

# Australian Society of Orthodontists Annual Report 2021



Australian Society  
of Orthodontists

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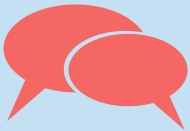
# About Us

The Australian Society of Orthodontists (ASO) is the largest dental specialist society in Australia and represents around **90%** of registered orthodontists in Australia. As the peak body for orthodontists, the ASO is committed to advancing orthodontic knowledge, educating the public and supporting the profession.

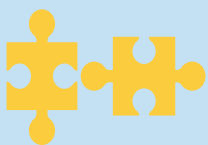
The ASO's strategic priorities are:



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



Public education about evidence-based orthodontic treatment and the specialist practitioners providing orthodontic care



Providing members with ongoing support, tools and resources so they can thrive throughout their careers



Supporting research and continuing education in orthodontics



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 who support our activities by serving on committees.



# President's Report



Typically, annual reports such as this one tend to be a somewhat self-indulgent retrospective of the accomplishments of the prior 12 months. Whilst it is certainly worthwhile reviewing what the ASO has done during 2021 and likewise reflect upon the trials and tribulations of our second year of the COVID-19 pandemic, it is also worth remembering the quote – “Don’t look back, you’re not going that way!”

So, rather than simply looking back on 2021, I would prefer to look forward and give some consideration to how the ASO may continue to evolve and attain even greater relevancy in years to come.

I mentioned in my 2020 report that I considered the ASO’s Public Education Program (PEP) to be a critically important strategic priority for the society. Just like previous years, the 2021 PEP was again a success with our KPI’s exceeded across all metrics. Analysis of the data recorded for our consumer engagement in 2021 indicates we are now really starting to turn the dial.

Now that Orthodontics Australia (OA) is gaining significant traction with our target audiences, we simply cannot afford to lose momentum. Like it or not, we now work in a disrupted orthodontic landscape where nefarious fast-food, low-quality, uberised orthodontic providers are everywhere. Concurrently, general dentists are now essentially permitted by AHPRA to scope-creep into complex orthodontic treatment modalities based on limited CPD and a vague notion of “self-reflection”. More than ever, it is critical that the ASO (via OA) is a highly visible and trusted source of consumer information on orthodontics. I urge the society to continue to forge forward with strong messaging on the

importance of seeing a specialist orthodontist. A unified collective voice is a powerful voice.

In terms of advocacy for our members, in the future I see the ASO playing a more proactive role in lobbying regulators and government agencies on issues relevant to orthodontists. Rather than simply riding on the coat-tails of the ADA - who sometimes have divergent interests to ours, it is important we have our own voice in the regulatory space. In our pre-CEO years, we were somewhat limited by our relatively small membership numbers and limited human resources but I expect as we continue to recruit more staff and our membership base grows, the ASO’s capacity to promote the interests of our members will further increase.

Our external advocacy was certainly at the forefront in 2021 with ASO representatives playing a leading role in the dental sector working group that successfully lobbied the TGA to back down on the proposed regulatory changes to medical devices. This was a huge win for the entire dental industry.

We have also witnessed recent legal triumphs after previously petitioning the ACCC and the TGA on product safety issues and misleading advertising surrounding direct-to-consumer aligners. The fact that one well known DTC aligner company

continues to try (and continues to fail) to silence the ASO by issuing vexatious legal threats indicates our advocacy work is definitely working!

Despite the distractions of the past few years, a number of reforms to various arms of the ASO have commenced with some projects completed and some still a work in progress.

For example, in 2021 the AOJ was successfully transitioned from an in-house, subscription-only and somewhat closeted publication to an open access digital journal with the associated enhanced online visibility and article impact. Moving forward, there are reforms afoot for the AOB - which is currently withering on the vine through lack of engagement. For the AOB to retain any relevancy in the cluttered CPD landscape, we must modernise the board certification process by creating a more robust but easily accessible assessment process. Our colleagues in the USA recognised this same issue a few years ago with the American Board of Orthodontics (ABO) and have now implemented significant reforms with great success. My hope is that we will follow their lead.

In 2021, the terms of reference of the ASO's Constitution Committee were updated and the committee was renamed to the Constitution and Policy Committee. This may seem like a fairly mundane change but it actually signals the intent of ASO federal council to review, re-write and modernise the policies of our society. This is a long overdue project that requires its own working committee to assist council in achieving this goal. Whilst our constitution and bylaws are our primary guiding documents, it is our policies that publicly signal our purpose and the future direction of the society.

Without contemporaneous policies and a process in place for regular reviews and updates, the society is effectively rudder-less.

There are two other areas of the ASO that I feel need more focus as our society grows.

Number one is philanthropy. Give a Smile is something we should all be enormously proud of but still tends to fly under the radar with ASO members and the public alike. Well over 2000 underprivileged Australian kids have received treatment under the program since its inception, equating to roughly over \$16 million worth of philanthropy from our participating members and a concomitant reduced burden on the public health system. This is a story I see the ASO actively promoting in years to come. If you're not a Give a Smile orthodontist you absolutely should be.

Secondly, consideration needs to be given to gender "rebalancing" on federal council and perhaps on some of our standing committees. Considering the overall gender balance in our membership there remains a notable absence of female orthodontists at the highest levels of leadership in the federal ASO. Whilst the ASO strongly encourages diversity and inclusivity I do acknowledge that, as in many other walks of life, there are more obstacles standing in the way of females rising through the ranks to attain leadership roles. These roles require a considerable commitment over many years, significant personal sacrifice and at times, quite a thick skin and are certainly not for everyone - male or female. To encourage diversity in our leadership, which in turn will create a better future for the society, the ASO must find ways to support and encourage future leaders from all sectors of

the society. In doing so, I expect we will soon see more female representation on federal council and not before time, our first female ASO President.

Finally, a few acknowledgements. I would like to personally issue an enormous vote of thanks to the new team at ASO HQ who were collectively thrown in the deep end last year. To have a new CEO, a new Membership Manager and a new Communications Manager all come on board within the space of 6 months was particularly challenging for everyone and made no easier by the fact that ASO staff and federal council have been unable to meet in person for over 2 years due to COVID.

Thank you to Kerstin, Miranda and Juanita for all you have done for the ASO so far. Special thanks also to my executive team of Dr Peter Munt and Dr Crofton Daniels who have had my back for the last 2 years and of course thank you to all members who have generously contributed their time and energy towards the success of the ASO in 2021 by volunteering with committees, webinars, state branch roles and so on. And last but not least, I would like to thank the entire ASO membership for allowing me the privilege of serving in this role for the last 2 years. I am grateful for your support.

**Dr Howard Holmes**  
*President*

# Chief Executive Officer's Report



The ASO started the year with a challenge. In early February 2021 the TGA announced changes to the way that custom-made medical devices are regulated in Australia. The ASO recognised that the new framework would significantly increase the regulatory and financial burden of our members, and immediate action by the ASO and other dental peak bodies was required to minimise the impact on the dental sector.

With assistance from Federal Council and our members, the ASO team developed a list of priorities and delivered resources for members. Managing the TGA changes has taken up a significant amount of time as you will see from the report, but we believe the positive outcome and favourable changes for orthodontists was worth the effort and we will continue to advocate on behalf of our members and the sector.

In line with the ASO's strategic plan we spent resources on the strategic priority areas, and you will find highlights throughout this Annual Report.

The ASO Public Education Program continued to thrive under the CIC committee's guidance despite a changing and more challenging landscape. Our educational campaign '*It Takes a Certain Type of Person*' was extremely successful and strongly resonated with our target audience as almost 95,000 visits to the website and a nomination for a B&T award demonstrate. This is the result of careful planning and a data driven approach designed to really understand the target market, and the ability to translate these findings into campaigns that appeal to the audience.

We attracted almost 530k visitors to the Orthodontics Australia website, our educational content reached 2.7 million viewers (sessions) through our social media channels, and we continued to secure media coverage with mainstream media. These activities are instrumental in building a relationship with our target audiences before they start their treatment journey.

One of the most successful pieces was the ASO's media release calling on regulators to be more proactive regarding DTC guidance to ensure patient safety, which generated a total reach of over 16 million across major news outlets. The media release formed part of our continued advocacy efforts about the need for patient safety due to lack of regulation surrounding direct-to-consumer orthodontic products.

We encourage members to share our posts and utilise the various online assets available including fact sheets and social media tiles for your own online campaigns and presence.





Another highlight was the transition of the Australasian Orthodontic Journal to an open access platform. This important step significantly increased the reach of articles and material and enhanced the journal's profile and recognition.

The first GAS Digital Forum was held in August 2021. GAS is the oldest orthodontic charity of its type in the world and in times of a pandemic, its philanthropic efforts are more important to the community than ever.

The ongoing pandemic and new variants of the COVID-19 virus meant more lockdowns and shutdown of practices for many members, and we continued to work with different stakeholders to provide support and guidance in these challenging times. Due to this and ASO staff changes we were unable to run the Recent Graduate Mentoring Program in 2021 and we very much look forward to bringing it back in 2022.

Good governance and robust operational systems are vitally important for any organisation and the ASO is no exception. We further strengthened internal controls and reviewed policies to ensure relevance, and that the ASO is meeting its compliance obligations. We improved communication with the ASO's Financial Planner and streamlined processes to ensure more time can be spent on member value generating activities.

