From Your President

As this year rapidly draws to a close, I’m happy to report that, since my last update, Council began activating the key areas designated for expenditure to increase our member services.

You will recall that our member survey at the beginning of this year sought your input on the best use of ASOHNS’ surplus funds available.

Results indicated a definite high preference for National Data Collection, followed by increased CPD opportunities and resources and more support for indigenous ear health management projects.

Representatives from the Council formed working groups for each of these areas and reported at a mid-year Council teleconference for discussion.

Further action strategies were agreed upon and I summarise as follows:

National Data Collection

Again, I emphasise the importance of having Australian data available to back up any claims as to the positive value of some of our most common procedures, should the efficacy of these be queried.

Apart from protecting our interests and those of our patients, participating in this patient data collection means you could fulfill your audit requirement for CPD accreditation.

We selected an IT provider for the electronic capture of data on a web based system from anywhere on a range of compatible devices. MKM Health Pty Ltd was the preferred provider out of two submitted tenders.

Templates for three sets of data questionnaires have been finalised for tonsillectomy, grommets and septoplasty.

The pilot project phase begins early next year and we expect to launch the system nationally during 2016.

The pilot phase includes participation by members of the data collection working party that includes Chris Perry, Francis Lannigan, Chris Que Hee, David Veivers and myself.

As with all data sets the success or otherwise depends on participation. Vascular surgery have virtually 100 per cent participation in the public sector because participation in the national audit is a requirement for training post accreditation. In the private arena, participation falls to about 75 per cent with virtually no way identified by them to increase this figure.

Council has not yet discussed ways of ensuring high participation, but I am certainly disposed to making participation in our national audit essential for training post accreditation.

It remains to be seen how high private participation will be, but I cannot see any responsible member of ASOHNS not participating.

Also in this issue:

- Welcome to New Members
- Fellowship Exam Passes
- Editorial: Button battery ingestion risks for children
- October Council Meeting Update
- CEO Update
- ACENTP Award for Ian Mitchell
- Member Profile: Fiona Whelan
- Report from ASOHNS 2015 International OHNS Scholarship recipient
- ASM 2016 - Update
- Pre-ASM 2016 Satellite Meetings
- Australian Supplement to the JLO - Update
- CPD - Update
- Meetings, courses and workshops organised by members in 2016
- ASOHNS policy on promoting member-run and sub-specialty meetings
- Frontiers 2016 - GPRWMF conference
- Trainee Rep Report
- Robert Guerin Memorial Annual Trainees Meeting 2016 - Update
- ENT Outreach - Update
- Provision of ENT services to Indigenous children in Gippsland, Victoria
- Fees Update - MBS Review Taskforce ENT Clinical Committee
- State Section Reports
- VALE - Obituary - John Bernard Walker
- Resources
Increased CPD Resources for members

The online education program provided by The American Academy of Otolaryngology, Head and Neck Surgery (AAO-HNS) was one of the options investigated by Council as a potentially valuable resource for ASOHNS members’ continuing professional development.

While there are many members with sufficient educational opportunities that satisfy their RACS CPD requirements, there are others – particularly those who are regionally located – who may find this online material helpful.

As the material would come at a cost to the Society, a brief one-question online survey was emailed to members from Federal Secretary, Chris Que Hee, in November to determine how many of you would be interested in this service.

The results of this survey indicated a high percentage (around 80 per cent) would use this resource and more than 10 per cent indicated they might use it.

The next step will be a teleconference held with representatives of the AAO-HNS to discuss costs and access methods.

If ASOHNS does offer this resource to members, we would apply for the activities to be recognised for RACS CPD.

Indigenous Communities ear health project support

A recommendation from Francis Lannigan that funds would be allocated to establishing a national charity registered as “Deadly Ears Australia” was discussed at the last Council meeting in October.

If established, this body would invite membership from health professionals and researchers engaged in managing chronic ear disease in Aboriginal and Torres Strait Islander communities.

It would seek prominent national figures to help lobby for appropriate funding.

It would also establish a database through ASOHNS to evaluate surgical interventions in the population and would promote and contribute to nationally recognised training for health workers in its field.

The Council fully supported taking a national approach to coordinate ATSI ear health centrally and agreed that ASOHNS should show leadership in this area.

We need to ascertain that Government would formally support this initiative before determining whether ASOHNS would need to establish a charity. Therefore, Council agreed to provide funding for a representative group from ASOHNS to attend a proposed meeting with the Assistant Health Minister in Canberra in the near future.

We have a way to go in implementing some of the plans outlined above. However, I’m confident that we are actively addressing the key areas preferred for expenditure, as determined by our membership survey.

There have been some initiatives in the upcoming ASM to further complement our determination to return surplus back to the members. Attendance at the laryngology workshop for example will be at no cost.

Using ASOHNS recent surplus funds to benefit our specialty, give something back to members for continued support of our Society, as well as contributing towards those in the community who are in need of our help and support, would be an achievement I would be proud to have facilitated.

"The Council fully supported taking a national approach to coordinate ATSI ear health centrally and agreed that ASOHNS should show leadership in this area.”

“... I’m confident we are actively addressing the key areas preferred for expenditure, as determined by our membership survey.”
RACS Expert Advisory Group

Before continuing with other ASOHNS activities, I should mention again the very disturbing reality – initially highlighted in the media and further revealed via the RACS confidential online survey of its Fellows and SET trainees – of the high level of discrimination within our profession and medical system.

Reports of discrimination, bullying and sexual harassment (DBSH) were greater than had been thought and many of us were appalled at these findings.

Of course, these issues are by no means unique to the medical profession and system and, regrettably, occur within all areas of society.

It’s a credit to the RACS that immediate action was taken, firstly to determine the extent of these problems via the confidential online survey, followed by establishing the Expert Advisory Group (EAG).

The EAG - while resourced and supported by the College, was independent of it - assessed the issues raised and determined future guidelines and strategies for addressing the problems.

As your representative on RACS Council I can assure you that the College is very serious about DBSH and measures to address the issues. If this does not happen there will be significant consequences, including the probable loss of accreditation of the College to train registrars.

ASOHNS Constitution Review

Led by Immediate Past President, John Curotta, and with advice from our lawyers, the ASOHNS’ constitution has been reviewed in the past months with changes recommended to bring it up-to-date.

Many of the recommendations involve amending some of the actual terminology used and ensuring consistency throughout the document.

There will be changes to some of the membership categories and the documented membership approval process, again, to be more up-to-date and relevant.

Members will be advised of the recommended changes early next year for voting on an amended Constitution at the 2016 Federal Annual General Meeting, to be held in Melbourne during the ASM.

ASM 2016

Speaking of the ASM in Melbourne next year, all is going well with the organisation and we expect another successful meeting.

We have high quality international keynote speakers joining our own local fount of expert knowledge and changes to some of the organisational aspects will bring this our ASM up to speed with current meetings technology.

I won’t expand on this much more as you can read the ASM 2016 Update on pages 14 - 18.

However, I will take this opportunity to thank the ASM’s Convenor, Sherryl Wagstaff, Scientific Convenors, Pat Guiney and Bernie Lyons and their committee comprising Doug Buchanan, Ben Dixon, Simon Ellul and Brent Uren for all their hard work.
MBS Review
The AMA hosted a forum on the MBS Taskforce attended by Bruce Robinson, Chair of the MBS Review Taskforce.

An initial committee meeting to discuss tonsils, adenoids and grommets had been held the previous month.

ENT was one of the early reviews by the Taskforce. The outcome of the initial meeting was positive and there was no dispute as to the clinical relevance and high value of these procedures.

Issues identified were: co-claiming, use of item 105 on day of surgery, and nerve blocks.

The next meeting was held by teleconference the week beginning 26th October.

The outcomes of that meeting are included in Pat Guiney’s report on page 28 and will be released for public comment late 2015.

Rhinology item number changes were proposed, to add endoscopic approach, reflecting current practice.

There was no mechanism to add new item numbers as part of the MBS Taskforce review.

As leader of our working party, Pat Guiney has been asked to give the full membership an update at the ASM in Melbourne.

Draft Policy on Button Battery Ingestion
John Curotta submitted a paper to Council, outlining the issue of button battery ingestion by very young children, resulting in serious internal injuries and even death.

The paper also included a draft policy statement and guidelines on button battery ingestions prepared by the Australian and New Zealand Society Paediatric Otolaryngology (ANZSPO).

John expounds further on this issue in his editorial on page 6 so I will only state that Council agreed ASOHNS would actively support promoting professional education and public awareness of the severe danger of button battery ingestion in young children and its urgent management.

Recent College Elections
No ASOHNS members were elected at the recent College Council elections. This is disappointing and I cannot help but think that if the full complement of members cast their vote we would have had at least one of our standing candidates elected.

I have mentioned before that only about 20 per cent of the College fellows vote in RACS Council elections.

I again urge all ASOHNS members to exercise their rights and vote at the next College elections and through this exercise your collective voice at College Council, which shapes many aspects of surgical practice in Australia and New Zealand.

