



Australian Society of Orthodontists

Incorporated

ASO Member Survey - 2004

Selected comments submitted by respondents

Do you have a retirement plan?

- *In the next 5-10 years it is projected that the orthodontic workforce will fall 10-20% - how do we plan to cope?*

How do you, as an ASO member, feel that the ASO represents your interests?

- *Very poorly (health fund debate)*

How do you feel that the ASO represents the interests of orthodontists in general?

- *Very poorly - refer to TV Current Affair programme*

Would you like to see minutes of ASO Annual General Meetings posted in a secure section of the ASO website?

- *Yes - only 50% of members attend AGMs so it would be good to do it!*

What fee should Student Members of the ASO pay to attend orthodontic courses and conferences run by the ASO?

No fee:

- *Practicality may mean students have to pay something but it would be well received by students (and academic staff who try to encourage their attendance)*
- *But pay for meals if they choose to attend meals*
- *However, if they receive a salary as a registrar etc then half fee should apply*
- *For scientific component. Social component at cost*
- *Student membership fee for ASO meetings and clinical days and conferences do not help the students financially. There are only a handful of students throughout Australia and the ASO should be able to handle without their fees.*
- *Conferences should be free. Courses - depends on costs*

Half fee:

- *To cover costs*
- *Cost*
- *Students are exempt from the Congress Levy and so half fee registration is reasonable to cover costs such as meals, morning and afternoon teas, access to trade etc., NOT other functions such as Dinners etc. Students get a great deal from the Federal ASO already, so half is reasonable.*
- *Student members should pay what it costs*
- *Some proportion of fee is appropriate - that which is free is rarely appreciated*
- *Token fee only - they'll get plenty of full fees later*
- *Not concerned*
- *Put an end to part time courses for general practitioners*

List any issues that you would like the ASO to be more involved in.

- *Public relations*
- *More open discussion about ASO issues*
- *Promoting the benefits of specialist treatment to public and dentists*
- *Contingency in the event of sudden death or incapacity of an orthodontist*
- *GP education*
- *Auxiliary usage. The current policy is outdated. It seems that elements of the membership wish to reduce auxiliary usage, which is so out of step with the international situation it is embarrassing.*
- *More external assessment of Masters courses*
- *Promote the profession*
- *More surveys for members*
- *More information of allocation of funds/spending*
- *Preventing "fly-by-night" weekend orthodontic courses by US and local orthodontists to GPs - if the GPs want to learn orthodontics, they should do it the proper way - go study for a MDS degree*
- *Promoting orthodontics in Australia*
- *Standards of undergraduate and graduate education*
- *Promotion of the specialty to the general public*
- *Helping with funding/guidance/involvement for postgraduate students. I feel that with the exception of Melbourne and possibly Sydney (of late) the standard of postgraduate education in this country is of a third world standard!*
- *Public relations*
- *A more active response to misinformation in the media, such as the "60 Minutes" reports*
- *Stopping hygienists and therapists from becoming first contact practitioners*
- *Orthodontic education of GPs*
- *More GP-ASO liaison - a lot of ignorant GPs out there*
- *Education of orthodontic staff*
- *Get health funds to distinguish item numbers performed by dentists and orthodontists*

- *Medico-legal issues, especially related to litigation, and employer-employee relationship issues. Although these two points are legitimately addressed by relevant bodies, a strong and supportive ASO would enhance members' confidence when confronting such areas.*
- *Health funds, particularly inconsistent advice/payments to patients/parents at different offices/by different staff of same fund.*
- *Working with third party insurance*
- *Advising "government policy makers"*
- *Providing more support to universities/students etc*
- *Group advertising*
- *Education campaigns and kits aimed at school children and school dental service eg. Orthodontists (private or govt) educating SDS (school kids about dental health and problems (without it looking like advertising!!) There are too many impacted canines being missed by SDS*
- *I think the issue of marketing the ASO (as is currently being pursued) is the most important decision affecting our future!*
- *Scaled rebate fees for orthodontists and general practitioners*
- *More public awareness campaigns of what orthodontists do*
- *Promoting orthodontists*
- *Uniting the profession*
- *Promotion of orthodontics*
- *Creating a career path for other members of the orthodontic workforce.*
- *Ethics within the profession*
- *Proactive marketing of a) the "Orthodontist" and b) the benefits of orthodontics.*
- *University fees for MDSc orthodontic programmes is currently around \$20-\$30K/year. Students shouldn't be burdened with additional financial hardship of paying fees to attend ASO conferences/clinical days.*
- *Third Party (Insurance) Payments*
- *Public education*
- *More communication with members, especially with country members*
- *Corporate advertising*
- *Encouraging support of ASOFRE or state ortho. departments by members*
- *Retirement planning*
- *Practice management*
- *University support (funding/Foundation)*
- *Promoting ASO members to the general public*
- *Staff training*
- *More golf days!!*
- *Public education campaign*
- *Public relations campaign*

How often should the ASO Newsletter be published?