Due to Covid travel restrictions I have not had the opportunity to meet everyone in person. I very much look forward to attending branch meetings and the opportunity to meet with our members in 2022.

I would like to thank Howard Holmes, Federal Council and the Federal Executive for your guidance and support, our committees and volunteers who contribute to the society and give their time freely to give back to the profession, and to our members for being part of the ASO.

Finally, I would also like to thank Mel Berenger and Kim Hunter who were heavily involved in navigating the TGA challenges; and the ASO team Kate Harris, Miranda Shoppee and Juanita Ward-Harvey who work very hard in the background every day to support our members and committees. It would be impossible to do my job without them.

**Kerstin Baas**  
CEO

# Treasurer's Report



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**\$1,132,407**

Cash at bank

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**\$4,801,712**

Invested funds

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In my 2020 report I emphasised that one of the key factors in maintaining the ASO's healthy financial position is the ASO Congress due to the income generated from these events. We were all looking forward to a face-to-face event in Perth in 2022, however the ongoing uncertainty around COVID-19 travel restrictions and quarantining meant we had to revisit how to proceed with the event.

Federal Council and the 2022 Congress Committee made the decision in July to shift the 2022 Congress from face-to-face in Perth to an entirely virtual event. This very difficult decision was made after a comprehensive risk assessment and evaluation of various scenarios provided to us by our professional congress organising partner Arinex.

Making the prudent decision to transition to an online event so early has allowed the ASO to mitigate the risk of large financial losses whilst also leaving sufficient lead time for the Congress Committee to implement a great event for members, albeit in a different format.

The ongoing pandemic continued to affect individuals and businesses, and Denticare was again unable to provide financial support for our Public Education Program (PEP) in 2021 as they had done so generously in 2019. We hope that in the future we may be able rekindle this connection.

Federal Council believes that it is strategically important for the ASO to continue to invest in our PEP to ensure the public understands the role of an orthodontist, and the importance of seeing a specialist. This is even more critical as we are seeing increased marketing efforts and spending by direct-to-consumer providers.

In previous years the ASO and ASOFRE had ongoing service agreements in place with our Financial Planner. In 2021 these were changed to annual advice agreements which allows the ASO to review the value we receive each year and ensure that the service and advice are appropriate. As part of this process, we were able to negotiate a reduced service fee for the ASO and ASOFRE portfolios.

One of the recurring items on our AGM agenda is selection of a firm to undertake auditing of the Society's books. Since moving to SDJA a couple of years ago I am happy to report that our annual audit is now a much more pain-free process. We have found SDJA to be timely and accurate with their reporting, and would encourage the membership to endorse their selection once again as our Auditors.

The Society has chosen to move away from printing a hard copy of the Australasian Orthodontic Journal, and instead we now are an online open-source publication to broaden the journal's reach. An initial investment was required to set up the platform and upload previous copies. This will be partially offset by reduction in printing and subediting costs. The transition will pay off in the long run and has already increased the AOJ's profile.

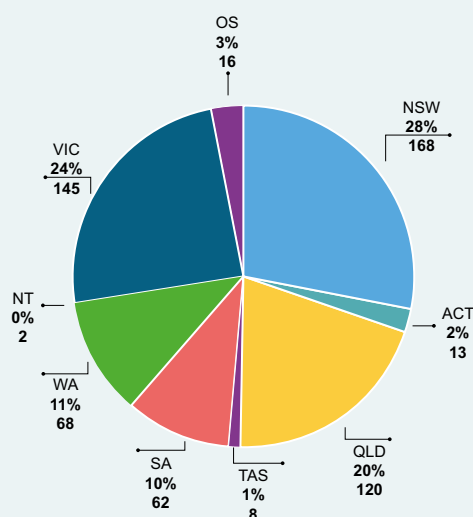
In conclusion, I would like to thank the membership for the honour of being chosen as the Society's Treasurer over the last two years, and wish Dr Simon Freezer all the very best as he takes over the reins.

**Dr Peter Munt**  
*Treasurer*

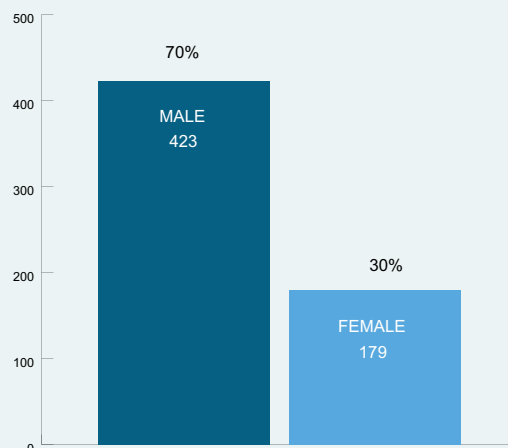


# Membership Snapshot

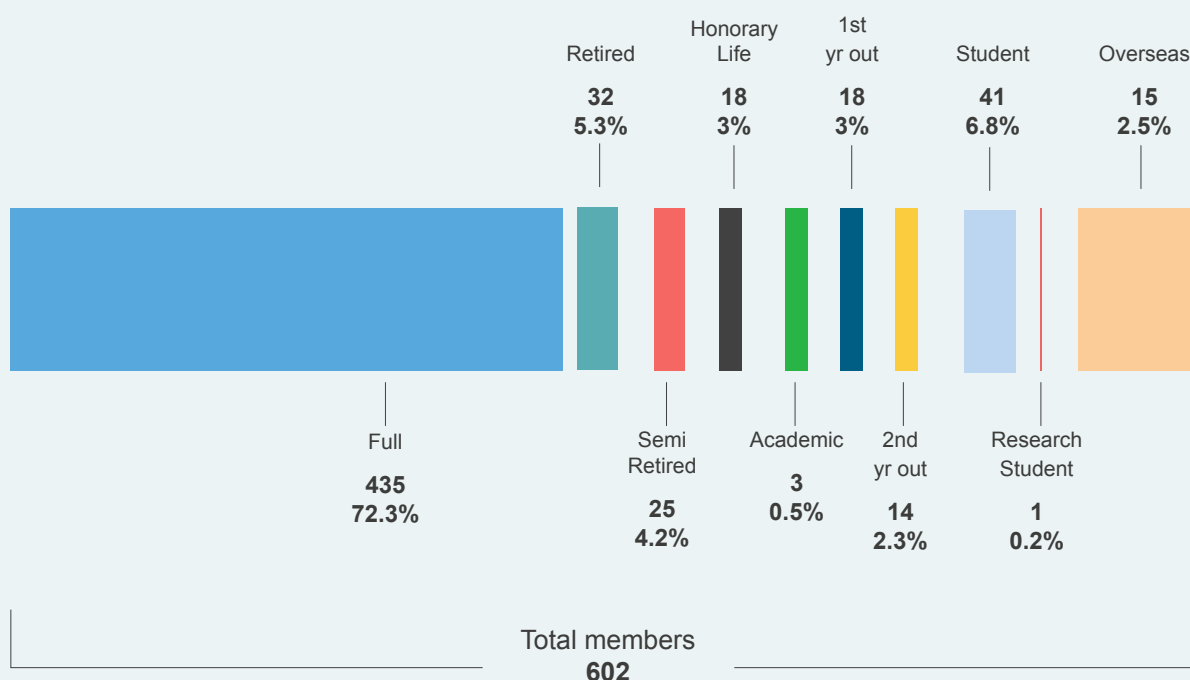
Members by state



Members by gender



Members by category



The current members of the Committee are A/Prof Mithran Goonewardene, Drs Sam Whittle, Hong Chan and Howard Holmes (ex-officio).

The Membership Advisory Sub-Committee considered and accepted 29 applications for membership between January-December 2021 this included 15 students, 10 recent graduates (1st and 2nd year out) and 4 full members.

The Membership Committee identified an anomaly in the constitution that does not enable individuals who have been registered as specialist by the Trans-Tasman Mutual Recognition Scheme, holding a degree that would be considered to be “Non-Equivalent” through the Australian Mechanism. This issue has been referred to the Council and Constitution and Policy Committee for further consideration.



# Year in Review

**2021 was another unpredictable and disruptive year for the orthodontic sector in Australia.**

COVID-19 continued to force changes in the way members operate their practices, provide orthodontic treatment, and deal with patients on a daily basis.

Complex regulatory changes to custom-made medical devices announced by the TGA at the beginning of the year also disrupted orthodontists and the sector. The ASO and its members once again joined forces to adapt to and overcome many challenges. Here are the ASO's key projects and successes of 2021.



# 2021 Highlights



**526K+ visitors to  
the Orthodontics  
Australia (OA)  
website**



**2,725,461 Paid  
social reach**



**70K+ people searched  
for a specialist  
orthodontist through  
our Finder Tool**



**280 Delegates  
at the virtual  
Foundation  
Meeting**



**46 pieces of media  
coverage**



**116 posts and 311  
active and engaged  
members on the ASO  
Facebook Forum**



# COVID-19



Australia welcomed 2021 as one of the few countries in the world that managed the pandemic relatively unscathed. The first half of the year saw the states relaxing their restrictions and allowing people to resume their lives in a new “Covid normal”. However, due to the Delta and Omicron variances Australians were once again living in lockdown or with restrictions.

