



# Australian & New Zealand Association of Oral and Maxillofacial Surgeons Inc.

ABN No. 50 829 678 816

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## **PRESIDENT'S NEWSLETTER**

**MAY 2008**

### **CONGRATULATIONS TO PROFESSOR MARTIN FERGUSON**

It was recently brought to our attention that Professor Martin Ferguson has been awarded the "Officer of the New Zealand order of Merit" in 2007.

A letter has been sent to Professor Ferguson on behalf of all the members of ANZAOMS to congratulate him on receiving the award which is very well deserved.

Professor Ferguson is well remembered for his contributions to undergraduate and post graduate teaching and for his time as an examiner for the FRACDS (OMS).

We are delighted to hear of this award and wish Professor Ferguson a long and happy retirement.



## ANZAOMS COUNCIL MEETING

ANZAOMS Council held a teleconference meeting on Sunday 24 February 2008 and some of the issues discussed were:

- **Workforce Study:** Dr John Spencer is ready to commence the study as soon as the financial support from the ANZAOMS Research & Education Foundation is finalized. This is obviously an important study and will involve all members.
- **Funding Agreement with the RACDS:** Approval for the funding agreement with the RACDS was given. The funding supports the Administrative Assistant position which is initially being held by Melissa Nichols and she is the first point of contact for OMS queries in the RACDS. Jodie Atkins is employed on a casual basis as the Education Officer to support the Board of Studies and its committees as directed by the Chairman, Dr Paul Sambrook. The aim is to have both appointments within the RACDS in the long term.
- **Correspondence with the ADC and Dental Boards:** There has been correspondence with the ADC and Dental Boards. The ADC can advise the Dental Boards but the Dental Boards do not have to take their advice. The Dental Board of New South Wales has stated "The specialist description oral surgeon was reopened in this State following a decision by all of the Dental Boards". Our legal advisor, Chris Coyne, is critically evaluating the Dental Act of New South Wales and will advise of possible legal challenges that we could undertake. This obviously has ramifications for all Dental Boards and will be extensively discussed at the face to face ANZAOMS Council Meeting to be held in Sydney on Saturday 14 June 2008.
- **Website Development:** Dr Paul Sambrook and I have been in discussions with the IAOMS developer in Bangalore and their package will be put forward for discussion at the Council Meeting in June. The IAOMS Executive Committee has found their website excellent and it would be advantageous for ANZAOMS to have a link to the IAOMS which now has 5,000 members. I encourage members to view the IAOMS website and forward any comments to their local Councillor.

If there are any other items of business that members would like raised please either contact your State Councillor or forward it to me directly on [anncollins@westmeadomfs.com.au](mailto:anncollins@westmeadomfs.com.au) or telephone 0412 719 455. For your information please see below a list of the current ANZAOMS State Councillors together with their contact details.

<b>QLD Councillor:</b>	Dr Barbara Woodhouse	(T) B (07)3839 4717 Email: <a href="mailto:bmw_rvb@bigpond.net.au">bmw_rvb@bigpond.net.au</a>
<b>NSW Councillor:</b>	Dr Anthony Anker	(T)B(02)9526 1133 Email: <a href="mailto:tonyanker@optusnet.com.au">tonyanker@optusnet.com.au</a>
<b>VIC Councillor:</b>	Dr Tom Sunderland	(T)H(03)9880 7027 Email: Email: <a href="mailto:tsunderl@bigpond.net.au">tsunderl@bigpond.net.au</a>
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<b>WA Councillor:</b>	Dr Clive Purcell	(T) B(08)9474 6762 Email: <a href="mailto:clive@perthoms.com.au">clive@perthoms.com.au</a>
<b>NZ Councillor:</b>	Mr Steve Evans	(T)B 0011 647 839 1394 Email: <a href="mailto:steveevans@xtra.co.nz">steveevans@xtra.co.nz</a>

## **THE MEDICOLEGAL COMMITTEE**

Members who have email will have received a statement from Dr Clive Purcell clarifying the current Guild cover which is as follows:

Dear Member

The Statement we have received from Guild is as follows:

"The Guild cover has remained unchanged. A clarification regarding scope of cover for Oral & Maxillofacial Surgeons under the Dentists Liabilities Insurance Policy was issued in 2003, however the essence of the cover provided has remained unaltered. At that time various communications were issued.