- *Three times per year - post Congress, mid year and end of year (and at the discretion of President?)*

Suggested improvements to Newsletter

- *More letters to Editor*
- *A section for clinical tips/pearls*
- *Deal with these issues: many orthodontists grossly overcharge. The system of charging monthly or quarterly rent for appliances is improper. Fees should be based on chair time plus materials. Collection of fees in advance is also improper, particularly in respect to transfer cases. All the above and the use of ancillaries for specialist treatment are in my view some of the reasons for poor relations with and more GP ortho treatment*
- *Like this new format!*
- *In the past (recent president) comments and editorial have been self-promotional and poorly written - not about us at all??*
- *A definite improvement. Davy, you missed your vocation!!*
- *More detail - eg pro and con arguments for dealing with issues such as "60 Minutes"*
- *Comments from individual states on relevant issues*
- *More adverts as with ADA Bulletin incl. practices, staffing*
- *More detail more often*
- *More frequency is desirable*
- *Advertisements to neutralise (make profit?) costs. Ads for the trade and for members to sell whatever. I believe it should be done by AOJ Assist Editor - but it didn't work 2002-3? Solutions?*
- *State branch news*
- *More active interest in insurance rebates and orthodontics being completed by GPs*

What articles would you like to see in the AOJ?

- *More research/scientific - which includes clinical content.*
- *Delinquency/debtors*
- *Practice acquisition/set-up*
- *The balance is alright - the editor needs more variety of material - the content is the membership's problem no matter what is requested. If the editor doesn't get it what can he do? Not one article was received from any presenter at the ASO Congress! Will Melbourne be as lenient on the speakers?*

Practice Management. Suggested topics.

- *Infection control etc*
- *Integration of auxiliaries into practice*
- *Options for fee structures for treatment*
- *Staff fulfilment/retention strategies (eg job share etc)*
- *Industrial relations with staff*
- *Retirement planning*
- *Legal staff issues*
- *Bench marking - income, expenses*
- *Non research clinical results, say one per journal*
- *Computer technology: practice management systems/clinical systems, eg. ceph programs, Digital photography etc*
- *Staff training*
- *Business/management issues*
- *HRM - staff contracts*
- *Practice management software options available*
- *"Overviews" of specific subjects - similar to ADJ*
- *Delegation of tasks to staff*
- *Technical advances/changes: computer software, imaging, admin programmes etc*
- *How to minimise overheads in practice*
- *Treatment by informed request rather than informed consent*
- *Micro-implant strategies - where to put them to obtain the best anchorage*
- *Use of auxiliary staff - state to state differences*
- *Clinical issues that affect all of us on a daily basis*
- *Standard of research in Australia is very poor - I look to AAO and JCO for much better educational value*
- *Digital photography*
- *Use of hygienists*
- *Interdisciplinary treatment*
- *Utilization of auxiliary staff (eg hygienists/therapists)*
- *Exit strategies for retiring orthodontists*
- *Equipment reviews eg. comparing various clinical cameras, curing lights, software*
- *Stock control*
- *Retention*
- *Post-retention changes*
- *Management of post-treatment-change/relapse*
- *Legislation and litigation issues (a column format perhaps)*
- *Customer service*
- *HR - every aspect*
- *Team building*
- *Improving inventory control*
- *Computers*
- *Computer system - trials and tribulations of experience by members*
- *Comparison of practice management software*
- *IT items/updates*

- *Computer technical section - like AODO: computers/digital cameras, latest devices like ICON SMD relevant to orthodontics. More reviews (book, CD, software)*
- *Bonus schemes for staff*
- *Abolish the AOJ and replace with a newsletter format with clinical tips*
- *Practice valuation etc re sale*
- *How to manage integration of assistant orthodontist etc*
- *Digital photography*
- *Employer rights of staff rights*
- *As varied as possible - but not too many American authors (or ra ra articles)*
- *Delinquency fee payment - legal issue*
- *Uncooperative patients - how to stop treatment*
- *Practice design/software recommendations*
- *Computer software utilities, especially cheap shareware/freeware to aid practice management, arranging files, photographs, radiographs (ie cheap, efficient "tricks")*
- *Implants for anchorage*
- *Computing*
- *Fees*
- *Overhead expenses*
- *Staff motivation*
- *Increasing efficiency*
- *Retention/relapse*
- *Relevant areas of occupational Health and Safety legislation*
- *Relevant areas of industrial relations legislation*
- *Bench mark financials as a percentage of gross, eg. staff expenses, occupancy expenses*
- *Digital photography*
- *Software evaluation*
- *Protocols for transfer of patients*
- *Staffing issues*
- *Practice promotion ideas*
- *Financial tips*
- *Retirement*
- *Debt management*
- *Client education*
- *Staff training (NON AMERICAN!)*
- *Setting up a practice - initial costs etc.*
- *Practice transition*
- *Staff training to promote the practice*
- *Payment plans/options for treatment fees*
- *Practice purchase/sale*
- *Marketing*
- *Benchmark expenses and overheads*
- *Clinical studies on long term follow up of treatment outcome*
- *Industrial Relations issues*