## [The 28th Australian Orthodontic Congress going virtual](#)

The Federal Council and the 2022 Congress Committee made the decision in July to shift the 28th Australian Orthodontic Congress from face-to-face in Perth to an entirely virtual event due to the ongoing uncertainty around COVID-19 related domestic travel restrictions and quarantining. This was a very difficult decision and was made after a comprehensive risk assessment and evaluation of various scenarios provided to us by our professional congress organising partner Arinex.

Making the decision to transition to an online event so early has allowed the ASO to mitigate the risk of financial losses whilst also leaving sufficient lead time for the Congress Committee to implement a great event for members, albeit in a different format.

The ASO would like to thank Chair Dr Shelley Greenway and her hard-working West Australian Congress Committee who have been busy developing an excellent program for members over the last 2-3 years.

“ The ASO continued to support our members to practise responsibly and professionally through another highly unpredictable and uncertain year.”

# “ Has anyone incorporated rapid antigen tests into their practice? ”

Question posted in the members Facebook Forum

## The provision of orthodontic treatment during COVID-19 restrictions

2021 was particularly difficult for orthodontists, with fluctuating mandatory practice restrictions and enforced shutdowns. ASO members from Victoria and New South Wales were the most disrupted by the pandemic but there were also virus outbreaks and periodic short lockdowns in all major capital cities around the country.

Orthodontic practices all over Australia were required to adhere to a range of mandatory measures including face masks, physical distancing and QR code check-in to reduce the risk, and support contact tracing. These restrictions created many difficulties and some confusion for orthodontists whose patients still needed to be seen in order to progress their treatment. In NSW and VIC, patients saw their regular checks delayed and many new patients were forced to delay the commencement of treatment due to restrictions and clinical backlogs.

The uncertainty of this evolving environment, with restriction levels sometimes changing on a day-to-day basis, undoubtedly affected the morale and mental health of our members and their staff. With work conditions shifting from almost stasis during lockdown to a manic catch-up upon reopening, there is also added stress and financial uncertainty.

Given the circumstances however, our members coped very well. Patients and parents of young patients were generally very understanding of the importance of reducing public movements to bring local COVID-19 outbreaks under control as quickly as possible.

## Member resources and support

In 2020, we launched a COVID-19 Hub on our member website, and in 2021 it was updated with the latest Government, health, workplace and patient resources all in one place.

We also continued working with the ADA and the ASO state branches on COVID safe protocols for orthodontic and dental practitioners. We developed the ASO COVID safe policy for our meetings and shared this with the state branches.

The ASO offered one-on-one member support via phone, email and direct response via our ASO Members Facebook Forum. This social media forum has been a very useful tool, especially during the lockdown periods, enabling the ASO to communicate urgent updates help our members understand the changing restrictions, guidelines and implementation processes. This year we saw an increase in members joining the ASO Facebook Forum with 50 new members requesting access to the private group.

As the pandemic continues to evolve and change the ASO is committed to providing ongoing support for members to adjust and adapt as needed to help them practise safely.



# Continuing Professional Development



The ASO Continuing Professional Development (CPD) program offers members valuable learning opportunities every year.

The first information session of 2021, held in conjunction with the TGA, focused on the new regulatory changes to custom-made medical devices. This session formed part of the ASO's communication to members, helping them to understand the impact of the proposed changes on the sector more broadly, and on orthodontists in particular by providing orthodontic-specific examples. The interactive nature of the session gave ASO members the opportunity to discuss and share their questions and concerns. The live session attracted a record audience of 184 attendees following by 27 additional views after the event, demonstrating the pressing need to provide members with clear guidance to help them navigate these changes.

In June 2021 Dr Igor Lavrin hosted the webinar '*Clear aligners – compare and contrast*'. He was joined by panelists Prof Ali Darendeliler, Drs Daniel De Angelis, Brendan Fitzpatrick, Vicki Vlaskalic and Con Vanco who discussed the major aligner systems available on the market today including SureSmile, 3M, AngelAlign, Spark and Invisalign. The panel reviewed the systems

and compared them from both clinical and business perspectives. This webinar was also well-received with 130 attendees joining the live session and 39 views of the recording.

As the ASO Public Education Program (PEP) prepared to enter its seventh year, the ASO in partnership with creative communications firm Keep Left delivered the last webinar of 2021. '*Tackling disruption*' focused on the role of educational content marketing to tackle disruption caused by direct-to-consumer (DTC) service delivery models and why it's important to members at a practice level.

Keep Left's Brand Strategist Kate Smither opened the webinar outlining the difference between disruptors and devaluing innovators. The presentation was followed by a panel discussion moderated by ASO President Dr Howard Holmes, and attended by Dr Robbie Schwartz, Dr Marcus Tod and Keep Left CEO, Caroline Catterall, and Director of Digital & Content, Larissa Thorne. The panel discussion covered where to next for the PEP and the collective goals we need to prioritise to safeguard patients and the profession. The topic attracted 113 attendees from around the country during the live broadcast and 30 views after the event.

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

“Great clinicians with sound insight into delivering quality results”.

Clear aligners webinar - ASO member feedback



# Representation & Submissions



## Medicare Cleft Lip and Cleft Palate Scheme

In 2015, the Federal Health Minister announced a review of more than 5700 items listed on the Medicare Benefits Schedule. In 2018, attention was turned to the Medicare Cleft Lip and Cleft Palate Scheme and ASO members will recall Kit Chan and Hugh McCallum represented the ASO on the Cleft Dental Services Working Group.

The Group's final [report](#), released in 2020, came up with 29 recommendations for improving and streamlining the current Scheme. Renaming the Scheme to 'Cleft and Craniofacial Anomalies Scheme' and inclusion of item service numbers to allow the use of Aligners, Temporary Anchorage Devices and Cone Beam CT are just some of the recommendations to modernise the Scheme.

Changes to availability of prosthodontic and surgical item services were also recommended.

The Working Group report was then assessed throughout 2021 by the 'Medicare Benefits Review Taskforce' and their findings (11 pages) can be viewed [here](#).

In response to the Review Taskforce findings on all Medicare Programs, another committee titled 'Medicare Benefits Schedule Review Advisory Committee (MRAC)' was formed on the 13th September 2021. This new committee, led by (Chair) Professor Anne Duggan and (Deputy Chair) Ms Jo Watson was tasked with the continuous review of Medicare and with providing advice to the Federal Government on all publicly funded services listed on the Medicare Benefits Schedule.

It should now be obvious to ASO members that any review of a Medicare Program can take a considerable length of time. As such, the Medicare review of the Cleft Lip and Cleft Palate Scheme is still on-going and the timeline for completion is unknown. In the meantime, the current Cleft Lip and Cleft Palate Scheme will continue to apply in its current format.

## Australian Schedule of Dental Services and Glossary

A review of the Australian Schedule of Dental Services and Glossary (The Schedule) is in its final stage with the next (13th) Edition due to be released in early 2022. The preliminary draft includes some favourable changes to the 800 series of item numbers (Orthodontics) including an overhaul of the terminology to remove outdated terms, the inclusion of new codes relevant to contemporary specialist orthodontic practice and improved consistency of language.

The ASO has been integral to these changes and liaised with the ADA on the final draft. Members will be particularly pleased to know that our continued lobbying has helped ensure that item number 881 will be retained.

## Direct-to-consumer (DTC) clear aligner products

In August the ASO again called for Australian health regulators, including AHPRA, to be more proactive and provide clear guidance to the Australian public regarding direct-to-consumer (DTC) clear aligner products.

A [media release](#) was issued following the guidance by the United Kingdom statutory regulator of the dental team, the General Dental Council (GDC) on 'direct-to-consumer' orthodontic treatment.

Following our media release, our spokespeople were engaged by multiple media outlets including Choice magazine, the Sydney Morning Herald, The Age, ABC Radio and others to discuss our warnings about the risks of DTC clear aligner products.

In 2021, the ASO saw our prior submissions to the ACCC finally yield results with the ACCC instituting federal court proceedings against a DTC company over false and misleading statements on their website.

### False or misleading advertising

The ASO 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.

## Regulatory changes to custom-made medical devices

In early February 2021 the TGA announced changes to the way that custom-made medical devices are regulated in Australia.

These changes affect anyone who is manufacturing, importing or supplying custom-made medical devices, including dental health care providers such as orthodontists plus associated Australian dental laboratories. Due to insufficient prior consultation, the announcement created a lot of confusion and uncertainty in the dental sector.

The ASO recognised that the new framework would significantly increase the regulatory and financial burden of our members, and immediate action by the ASO and other dental peak bodies was required to minimise the impact on the dental sector.

The ASO partnered with the TGA early on to fully understand the implications of the new framework and what the changes meant for orthodontists, laboratories and technicians.

We worked closely with the TGA on providing information through webinars, communiques, newsletter and website content including a newly created TGA hub on the ASO member website.

Content was created with the input from members and Federal Council to assist orthodontists with the application process. This included a list of commonly used orthodontic devices and relevant regulatory information such as classification, GMDN code etc.

The ASO advocated strongly on behalf of our members to reduce the red tape for orthodontic devices that are low risk and where there was no reasonable justification for the proposed level of regulation. We partnered and collaborated with other peak bodies and the Dental Sector Working Group was formed, further strengthening our relationship with other key associations.

Due to our lobbying efforts the TGA heard our concerns and was keen to fully understand the impact these changes would have on the dental sector, and to ensure that TGA requirements accurately reflect the risk posed by orthodontic devices. The ASO President and CEO participated in TGA workshops and round table discussion as representatives of the orthodontic profession, resulting in a [joint submission by the Dental Sector Working Group](#).

