

Australian Society of Orthodontists Annual Report 2020



Australian Society
of Orthodontists

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About us

The ASO is the largest dental specialist society in Australia and represents around 90% of practising orthodontists in Australia. The ASO is committed to advancing orthodontic knowledge, educating the public and supporting the profession.

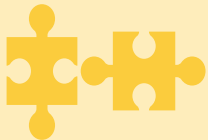
As the peak body for orthodontists, the ASO supports members and advocates on their behalf and for the benefit of the orthodontic profession in Australia. The ASO's strategic priorities fall into **5** key areas:



advocacy, and maintaining strong, collaborative relationships within the dental sector



public education about evidence-based orthodontic treatment and the most qualified practitioners providing orthodontic care



providing members with valued support



supporting research and post graduate education in orthodontics



building and maintaining a strong cohesive organisation, with best practice governance.

We extend our sincere thanks to the many members who generously give their time to actively contribute to the ASO and support our activities by serving on committees.

President's report



It is with some trepidation that I reflect upon the extraordinary year of 2020. It is difficult to comprehend just how exhausting the year has been for everyone but in all honesty, it's probably a year most of us would rather forget. The question yet to be answered is whether 2020 has been truly "unprecedented" or if it actually sets a new precedent. Time will tell.

The ASO started the year in good shape with the much-anticipated Cairns congress locked in for March. Regrettably, the coronavirus pandemic started to take hold in late February, and with the implementation of restrictions on travel and social gatherings, it became clear that the congress would have to be abandoned at short notice. Even under force majeure circumstances, this resulted in a significant financial loss for the ASO, not to mention the loss of educational and networking opportunities for members. Despite the financial blow, council decided to fully refund all delegate registrations. Corporate sponsors and exhibitors were also refunded in full as a display of goodwill. Fortunately, the ASO remains in a healthy financial position and will be able to withstand the loss incurred. This is in no small part due to the prudent fiscal management of previous federal executives.

After completing a risk assessment later in the year, the ASOFRE committee and trustees also made the difficult decision to cancel the planned 2021 Canberra Foundation Meeting and move it to an online format. I remain optimistic that the next planned ASO meeting in Perth 2022 will be a blockbuster congress that will more than make up for two lost years of face-to-face meetings.

With the congress cancelled, our 2020 AGM was unable to be held as planned. This presented some governance challenges as there was no formal transition of the executive and there were also important resolutions to be voted upon. Despite sketchy advice from the corporate regulators, we worked through the situation and successfully held our first ever "virtual" AGM in July where a vote was passed to introduce a requisite dispute resolution clause into our constitution. Under the circumstances, council decided it would be prudent to defer the vote on converting the federal ASO into a Company Limited by Guarantee until a face-to-face AGM can be held, and further stakeholder consultation has occurred.

The months from March through to July were particularly difficult for orthodontists with fluctuating practice restrictions and enforced shutdowns. Concurrently, there was an internal changeover of the ASO executive with the new council thrown into the deep end, having no pandemic playbook to work from. Working tirelessly and collaboratively with federal and state health authorities and the ADA, we kept members regularly updated with contemporaneous advice on how to practice under the different mandated restriction levels. Although there were some minor disagreements on minutiae, the ASO's COVID-19 practice operating advice has proven to be

both sensible and socially responsible. As a group we should all be proud of how we handled ourselves during this period. ASO members from Victoria, who endured prolonged practice shutdowns, should especially be commended for their professionalism. We must remain vigilant whilst the threat of COVID-19 lingers, but I feel we are all now better prepared to deal with any future disruptions.

Perhaps this is the upside to the events of 2020. It is often said that we need some sort of an existential crisis to take an objective look at ourselves and then consider implementing change. Adversity and misfortune help us to refocus, identify our blind-spots and force us out of our comfort zones. A global pandemic certainly did this for the ASO's leadership team! Hardship makes us stronger and more resilient, so whilst the recent turmoil is both inconvenient and problematic, paradoxically, it should also lead us all to self-improvement, technological innovation and new opportunities. One new innovation deployed by the ASO was an online webinar series utilising the now omnipresent Zoom platform. The moderated "Q&A" panel series proved to be hugely popular and I expect it will continue.

Despite the chaos, the ASO pushed on with a scaled back Public Education Program (PEP) in 2020. Our PEP continues to deliver high quality information to consumers regarding the value of seeing a specialist orthodontist. Thanks again must go to the hardworking CIC team. Via our PEP, we continue to attract media attention on direct to consumer (DTC) clear aligner products. We have also had some success with our submissions to the ACCC regarding the blatantly misleading advertising claims from these companies.

Unfortunately, despite our lobbying, AHPRA remains unwilling or unable to take a stance against these market disruptors. We will continue our lobbying attempts as more failed cases and evidence of patient harm come to light. Ensuring the safe provision of orthodontic care to the public, ideally by specialist orthodontists, is one of our primary strategic goals. If you're familiar with Simon Sinek, you'd understand that this is the ASO's "why". The PEP is a large part of how we express and ultimately achieve our "why". Without the PEP our Society would lack relevance. I encourage your ongoing support of this initiative.

Another important but overlooked event in mid-2020 was the rollout of the DBA's revised guidelines on Scope of Practice (SoP) for dental practitioners. Although the SoP changes have minimal direct impact on specialist orthodontic practices, the effective relaxation of restrictions on scope for general dentists/OHT's with the implementation of the "self-reflective tool" to self-assess competence is cause for concern. Prior ASO submissions to the DBA had identified this concept as "fundamentally flawed". The ASO is now reviewing our own recommendations regarding scope of orthodontic practice by general dentists so our public position is more congruent with the DBA's new guidelines, whilst still remaining pro-specialist.

The final (of many) unforeseen disruptions for the ASO in 2020 came with the resignation of Michelle Cutler, our much-loved CEO for the past seven years. Michelle leaves us on excellent terms and we all wish her the best in her future endeavours. As disappointing as it has been to lose Michelle's experience, the appointment of our new CEO, Kerstin Baas, with her very extensive skills and knowledge, brings new opportunities and a fresh perspective for the ASO in 2021 and beyond.

Finally, I would like to extend my personal thanks to Michelle, my executive (Peter and Crofton), the ASO Federal Council and the ASO office team (Kim, Melanie and Kate) for hanging in there and getting the job done during a difficult period. Special thanks also to everyone who has contributed their time and energy towards the success of the ASO in 2020 by generously volunteering to assist with committees, education, webinars, state branch management or other roles. I am truly grateful for your support.

Howard Holmes
President



2020-2022 Federal Executive

Chief Executive Officer's report



It is with mixed feelings that I write my last report for the ASO. It has been over seven years since I was appointed as the first CEO for the ASO and, needless to say, quite a lot has happened since then!

Our public education program has been running for over four years and has gone from strength to strength with the Orthodontics Australia consumer facing website and educational campaigns. The ASO is a key voice in the dental sector, with strong relationships with our stakeholders and supporters. Our governance is strong – with our Finance Audit and Risk committee led by our first independent Chair bringing in external governance expertise, plus all of Federal Council now sits an Australian Companies Directors Course on Governance.

I feel very fortunate to have met and worked with so many dedicated and generous people at the ASO, many of whom will remain friends. The ASO is very fortunate to have such a high percentage of members who participate on committees, volunteer for state and federal councils, give advice or feedback when solicited and generally help make the ASO a supportive community. These members make the CEO's role easier, more interesting, and help to ensure more is done for the speciality and the Society.

The ASO staff: Kim, Mel and Kate, are a powerhouse of support and hard work and have helped me in my role every day. They do so much of the groundwork, prep work, and the hard yards to ensure the ASO keeps functioning and I am able to do what I do. The ASO is incredibly fortunate to be supported by this team.

This year, a significant number of challenges were thrown at the profession, the ASO, and members personally. From 13 March when the Federal Government shut down large, organised gatherings, we entered a period of huge uncertainty. Despite the challenges, we saw many members working together to ensure safety in clinical practice, and a free flow of useful information and advice. At the ASO office we were grateful to many members who offered support and information as we tried to keep up with the changing government announcements and what these meant for orthodontists.