This is the last From Your President newsletter article from me as we will be electing new office bearers at the 2016 AGM next year.

I’m amazed that it’s almost the end of my two-year term as President. A very busy and eventful couple of years but enjoyable in so many ways.

I’m particularly grateful for the support of my colleagues on the Council and others of you who continue to give generously of your time, over and above your professional services, to ASOHNS and the wider community.

I would, in particular, like to thank the staff at ASOHNS without whom we would not have a functioning Society.
Lorna Watson, our CEO, has made my task very easy and enjoyable. She has an excellent grasp on all Society matters and always exercises good sense and makes good decisions (and often lets me think I have made them).

Carole Gridley, as our Membership Manager, has a wealth of information and is the repository of all knowledge with respect to membership matters. I have had to draw on this, as has Council, many times.

Ian Denney, SET Program Administrator is responsible for all OHNS Board matters and has been of assistance on many occasions.

The staff work tirelessly to provide a very well functioning Society which serves us all well. Please remember this whenever you need to talk to one of them and exercise the courtesy and respect they deserve. After all, they work for us and with us and are never responsible for any issue you may find frustrating. Better to vent to the President (especially after March next year) or the Board Chair.

Finally, I would like to thank you, the Membership. It has been a great pleasure to represent you for the two years of office.

I am amazed continually at how far we have come as a profession since I began training in 1980.

The specialty has expanded so rapidly and vastly that it no longer resembles the specialty I started in.

It is no longer possible to be an expert in everything, as were some of our outstanding consultants back then. I will take pleasure in honoring two of them at the next ASM.

I thank you all for being wonderful representatives of the surgical craft and a membership well worth the effort of representing.

I believe we have some interesting years ahead of us, both for our specialty and our Society.

I look forward to welcoming and catching up with most of you at the 2016 ASM in my hometown of Melbourne.

In the meantime, on behalf of the ASOHNS Council and staff, I extend very best wishes to you and your families for a safe, enjoyable and relaxing Christmas and festive season.

May 2016 be all you wish for.

Neil Vallance FRACS
President

“I am amazed continually at how far we have come as a profession since I began training in 1980.”

“I believe we have some interesting years ahead of us...”

Welcome to our New Members:

NSW
Raewyn CAMPBELL

WA
Jafri KUTHUBUTEEN

Fellowship Exam Passes
Congratulations to the following trainees who were successful in the September 2015 RACS Exams:

NSW
Catherine BANKS

SA
Sheldon CHONG

TAS
Mohamed (Dilshard) SOODIN

VIC
Sam FLATMAN
Philip MICHAEL
Muthukumar SUBRAMANIYAN

www.asohns.org.au ASOHNS
Editorial

Button battery ingestion risks for children

Two little girls, Summer Steer, four years old, in Queensland and Isabella Rees, 14 months old, in Victoria, have died from unrecognised button battery impaction, with development of an aorto-oesophageal fistula.

Oesophageal stricture, cervical vertebral instability and laryngo- pharyngeal fibrosis and vocal cord palsy as non-fatal sequelae have all been reported in this part of the world.

Occasionally the battery is placed in the nostril or ear.

The history is often unknown because of the age of the child. 20mm disc batteries (e.g. CR 2025, CR 2032) found in remote-controls, thermometers, toys and even greeting cards are now everywhere.

Many government departments (ACCC Product Safety Branch; state Departments of Fair Trading) as well as KidsHealth, KidSafe, QISU - Qld Injury Surveillance Unit (http://www.qisu.org.au/modcorefrontend/upload/Disc-Batteries-QISU.pdf), Poisons Information hotlines, industry initiatives (http://thebatterycontrolled.com.au/) and parent Facebook pages are all trying to raise awareness.

ASOHNS Federal Council has voted to support these efforts, particularly by encouraging education of health care workers. This means that each of us has a responsibility to highlight in our own communities and workplaces the symptoms and signs of button battery ingestion and to emphasise the urgency of immediate diagnosis, usually by x-ray, and removal without delay.

Hannah Burns in Brisbane is very actively involved in coordinating ENTs’ responses.

An organisation unfamiliar to most ASOHNS members is the Australian Paediatric Surveillance Unit (APSU), which nationally monitors uncommon conditions, such as Recurrent Respiratory Papillomatosis.

The application for Button Battery Ingestion as an APSU project has passed the first stage of submissions.

For the collection of useful data, the contributions of every member will be essential.

Our waiting rooms and our interactions with Emergency Department nursing and medical staff and with our GP colleagues are all opportunities to educate them on the prevention of button battery injury by awareness and by immediate removal.

John Curotta FRACS
Editor, Australian Otolaryngology Newsletter
OCTOBER Council Meeting Summary

The ASOHNS Council met on 24 October this year and the following summarises key issues that were discussed.

ASOHNS Constitution Review
The Constitution had been extensively reviewed by members of the Federal Executive and ASOHNS lawyers, Tress Cox.

Changes to the Constitution were approved by Council and would be put to the membership for their vote at the 2016 Annual General Meeting.

Data Collection
An IT provider for electronic capture of data on a web based system from anywhere on a range of compatible devices had been selected.

Data questionnaires for tonsillectomy, grommets and septoplasty had been finalised.

The pilot phase would begin with a test group early 2016 and the project would be launched nationally during 2016.

CPD Resources
As part of planned use of surplus funds to provide better CPD resources to members, consideration would be given to purchasing online education resources provided by the American Academy of Otolaryngology Head and Neck Surgery.

Board of OHNS
Following outcomes from the RACS Expert Advisory Group report, training in preventing Discrimination, Sexual Harassment and Bullying would be mandatory for trainers and Surgical Supervisors.

A session for Surgical Supervisors and trainers would be incorporated into the ASM 2016 program to communicate the potential impact on training.

Annual Scientific Meetings
ASM 2016 - Melbourne
Expenditure on some organisational aspects of the ASM that would bring it up-to-date with current technology and provide more benefits to attendees, as well as a free Laryngology pre-ASM satellite workshop for up to 200 registrants, would mean that the 2016 ASM would not generate a surplus.

ASM 2017
The organising committee, convened by Michael Schultz, had met on a number of occasions. Planning was underway and international keynote speakers had been confirmed.

Outreach
Council agreed that funds would be made available annually for appropriate people to travel to Australia to attend the ASOHNS ASM at the discretion of the Outreach Sub-Committee and Treasurer.

Surgery in Children
Council confirmed support of a guideline for the 10-point plan for paediatric surgery. For more information go to: Position Statement (you will need your login details to access).

Draft Policy on Button Battery Ingestion
Council agreed that ASOHNS would actively support promoting professional education and public awareness of the severe danger of button battery ingestion in young children and its urgent management. For more information on this issue, see Editorial on page 6.

ASOHNS Website Review
Council agreed to establish a small group of members to review and advise on content for the ASOHNS website to improve it as a resource for members and trainees.
CEO Update

This past year has been a significant one for the Society, with several projects initiated to improve services to members and to benefit those in the community who need our help.

Updates about these projects and changes have been addressed in the President’s report.

One of our operational projects will be to review the ASOHNS website and implement improvements to increase its value as a resource for members, trainees and the wider community.

In recent years, the ASOHNS website has been used as our main information resource.

As you know, the website was recently re-developed, resulting in a more contemporary look and easier navigation, and the new site was launched at the end of last year. The main changes were simplifying the design and adding features that would facilitate the potential for the site to be more interactive.

After more than a year of working with the new website (which has not been without its teething issues), we are ready to review and improve the content. The Federal Council has established a working group of members who will work with ASOHNS staff to consider the current content and determine what and where information should be updated and added.

Currently, the most helpful resources on the website available to members and trainees (without needing to login) include:

Find A Surgeon – Located on the Home page, this is the quickest way to find details for a member colleague, either via First Name, Surname, State, Suburb or Postcode. This is also available to members of the public as a search option, so we do recommend you ensure your contact details are up-to-date.

Events – With RACS CPD requirements needing to be met, this section helps you by listing as many specialty-relevant meetings, workshops, etc. that we can source. For easy searching, drop-down menus include sub-sections: Australia and New Zealand meetings, International meetings and Sub-Speciality meetings.

Notices – This section is very useful for advertising or searching for Fellowships, Positions Vacant, Locums, items For Sale or Wanted to Buy and Equipment Wanted.

Links – This section includes hyperlinks that give you quick access to publications’ websites, plus other medical information and similar organisations’ sites.

For members, there is the facility to pay your annual subscription fees online – simply by clicking the Membership Renewal Payments link on the Home page (no login required).

Other resources are available within the Members section (which requires member login) and the Trainees section (parts of which need trainee or member login to access).

Within the Members section, perhaps the most useful and most requested resource is the Members Directory, which is regularly updated and can be downloaded and printed.

“In recent years, the ASOHNS website has been used as our main information resource.”

Lorna Watson
There are also other useful documents, such as Fees Reports, ASOHNS Practice Guidelines, some RACS information and various types of artwork for the ASOHNS member logo that can be included on your print and online material.