Due to the advocacy efforts of the ASO and Dental Sector Working Group the requirement for orthodontists to register patient-matched medical devices has been removed, unless members are importing materials, components or devices or manufacturing devices with materials not already on the ARTG. This is an excellent outcome for orthodontists, and the ASO will continue to advocate on behalf of our members and the sector.

# Public Education Program



Educating the public about the benefits of seeing a specialist for orthodontic treatment continues to be of strategic priority for the ASO and our members. ASO's Public Education Program has evolved and matured over the past six years and in 2021 it adapted rapidly to the changing landscape to deliver high levels of reach and engagement.

## It Takes a Certain Type of Person

The ASO's educational campaign "*It takes a certain type of person*" was a huge success, resulting in over 29M \*impressions (289% above target) and nearly 95,000 visits to the website (31% above target).

## Direct-to-consumer (DTC) education strategy

ASO's 2021 DTC proactive media relations strategy yielded impactful results. ASO's call to Australian regulators to be more proactive regarding DTC guidance, was by far one of the most important and widely referred to media coverages for ASO in 2021, amassing a total reach of 16,189,654 across major news outlets including the Sydney Morning Herald (online), the Age (online) and the Sun-Herald (print).

*\*Impressions are the number of times the content was displayed.*

## PEP'S 2021 ACHIEVEMENTS

- **70,975** people used the Finder Tool to search for an orthodontist or a practice near by
- **526,674** Orthodontics Australia (OA) website sessions
- Our educational content reached **2,725,461** viewers through our social media channels
- **46** pieces of media coverage in high-ranking publications including the Sydney Morning Herald, the Age and the Sun-Herald.





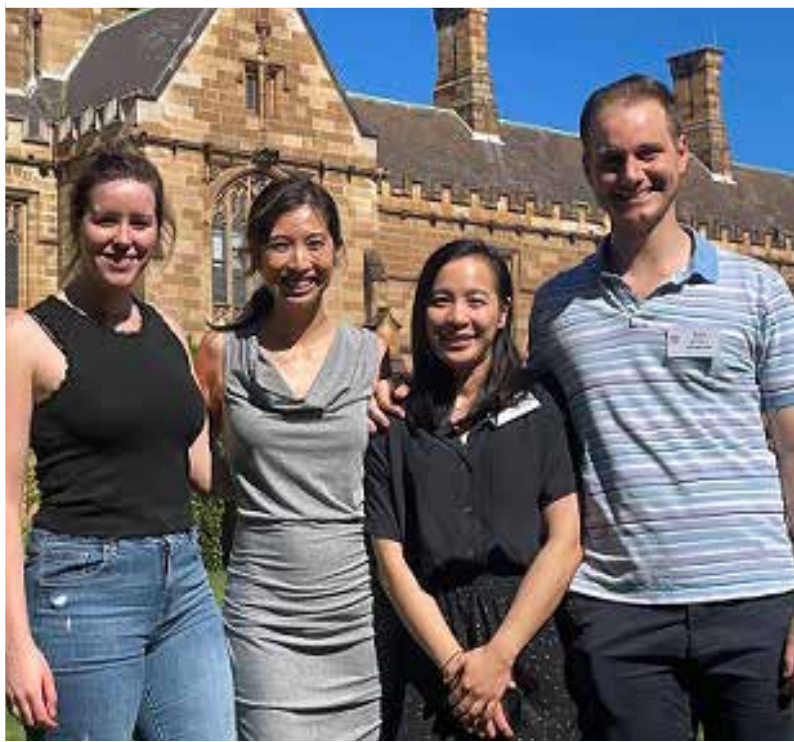
# Support for Recent Graduates

**The ASO extends a warm welcome to the Class of 2021.**

We acknowledge and appreciate the hard work of their educators in supporting and guiding students during a particularly challenging final year.

The ASO offers a range of resources and support to help recent graduates achieve their career objective, including complementary access to CPD webinars, online information sessions and advice.

In 2021 due to COVID-19 and staffing changes we were unable to deliver the mentoring program. However, the program was very well received in 2020 and we hope to reintroduce it in 2022.





# Public Education Program

With an omnipresent pandemic, our PEP has had to continue to evolve and adapt rapidly to the changing landscape. COVID-19 has forced massive, rapid changes including in consumer behaviour and expectations; acceleration in the rise of direct-to-consumer (DTC) companies and increased digital marketing competition.





# PEP 2021 Results Highlights



526,674 people  
visited the OA  
website



333,448 people  
to the OA website  
via organic search



2,725,461 million  
people saw our  
social media posts



66,902 organic  
social reach



We reached  
66.6 million people  
via press coverage  
Total pieces 43 (26 \*Syndicated)



\$1.39 average cost  
per click  
of social media  
activity



70,975 people  
used the Finder  
Tool to find an  
orthodontist



10,528 prospective  
consultations with  
ASO members

\*26 pieces of content republished by one or more different websites.\*26

Intermittent lockdowns and restrictions together with the threat of new variants led our primary audiences to continue reaching out for their laptops, tablets and phones to search for orthodontic treatment options. This is reflected in a substantial increase in traffic to our Orthodontics Australia (OA) site.

The substantial increase in time spent on digital channels including the rise of popularity of social media platforms has created unrealistic expectations in the way we perceive our appearance and has accelerated the rise of direct-to-consumer (DTC) companies.

Like many industries, media channels saw a huge digital acceleration, Apple, Google and Facebook introduced substantial changes to their systems and algorithms to improve user experience, these changes negatively affected our digital targeting capabilities.

To overcome these challenges, we rapidly adjusted our strategy with the inclusion of high-quality video content, revised targeting strategies and optimisations of existing content to continue delivering high levels of reach, engagement, and traffic in 2021.

**The PEP in 2021 strengthened the ASO's key messaging about the need for quality orthodontics to guarantee quality results.**

## Results recap

The OA website sessions increased by 9% in 2021 compared to 2020 with a total of 526,674 website sessions between January and December. This increase can be partly attributed to the Education Campaign and ongoing content development and optimisations made across platforms.

Our paid social media reach increased by 62% compared to 2020 with 2,725,461 people reached among our target audiences. The frequency at which we reached one-person last year was 5.95 which is optimum for brand recall.

The average cost-per-click to the website came in at \$1.39 which is significantly lower than the healthcare industry average of \$1.85.



# The aim of the PEP's media relations strategy is to position the ASO as Australia's leading authority in orthodontic care.

In 2021 the method for calculating Total Finder Tool searches changed to capture the different types of journeys (channels) and type of searches (keywords) users take to end up converting so it cannot be compared directly with the 2020 figures; however, total searches this year surpassed KPIs by more than 16% delivering a total of 70,975 searches.

## Media coverage

The reach and coverage of last year's media relations strategy was substantial, and it ranged from digital to national print and radio coverage across a variety of orthodontic topics. Journalists and media publications were more responsive and less focused on COVID-19 news than 2020. The media was interested in stories about the costs of orthodontic treatment, direct-to-consumer (DTC) products, and in the increasing popularity of braces in young adults and children.

Opportunities arose with partners, including with Invisalign and private health insurers, to join forces on stories. These partnerships resulted in excellent national online coverage including with news.com.au.

On average 4-5 unique pieces of ASO content were published by the media per quarter plus 26 pieces of content republished by different websites. We also produced a range of reactive and targeted interest stories regarding DTC products, responding where appropriate as the industry body, and highlighting our key messages around specialist orthodontists.

## [2021 media coverage highlights](#)

### Direct-to-consumer (DTC) Overview

Direct-to-consumer companies were more active than ever in 2021, spending big on advertising, influencers, and sponsored editorial however, such companies failed to execute a proactive earned media strategy and relied on sponsored stories. As DTC companies increased market share, they also attracted the attention of regulators and the media who are increasingly observing their activities in Australia.

In August 2021, the ASO again called for Australian health regulators to provide clear guidance to the Australian public regarding direct-to-consumer (DTC) clear aligner products.

[A media release](#) was issued following the guidance by the United Kingdom statutory regulator of the dental team, the General Dental Council (GDC) on 'direct-to-consumer' orthodontic treatment.

[The DTC media release](#) was by far one of the most important and widely referred to pieces of coverage for ASO in 2021, amassing a total reach of 16,189,654 across major news outlets including the Sydney Morning Herald (online), the Age (online) and the Sun-Herald (print).

## [2021 DTC clear aligner press coverage](#)

### 2021 Campaigns

The 'It takes a certain type of person' public education campaign ran from mid-February until the end of April and focused on building awareness within our target audiences about the value of seeing an orthodontist at the top end of the funnel – before the need for treatment is imminent and decisions have been made.

Orthodontists are the experts in straightening and aligning and through this campaign we continued to educate consumers about the value of seeing an orthodontist and the fact that it takes a specialist orthodontist to get their alignment right. The campaign was shortlisted in 2021 for Best Content Marketing Strategy at the prestigious B&T Awards.

## Public Education Campaign Highlights

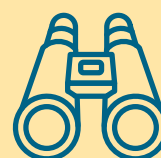
**95,000 visits**  
to the OA website  
(31% above target)



**29 million**  
impressions  
(289% above target)



**4,985 visits**  
to the Finder Tool  
(165% above target)



## Blockbuster Campaign

The Blockbuster Campaign repurposed the top performing content from the public education campaign, optimised for conversions, with content across all three phases of the funnel. The campaign ran for four weeks from mid-September to mid-October.