While it was a period of significant stress (home schooling anyone?!) and with the shutdown of practices (and life in general for a while), a number of members and in particular the immediate past Federal Council rose to the challenge and worked together to provide daily guidance, answer member questions, work with the ADA, and ensure our members were supported throughout the COVID period.

The ASO developed a COVID-19 portal on our member website and our CIC produced a number of assets to assist members in communicating with patients regarding changes in the practice, and what to do when the practices were closed or only able to offer limited treatment.

As detailed in this report, the knock-on effects of cancelling the March 2020 Congress were significant. It impacted our financial position and of course prevented us all from catching up face to face at what would have been a fantastic Cairns Congress. The COVID-19 impact on consumer sentiment meant that we could make some savings by virtue of a reduction in our public education distribution costs. I was pleased to hear however from many members in the last quarter of 2020 that most states were heading back to “normal” with regard to patient numbers. Towards the end of 2020 we ran a short digital campaign based on data showing us an uptick in consumer sentiment which was very successful from both an awareness and engagement perspective.

In 2021 we will have a new public education campaign. Our campaigns are always driven by data and rolled out to specific audiences who we address through specific channels. Everything we do is measured, tracked and KPIs are set for every channel and campaign. Production on our 2021 campaign commenced when we were permitted to do so in late 2020 and I would like to thank both the CIC members and the Melbourne orthodontists who volunteered their time to show us and the world what “type of person they are”. This campaign is funny and quirky, and I am confident this will also get some great traction with our target audiences.

In 2020 we rolled out a comprehensive webinar program. We held 15 webinars for all members and five extra non-clinical webinars for recent graduates. The recent graduate topics included HR and practice management, patient focused communications, financing a buy in, insurance, and a very frank and open business overview which recent graduates usually don’t get! I was particularly proud of the ‘Women in orthodontics’ panel webinar I hosted as a great group of women spoke openly about the unique challenges working women face and offered valuable tips and advice.

Feedback regarding all panel webinars was overwhelmingly positive, and I am sure the ASO will host more in this format.

I am particularly proud of the recent graduate mentoring program which has assisted over 45 mentees thanks to the volunteer mentors who always receive fantastic feedback. The 2019/2020 program had 24 pairs and was our biggest yet. Quotes such as these from the mentees are why I love this program:

“I felt my mentor helped guide me through this year and gave me confidence that the profession will recover from COVID. I found it invaluable to discuss cases and work-related questions with someone so experienced.”

“I was fortunate to be given the opportunity to learn from my mentor - who provided insight and knowledge into areas that would not have been able to be read or taught.”

“The mentorship program was great, and I was paired with a great mentor.”

Michelle Cutler

ASO CEO

April 2013 – December 2020



Michelle with the previous (2018-2020) Federal Executive Marcus Tod (Secretary), Pat Hannan (President) and David Vautin (Treasurer)

Treasurer's report



\$1,241,335

Cash at bank

\$4,300,042

Invested funds

One of the key factors in ensuring the ASO maintains a healthy financial position year after year is the ASO Congress.

For the ASO, the biennial Congress is so much more than a valuable CPD event – it is an important income stream with the past few Congresses generating between \$400,000 to \$500,000 in revenue for the association.

In 2020 for the first time in ASO history, the ASO Congress had to be cancelled and, at the time, we knew that the financial impact of cancelling our biggest event would be considerable. It took some time and a lot of negotiating, and the final result was a loss of \$496,435.

Timing is everything, and it is worth noting that if the ASO had cancelled the Congress before the Government prohibited non-essential organised gatherings of over 500 people, our financial loss would have been considerably worse – potentially double.

Fortunately, it's not all bad news. While the ASO has suffered an unavoidable financial setback, the Congress loss has been offset to a large extent as we were able to significantly reduce our Public Education Program spend in 2020. Budget that had been allocated to produce and distribute a new public education campaign was cut with consumer sentiment dramatically changing due to the coronavirus pandemic.

With restrictions introduced, lockdowns enforced, unemployment rate rising and Australia firmly heading towards a recession, independent research into consumer sentiment confirmed that the time was not right for the ASO to be talking to the public as we had planned to do in 2020. While production of the new ASO public education campaign did continue when restrictions were lifted later in the year, distribution spend has been deferred until 2021.

The pandemic has affected individuals and businesses, and in the case of Denticare, this led to the withdrawal of financial support for our PEP in 2020. Prior to the pandemic, Denticare was generously supporting the PEP in the amount of \$10,000 per month. This came to an end during COVID-19 although we will review this and other sponsorships in 2021.

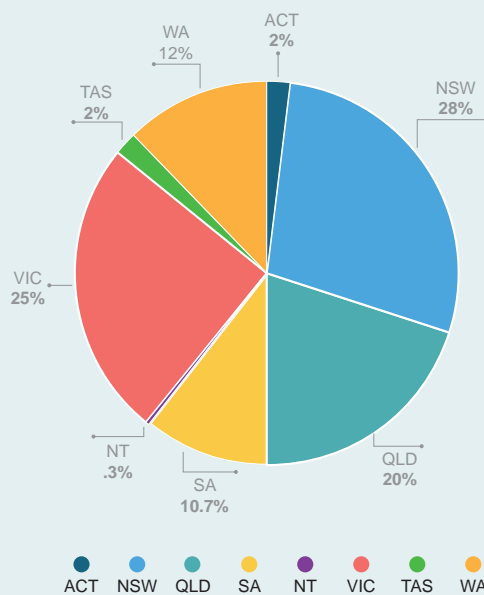
Given the 2020 Congress and the 2021 face-to-face Foundation Meeting have both been cancelled, we are very much hoping to see members at the 2022 Congress in Perth. We hope that this event will be a great success.

Also to note, in 2020 the ASO appointed new auditors – SDJA.