- *Review of practice management software*
- *Retirement planning*
- *Purchase and sale of practices*
- *Conflict resolution*
- *Computer software*
- *Marketing*
- *Retirement - all aspects*
- *Think other journals (JCO) and trade company courses eg 3M/Ormco provide enough of these activities. Journal should be focused on selecting the best articles to be read from all over the world*
- *Patient information. I favour talks by the orthodontist to the parents at a special meeting in a practice to inform parents about orthodontics and to give parents and their friend (who can attend) a chance to ask their own questions. Word of mouth is the best form of communication!!*
- *Use of therapists/hygienists*
- *Retention methods and long term effectiveness*
- *Survey on Invisalign use by Australian orthodontists*
- *Survey on types of appliances being used - eg. Self-ligation, ceramics, etc*

Areas of content that could be added to the AOJ.

- *Case reports of unusual treatment options, or results*
- *Comment: too research-driven, therefore not of much interest to average wet-fingered orthodontist in the suburbs*
- *More clinical articles*
- *Case reports - failed/or non ideal results and how treatment would change if done again*
- *"Interesting" cases or "How would you treat these?"*
- *The journal has improved over the last 12/12 or so*
- *Social aspects of our specialty eg. births, deaths and marriages*
- *Technical/computer section pertinent to practice of specialty orthodontics*
- *More on practice management*
- *More clinical articles and research*
- *Classified section*
- *Computers in practice management*
- *Clinical aspects, trials of clinical techniques*
- *More clinical*
- *I am uncertain that the financial pressure of maintaining the AOJ is compatible with other areas that ASO is trying to put more resources, eg. public campaign*
- *More contributions and research*
- *Summary material from schools*
- *More clinical case studies*
- *Follow a complicated case throughout treatment*
- *More case studies may introduce greater member involvement in the articles*

- *More emphasis on TMJ and gnathology needed eg. Summaries of overseas research, chasing up copy from internationally recognised practitioners*
- *More clinical topics rather than bizarre irrelevant research*
- *Papers from speakers at Congresses, Foundation and Clinical Day Meetings should be procured as a matter of condition of engagement*
- *Include "how to" sections*
- *More case studies*
- *News from reputable international orthodontic schools*
- *New Products - evaluations*

Should the ASO accept non-dental advertisements in the AOJ

No

- *Excluding professional in-service and related areas*
- *Better to increase the levy (but not in excess of the cost of a decent restaurant meal!)*
- *(But define "non-dental")*

Yes

- *With discretion*

Yes and No

- *We need both - for reference to old work (electronic) and for current work (paper)*
- *Depends upon what type of advertising was accepted*

Are you in favour of the AOJ changing to electronic format?

Yes and No

- *If electronic - access to journal articles by non-subscribers (institutional or individual) can be difficult. This could drive the better/first rank authors to journals maintaining printed copy. It is all related to "Impact Factor"*

Yes

- *As long as paper copies are still available. If "on line" I doubt I will read.*
- *As long as it maintains the print version also*
- *As well as hard copy!*
- *As additional, not as a replacement of printed form.*
- *I would not access it electronically, but for ease of publishing etc (up to the managers)*
- *What do you mean?*
- *Not sure what is meant*

