertaken postgraduate fellowships in Laryngology and CO2 Laser surgeries in Mumbai and Laryngeal surgeries in Boston, USA.

A/Prof. Dhingra is currently Assistant Professor and Head of Department at Employee’s State Insurance Corporation (ESIC) Medical College and Hospital in Faridabad.

This is a government run medical institution and the attached hospital attracts some 70-80 patients in its ENT outpatient department every day.

The large number of patients includes a variety of cases across all subspecialties of otolaryngology.

A/Prof. Dhingra’s outpatient clinical work is interspersed with eight hours’ theatre time twice a week, as well as teaching undergraduate and postgraduate medical students and working on various research projects.

She is also actively involved with Suniye, a leading non-profit organisation in India working with hearing-impaired children, which has become a representative for the hearing-impaired community in India.

A/Prof. Dhingra’s qualifications and experience clearly met all criteria for the scholarship and her application was supported by impressive references by her peers and mentors.

Born into a family of doctors, she decided, very early in life, to become a surgeon.

In her application she stated:

“This scholarship comes as a blessing at an opportune moment for me. In essence, it will allow me to receive excellent mentoring from stalwarts in this field and help me treat innumerable patients who would otherwise spend their lives in deafening silence.

“It will also enable me to further educate and train many younger colleagues and students back home.

“I am also looking forward to visiting the beautiful country of Australia and meeting some of my extended family!”

A/Prof. Shruti Dhingra’s itinerary

<table>
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<th>Date</th>
<th>Event</th>
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<tr>
<td>5 November</td>
<td>Live surgery for Audiologists Seminar - St Vincent’s Hospital, Sydney</td>
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<tr>
<td>6, 7, 8 November</td>
<td>Temporal Bone Dissection Course - St Vincent’s Hospital, Sydney</td>
</tr>
<tr>
<td>23-26 November</td>
<td>Cochlear Surgeons Workshop, Cochlear Headquarters, Macquarie University, Sydney</td>
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Between the courses, A/Prof. Dhingra will spend time observing otology experts in various Sydney hospitals to consolidate her learning.

[Go to ASOHNS International Scholarship for Otolaryngology Head and Neck Surgical Education 2015 for more background information].
ASOHNS funding enables research into improved
drug treatments for Meniere’s Disease

We are very grateful to the support of the Fanton
Estate, which is allowing us to undertake new
investigations on drug delivery to the inner ear,
with a view towards optimising the treatment of
Meniere’s Disease.

This work has been prompted by recent research
undertaken by Dr Elisha King, while she was doing her
PhD under Prof Stephen O’Leary at the Department of
Otolaryngology, University of Melbourne.

Together with Prof Alec Salt at Washington University
of Washington, this group proved that the oval window is a major route
for drug entry into the inner ear, for therapeutics relevant to Meniere’s
including gentamicin.

Similarly, it is now thought that glucocorticosteroids also enter the inner ear
substantially via the oval window.

This has prompted a renewed interest in whether targeted drug delivery to
either the round or the oval windows may lead to specific treatment of the
vestibular or auditory systems, respectively, and potentially improve the
treatment of Meniere’s Disease.

Classically, drug distribution within the cochlea has been measured
by either perilymph sampling, or by histological techniques. Perilymph
sampling is restrictive, as it provides no information of drug distribution
at the site of action (within the various cochlea tissues). Histological
techniques are time consuming and only provide “snapshots” of drug
distribution at limited positions along the cochlea.

In this study we investigate drug imaging using Thin Sheet Laser Imaging
Microscopy or “TSLIM”, which was first developed at the University of
Minnesota (Santi Laboratory) with the collaboration of engineers from the
Technical University in Ilmenau Germany. A TSLIM microscope produces a
thin laser sheet to optically section – at micron level - very large biological
specimens that have been fixed and cleared in a non-destructive manner.
These images can then be “stacked” together to produce a detailed 3D
reconstruction of the cochlea.

With the assistance of the ASOHNS funding, we have recently built a TSLIM
microscope as seen in Figure 1a. This has involved building a device which
can precisely move a tissue sample in sub-micron increments in the x,y
and z dimensions. The tissue sample passes through a laser light sheet
produced by two in-plane parallel laser sheets.

We have also developed custom software, which controls a camera and
the aforementioned sample movements, and then stitches the individual
cochlear images together to produce a focus area that contains an entire
cochlear section. The level of detail of these images allows us to identify
individual hair cells (Figure 1b).

The third image (Figure 1c) shows the distribution of a drug that
extravasates from blood vessels after cochlear injury (Evan’s blue). We are
using this approach to determine the location of cochlear inflammation in
3D after noise trauma.

Over the next six months, we will commence the studies that relate
directly to the treatment of Meniere’s Disease. Our aim is to image the 3D
distribution within the labyrinth of drugs used to treat Meniere’s Disease,
after local application to either the round window or the oval window. This
will provide more detailed information on where drugs end up within the
inner ear than has been possible previously, and provide new insights into
the possibility of targeted delivery to improve our treatment of Meniere’s.
The 65th Annual Scientific Meeting of ASOHNS was held in Sydney in early March this year at the Australian Technology Park venue in Sydney and we were delighted with its success.

Overview
There were 676 attendees in total, including presenters, day registrations and exhibiting company representatives. This number included about 60 international attendees - a little more than half from New Zealand, with the remainder representing 13 countries.

Both anecdotal feedback and the final evaluation data received were very positive about the meeting’s value and success.

More than 45 per cent of the survey respondents rated the meeting as “Excellent” and 42 per cent rated it “Very Good”, giving a combined high satisfaction rating of 87 per cent, similar to last year’s ASM.

Interestingly, the sub-specialty Breakfast Sessions were exceptionally well-received, with an “Excellent” rating ranging from 75 per cent through to 86 per cent across all sessions. There was a combined total of almost 600 attendees participating in the breakfast sessions.

The ASOHNS ASM App, introduced at last year’s ASM, was again well received, indicated by favourable comments in the meeting’s evaluation data. New features including incorporation of the abstracts and speakers profiles were nice functional additions and we are continuing to improve this and would welcome member’s comments and feedback.

The Australian Technology Park worked very well as the alternative venue for the meeting, given the Sydney Conference centres redevelopment. The exhibitors were delighted with the close approximation to the meeting and commented on the better than usual interactions with members, while attendees enjoyed a different perspective and environment from the usual convention and exhibition centres.

There were some issues about transport, mentioned by some, particularly for those staying at city hotels, but that was to be expected. In many ways this benefited the meeting with attendance during the day better than expected most likely due to the fact participants could not come and go as easily, with most choosing to stay on site the whole day.

Overall, the anecdotal feedback was very positive towards the venue and attendees overwhelmingly enjoyed it.

Speaker highlights
In keeping with our theme, Excellence and Innovation, our invited Keynote, international and local presenters contributed to an overall excellent scientific program.

Dr John del Gaudio from Philadelphia, USA contributed to both the rhinology and laryngology programs as well as the general ENT interest with his talks ranging from Post Nasal Drip Syndrome to anatomical variants in Sinus Surgery. He was a confident and intelligent speaker sharing brilliant insights into every day ENT issues.
Dr Paul Krakovitz from Cleveland, USA kept most of us in stitches with his highly entertaining talks, which also gave a brilliant overview of both complex and common paediatric issues from intracapsular tonsillotomy to paediatric head and neck masses and airway challenges.