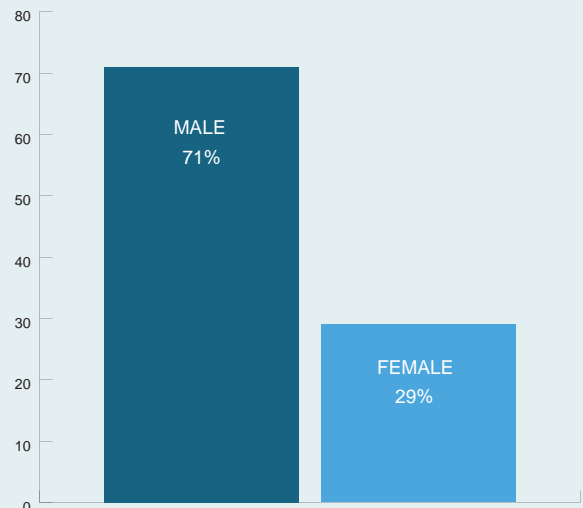
Peter Munt
Treasurer

2020 Membership snapshot

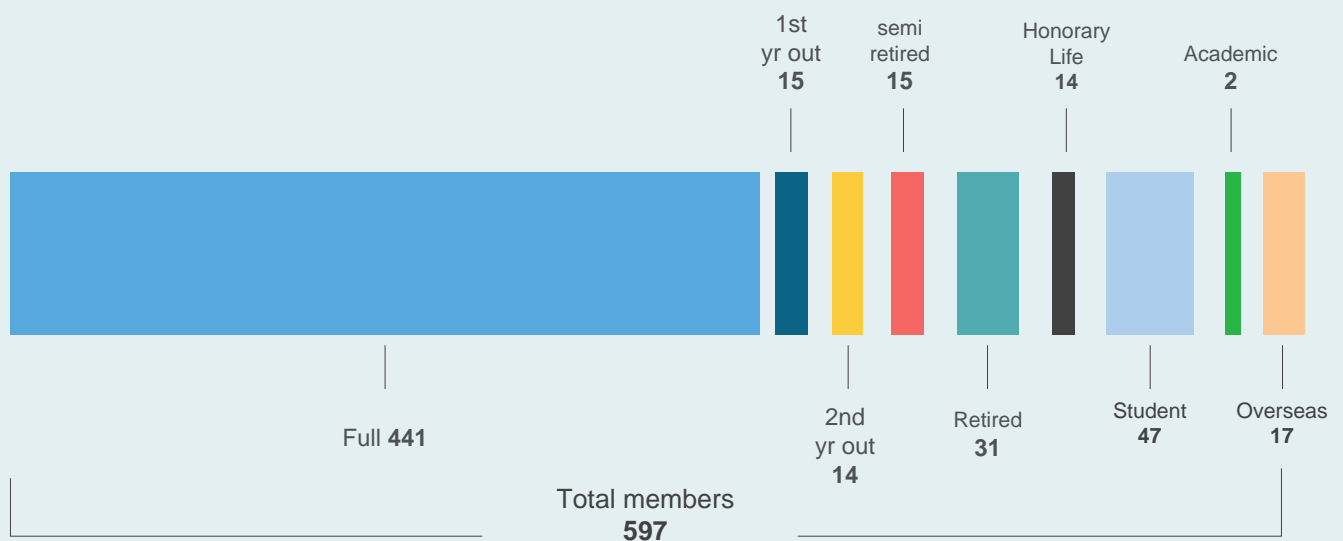
Members by state



Members by gender



Members by type



Year in Review



2020 has been a year like no other. It was unpredictable, highly disruptive, and it forced change upon everyone. In successfully facing the challenges of 2020, the ASO and its members demonstrated the resilience, support and unity that exists within the Society and the profession. Here is where we directed our time and effort during what can only be described as an extraordinary year.



2020 Highlights



20+ CPD points



**1.8m people
reached via social
media**



**482,668 visitors to
the Orthodontics
Australia website**



**449,730 completed
views of our
public education
videos**



**13,972 people
searched for a
specialist orthodontist
through our Finder
Tool**



**24 pairs in the
2019/2020 ASO
mentoring program**



**\$260,000 invested in
orthodontic research
and education**



**3,800+ engagements
on the ASO Members
Facebook Forum**

COVID-19



The cancellation of the ASO Congress

As the media began to increasingly report on positive COVID-19 cases in Australia, the ASO Federal Council and the Cairns Congress Committee were simultaneously investigating the financial implications of cancelling the event. With the Congress only weeks away and the event all but paid for, Federal Council was acutely aware of the significant financial setback the association would suffer if the Congress was cancelled. But with COVID-19 cases escalating, it became increasingly evident that cancelling the event was likely and minimising the financial loss to the ASO was critical.

On 13 March 2020, the Australian Government advised against non-essential organised gatherings of 500 people or more and subsequently, a week before the ASO Congress was set to kick off, the ASO Congress committee along with Federal Council had no option but to cancel the event. Members were by and large understanding and supportive of this decision and, as expected, the financial impact on the association was considerable – you can read more about this in the Treasurer's Report on page 8.

The provision of orthodontic treatment during COVID-19

Cancelling the Congress was the beginning of a series of firsts for members and the ASO. With the impact of coronavirus starting to take shape, the ASO ensured its focus was supporting members through a highly unpredictable and unnerving time for practitioners, their staff and patients. With the virus spreading rapidly in Australia, the issue of how to run a COVID safe practice started to emerge.

The ADA released a 'Dental Service Restrictions During COVID-19' framework, endorsed by the Australian Health Protection Principal Committee, to guide the provision of dental services as recommended by the ADA and/or mandated by Federal/State authorities. As the ADA framework was tailored to dentists, a significant number of questions about permitted orthodontic services under the framework were raised by ASO members. In response, the ASO worked quickly to develop orthodontic guidelines to complement the framework and, given the circumstances, made these guidelines publicly available on the ASO website.



“ Good decision [to cancel the Congress] - disappointing for everyone but good call. Thank you to the committee for all their hard hard work. ”

Comment posted in the Members Forum

“ Thank you so much for collating the data and your clear directives. It makes life so easy. ”

ASO Member comment via email

Member resources and support

Questions from members were coming in at an unprecedented rate via the Members Forum, phone and email particularly in relation to HR matters. The question increasingly became ‘Should I close my practice?’ The ASO’s Federal Council and CEO were working extensively to deliver as much valuable information as possible. The ASO sought advice on HR issues on behalf of members and provided recommendations and resources to guide members through this stressful period including information on employer obligations, standing down staff as well as sample messages around hygiene and practice closures.

At this time, the focus for the ASO was delivering timely and useful COVID-related content via all channels available to us including email, the ASO website and the Members Forum. With information quickly expanding on the ASO website, the COVID-19 online portal was established to give members one access point for all the latest announcements and resources. This included a member only page featuring suggestions from members for members regarding COVID safe practice measures which the ASO had collated.

In addition to providing extra one-on-one member support via phone, email and the Members Forum, during a two-week period in March, the ASO distributed on average new COVID-19 information and/or resources to members every second day. With the situation continuing to evolve rapidly, the ASO advised members to prepare for enforced shutdowns.

Collegiality during a crisis

It was during this period of uncertainty that members found real value and support in the ASO Members Forum, as evidenced by the major spikes in activity and engagement during the months of March and April. During this eight-week period, there were 86 posts, 826 comments, and more than 1700 reactions in the Forum. There was also a notable increase in the number of requests to join the Forum. In 2020, we received a total of 131 requests from members to join the Forum and of these, 103 were submitted during March and April.

The Facebook Forum reached an important milestone of 300 members on 26 March during the peak of the crisis.

Thank you to all members who participated in the Forum in 2020 and who have been active in sharing information and advice to assist other members. It was heartening to see the support expressed among members during the crisis, and particularly for our Victorian members during Melbourne’s second wave and extended lockdown.

While the Members Facebook Forum is not the ASO’s primary channel for sharing important information with members, it is certainly utilised to provide updates and regularly raise topics for discussion. More importantly, as we saw this year, it is a channel for members to ask questions and seek advice and receive support from colleagues, so if you have still not joined, please do so.

“ Just wanted to say I hope all those in Victoria are ok and that you know that you will all get through this!!! ”

Comment posted in the Members Forum

“Can we test and refuse entry for patients with increased temperatures and refuse entry for people not prepared to have a thermal temperature test done before entering surgery?”

ASO Member question via email

Expanding our COVID content

With Level 3 dental restrictions mandated in late March, it was impossible to guess how long this would last which inevitably led to some nervousness among patients.

CIC worked hard behind the scenes to curate a range of information specifically designed to reassure and support patients including social media assets, articles, and a fact sheet on handling orthodontic issues at home. A live COVID-19 blog was also developed and regularly updated to give consumers the latest information regarding dental restrictions and how it may impact on their treatment.



The easing of restrictions

As states and territories increasingly contained the spread of COVID-19, restrictions eased and practices reopened. In the months following, many members reported that they were back to 'business as usual', with the exception of Victoria where COVID-19 cases began to skyrocket. The ASO released information regarding steps to take if a practice is exposed to COVID-19. In August, Victorian members were in lockdown again, and the directive for metropolitan Melbourne was to provide 'urgent care only'. The ASO released updated Level 3 guidelines to help guide Victorian members during this second lockdown and continued to field questions from members via phone, email and the Forum. Eventually, Victorian members returned to Level 1 restrictions in late September.

“Just wondering if practices are deferring the patients' monthly payment plans as a result of the situation?”

Question posted in the Members Forum

Continuing Professional Development



With practices temporarily closed, it was an opportune time to provide members with valuable online professional development. The ASO set up a webinar program so that members could hear some of the planned Congress presentations, hear from others about clinical issues and developments, and earn CPD points.

A diverse group of specialists and experts in their fields presented on a variety of topics. In fact, ASO 2020 webinars featured 35 presenters, which were delivered in either single presentations or panel discussion format.