Suggestions for ASO members on the ASO web site

- *Guidelines - infection control, needle stick injury*
- *Staff issues - employment government requirements*
- *Updates of the various University Orthodontic Departments around Australia; including the staffing/students/research project etc.*
- *Course announcements*
- *Easy access to past publications from AOJ and ideally orthodontic publications i.e. BJO, Angle*
- *Minutes of meetings*
- *Meeting dates local/interstate*
- *Directory*
- *AOJ*
- *Newsletter*
- *Downloadable general and patient information literature with direct email to me letting me know that new info is here*
- *Human Resources information*
- *Changes in govt legislation that directly influence ortho practice to be brought to our attention*
- *Practices for sale, listing of towns*
- *Members only section - downloadable documents eg transfer forms, fee percentages on transfer international and national conference dates*
- *Like ASO site updated regularly about committees both state and federal; newsletters, ASOFRE donor status*
- *Looks pretty good to me but we need to update it more regularly, especially APOS information of meetings (see letter to from President)*
- *Classifieds - practice sales, office rental etc*
- *Press releases*
- *Fee survey*
- *All forms - cut down on postage!*
- *Meeting list option, chat and newsroom*
- *To share info on supplier pricing etc*
- *No - only because I rarely use it*
- *Being 'old fashioned' I prefer information printed*
- *Yes, but happy at present*
- *Contact details*

Suggestions for general public on the ASO web site

- *Updates*
- *Fun interactive questions and answers*
- *FAQ re orthodontics*
- *The ASO web site should be (in my opinion) the primary site for Public Relations information for the general public. It needs a much higher profile and one that we can refer people to for information. Much of the information provided last year "post 60 Minutes" was excellent - it was useful to have to refer the general public/dental GPs/staff to. It was a pity*

the printable version was cut off (on the right side) - a fully printable version of this sort of information it vital for dissemination.

- *Clinical information before and after results*
- *General information sections for patients, parents and children doing school projects. Should not be solely promotional or even orthodontic - aspects of dentistry should be covered*
- *I think the ASO can take a position on controversial issues as in "60 Minutes" and put it on the net*
- *Relationship between referring GP and orthodontist*
- *Avenues of research*
- *Research results*
- *Advances in treatment*
- *General education info - "What sort of training your orthodontist has completed"- as c.f. general practitioner*
- *Articles prepared for newspapers could be posted*
- *Editorial comment or "balance" could be made on issues reported in the media*
- *New techniques/Invisalign/Lingual*
- *Commentary re contentious issues eg "60 Minutes"*
- *Include web address in ad campaign and then have a section for public eg. facts etc*
- *Details on appliances, treatments, case examples*
- *More photos and examples but not close up photos - too scary!*
- *Tidy up the geographic locations!*
- *Tell them who's the best orthodontist in BRIGHTON!*
- *Yes, but it is not their prime method of choice of practitioner so not a high priority*
- *Where relevant and topical, i.e. update section - "new changes" in orthodontics*
- *Retention*
- *Importance of cleaning*
- *FAQ's answered re: orthodontic treatment*
- *I think the general public section is very good.*
- *More information on clinical cases and treatment options.*
- *Give patients/parents info on orthodontics. Explain current treatments especially - ortho is more than just braces.*
- *Everything possible*
- *Routine questions*
- *Common stuff we are all doing separately; routine questions etc*
- *Any information to the public can only make public more aware of orthodontists*
- *I think the balance is about right*
- *Downloadable instruction sheets*
- *Downloadable information articles for patients*
- *Yes - because the public will use it more and more in future years*
- *Access to information as third party adviser. Risks and expectations.*

Would you use a Chat Room for ASO members?

- *It may be useful for clinical discussions?*
- *I tried to establish one (a bulletin board) years ago - I don't think a chat room will work*
- *Maybe*
- *Possibly*
- *Very good idea*
- *Possibly*

In what form would you prefer the ASO Directory?

- *I would prefer 3x hard copy but if it saves money by not printing as is the case now*
- *Existing printing version or CD-ROM*
- *Both?*
- *Combined with ADA directory to save costs*

How many days should the ASO Congress span?

- *Four - Thursday, Friday, Saturday & Sunday*

Should the ASO Congress incorporate a weekend?

- *Yes, finish on a Saturday*

Recreation time at ASO Congresses

- *Longer congress - 5 days and time out to enjoy social intercourse - daytime - contact is as important as lectures etc - perhaps more!*

Should the ASO use sponsored speakers?

Yes

- *Provided sponsorship is declared beforehand*
- *In moderation*
- *Providing possible conflicts of interest are made clear at the start.*
- *As long as they are acknowledged*
- *If it suits the ASO*
- *But with a statement of commercial interest*
- *As long as commercial relationship is disclosed*
- *Realistically, we need to!*
- *But not headline them! And to declare their bias.*
- *As long as sponsorship is revealed*
- *As long a the relationship is explained and well diluted with other speakers*
- *In balance*
- *Occasionally, only if good*
- *As long as it is clearly indicated on the program*

No

- *(preferably) but depends on how involved*

Not concerned

- *As long as it is declared*
- *But NOT as primary speakers*
- *Providing content is not biased*
- *Depends on the speaker*
- *But disclose interests*

