



INTERNATIONAL COLLEGE OF DENTISTS
AUSTRALASIAN SECTION

ISSUE NO. 43 November 2015

PRESIDENT'S MESSAGE



David Crum

2015 - a few highlights - a good year

As I summarise our activities, the Board believe (and hope you agree) 2015 has been a good year for your College.

Membership numbers and participation

We have had continued growth with a record number of Fellows (679) and also the largest Induction within New Zealand (Auckland August 2015) ever. The induction introduced 17 new fellows, was attended by 62 fellows and partners and involved 10 new Fellows from Australia traveling to New Zealand for their induction – demonstrating that this is an Australasian based College. The event also included an address from the Dr Assil Russell, NZDA Young Dentist of the Year. Assil is a stunning colleague, and presents incredible achievements.

Positive responses

During the year we had a great response to the membership survey. As well as good ideas being expressed we had offers from Fellows to be more actively involved.

There were also supportive responses from Fellows regarding our strategic plan and activities for the year and in particular

support for our emphasis on nurturing young leaders – these responses were most gratifying – thank you!

Assistance given

We have given assistance to a range of aid projects - successful projects and many involving direct and at times considerable active participation of ICD Fellows. The College's funding means that through your monetary contribution to the College and the College's Grants process you are supporting those amongst us who are actively involved in aid work.

Continued improvement

The Newsletter under the editorship of Dr Jenny Smyth AM continued to explore new ideas regarding content and your survey responses highlighted the positive views you have of her efforts and of this Newsletter. This edition is the first being supplied electronically as well as by hardcopy as we transition to meeting the needs / preferences of younger Fellows.

The Board has drafted guideline documents regarding an improved nomination process for prospective new Fellows. These will be finalised at the next Board meeting in March 2016.

Improved accounting is being instituted with the introduction of new software to ensure audit and accounting principles are being adhered to.

The Board

Two outstanding colleagues became new Board members this year. Dr Ian Meyers (Queensland) and Dr John Boyens (NZ) have both immediately and willingly contributed to the Board activities. They are experienced and the Board culture

encourages immediate involvement. This year, as in previous years, it's been entirely a pleasure to be part this Board. Throughout the year ideas have been exchanged freely, meetings have been very well organised. We have had the required administrative support that allows us to fit Board activities into to our individually busy lives, we have a united direction and as a group individually and collectively we understand our roles within the Board.

As this Newsletter goes to press we have just learnt of the successful election of Board member Dr Clive Ross CNZM to the position of ICD's International Vice President. It's great that one of our own can reach the highest levels within a worldwide organisation.

Finances

Our finances remain healthy and have allowed us to actively support the strategic direction and activities of the College. They are well managed.

Next Steps

The Board is committed to following up the ideas and the offers of assistance you gave to us via the survey. We will make individual contact with those who responded. The last newsletter outlined our direction and the specific actions we are taking this year. We have until March 2016 to complete those actions and it appears at this stage we are on track.

On behalf of the Board, to all Fellows and to your families, I hope the festive season is packed full of good times!

Kindest regards

David Crum

President: David Crum
Treasurer: Keith Watkins
Registrar: Tom Tseng

Past President: Jackie Robinson
Regents: Rick Sawers, Ian Meyers, John Boyens
International Council: Clive Ross CNZM, Jackie Robinson

Vice President: John Owen AM
Editor: Jennifer Smyth AM

Registrar's Report



Tom Tseng

The Australasian Section of the International College of Dentists now has a total membership of 680. This is comprised of:

- 591 Active Fellows
- 76 Retired Fellows
- 9 Honorary Life Fellows (including 2 Masters)
- 4 Honorary Fellows

597 Fellows are in Australia and 70 in New Zealand. Other Fellows of our Section have spread to many parts of the globe with Fellows now living in Cambodia, Eritrea, Fiji, Malaysia, Northern Ireland, Qatar, Singapore, South Africa and the United States.

I am pleased to report that in the most recent Australian Queen's Birthday Honours awards, five of our Fellows received awards:

Prof Paul Abbott AO (WA)
Dr Ralph Neller AM (QLD)
Prof Clive Wright AM (NSW)
Dr Bruce Drysdale OAM (VIC)
Dr Peter McKerracher OAM (WA)

Our congratulations go to the recipients for their well deserved honours.

Induction Ceremony and Luncheon in Auckland, August 2015

An induction ceremony and luncheon were held in Auckland, New Zealand, during the New Zealand Dental Association's Annual

Conference. 66 Fellows and guests were present for the luncheon and to see 17 new Fellows welcomed to the College.