The first webinar series opened with a highly relevant topic in light of the pandemic, with a presentation from Nick Farr and David Buttifant on 'Resilience in Challenging Times'. As the webinar series progressed, the focus turned to clinical topics that covered a range of areas from 'Root Resorption' to 'Contemporary Challenges in Treatment Planning with a Surgery First Approach'. 'Women in Orthodontics' was the first Q&A style webinar in the second series hosted by our CEO, Michelle Cutler, and it was extremely well-received with over 100 attendees. Members heard from an impressive all-female panel of orthodontists who addressed contemporary issues affecting female practitioners, from setting yourself up for business success and establishing the right practice team, to time management and recognising and preventing burnout.

This was followed by 'Current Controversies in Orthodontics' hosted by Michael Woods which attracted over 140 attendees. Another engaging discussion took place among highly regarded academic and private practice orthodontists who tackled many topics from premolar extractions to the future of orthodontics.

“Controversies in Orthodontics was fantastic and solidified a lot of my current views on orthodontics.”

ASO Member feedback

In November, Igor Lavrin, hosted a webinar on 'Adapting Orthodontic Practice in a Changing World'. This also proved popular, with more than 100 attendees keen to hear from a diverse group of experienced practitioners about their thoughts and approaches to operating successful practices and the changing orthodontic landscape.

The ASO sincerely thanks all presenters for generously volunteering their time and expertise.

“This [Women in Orthodontics] was such a great webinar. So glad to be part of the ASO!”

Comment posted in the Members Forum

Public Education Program



2020 has by far been the most challenging year the ASO's Public Education Program has faced since the program launched.

Nothing could have prepared us for COVID-19 and the impact it would have on society and therefore on our program activities. We updated our PEP strategy from one focused on general education and driving potential enquiries, to one designed to support patients during an uncertain and difficult time. In addition, the CIC Committee produced a significant number of assets for members to assist with patient communication during this time.

Despite putting our 2020 public education campaign plans on hold, production of our next public education campaign started in the second half of the year as we closely monitored consumer sentiment. By August, it was clear that consumer sentiment was starting to shift and we utilised existing content and channels to roll out a short, state-by-state digital campaign designed to engage with those already in the consideration phase and drive engagement and conversion. This ensured Orthodontics Australia and our messaging about seeing a specialist remained front of mind with our audiences.

The short burst digital campaign had staggered start dates across the west to east coast of Australia to align with consumer sentiment and COVID restrictions – and the results were impressive.

The revised shortened PEP still managed to achieve excellent results and some big wins including media coverage about the risks associated with direct-to-consumer orthodontic treatment in CHOICE, and more than 480,000 visitors to the Orthodontics Australia website. Read more in the full report on page 19.

We had 13,972 Finder Tool searches in 2020. Have you checked your listing lately? Visit the Orthodontics Australia website to view your profile and email admin@aso.org.au with any updates at any time.

Representation & Submissions



Since 2018, Kit Chan and Hugh McCallum have represented the ASO on the Cleft Dental Working Group which was established to review all aspects of the Medicare Cleft Palate Scheme. After considering the 62 Items listed under the Scheme, the Working Group came up with 29 recommendations. Medicare was due to release final recommendations in early 2020, however, with the onset of COVID-19, the timeline for completing the Review is unknown.

A review of the Schedule of Dental Services and Glossary is currently underway and in July the ASO submitted feedback for the first round of consultation. The planned release date of the next version is February 2022. A second round of consultation on the draft 13th Edition is expected in due course.

In December 2019, the ASO wrote to the DBA, ACCC and AHPRA regarding the risks associated with direct-to-consumer and do-it-yourself orthodontics. On 29 October, the ASO was advised by the ACCC that they had issued EZ Smile with an infringement notice for making alleged misleading representations on its website in relation to the involvement of Australian orthodontists in its teeth straightening services. The ASO raised many concerns in relation to direct-to-consumer orthodontic companies and the DTC model in its letters and will continue to lobby the regulators to investigate these issues.

The ASO also continues to write to AHPRA regarding any instances of false or misleading advertising and the misuse of the protected term “orthodontist” when made aware of these cases.

In May 2020, the ASO wrote to the DBA to express concerns about orthodontists being approached to mentor dentists who have had conditions placed on their

registration due to their practising of orthodontics at a sub-standard level. The issue was also raised in the ASO Members Forum indicating that it is not uncommon, and requests of this nature place orthodontists in a difficult position. As expressed to the DBA, the ASO's view is that supervisory or “mentoring” conditions/undertakings of this kind are entirely inappropriate and breach the Scope of Practice Registration Standard. The ASO also has grave concerns that registration conditions of this kind very much compromise patient safety by allowing a practitioner to continue to practice despite there being issues with their competence. As noted in the ASO's letter to the DBA, in these cases the ASO recommends that the more appropriate direction would be the transfer of patients away from the general dental practitioner who has been found incompetent in orthodontics to one (or more) competent registered specialists. The ASO recommends members politely decline requests to provide supervision to general dental practitioners who have fallen foul of the regulators by practising orthodontics beyond their clinical competencies. The ASO remains supportive of orthodontists mentoring or assisting general dentists who are providing limited orthodontic services within their scope of practice.

Support for Recent Graduates



Having a solid support base can often be the key to longevity and professional success. In 2020, the ASO continued to run two programs specifically tailored to support our recent graduate members.

Mentoring program

The 2019/2020 ASO Mentoring Program launched in November last year. We had a record 24 pairs who were matched based on personal preferences for this one-on-one style mentoring program, which is designed to give mentees extra support during what are often difficult decision-making years – clinically, commercially, professionally and personally.

The program wrapped up in October and the feedback from mentees and mentors was overwhelmingly positive, with most pairs reporting that they were in regular contact throughout the program and that communication was open, honest and effective. Mentees reported that the program assisted them in a range of areas including professional judgement and skills, motivation, career development, clinical or patient treatment, and new ideas.

Mentors also reported that they experienced positive outcomes including satisfaction in giving back to the profession, new

knowledge/ideas, a sense of self achievement and it was also a chance for self-reflection/self-development.

We know that the program is invaluable to recent graduates, and the ASO hopes to run another mentoring program next year.

Webinar series

The ASO developed a specific webinar program for recent graduates which commenced in June and concluded in December. The program focused on commercial issues including practice management and the hiring and firing of staff, patient-focused communication, insurance, business management, taking the leap to buy or start a practice, and social media marketing. Thank you to the various presenters from 3M, ECOVIS and Keep Left, and to Marcus Tod who delivered a presentation on the topic 'The future is (still) bright' which provided a fascinating insight into the life and experiences of a successful orthodontist and business owner as well as useful practice management tips.

“Excellent experience where my mentor was so helpful and generous with her time and advice and encouragement.”

2019/2020 Mentee feedback



Public Education Program

Our PEP faced a lot of hurdles in 2020 as we navigated a COVID-dominated news cycle for months on end. But, through careful contingency planning and creative agility, we have been able to maintain high levels of reach, engagement, and traffic.



PEP 2020 Results Highlights



The ASO's Public Education Program (PEP) is and always has been driven by data and insights, but nothing could have prepared us for the coronavirus health crisis and the impact it would have around the globe. For the PEP, the Australian, and then extended Victorian, lockdown, resulted in the postponement of our new education campaign to 2021. But while coronavirus did dominate news cycles and consumer attention, we managed to keep Orthodontics Australia front of mind with our audiences and maintain our share of voice and position as the leading source of orthodontic truth in Australia, which sets us up for more growth in 2021.

Results recap

The PEP faced its most difficult year in 2020, but we still managed to achieve strong results. As ever, our focus is to lead with digital content marketing and proactive social media advertising and this strategy has and continues to serve us well. In fact, as COVID-19 led to a massive uptick in online surfing, the majority of our website and social media KPIs for 2020 were exceeded by the end of our October reporting period, which is an exciting result for such a tumultuous year.