The campaign delivered 1.82 million impressions, delivered 20,544 clicks to the website and 897 quality lands on the Finder Tool well above our stretch KPI of 580 lands, at a very cost-efficient \$10.40 per viewer.

Thank you to our hardworking CIC Committee and expert media spokespeople for their dedication and commitment in helping us educate the public on the advantages and expertise of specialist treatment. Importantly, we are continuing to strengthen the Orthodontics Australia brand in the critical digital space and in positioning the ASO as the leading authority in orthodontic care.

**Dr Robbie Schwartz**  
*Chair, CIC*

Read more about the 2021 PEP:

**February:** [Leverage the new PEP campaign in your local market](#)

**April:** [It takes a certain type of person our PEP campaign results so far](#)

**May:** [How our PEP performed in the first quarter of the year](#)

**September:** [Public Education Program 2021 media relations highlights](#)

**October:** [How our PEP performed in the third quarter of the year](#)

IT TAKES A  
**CERTAIN**  
**TYPE OF PERSON**  
to get your alignment right.



# 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.





Increased industry disruptors, including the rise of direct-to-consumer companies, encourage consumers to adopt more convenient and cheaper treatment options.

The ASO Foundation for Research and Education continues to focus on investing in orthodontic research and education to advance the field and keep members at the forefront of advancements in treatment and care.

### ASOFRE 60th anniversary

In 2021, the ASOFRE celebrated 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.

This is an exceptional milestone for ASOFRE and the ASO and it wouldn't have been possible without the ongoing support of ASO members over 6 decades.

### 2021 Foundation meeting

For the first time in ASOFRE history, due to the COVID-19 pandemic, the Foundation meeting was delivered in a virtual format on 13 March 2021. The change in delivery mode didn't deter attendance with over 280 delegates and speakers viewing the event remotely.

The invited speakers delivered a varied, relevant and engaging program. Emeritus Professor Laurie Walsh from The University of Queensland discussed the current COVID-19 protocols for orthodontic clinics, and the progress and efficacy of the COVID-19 vaccines and rollout programs. Associate Professor Maurice Meade presented some of the research currently being undertaken at the University of Adelaide. This included orthodontic social need indices and recommendations on avoiding root damage using TADs.

Drs Tony Weir and Vicki Vlaskalic discussed the management of overbite correction and arch expansion with the Invisalign system and made clinical recommendations based on scientific evidence. Finally, Professor Mauro Farella from the University of Otago, New Zealand, discussed the current evidence of aetiology and management of Bruxism and how it relates to the profession.

2023 Foundation Meeting planning is underway. The Committee is planning a joint meeting with the Australian and New Zealand Association of Oral & Maxillofacial Surgeons (ANZAOMS) and details are being finalised.

### Congratulations to our 2021 ASOFRE Award winners

The 2021 Elsdon Storey Award for the most meritorious research paper was awarded to Haylea Blundell. Originally from Victoria, Haylea relocated to Brisbane in 2018 to undertake her orthodontic training at the University of Queensland. Haylea won the Award for her project "Predictability of overbite control with the Invisalign appliance" which is now available in the American Journal of Orthodontics and Dentofacial Orthopaedics.

Congratulations are also in order to Bethany Cunning from the University of Melbourne who was recognised with a Special Merit Award for her paper *"Comparative assessment of survival, stability and occlusal settling between two types of thermoplastic retainers: a prospective clinical trial."*



BETHANY CUNNING  
Special Merit Award



HAYLEA BLUNDELL  
Elsdon Storey Award

### New ASOFRE members

We would like to introduce the new ASOFRE committee members Drs Simon Toms and Derek Allen. The Foundation welcomes them and appreciates their contribution and dedication to the Committee.

## ASOFRE's income and expenses in 2021

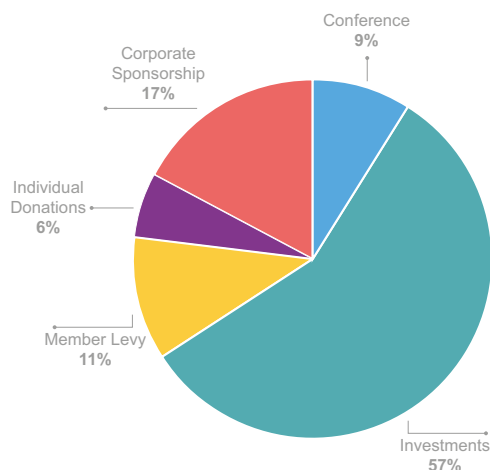
Every year, income earned from the ASOFRE's substantial investment funds continue to be the main source of revenue, with levies and individual donations from members and/or patients on their behalf being another important income stream.

In 2021, members contributed close to 60K 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 supporter Henry Schein contributed close to \$90K.

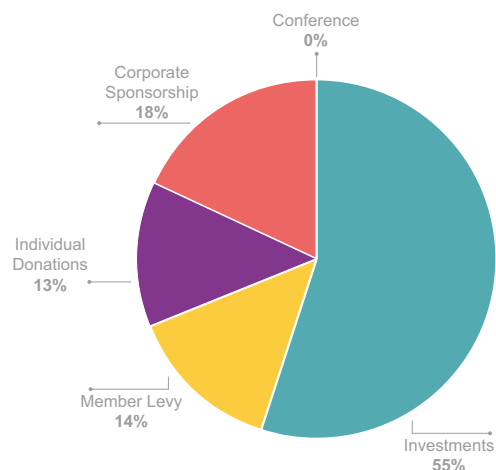
**Chris Theodosi**

*Chair, ASOFRE*

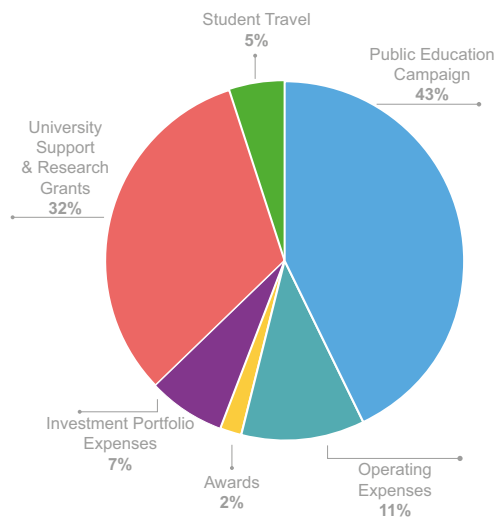
FRE Income in 2021



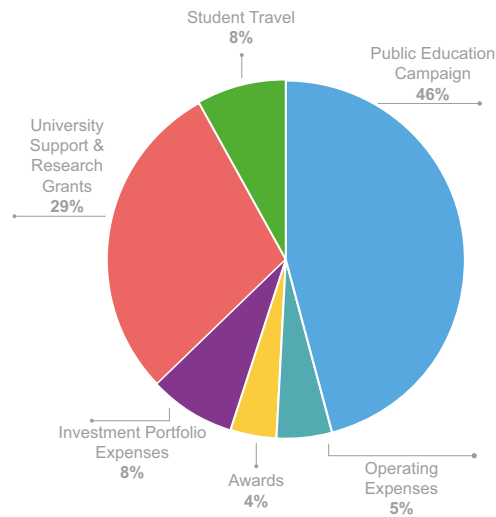
FRE Income in 2020



FRE Spending in 2021



FRE Spending in 2020



## GRATEFUL PATIENT PROGRAM

In addition to ASO members donations and corporate sponsorship, the Foundation has also been funded by the donations of grateful patients. We thank the ASO members who have been encouraging their patients to 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 [aso.org.au/support-us](https://aso.org.au/support-us)

# 2021 Project Highlights



**CAITLIN STEPHENS**  
University of Queensland

## Clinical expression of programmed mandibular canine rotation using various attachment protocols with Invisalign® SmartTrack® aligners

Invisalign is a highly popular, aesthetic orthodontic treatment alternative to fixed appliances. In the past decade the number of Invisalign® trained doctors has significantly increased from 60,800 in 2010 to 168,691 in 2019.<sup>1</sup> While Invisalign® is a welcome addition to the orthodontists' armamentarium, there are sparse and often low-level scientific data available concerning the appliance's precision. Due to its digital nature, Invisalign® undergoes rapid evolution. However, this presents a scientific challenge to produce research fast enough to verify the existing product claims. Any long-term studies lose applicability as the appliance changes and relevance of past literature diminishes. This research focuses on mandibular canine rotation since this tooth and movement has been identified as notoriously difficult with aligners.<sup>2-7</sup> It further investigates the influence of prescribed resin attachments types and wear schedules and their

effect on rotation expression. To our knowledge, no existing study has specifically investigated this tooth and movement with SmartTrack aligners or its relationship to attachments and wear schedule.

## Materials and methods

Data were sourced from the Australasian Aligner Research Database (AARDVARK), courtesy of the database gatekeeper, Dr Tony Weir. This database contains data from experienced private practitioners only, from 2013-current, using Invisalign® aligners only, with no selectivity of cases provided (all cases whether successful or not must be submitted to database). The final sample was retrieved from the database in August 2021.