Mark Goodhew receiving his pin and certificate from ICD Section VIII President, David Crum

In keeping with recent induction ceremonies, we were honoured to have as a guest speaker, Dr Assil Russell. Dr Russell was awarded the NZDA Outstanding Young Dentist for 2015. At the age of 21 and during her final year of university, Dr Russell established New Zealand's first and only registered medical and dental care charity for Iraqi orphans and disadvantaged children. She has organised groups of dental professionals to travel with her to Iraq to provide dental care. Assil is presently trying to establish a mobile dental van to travel around New Zealand to provide dental care for disadvantaged patients in New Zealand.



New Fellows (L to R): Patrick Hannan (QLD), Warwick Duncan (NZ), Peter Arrow (WA), Arthur Mills (NSW), Robert Love (NZ), Michael Jameson (NZ), Eszter Kalotay (NSW), Alain Middleton (NSW), Nicholas Chandler (NZ), Rebecca Schipper (NZ), P Mark Goodhew (NZ), Poe Lim (NSW), Ronald Blake (QLD), Samuel Wittle (ACT), Matthew Filei (VIC) and Peter Barwick (NZ). Kaye Roberts-Thomson (SA) was inducted in absentia.

A conversation between Dr Russell and Dr Boyens is featured later in this newsletter.

Future Section VIII Inductions

The next Section VIII Inductions will be held in Wellington in October 2016 and in Melbourne in May 2017. All Fellows will be advised of details well in advance.

Nominations of Fellows

All Fellows are encouraged to nominate worthy colleagues for Fellowship in the International College of Dentists. The nomination form is available on the website: icdsectionviii.org.

Please direct all enquiries to our Administration Officer, Dr Ron Robinson, admin@icdsectionviii.org

Tom Tseng, Registrar

International Council

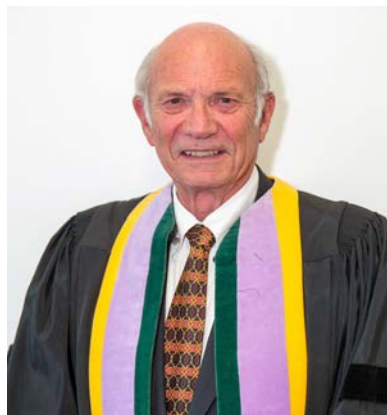
Councillors and Officers of the International Council, representing 12,000 Fellows worldwide, gathered in Dublin, Ireland in October for the annual Council meeting and discussions on the welfare of the College. The deliberations culminated with the election of the International Officers who will lead the Council for 2015 - 2016.

It is with great pleasure that we announce that Clive Ross, CNZM was elected as International Vice President. We offer Clive our sincerest congratulations on this most prestigious appointment.

Clive has served as the International Treasurer on the Council since 2010. He is the first Fellow from New Zealand elected to a position on the Council Executive and the first Section VIII Fellow to serve as International Treasurer.

When Clive becomes ICD President in 2018, he will be the third Section VIII Fellow to serve as International President. In 1978 Gordon Rowell CBE became the first Section VIII

Fellow elected to the position of ICD President and Sydenham Dobbin AM was the second in 2000. Clive will be the first Fellow from New Zealand to serve as International President.



Clive Ross CNZM

Clive's involvement within ICD is but one of many areas within dentistry that he has served the profession. His contribution to dentistry is immense and has seen him awarded the national honour - Companion New Zealand Order of Merit. He is Past President of the World Dental Federation, Past Chairman and Honorary Life Member of the New Zealand Dental Association Board and a past Chairman of the Dental Council of New Zealand.

A full report of the International Council meeting will be provided in the May 2016 newsletter.

Survey of Section VIII Fellows, July 2015

In July 2015, the Board of the Australasian Section of ICD requested all Fellows of the Section to complete a brief survey which included questions related to participation in ICD activities, attendance at ICD events, preferences for types of ICD events, Section newsletters and support for the Section strategic plan. This article summarises the results of the survey.

The survey was distributed to 679 Section VIII Fellows in total. 617 surveys were distributed via email using the *Survey Monkey* program

to compile responses. 62 surveys were sent via post to Fellows who do not have email addresses in the ICD database.

WHO RESPONDED TO THE SURVEY?

172 Fellows completed the survey for a response rate of 25.3% of the Section VIII membership.

Respondents by Country/State

597 of the surveys distributed were to Australian Fellows. 151 Fellows from Australia responded to the survey giving a response rate of 25.3% for Australian Fellows.

69 of the surveys distributed were to New Zealand Fellows. 18 Fellows from New Zealand responded to the survey giving a response rate of 26.1% for New Zealand Fellows.

13 of the surveys distributed were to Fellows living overseas in other countries. Two Fellows from Fiji and 1 from the USA responded giving a response rate of 23.1% for Fellows living in other overseas countries.