For Trainees, all resources required during training, including In Training Assessment Forms, the Trainee Handbook, Examination dates and past examination papers are available using your trainee log-in to access the website.

All of these sections will be reviewed and ideas for improvement will be discussed and implemented.

We will update you further on progress.

In the meantime, the ASOHNS staff and I wish you all the very best for the holiday season and look forward to a happy, healthy and productive year for us all in 2016.

Lorna Watson
Chief Executive Officer

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ACENTP Award for Ian Mitchell

In 2015 Dr Ian Mitchell from Perth was awarded the Australasian College of ENT Physicians (ACENTP) first Certificate of Honour.

Ian is a distinguished member of ACENTP. He has the shared foresight of the importance of medical ENT. ACENTP recognises his outstanding support and contribution to medical ENT.

ACENTP has great pleasure in awarding Ian the first Certificate of Honour, which is the highest award ACENTP can bestow.

Brian Williams FRACS
President ACENTP
A lot of parallels can be drawn when comparing a career in surgery and an endurance event.

In fact, the more I think about it, the more I can see how the two are one and the same.

It makes sense then that I have become a surgeon and an endurance “athlete”.

The only unfortunate difference is that no one is paying me to run or ride my bike.

When I was asked to write a profile, I wanted to think of what was important to me, outside of surgery, and maybe what made me a bit different, or interesting.

I settled on fitness and in particular, endurance events.

And then I thought, that even within our small ENT community in Perth, there are a number of endurance athletes, which only served to reinforce my idea that surgeons make excellent endurance athletes.

I believe that the qualities that drove me into and through surgical training, also drive me to participate in endurance sports.

I am passionate about health and fitness, and long before I was a surgeon, I was a runner.

This started with a one kilometre cross country race in Grade One and evolved to running marathons, and ultra marathons.

What sort of person decides to run 100km in a day? Or 230km in the outback over four days? Or race on a mountain bike for four days? Or endure surgical training?

It requires goal setting, and it takes hard work and training, motivation and commitment, discipline, sacrifices, mental toughness, self-belief and support from loved ones. All qualities that help to make a good surgeon.

When I was first considering entering an ultra marathon, I could not fathom how I could run that distance. A friend told me not to think about running 100km, but to break the race down into smaller distances and just run 20km, again and again... Much like a medical student breaking down the journey to consultant surgeon into more manageable periods of training, from Intern to Fellow.

I decided on a career in surgery when I was a medical student, and on ENT surgery when I was a second year resident.

After completing ENT training in Brisbane and Perth in 2008, I spent Fellowship years in Brisbane and Canada focusing on Head and Neck and reconstructive surgery.

I returned home as Perth’s first female consultant ENT surgeon.

And through all of this I ran. It is the best way to explore a new place.

Highlights of my Fellowship time in Canada were the incredible free flap teaching I gained, as well as running in the snow for the first time.

I went running with a friend who was wanting to run further than I had ever run before so was hesitant to go with him.
He told me I was being ridiculous and I just needed to run slower in order to run longer.

That was my first 15km run and the distances went up from there.

Half marathons were followed by the Perth Marathon, which qualified me for the Boston Marathon, which I ran in 2013, the year of the bombing.

I dabbled in several shorter trail running ultra’s, before signing up for the Kep Ultra marathon, 103km from Northam to Mundaring.

My mental and physical preparation for this were not dissimilar to preparing for the Fellowship exam. It was about having a clear goal, and working hard and consistently over a long period of time towards it.

But come the day of the run, or the exam, there is an element of blind faith where you have to believe that something that is huge and daunting is achievable, even though you've not done it before.

Three weeks before the race I did a 60km training run which was the furthest I had ever run.

Even though that run was a full marathon short of the race distance, it was the first time I knew without a doubt that, barring injury, I would finish the ultra.

Before a complex surgical case, I go through the steps in my head and visualise the surgery.

I visualised every aspect of the run over and over in my head, and on the day it went exactly as planned.

Running for just over 100km gives you plenty of time to think but surprising little went through my head.

Check pace, check time, check running form, nutrition, salt capsule, water, think of my family and friends waiting at the next check point and escape into the runners endorphin high until the next pace check.

Time passed without notice, just like during a long and complex surgery case.

I think it is incredibly important to have a balanced personal and professional life, and to maintain interests outside of surgery.

I am always striving to maintain that balance and find that endurance events and the training for them provide just that.

If my surgical career was a 100km ultra marathon, then I am at about the 30km mark and still feeling fresh and strong.

Looking ahead there are some hills, both up and down, endorphin highs and painful lows, times with cheering crowds and times of going it alone.

Further in the distance is the finish line, but for both surgery and the ultra marathon, it is what happens before then that really counts.

Fiona Whelan FRACS
Report from Assistant Professor Shruti Dhingra, India
who was selected for ASOHNS 2015 International Scholarship

It was a dream come true! The international scholarship offered by the ASOHNS was truly a blessing. I was also fortunate to be the first scholarship holder and therefore a special one.

My training was in otology and lateral skull base surgeries including hearing devices like cochlear implants and BAHA and was based in Sydney.

I was fortunate to visit a number of different hospitals in Sydney including St. Vincents, Royal North Shore Hospital, Royal Prince Alfred Hospital and Macquarie University hospital.

Here I was attached to surgeons practicing otology and observed various surgeries including stapedotomy, cochlear implants and middle ear implants such as BAHA and bone bridge, mastoidectomies, acoustic neuromas and lateral petrosectomy.

I was particularly intrigued by Endoscopic Ear surgeries performed to perfection by A/Prof. Nirmal Patel.

I also learned a lot of tips and tricks in performing stapes surgeries and endaural tympanoplasties from A/Prof. Melville da Cruz.

I am also particularly grateful to A/Prof. Catherine Birman, who is such a lovely person to be with and willingly shared her knowledge. No matter how many questions I asked her she would always reply to each one of them with a smile.

It was a treat to watch her perform Cochlear Implants with élan. She mentored and taught me various nitty gritties and troubleshooting strategies involved in cochlear implant surgeries.

She also pioneers the cochlear implant program at SCIC and shared with me the candidacy and treatment protocols.

I was also fortunate to spend a lot of time at St Vincent’s hospital with Prof. Paul Fagan, Dr Nigel Biggs, Dr Phillip Chang and Dr Sean Flanagan who are doing pioneering work in Acoustic Neuromas and Lateral Skull Base surgeries, to mention a few.

Each of them willingly shared their knowledge in the subject and watching them operate was like witnessing a painter engrossed in making his perfect pieces of art!

There were a number of interactive sessions and lectures including treatment planning, management and handling complications and difficult cases during surgery.

I also had the opportunity to be a part of temporal bone dissection workshop and live surgery seminar that was mentored by these stalwarts. It was indeed inspiring to see the set up of the temporal bone laboratory and would help me design my own at this institute.

My scholarship concluded with the Cochlear surgeons workshop held at the Cochlear Clinical Skills Institute and Australian Hearing Hub at Macquarie University.

This was a sea of information on cochlear implants right from the history of implants to manufacturing, to management of the explants!

It was fun to visit the cochlear headquarters and actually witness the “making of cochlear implants”.

We as surgeons hardly ever realise that 80 per cent of the implant manufacturing is done by hands and many hours spent peeping through the microscopes and about 20 per cent by the machines.

“I was ... fortunate to be the first scholarship holder and therefore a special one.”

“Each of them willingly shared their knowledge ... and watching them operate was like witnessing a painter engrossed in making his perfect pieces of art.”

“It was fun to visit the Cochlear headquarters and actually witness the ‘making of cochlear implants.’"
Not to mention, the many hundreds of hours spent in testing and re-testing the device to perfection.

Interspersed by numerous lectures on candidacy, experience of audiologists, pre-implantation and post-implantation counseling and rehabilitation and troubleshooting strategies discussed by the surgeons, it was indeed a workshop that exceeded our expectations!

I was also fortunate to meet Faye Yarroll, bilateral cochlear implantee along with her hearing dog, Sydney, who shared her inspiring story of going from deafening silence to being able to hear well from both ears.

My scholarship would not have been possible without the blessings of Dr Malcolm Baxter, Chair of the Outreach Sub-Committee of ASOHNS, who was instrumental in formulating this scholarship program.

I cannot thank enough Lorna Watson [ASOHNS] and Margi Griffith [St Vincent’s Hospital], angels in the making, who left no stone unturned in making sure that my visit was meticulous, extremely well planned and very comfortable.

I have left Sydney with many fond memories and a lot of inspiration and knowledge to share with my colleagues, juniors and postgraduate trainees.

It has truly been an experience of a lifetime and will help me in many ways through my journey as an Otolaryngologist.

I wish good luck to the forthcoming scholarship holders and hope that the scholarship will prove to be a great learning experience for each of them, as it has been for me.

With best regards,

Shruti Dhingra

“It has truly been an experience of a lifetime and will help me in many ways through my journey as an Otolaryngologist.”
I’m sure we’re all looking forward to the approaching festive season and our summer break.