Dr Bert O’Malley from Philadelphia, USA, is one of the pioneers of robotic surgery and shared his remarkable journey introducing the robot to ENT surgeons and gave us a glimpse at its potential. He also impressed us with the incredible possibilities of gene therapy and molecular markers.

Dr Robert Vincent from Beziers, France shared his incredible experience in ossicular chain reconstruction and as one of the founding members of LIVE (Live International Otolaryngology Network) showed us why he is a modern day educationalist with sophisticated and technically brilliant talks and videos.

Our other international invited speakers included Drs Joao Nogueira from Brazil and Dr Muaaz Tarabichi from Dubai presenting on Endoscopic Ear Surgery, opening yet another new area which has captivated many of the younger fellows.

Drs Victor Abdullah from Hong Kong and Sanjay Parikh from Seattle, USA and Mr Michael Rothera from Manchester, UK were presenters at the Paediatric ENT Update satellite meeting.

The program incorporated some fascinating topics including sessions on incorporating ENT in the education revolution with a talk given via Skype from a Dr Scott Kohlert from Canada speaking on the use of mobile technologies for captivating learners and Dr Henry Woo a urologist who showed us how twitter and other social media can be powerful tools for sharing and learning.

Again, our international invited speakers were supported by a range of Australian, New Zealand and other overseas speakers, all of whom presented valuable information and contributed to the meeting’s overall success. We are extremely grateful for their participation and hard work.

Satellite Meetings
Satellite meetings were well attended and received positive comments about their value.

The Australasian College of ENT Physicians (ACENTP) again held a very successful meeting.

With other specialties looking to encroach into areas of occupational hearing advice and tinnitus management this is 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 Aboriginal and Torres Strait Islander (ATSI) Ear Health Meeting was well attended and included a program of very good presentations (most of which can be viewed online – see the link information on page 36.)

This was the fourth Indigenous ear health meeting held as a satellite meeting to the ASM. Under Kelvin Kong’s direction as convenor, this year’s program focused on the some of the more positive steps being taken, particularly in research projects, to promote excellence in ear disease management and prevention amongst our ATSI communities.

The day’s program ended very well, with attendees and presenters walking the short distance to the National Centre for Indigenous Excellence to gather around their fire pit where journalist and film-maker, Jeff McMullen, facilitated an excellent discussion forum.
The Endoscopic Ear Surgery - A New View meeting was held over two days and featured renowned international speakers, Drs Muaaz Tarabichi and Joao Nogueira joining the meeting’s convenors, Nirmal Patel and Alex Saxby and other local faculty to present an extremely successful hands-on program.

A highlight of this meeting was a satellite view of Professor Daniele Marchioni performing live cholesteatoma surgery from Verona, Italy.

The Endoscopic Sino-Nasal Skills Update Workshop convened by Prof. Richard Harvey was also well attended with great feedback for a compressed overview of endoscopic sino-nasal skills with a good balance of lectures and dissection packed into a single day.

The Paediatric ENT Update Course included a number of local faculty and internationally renowned guest presenters including Paul Krakovitz, Victor Abdullah from Hong Kong, Sanjay Parikh from Seattle, USA and Michael Rothera from the UK.

This series of lectures was very well received and captivated the audience for a full day. Again the feedback was excellent with many attendees keen to have similar updates in the future.

Post-ASM satellite meetings included Assessment of Obstructive Sleep Apnoea Meeting convened by A/Prof Stuart Mackay and A/Prof Nicholas Stow with excellent attendance and feedback for an area of increasing interest to many of us, which was expertly presented and run.

Our final meeting was the Royal Price Alfred Hospital Microscopic Otology Skills and Temporal Bone Course convened by A/Prof Glen Croxson and Dr Jonathan Kong who continued their tradition of a comprehensive and outstanding temporal bone dissection course with a good mix of engaging hands on skills stations and round table case discussions.

Social Program
The Reception and Gala Dinner were both held off-site in venues that were ideally located to showcase Sydney’s magnificent harbour.

The Welcome Reception was held in the Museum of Contemporary Art in historic Rocks area and the Gala Dinner at Luna Park.

During the dinner, President Neil Vallance presented Society Medals to David Cronin from Queensland and Paul Fagan, Bill Gibson and Raymond Sacks of NSW for their Distinguished Contribution to the Art and Science of Otolaryngology.

Nurses Program
The Otolaryngology nurses program has expanded to include more than 90 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 talking about how she almost single handedly runs the Otolaryngology program in her country. Many thanks to Tracey Nicholls, Gai Shylan and Cheryl Kelly for their exceptionally hard work and commitment to nurses’ ongoing education.

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. As always we need to acknowledge the incredible support we get from the trade industry, which allows us to put on these educational events.
Extending thanks

We were happy to see the successful results of the hard work contributed by so many who were directly involved towards maintaining the high standard of our ASOHNS ASMs.

I sincerely thank Nirmal Patel for his role as Scientific Convenor and members of the organising committee comprising Alan Cheng, Richard Gallagher, Richard Harvey, Stuart Mackay, George Marcels, Daniel Novakovic, Leo Pang, Faruque Riffat, Alex Saxby, Marlene Soma, Nicholas Stow and Joanna Walton, for their support, hard work and enthusiasm.

We also thank Consec Conference Management’s Barry Neame and his team.

Lorna Watson and Carole Gridley from the ASOHNS office were pivotal in the organisation of the event and continue to make the work of every ASOHNS member easier with their continued support and guidance.

Of course, our special thanks go to all the international and Australian presenters, sponsors and exhibiting companies, plus delegates and their partners who attended.

Next ASM

The next ASOHNS ASM will be held in Melbourne from 6 - 8 March 2016, with Convenor, Sherryl Wagstaff and joint Scientific Convenors, Patrick Guiney and Bernard Lyons.

My best wishes to them for the months ahead.

Larry Kalish FRACS
2015 ASM Convenor

2015 Society Awards

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

Dr David Cronin

Dr David Cronin is an Otolaryngology Head and Neck Surgeon, practising on the Gold Coast.

He graduated from the University of Queensland and was a general practitioner for a short time on the Gold Coast before training in the UK and Australia as an Otolaryngologist.

He went into private practice and essentially set up the public hospital department at Gold Coast Hospital and made this the first department in Queensland outside Brisbane to offer training to registrars on the otolaryngology training program.

Through David’s enthusiasm teaching younger doctors and encouraging them to move outside Brisbane, there is a busy department of ENT surgeons at the Gold Coast, numbering up to 11 surgeons.

From day one, the Gold Coast registrar position has been highly sought after by our trainees.

David has been a significant contributor to the Pacific Islands outreach project.

From its inception more than 20 years ago, David regularly made trips to Pacific countries – usually at least one or two trips a year but sometimes more.
Since 1981, he has also visited remote Aboriginal communities and was very helpful in setting up the initial outreach programs in Queensland which began in 1998. These programs ran for three years.

David has also been a great contributor for the Deadly Ears program in Queensland and has been on more trips within this program than any other Queensland-based ENT surgeon.

He makes himself available for these trips at short notice, when junior colleagues, perhaps for family reasons, cannot make them.

Since 2011, he has made 16 trips and had done many more previously for Deadly Ears since 2006.

David has been an outstanding contributor to our specialty – through his work in both the Pacific Island outreach project and to Aboriginal outreach projects in Queensland.

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**Professor Paul Fagan AM**

Professor Paul Fagan has been a leading member of the specialty of Otolaryngology Head and Neck Surgery in Australia for many years.

In his early 40s, he took two years out of his busy practice to travel overseas and study under Professor Ugo Fisch, a world leader in Ear and Skull Base Surgery.