Topics you would encourage your staff to learn more about:

- *Updates on management of dental health: caries, erosion, diet, saliva etc.*
- *Professionalism*
- *Confidentiality*
- *Time management*
- *Schedule management*
- *Orthodontics*
- *The number of auxiliaries pertains to the entire, multiple orthodontist, practice*
- *Comments from my staff who have attended congresses indicate that the North American model that is usually promoted at congresses is frequently irrelevant in the Australian environment*
- *What happens in other disciplines in inter disciplinary tx eg bone grafts, implants etc?*
- *Staff accreditation certificate for orthodontic personnel*
- *Modern orthodontics, dentistry and orthognathics*
- *Yearly updates on all practice related topics, eg. new products, computer/patient billing programs, health insurance issues and updates.*
- *A recognition by ASO that our staff are our most valuable asset and programme accordingly! Health care professionals need recognition and respect by ASO eg. Annual ASO Award for Best Hygienist/Assistant etc.*
- *All of the above - appears to vary with what is "flavour of the month" with me or staff at any one time.*
- *All of the above are legitimate if the mix is balanced*
- *Occupational Health and Safety*
- *Basic orthodontic theory. Often time constraints at practice prevent them gaining some more theory eg facial types, surgery, etc.*
- *These topics should be already part of every practice's ongoing training commitment to staff.*
- *Formal and specific orthodontic courses for orthodontic nurses and hygienists to enable them to be used for clinical procedures as designated and directly supervised by the orthodontists, commensurate with their training. TAFE, BOS etc*
- *Learn to be happy and not grumpy, especially on Monday mornings*
- *Clinical orthodontics: functional appliances, habit control, expansion*
- *First Aid*
- *People skills*

In your opinion, should it be permitted by law for Dental Hygienists to ...?

- *Fix appliances to teeth - but only repairs and under supervision*
- *Hygienists should be allowed to do more in our practices - but nothing that has an irreversible effect on the case, and under supervision of a principal.*
- *I would employ a hygienist if permitted to perform clinical duties.*
- *In some areas - place arch wires but not adjust, tie in arch wires if active - under direct supervision of orthodontist, on premises*
- *Depending on level of training and individual State Boards. Some duties (tie in arch wires, remove fixed appliances and remove adhesive from teeth) could be permitted by law as long as formally training is done, not a look and learn technique.*
- *Place and tie arch wires - under direction/supervision*
- *But not to cement or do the final bracket placement prior to setting adhesive*
- *But dental hygienists should work on passive appliances only*
- *(With the exception of adjusting removable appliances) but only with training and supervision (direct supervisor)*
- *But only if passive, e.g. retainers)*
- *Passive; No - active*

Are you intending to become involved in the AOB?

No

- *AOB is splitting membership of ASO*
- *AOB is trying to be some form of elite orthodontist*
- *AOB can't really be series in judging treatment from study models??*
- *Finding the time....*
- *I know I am a good orthodontist - I do not need AOB to prove it. AOB does not guarantee more patients!*
- *Currently the time involved in successfully managing a busy, small business precludes detailed, time consuming, yet worthwhile extra-curricular endeavours such as required by the AOB.*
- *My certification lapsed start '04 and I haven't done anything about reapplying*
- *Too old*
- *No time to prepare and don't agree with method to obtain it. Just by presenting cases does not mean you are a better orthodontist. Prefer compulsory points by attending meetings and courses.*
- *Have not made the time*
- *- I don't think it guarantees better treatment. Those members who need to perform better probably won't. Having "AOB" after your name may give you a warm feeling (but so does bedwetting).*
- *I have insufficient time to devote to AOB certification - my family and personal relaxation (stress relief) have priority*
- *Time and effort for what reason? I already try to keep up to date and always do my best. I don't feel that I either need the acclaim or the criticism*
- *Too little time; no perceived value*
- *No benefit*

- *It gave me plenty of opportunity to explain the benefits of our treatment*
- *Too old (retiring soon)*
- *About to retire*
- *Should be based on 20 consecutive cases that proceed with treatments not just those you know you can deal with and present well. Case presentation demands too great. Use digital photo/intra-orals better.*
- *Not important*
- *Retiring and not involved in clinical work at present*

Yes

- *But too busy*

Undecided

- *Would like to be involved - lack motivation ie slack!*
- *The concept seems to trivialise my Master's degree. I have a busy life beyond orthodontics and what can the accreditation do to improve my lot anyway!*
- *Question its relevance - especially in regard to its entry requirements as an indicator of the effectiveness of the operator. The AOB has its place and its supporters; the ASO needs to remember not all of its members are (or intend to be) AOB members*
- *Slackness; trouble getting started when snowed under with work*

Last year, the current-affairs TV show 60 Minutes screened two segments on orthodontics.