Don’t forget to book for Early Bird rego discounts
I encourage you to ensure you book your registration as soon as possible to take advantage of the Early Bird discounted registration fees.

The deadline is **Tuesday, 5 January 2016**. As this date falls during a time when many of you may be on leave and away, it’s a good idea to book early.

**Scientific Program Highlights**
The scientific program is almost complete and you can view it on the website.

We are excited about what will be a very interactive program that will allow us to solidify our knowledge and confer with the experts to ensure we have a unified approach to common ENT problems we encounter in our work.

**Program Format**
It’s a compact meeting and we will be running only three concurrent sessions at any one time to ensure, as best as possible, we can all access the information that appeals to our clinical practice.

We aim to provide up-to-date information for our most common ENT conditions and allow robust discussion on each topic.

**Pre-Satellite Meetings**
Three satellite meetings will be held just before the ASM main program, during Friday 4 March and Saturday, 5 March.

These include a 2-day course on Contemporary Management of Skull Base Tumours on the Friday and Saturday and the Australasian College of ENT Physicians (ACENTP) meeting and a (free to first 200 registrants) Laryngology workshop on the Saturday.

**Social Program**
Apart from the scientific program and the many opportunities to update our learning, a very important aspect of our ASM is the chance to catch up with colleagues and make new friends and contacts in the relaxed atmosphere of the social activities.

Both the Welcome Reception on the Saturday evening and the Gala Dinner on the Monday night will be held in venues within the Crown Conference Centre complex.

In keeping with the ASM general environment, we are introducing a Casino Royale theme to the Gala Dinner. By no means compulsory, but this gives you a chance to dress up – black tie for men and long dresses or dressy frocks for women.

I reiterate that this attire isn’t a must – usual suit/evening wear will be fine.
Golf Day
Of course, there will be a Golf afternoon on the Monday from 12noon until 5pm at the Victorian Golf Club and we look forward to presenting the ASOHNS ASM Golf Trophy during the Gala Dinner.

Visitors to Melbourne
Those of you travelling to Melbourne from interstate and overseas, will thoroughly enjoy all our city has to offer.
It’s easy to get around, on foot or via the excellent public transport system.
And Melbourne is renowned for its world-class wining and dining, eclectic cultural and sports activities and excellent shopping.
This would be a great opportunity to bring your partners and families, extend your stay and take advantage of exploring all that’s on offer.
For more info and ideas go to Destination Melbourne

Finally, I extend my thanks and gratitude to Scientific Convenors, Pat Guiney and Bernie Lyons, and Organising Committee members, Doug Buchanan, Ben Dixon, Simon Ellul and Brent Uren, plus all those who are helping us put together the ASM 2016.

The ASOHNS secretariat will send news and updates in the weeks leading up to March.
I’m looking forward to meeting and welcoming most of you at the 2016 ASM.

In the meantime, I wish all ASOHNS members and trainees a relaxing and enjoyable holiday season, a happy and healthy New Year and look forward to catching up with most of you at our 2016 ASM.

Sherryl Wagstaff FRACS
ASOHNS ASM 2016 Convenor

ASM 2016
Convenor: Sherryl Wagstaff, Scientific Convenors: Patrick Guiney and Bernard Lyons
Organising Committee: Benjamin Dixon, Douglas Buchanan, Simon Ellul and Brent Uren

Australasian College of ENT Physicians (ACENTP) – Extra Knowledge
Convenor: Brian Williams

Laryngology Satellite Meeting
Convenor: Neil Vallance

The Contemporary Management of Skull Base Tumours – a 360-Degree Perspective
Convenor: Bernard Lyons, Assistant Convenor: Benjamin Dixon

To Register for the ASOHNS ASM 2016, go to: www.asohns.consec.com.au
Course Synopsis
This is a comprehensive workshop on the management of skull base tumours.

The primary focus will be the surgical approaches to skull base tumours both anterior and lateral. It will consist of didactic lectures, videos and panels by world leaders in the field as well as cadaver dissection focusing on open skull base approaches. Endoscopic skull base procedures will be discussed in detail but there will be no hands-on endoscopic cadaver dissection.

This course will be suitable for Otolaryngology Head and Neck trainees and consultants.

Course aims
To provide the participants with a complete understanding of the various surgical approaches to skull base tumours.

Participants will acquire the necessary knowledge to make the complex decisions concerning the appropriate treatment of, and choice of, surgical approach to individual skull base tumours.

By virtue of the lectures and cadaver dissection the participants will acquire an understanding of the complex anatomy of the skull base.

Topics to be covered
- History of Skull Base surgery
- Anatomy of the skull base
- Neurosurgical aspects of skull base surgery
- Radiology of Skull Base Tumours
- Radiotherapy of Skull Base Tumours
- Image Guidance
- Complications of Skull Base Surgery
- Reconstruction and Rehabilitation
- Endoscopic Approaches

Open Anterior Skull Base Approaches
- Anterior Craniofacial resection and its variations
- Sublabial Degloving Approaches
- Le Fort 1 approach
- Maxillary Swing Approach
- Maxillectomy
- Orbital exenteration

Open Lateral Skull Base Approaches
- Infratemporal Fossa
- Transpetrous Approaches
- Cavernous Sinus
- Temporal Bone Resection
- Far Lateral Approach

Course Highlights
Cadaver lab – fresh frozen specimens
Skull Base Dissection Handbook
One-on-one tuition
Pre-ASM Satellite Meetings
Australasian College of Ear Nose Throat Physicians (ACENTP) Meeting - Extra Knowledge

Overview
Extra knowledge on:
• Industrial Deafness diagnosis
• Eustachian tube dysfunction/disease

Learning Outcomes
Update on Industrial Deafness and disorders of the Eustachian tube.

Program
9.00 - 9.15am
Welcome
9.15 - 10.00am
The diagnosis of noise induced hearing loss: Things on your radar
Dr Brian Williams
Dr Williams will discuss the types of noise exposure workers and professionals are exposed to and the various types of hearing loss profiles they cause. Includes 15 minutes for questions and discussion.

10.00 - 10.30am Morning Tea
10.30 - 11.15am
Police Officers’ Deafness
Dr Joe Scoppa
Dr Scoppa will discuss the range of hazards to hearing that police officers may encounter and the hearing loss profiles that result. Includes 15 minutes for questions and discussion.

11.15am - 12.00noon
Eustachian Tube dysfunction and disease
Dr Brian Williams
Dr Williams will discuss the diagnosis and medical management in the ENT office, including a case of inner ear barotrauma. Includes 15 minutes for questions and discussion.

12noon - 12.45pm Lunch
1.30 - 2.15pm
Visible Eardrum Movement
Dr Brian Williams
Dr Williams will discuss a classification, objective measurement, and diagnoses. Includes 15 minutes for questions and discussion.

2.15 - 3.00pm
How to objectively measure and document visible eardrum movement in the ENT office
Dr Brian Williams
Dr Williams will discuss the specifics in this “how to” lecture. Includes 15 minutes for questions and discussion.

3.00 - 3.30pm Afternoon Tea
3.30 - 4.00pm
Open Discussion:
New NSW Workcover Impairment Guides.
What effect does infrasound from windfarms have on the ears?

Medical ENT: The future is now.
Tick the box: learn new things.
New knowledge has revolutionised this thing.
ACENTP meetings have begun.
Yet in your rooms the future will be won.
So tick the box: join the swing.
Learn new knowledge that has revolutionised this thing.

by Brian Williams
Pre-ASM Satellite Meetings

Laryngology Satellite Meeting

Those attending the Laryngology workshop should enjoy a relaxed atmosphere and free interaction with our two invited international guests and local experienced laryngologists.

The flavour of the workshop will be surgical and will target common problems faced on a daily basis.

There will be a panel discussing a number of case studies. An “Ask the Experts” session will seek advice from a panel of “Experts” on problems we face on a daily basis.

Delegates are asked to submit questions you would like answered on any laryngeal issue, or submit problem cases for discussion. The latter would require a brief history and, if possible, a photograph, or even better, a video.

Please submit questions to:
Email: asohns@consec.com.au by Thursday 31 December 2015.

Full audience participation in an informal setting should make these sessions very enjoyable.

Both our international guest speakers are very experienced, extremely good speakers and enjoy making new friends.

We hope to see many of you at this workshop and can assure you it will be worth your time (not your money as it is free).

Date
Saturday 5 March 2016

Time
9pm - 4pm

Venue
Crown Conference Centre
Melbourne

Cost
The workshop is provided free of charge for ASM attendees.

Maximum no. of delegates
200

Convenor
Mr Neil Vallance

International Faculty
A/Prof. Paul F Castellanos
Dr Ramon A Franco Jr

Local Faculty
Mr Neil Vallance
Mr Malcolm Baxter
Mr Paul Paddle
Dr Amanda Richards
Dr Theo Athanasiadis
Dr Daniel Novakovic

ASOHNS ASM 2016 Quick Links:
Home
Program
Pre-Satellite Meetings
Speakers
Accommodation
Social Functions
Registration
Destination Melbourne
FAQ’s
Contact
Australian Supplement to the JLO - Update

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

The July 2015 edition was distributed with a slight delay but the quality of the research was excellent.