Media coverage

In 2020, we were proactively pitching to media as well as commenting on orthodontic-related stories at both a local and national level throughout Australia. With our messaging supported by consumer research and member survey results completed earlier in the year, we were able to speak with a number of publications looking for expert opinions and evidence-backed orthodontic advice. COVID-19 did disrupt the news cycle for a large portion of the year, which has been true across all industry segments. Our view was that there was no point in trying to compete with COVID-19 for news coverage for the first half of the year, however, we saw a strong return to form in the third quarter with Orthodontics Australia appearing in articles in Kidspot, CHOICE, Finder.com.au and House of Wellness.

Creative developments

With more eyes on digital screens than ever before (and in many cities, a massive decline in CBD foot traffic and traditional advertising revenue), we have been able to utilise new developments in social media to communicate, educate and engage with our audiences, both organically and through paid promotions. One such method which has been very successful has been the use of Polls on Facebook and Instagram. These are high engagement formats that challenge our audiences' pre-conceived knowledge about orthodontics and, importantly, supports them in making the right decision for their treatment.

COVID-19 content

To support members and patients during the first few weeks and then throughout the lockdown when members' practices were closed or operating under restrictions, we created COVID-specific assets. These were shared via Orthodontics Australia and made available for members to use on their own social media channels. Content ranged from a "Handling Orthodontic issues at home" fact sheet to useful GIFs and several informative pieces distributed via our digital channels. We also developed a live COVID blog on Orthodontics Australia to inform the public about changes to health and safety measures in orthodontic practices and to give them the latest updates regarding dental restrictions across the country.

The state-by-state approach

States and territories have been affected differently by COVID – the pandemic has had a significant impact on life in Victoria and New South Wales in particular. Given this, we adapted our messaging, visuals and strategic targeting for each state so that we could maintain relevancy in each location, which in turn provided better results for Orthodontics Australia.

Digital campaign results

In the third quarter, we ran a short burst digital campaign to maintain our relevancy and engagement with our key audiences - i.e. parents looking for orthodontic treatment for their kids and young adults considering treatment for themselves. We did this utilising existing creative assets from our 2019 campaigns over an eight-week period. This ensured our brand identity and core messaging were visible despite having no large-scale campaign in market. This digital campaign was designed to support the Orthodontics Australia brand awareness and educate the public.

The campaign involved educational videos, display advertising and native advertising as our primary channels. It was a great success with our ads and content receiving over 9.6 million impressions (views), more than 410,000 completed video views and sending over 41,000 to the Orthodontics Australia website to view our articles.

Our 2021 Campaign

The year's events did throw a spanner in the works when it came to launching our new education campaign, with production postponed for several months. However, production was in full swing in the final quarter of the year, with the campaign on track to launch in February 2021. Centred on the creative concept that it 'Takes a Certain Type of Person' to become an orthodontist, we have developed videos, digital ads, social media assets and a new downloadable game, 'The Straightening Test', for our campaign. We also undertook a studio photoshoot with both volunteer ASO member orthodontists and actors to create some new on-brand imagery for use in 2021. A tip of the hat to Pantea, Sam, Francis and Shaneel for giving up their time just out of Victorian lockdown #2 to show off their acting prowess.



The full range of assets are available for members through the Member's Toolkit Google Drive, so that you can support and leverage the campaign through your own channels.

A big thank you as always to our hardworking CIC Committee members. Lots of Zoom/MS Teams meetings in 2020 that we navigated through under the guiding hand of Keep Left. A special shout-out to Michelle Cutler, our inaugural CEO, who came on board way back in 2013. We wish her all the best in her new endeavours and we extend a warm welcome to Kerstin Baas.

2020 certainly was unprecedented, but we're continuing to take our PEP from strength to strength and can't wait to see what 2021 brings.

Robbie Schwartz
Chair, CIC

A young man with short brown hair, wearing a white button-down shirt, is sitting in a dental chair. He is smiling broadly, showing his teeth. The background is slightly blurred, showing a dental office setting.

ASO Foundation for Research & Education

The ASOFRE is committed to maintaining a high standard of orthodontic education in Australia and supporting scientific and clinical research that explore methods for improved evidence-based orthodontic care.



The 2021 Foundation Meeting will be a virtual event on Saturday 13 March 2021, 11am-5pm AEDT.

For more information visit asofremeeting.com.au

At a time when industry disruptors are challenging the orthodontic market and encouraging consumers to consider quicker, more convenient and cheaper treatment alternatives, the ASO Foundation for Research and Education has remained focused on continuing to invest in orthodontic research and education to keep members at the forefront of advancements in treatment and care.

In 2020, the ASOFRE invested in research, equipment, professional development and provided support for Australian accredited orthodontic postgraduate courses, which play a critical role in ensuring the future of the profession.

In 2020, the ASOFRE provided funding for each of the 47 postgraduate students enrolled in the five universities that provide accredited three-year orthodontic training. From March, the coronavirus pandemic started to have a very real impact on individuals and businesses, and the ASOFRE's activities were no exception. Due to travel restrictions, Heads of Department were unable to visit other orthodontic programs to deliver lectures, which typically occur each year and is jointly supported by the ASOFRE and the NZAO.

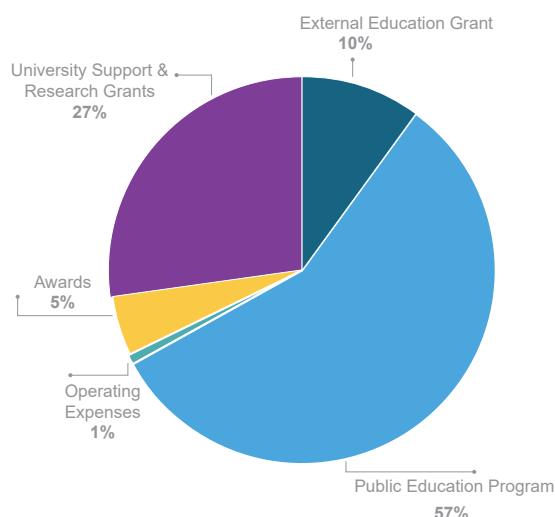
With the ASO Congress cancelled, the ASOFRE committee held strong hopes that the Foundation Meeting, planned for March 2021, would go ahead.

However, with border closures still in place and the ongoing uncertainty around state-based restrictions, the committee made the difficult decision to cancel the face-to-face meeting and instead investigate virtual options.

In 2020 the ASOFRE again contributed to the ASO's Public Education Program, contributing in line with the terms of the ASOFRE Trust Deed. In addition, the ASOFRE continued to support orthodontic research through the funding of postgraduate and special project grants and awards to a total of \$92,000, including \$22,000 towards research conducted by members / non-students.

Postgraduate years are financially very tough. In 2020, the ASOFRE Committee implemented a new initiative - an External Education Grant - to help students at a time when it matters most and will provide a once off donation of \$1000 for each postgraduate student entering the 2nd year of their program. This is to help with expenses related to orthodontic education such as conference/meeting registration, accommodation etc. 2020 2nd and 3rd years have received this grant, and as of 2021, only the 2nd years will be eligible.

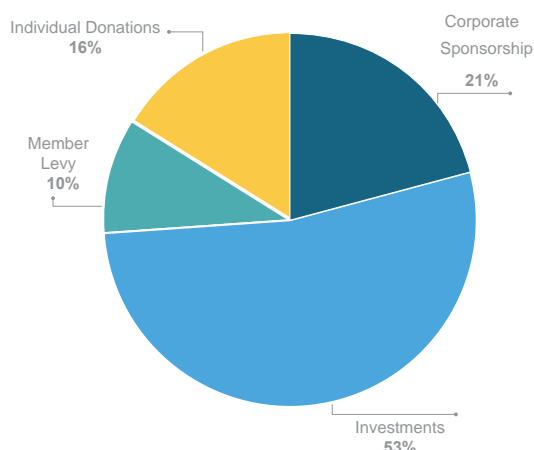
ASOFRE's expenses in 2020



In 2021, the ASOFRE will celebrate 60 years in operation. Established following a bequest from the ASO's first President, Dr Stanley Wilkinson in 1961, the Foundation grew over the years and today it is in a strong financial position largely thanks to the generosity of ASO members and our corporate sponsors – in particular Henry Schein.