Did your orthodontic practice suffer as a result?

Yes

- *It was a pity and a waste of time explaining the misrepresentations of the programme*
- *Alarmed patients and confused them over the real issues*
- *The ASO should have done more to send the right message*
- *In the short term, but I now use it as an educational tool - now the "heat of out of the issue.*
- *Measurable in the reduction of both new patients and treatment starts*

No

- *They benefited!*
- *Just more questions*
- *Maybe slightly.*

Do you think the general public has a good understanding of what orthodontics is?

- *No - they think specialist ortho is only fixed braces*
- *Yes - getting better all the time*
- *Yes - but not perfect*

Do you think the general public has a good understanding of the distinction between general dentist and orthodontist?

- *The report said 73% do. What cost to win another 10%?*
- *No - especially when being deliberately confused by GPs*
- *No - too many general dentists don't know that they should refer younger.*

The ASO is considering a Public Awareness and Education campaign aimed at:

- 1. Informing the public of the benefit of orthodontics.**
- 2. Advising the public to choose an ASO orthodontist.**

Would you support such a campaign?

No

- *Not until clearly defined*
- *Need to address manpower issues first. These are motherwords if we "drum up more business" can we deliver?*

Undecided

- *It all should be centred in the orthodontist's office*

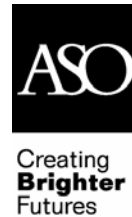
Yes

- *But what about educating the dentists?*
- *But in what way?*

How much would you be prepared to contribute annually to such a campaign designed to run for 2-3 years?

- *Nothing - until clearly defined (then if in agreement with campaign \$1000 pa)*
- *Since I am retired I cannot afford monetary contribution but could offer personal time*
- *Should be funded through subs not contributions*
- *As a student, can't afford to contribute, as a graduate would contribute \$1,000/year*
- *\$1,000 (based on my current income. If was earning a typical ortho's salary, would be happier to part with more dollars)*
- *\$1,000/orthodontist/year is achievable for every practicing orthodontist*

The logo pictured at right has been proposed as a replacement for the current ASO logo.



Which logo do you prefer?

Current Logo

- *Creating Great Smiles. The proposed logo is too remote and shift*
- *I don't believe the new logo "clearly stamps a direction and vision for the future". I think it should be sent back for something much better. And I don't think that huge advertisements on city buses does our professional image any good.*
- *I have now had the privilege of seeing Mr Hunt give two presentations of his the proposals (NSW Clinical Day 2003, ASO Congress Adelaide) and have been very unimpressed with him, the presenter, his presentations and his proposals. I don't believe he understands the brief we have given him. He and his staff do not understand the difference between an industry and a profession, and when I visited their web site it was riddled with spelling and grammatical mistakes which says something, I think, about their culture and attention to detail - how much are we prepared to pay (in big dollars amounts, no doubt) for lack of understanding and carelessness on their part? Perhaps a "second opinion" should be sought! Caution - let's not fall into the trap of placing our trust in people who don't really understand our issues and let's find quality people with quality solutions.*
- *Dental GPs - let's be very careful not to put our colleagues (the good ones) completely off-side.*
- *The proposed logo is too bland and square, and the words sound like a bank/financial institution ad*
- *Don't think the "Creating Brighter Futures" defines what we do - let's not kid ourselves.*
- *The proposed logo is not arresting*
- *For personal use, however, for the public perhaps the proposed logo is better?*
- *The proposed logo could apply to anything, eg. a school motto.*
- *Add words to aid identification of group around border (Australian Society of Orthodontists Inc. ... Member). The proposed logo is the type of logo one sees on vans/trucks - it could be anything - selling light bulbs or insurance*
- *Are we creating brighter futures? Sounds like advertising for bleaching products. The reference would be better if it incorporated "straightening" or similar terms rather than "brighter".*
- *Don't like the words of the new logo - meaningless to our consumers - sounds like bleaching and the letters don't convey image of "BEST QUALITY" - it looks "average"*