Data were collected for 25 patients for each of the three Invisalign® SmartTrack® aligner attachment configurations. Tooth '33' was chosen for majority of patients in each group (OR1: 56%, OR2: 76%, V2: 64%), with predicted rotation mostly in the positive direction (OR1: 72%, OR2: 72%, V2: 52%). Four patients overall had achieved rotation in the opposite direction to predicted rotation; with one patient in each of OR1 and OR2, and two patients in V2.

The primary aim for testing accuracy through equivalence testing of predicted to achieved rotation for each of the Invisalign® procedures using a paired two one-sided tests (TOST) approach is shown in Table 1. For all three groups, TOSTs indicated there were not enough statistical evidence to indicate the predicted rotation was equivalent to achieved rotation ( $p > 0.05$ ) at a  $\pm 5^\circ$  equivalence margin. This indicates that none of the Invisalign® SmartTrack® aligner attachment configurations display accuracy in their predicted rotation. The mean difference for all groups was not within the allowed equivalence margin, with negatively biased estimates indicating the predicted rotation overestimates what can be achieved.



**IHSAN SAVRAN**  
University of Sydney

### Maxillary sinus volume for prediction of mandibular advancement splint response in obstructive sleep apnoea patients

Mandibular advancement splint (MAS) therapy is an effective treatment for obstructive sleep apnoea (OSA), however difficulties in predicting treatment response is a challenge to its use. It was recently established that the volume of the maxillary sinuses and nasal airway are associated with the OSA severity, however, their relationship to the success of MAS treatment has not been assessed. Therefore, the primary objective of this study was to retrospectively assess the maxillary sinus, nasal and pharyngeal airway parameters between responders and non-responders. The secondary objective of this study was to produce a predictive model with these variables to determine MAS treatment response.

#### Methods

Sixty-nine adult patients (mean age of  $53.5 \pm 10.8$  years, 67% male) with OSA (AHI > 10 events/h) were previously recruited from a sleep disorders clinic for treatment with a customised MAS. Baseline demographic and anthropomorphic information, as well as, polysomnographic (PSG) and cone-beam computed tomography (CBCT) were taken. Follow up PSG with the MAS in situ was then taken following a 6-week acclimatisation period.

Treatment response was defined as a post-treatment AHI < 10 events/h in addition to a  $\geq 50\%$  reduction in AHI. Maxillary sinus, nasal and pharyngeal airway parameters were measured from the CBCTs and compared between the responders and non-responders. A multiple logistic regression model for treatment success was created based on the most significant predictor variables.

#### Results

There were 39 responders and 30 non-responders. Baseline BMI was the only variable that was significantly different ( $p = 0.006$ ) between responders ( $27.5 \pm 3.5$  kg/m<sup>2</sup>) and non-responders ( $30.7 \pm 5.2$  kg/m<sup>2</sup>). The multiple logistic regression model included the following significant and marginally significant variables: male gender, BMI, left maxillary sinus volume, maxillary cross-sectional area and maxillary sinus/nasal cavity ratio. The predictive accuracy in terms of the area under the ROC (receiver operating characteristic) curve was 0.81 (95% CI 0.71, 0.91).

#### Conclusion

In this retrospective study, no differences were found in maxillary sinus, nasal and pharyngeal airway parameters between responders and non-responders to MAS therapy for OSA treatment. A prediction model was produced which suggested, in combination, female sex, a lower BMI, a smaller (left) maxillary sinus volume, an increased maxillary cross-sectional area and an increased maxillary sinus volume/nasal cavity ratio may be predictive of MAS treatment success. Further study with an independent sample is required to cross-validate the model.





## JESSICA KONG

University of Western  
Australia

### The determination of gingival biotype In different craniofacial morphologies

Thin and thick biotypes have been shown to respond differently to orthodontic, periodontal, surgical and restorative treatments (1-6). Thus, it remains an important part of orthodontic practice to readily determine a patient's gingival biotype. In particular, individuals with thin biotypes may respond poorly and be prone to the development of gingival recession following dento-alveolar movements (such as proclination and dental expansion) (7-9). This is especially important to assess in orthodontic patients where, depending on the relationship of the maxilla and mandible, treatment may require such movements for camouflage or decompensation prior to combined orthodontic-orthognathic surgery treatment (10-12). The objective of this study is to determine the association between gingival biotype and thickness across orthodontic patients with different craniofacial morphologies using reliable methods of probing and ultrasound. The null hypotheses are 1) there is no association between gingival biotype or thickness and different craniofacial morphology, 2) there is no difference in the distribution of different thickness or biotype between different craniofacial morphologies.

### Materials and methods

Data was collected from 180 pre-orthodontic participants from the Oral Health Centre of Western Australia (OHCWA). The following exclusion criteria was applied: periodontitis (attachment loss of  $\geq 4\text{mm}$ ), moderate to severe gingivitis, caries, crowns or restorations of the maxillary and mandibular anterior teeth, were pregnant or lactating, were smokers or were taking or had a history of taking any medications that are known to cause gingival enlargement (calcium antagonists, cyclosporin A, phenytoin).

Using ultrasonographic images, the thickness of the labial gingiva of the maxillary and mandibular anterior teeth were measured by a dental and maxillofacial radiologist at the level of the alveolar crest on a bucco-lingual cross section of the enamel, gingiva and crest of the alveolar bone (Figure 1). Gingival biotype was assessed by one examiner using the Colorvue® Biotype Probe inserted into the gingival sulcus at the mid-labial aspect of each mandibular and maxillary anterior tooth with minimal pressure. Gingival recession and the width of the keratinized gingiva were also recorded using a standard periodontal probe.

Based on pre-treatment lateral cephalometric radiographs, participants were divided into 3 groups: skeletal Class I ( $0^\circ < \text{ANB} < 4^\circ$ ), Class II ( $\text{ANB} > 4^\circ$ ), Class III ( $\text{ANB} < 0^\circ$ ) and subgroups of hyperdivergent ( $\text{SN-Md} > 37^\circ$ ), normodivergent ( $\text{SN-Md } 30\text{-}37^\circ$ ), hypodivergent ( $\text{SN-Md} < 29^\circ$ ). Maxillary and mandibular incisor proclination was also measured.

Using the above data points, this study aims to calculate whether any significant association between gingival biotype and thickness and craniofacial morphology exists. Statistical analysis is currently ongoing and it is anticipated these results will inform clinicians on soft tissue limitations in patient's with certain craniofacial morphologies.



**MIODRAG MLADENOVIC**  
University of Adelaide

### The influence of second premolar extractions on the volume of the oral cavity. A control comparative CBCT volumetric analysis.

Premolar extractions as part of orthodontic treatment have been considered to result in overall retraction of the anterior teeth and a subsequent reduction of available space for the tongue and intraoral soft tissues. In addition, it has been further considered that extraction patients were rendered susceptible to an increased risk of obstructive sleep apnoea. Therefore, the aims of the study were to compare the volumetric changes within the oral cavity before and after orthodontic treatment in extraction and non-extraction samples and to identify influencing variables.

### Materials and methods

To provide a three-dimensional volumetric assessment, cone-beam computed radiography scans were acquired of the oral cavity before and after orthodontic treatment of both extraction and non-extraction samples. Fifty-four extraction and 59 non-extraction patients were matched for the level of crowding. The average age of both samples was 15 years old. The images were individually landmarked using an engineered algorithm and subsequently processed for volumetric, linear and angular measurements. The results were statistically analysed using repeated measures analysis of variance, correlations and stepwise regression analyses.

### Results

A statistically significant increase in the volume of the oral cavity was found in both the extraction and non-extraction groups. A non-extraction/control group presented a larger increase in oral cavity volume. Gender, age, a change in mandibular and maxillary arch length, along with a change in mandibular and maxillary intermolar width all influenced the change in the oral cavity volume. Twenty-nine percent of the difference between the samples can be explained by gender, a change in mandibular and maxillary arch length plus a change in maxillary intermolar width.

### Conclusion

The study concluded that the volume of the oral cavity increased in growing patients with or without extractions and orthodontic treatment; however, cases, which were not treated by extractions had a greater overall increase.

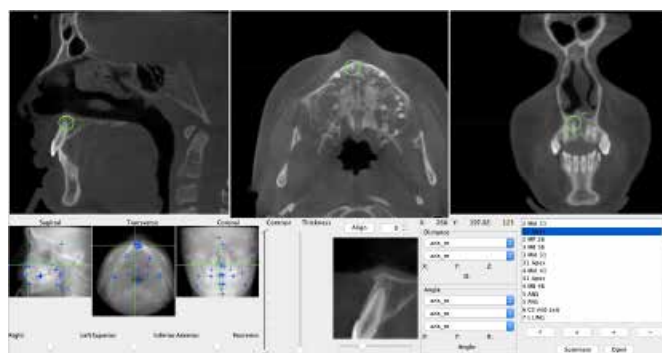


Figure. A screen capture of the landmarking algorithm created by Takeshi Matsumoto to identify and define the oral volume



**SARAH ROATH**  
University of Melbourne

### Temporospatial expression of ankylosis-related proteins in mouse tooth germs.

Primary molar ankylosis, the pathologic fusion of teeth to the surrounding bony socket, often results in deleterious consequences on both adjacent teeth and bone especially in actively growing individuals. The molecular aetiology and pathogenesis of primary molar ankylosis was previously elusive until recent studies from the University of Melbourne demonstrated a series of genes that were differentially expressed in the furcal bone and periodontal ligament of infraoccluded primary molars. The present study aimed to investigate the temporospatial expression of six key proteins (with genes differentially expressed in ankylosed primary molars) during tooth germ development, to provide clues as to their possible functions during development and in turn their contributions to ankylosis.