He returned to Australia with extensive experience and undertook practice in Otology, Neuro-otology and Skull Base Surgery.

At that time, Skull Base Surgery was an emerging discipline within the specialty of ENT surgery.

Paul focused his surgical work purely on the ear and hearing, as well as tumours of the skull base.

His experience in surgery for acoustic neuroma tumours is extensive and he has performed more than 1,000 of these procedures.

He is widely regarded for his surgical skills in Ear and Skull Base surgery and was often referred extremely difficult cases that were unable to be taken on by other surgeons.

His work culminated in his being made President of the International Skull Base Surgical Federation in 2004 for four years.

This role involved hosting the World Skull Base Conference in 2004 and speaking at many scientific meetings, courses and conferences.

Throughout his career, Paul has been actively involved in teaching trainee ENT surgeons.

He co-jointly established the St Vincent’s Hospital Temporal Bone Dissection Laboratory, which is the largest permanently standing laboratory of its kind in this country. These courses have been attended by both trainees and local, interstate and international ENT surgeons.

He was Chair of the NSW regional training committee in New South Wales from 1991 to 2002.

For the past 20 years, Paul has had a fellowship program where international surgeons attend for further experience and training.

With the aid of a generous donor, he established a scholarship to provide training to surgeons from countries with limited resources, such as Uganda, which would otherwise be unable to access such opportunities.

The scholarship covers a surgeon flying to Australia, with accommodation and training provided.

Further, Paul travelled to Nepal in 1998 to provide surgical services in less fortunate areas.
He has also actively participated in providing Indigenous health services to the Aboriginal Health Clinic in Moree as part of a St Vincent’s Hospital, ENT Department initiative since 2001.

Paul has contributed to international literature with more than 168 published papers in medical journals.

He was awarded an MD in 1994 for his work in clinical training and awarded a clinical professorship for his training, teaching and publications by the University of New South Wales in 2001.

He was made a Member of the Order of Australia in 2012.

In late 2013, Paul retired from operative practice but continues to consult and undertake medico-legal work.

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Professor William (Bill) Gibson AM

Professor William (Bill) Gibson came to us in 1983 from London, UK, where he was consultant ENT Surgeon at the Royal National Throat, Nose and Ear Hospital, Gray’s Inn Road and the National Hospital for Nervous Diseases, Queen’s Square.

In Sydney, Australia, he had public hospital appointments at Royal Prince Alfred Hospital and the Royal Alexandra Hospital for Children (first, Camperdown, then Westmead). He also operated at the Mater Hospital in Crows Nest.  

Bill’s particular interest was Otology and especially Neuro-otology, including auditory brainstem responses (about which he wrote a book) and electrocochleography.

In 1996 he decided to cease doing acoustic neuroma surgery in order to concentrate on cochlear implants.

However, it was in 1987, at Camperdown, that Bill made his most stunning contribution – the first cochlear implant in a young child. This girl was aged three, had been profoundly deafened by meningitis and was losing her speech.

Bill’s operation was very successful and really groundbreaking, as there was very strong and entrenched opposition to cochlear implantation in young children – from both professionals and the deaf community.  

Against this opposition, Bill then performed implants on congenitally profoundly deaf children. It took about two years for success of the operations to become apparent.

This was partly because the recipients were all two years of age and over – and often a couple of years older – and the implants and habilitation techniques were not quite as good as they are today.

Over time the opposition lessened in Sydney and, some years further, there was acceptance around Australia and internationally.

However, for much of this time there was significant opposition to children receiving implants. It was Bill who did much of what was necessary to overcome it – and this is not fully recognised even today.

He pioneered a short vertical incision for cochlear implants to replace the huge flaps, which had been used until then.

He championed universal neonatal hearing screening and, when that was introduced a little over ten years ago, it opened the way for children to receive implants when aged one year and under, with even better results. He also embraced bilateral implantation with better results.

He later founded the Sydney Children’s Cochlear Implant Centre, into which he put an enormous amount of energy and enthusiasm.

**... in 1987 ... Bill made his most stunning contribution - the first cochlear implant in a young child.**
Bill’s honours include membership of the Collegium Otorhino-laryngolicum Amicitae Sacrum (1973) and he was made a Member of the Order of Australia in 1995.

Last year, Bill retired as Professor of Otorhinolaryngology at the University of Sydney and from operative practice.

He is continuing to work on Meniere’s Disease and cochlear implant research.

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**Professor Raymond (Ray) Sacks**

Professor Raymond (Ray) Sacks initially graduated from the University of Witwatersrand in South Africa in 1985 and subsequently obtained his Master’s degree magna cum laude from this institution in 1993.

Australia was the fortunate and final destination for Ray when he completed the difficult task of relocating from the unstable environment of South Africa during those years.

He completed his FRACS in 1996 and since then has established professional practice in Sydney, based around his public hospital appointment at Concord General Hospital.

Not content with simply relocating to a new country, re-training and establishing a professional life in Sydney, Ray continued a passionate contribution, both to our Society and our profession for the past 20 years.

An ASOHNS member for 20 years, Ray has been a surgical supervisor and member of the regional training sub-committee in New South Wales since 1999.

He was Chair of the ASOHNS New South Wales Section from 2003 until 2005. During that time he convened a successful ASOHNS Annual Scientific Meeting in 2004.

He joined the RACS Court of Examiners in Otolaryngology in 2004 and last year marked the final term of his tenure as Chief Examiner during a period that has continued to see quality and standards improve in our Society.

Ray continues to give his time to trainees and Concord Hospital is one of the most popular training destinations in New South Wales.

In addition to his administrative contribution to ASOHNS, his efforts in our specialty are much broader.

Ray was Secretary/Treasurer of the Australasian Rhinologic Society from 2003 until 2006, then past President from 2009 until 2013.

During this time, he helped convene the first Annual Meeting of the ARS held in the Hunter Valley in 2003, the International Rhinologic Society meeting in Sydney and the 5th Annual Meeting of the ARS in 2010.

He has represented Australia in the Overseas Committee of the American Rhinologic Society and continues to serve on the Board of the IRS.

Ray’s academic output has increased in the past eight years, with more than 50 publications and book chapters.

He has been involved in more than 25 local training courses and a visiting professor to seven North American university departments.

Last year, Ray was the distinguished guest faculty at the prestigious USA University of Pennsylvania Sinus Course run by Professor David Kennedy – a course he had attended as a participant many years earlier.

He remains actively involved in teaching, administrative service, research and promoting our specialty nationally and internationally and is likely to inspire further generations of surgeons.

“... Ray continued a passionate contribution, both to our Society and our profession for the past 20 years ...”
2016 Society Awards - Call for Nominations

ASOHNS is now calling for nominations for 2016 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 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 Chief Executive Officer by post, email or fax by **15 September 2015**.

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

Those selected will be awarded their medallions or certificates at next year’s ASM to be held in Melbourne.

For more information and names and citations of previous Awards recipients, click on *ASOHNS Awards* to download information from the ASOHNS website.

Send to:  
Chief Executive Officer, ASOHNS Limited  
Suite 403, Level 4, 68 Alfred Street, Milsons Point NSW 2016  
E: lornawatson@asohns.org.au  F: +61 2 9954 5856
2015 Jean Littlejohn Prize Winner - Fritha Noonan

Congratulations to Fritha Noonan who was awarded the 2015 Jean Littlejohn Prize for the best trainee presentation during the 2015 ASOHNS ASM in Sydney.