Every year, income earned from the ASOFRE's substantial investment funds continue to be the main source of revenue, with levies and individual donations from members and/or patients on their behalf being another important income stream. In 2020, members contributed close to \$97,000 to the Foundation and the ASO extends its sincere gratitude to members for their continued support. The ASO would also like to thank our sponsors, in particular Henry Schein, for their support. This year, our corporate supporters contributed \$79,000 to the Foundation, including \$65,713 from Henry Schein.

ASOFRE's income in 2020



Congratulations to our 2020 ASOFRE Award winners

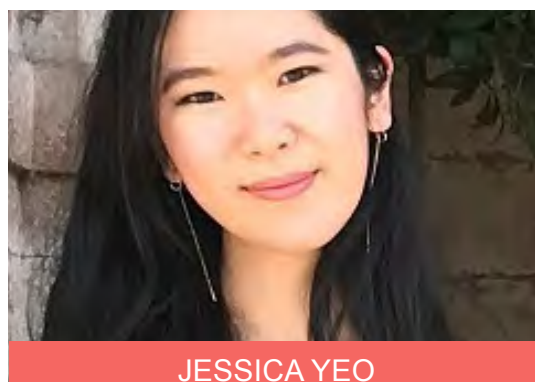
Congratulations to our 2020 ASOFRE award winners. Unfortunately, we did not have an opportunity to officially present the winners with their awards this year, which would normally happen at the ASO Congress.

The two poster awards are intended to promote and foster the development of orthodontic research, education and practice. These are typically viewed during the ASO Congress however we were forced to change our approach this year and instead published them on the ASO website. Thank you to all those who submitted posters and congratulations to our two winners - Raymond Lam (Student Poster) and Mizuki Kano (Scientific Poster).

Milton R Sims Award for the most meritorious student in the two years preceding Congress.



Elsdon Storey Award for the most meritorious research paper.



The ASOFRE committee would like to express our sincere gratitude to Michelle Cutler for all of her support and guidance over the past few years. Her contribution to the ASOFRE has been invaluable and she will be sorely missed. We wish her all the very best in her future endeavours.

Chris Theodosi
Chair, ASOFRE

GRATEFUL PATIENT PROGRAM

If you are providing pro bono orthodontic treatment and your patient would like to express their gratitude, please remember that the family can make a tax-deductible donation to the Foundation via the Grateful Patient Donation Program. A downloadable donation form is available on the ASO website here: www.aso.org.au/support-us

2020 Project Highlights



HO JIN YOO
University of Western Australia

Accuracy of mandibular repositioning surgery using a new technology: CAD/CAM customised surgical cutting guides and fixation plates

Recent advancements in three-dimensional technology (3D) have resulted in new techniques to improve the accuracy of intraoperative transfer. The aim of this study was to validate the accuracy of CAD/CAM customised surgical cutting guides and fixation plates on mandibular repositioning surgery either performed in isolation or when combined with simultaneous maxillary repositioning surgery.

Materials and Methods

Sixty patients who underwent mandibular advancement surgery by the same surgeon were retrospectively evaluated by 3D surface-based superimposition. A three-point coordinate system (x, y, z) was used to identify the linear and angular discrepancies between the planned movements and actual outcomes. Wilcoxon Rank Sums test was used to compare the outcomes between the mandible only and the bimaxillary surgery groups with significance at $p < 0.05$. Pearson correlation coefficient compared planned mandible advancement to the outcome from advancement planned.

The centroid which represents the mandible as a single unit was computed from three landmarks and the discrepancies evaluated by the root mean square error (RMSE) for clinical significance set at 2 mm for linear discrepancies and 4° for angular discrepancies.

Results

There was no statistically significant difference between the planned and actual position of the mandible in either group when considering absolute values of the differences. When considering raw directional data, a statistically significant difference was identified in the y axis suggesting a tendency for under-advancement of the mandible in the bimaxillary group. The largest translational RMSE for the centroid was 0.77 mm in the sagittal dimension for the bimaxillary surgery group. The largest rotational RMSE for the centroid was 1.25° in the transverse dimension for the bimaxillary surgery group. Thus, the precision and clinical feasibility of CAD/CAM customised surgical cutting guides and fixation plates on mandibular repositioning surgery are well within clinically acceptable parameters.

Conclusion

Mandibular repositioning surgery can be performed predictably, accurately, and efficiently with the aid of CAD/CAM customised surgical cutting guides and fixation plates with or without maxillary surgery.



Dentoalveolar effects of herbst appliance treatment: a 3-dimensional imaging study

The aim of this study is to compare the 3-dimensional (3D) dentoalveolar effects of Herbst appliance therapy combined with fixed appliances and single-phase treatment with fixed appliances and Class II elastics using 3D imaging techniques.

Materials and Methods

Seventeen Herbst patients (mean age 12.9 ± 0.87 years) had cone-beam computed tomographs (CBCT) taken before treatment (T1), 8 weeks after Herbst removal (T2), then after fixed appliance treatment (T3). Eighteen patients treated with fixed appliances and Class II elastics (mean age 13.8 ± 1.16 years) had CBCT records taken before treatment (T1) and after treatment (T2) and were included as controls. 3D models generated from CBCT data were registered on the maxilla and mandible using a previously-validated voxel-based registration technique. 3D linear point-to-point and angular measurements based on manually-placed landmarks were used to quantify treatment effects.

Results

Eight weeks after removal of the Herbst appliance, the Herbst appliance group showed distalisation and distal tipping of the upper molar crowns, mesialisation and mesial tipping lower molar crowns, and lower incisor proclination. Treatment changes from post-Herbst to after fixed appliances included significant mesialisation and inferior movement of the upper molars and further proclination of the lower incisors.

Inter-group comparisons revealed that the Herbst and Class II elastics groups exhibited similar dentoalveolar effects, including mesialisation of upper and lower molars and proclination of lower incisors.

Conclusion

Herbst appliance therapy combined with fixed appliance treatment and single-phase treatment with fixed appliances correct Class II malocclusions in growing subjects via similar dentoalveolar effects.



Predictability of overbite control with the Invisalign® appliance

Control of overbite is considered essential in achieving ideal orthodontic outcomes. Questions have been raised regarding the accuracy of ClinCheck® software (Align Technology®) in predicting posttreatment outcomes with Invisalign, with paucity of well-researched literature available on this topic. The aim was to investigate and determine the accuracy of Invisalign® in correcting a deep overbite by comparing the predicted outcome from ClinCheck to the achieved post-treatment outcome.

Materials and Methods

A retrospective study was conducted using pre- and post-treatment intra oral scans, and predicted outcome (ClinCheck) .STL files of 42 adult patients consecutively treated with Invisalign from January 2014, and completed prior to July 2018, selected from the files of one experienced orthodontist. Patients included in the study were treated non-extraction with a minimum of 14 dual arch Invisalign aligners using a two-weekly aligner change protocol. The pre-, post-treatment and predicted outcome .STL files for each patient were imported into Geomagic® Control X™ in order to measure overbite.

Results

The deeper the patient's initial overbite and the greater the amount of programmed reduction in overbite according to ClinCheck, the greater the discrepancy in overbite expression post-treatment. ClinCheck over-predicted overbite reduction in 95.3% of cases where on average, only 39.2% of the prescribed overbite reduction was expressed.

Conclusion

Overbite reduction may result in suboptimal outcomes when using the Invisalign appliance unless remedial measures are employed. The deeper the initial overbite, the more challenging it is to achieve the prescribed post-treatment overbite.



MYAT MON THINN
University of Adelaide

An Investigation of bone microdamage caused by the use of different diameter orthodontic miniscrews

With the increased popularity in the use of orthodontic mini-implants (OMIs), relevant factors determining success, such as implant design (diameter), bone quality, insertion angle have previously been studied. The microdamage caused in bone by the insertion of the OMIs could affect primary stability which therefore might affect the success rate. The aim of this study was to investigate the level of microdamage caused by two different diameter OMIs.