### Materials and Methods

Wild-Type mouse mandibular first molar teeth were used at key developmental time points E16, P1, P24 and P31 representing the early bell-stage through to root development stage of the tooth germ. Samples were fixed, decalcified (P24 and P31), paraffinized and sectioned. Six proteins of interest were selected based on their significant role in biological pathways previously found to be enriched in infraoccluded primary molars, combined with putative links to ankylosis in the existing literature. Immunofluorescent staining was carried out to determine the expression of four proteins with genes over-expressed in infraocclusion and two proteins with genes under-expressed in infraocclusion. These proteins were subsequently visualised using confocal microscopy.

### Results

Haematoxylin and Eosin staining showed overall good preservation of tissue architecture, however only E16 and P1 proved to have viable structural integrity post-immunostaining. Immunofluorescent detection of the six candidate proteins revealed marked patterns of expression during tooth development, including detailed intracellular expression in ameloblasts and odontoblasts, and extracellular expression within and surrounding the maturing alveolar bone

### Conclusions

The results of the present study demonstrate that key proteins involved in ankylosis are expressed in early tooth germ development, recorded at a level of detail not previously observed in the literature, and providing vital clues as to their roles in both.

# 28<sup>th</sup> ASO Congress Report



From the start we wanted to be highly inclusive of the industry that supports the ASO.

As a group and with the assistance of Ash Patel (Head of Sponsorship), we reached out personally to many of our previous sponsors to get them onboard with the organisation of the 2022 Congress. Ash was instrumental in facilitating the dialogue with industry stakeholders which allowed us to gain a greater understanding of their needs and made the process more collaborative. I believe the sponsorship we have been able to attract is a direct result of this interaction and engagement.

By 2020 a professional congress organiser had been selected, venues booked, keynote speakers engaged, web pages created when COVID-19 hit and lead to cancellation of the Cairns event. This meant the committee no longer could promote the 2022 Congress with our “Take a photo with our quokka mascot”.

Immediately we started thinking about the ramifications of COVID. Our scientific co-chairs Mithran Goonewardene and Frank Furfaro had secured overseas keynote speakers and we realised that quarantining would be problematic. So, at the end of 2020 we were contemplating a virtual component for those lecturers.

To increase the local content Arti Dyett (head of the hygienist programme) suggested for hygienists around Australia to share their practice insights and it was incorporated into the auxiliary programme. Similarly, we started bringing in more local content for the doctors’ programme knowing travel might be compromised.

At the beginning of 2021 John Stamatis (Head of the social programme) and I were about to select

venues for the social events. On the very day we were to check out the shortlist of options the first of multiple lockdowns for WA occurred, making a virtual event more likely.

In early June the Committee wrote to the ASO federal body outlining major concerns for the face to face meeting due to ongoing Covid challenges. After some long and serious discussions the decision to go totally virtual was reached. This was a major disappointment for me as Congress Chair and for the entire committee. Mithran Goonewardene floated the idea of bringing the world to our doorstep and we secured the best speakers from all over the world to join our event, resulting in an amazing programme that is now available to all our members. While this is an online event we have endeavoured to have as many of the speakers as possible deliver their lectures “live” in their respective time zones.

In summary, while organising the 28th ASO Congress has been quite challenging, we believe the committee put together a great event for our members and look forward to the virtual Congress.

On a personal note, I would like to thank each and every committee member for their tireless efforts over the past four years. They have accepted with good grace long meetings that have mainly occurred via Zoom.

I would also like to thank our Federal President Dr Howard Holmes for keeping us abreast of issues, but also giving us the space as a committee to plan as we would like. Finally, I wish to thank the Federal office and especially Kerstin Baas and Juanita Ward-Harvey for their unending and amazing support for what will be a very different Congress.

**Dr Shelley Greenway**  
*28th Congress Chair*



29<sup>th</sup>

# Australian Orthodontic Congress | Adelaide

## Technique and Technology

### Dates

The dates for the 29th Australian Orthodontic Congress have been set as Wednesday 13 - Sunday 17 March 2024. Mark your diaries now!

### Venue

The committee has chosen the recently revamped Adelaide Convention Centre for our Congress. The Adelaide Convention Centre is positioned at the heart of Adelaide's Riverbank Precinct which is in the midst of a multi-billion-dollar rejuvenation.

### Theme

The theme for the 29th ASO Congress is '*Technique and Technology*'. We intend to have a mixture of international and Australian speakers that will fit this theme.

### Programme

To be run as a single stream for doctors and a single stream for auxiliaries with occasional combined lectures.

<b>Wed 13</b>	Pre-Congress Courses
<b>Thu 14</b>	Lectures full day
<b>Fri 15</b>	Lectures full day
<b>Sat 16</b>	Lectures full day
<b>Sun 17</b>	Post-Congress Courses

### Trade

As the (hopefully) first face-to face ASO Congress in six years the trade will no doubt put on a fantastic display for all of us. The Adelaide Convention Centre has a huge area for the trade which is well located, near the Plenary.

### Social Events

<b>Wed 13</b>	President's Dinner
<b>Thu 14</b>	President's Reception and Stanley Wilkinson Oration
<b>Fri 15</b>	Gala Dinner
<b>Sat 16</b>	Party Night

### Professional Congress Organiser

After careful evaluation and review of several proposals, the 29th Local Organising Committee has selected The Meeting People (TMP) as our Professional Congress Organiser who will assist us in providing a great outcome for our event in Adelaide. TMP has worked with a number of the committee in the past and has extensive local knowledge.

### Local Organising Committee

<b>Andrew Toms</b>	President, ASO 2024
<b>Melinda Barva</b>	Congress Convenor
<b>Craig Dreyer</b>	Chair, Scientific Programme
<b>Maurice Meade</b>	Deputy Chair, Scientific Programme
<b>Richard Salmon</b>	Chair, Auxiliary Programme
<b>Simon Freezer</b>	Sponsorship and Industry Exhibition
<b>Andrew Tindall</b>	Treasurer
<b>Con Laparidis</b>	Chair, Social Programme
<b>Lara Malcolm</b>	Professional Congress Organiser

We hope that we will be able to run face-to-face event in 2024 and very much look forward to welcoming you in Adelaide.

**Dr Melinda Barva**  
Chair and Convenor

# Australian Orthodontic Board



Firstly I would like to thank my fellow executive members Tony Collett, Carolyn Ng and Jonathon Ashworth for their tireless contributions to the ASO in general but AOB in particular.

The current statistics for AOB are quite discouraging for the executive. In the regular stream there are only 25 members who have current certification and a further 18 who have completed first stage for recertification. This along with the survey we conducted confirms the present AOB model is not relevant to the vast majority of ASO members.

The survey suggested that our members would like AOB Cert to be post nominal and they thought the present inclusive model really didn't mean much. Many suggested it was too easy and they would be more interested if the model was more rigorous.

Your AOB executive has heard what you are saying. Over the last year we have modified the existing model with what we hope will be seen as positive changes. Once the changes are completed the new model will be introduced on 1 July 2022.

## Stage one

1. Candidates still nominate 5 prospective cases. Two are their primary cases and three are backup. This is the same as the present model.
2. Submission of the candidates usual records and a detailed treatment plan that includes diagnosis and treatment planning. The treatment plan should discuss the choice of appliance, proposed mechanics and retention.
3. We wish to promote orthodontics that uses 'the best available evidence' consequently we believe a brief literature review supporting the treatment plan should be submitted. There is no minimum or maximum citations required but we would anticipate between 2 and 10 would be a common range.

The submission would then be evaluated by the AOB assessors and feedback given. There will be at least an acceptable or not acceptable assessment for Stage one.

## Certification

There is a 2-3 year time frame allowed for this.

The candidate submits records of the completed case. These submissions should demonstrate that the candidate has an excellent understanding of the case, this does not necessarily correlate with an excellent finish. We expect these cases to reflect real life practice where the majority of cases would have a sound, but maybe not perfect finish.

Each case should also include a detailed reflection of what went to plan, and consideration of what didn't go to plan. This would include mitigating factors (such as compliance, unfavourable growth etc), alternative treatment plans that could have been used and a discussion of any compromises of the result.

Once again the submission will be assessed and feedback given. The candidate will be awarded either a pass or a request for revision and resubmission.

We have been in communication with the ADC and we now have their approval to use AOB Cert as a post nominal when the new model is introduced. This is excellent news for the members.

We anticipate any members who have current certification or have completed first stage by the 30th of June 2022 will be permitted to use AOB Cert as a post-nominal.

We would also like to thank our outgoing president, Dr Howard Holmes, for his time and involvement in our tele-meetings to work through the processes.

We hope ASO members will embrace these changes and that AOB Cert will become an achievement that members will be proud to display after their name on their stationary.

**Dr Colin Nelson, Chair**

# Australasian Orthodontic Journal



The transfer of the Australasian Orthodontic Journal to an online open access publication managed by Exeley has been a significant period in the history of the Australian Society of Orthodontists.