Australian otolaryngology research continues to thrive in 2015, with 14 manuscripts currently under review. We have an acceptance rate around 70 per cent.

The flow from the annual ASOHNS scientific meeting needs to be encouraged. The backlog is low with enough articles only being processed for each edition.

ASOHNS needs to continue to push for Journal Submissions from content submitted to the 2016 Annual Scientific Meeting.

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.

JLO Website Alterations
Alterations have been made to the JLO website to facilitate review, and to allow easier access to view the status of Australian articles. The aim is to reduce the time to review, which is currently around 3 months from submission.

Encouraging both ASOHNS members and editorial board members to perform reviews is important. It is also a source of CME points for RACS and this will be emphasised on requests.

Contract Extended with Cambridge Press
The contract extension was signed for a further three years (2015 - 2017). Unfortunately, an unexpected passing of our production Manager, Susan Perkins, will mean a delay in the next issue but it will be limited.

New Zealand Society of OHNS and the JLO
NZSOHNS has entered into a contract with the JLO to provide members of their Society with online subscription to the Australian supplement.

Finally, the Society is fortunate to have a Medline index journal available to promote the research efforts of our members.

It is run and peer-reviewed by local members and I encourage everyone to take up any request to act as a peer-review as this greatly assists the scientific process.

Please do not hesitate to contact me on email at r.harvey@amr.org.au or in person in March at the scientific meeting in Melbourne.

Richard Harvey FRACS
Editor, Australian Journal of Laryngology & Otology

For more information about the ASOHNS JLO Australian Supplement go to ASOHNS Journal Supplement on the ASOHNS website
Continuing Professional Development - Update

I was unable to attend the PDSB meeting in October. Nonetheless there was discussion with respect to discrimination, bullying and harassment.

The College has promulgated widely with respect to the need for leadership and cultural change.

The recommendations of the EAG (Expert Advisory Group) are likely to mean the introduction of a compulsory training course in the future.

The College met with government representatives to discuss annual testing for blood borne viruses. Dialogue is continuing.

Chris Que Hee has shouldered much of the workload with respect to assessing e-learning activities, available from international sources to determine if these would be appropriate to further support CME for our members.

The recent survey of members was supportive of efforts being taken to negotiate with American Academy of OHNS to utilise CPD tools that are relevant to ASOHNS members. There should be more to report about this next year.

Two fellows were suspended due to non-compliance with CPD. Overall CPD compliance is 100 per cent.

I append an article by the Hon Geoffrey Davies AO, “Why won’t you do something about incompetent surgeons”.

It makes interesting reading. Geoffrey Davies is a retired Judge, past co-opted member of College Council.

This article was circulated by the Australia New Zealand Society for Vascular Surgery as an addendum to its report to PDSB. The Vascular Audit is a model to strive for.

To download and read this article, go to: The Hon. Geoffrey Davies article in the Members section of the ASOHNS website. (You will need your ASOHNS website login to access).

I look forward to seeing you all in Melbourne in March.

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

“The College has promulgated widely with respect to the need for leadership and cultural change.”
CPD UPDATE - Meetings, courses and workshops organised by ASOHNSS Members 2016

Click on the name of the meeting link for more information

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

Upover Downunder International ENT Meeting
Dates: 16-23 January 2016
Venue: Canzei, Italy

2016 Essential Skills in Ear, Nose and Throat Surgery
Date: 6 February 2016
Venue: Notting Hill, Victoria

Endoscopic DCR & Orbital Workshop
Dates: 13 February 2016
Venue: St Vincent’s Hospital, Sydney, NSW

Open Structured Rhinoplasty Workshop
Dates: 27 February 2016
Venue: St Vincent’s Hospital, Sydney, NSW

ASOHNSS 66th Annual Scientific Meeting
Dates: 6-8 March 2016
Venue: Melbourne, Vic

3rd Endoscopic Ear Surgery Dissection Course
Dates: 30-31 July 2016
Venue: RPA Hospital, Sydney, NSW

Frontiers 2016 - The Art, Science and Future of Otorhinolaryngology
Dates: 7-9 September 2016
Venue: Gold Coast, Qld

2nd Laryngology Society of Australasia Conference
Dates: 4-6 November 2016
Venue: Byron Bay, NSW

ASOHNSS Policy on promoting member-run and sub-specialty meetings

Informing our membership and trainees about relevant meetings, (courses and workshops) is a service that helps you plan your CPD activities.

It’s also a member service for those who are organising these meetings, to help promote attendance.

However, we will not send large numbers of emails promoting each event, as, ultimately, this impacts on effectiveness of email distributions.

At the October ASOHNSS Council meeting, the ASOHNSS policy for distributing information about meetings/courses/workshops was discussed and agreed upon as follows:

For each meeting organised by an ASOHNSS member or relevant sub-specialty organisation, ASOHNSS secretariat will:

• List the meeting, with as much information as is supplied - including links and .pdf attachments for downloading, in the Events section of the ASOHNSS website.

• List the meeting in every ASOHNSS Professional Development - Dates for Your Diary e-bulletin, sent monthly to all members, up until the date of the meeting. This includes a link to the ASOHNSS website listing.

• List the meeting in the relevant ASOHNSS Newsletters (distributed in June/July and December each year) with a link to the ASOHNSS website listing.

• Send up to two (2) emails about the meeting to members and trainees, where appropriate (i.e. nationally, a designated state and/or sub-specialty group). This could include an attachment flyer/brochure/registration form, with text supplied for a cover email.

• ASOHNSS staff need to be advised in advance the preferred dates for sending these emails so that they can be scheduled.

In addition, members and trainees mailing labels can be purchased or the ASOHNSS secretariat. This can be discussed with ASOHNSS Membership Manager, Carole Gridley:

T: (02) 9954 5856 OR E: members@asohns.org.au
Frontiers 2016 - Garnett Passe and Rodney Williams Memorial Foundation Conference

The Garnett Passe and Rodney Williams Memorial Foundation (GPRWMF) conference, Frontiers 2016, will be held from 7 – 9 September 2016 at the Gold Coast, Queensland.

The Frontiers conference is the GPRWMF’s biennial meeting, the theme being the Art, Science and Future of Otorhinolaryngology.

World-renowned surgeon-scientist Otorhinolaryngologists will join eminent Australian scientists from diverse backgrounds to present information on a range of topics and developments that will be of value to the specialty.

The three international keynote speakers include:

**Professor Wytske Fokkens**
Department of Otorhinolaryngology, Academisch Medisch Centrum, Amsterdam, The Netherlands.
Professor Fokkens’ main interests include sinus and skull base surgery, chronic rhinosinusitis, and mucosal pathology of the upper and lower airways.

**Professor Lawrence Lustig**
Department of Otolaryngology, Columbia University College of Physicians and Surgeons, New York, USA
Professor Lustig’s main interests include genetics of hearing loss, efferent auditory inhibition, hair cell physiology and cochlear gene therapy.

**Dr Peter Rhys-Evans**
Consultant ENT, Head and Neck Surgeon, The Royal Marsden, London, United Kingdom
Dr Rhys-Evans’ main interests include thyroid and salivary gland disease, and tumours of the head, neck, mouth, tongue, throat and larynx

For more information about Frontiers 2016, please contact:

**Belinda Zelesco, Event Travel Management**
**T: +61 7 3310 3171**  **E: frontiers2016@eventsctm.com**
Trainee Rep Report -
Mentoring in Surgery - a trainee’s perspective

Surgery provides us with the opportunity to improve the lives of patients every day.

This is often the legacy that the community sees when looking at a surgeon’s life.

However, the surgeon as a mentor, role model and teacher is perhaps their greatest legacy of all.

Often a consultant role in a public hospital is a very desired position. This can seem contradictory, as public work often takes away from time that could be spent in the private; it normally requires extra time to be spent oncall and extra politics.

However, many consultants describe it as a great honour, with one of the most consistent explanations being the joy of working with trainees.

As a trainee I have been lucky enough that each new hospital has provided a team of motivated consultants to learn from.

I fondly remember the first surgeon to watch me put in a grommet, and their good humour as I dropped it three times before getting it right.

The patience of the first surgeon to take me through FESS, and putting up with my nauseating camera skills.

And the first surgeon to supervise me do a mastoidectomy on a living temporal bone, reminding me to keep breathing throughout the operation.

Each surgeon could have done the operation in a fraction of the time it took me, and yet not only did they have patience, they also did it with smiles on their faces.

Increasingly, I realise that mentoring in surgery is not only about operations but also about teaching a way of thinking.

Some of the most important lessons are those of values, to meet high standards not just when somebody is watching, but in everything I do.

Learning how to be an advocate for your patients, your team and your hospital can sometimes be more difficult than surgery itself!

As a registrar, I am blessed to also be in a mentor position.