Materials and Methods

Twenty porcine bone specimens of dimensions 15mm x 20mm x 1.5 mm, were prepared and divided into 2 groups, Group A (n=10, OMI d=1.5 mm) and Group B (n=10, OMI d= 2.0 mm). One OMI was inserted into each specimen which was sequentially stained using xylene orange, calcein and calcein blue to differentiate microdamage caused by the different stages of bone preparation and OMI insertion. Each specimen was scanned with a confocal laser scanning microscope and the images analysed by ImageJ software to quantify the microdamage into histomorphometric parameters (total damage area, maximum damage radius, maximum crack length, total diffuse damage area and maximum diffuse damage radius).

Results

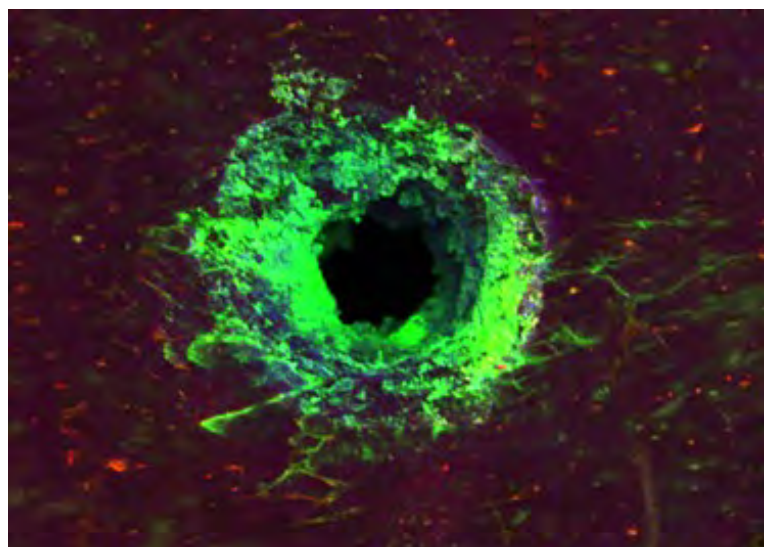
For all the histomorphometric parameters, the maximum values recorded were:

For group A, the average bone thickness was 1.47 mm, the maximum diffuse damage area was 4.49 mm² (mean-3.12 mm²), maximum total damage area was 6.46 mm² (mean-5.50 mm²), maximum crack length was 1.92mm (mean-1.50 mm), maximum damage radius was 2.62mm (mean-1.98 mm) and the maximum diffuse damage radius was 1.43 mm (mean-1.03 mm).

In Group B, the maximum diffuse damage area noted was 4.47 mm² (mean-3.60 mm²), maximum total damage area was 7.43 mm² (mean-6.27 mm²), maximum crack length was 2.06 mm (mean-1.57 mm), maximum damage radius was 2.53 mm (mean-2.10 mm) and the maximum diffuse damage radius was 1.56 mm (mean-1.25 mm). There was a statistically significant difference in the amount of damage between Group A and Group B at the exit surface for all of the histomorphometric parameters ($p < 0.05$).

Conclusion

The larger diameter OMIs caused more microdamage which might affect primary stability and eventually the success rate of the OMIs. Smaller diameter OMIs, but, larger than 1.2 mm in diameter should be considered for use in clinical settings whenever possible. However, clinicians should still consider and balance between tissue morbidity and increased stability when choosing the useful diameter of an OMI.



Scanned image of the bone specimen exhibiting the microdamage



A comparative assessment of the dentoskeletal effects of clear aligners versus miniplate-supported posterior intrusion with fixed appliances in adult anterior open bite treatment. A multi-centre, retrospective intervention study

This study aimed to evaluate the dentoskeletal effects of clear aligner treatment (Invisalign®) versus miniplate-supported posterior intrusion (MSPI) in adults with anterior open bite.

Materials and methods

Twenty-nine patients treated with Invisalign® and 24 treated with MSPI combined with full-fixed orthodontic appliances were included. Pre- and post-treatment linear and angular lateral cephalometric measurements were recorded. Within group changes were assessed with descriptive statistics, while comparisons across groups were assessed with regression modelling to control for baseline variance.

Results

In the MSPI group, statistically significant intrusion of the upper (U6-PP: -1.6mm) and lower molars (L6-MP: -0.7mm) occurred. Significant vertical (ANS-Me: -2.9mm and SN-GoMe°: -2.2°) and horizontal (SNB°: 1° and VRP-Pog: 3.1mm) skeletal changes resulting from mandibular autorotation were also observed. In the Invisalign® group, significant extrusion of the incisors (U1-PP: 1.5mm and L1-MP: 1mm) occurred, while the position of the molars and mandible did not change significantly. Regression modelling revealed that, compared to Invisalign®, MSPI delivered significantly more upper molar intrusion (U6-PP: 1.5mm), with a greater reduction in ANS-Me (-2.8mm) and SN-GoMe° (-2°). Additionally, SNB° (0.9°) and VRP-Pog increased (2.5mm) to a statistically significant degree. Compared to MSPI, Invisalign® significantly extruded the upper (U1-PP: 1.1mm) and lower (L1-MP: 0.9mm) incisors. Significantly more overbite closure was achieved in the MSPI group (0.6mm), however regression models indicated that this effect was only evident in male patients (male: 1.7mm, female: 0mm).

Conclusion

Both appliances effectively improve overbite. MSPI appears to accomplish this through molar intrusion, with a secondary counterclockwise mandibular autorotation. Conversely, Invisalign® primarily extrudes the upper and lower incisors, while maintaining the vertical position of the molars.



Give a Smile

In 2020 Give a Smile celebrated an important milestone when treatment commenced on the program's 2000th patient.



“ I am incredibly grateful to the Give A Smile Program that gave me the opportunity to have orthodontic treatment which I needed, but my family was not able to pay for. I will always be so thankful to have been part of this valuable program. ” Olivia, GAS patient

In 2020, Give a Smile celebrated 15 years of providing orthodontic care to 2000 people across Australia. This is a testament to the generosity of ASO members – past and present – who provide specialist care to children and families in genuine need of orthodontic treatment, but for whom it is financially out of reach.

Each year, registered GAS orthodontists commit to taking on one GAS patient, and despite 2020 being an unusually difficult year that resulted in unanticipated and added pressure on clinics, ASO members were unwavering in their dedication to the program. When practices were temporarily closed due to COVID-19, there were approximately 250 Give a Smile patients in active treatment across the country. I would like to take this opportunity to thank all our GAS orthodontists for supporting your GAS patients during this particularly anxious time.

When Give a Smile launched in 2005, the aim was to give ASO members an opportunity to give back to the community through an official and recognised program. Today, 15 years on, I'm pleased to report that we have GAS orthodontists in every state and territory, and I'm grateful for your ongoing commitment – without you the program would not be possible.

With every passing year, we have a number of GAS members who retire, and it is important that we continue to see an increase in the number of ASO members signing up. The ASO currently has approximately 440 full members, and for those who are not currently registered as GAS orthodontists, I strongly encourage you to consider signing up. We know that many members currently give back to the community in their own way, however by doing it through an official program like Give a Smile, we are able to demonstrate the strong philanthropic nature of ASO members to the broader community. The process of signing up and accepting patients is simple and there are options regarding the patient allocation process. Please consider signing up in 2021 and don't hesitate to get in touch with any questions by emailing giveasmilechair@gmail.com or you can visit the ASO website.

This year the Orthodontics Australia website welcomed a new addition with the development of the Give a Smile section. It features information for the public on how the GAS program works, FAQs and patient eligibility. This section has replaced the standalone Give a Smile website, and since making the move to Orthodontics Australia we have seen excellent results including a significant increase in website traffic with 'Patient eligibility' and 'Smile stories' among our top performing pages.

I would like to take this opportunity to thank the GAS State Liaison Officers who, year after year, continue to volunteer their time to support the program. In particular, I would like to acknowledge Hugh McCallum who, after serving in the role of Liaison Officer in Queensland for 15 years, recently stepped down. I also extend a warm welcome to Lisa Sakzewski who has come on board. I would also like to thank the GAS orthodontist 'screeners' and the GAS committee for all your hard work this year. And once again, thank you to our generous Give a Smile orthodontists throughout the country.