Guild does not specify types of treatments covered by the Dentists Liabilities Insurance Policy. The policy provides cover in accordance with registration under the terms of relevant dental registration legislation, therefore Guild provides cover for the full scope of Oral & Maxillofacial surgery as permitted by the relevant dental registration legislation.

The policy defines a dentist as a person who is registered as a dentist under the terms of legislation in Australia to undertake practice as a dentist. This definition includes any person registered to undertake practice as a dentist and / or dental specialist, **including oral and or maxillofacial surgeons for which the oral maxillofacial surgeon is registered or licensed as a dental practitioner under law that provides for licensing of dental practitioners.**

The Guild policy does not cover claims made against a medical practitioner.

Guild Insurance does provide cover under the Dentists Liabilities Insurance Policy for Oral & Maxillofacial Surgeons".

I apologise for any confusion that may have been caused and I trust that information is a sufficient explanation to dismiss any fears that cover is not present. Please let me know if I can be of any further assistance.

This should be taken as Guilds final comment to the association and this committee on the matter. As always members are advised to carefully check ALL professional indemnity policies to ensure they are adequately covered.

Clive Purcell  
**Chairman, Medicolegal committee**

There was also a Liaison Committee Meeting with DPL held in March when no major issues were raised.

## **THE SCHEDULE REVIEW/THIRD PARTY LIAISON COMMITTEE**

This Committee met in Canberra in March and included the President, Dr Greg Herring and Assoc Professor Andrew Smith. We can now confirm that item number 51700 can be used for all consultations by OMS specialists. Other anomalies were discussed and micro credentialing is being progressed.

## **OVERSEAS AID COMMITTEE**

This Committee held a meeting by teleconference earlier in the year. The major activity so far this year has been the visit by Dr Alam from Bangladesh who visited Adelaide, Melbourne, Sydney and Brisbane.

## **IAOMS FUTURES CONFERENCE II (SUMMIT)**

The IAOMS Futures Conference II (Summit) was held in Chicago on 3-5 April 2008. This was attended by myself, Dr Paul Sambrook, a member of the IAOMS Executive Council and Dr George Dimitroulis, a member of the Education Committee, together with two Trainees, Dr Stuart Deane and Dr Hasanga Jayasekera. Reports from both Trainees are included in this Newsletter. Dr Jayasekera is just embarking on his OMS course whereas Dr Deane is about to complete his training.

Dr Deane has provided a thoughtful and comprehensive review and shows that the Australian and New Zealand Trainees are well placed in the world. He has an optimistic approach to the future and this reflects all the hard work over the last twenty years establishing OMS in its present status in Australia and New Zealand. We still have issues but let us work forward positively.

## ***REPORT FROM DR HASANGA JAYASEKERA***

Thank you for the opportunity to attend the IAOMS Summit in Chicago. It was a great experience and I hope that future trainees are provided a chance to participate in upcoming summits.

The atmosphere was extremely welcoming during my stay. Professor Samman, Dr Helfrick and all the members of the IAOMS regional teams were excellent hosts. I feel that the summit was quite vibrant due to the presence of our futurist, Mr Ed Barlow.

The summit provided me with a wonderful opportunity to meet and get to know my colleagues from all corners of the world. Sharing opinions and perspectives from each others' backgrounds and training programs proved to be a real eye opener. It also provided some insight as to the positive and negative aspects of our own training programs in Australia.

The strategic issues report group was very informative and a plethora of ideas were floated across the meeting room. I congratulate Dr Riitta Suuronen and her group (Finland) on the groundbreaking work that they are conducting into stem cell neogenesis. Dr Larry Nissen was kind enough to help me out with the presentation for our group.

I was given the opportunity to visit NW Memorial Hospital with Dr Alexis Olsson on the last day of the summit (be it at 5.30 a.m.!) and was fortunate enough to attend two fantastic lectures ; one of them by the IAOMS's own Dr Kuriakose.

Lynne Sayler and her team did a wonderful job with the groundwork, completing all the preparations and ensuring the event went off without a hitch.

I feel privileged to have been a part of a close knit and friendly team. The summit was a great success and I hope the outcomes will help to mould the profession and aid its members in achieving their maximum potential.