A SET 4 trainee in Brisbane, Fritha spent 10 months in London undertaking a Fellowship in the Department of Paediatric Otolaryngology at Evelina London Children’s Hospital.

Her presentation subject was ‘Coblation intracapsular Tonsillectomy in Children: A Prospective Study of 300 consecutive cases in a tertiary paediatric centre, with long term follow up’ and following is her abstract:

Fritha Noonan*, Prince Modayil, Simone Hadjismeou, Harry Dean, Nico Jonas, Daniel Tweedle
1 Department of Paediatric Otolaryngology, Evelina London Children’s Hospital, UK.

Introduction
Tonsillectomy, traditionally via an extra-capsular approach, is commonly undertaken in children. Post-operative morbidity and complications are significant in this group, with occasional mortality. We present our experience using Coblation® (radiofrequency ablation) intra-capsular tonsillectomy as an alternative in children with OSA and/or tonsillitis.

Method
We created a prospectively-collected database, incorporating T14 scoring. All patients were reviewed post-operatively, with provision for long-term follow up.

Results
In 300 cases between March 2013 and September 2014 (age range 6 months – 17 years), this Method produced excellent symptom resolution (verified by T14 scoring) for both obstructive and infective domains (p<0.000001), rapid post-operative recovery, minimal analgesic requirements and excellent parental feedback. There were no delayed discharges, readmissions or post-tonsillectomy haemorrhages requiring operative management. Only two patients (0.8%) have required revision surgery.

Conclusion
Our experience suggests that Coblation® intra-capsular tonsillectomy offers a safe, low-morbidity alternative in the paediatric population, for both obstructive and infective indications.

ASOHNS Journal Award
- Best Manuscript by a Trainee

The ASOHNS Award for Best Manuscript by a Trainee accepted for publication in the Australian Supplement to the Journal of Laryngology & Otology was established in 2013.

Each year’s award recipient will be determined by the Editorial Board and will receive a special plaque presented at each ASOHNS Annual Scientific Meeting.

For more information go to:
ASOHNS JLO Award for Best Manuscript by a Trainee
Dear Colleagues

As Convenor, I warmly invite you to attend the ASOHNS 66th Annual Scientific Meeting, to be held from 6 to 8 March 2015 at the Crown Conference Centre in Melbourne.

Back to Basics is the theme of the meeting.

Our invited international Keynote Speakers (see left) will join many of our own local experts in promoting discussion of some of the basic principles of both surgery and professionalism within our specialty and how education will extend our knowledge into the future.

Based on your feedback, we are planning a program comprising fewer concurrent sessions and our plenary session topics will focus on more generalist, rather than micro-specialist topics.

The meeting will still include the increasingly popular specialist breakfast sessions, together with pre-satellite workshops that will be held over Friday, 4 and Saturday, 5 March, including:

> a voice workshop (to be included as part of the full ASM registration fee)
> a “hands-on” workshop, Contemporary Approaches to Skull Base Surgery
> the Australasian College of ENT Physicians Meeting

The ASOHNS ASMs have a strong standing in our specialty nationally and we aim to extend awareness of our achievements by more pro-actively promoting the meeting throughout Asia and the wider international community.

Apart from the excellent learning opportunities, an important aspect of attending the ASM is the chance for face-to-face meet-up with your colleagues and friends – both local and international - and to make new connections.

Apart from the Welcome Reception and Gala Dinner, some of you will be pleased to know we are including an organised golf afternoon and the battle for the coveted ASOHNS golf trophy is on again.

I have no doubt that the conference centre at the Crown complex will provide a warm and welcoming environment with easy access from accommodation venues.

We look forward to welcoming you all to our Melbourne ASM.

Sherryl Wagstaff FRACS
ASOHNS ASM 2016 Convenor

Scientific Convenors: Patrick Guiney & Bernard Lyons
Organising Committee: Doug Buchanan, Ben Dixon, Simon Ellul, Brent Uren

Abstract Submission deadline: 1 October 2015
For information about abstracts go to Submit Abstract on the ASOHNS 2016 ASM Website

For more information go to: www.asohns.consec.com.au
Australian Supplement to the JLO - Update

The Australian supplement to the Journal of Laryngology and Otology commenced its fourth year of publication in 2015.

The January 2015 edition was the third edition with 100 per cent Australian content.

Australian otolaryngology research continues to thrive in 2015. With the annual scientific meeting held in Sydney, 7–9 March, I encourage all researchers who have a successful submission to the conference to submit their work to The Journal of Laryngology & Otology Australian Supplement for publication.

The journal currently has 12 articles ready for publication. This represents more than one full issue. Backlog remains low but with a biannual publication the Editorial Board (EB) believes that this should remain low.

Since I started as editor, we have had 44 new manuscripts submitted with seven still under review. The acceptance rate is 70.5 per cent. The flow from the annual ASOHNS scientific meeting needs to be encouraged.

Review time and time-to-decision

The aim is to reduce the time to review, which is currently around three months from submission.

However, the smaller pool of reviewers in Australia requires commitment of our members to turnaround review requests.

If you are asked to review, we only need comments on scientific merit: clinical relevance of problem, methodology, data presentation/analysis and appropriateness of conclusions drawn from the data presented.

A reviewer is not required to correct English, spelling, grammar nor even readability, although a general comment is very appropriate.

I encourage all ASOHNS members to contribute as reviewers, as it is an important part of the scientific process for Australian research.

It is also a source of CME points for RACS members and this will be emphasised on requests.

Alterations have been made to the JLO website to facilitate review, and to allow easier access to view the status of Australian articles.

Contract with Cambridge Press

A contract extension was signed for a further three years (2015 - 2017).

Currently, the quality of production and the relationship with the production team has been excellent.

New Zealand Society

NZSOHNS has entered into a contract with the JLO to provide members of their Society online subscription to the Australian supplement. This will broaden the research of publications and the Australian research submitted to the Journal.

Richard Harvey FRACS
Editor, Australian Journal of Laryngology & Otology
Continuing Professional Development
- Update

Key Issues

Our Society has developed pilot questionnaires for Septoplasty, Grommets and Tonsillectomy.

Funding is available to develop an user friendly version which shall be trialled this year. The process is taking longer than we anticipated.

It is noted that the College has requested that ASOHNS submit a list of participants for CPD activities so that the data can be matched for Fellows CPD. This will make it easier for Fellows to submit the relevant form on the College website. (Less work for Fellows)

Members’ Compliance

All members are current with compliance and participation.

Michael Dobson FRACS
Chair, ASOHNS CPD Committee
RACS PDSB Committee Member

CPD UPDATE - Meetings, courses and workshops organised by ASOHNS Members 2015 & 2016

Click on EVENTS to view all meetings in Australia, New Zealand and overseas listed on the ASOHNS website

AAFPS / ASPS Rhinoplasty Symposium
Dates: 8-10 October 2015
Venue: Sydney, NSW
Inaugural collaboration between AAFPS and ASPS. Opportunity to refine old skills and learn new techniques.

Short Course: Surgery Special Interest Group
Interdisciplinary Sleep Apnoea
Dates: 21-22 October 2015
Venue: Melbourne, Vic
Comprehensive working knowledge of sleep disorders surgery for patients with snoring and obstructive sleep apnoea (OSA).

Sleep DownUnder 2015
Dates: 22-24 October 2015
Venue: Ballarat, Vic
Offers 4 plenary sessions. 15 concurrent symposia sessions concurrent ‘Year in Review’ sessions and international keynote speakers.