Jonathan Rooke
Chair, Give a Smile



RUN FOR THE KIDS

Give a Smile has been a staunch supporter of the annual 'Run for the Kids' event in Melbourne and has entered a team every year. In 2020 the event was cancelled. Still keen to support this worthy cause, the GAS team of more than 50 participants donned their Run for the Kids bibs along with their GAS t-shirts and caps and completed runs or walks in their local areas. Thank you team GAS!

Awards

HONORARY LIFE MEMBERS

1961	W Stanley Wilkinson	2014	F S Fryer OAM
1964	A Thornton Taylor	2014	W Sampson
1966	Sir K T Adamson CMG	2015	D J Fuller
1966	P R Begg AO	2015	M S Goonewardene
1966	B L Rosenstengel	2016	H D McLean AM
1972	V B Webb	2016	S R Langford
1974	J B Moffat	2017	J M Razza
1974	R Y Norton OBE		
1989	B Mollenhauer		
1993	G I Brown		
1993	L M Smart AM		
1993	M R Sims AO		
1995	J F Reading		
1997	R F H Rickleman		
1998	W J Mackie		
2000	T J Freer AM		
2000	R G Henry OAM		
2002	B W Lee		
2003	B D Bowden		
2004	J K Hawkins AM RFD		
2004	B W Phillips		
2004	D T Taylor OAM		
2005	R G Cook AM		
2006	G R Dickinson		
2008	B I Watson AM RFD		
2009	E C Crawford AM		
2009	R J Olive AM RFD		
2011	M Harkness		
2012	J R Owen AM		
2013	C C Twelftree OAM		

AWARDS 2020

The current members of the ASO Awards Committee are Drs F Shane Fryer OAM, Howard Holmes (ex-officio), Helen McLean AM and Rick Olive AM (Chairman). Nominations for ASO awards were considered by the committee at its 13 December 2020 teleconference and the committee's draft minutes were forwarded to Federal Council. The Committee also proposes and provides references for nominations for national honours to the Honours Secretariat in Canberra.

Rick Olive
Chair, Awards Committee

Awards

RECIPIENTS OF IMPERIAL & AUSTRALIAN HONOURS

Sir K.T. Adamson CMG (Dec'd)
R.G. Cook AM (Dec'd)
E.C. Crawford AM
T.J. Freer AM
J. P. Fricker OAM
F.S. Fryer OAM
K. Godfrey AM
R. S. Greenhill AM
W. Harvey AM (Dec'd)
J.K. Hawkins AM RFD
R. G. Henry OAM (Dec'd)
H.D. McLean AM
R.Y. Norton OBE (Dec'd)
M.A.C. Nugent AM
R.J. Olive AM RFD
J.R. Owen AM
A.G. Parker OAM (Dec'd)
M.R. Sims AO (Dec'd)
L.M. Smart AM (Dec'd)
D.T. Taylor OAM (Dec'd)
C.C. Twelftree OAM
B. I. Watson AM RFD
V.C. West AM

DISTINGUISHED SERVICE AWARD WINNERS

1989 G I Brown
1989 G D Kirkness
1989 B Mollenhauer
1989 A G Parker OAM
1989 R G Henry OAM
1989 J F Reading
1989 R F H Rickleman
2003 V C West AM
2005 R H Hay
2005 A G Parker OAM
2008 M A Darendeliler
2008 M S Goonewardene
2008 W J Sampson
2008 M G Woods
2009 D J Fuller
2009 P J Hannan
2010 A J Armitage
2010 D T Taylor OAM
2011 D I Vickers
2012 J Cameron
2012 A R Collett
2013 J L Curtain
2013 D J O'Donoghue
2014 G J Moore
2014 H Wasilewsky
2015 M Razza
2015 A M Shields
2015 P D Hanrahan
2016 R T James
2016 C W Dreyer
2017 J E Coolican
2018 K Chan
2018 T Peel

MERITORIOUS SERVICE AWARD

1996 D R Hellstrom
1996 J H Chapman

MERITORIOUS SERVICE AWARD (NON MEMBERS)

2012 Dr Charles Burstone
2012 Dr Lyle Johnston Jr.
2012 Dr Bill Profitt
2013 Mrs Liz Swaby
2015 Mrs Dee Sansom

ASO's Federal Council

Thank you to all those who generously give of their time to serve on ASO committees.



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Andrew Barry

Vice President

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Bruce Baker

Federal Councillor

Igor Lavrin

State Councillor

Alison Sahhar

Immediate Past President

Adam Rose

QUEENSLAND

President

Kerry Shooter

Vice President

Cath O'Shea

Treasurer

Olivia Rogers

Secretary

Elizabeth Fisher

Federal Councillor

Marcus Tod

State Councillor

Marcus Tod

Immediate Past President

Kate Barker

SOUTH AUSTRALIA

President

Steve Langford

Vice President

Darren Di Iulio

Treasurer

Prash Sooriakumaran

Secretary

Eugene Twigge

Federal Councillor

Andrew Toms

State Councillor

Benlee Yap

Immediate Past President

Simon Freezer

WESTERN AUSTRALIA

President

Frank Furfaro

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Members

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Sigid Fu (QLD)

Thomas Lo (VIC)

GIVE A SMILE

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NSW

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QLD

Hugh McCallum

Lisa Sakzewski

SA

Melinda Barva

WA

Sam Bennett

Mithran Goonewardene

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Peter Munt

Sam Whittle

MEMBERSHIP

Chair

Mithran Goonewardene

Members

Hong Chan

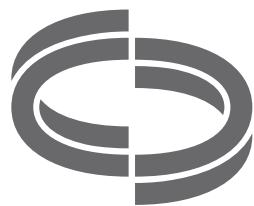
Sam Whittle

Ex Officio

Howard Holmes

List of past Executives

Years	President	Secretary	Treasurer
1927-30	W S Wilkinson	J Wonderley	J Wonderley
1930-50	E C Gates	A Thornton Taylor	A Thornton Taylor
1950-53	A Thornton Taylor	R Y Norton	R Y Norton
1953-56	A Thornton Taylor	R Y Norton	R W Halliday
1956-59	K T Adamson	D F Spring	R.G Morris
1959-61	R Y Norton	J F Reading	N J Cox
1961-64	K F Henderson	J F S McGibbon	E A Barham
1964-66	V P Webb	J B Moffatt	P G Andrews
1966-69	L M Smart	G I Brown	B C Crisp
1969-72	R C Case	J R Heath	A G Parker
1972-74	J F Reading	W J Mackie	R G Henry
1974-77	R F H Rickleman	D E Robertson	J D O'Donoghue
1977-78	J F S McGibbon	T Y W Lam	F B Dignam
1978-80	L A Trotter	P A Heagney	R G Cook
1980-82	G I Brown	S Kuusk	P T Burgess
1982-84	BD Bowden	E C Crawford	G R Dickinson
1984-87	R G Henry	P W Kline	D P Kinsella
1987-89	S P Paul	B I McKenna	D Patrikios
1989-91	R G Cook	G Brudenall	P A Heagney
1991-93	B Phillips	B I Watson	M A C Nugent
1993-96	G R Dickinson	J L Curtain	A J Armitage
1996-98	D T Taylor	J E Coolican	R H Hay
1998-00	R J Olive	B F Sullivan	P D Ferguson
2000-02	J R Owen	P J Southall	S L Singer
2002-04	B I Watson	S Langford	S R Freezer
2004-06	E Crawford	D J Fuller	I G Lavrin
2006-08	A Shields	P J Hannan	C J Nelson
2008-10	F S Fryer	M Cordato	T Baisi
2010-12	J M Razza	C Sim	C Daniels
2012-14	S Langford	A Toms	S Freezer
2014-16	T Collett	C Theodosi	R Schwartz
2016-18	P Lewis	J Coolican	S Whittle
2018-20	P Hannan	M Tod	D Vautin



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