- *The new logo is very basic - does not seem to have had any creative skills applied. Anyone could have made this up on "Word". Please keep the existing logo (I'll use it anyway)*
- *Definitely not keen to see the logo changed and do not like the proposed replacement logo at all*
- *You don't need "Creating Brighter Futures"*
- *The current logo has a heritage; much stationary replacement would be needed if we change*
- *The proposed logo is a shocker*
- *If it ain't broke, why fix it*
- *The new one is too boring and not upmarket enough*
- *New logo is boring, uninspiring and certainly not "bright" as in creating "Brighter" futures*
- *"Creating Brighter Futures" - what relevance to orthodontics does this have? There is no connection between this and what might help with some public recognition or even professional recognition.*
- *Adelaide Symphony Orchestra - NO. I will send you a report of the University of Adelaide regarding a similar issue. Gentlemen, if changing the logo is part of the PR exercise I will withdraw my support and vigorously oppose the project. Who does Mr Hunt think he is - Some things are sacrosanct! You do not throw away 77 years of tradition on the whim of a PR consultant. We have short memories of People Matter Consulting!*
- *Any campaign must be health driven not cosmetic driven to maintain professionalism and to maintain ortho's current exemption from GST. Be very aware of this!! How does "brighter" have a relationship to straight teeth? Sounds more like a logo a University might use to educate people!*
- *The proposed logo is nondescript. Seems like change for the sake of change.*
- *Keep going with draft designs - not there yet. Too esoteric. Needs word "smile" in it*
- *I think we could do better if a change is to be made.*
- *If it ain't broke, it don't need fixin'!*
- *Upgrade existing logo with different style lettering and Southern Cross and possibly a message*
- *The proposed logo is too obscure*
- *With modification eg colour of segments*
- *The new logo may give patients unrealistic expectations*
- *Agree the logo needs updating, but dislike the proposed replacement. Neither the slogan nor the graphics gives any indication of who we are and what we do!*
- *Don't even think about changing the logo because of some PR company's advice. Never once heard any orthodontist suggest we need to change. Let's think about tradition and stability rather than some trendy desire to be "with it".*

Proposed logo

- *Easier for public to read*
- *With modification - except text should read "Creating Brighter Smiles"*
- *The ability to use the logo needs to be clarified. Will associate members, eg. general dentists be able to use the logo?*

- *The current logo is meaningless, unintelligible. No one knows what ASO stands for!?! Ask a professional to construct a new logo in conjunction with PR campaign. The NSW programme is impressive and should be adopted by Federal ASO and refined! (? no.56)*
- *Should mention the word orthodontist somewhere*
- *Consider not having "Creating Brighter Futures" on the logo itself. That way "ASO" can be used individually*
- *I believe it would enhance the value of the ASO if full members were referred to as "fellows" of the ASO and that the initials could be included with qualifications*
- *With modifications. Current - unreadable by everyone: proposed - ASO yes, but "Creating Brighter Futures" sounds like a stock market report*
- *The new logo is clearer and less ambiguous than the superimposed logo*
- *How about using "Smiles" rather than "Futures". Patients want "Results now".*
- *Is the logo accompanied by small print of what ASO stands for? Could this be incorporated into the logo itself, eg underneath?*
- *ASO should embark on guaranteeing the public that their symbol stands for proper training, quality treatment and proper standards of care. 2nd logo allows the verbage to be changed.*
- *But including the words Australian Society of Orthodontists on left and right sides*
- *But they can still improve on proposed logo*
- *I don't thrill to the new logo, but it is a step in the right direction*
- *New logo is clearer - can see the letters. Maybe the slogan can be a little more smile or teeth or attractiveness related?*
- *But add Australian Society of Orthodontists somewhere*
- *How about ASO (white or black) Orthodontists creating brighter futures (black or white)*

Neither logo

- *We must ask what is the purpose of the logo - for the public neither means anything!*
- *The proposed and current logos fail to mention orthodontists. Brighter? - light bulb replacement*
- *No one in the public knows what ASO is - somehow "Australian Orthodontic Society" needs to be spelt out before ASO can stand on its own ... think Kentucky Fried Chicken before KFC*
- *The slogan for the proposed logo is irrelevant to orthodontics and the ASO!*
- *The original logo is not bad, but is a bit complicated and a little unclear. The proposed logo is clearer but is too staid and severe. Belongs to earlier generations. I feel we need a more modern and "with it" design to excite the eye and definitely convey what the ASO is all about. Colour would also help. Therefore I favour running a competition to get many ideas and choose the best one. My daughter is in graphic design. She is away in Europe for the month of June and will be back in July if you would like her to consider and submit a design. I will write to Ted Crawford concerning this*