Location	Surveys Distributed	Surveys Completed	Response Rate
ACT	11	5	45.5%
NSW	185	41	22.2%
NT	6	2	33.3%
QLD	123	29	23.6%
SA	79	18	22.8%
TAS	9	1	11.1%
VIC	109	37	33.9%
WA	71	18	25.4%
NZ	69	18	26.1%
Other	13	3	23.1%

Respondents by Age Groups

The year of birth (YOB) of respondents was cross referenced with the survey results from YOB data recorded in the ICD database. The 172 survey respondents fall into the age

groups shown in the table below:

Age Group	No. of Respondents	% of Respondents
30 – 39	1	0.6%
40 – 49	15	8.7%
50 – 59	57	33.1%
60 – 69	48	27.9%
70 – 79	35	20.3%
80 – 89	12	7.0%
Unknown	4	2.3%

WHAT WERE THE SURVEY RESPONSES?

Level of Participation in ICD Activities

All 172 survey respondents answered the question “Do you wish to more actively participate in ICD activities?” 68 (39.5%) of the survey respondents answered “Yes” to this question. 104 (60.5%) of respondents answered “No”.

The table below summarises the specified areas of interest of the 68 respondents who expressed interest in more actively participating in ICD activities. Respondents could select multiple activities. The table is arranged in order of the most popular to the least popular selections.

Activity	No. of responses	% of “yes” respondents
Nominations of new Fellows	28	41.2%
Organisation of local ICD functions	27	39.7%
Participation in ICD funded projects	21	30.9%
Review grant applications	18	26.5%
Management functions (Board)	17	25.0%
Representation of ICD with other organisations	17	25.0%

Activity	No. of responses	% of “yes” respondents
Presentations at ICD functions	16	23.5%
Assistance with administration	12	17.6%
Seek sponsorships	6	8.8%
Fund raising for projects	6	8.8%
Newsletters	5	7.4%
Publicity	4	5.9%
Non-specific (“help where needed”)	4	5.9%

Questions about ICD Functions

171 respondents answered the question ***“Would you attend more ICD functions in your closest major city if they were more frequent?”***

123 (71.5%) of the survey respondents answered “Yes” to this question. 48 (27.9%) of respondents answered “No”.

“How frequently should ICD functions be held in your area?”

Frequency	No. of responses	% of “yes” respondents
On Alternate Years	22	15.4%
Annually	70	52.0%
Bi-annually	27	22.0%
Quarterly	7	5.7%
Monthly	0	0.0%
Not specified	6	4.9%

As the table above shows, survey respondents indicate a preference for ICD functions to be held annually. A breakdown of the 70 preferences for ICD functions to be held annually shows these responses are from Fellows in the following locations:

Location of Respondent	No. of Preferences for Annual Functions
ACT	2
NSW	17

Location of Respondent	No. of Preferences for Annual Functions
NZ	9
QLD	13
SA	6
TAS	1
USA	1
VIC	13
WA	8

170 survey respondents answered the question ***“What type of ICD functions are of most interest to you?”*** Most respondents gave multiple preferences which are summarised in the table below. As shown in the table, the strongest preference is for dinners/luncheons with guest speakers.

Type of Function	No. of responses	% of total responses
None	6	3.5%
Inductions during dinners or luncheons at time of ADA/NZDA Conferences	69	40.6%
Dinners/ luncheons – social only	23	13.5%
Dinners/ luncheons with guest speakers	107	62.9%
Dinners/ luncheons to earn CPD points	57	33.5%
Half day CPD courses	46	27.1%
Full day CPD courses	35	20.6%
Other	1	0.6%

Questions about Section Newsletters

“Did you read this edition (June 2015) of the newsletter?”

YES: 150 (87.7% of survey respondents)

NO: 21 (12.2% of survey respondents)

Question not answered by 1 survey respondent.

“Do you usually read the ICD newsletter?”

YES: 161 (93.6% of survey respondents)

NO: 6 (3.5% of survey respondents)

Question not answered by 5 survey respondents.

“Would you prefer to receive the newsletter only electronically, i.e. no hard copy?”

YES: 94 (54.7% of survey respondents)

NO: 75 (43.6% of survey respondents)

Question not answered by 3 respondents.

Questions about the Section Strategic Plan

The survey asked those Fellows who had read the June 2015 edition of the newsletter if they supported the strategic and annual plans for the Section as presented in the newsletter. 128 survey respondents answered this question. 123 (96.1%) of those respondents who answered the question said “Yes”. Five (3.9%) of respondents who answered the question said “No”.

WHERE TO FROM HERE?

The Board sincerely thanks all those Fellows who completed the survey for their invaluable feedback. The Board held a teleconference at the end of October to review the strategic plan in light of the survey results. Follow up reports will be distributed to all Fellows via newsletters. All Fellows who expressed interest in more active participation in ICD activities have been contacted to acknowledge their expression of interest.