During internship it was the registrars that inspired and encouraged me to be a surgeon.

Perhaps my greatest joy to date is supporting exceptional residents through the process of getting onto the program, knowing that surely one day they will be a leader in the field.

So to all the mentors I have had so far I would like to say thank you.

To all my future mentors: I hope you can have patience with me.

And to all my juniors: I really look forward to helping you reach your full potential.

Fiona Hill
Trainee Representative
Robert Guerin Memorial Annual Trainees Meeting 2016 - Update

The 2016 Robert Guerin Memorial Annual Trainees Meeting will be held on the Gold Coast, Queensland from 25 – 26 July at the Marriott Resort Surfers Paradise.

The meeting’s convenor is Brent McMonagle and he intends to create a program with a wide range of interesting and stimulating topics.

The meeting will again include a Mock Exam to be held at the Gold Coast University Hospital on Sunday, 24 July.

The Mock Exam is open to SET 4 and SET 5 trainees, as well as International Medical Graduates.

SET 3 trainees having the opportunity to ‘Bulldog’ the exam.

The welcome function will be poolside on the evening of Sunday 24 July and provides a great opportunity for trainees, consultants and trade display suppliers to mingle in a relaxed atmosphere before the main meeting begins.

The meeting website, robertguerin.org.au will be launched in late January next year for online registrations and accommodation bookings.

For enquiries please contact:
Ian Denney
SET Program Administrator
T: +61 2 9954 5856
E: OHNStraineess@asohns.org.au

Annual Award for best JLO article by a Trainee

An annual award for the best article by a Trainee accepted for publication in the Australian Supplement to the Journal of Laryngology and Otology was established by ASOHNS during 2013.

The award is in the form of a special plaque and is presented to the recipient at each ASOHNS Annual Scientific Meeting.

The Editorial Board determines each year’s award recipient.

Submitting Articles

All submissions are electronic submissions and should be submitted via the MAIN JLO website at:
www.jlo.co.uk/submitting-articles
(Tick the “Australian Supplement” option during the submission process).

Further details on how to submit an article to the Journal can be read at:
ASOHNS Journal Supplement
ENT Outreach - Update

I have pleasure in reporting on our Outreach activities for the previous six months.

1. East Timor
This remains uncertain and we have certainly not been invited to carry out any more ENT activities there, although RACS is maintaining a presence there, especially with teaching. This may change in the future.

2. Pacific Islands Project (PIP)
Despite my previous communications, this does appear again to be viable, at least until next year when funding is a bit uncertain again. It is now different in that it relies on making visits only in those specialities which have been requested by host countries and happily ENT is always amongst those requested as in need of further help.

Perry Burstin is continuing his Vanuatu program, fortunately with the help of some generously privately donated funds.

I recently advertised for members interested in carrying out visits to Chuuk (Federated States of Micronesia) and Tuvalu and received a very gratifying response. Both these positions are filled and thanks to all who applied - hopefully we will be able to use your services in future.

Tonga has requested help in training an ENT nurse in clinical work and audiology, but this is through the College rather than the Society at present.

The Chairman of PIP, Dr Kiki Moate, recently wrote requesting closer cooperation between RACS and its Outreach activities and the specialist societies.

This shouldn’t be a problem, as most specialist societies do have members who have an interest in this field and have been acting as their representatives to the College.

It seems logical that that person in the specialist society should also be the representative to the RACS bodies for their speciality.

This is easy with ourselves, of course, as I have been our ASOHNS representative for some time and also representative to RACS and this will seem a logical arrangement. The RACS now puts a time limit on these appointments of three years.

I was recently invited to join the PIP Evaluation and Management Committee (EMC) which acts an overseer of these projects have attended two meetings to date.

3. Rowan Nicks Scholarship
These have gone to two ENT Surgeons in recent years.

Dr Pallavi Sinha from Nepal completed her attachment to Peter MacCallum Hospital and St Vincent’s Hospital recently and although I have not received a formal report from her yet, she spoke to me on the telephone and expressed great satisfaction with the attachment and gratitude to the College and to our ENT colleagues.

I would like to thank Stephen Kleid for supervising her and for the other surgeons who took part in her education.

Dr Tensing Norbang is an ENT surgeon from Bhutan who commenced a similar scholarship attached to the Monash Health about three months ago. This is currently ongoing but he is soon transferring to Peter MacCallum also.
4. ASOHNS Overseas Scholarship for Developing Otolaryngologists

Dr Shruti Dhingra from India was our first recipient and completed her attachment.

She is interested in developing a cochlear implant program in her state and attended a cochlear implant course here as well as the St Vincent’s temporal bone course and also spent time with various specialists in Sydney for two or three weeks.

I thank Philip Chang and other surgeons involved in this.

Amended Rule

At its October meeting, ASOHNS Council agreed to amend our rules of the scholarship to reduce the currently required three years post-qualification, prior to taking up the scholarship, to one year.

The previous rule had immediately excluded a worthy applicant this year.

If a person had nearly qualified and wished to develop a special aspect of the speciality, it seemed onerous to expect them to blunder around for three years rather than coming and being instructed properly in it.

I thought it reasonable to specify a year as this would allow the newly minted Otolaryngologist to set up their practice within their hospital environment but thought that three years was far too long.

5. Other Financial Support for Overseas ENT Specialists

From time-to-time, various requests are made for us to fund certain people to attend the ASOHNS ASM or other teaching activities.

There have been quite a few of these requests in the past and we have been naturally a little wary of them.

The previously mentioned overseas scholarship specifically excludes people being funded to come to our ASM under that scholarship because we felt that it would have limited teaching value for them at their stage of training.

However, the new proposal is for the more senior surgeon, who may be invited over to pursue certain aspects of the speciality or liaise with senior members over here.

This came about because Vince Cousins expressed his wish to bring over a senior ENT surgeon from Port Moresby who is expected to eventually take Professor Dubey’s place and it would be valuable to develop this relationship further he feels. I fully support this.

Every time something like this comes up, we have to wait until the next ASOHNS Council meeting to consider it, which may be too late and it is probably too cumbersome.

Vincent Cousins and I both proposed that ASOHNS establish a floating fund to fund such special visits, such that there would be funding up to, say, $5,000, and for this to be approved by the Outreach Committee and perhaps the Treasurer.

It was stressed that this would not necessarily be awarded every year and the proposer would have to put up a good case for it. This proposal was carried unanimously by Federal Council at the October meeting.

At the time of writing, I am in Fiji for the Pacific ENT Technical Advisory Group meeting (PENT-TAG).

This is a planning meeting aiming to greatly increase ENT services throughout the Pacific.

Suren Krishnan is also attending, with representatives from around the Pacific.

The focus is to establish an ENT Nurse training program within the Pacific, which will result in a formal qualification and result in all countries having such a service, plus examine ways to recruit and train Pacific Island doctors as ENT-Head and Neck surgeons.

The aim is one per 50,000 population for the larger countries - ambitious certainly but the need is enormous as figures presented here show.

A visiting regional service is also possible and it is acknowledged that our visiting team services will be required for some time-don’t pack away your tropical gear yet!!

(PS I am unofficially informed that our funding will continue-good news!)

Malcolm Baxter
6 PNG & Cambodia

Papua New Guinea

No significant changes. There is a need for instruments and some have been offered already.

Cambodia

The last time I spoke to Eliza Tweddle, this seemed to be going well. There is no recent further information. I do suggest we continue to support them, as requested.

7 CHEERS Hospital, Nepal

This is a paediatric ENT hospital that I worked at last year and the area has now been of course devastated by the Nepal earthquake. RACS did send over a consignment of disposables.

Once again, I thank the Federal Council and everyone involved with the Outreach activities.

Malcolm Baxter, OAM, FRACS
Chair, ASOHNS Outreach Sub-Committee

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Provision of ENT services to Indigenous children in Gippsland, Victoria

It was wonderful to see the enthusiasm with which the idea of providing ENT services to the indigenous children of Gippsland was embraced at the last Victorian ASOHNS meeting.

My feeling was that this was one of the best discussions that we have had at an ASOHNS meeting, and personally I was buoyed by the prospect that, as a group, we may be able to make a significant difference to these children. Since that meeting, we have progressed discussions further along several fronts.

First, I have spoken with Kelvin Kong about how to balance broad participation from Society members and the needs of the Indigenous community to see continuity of care.

Kelvin’s idea was that we go as ASOHNS representatives, rather than just as individuals. This means that even if different people turn up, that we are still working under the same “banner”. This is the model that Kelvin has initiated recently, and it seems to work well.

Second, I have spoken to Nick Schubert from RWAV (Rural Workforce Agency Victoria). ASOHNS Victorian Section Chair, Michael Wilson, couldn’t attend, and it was thought best that the meeting proceeded to maintain momentum. RWAV is the group that has access to the Commonwealth-based funding to organise country-based ear care to Indigenous children in Victoria. The meeting was to explore how a service to Gippsland might work.

There is a need to provide services to the Aboriginal Medical Service (AMS) at Sale and Bairnsdale.