2015 SCENTS (Society of Country ENTs) Conference
Venue: Melbourne, Vic
For those practising in or regularly visiting a rural or regional area and for trainees considering a rural practice.

Perth Auditory Implant Workshop 2015
Dates: 29-31 October 2015
Venue: Perth, WA
Provides a comprehensive update on state-of-the-art in auditory implants and their future developments.

Global Post-Laryngectomy Cadaver Demonstration Course
Dates: 5-6 November 2015
Venue: Brisbane, Qld
A cadaver demonstration session offering attendees a unique and powerful learning experience on surgical techniques for total laryngectomy.

Temporal Bone Dissection Course
Dates: 6 - 8 November 2015
Venue: St Vincent’s Hospital, Sydney, NSW
Live surgery with audience interaction. Seminar includes 14 hours of supervised dissection.

Core Skills: ENT Sinus Surgery & Facial Plastic Surgery
Dates: 6-7 November 2015
Venue: CTEC, Perth, WA
Aimed at RACS surgical trainees in ENT. Registrars, Fellows and Junior Consultants. Fresh frozen cadaveric dissection; didactic sessions.

6th Multidisciplinary Update on Thyroid and Parathyroid Surgery
Date: 11-14 November 2015
Venue: Noosa, Qld
Another outstanding international and national faculty

8th Adelaide Endoscopic Management of Vascular Injuries Workshop
Dates: 25 November 2015
Venue: Gilles Plains, SA
Provides unique opportunity for ENT and Neurosurgeons to improve endoscopic skills in managing inadvertent injury to ICA that causes massive bleeding which can be fatal.

18th Advanced Functional Endoscopic Sinus Surgery Course
Dates: 26-28 November 2015
Venue: Adelaide, SA
Lectures; Live Surgery; Cadaver Dissection demonstration and hands-on; Panel discussions. Faculty led by Prof. PJ Wormald.

Everyday Endoscopic Sinus Surgery and Open Rhinoplasty Course
Dates: 27-28 November 2015
Venue: Brisbane, Qld
Aimed at ENT specialists who may not have Rhinology as a main focus. Lectures complemented by hands-on cadaver dissections.

Upover Downunder International ENT Meeting
Dates: 16-23 January 2016
Venue: Canzei, Italy
The Academic Program includes panels of eminent surgeons of head and Neck, Thyroid Surgery, Otology, Rhinology, Laryngology, Medico, Cases that go wrong.

3rd Endoscopic Ear Surgery Dissection Course
Dates: 30-31 July 2016
Venue: RPA Hospital, Sydney, NSW
Confirmed international faculty includes Prof. Daniele Marchione (Italy) and Prof. Joao Nogueira (Brazil).
Surgical Education and Training (SET)
- Update

Curriculum Review
The Board has commenced a review of the training Curriculum for our specialty.

The aim is to create a robust document that clearly outlines the objectives of training and the expected competencies that trainees will achieve by the completion of training. It will address teaching and training strategies to be used by supervisors, as well as assessment and evaluation.

Selection
National selection was held in June. Due to a small number of graduating trainees only six appointments were made in Australia and one in New Zealand.

The Board continues to grapple with appropriate selection tools and is concerned that Referee Reports are becoming less useful.

Surgical Supervisors
Training could not occur without the participation and input of our Surgical Supervisors. It is planned to incorporate regular training for Supervisors at the ASOHNS ASM and throughout the year.

Supervisors are appointed for three years to a maximum of nine years.

The specialty is indebted to their hard work and the Board thanks them for their participation.

Fellowship Examination
The pass rate at the May exam was 50 per cent. This is of concern to the Examiners, the Board and our members.

During these exams Senior members of the Court of Examiners sat in on different components of the exam. They concluded that the Exam was fair and appropriately conducted.

The poor pass rate appears to be a combination of factors as varied as the candidate and their preparation, to dilution of training.

The Board thanks the Specialty Court for their ongoing commitment to assessing our trainees.

Richard Gallagher FRACS
Chair, Board of Otolaryngology Head and Neck Surgery, RACS
Trainee Rep Report - Are we overworked or underbaked? What are reasonable working hours?

Restricted working hours is a critical issue in surgical training programs throughout the world. While fatigue has been shown to negatively impact on an individual’s performance, the evidence for what constitutes “safe” working hours for trainees is virtually non-existent.

One of the fundamental principles of surgical training is that it must provide exposure to cases, adequate operating time and a continuity of care. In Australia we are experiencing pressure to restrict trainees on call and overtime. Ultimately leading me to ask the question: is 38 hours a week enough to train an ENT surgeon?

Both the US and the UK have already experienced a decade of restricted working hours. Currently in the UK, trainees are limited to a 48-hour working week with a 1:5 on call roster.

A recent review from the UK has shown that this has led to a 20% decrease in cases logged by trainees and a 30-35% decrease in clinical exposure. Furthermore, these restructured work hours have not led to improved patient outcomes. In fact, it is quite the opposite; length of patient stay has increased by up to 33%, the number of investigations ordered has increased by up to 40% and there has been an overall increase in patient adverse events.

On this evidence, restricted working hours had led to less experienced surgeons, worse patient outcomes and a potentially unsustainable increase in the number of trainees in order to maintain these restricted rosters.

Continuity of Care & Case Mix:

One argument is that we simply need to increase the length of training by two years to account for these decreased work hours. The logistics of this aside, simply counting hours of training does not necessarily correlate to the quality of the clinical training experience.

Continuity of care is the cornerstone to understanding the progression of disease, to appreciate the consequences of our decisions and to see the outcomes of our operations. Without assessing your own septoplasty or myringoplasty, how can you learn what were your mistakes? Without seeing a complex head and neck patient daily it is difficult to appreciate their improvements or declines.

Decreasing on call hours also changes the nature of the surgical experience. As a trainee I feel some of the best learning experiences happen after hours. Rare diagnoses, complex cases and complications cannot be scheduled. In fact they sometimes seem to blossom once the sun sets. These emergency cases provide a very different learning experience to elective lists and are an essential part of training.

Why are work hours decreasing?

The contract that surgical trainees sign each year is for 38 standard working hours (plus five hours of protected research and study time). This model was adapted from non-medical industrial awards. While this model is somewhat adaptable to non-procedural specialties, the added need to acquire technical ability in the supervised setting makes this model unfeasible.

In reality, most standard surgical jobs will start around 7am and continue to 6pm, this represents a 55-hour week as a baseline. With added weekend ward rounds, after-hours referrals, operating and administrative work this can easily lead to 60-70 hours without necessarily being “unsafe”.

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“Continuity of care is the cornerstone to understanding the progression of disease...”

“... as a trainee I feel some of the best learning experiences happen after hours...”

“... restructured work hours have not led to improved patient outcomes.”
There are multiple reasons for hospitals to push towards restricted work hours. With hospital budgets increasingly tightening, the ‘overtime’ for the junior medical staff is seen as a huge burden on hospital budgets. In Australia once a junior doctor has worked more than the standard hours, the cost to employ them goes up 1.5-2 fold. On this basis it becomes a perceived “cost-saving” to employ more doctors to divide the work.

Work/life balance is also often quoted as reason for restricting these hours. However, recent surveys in the UK and US have found that decreased working hours did not result in improved work/life balance and in some cases led to it deteriorating.

What are the answers?

We need to shift this mentality that these 65 hours are not “overtime” but just “worktime” for surgical trainees.

RACS has recommended that the working week for surgical trainees should be under a different award structure than for other medical trainees, recommending a 60-70 hour workweek.