Jackie Robinson

Young Dentist Interview Dr Assil Russell

In keeping with our strategic direction of engaging with and supporting future leaders, we are introducing a regular feature in the newsletter in which we will include an interview with a young dentist who is achieving success within the profession. We invite Fellows to submit articles for consideration for inclusion.

Our first interview is between Board member John Boyens and Dr Assil Russell who was the guest speaker at the Auckland induction ceremony.



Dr Assil Russell speaking at the ICD luncheon in Auckland on August 20

1. What is your background - where were you born; when did you come to NZ and why; what made you decide on dentistry as your chosen profession?

I was born in Iraq but grew up in NZ. My parents moved to NZ when I was five years old to escape the Gulf war in Iraq as they wanted a better life for my brother and me.

I graduated from Otago University Faculty of Dentistry in 2011 and I am now back there doing specialist postgraduate studies. I've always wanted to have a career in the health sector for as long as I can remember. I used to go to my dad's clinic when I was a child and work there during school holidays for pocket money. I loved seeing him make a difference in people's lives by relieving their pain and giving them the confidence to smile again! I wanted to have that ability to create change by caring for others.

2. What was it that turned on your “Caring” switch, and how did you go about the first project?

I've been blessed with many people in my life that inspire me. I think first and foremost are my parents who from an early age instilled in me the principle of caring to create change and giving back to the community through

charity. My husband inspires me to be the best person I can be and to lead by example. Outside the family I'm inspired by perhaps one of the most influential humanitarians that ever lived, Imam Ali, who taught me "a person is either your brother in faith or your equal in humanity". I learnt from him that it doesn't matter what background a person is from, we should do everything in our power to help them if they need our help, as that is what humanity is all about.

3. How was ICARE born and what does it do?

During my third year of undergraduate study I was asked to do an assignment comparing healthcare systems. While researching for this I came across a case of a young orphaned child (Tabarak) in Iraq with an expanding malignant parotid gland tumour. I was so devastated by her story and felt the human need to do something. I started a fundraising campaign to help raise the money she needed to have treatment. In a cold Dunedin flat I put together a recipe book of traditional Iraqi cooking and started selling it online and around the university. Today the book has sold hundreds of copies raising funds to provide Tabarak and many others like her with life saving treatment.

That's how ICARE was born. ICARE stands for Iraqi Children's Aid & Repair Endeavour. It's New Zealand's first medical and dental charity for orphans and needy children in Iraq. The charity not only provides life saving surgeries but also free dental treatment and runs Iraq's first and only oral health disease prevention programs. The charity is based on the principle: "You don't have to be a doctor to save lives. You just have to care". But ICARE is so much more than just a charity. It is a calling to start caring - caring without conditions or asking for anything in return.

From this same philosophy I set up the "Revive A Smile" dental charity in NZ to provide dental aid to homeless and disadvantaged Kiwis in low decile regions of Aotearoa.

4. Tell me about the "Young New Zealander of the Year" experience.

It is very humbling to even be nominated for any award and I always feel so honoured. I have a very long way to go before I can say that I have finished achieving or am worthy of any titles or awards.

5. Where to from here?

I'm hoping to continue growing both charities that I am involved with, but particularly "Revive A Smile" to see it offer more dental aid to needy Kiwis all over New Zealand.

ICARE is now in 5 countries and has branches all over Iraq working 24/7 to provide aid. I hope that "Revive a Smile" will grow in much the same way.

I think there will be many challenges ahead as there have been in the past. Many people often comment that it would be impossible to make a real difference. I truly believe that when you are doing what you believe in and following your dreams, there will always be obstacles along the way. If there aren't then the path you are on probably doesn't lead anywhere. Whenever someone tells me something is impossible, I tell him or her to find an apostrophe, and impossible becomes 'I'm possible!'.

Comment from Dr Boyens: Dr Assil Russell continues her postgraduate studies in Dunedin towards a Clinical Doctorate in Endodontics. I am constantly amazed with her ability to always look for ways in which she can help those less fortunate. I admire her and look forward to seeing the roads this young dental leader will take over the next decade or two.

Project Reports

As recipients of Section VIII ICD funding, Project Leaders are asked to provide articles for the Newsletter. I would like to thank all for their wonderful stories and photographs and

apologise that space at times precludes me from including all that you have presented.
Editor

Sponsorship for Research Projects

Section VIII is providing grants over three years to both the New Zealand and the Australian Dental Research Foundations.

The Inaugural ICD NZ Research Grant

A grant of \$5000 has been awarded to Drs Suzanne Hanlin, Sunyoung Ma and Lara Friedlander from the University of Otago for a practice-based research network (PBRN) study designed to evaluate and describe the outcomes for patients receiving implant treatment in private practice settings in New Zealand. A key element of this study design is the active engagement of private dental practitioners. This research approach mirrors a similar practice-base study undertaken in Victoria, Australia.