If enough Victorian members are happy to participate, then we would ideally provide a monthly service to both. If not, then the idea would be to attend each clinic every second month.

It is anticipated that each participating member would likely attend 2-3 times a year. Reimbursement is a package that includes travel, accommodation (if required), meals, administration and payment for travel time. This amounts to approximately $1200 (excluding accommodation), assuming five hours travel time and a 300 km round trip. In addition, one can bulk bill Medicare and retain the fees, although this could be quite variable.

Stephen O’Leary FRACS

Those interested in participating, please contact:

Michael Wilson at: mjw8@bigpond.net.au

OR

Stephen O’Leary at: sjoleary@unimelb.edu.au
Fees - Update
Medicare Benefits Schedule Review Taskforce
Ear Nose & Throat Clinical Committee

This report is to give an idea of the proceedings of the clinical committee rather than a discussion of the overall nature of the MBS review.

I will be giving a presentation at ASOHNS ASM 2016 on the general nature of the review and obviously there will also be opportunities for discussion at the AGM.

Make up of Committee
Mr Patrick Guiney ENT (ASOHNS)
Mr John Curotta ENT (ASOHNS)
Mr David Wabnitz ENT (ASOHNS)
Dr Margaret-Anne Harris Paediatrician
Dr Carmel Nelson GP, Indigenous health
Mr Chris Dalton ENT (BUPA)
Dr Megan Keaney (Dept of Health)

ENT was selected for an early review with most reviews not occurring until 2016. This initial review focused on:

Tonsillectomy
Adenoidectomy
Ventilation tubes

These procedures were selected for early review after being identified as potential low value procedures. The rationale for classification as potentially low value was tenuous at best.

The review focused on several aspects:
- evidence basis in terms of accepted indications, efficacy and safety
- geographic variations
- co-claiming data
- adequacy of item descriptors

The department has a preference for:
- detailed item descriptors, including where possible outlines of indications and populations that would apply to a particular item. (Item 16522 for obstetrics gives an indication of the type of descriptors they are after). We have managed to avoid this for these three items. We have, however, agreed that explanatory notes could contain information regarding published guidelines for particular procedures. By keeping these guidelines out of the item descriptor and within the explanatory notes, exercise of clinician judgement in individual situations would be preserved.
- minimalisation of multiple claims per procedure. An item number should involve all aspects of a particular procedure regardless of how it is performed (eg: open appendicetomy equivalent to laparoscopic appendicetomy). With regard to ENT, in the case of tonsillectomy, the item 41789 or 41793 would cover all aspects of the procedure including tonsillectomy, adenoidectomy, EUA of post-nasal space/endoscopy and any infiltration of local anaesthetic.
- Will also move generally to prevent/limit co-claiming of 105 (subsequent consult) on the day of surgery. This will apply across all specialties.
There has been increasing tendency in recent years for surgeons to co-claim items such as 41764, 41671 (examination of post-nasal space) and 18246 (glossopharyngeal nerve block). This co-claiming occurs currently in about 10 per cent of procedures.

The committee has accepted that the item numbers for tonsillectomy and adenoidectomy will be altered to specifically exclude co-claiming of 41764, 41671, and 18246.

Further, evidence review of 18246 raised some concerns regarding safety of glossopharyngeal nerve block in tonsil surgery.

Item number 18246 will most probably be removed from the schedule. It is almost exclusively used by ENT surgeons in the situation of T & A or UPPP. Exclusion of usage in these situations will render it redundant.

In terms of insertion of grommets (41632), no alteration to the item descriptor will occur. Published guidelines may be referenced in the explanatory notes to this item as an aid to surgeons but will still allow for exercise of individual clinician judgement.

Geographical variation

The department has compiled data detailing geographic variations in performance of procedures.

There were marked variations in rates of performance of tonsils, adenoids and grommets.

With a few exceptions, it was not possible to draw obvious conclusions regarding the causes of these variations.

It was, however, possible to conclude that the rate of tonsillectomy was below that which might be expected in all geographic areas given the incidence of conditions such as SDB/OSA.

Other issues:

1. Inappropriate use

Item 41846 (direct examination of the larynx).

Dramatic geographical variation has developed with regard to this number over the past decade (26,000 in NSW vs. 1500 in Victoria in 2014/15). 80% of these claims were for outpatients.

Accepted use of this number would be direct examination under general anaesthetic or video stroboscopy (although there will now be some discussion regarding usage in stroboscopy).

The variation indicates inappropriate usage, most likely in place of 41764 (although remarkably it was co-claimed with 41764 on 12% of occasions).

The likely results are:

- Item 41864 as it applies to procedures under GA will likely be deleted, together with 41849 & 41852 as it is felt the equivalent microlaryngoscopy numbers are more reflective of current practice.
- A review will occur regarding the appropriate item for stroboscopy. It is hoped that this may simply be a re-writing of the 41864 descriptor, although specific criteria will be listed. Worst case scenario is that a MSAC review may be required.
- The Department of Health may investigate practitioners regarding claiming of item 41864

2. Obsolete Items

Numerous items were presented to the committee as being potentially obsolete. These were items of very low usage, items no longer reflective of current practice or replaced by newer techniques.
Not all items were accepted as obsolete. Items the committee felt could be considered as obsolete were:

- 41761: post nasal space, direct examination. This item is superseded by 41764 which has the same rebate
- 41680: cryotherapy to nose in treatment of nasal haemorrhage. This item was listed due to very low usage. Alternate items exist.
- 41695: cryotherapy to turbinates. This was listed due to low usage. Alternate items exist.
- 41846: direct laryngoscopy, 41849: direct laryngoscopy with biopsy, 41852: direct laryngoscopy with removal of tumour. These items were felt to be superseded by 41855: microlaryngoscopy and 41864: microlaryngoscopy & removal of tumour.
- 41758: division of pharyngeal bands. This item was listed due to very low usage

The report of the committee will be released for public comment most probably prior to the Christmas break.

Patrick Guiney
Chair, Fees Sub-Committee

ASOHNS State Section Reports

New South Wales

Issues of Concern for NSW Members
There are three issues that have been of recent concern for NSW members. The first is the continued overzealous use of rhinological item numbers by a handful of members.

The second issue is the prospect of Medibank Private denying cover for “highly preventable adverse events”. Both of these issues require further attention and discussion.

The third issue is the inappropriate advertising through social media by one or more of the NSW members. Such advertising by these members was out of keeping with the guidelines stipulated by the Medical Board. This was drawn to the attention of these members and was duly and promptly corrected.

ASOHNS ASM 2015
The ASOHNS Annual Scientific Meeting 2015 held in Sydney in March this year was deemed highly successful, with almost 680 attendees in total.

Both anecdotal feedback and the final evaluation data received were very positive about the meeting’s value and success and we congratulate the meeting’s Convenor, Larry Kalish, Scientific Convenor, Nirmal Patel, those on the Organising Committee and any others who contributed.

ASOHNS NSW Section Annual General Meeting
The NSW Section AGM and dinner was held in a new venue this year, which was well received.

The venue was an attractive Italian restaurant in Milsons Point, very close to all public transport and the ASOHNS Federal office.

We were also fortunate to benefit from an excellent dinner presentation given by our special guest, Prof. Jim Patrick AO, Chief Scientist and Senior Vice President of Cochlear Limited.
ASOHNS International Scholarship for OHNS Surgical Education 2015 recipient

On a final note, the first successful applicant for the ASOHNS International Scholarship for OHNS Surgical Education 2015, Dr Shruti Dhingra, from Delhi arrived in October for five weeks including a week-long hearing implant course, a temporal bone course and clinical exposure as an observer to the operative lists of multiple ear surgeons in Sydney.

Phillip Chang FRACS
NSW Section Chair

Many of our members have been working closely with Queensland Health on an ENT prioritisation document to help Outpatients with streamlining referrals. Guidelines have been established for many conditions and appropriate categorisation and pre outpatient investigations have been developed.

There has been a surge in local membership due to the good work of Carole Gridley and the ASOHNS team to try and get young consultants to complete their membership to ASOHNS.

A temporal bone course and FESS course are being held in late November and early December respectively at the Prince Charles Hospital education facility.

On December 4th the inaugural Frank Szallasi registrar research presentations will be held followed by an ASOHNS QLD dinner. We hope this will be an annual event which will showcase some of the excellent research that is occurring in our state.

Roger Grigg FRACS
Queensland Section Chair

I would like to thank Suren Krishnan for his excellent work as state chair of ASOHNS in 2013 and 2014.

Harshita Pant and Ian Wong are continuing in their current positions as Secretary and Treasurer respectively, and I am grateful to them both for their ongoing support.

Dr Andrew Foreman has recently returned from a Head and Neck fellowship in Toronto and taken up a position at the Royal Adelaide Hospital.

Dr Sam Boase has recently commenced a Head and Neck fellowship in Auckland.

Dr Sheldon Chong successfully undertook the RACS fellowship examination in Adelaide in September 2015 and we heartily congratulate him.