Our New Zealand colleagues already group different medical specialties on different base hours, with surgical trainees at the highest band (65 hours) as a base rate.

Elsewhere, the European Union for Medical Specialists has called for an immediate exemption for surgical trainees from the European Working Time Directive.

While we should not return to the days of 100-hour weeks we must also protect the training experience. It is not only RACS, RACSTA and the AMA who can advocate for adequate training. This is a fight that needs to be addressed in every hospital, with each unit ensuring that their trainees get appropriate hours, continuity of care and exposure to cases to create the same high standard surgeons for which Australia is known.

Fiona Hill
Trainee Representative

References:
4. AMA ‘The National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors’ Jan 2005

Robert Guerin Memorial Annual Trainees Meeting 2015 - Wrap up

Silver Anniversary for 2015 Trainees Meeting

The 2015 25th Robert Guerin Memorial Annual Trainees Meeting was held at the Stamford Grand Adelaide in Glenelg, South Australia from 20 – 21 July.

It was appropriate that it was held in South Australia as this year marks the Silver Anniversary of the meeting.

The meeting was named for Dr Robert Guerin, who, as many would know, was an esteemed ENT surgeon from Adelaide, and former ASOHNS President, who established this trainee-specific meeting for their benefit.

Attendees

78 trainees attended, including three (3) from New Zealand and two (2) International Medical Graduates (IMGs).
Twenty-five (25) trainees and International Medical Graduates participated in the Fellowship Practice Examination held for SET 4 and SET 5 Trainees and IMGs at Flinders Medical Centre on the Sunday preceding the meeting.

The practice exam was extremely well organised by the Meeting’s Convenor, Dr Eng Ooi who, along with the Flinders Medical Centre Staff and the consultants who gave their time, are to be congratulated on the conduct of the examination.

Eight (8) SET 3 Trainees participated to ‘Bulldog’ the practice examination.

**Program covered all sub-specialties**

Dr Ooi put together a scientific program aimed at teaching, inspiring and stimulating trainees to further appreciate the value of the OHNS specialty.

The packed program covered all the main sub-specialty areas of: Rhinology, Head and Neck, Otology, Neuro-otology, Laryngology, Sleep Apnoea, Paediatrics and Facial Plastics.

**Program highlights**

Highlights of the program were an inaugural Indigenous ear health presentation by Dr Patricia MacFarlane and a two-hour Frontal Sinus Masterclass conducted by Prof. Peter-John Wormald.

Speakers were predominantly ASOHNS local members, who were invited to give trainees the benefit of their experience and expertise relevant to each sub-specialty.

Dr Julie Agnew, the Senior Examiner for Otolaryngology Head and Neck Surgery addressed the trainees on how to pass the Fellowship Examination during the afternoon of the second day.

**Head and Neck Course post-meeting**

An optional two-and-a-half day Head and Neck Course was held directly after the main meeting.

This course attracted 14 participants and offered foundation lectures providing the knowledge base and practical instruction in resection techniques on head and neck surgery. It was largely hands-on with participants working in pairs with supervision from an expert Consultant.

**Social Program**

Trainees, sponsors, exhibitors and invited guests were welcomed to the meeting with casual drinks on the Sunday evening and for the meeting’s dinner, enjoyed South Australian food and wine and stunning Botanic Garden views at the National Wine Centre’s The Gallery restaurant in Adelaide.

**Trade Exhibition**

The trade exhibition, held in conjunction with the meeting, was again fully subscribed by 15 companies who exhibited their products and services.

**Prize Draw**

This was the third year that a Prize Draw was held. To be eligible, trainees needed to visit each exhibitor’s display table and have a “passport” card signed by the company representative.

The ‘passports’ were placed in a collection box and the winning entries were drawn at the end of the meeting.

Those who won prizes included:

- **Nadine De Alwi** 1st prize an Apple iWatch
- **Angus Shao** 2nd prize a $100 Westfield Shopping Voucher
- **Priscilla Parmar** 3rd prize a $50 iTunes gift voucher

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**Chance meeting with Cheers Big Ears group**

Trainees were treated to some fun with the unexpected arrival of a group of men calling themselves Cheers Big Ears.

Pictured above with Dr Eng Ooi (the one man not in fancy dress), the group had flown to Perth, bought an old double-decker bus and were driving back to Sydney to raise money for the Shepherd Centre in appreciation for the help the centre had given the child of the group’s leader, Angus Graham.

Mr Graham’s baby son had recently undergone a Cochlear implant and the members of the group wanted to give something back to the organisation that had assisted the family so much.

The group gave a brief talk to the Trainees about their fund raising efforts and thanked them and the OHNS community for all that they do to make the lives of profoundly deaf children better.

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The 2016 Robert Guerin Memorial Annual Trainees Meeting will be held from 25 – 26 July on the Gold Coast in sunny Queensland.

A venue will be chosen in September this year.

For enquiries please contact:

Ian Denney
SET Program Administrator
T: +61 2 9954 5856
E: OHNStrainees@asohns.org.au

[www.asohns.org.au ASOHNS 28]
ENT Outreach - Update

ENT outreach activities have been quiet this year as a result of drastically reduced Government funding.

Certainly the East Timor project has finished and at this stage I am not sure if there will be any activity in the near future to this country. What does occur will probably be in a modified form with an emphasis towards education.

With regard to the Pacific Island project, RACS tells me I am wrong in my previous assumption that all funding had dried up and there is in fact some money still available for selected programs. This is on the basis of what speciality services the host country requests. Apparently Solomon Islands have requested an ENT visit and this will be arranged hopefully later in the year.

The Cambodia project is still progressing with limited funding. Eliza Tweddle will give further information on this. [See page 30]

Similarly I will leave it to Vince Cousins and Chris Perry to inform us on PNG matters. [See page 10]

One of the major outreach initiatives of the Society over the last couple of years has been the institution of a $10,000 annual scholarship, such that an ENT surgeon from a developing country in our region may attend one of our educational workshops and then stay on for two to three weeks afterwards to attend the unit in the particular speciality that he or she is interested in.

I am happy to announce that our first recipient is Dr Shruti Dhingra from India who is interested in establishing a cochlear implant service in her region and will attend a cochlear surgeons’ workshop course later in the year. [See page 11]

There were two other unsuccessful applicants this year, who will be encouraged to re-apply for future scholarships.

Last year, I worked at the CHEERS Hospital in Bhaktapur, Kathmandu, Nepal, which is a new eye and ENT hospital, principally for children, although they do in fact treat adults as well.

I have written about this previously asking for anybody with a continuing interest to contact me. Of course, we were lucky to work there last year rather than this year because of the devastating earthquakes that struck Nepal recently.

Much of Bhaktapur has been destroyed, I believe, including some of the centuries old temples and cultural sites.

Happily, the medical director of CHEERS tells me that the hospital is still standing but he has requested aid ...

The RACS have put together a collection of these and will probably add to that in the next few weeks.

Unfortunately, air transport has stopped for all but certain approved flights at the moment, so this will be delayed. If anyone wants to help with this, please contact me.

Overall, although funding has been reduced, the commitment to Outreach still remains strong amongst our members.

Malcolm Baxter, OAM, FRACS
Chair, ASOHNS Outreach Sub-Committee
Cambodian Ear Care Project

**Aim:**
To train Cambodian Ear Care workers, audiologists, nurses and surgeons in ENT management of tympanic membrane perforation and cholesteatoma management.