The expected increase in profile and exposure of the Journal has been realised resulting in a substantial increase in received submissions. At the time of writing, 165 submissions have been received over the last 6 months of which 45% have been rejected. Forty-two articles were published in volume 37, issue 2, 2021 and 10 papers already published in volume 38, issue 1, 2022. This level of publication has more than doubled that which would normally occur and has substantially increased the workload of the Editorial Team.

The raised profile and access of the journal has attracted submissions from a worldwide authorship particularly now from countries that previously had been unaware of the journal's existence. Through the work of the Exeley staff, the Journal has been listed on the Open Access Journal Database which is a significant step in being relisted on PubMed by the National Library of Medicine.

Due to sudden unfortunate and unavoidable circumstances, the Journal's current publishers, Exeley, will be taken over by de Gruyter which is a prominent European Publishing House based in Germany/Poland. It is anticipated that there will be minimal change to the operation of the Journal apart from a change in production personnel. A significant working relationship has been developed with the Exeley staff who have worked consistently and with dedication to promote and produce the Journal since the time of changeover. These relationships will need to be re-established with 'Sciendo' which is the working arm of de Gruyter but the expectation is that the transition will be smooth.

**Prof. Craig Dreyer**  
*Chair*

## Constitution & Policy Committee Report

After many years as a Constitution Committee the ASO Federal Council has recently resolved to modify the committee and its Terms of Reference.

The new name for the committee is the Constitution and Policy Committee and it is envisaged that this new committee will provide advice to Federal Council in relation to not only the ASO Constitution but also ASO Policies.

Taking into consideration the expanded remit of the committee it is anticipated that the membership numbers will be increased to handle the additional workload.

It is safe to say that the ASO will be moving forward with its policy review while also having an awareness that new policies may need to be developed to ensure our documentation in this area remains contemporaneous.

May I take this opportunity to thank Wayne Sampson for his membership of the committee over the current term.

**Dr F Shane Fryer**  
*Chair*



# Education Committee Report



## Introduction of two Senior Academics to the Australian Society of Orthodontists

The ASO would like to introduce two new senior academics to the ASO membership. Australia will immensely benefit from their expertise and long-term commitment to Orthodontic Education.



A/Prof. MAURICE MEADE

A/Prof Maurice Meade received his undergraduate dental and postgraduate orthodontic degrees from University College Cork, Ireland. He emigrated to his wife's home city of Adelaide in 2013 with their two daughters, Eva and Dara. He continues to play his weekly soccer despite his creaking joints and maintain his passion for Manchester United and Pink Floyd. He has been actively involved in teaching and research at the University of Adelaide for several years where he was appointed to the PR Begg Chair in Orthodontics in 2021.



Prof. MARIE A CORNELIS

Prof Marie A Cornelis received both her dental degree (1999) and her postgraduate specialist degree in orthodontics (2003) from the University of Louvain, in Brussels. In 2007, she was a Visiting Research scholar at the University of North Carolina at Chapel Hill. She defended her PhD about miniplates as temporary skeletal anchorage in Brussels in 2008.

In 2010, she finished a 2-year degree in lingual orthodontics at the Université Descartes (Paris). She was awarded the WJB Houston Oral Research Award of the European Orthodontic Society in 2008 and the Dewel award as a co-author of the best clinical paper in the American Journal of Orthodontics and Dentofacial Orthopedics in 2011.



Between 2009 and 2014, she was Assistant Professor at the Department of Orthodontics of the University of Geneva. From 2014 to 2020, she was Associate Professor and Postgraduate Program Director of the Section of Orthodontics, Department of Dentistry, Aarhus University, and in 2015 she became Head of Section. At the same time, she maintained an active orthodontic practice in an interdisciplinary office in Geneva a few days per month.

She is an Active Member of the Angle Society of Europe and a full member of the European Board of Orthodontists. In 2022, Marie became Professor and Head of Orthodontics at the Melbourne Dental School – a new challenge she is very much looking forward to. Her research interests are focused on clinical orthodontics, mainly skeletal anchorage, digital workflows and stability/retention.

### Australian Dental Council (ADC) Program Evaluations

Five ADC visits were conducted for the University of Sydney, University of Melbourne, University of Adelaide and University of Western Australia. These Accreditation visits were combinations of Zoom and on site DClintDent Program evaluations. The ADC accreditation was combined with the ASO peer review DClintDent evaluation as a joint site and there was very positive feedback from the ASO site visit. There has been a recommendation to split the two DClintDent Program evaluations to allow a more complete ASO peer review DClintDent program evaluation.

### Education Committee Membership

A recommendation has been put forward to ASO Federal Council to pursue a review of the representation and committee structure, specifically related to structure of the Education Committee and eligibility for membership to the Education Committee.

### ASOFRE Supported Orthodontic Education

The ASOFRE has renewed the funding for the University of North Carolina teaching material to be utilised in our orthodontic programs. The Education Committee supports the ASOFRE and its careful management of the Society's funds.

### 3M Postgraduate Symposium 2022

With all of the respective Australian borders opening, there is a ground swell of support to revive the 3M Postgraduate Symposium for 2022. As always, this Postgraduate Symposium can only be possible with support from the Postgraduate programs, the ASO and 3M.

### Post-Graduate “Diploma in Orthodontics”

The short-lived Post-Graduate “Diploma in Orthodontics” that was administered at James Cook University Dental School has been closed.

### DBA Specialist Registration of Overseas Qualified Specialists

The process of ADC Specialist Equivalence Assessment for Orthodontics is progressing well and ASO members are part of the ongoing process. Complications arise when assessing the equivalency of overseas Postgraduate orthodontic programs to Australian and New Zealand postgraduate Orthodontic programs due to the disparity between many overseas programs.

### A/Prof. J. Mike Razza

*Chairman Education Committee*



# Give a Smile

In 2021 Give a Smile (GAS) reached its 2100<sup>th</sup> treated patient since its inception which roughly equals to over \$16 million dollar worth of philanthropy from our generous members.



“Give a Smile gave me something my mum couldn't really afford and I was treated just like all the other patients.” Isabella, GAS patient

**G**AS is the vehicle by which the ASO can demonstrate to the greater community how, as an association, we can support families in need. The economic impact of the pandemic has inarguably affected the lower socio-economic and economically vulnerable more so than anyone else, and never has the support of our GAS members meant more to the community.

GAS allocates members with a needy patient from the public waitlist, or alternatively a GAS orthodontist can select to treat a patient from their own patient pool as an act of charity and support for their own local community. Despite the ongoing COVID-19 challenges faced by our members, registered GAS orthodontists continued to take on GAS patients and I sincerely thank you for your ongoing commitment.

In August we held the first 'GAS Digital Forum' which included the state liaison officers, the committee, and we were thrilled to have President Dr Howard Holmes, Vice President/2022 President-Elect Dr Andrew Toms and CEO Kerstin Baas join the Forum. The forum allowed those ASO members involved in GAS a chance to learn from each other's experiences and build towards a stronger and more refined charitable service. GAS, is the oldest orthodontic charity of its type in the world and continues to grow and develop with suggestions and support from around the country.

Last year the Give a Smile website transitioned to the Orthodontics Australia website. It features information for the public on how GAS works, FAQs and patient eligibility. The move proved beneficial and continues to see a substantial increase in traffic and public awareness. In 2021 the various GAS pages and resources in the ASO member site were updated to highlight the value proposition of the program, and to improve the user experience of GAS orthodontists, GAS State Liaisons Officers any anyone interested in the program.

With every passing year, we have several GAS members who retire, and it is important that we continue to see an increase in the number of ASO members signing up. For ASO members 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 can demonstrate the strong philanthropic nature of ASO to the broader community.

Finally, I would also like to thank the GAS orthodontist 'screeners' and the GAS committee for all your hard work this year.

**Dr Jonathan Rooke**  
*Chair, Give a Smile*

Give a  
*Smile*™  
a charitable arm of the ASO



# Awards



## HONORARY LIFE MEMBERS

1961	W Stanley Wilkinson	2014	F S Fryer OAM
1964	A Thornton Taylor	2014	W Sampson AM
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	2021	D I Vickers
1989	B Mollenhauer	2021	A M Shields
1993	G I Brown	2021	C W Dreyer
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 2021

The current members of the Committee are Drs F Shane Fryer OAM, Howard Holmes (ex-officio), Helen McLean AM and Rick Olive AM (Chairman) and Andrew Toms (ex-officio).

Nominations for ASO awards were considered by the committee at its 12 December 2021 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.

**Dr Rick Olive**  
*Chair, Awards Committee*

# Awards



## RECIPIENTS OF IMPERIAL & AUSTRALIAN HONOURS

Sir K.T. Adamson CMG (Dec'd)  
P.R. Begg AO (Dec'd)  
J.E. Coolican AM  
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

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 AM  
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 AM  
2021 M L Reichstein

## 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 Federal Council

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



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Dr Howard Holmes



**TREASURER**  
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**SECRETARY**  
Dr Crofton Daniels



**VICE PRESIDENT /  
PRESIDENT-ELECT**  
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**TREASURER ELECT**  
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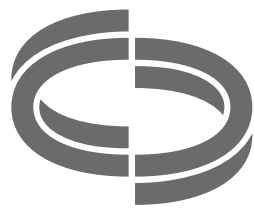
Dr Doreen Ng

Dr Sigid Fu

Dr Thomas Lo

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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	D J 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 Schwarz
2016-18	P Lewis	J Coolican	S Whittle
2018-20	P Hannan	M Tod	D Vautin



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