Dr Eng Ooi has continued his energetic approach to registrar training as chair of the regional training sub-committee.

The regular weekly trainee tutorial programme has been reinvigorated, with the feedback from the registrars continuing to be very positive.

The Robert Guerin Memorial Annual Trainees Meeting was successfully held in Adelaide in July 2015, convened by Dr Eng Ooi, and involved a pre-meeting temporal bone course and post-meeting head and neck course.

Other relevant courses and meetings include:
- Prof Wormald’s FESS Course and Advanced FESS and Vascular Injury Course
- The Royal Adelaide Head and Neck Course
The bi-monthly Head and Neck Society meetings
The bi-monthly Skull Base MDMs
The monthly Complex Airways MDMs
The annual Gristwood Medal for registrar research presentations

There are a number of challenges in relation to the provision of ORLHNS services within the public hospital system in SA.

The state government continues its rollout of “Transforming Health”, this involving a significant restructure of the state’s public hospitals.

There remain a number of unknowns in relation to the Modbury Hospital in particular and it remains to be seen how this will impact upon ORL training in SA.

This year will mark the retirement of nine members of ASOHNS in South Australia: this being unprecedented in the history of the society in our state.

A special commemorative dinner is being planned for February to mark the occasion.

ASOHNS 2017 ASM
Plans for the 2017 ASM in Adelaide, which I will be convening, are progressing satisfactorily.

Prof PJ Wormald is scientific convenor, with committee members JC Hodge, Alkis Psaltis and Andrew Foreman.

Keynote speakers have been confirmed for the meeting.

The conference will be run by RACS Conference Organisers.

Michael Schultz FRACS
South Australia Section Chair

Victoria

I am pleased to report the activities of the Victorian Division over the last six months.

Membership
We now have 77 full members, 19 Senior members and one Life Member, with a total of 97 members.

We were joined this year by three new members: Michael Borschmann, Benjamin Dixon and Anita Yuen.

Sadly, we lost two members this year: Life Member, Peter Freeman in June and Senior member, Madappa (Max) Maiyah in October.

Quarterly Business Meetings
We still continue to run Quarterly Victorian Registrar Clinical meetings, preceding the members Business meetings.

The presentations from Registrars are of quite a high standard but, apart from registrars, attendance by the members leaves a lot to be desired.

Although we have instigated the webinar facility, attendance is well below 20 per cent of the total membership. It is difficult to know how to increase this number and make the meetings more attractive.

The Annual Dinner was held recently and it was well organised by State Section, Perry Burstin, and approximately 20 members attended and enjoyed the evening.

ASOHNS ASM 2016
The ASM will be held in Melbourne in March next year and the main Convenor is Sherryl Wagstaff and the two Scientific Convenors are Bernie Lyons and Pat Guiney.
Indigenous Ear Health

As far as Indigenous health is concerned, we have been able to provide services to Mildura and Robinvale in our home state.

Zenia Chow has agreed to help Paul Paddle out in the Robinvale/Mildura region.

There is still a need for services to be organised in the Gippsland regions and before I leave this office in the next six months, this will be achieved.

There is a need for consultation visits to the Aboriginal Health Services in Sale and Bairnsdale (which will serve Lakes Entrance).

Matthew Campbell has now joined me in providing services to the Kimberley though the auspices of the WACS (Western Australian Health Country Services) and we have started service in Geraldton through GRAMS (Geraldton Regional Aboriginal Medical Services).

The latter involves outreach services and we have both attended the Geraldton Regional Hospital for both Outpatient and In-patient services.

Victorian Section Financial status

Financially, the Victorian Division is sound and funds continue to be administered centrally.

Michael Wilson FRACS
Victorian Section Chair

Our annual meeting was held on 8th-9th October at Bunker Bay.

Presentations were given by Consultants, Trainees and Surgeon Scientists.

The presentations were of a high standard and overall the meeting was a great success. This was undoubtedly helped by the scenic venue and the family orientated resort.

Discussion by members following the Scientific meeting resulted in a decision to continue with our annual meetings at the Bunker Bay Resort.

Four colleagues from WA have joined the Society this year. We welcome Doctors David Hall, Abdul Latif Kadhim, Jafri Kuthubutheen and Shane Ling.

Doctors Jennifer Ha and Anton Hinton-Bayre were successful in the Fellowship examination this year. I am sure they will join the Society in due course.

There remain “teething problems” at the new Fiona Stanley Hospital which have yet to be resolved. Our colleagues there are striving to maintain a high quality service conducive to a good training environment.

The new Children’s Hospital is expected to open in 2016 on a date that has yet to be announced. We are hopeful that lessons have been learnt from the experience at Fiona Stanley Hospital.

Francis Lannigan FRACS
Chair, Western Australia Section
OBITUARY - John Bernard Walker
MBBS (Syd), DLO (Lond), FRCS.Ed, FRCS.Eng, FRACS

18 January 1929 - 25 September 2015

Dad loved family, his work, travel, animals, and the arts. He was a man for others in the truest sense and lived by the ideal that it is in giving that we receive.

He was born in Taree, the son of a teacher (Hazel) and Pharmacist (Claude) and big brother to Tom (an ophthalmologist). He was also a husband to Judy.

But to me, my younger brother Greg and my older sisters Cate and Marion he was just a great dad. He was always there for us no matter what choices we made in life or what mountains and valleys we had to cross.

He provided us with opportunities through school, travel and general passing on of wisdom.

He was always there with a calm, listening ear and considered wise words of advice. He was our own personal touchstone as we careered our way in various directions of life, each with their own challenges.

He was also a loving and caring Pa to Dominica, Claude, Lachlan and Amelie, as well as a generous father-in-law, uncle and great uncle.

Dad started life as a doctor and did his junior years of training in Sydney, before getting on a cruise liner as the ship’s doctor and working his way to England.

He lived in England and Scotland (mainly London and Edinburgh) for six years while doing his surgical fellowships.

When he first got over there, he had an old car that he bought for 20 quid from a flatmate who was moving back to South Africa. He used that car to go many places both around Europe and the UK and taxi many an expat surgical fellow around town.

At the end of his time in the UK, Dad showed the type of person he was as he chose to go back to Australia via boat rather than plane, which had by then become the chosen way to travel; partly for the adventure and partly for the deal he made with the liner when he took the job going over.

When he arrived at the port to depart for Australia, he pulled up in his car, saw someone who looked like they could do with a car and gave his keys to them.

He then boarded the boat as the ship’s doctor to come back to Australia as a consultant ENT surgeon in 1960. He received his FRACS in 1961.

Dad was great doctor and surgeon and was extraordinarily gifted with intellect. He completed his medical degree when he was just 21, graduating from the University of Sydney in the February of the following year and, at 24 years old, was superintendent of Lewisham hospital.

He had an incredible retention of facts and, when playing Trivial Pursuit, the words that struck fear in us as his opponents were “I think I will have a punt!” as invariably his punts were right.

He was always generous with his time when people asked for an opinion and there was no such thing as a silly question. He also had the knack of giving you enough time so that you felt as though you were the only person that he needed to talk to that day, even though he was incredibly busy working in multiple public and private hospitals.

“Dad was a great doctor and surgeon and was extraordinarily gifted with intellect.”

“Dad was a great doctor and surgeon and was extraordinarily gifted with intellect.”

“He was always generous with his time when people asked for an opinion…”

“He was always there with a calm, listening ear and considered wise words of advice.”
For much of his 60-year career, Dad worked for free at least two days a week. He never worked just for the money but for the privilege of being able to help others.

He loved his work and his work defined a part of his being, such that if he had had a list cancelled for one reason or another, he would be at a loss as to what to do with himself.

Dad was a true gentleman and a beautiful soul. A person who continually inspired me to better myself.

That was all confirmed time and time again recently when we were ringing around to let people know of his passing. The most common phrase used was what a gentleman he was.

Always kind, honest, and true to his word, with an amazing generosity.

Dad was also a person who taught me to follow my dreams and ideas and I know that he did the same for my siblings.

For me, he insisted, even when he was quite unwell, that I get on the plane with my family to the UK in 2011 where I had been able to get a paediatric oncology fellowship.

In his true selfless manner he told me it was part of a great adventure and he did not want to take that from me what he had been able to do himself - to the point that where his last words of advice were “have fun, learn new things and don’t come back for my funeral”.

As it turned out he got past that obstacle, came over to Europe for both his and my mother’s 50th wedding anniversary and was still around when we came back, which was a blessing for my kids.

I feel blessed I was able to live with Dad and mum again while I did a clinical research fellowship at the Sydney Children’s Hospital and he helped me get through some extraordinarily tough times that my family went through.

I am glad to have had more time than I had thought but it still seems not enough, as there were more memories we could have made together.

John Bernard Walker, it was an honour to know you, let alone be your son.

Rest in peace my wonderful and amazing Dad - you deserve it.

Roderick Walker BMedSc, MBBS, FRACP

“... it was an honour to know you, let alone be your son.”
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.

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