Suzanne Hanlin is a Senior Lecturer and joint Associate Dean Clinical in the Faculty of Dentistry, University of Otago. Prior to joining the staff at Otago she was in specialist prosthodontic practice in Melbourne, where she participated in the eviDent implant outcomes study. She coordinatates undergraduate teaching of implant dentistry.



Dr Sunyoung Ma is a Senior Lecturer and Prosthodontist in the Department of Oral Rehabilitation at Otago. She is the fourth year module coordinator in removable prosthodontics and coordinator of the postgraduate introductory implant program.



Dr Lara Friedlander is a Senior Lecturer and Endodontist in the Department of Oral Rehabilitation. She is postgraduate coordinator in endodontics

and a member of the ARCH-PBRN Board. She undertook the inaugural PBRN study in New Zealand investigating vital pulp therapy in New Zealand dental practices.

Report by Suzanne Hanlin

Australian Dental Research Foundation (ADRF) Community Oral Health Award

The 2015 - 2016 Award has been granted to Associate Professor Loc Do, Emeritus Professor John Spencer and Dr Diep Ha from the University of Adelaide.



Associate Professor Loc Do's main research interests are in determinants of child oral health, socioeconomic inequality in oral health, preventive measures for dental caries that use fluoride, and oral health-related quality of life.



Emeritus Professor John Spencer is the founding Director of ARCPOH. He has a prominent national and international profile in a wide range of dental research fields. John frequently contributes to national and international policies related to oral health.



Dr Diep Ha's main research interests are in child oral health, risk assessment for dental caries in children and impact of oral health on child development.

The "Study of Mothers' and Infants' Life Events Affecting Oral Health (SMILE)" is a population-based birth cohort study examining maternal and child factors affecting early childhood caries and obesity. The specific aims are to document links between mother's and child's general and oral health and to identify factors and mediate those links.

The study follows a large group of newborn children and their mothers in the Adelaide metro and inner regional area. Data is being collected through dental examination at age 24-30 months and parental questionnaires at different ages of the children.

The children are now turning 24 months of age when the main outcomes will be collected. The outcomes will allow for documenting oral health and general health status of the mothers and children.

Results of the project will be published in scientific journals and scientific conferences. Reports of the study findings will be disseminated to the study participants themselves and community groups who are interested in mother and child health.

Report by Associate Professor Loc Do

Cambodia Smile Project



Dr Sopharith teaches midwives how to place fluoride varnish.

Cambodia Smile is a pilot study to test an intervention for Early Childhood Caries in the Kampong Speu province of Cambodia. The intervention involves talking to mothers before the baby is born and then integrating oral health interventions (oral hygiene, toothpaste and fluoride varnish) with the existing general health interventions (vaccinations, Vitamin A, and deworming) that are provided through the Ministry of Health.

Since the study began in January 2015, 262 children have joined the pilot. Midwives are now getting accustomed to looking in the mouth and applying fluoride varnish. During a recent training session they expressed their surprise at the variation of eruption times for teeth, with some children having lower incisors by 3-months and others not until 9-months or older. This is important for our intervention because we want to place fluoride varnish as soon after eruption as possible, in order to combat the overwhelming effect of the acidic and sugar-fuelled biofilm.

Midwives are also taught how to provide oral health education to help bring about positive changes in behaviour. It is hoped that at 2-years of age we can demonstrate a reduction in the prevalence and severity of dental caries in this group, compared with a control group, and that this will lead to long term improvements in oral and general health.

Thanks to ICD for helping support this 3-year project.

Report by Callum Durward & Bethy Turton

M'lop Tapang, Cambodia

The latest M'lop Tapang visit took place in September 2015. The clinic has operated one dental week each month in 2015. This has provided continuity of care for the community of Sihanoukville. It has been possible because of volunteers planning ahead and committing to work for a specific week. This allows the charity to screen patients for urgent pain conditions in outlying villages and slums to be seen early in the week and to organise transport to the clinic.

We are now able to see family members of street children and of extreme poverty children. This allows more oral hygiene instruction for the family unit, working towards prevention of dental pain. M'lop Tapang has also extended the provision of dental services to other charities in Sihanoukville, maximising the established dental resources. ICD funds this year have gone towards subsidizing a dental student airfare and new equipment which includes handpieces, ultrasonic tips and a new water pump with an automatic cut off switch to the two existing permanent dental chairs.

Some months we have 3 dentists, so we have utilised the older mobile equipment for triage, diagnosis and local anaesthesia. Other months there may be one or two dentists.



We are now reviewing the effects of dental treatment done since 2007. This clinic provides a range of services including restorative, extractions and anterior root canals relying on experienced volunteers, dentists, oral health therapists and dental assistants.