Thank you again to all the members of the IAOMS, Australian and Queensland branch of the ANZOMS for your support.

**Hasanga Jayasekera**  
Queensland Trainee

### ***REPORT FROM DR STUART DEANE***

The IAOMS futures conference was the second meeting of the International Association aimed at planning for the future of the specialty. The first of these meetings was held in 2006, with the second meeting designed to consolidate and expand on this work. Delegates from 31 individual countries attended, including 13 trainees at various stages of their training. Two trainees from Australia, Dr Hasanga Jayasekera (BST Queensland) and myself Dr Stuart Deane (AST4 NSW), were invited to attend. We received sponsorship from both ANZAOMS and the IAOMS to cover the costs of airfares and accommodation. We would like to formally thank these organisations for their generous assistance. Also attending from Australia were Dr Ann Collins, Dr Paul Sambrook and Dr George Dimitroulis. This report will seek to discuss some of the issues presented, and the implications relevant to Australia and New Zealand.

The need to consider and plan for future trends in health care was immediately and enthusiastically explained by the indefatigable Ed Barlow, who terms himself a Futurist. Ed also was the convener of the last conference, and indeed is very well known for his passion and expertise in organising and directing such meetings, not only for health care groups, but for all different types of organisations. From the beginning of the conference it was apparent that the challenges faced by oral and maxillofacial surgery as a profession are not unique. Whilst the advances in clinical practice are rapidly reported in the scientific literature, the profession needs to be aware of future trends in globalization, population growth and ageing, and the potential effects on the provision of care. The IAOMS is to be commended for their proactive investigation of these issues, manifest by the futures conferences.

Drs Crone and Helfrick gave a presentation on the globalization of healthcare, which brought an alternative view of medical tourism, and the development of high quality, low cost medical centres based primarily in Asia. Far from being second rate hospitals, many of these centres are staffed by doctors trained and credentialed by the traditional medically advanced nations, such as

the USA. They tend to be specialty driven, complete enormous numbers of procedures with outcomes comparable to any developed nation. The Joint Commission International is an international accrediting body of health care, and has accredited well over 100 institutions world wide. JCI accreditation is a recognition that the structure and processes are in place for quality health care. 40 of these 100 hospitals are in developing countries in Asia. The implications of this are numerous. Overseas travel for medical treatment can no longer be considered a niche market. Some insurance companies in the US are even now offering insurance coverage that would allow patients to travel overseas to one of their credentialed hospitals for treatment that would be prohibitively expensive in the States. The medical workforce of developed countries for many years has been propped up by the immigration of foreign trained staff, who may no longer need to travel outside their own countries for work. There are 60 000 non-resident Indian doctors working outside India. Should these doctors be drawn back home by the changing conditions a serious shortage in developed countries (including Australia) would arise. Curiously the morality of building enormous medical centres providing health care to the international patient at the exclusion of the indigent population is given only a passing consideration. Healthcare is treated as a business like any other. Currently most of the interventions are for cardiac and orthopaedic surgery, but maxillofacial surgery cannot be far from the horizon. If a total knee replacement can be performed, why not an osteotomy?

Dr Millesi of Austria presented the results of a 2007 survey of IAOMS members, all of which are available on the IAOMS website. A few results are however, of particular interest. The percentage of surgeons performing research was surprisingly lowest in North America, despite their seemingly voluminous output. There is a definite dichotomy in the American OMS specialists between hospital based and private practice OMS. Unfortunately Oceania had the second lowest percentage of active researchers, even though our region had one of the highest percentages of people who had published a paper. Around the world there was a common theme of needing to improve the image of maxillofacial surgeons, and the idea of changing the name of the specialty was debated. Suggestions ranged from simply "OMS" to mouth, jaw and face surgery (in the same way that otorhinolaryngologists call themselves Ear, Nose and Throat), to orofacial surgery. No clear consensus was arrived at, but it was food for thought.

In terms of training the possibility of part time training was discussed, and despite being trialed in several countries, has generally been found to be unworkable. As a result of poor experiences, few countries allow part time training. Oceania has by far the highest proportion of trainees with dual degrees. In most other regions the rate is around 20-30%. Trainees in Oceania have the most trusting consultants around the world (or the best trainees) as over 80% were able to perform surgery without the consultant being present. This is compared to 30% in America and 20% in Asia. Oceania trainees were also the most likely to earn enough for a reasonable life style. In fact in discussion with other trainees it was apparent that we are among the best paid trainees in the world.