**Background:**
The Cambodian Ear Care project began in 1999 when Dr Kevin Holwell was contacted by Jesuit Services Cambodia and invited to extend the existing aid project based at DaNang, Vietnam, to Cambodia.

Jesuit Services Cambodia had become aware of the extent of untreated ear disease in Cambodia through their outreach program to assess health needs in rural areas. It was agreed that they would manage the project, employ and pay local staff and provide clinical venues.

Christian Blind Mission International partnered them by agreeing to fund the equipment needs for the project.

Ear care clinics were established in Phnom Penh, Battambang and Siem Reap.

Arrangements were made for ear surgery to be performed at Emergency Hospital in Batambang (established by Emergency, an Italian humanitarian NGO [non government organisation] with a charter to treat civilian victims of war). Facilities in local government hospitals were very limited.

Since then we have trained Cambodian Primary Health Care workers to conduct patient screening in rural areas. In conjunction with a team of French ENT surgeons, we have provided up to six team visits each year (including ENT surgeons, audiologists, anaesthetists and nurses).

The teams assessed the screened patients and performed ear surgery as appropriate. The visits were seven to 10 days’ duration and involved outpatient assessment clinics and all day operation sessions from Monday to Friday for the week of each visit.

Health care has changed more recently in Cambodia and the number and type of Non Government organisations running hospitals in the region have changed.

Emergency is no longer in the region as there are now no longer victims of civil war that need active acute treatment in Cambodia.

The hospital in Battambang has been taken over by HANDA and Japanese NGO and is now providing more conventional hospital care with general surgical and orthopaedic services.

Due to the change in the service provision, the number of ear team visits a year has been cut from four to two, which has meant we have been using other hospitals in Cambodia to provide the surgery service.

Our next trip is in October 2015 to Takeo a provence in the southern part of Cambodia at a hospital run by an Italian paediatric NGO so all patients have to be under 25 years of age.

For each trip we take minimum of two surgeons, anaesthetist, a nurse and often an audiologist.

It is not like operating in a first world environment, more like being in a burns theatre - warm and humid with equipment and consumables often not available.

This is the attraction for me and the members of the team that I take but work in this environment is not for everyone.
Upcoming trip Details:

Team:

ENT Surgeons: Eng Ooi, Adnan Safdar, Eliza Tweddle
Anaesthetist: Chris Cain
Scrub Nurse: Mary-Anne Bayliss
Audiologist: Pending

Detailed report:

The team leave Australia on the Friday night travelling via Kuala Lumpur to Phnom Penh, arriving on Saturday morning.

On arrival in Phnom Penh we undertake a clinic to finalise patients for operations scheduled for the first few days of the week.

On the Sunday we travel early, travelling by car the two hours to Takeo, one of Cambodia’s small provincial towns.

In the afternoon we again run a clinic to see patients scheduled for surgery later in the week and set up the operating theatres. This involves checking the instruments, ensuring sterilising packs organised and microscope covers.

Clinic sessions consists of one or two doctors and an Australian audiologist consulting in tandem with Jesuit Services ear care workers.

This is a collaborative process with teaching and interaction and the ear care workers are vital for translation and explanation of the process in clinic. They also perform ear toilets and help with medication explanation.

The operating theatre sessions begin on Monday. The day is divided into morning and afternoon sessions with a mastoid and myringoplasty operation performed in each session.

One surgeon operates in the morning session and a different surgeon in the afternoon.

The patients were recovered by the visiting team and then transferred to the ward for a night post-operatively.

They were reviewed that afternoon and evening after surgery and then again the next morning before being discharged.

On discharge they went to the Catholic Church grounds at where they continued the post-operative recovery period. There they underwent daily dressings due to the significant humidity and were given pain relief as required. All of this equipment is taken over by the teams.

They returned to their home or village after a week and would have ongoing follow up with the ear care workers and be reviewed by the next team to visit.

On the Saturday at the end of the week, a ward round was completed to see the patients and then we returned by car to Phnom Penh and left for Australia on Saturday evening.

The challenges of surgery and consulting in this environment are many. From language issues to post-operative care and hygiene, to significant heat and humidity to limited equipment, to being able to simply explain and consent a patient, it definitely provides a challenge to any surgeon, nurse or audiologist interested in this sort of work.

Currently all participants pay for their own meals, transport and airfares.

The medication for anaesthesia and post-operative care are generously paid for by ASOHNS and a Voroscope headlight is taken over and left for the ear care workers once a year and this is donated by ASOHNS.

Eliza Tweddle
Cambodia Ear Program Australian Surgical Coordinator

If you are interested in participating in this program, please contact:

Cambodia Ear Program Australian Surgical Coordinator - Eliza Tweddle
E: etweddle@hotmail.com
Fees - Update

The following is a précis of the Fees Sub-Committee May 2015 Report prepared by Chair, Patrick Guiney that was emailed to members in May.

The full version of this report is published in the Members Section of the ASOHNS website via the following link:

Fees Sub-Committee Reports

[NB – you need your login details to access this section]

Precis of the Fees Sub-Committee May 2015 Report:

1. Padding of accounts / Claiming multiple Item Numbers

It is apparent via a number of sources, both official and non-official, that a number of members are using what could be best described as dubious item numbers to pad out (for want of a better term) accounts, particularly accounts relating to FESS.

One of the more common here relates to claims for multiple nerve blocks.

There also seems to be confusion regarding item 41672 (Septal reconstruction).

For specific examples, please refer to the Fees Sub-Committee May 2015 report on the ASOHNS website. [See link above].

It is worth noting that ENT surgeons are well remunerated as a surgical craft group from an MBS point of view per capita. Behaviour such as this is unlikely to generate much sympathy for our specialty as a whole, especially, for example, when we place requests for new or improved item numbers.

2. MBS reviews

The recent review of Ear Nose and Throat services by the MBS has been completed.

Snoring
MSAC has completed its assessment, with no change to current MBS items.

Stereotactic localization
MSAC findings have not yet been formally published, however no change is expected to the current item. It remains applicable only to intradural procedures.

3. Further MBS reviews

The government recently announced plans for further reviews of the MBS.

I have pointed out to the Department that we have recently completed widespread reviews of MBS items relating to ENT and would be disappointed if that process were to be duplicated.

The detail of what these further reviews will entail is yet to be decided.

It was mentioned to me, however, that the process for the new reviews may be different from recent reviews in that there may be less representation from specialist societies and this would clearly be of concern.

The reviews are likely to focus on specific item numbers rather than a whole of specialty review. I will keep you posted.

4. MOU with Medibank re Rhinoplasty

ASOHNS had a meeting with a representative from Medibank Private regarding a possible MOU regarding pre-approval processes for potentially cosmetic procedures.
From an ENT perspective, this would primarily relate to Rhinoplasty items. The background of this is concern on the part of health funds regarding use of MBS numbers for cosmetic procedures.

The MOU would most probably be along similar lines to that drawn up with the Australian Society of Plastic Surgeons (ASPS).

In exchange for a relatively straightforward pre-approval process - completing a **Specialist Eligibility Form** (refer to my May 2015 report via the ASOHNS website link above) - we would be subject to a post-procedure audit (PPA).

Again, this would be similar to that agreed to by ASPS and is not particularly onerous.

Further meetings are planned over the next month or two and Council will keep members up-to-date on any potential agreement before signing off.

For more detail on the background and the potential audit processes, please refer to the detailed May 2015 report via the ASOHNS website link above.