To encourage volunteering by all dental personnel including students and new graduates, Bethy Turton, Callum Durward and I had a meeting in Phnom Penh. We plan to work together encouraging all volunteers and directing each volunteer to the most appropriate charity: M'lop Tapang, One-2-One or Healthy Cambodia. Which Cambodian charity best suits the volunteer depends on the volunteer's experience, dates available and preference for working with a group or with a friend or known work colleagues.

Together we hope to make a difference to the Cambodian dental health and make volunteering in Cambodia an informed, simple and productive choice.

I am available by email or phone for any volunteering enquiries.

Report by Petrina Bowden

Timor Leste

In 2015, the One-2-One East Timor Dental therapy school project received support from ICD.



The Dental Therapy School was set up 3 years ago by Dili University, with the aim of training the future dental therapy workforce in East Timor. The two main problems were a lack of teaching staff and a lack of facilities and supplies. With help from ICD the project has been able to assist in both these areas. Early in 2015, two Burmese dentists and one senior Burmese dental therapist were contracted to come to East Timor to teach. During the 6 months they were there, they provided a significant amount of education and hands-on clinical supervision for more than 100 students enrolled in the course.

In addition to providing treatment for patients in the Dili University dental clinic, students were able to visit some schools to provide education and basic treatment. This has helped to prepare the first group of dental therapy students for their final graduating exams in late 2015. One-2-One is very grateful to ICD for their support for this project.

Report by Callum Durward

Bhattedanda Village School Program

This volunteer based dental program had its genesis in Bhattedanda village in the upper Kathmandu valley of Nepal and has been “married” with school and village based sanitation programs since 2007.

In September 2015, a very small volunteer dental team from Australia - Dr Sandra Meihubers and Mr Mike O’Connell - worked with the local dental team to deliver essential preventive dental care at Shree Himaljyoti School in Bhattedanda village and Shree Jalapadevi School in Bahunepati, Sindhupalchowk district.

Both villages were severely affected by the recent earthquake in Nepal - almost all the houses in Bhattedanda village were destroyed but fortunately there was no loss of life. Six students of the Shree Jalapadevi School were killed in the earthquakes, and most families

lost their homes. The school buildings suffered damage but the school teams have laboured hard to bring the children back to school and to offer some sense of normal routine again in their lives.

The members of the dental project are also supporting earthquake relief fund raising and rebuilding activities. While it will be a long and slow process to rebuild the infrastructure and communities in Nepal, we will continue to work with our partners to provide much needed dental care to those in need and to those who are struggling to restore their livelihoods.



Report by Sandra Meihubers

Long Tan Pre School Children’s Project and OAG Program

I am pleased to report that the children of Long Tan, Vietnam are well controlled with respect to their dental health, primarily due to our program which has been treating the children every two months for the last few years. Funds from ICD have been used to purchase restorative materials and portable equipment which enable us to visit schools unable to access our static clinic.

A new initiative this year has been to extend treatment to two orphanages, one in Vung Tau and the other in Long Hai. These orphanages are run by an Australian Vietnamese lady who was adopted in Australia following the airlift in 1975 and has since returned to live in Vietnam, reunited with her birth mother.

As well as running these orphanages, she has adopted children of her own. Following a request from her, a team spent a week treating the orphans and street children and will continue to visit these places every six months. The leader of this initial team was Fellow Steve Langford from South Australia. Even though he is an orthodontist, he has sufficient general dental skills to lead a team. I encourage other Fellows who are specialists to consider leading a team next year.



Following a request from the Department of Health of the province, we are also providing English lessons to general nurses during each visit. The main purpose of these lessons is to give the general nurses confidence in speaking English which can be used when they are asked to treat Australian tourists in the area.

Next month the senior medical officer of the province, who oversees the legal and practical arrangements for our visits, will be visiting Adelaide for a private visit to see his son. I will be meeting with him to discuss our mutual interests. This will continue to improve our excellent relationships with the authorities. Good personal relationships with the government are absolutely essential for continuation of this worthwhile project.

I would be happy to receive telephone enquiries from those who would be interested in participation.

Report by Colin Twelftree OAM

Kimberley Dental Team (KDT)

The June/July 2015 trip was a very productive and successful four weeks of clinical dentistry and oral health education in Broome, Fitzroy Crossing and Halls Creek as well as 14 other communities.

KDT teams worked very hard to provide dental care and, where possible, to complete all treatment to children identified as in need during the May trip. The teams covered many hundreds of kilometres enjoying the sunshine and the amazing Kimberley country and hospitality everywhere we went. The team provided oral health education and dental services during 483 visits including 460 examinations, 149 extractions, 204 restorations, 61 scale and cleans, 34 radiographs, 84 fluoride treatments and 527 fissure seals and two partial dentures. With the inclusion of the May trip, this represents 1,370 visits and approximately \$350,000 worth of dental care, assistance and advice.