Ron Crouch of the Kentucky Data Room presented the challenges faced by demographic changes around the world, specifically the inversion of population pyramids occurring in all developed countries. This will lead to a decreased number of younger people supporting an ever growing proportion of oldies. The disparity will not only have financial implications, but social ones as well. Hoards of retired individuals will no doubt roam the lands, feasting on the proceeds of their

chronologically deficient fellow citizens. The health care requirements of an aged population will be difficult to provide for. The issue of retirement was discussed at length at the meeting. Most countries around the world have compulsory retirement ages, ranging from 60-65 years, which restricts the ability of the most experienced practitioners to practice as long as they may be capable. Fortunately this is not a problem in Australia.

Perhaps the most eloquent presentation of the meeting was by James Dalton, who discussed his findings of research into why people elect to belong to organisations. He surveyed nearly 17000 individuals about their motivations for belonging to organizations. The associations were not specific to health care, but covered a wide range of interests. Any meaningful understanding of an association involves a balancing act between a calculation of what's in it for me and what's in for the discipline and the public. The probability of being a "promoter" of the association increases with one's level of involvement. Members who do not become involved in their association are perilously close to former members in their estimations of the value they receive. Fifteen percent of the survey respondents said they were involved at the governing or committee level, which is about the level of involvement many association execs cite when asked about the participation level in their association. But another 16% of the survey respondents were involved in single task activities that set them on the path to high promoter status. All associations should therefore seek to engage their members or potential members, encouraging performance of even small tasks as a means of initially developing loyalty and a sense of value.

In between the formal lecture sessions there were a number of breakout groups given the task of considering ways in which to develop the future of the specialty. The group sessions allowed close interaction with both trainees and surgeons from around the world. It was apparent that certain issues are universal, including concerns about scope of practice, length of training, hospital appointments, competition from other surgical specialties, a lack of public awareness of OMS and credentialing. Scope of practice around the world is very varied. Europe seems to have generally the widest scope of practice, covering almost everything from Head and Neck oncology to reconstruction. Having said that, they are also the most limited and regulated in their provision of services. The United States has a dichotomised specialty with most practitioners being in a limited scope private sector, performing mainly dentoalveolar surgery. Other regions were very varied in what was considered core and supplementary scope. In all areas the core scope was dentoalveolar, maxillofacial pathology (benign), TMJ, orthognathic and implant surgery. Oncology, craniofacial and microvascular reconstructive surgery was variably practiced.

A number of goals for the IAOMS came out of the breakout groups.

- 1) Promotion of OMS both to the public, and to other health care providers. Use events such as the face transplant as tools for promotion.**
- 2) Development of links and research with companies at the leading edge of developing technologies**
- 3) Encourage membership of regional and international associations. Several countries have 'vertical' membership of IAOMS when they join their regional association**
- 4) Lobby government for the recognition of OMS as a fundamental surgical specialty**
- 5) Use the website to link members of the specialty in discussion groups, and links for the purpose of research**

- 6) Perform a nation by nation survey of OMS specialists and trainees, and assess the demographic needs for service provision of OMS
- 7) Examine the potential for part time training and the methods by which training time may be curtailed
- 8) Deliberately attempt to attract research of a particular type to be published in the international journal. This is particularly the case for implant surgery, to attempt to wrest some of the influence back from the periodontists.

It is certainly a credit to the work of ANZAOMS over the past 2 decades that Australia and New Zealand have the only defined competency based trainee program with scope as outlined in the GETOMS book, the issue of single or dual degrees has been definitively dealt with, trainee remuneration is excellent on the whole and the future looks stable despite the inevitability of ongoing challenges.

**Dr Stuart Deane**

Oral and Maxillofacial Surgery Registrar  
Westmead Hospital, Sydney NSW

**CONCLUSION**

If there is anything special in your Region you would like to report on in the newsletter or on the website please contact either myself or Liz Swaby at the Secretariat.

Unfortunately I am unable to attend the ANZAOMS NZ meeting and the RACDS Convocation. However, I will be represented by the Vice-President, Dr Jocelyn Shand in Wellington and Dr Paul Sambrook, Chairman of the Board of Studies in Hong Kong and they will report to the Council Meeting in June.