**5. Cosmetic Services Review Working Group**

At the Department of Health’s request, for several months a working group consisting of representatives of ASOHNS, ASPS, Dermatology, the AMA and the Private Hospital Association has been looking at a definition of what constitutes a cosmetic procedure.

This definition would be included in the explanatory notes but would supposedly not override existing item numbers.

Nevertheless, the vast majority of the medical professionals in the group feel it should not contradict existing item numbers as this may give the Department leverage in future to push for removal of some item numbers if they don’t fit the definition. (Otoplasty would be a particular concern if the definition were not appropriately structured).

Although there is wide agreement amongst representatives of the AMA and the specialty craft group representatives about a possible definition, the Private Hospital Association remains (not surprisingly) opposed.

Discussions will continue (for some time I imagine).

**Patrick Guiney**  
Chair, ASOHNS Fees Sub-Committee
OBITUARY - (Richard) Peter Freeman

OAM FRACS FRCS DLO   22 June 1925 - 19 June 2015

Peter Freeman had been School Captain and Head Cadet at Hutchins School in Hobart and qualified in Medicine at Melbourne University (MBBS) in 1948.

As a young graduate he worked in General Practice in St Kilda for a couple of years but had a clinical appointment at The Alfred Hospital and was influenced by his boss Noel Box to become an ENT Surgeon.

He went off alone to England to study for a year or so and passed the Fellowship of the College of Surgeons there in 1955. This was a separation driven by commitment to succeed - as he did.

Lesley and Richard joined him soon after and he spent two further years in London and Northampton gaining valuable surgical experience before returning to Melbourne and The Alfred Hospital in 1957. He gained his Fellow of the Royal Australasian College of Surgeons in 1959.

At The Alfred he was visiting specialist and long term Head of the ENT Unit until he retired from the public hospital system in 1985. He had a collaborative approach to the management of patients with complex conditions and worked well with surgeons and specialists of other disciplines. This approach led to the beginning of skull base surgery at the hospital. He inspired numerous young residents to train as ENT Surgeons.

He was also responsible for the establishment of the hearing and balance investigation department at the hospital in the 1980s. This was a highly sophisticated diagnostic facility, which was the first and only one of its kind in Melbourne for many years.

He served as Chairman of Medical Staff at The Alfred, he was involved in various Committees, and was a pro-active member of the Planning Group responsible for the new ward block, keen to ensure that the interests of patients and staff were best served.

He served as a Member of the Board of Management from 1984 to 1987.

Peter had a number of national roles in ENT.

He was a Member and then Chair of the National Training Board and Examiner for final Fellowship of the Royal Australasian College of Surgeons.

He was President of the Otolaryngology Society of Australia from 1977 to 1979 and later awarded Life Membership of the Australian Society of Otolaryngology, Head and Neck Surgery, as it became.

Peter was a member of the Royal Australian Naval Reserve for 35 years and attained the very senior rank of Surgeon Captain.

During this time, he was Senior ENT Consultant to the Royal Australian Navy and long term national ENT Advisor to the Director-General of Naval Health Services.

As part of his clinical role in the Navy he was involved in treating naval divers who had suffered inner ear damage in the course of their work and also produced some significant scientific publications on this condition. He earned multiple military decorations during his navy service.

Peter served as Honorary Otologist and Board Member of the Victorian School for Deaf Children over many years and was made a Life Governor of The School in 1992.

He had a significant international profile. He was well known and respected by a wide group of senior ENT Surgeons in the UK, Europe and America - a number of whom became his friends.
He visited them when overseas at surgical conferences and was successful in having many of them come to Australia, regarded as a relatively remote destination in those days, to lecture and teach our trainees and surgeons, providing world class instruction for them at home.

Over the years, his professional connections in the Northern Hemisphere enabled many young ENT surgeons to secure advanced surgical fellowships in various overseas departments in a wide range of sub-disciplines. They subsequently brought new experience and expertise back to Australia.

With two or three other senior Australian ENT surgeons, Peter maintained contact in America over many years with Ms Barbara Williams, the widow of a fellow ENT Surgeon.

Their long and trusted association contributed to the establishment of The Garnett Passe and Rodney Williams Memorial Foundation in Australia in the mid 1980s– a great gift to Australia.

This is now one of the world’s major philanthropic bodies in medicine, supporting research and practice in ENT Surgery and related fields.

He served as a Trustee, Chairman of the Board and then Chairman of Trustees in his 25 years with the Foundation and was awarded their inaugural Foundation Gold Medal in 2012.

Peter was awarded the Order of Australia Medal (OAM) in the year 2000 for his extensive contribution to Otolaryngology.

Peter Freeman was a leader, and he led from the front. He was a force to be reckoned with, but a force for good.

He has had a great influence on the specialty of ENT or Otolaryngology Head and Neck Surgery in Australia and this has directly and indirectly benefitted many thousands of our patients. He has left an enduring legacy.

Vincent Cousins FRACS
ASM 2015 VIDEO LINK - Sydney - Plenary and Concurrents

Video recordings of most plenary and many concurrent sessions of the 2015 ASOHNS ASM were arranged by the Organising Committee and can be viewed online via a link and password.

If you attended this meeting, you would have received an email with a link and password giving you complimentary access to these recordings.

If you did not attend the meeting, access to the recordings is available for a cost of $495 (GST-inclusive) for Members and $330 (GST-inclusive) for Trainees.

The recordings will be accessible until 31 December 2015.

RACS CME points can apply (1 point for each full hour of viewing) for members.

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

ATSI ASOHNS 2015 VIDEO LINK

The ATSI ASOHNS meeting was held on 6 March this year in Sydney as a satellite meeting to the ASOHNS 2015 ASM.

This was the 4th such workshop convened by ASOHNS on this crucial issue.

Below is the link to view online videos of most of the presentations delivered during the workshop.

ATSI ASOHNS 2015

We hope you will find this a helpful resource and we encourage you to forward the link to any interested stakeholders you believe would derive value from the messages and information imparted.

If you have any difficulty opening the attachment or accessing the online video presentations, please contact Carole Gridley, ASOHNS Membership Manager on tel: +61 2 9954 5856 or Email members@asohns.org.au

Have you checked the Notices Section of the ASOHNS website lately?

The Notices section has information that may be particularly useful for Trainees, as it advertises:

- Fellowships
- Positions Vacant
- Locums Wanted
- For Sale
- Wanted to Buy
- Equipment Wanted

Click on Notices - you don’t need your login to access this area.

The Garnett Passe and Rodney Williams Memorial Foundation 2016 Awards

Applications for all Awards close
31 August 2015

with the exception of
Grant-In-Aid (Supplementation) which closes
31 January 2016

Further information together with the current application forms can be obtained from:
The Executive Officer
The Garnett Passe and Rodney Williams Memorial Foundation
PO Box 577, East Melbourne Vic 3002
T: (03) 9419 0280 F: (03) 9419 0282
E: gpwmf@bigpond.net.au

Members Directory

The Members Directory is a much-requested member resource. Until 2008, this was printed annually and posted to all members. Since 2010 it has been published in Members Section on the ASOHNS website and is also available via the Quicklinks. As an online publication it’s easier to amend more often to keep details up-to-date. It’s designed for double-sided printing and is easy to download but you need your website login details for access.

Also, please remember to advise Membership Manager, Carole Gridley, of any change to your contact details.

To advise changes to your contact details or if you would prefer to have a printed copy of the Members Directory sent to you, please contact Carole via T: (02) 9954 5856 F: (02) 9957 6863 E: members@asohns.org.au

Contact Us

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