As well as oral health education and dental treatment in the Kimberley, our KDT Southern teams have been busy with sessions in Perth at Oxford Foyer for youth in transition, Uniting Care West for the homeless, Uniting Care Family Foundations for families and Mercy Care Aged facility. If you would like to be involved in KDT Southern activities, contact us to express your interest and availability.

The information gained from examining approximately 900 children this year and comparing this data to 6 years of existing data will allow us to measure and refine our education and preventative program, 'Strong Teeth for Kimberley Kids', and to plan future community visits and review methods of service delivery.

A big thank you to our fabulous volunteers, sponsors and supporters. Follow travels and adventures on the 'Craig the Croc' Facebook page and on the KDT website.

Report by John Owen AM

During National Volunteers Week, Jan Owen was very proud to receive an 'Excellence in Volunteer Management Award' at the WA Volunteers Week gala dinner. Editor

Community Outreach Program Adelaide

I would like to thank ICD for your ongoing support of our Outreach Dental Program. We are now into our fourth year of service to the community and provision of education for our final year Dental and Oral Health Students.

I am happy to report the progress and expansion of our program in the following ways:

- Offer placements and electives for TAFE Advanced Diploma of Dental Hygiene students
- Oral Health Promotion activities that were initially for homeless residents of South Australia are now provided for refugee and asylum seekers
- Liaising with asylum seeker support groups to help improve access to care
- Partnership with the National Dental Foundation to offer greater accessibility for dentists who may not have their own clinics and would like to volunteer
- We now have portable equipment and have entered discussions with the ADA SA Branch, NDF and Common Ground to extend our services to some weekends
- Our affiliations and connections with the wider community, other health care providers and organisations are steadily growing – in particular we now have a medical doctor who attends half a day a week.
- Our dental student body continues to host a "Sleep-out". This year was the 3rd year and it is proving to be very popular and raises money and awareness about the need in our community.

I extend my thanks on behalf of the patients we care for to our wonderful volunteers.

Report by Margie Steffans, Director

Smiles for the Pacific (SFTP)



Greetings and 'Bula' from the folk at SFTP, a New Zealand based charity whose aim is to enhance oral health in the Pacific Basin countries by furthering dental education of their oral health professionals and undertaking procedures not normally available in these areas.

A number of dental teams visited regularly in 2015. These include husband and wife teams and auxiliary dental staff lecturing on sterilization and clinic protocol. The SFTP clinic at Lautoka allows our clinicians to both work there and also within other departments with plenty of small group learning and "over the shoulder" type experiences.

During autumn, Katie Ayers and her husband Angus Colquhoun conducted seminars and surgery experiences in Lautoka, Suva and Nadi. As specialists, they brought a huge amount of knowledge. Our Australian colleagues helped out with Surend Chandra lecturing in June.

In October, we had an exciting opportunity with two of our colleagues, OMF surgeon Dr Brian Whitley and OMF clinical technician Michael Williams, visiting from the Waikato District Health Boards. They have been involved with prosthetic eye, ear and nasal reconstruction and their highly successful visit may well lead to the establishment of a prosthetic ocular clinic in Suva. Training of local technicians has commenced already.

Many oral health professionals from other Pacific countries attend the training so SFTP is reaching across the Pacific Basin.

We are indebted to ICD and other agencies for facilitating the successful operation thus far of SFTP.

Report by Jonathan Cole, Papua New Guinea

National Tooth Brushing Day and No Betel Nut Chewing Day

Dr Rose Andrew is at present in New Jersey USA having just taken up her Fulbright MDS program.

The grant provided by ICD has been spread between the National Toothbrushing Day and in preparation of posters, pamphlets, banners, T-shirts for the 'No Betel Nut Chewing Day' which is held in late October. Dr Gregory Mainao, the Chief Technical Advisor on dental matters to the Department of Health reported that this year's national tooth brushing day was an even greater success than the previous two years in terms of degree of exposure to school children. Dr Mainao said that this project, which was totally organized by Rose, managed to make contact with 161,000 school children in the two months before Rose left for the USA. She used the money provided by ICD to prepare handouts and to help with costs of preparation of visual education material and travel. Rose made the provinces a major focus, using Goroka as the hub of her tooth brushing promotion program.

As one of the greatest current concerns in PNG is rapidly increasing early stage oral cancer in high school children, Rose had proposed concentrating on providing health promotion programs that increased awareness directly amongst primary and high school children. However, she made sure everything was ready for the parade which has taken place during the last few years, where Government Ministers and the First Lady, Mrs O'Neil, will join the dental professionals in a walk through the main streets of Pt Moresby to emphasize the need to curb betel nut chewing, the main cause of the oral cancer epidemic. Dr Mainao, the head of Rose's Department, and fellow

worker Dr Mek, led the procession this year on October 25th.