On a personal basis I would like to thank everyone who has sent good wishes, cards and flowers for my recovery from my bicycle accident. I am now entering intense rehabilitation and physiotherapy and hope to be back on my feet very soon.

I am fortified by a message which was on my breakfast tray last week "In the middle of difficulty lies opportunity" by Albert Einstein!

**Ann Collins**  
**President**

**MAJOR SPONSORSHIPS OF ANZAOMS**



**ANZAOMS thanks Stryker and Synthes for their generous support and looks forward to a long and fruitful relationship.**

## **Westmead Hospital Oral & Maxillofacial Surgery Course**

**Sunday 13 July to Friday 18 July 2008 inclusive**

**Sunday - 10am to 6pm**

**Monday to Friday – 8.30am to 6pm**

**Venue: Education Block Lecture Theatres, Westmead Hospital**

As in previous years the course, will cover all aspects of Oral & Maxillofacial Surgery and the 2008 course will be run in a similar fashion to the course run in 2007. It is open to all members of ANZAOMS who wish to update their Oral & Maxillofacial Surgery knowledge and to all trainees, particularly those about to sit their FRACDS(OMS) examination. However, it is equally applicable to trainees who wish to review the scope of Oral & Maxillofacial Surgery or those wishing to embark on a career in Oral & Maxillofacial Surgery.

### **2008 Programme Mentors:**

**Professor John Lowry: Bolton, Lancashire, UK**

**Professor Robert Ord: Baltimore, Maryland, USA**

**Dr Gregory Lutcavage: Jacksonville, North Carolina, USA**

The Program and Registration forms are available from A/Professor Geoff McKellar and Dr Ann Collins:

Email: [geoffmck@westmeadomfs.com.au](mailto:geoffmck@westmeadomfs.com.au)  
[anncollins@westmeadomfs.com.au](mailto:anncollins@westmeadomfs.com.au)

Telephone: (02) 9633-4552  
Fax: (02) 9893-8801  
Mobile: 0412-719-455

FOR DETAILS OF THE PROGRAM PLEASE GO TO THE NOTICE BOARD AT THE ANZAOMS WEBSITE – [www.anzaoms.org](http://www.anzaoms.org)

# **ANZAOMS 2008 Conference** **“The Middle Third in Middle Earth”**

**Hotel Grand Chancellor, Christchurch, New Zealand**  
**28<sup>th</sup> - 31<sup>st</sup> October 2008**

The Australian and New Zealand Association of Oral and Maxillofacial Surgeons New Zealand Committee invites you to attend the ANZAOMS 2008 Conference being held at the Hotel Grand Chancellor in Christchurch from 28<sup>th</sup> - 31<sup>st</sup> October 2008.

The theme of the conference will permeate the invited speakers' lectures - “The Middle Third in Middle Earth”. Confirmed speakers are Dr Johan Reyneke (South Africa - Orthognathic Surgery), Dr Robert Ord (USA - Pathology) and Dr Nils Gellrich (Germany - Trauma). We thank Synthes and Stryker for their support in bringing our speakers to New Zealand. An excellent implant symposium is planned with the help of sponsors BIOMET 3i and Nobel Biocare. You will be provided with an excellent forum to discuss and share your experiences with colleagues as well as being surgically refreshed by our distinguished overseas speakers. Additionally there will be a trade exhibition from our sponsors and many other leading companies that provide products and services to our specialty. The scientific program is to be complemented by a lively social program, designed to ensure that the ANZAOMS 2008 Conference will be an unforgettable event.

If you haven't yet marked the Conference in your diary do it now. The Registration Brochure is currently in production and will be arriving in your mail box in the near future.

The Conference Committee looks forward to hosting you to a memorable conference in Christchurch.

## **CONFERENCE DATES**

Tuesday, 28 October 2008

Wednesday, 29 October 2008

Thursday, 30 October 2008

Friday, 31 October 2008

Welcome Reception

Conference Sessions

Informal scenic dinner at the Gondola Restaurant

Conference Sessions

Conference Sessions

Conference Dinner at the Wigram Air Force Museum

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## **ANZAOMS 2008 Platinum Sponsors**



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