- *The old logo is too "complex" and "convoluted". The new proposed logo is at the other extreme "too simplistic" and caption is ambiguous. Sounds like an insurance company. Perhaps one in between?*
- *The proposed logo is very basic with little imagination or flair*
- *The current one is outdated but I don't really like the slogan for the Society. This would be more appropriate for individual doctors but needs a more corporate line. Also, you can't have this as a logo without identifying it as orthodontist underneath which then gives two lots of text which creates a conflict to the eye.*
- *Long term NZAO should join ASO "Australasian Society of Orthodontists" with subtle change in logo to include the Silver Fern!*
- *Not keen on the wordings for the proposed logo. Should be related to teeth and smiles. "Brighter futures" suggests university education to me.*
- *I like the current logo but it needs a motto or script attached as does the proposed logo*
- *Current is too busy - the new one is more easy to understand, but which group of Accountants is it for? - i.e. it has no recognition factor. I think logos are hard to get great recognition - I am not Coca Cola.*
- *Would like to see "Orthodontics" mentioned*
- *Logo cannot stand on its own and mean something - byline is very general and could apply to any/all other organisations. Does it say something about who we are and what we do?*
- *What does "brighter" represent. Perhaps "happy" would be more appropriate.*
- *Is a word slogan needed in addition to the logo?*
- *Perhaps a more "toothy graphic"*
- *The wording "Creating Brighter Futures" may not impose an impression of "teeth" on the lay person. I think a more suitable phrase should be used.*
- *The public needs to be informed that orthodontics is a lot more than fixed braces. Orthodontists today should be face as well as jaw/teeth orientated. We can offer a wider range of services than the general dentist*
- *Why spend dollars on a logo that any one of us could generate with basic word processing skills and minimal imagination?*
- *What has "Creating Brighter Futures" got to do with orthodontics?*
- *The old logo is archaic. The new logo could be about a recruitment firm. The logo needs to be POSITIVE/FORWARD-looking and unmistakably about orthodontists*
- *The new logo has moved from the 60s to the 80s! I think it needs to be made more modern*
- *Need a new logo but that proposed is very plain. What is "Brighter"? What is the relevance of the words?*
- *We need to bring the ASO into the 21st century. Sadly it is no longer the domain of the "old boys network"*
- *Neither indicative of the speciality it represents; old logo old and pompous; new logo dull and boring*
- *The old one is difficult to comprehend but the Southern Cross identifies Australia. The new (proposed) is not a modern font, with cramped letters. Spread ASO out with a Sans Serif font, to match the wording. A good smile improves self esteem so why not "Creating Positive Futures"?*

- *Better to have an "image" with or within the logo eg. face, teeth, braces for better recognition*
- *The current logo never appealed to me, so I would like to see a change. The proposed logo is certainly more contemporary, but I have doubts about the inclusion of a marketing mission statement. Surely the ASO is about more than this? By all means retain it for a future marketing and public awareness campaign, but leave it off our logo. I hesitate to say this, but is there a case for identifying the Society as Australian in the logo? There are arguments both ways.*

Undecided

- *Both logos would have zero impact on the general public. There is nothing to associate "ASO" with orthodontics. It depends who the logo is meant for.*
- *If we use the new logo ("Creating Brighter Futures") people may expect teeth to be whiter (ie bleached) with orthodontic treatment.*
- *The new logo does not represent the orthodontic profession - it appears as if it is a career development programme*
- *Brighter futures - are we a power company?*
- *Perhaps seek submissions for other alternatives*
- *The new one is more "modern" - perhaps time to move on*
- *I like the written statement "Creating Brighter Futures" but find the new overall logo a bit bland!*

Further comments

- *I thought Jim Careney's idea of political influence to be a good one. Perhaps this could be explored as an alternative to the blanket marketing approach. If ASO is to spend money on marketing, please ensure it covers regional areas too. To date, only capital cities seem to get the benefits and exposure. Are you going to pay for an ad on the local bus in a town that only has one orthodontist?*
- *I will not willingly support a public awareness campaign. I feel strongly about supporting the ASOFRE as more important. I have a referral-only practice from dental providers which is working very well and maintaining a good relationship with the profession.*
- *Please check all advertising material before it goes on air/billboards.*
- *You've missed the boat. You should have done something when ship built started 10-15 years ago. It is only now that the city orthodontists are losing money that you are concerned. You should be educating dentist on ethics. The vast majority of dentists doing ortho are interested only in their bank account, not the patient. Most dentists are unethical (no.184)*
- *Regional orthodontists would not see as much benefit from a campaign as metropolitan equivalents. I'm supportive of funding a campaign but it must be on a fractional basis of location and community size.*
- *The eastern states have a referral problem and do not confuse it with orthodontics or XXX (unreadable)?*
- *We need to appreciate that as Australia is a diverse multicultural society, so is the ASO, and welcome and encourage minorities; not abuse, belittle and racially slur them.*

- *Thank you for your effort to provide us with a better future*
- *Thank you for this survey. Well done*