A very large group of children, issued with a toothbrushing pack donated by Colgate PNG, being instructed in how to brush.

I would like to remind Fellows what Rose has achieved in the previous two years with regard to increasing awareness about the risks of prolonged betel nut chewing. During my September visit this year, as in October last year, it was very gratifying to see the ban on sale of betel nut at every street corner still holding strong. There was no sign of these previously ubiquitous street stalls around Pt Moresby.

It was two years ago that Rose had persuaded the Mayor of Pt Moresby and the Minister for Health that this ban should be put in place to remove the ready access, especially of children, to this narcotic as well as carcinogen containing betel nut quid. She had all newspapers and TV stations, and the First Lady and the Governor General, supporting the reduction in betel nut chewing amongst all local inhabitants.



Not only has this already had a major impact, together with the huge effort of the National Toothbrushing Day, it has helped to bring oral health into the headlines for the first time ever in PNG.

The support of ICD has been greatly appreciated and I can assure all Fellows that their donations have been very well used and have helped achieve a remarkable outcome.

Report by John McIntyre AM

Visit to the Odonto Maxillo Facial Hospital, Ho Chi Minh City, Vietnam

Our eleventh annual team visit to the Odonto Maxillo Facial Hospital in Ho Chi Minh City, Vietnam took place in May 2015. The hospital has 100 beds allocated to the oral and maxillofacial surgery unit and receives patients from Ho Chi Minh City also serving as a tertiary referral hospital from provincial hospitals in the southern half of Vietnam. The patients come from a range of backgrounds and areas. Many are from the impoverished rural areas of the southern half of Vietnam where the average monthly income is around USD50 per month. Patients may travel up to 1,000 kilometres to reach Ho Chi Minh City for treatment.

Our team of 10 was allocated three operating tables in two operating rooms for the full week. We were supported by the hospital anaesthetists, surgeons, training surgeons, nursing staff and CSSD staff. The local surgeons usually scrubbed in with us for each case so as to receive training. In total the team operated on 49 patients. Most of the surgery was complex, taking some hours to complete each operation.

During this visit, the surgical procedures included primary and secondary facial fracture repair, bimaxillary osteotomies, tumour resections and reconstruction, orbital reconstruction, post trauma reconstruction and cleft lip and palate repair.

We take to Vietnam all surgical instruments, equipment and various other materials, including surgical gowns, drapes, sutures, titanium plates and screws and dressings. I have been very fortunate in being able to arrange the donation of most of these supplies from a range of surgical and medical supply companies and hospitals.

Surgical equipment and instruments had been purchased in the past from grants gratefully provided by the ADI and ANZAOMS. In addition, this year we received a generous grant from ICD, which was divided equally between the two operating room nurses who joined the team to help them with travel costs.

At the end of the week we were exhausted and fulfilled. For each of us the week was a special, inspiring and enriching team experience. It was a humbling and rewarding experience to see the immense gratitude from our patients and their families when we visited them on our ward rounds.

Report by Michael Schenberg,
OMF surgeon, Melbourne

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New Editor for the Australasian Section Newsletter



The Board is pleased to advise of the appointment of Dr Petrina Bowden (QLD) as the new editor for the Australasian Section newsletter. Petrina has been a Fellow of Section VIII since 2010. Her extensive volunteer work for the M'Loi Tapang project in Cambodia since 2008 has been documented regularly in our Section newsletters over the past few years. Petrina is a graduate of the University of Melbourne. Over the past 30 years, she has worked in both private and public dental practices in Melbourne, Darwin and now Brisbane.

Petrina also contributes to dental education at both The University of Queensland and Griffith University.

Thank you, Petrina, for taking on this important role for our Section.



Henry Shein / Halas is the only ICD Diamond Sponsor in our Region.

Vote of Thanks to Jenny Smyth AM



As Petrina takes on the responsibility of editing our Section VIII newsletter, we wish to acknowledge the role Jenny Smyth AM (QLD) has played as editor over the past five years. Jenny has been a Regent on the Section VIII Board since 2009. She became the editor of the newsletter in 2010.

Over the past five years, Jenny has diligently coordinated bi-annual publication of the newsletter and advanced the standard of the newsletter. During her time as editor, the newsletter became a full colour publication. Jenny has ensured that reports on all projects financially supported by ICD have been included annually in the newsletter for the education of all Section Fellows and to encourage Fellows to participate in such worthy endeavours. This has helped to establish the reputation of our Section within the International College for leadership in humanitarian projects.

You are leaving big shoes to fill!

