



**MEMBERSHIP  
PROFILES**



**CONFERENCE/  
MEETING UPDATES**



**HONORARY  
MEMBERSHIP**  
DR PETER GREGORY



**AAPD MEETINGS**  
UPCOMING  
MEETINGS

# AAPD NEWSLETTER

## AAPD Meeting- Sydney October 20-21 2018



As has been advertised though email we have a two day AAPD meeting in Sydney. The meeting and dinner will be held at the Radisson Blu in downtown Sydney. As well as an exciting scientific meeting we also have a recent graduate competition which is being sponsored by Colgate.

Information on the meeting and accommodation can be found at [www.AAPDSydney2018.com.au](http://www.AAPDSydney2018.com.au). As this is only open to members there is a login so please use the

password: PossumMagic or **1. Go** to [www.aapd.org.au](http://www.aapd.org.au) **2. Log in** to My Account (upper right of the home page). If you do not remember your My Account password, click on Reset Password then check your email. **3. Go** to Members Only Pages for the link.

Our main speaker is Dr Christina Carter who is a dual trained Paediatric Dentist and Orthodontist, but we will be supported by a number of our local AAPD members. For more information please see the website.

To book accommodation for the conference you can book directly with The Radisson Blue Plaza Hotel. Special rates have been arranged and must be booked by **Monday 20 August 2018**. You can book via email: [res.sydplaza@radisson.com](mailto:res.sydplaza@radisson.com) or +61 2 8214 0000 and ask for the Academy of Paediatric Dentistry Accommodation and use block code #171020AUST. If you want to book online go the Radisson Website ([www.radissonblu.com/en/plazahotel-sydney](http://www.radissonblu.com/en/plazahotel-sydney)). Enter DENTIS into the promotional code box under 'more search options' when checking for rates and availability.

# AAPD Scientific Meeting Perth, Western Australia

Date: March 14 2019

An exciting day is planned for AAPD members in March 2019 (day before RK Hall meeting). The presenter will be Dr Wendy Gill Periodontist. Dr Gill and colleagues will present lectures and discussion in the morning and the afternoon the maximum 40 participants will be using pig heads to perfect their technique!

The title of this hands on day is: Ridge Preservation and the Management of the Extraction Socket. Is there a role in the young patient?

Synopsis: When a permanent tooth is extracted in the young patient, there is often a plan made for a future dental implant. However, we know that wound healing events will lead to bone resorption and remodelling of the alveolar ridge, there is resultant loss of soft tissue as bone support reduces. Consequently, patients are prepared for future bone and possibly soft tissue grafting. However, patients and their parents may not be aware of the limitations in 'rebuilding' these defects to achieve ideal aesthetic outcomes. The implant is only part of the story of tooth replacement.

Current philosophy in periodontics include the options of grafting the socket at the time of extraction to significantly reduce alveolar bone and soft tissue loss while allowing for ongoing bone growth.

This presentation will outline bone biology during wound healing, how grafting materials influence wound healing and current evidence for efficacy, ease of use and safety data. Clinical protocols that can be immediately integrated into practice will be presented in detail. Additionally, discussion of the assessment of the implant site and patient will be outlined to help assess and prepare the future dental implant patient today.

The hands-on component will prepare the participant to assess the tooth prior to extraction and plan for ridge preservation at the time of extraction. Participants will be able to handle materials and simulate the clinical situation using pigs jaws and modern biomaterials.

More details on registration for this exciting AAPD Scientific Day will follow.

## AAPD Business Meetings



The last AGM was at the Gold Coast, Sea World Resort 17 February 2018.

Minutes are available and will be distributed prior to next business meeting on Saturday 20 October 2018.

Executive:

President: Dr P Sawyer  
[president@aapd.org.au](mailto:president@aapd.org.au)

Vice President: Dr Erin Mahoney  
[vicepresident@aapd.org.au](mailto:vicepresident@aapd.org.au)

Secretary: Dr Udit Bhatnagar  
[secretary@aapd.org.au](mailto:secretary@aapd.org.au)

Treasurer: Dr D Ford  
[treasurer@aapd.org.au](mailto:treasurer@aapd.org.au)

## Honorary Membership



Dr Peter Gregory (Honorary AAPD Member) was presented with his Honorary Membership Certificate by Dr Tim Johnston in Perth in March. Congratulations again Peter and thank you for all your dedication to the Specialty of Paediatric Dentistry and The Australasian Academy of Paediatric Dentistry.

## Meeting Updates

### IAPD, CHILE 2017

Last year in late 2017 a number of Academy members attended the IAPD in Santiago, Chile. The venue was the Sheraton Santiago Hotel and Convention Centre which had beautiful views of the Andes from most rooms. The topics covered at the meeting were varied and well attended. As an Australasian Paediatric Dentist I felt we were up to date with the presentations although the highlight in the scientific presentation (for me, Erin) was on bruxism on the final day.

The social events were well attended and the city was an interesting and beautiful city to host the congress. The next IAPD Congress is in Cancun July 3-7 2019.

Have a look at a few photos from the conference on: <https://www.iapdchile2017.cl/gallery04>

### DEBRA INTERNATIONAL CONGRESS, WELLINGTON 2017

In October 2017 in little old Wellington, NZ there was the International Epidermolysis Bullosa (EB) Congress. This Congress combines clinicians, industry, researchers, support people and people with EB from 22 countries and allows each group to have a voice. There were 3 Paediatric Dentists (Dr's Jamie Lucas, Arun Natarajan and Erin Mahoney and one Paediatric Dental Post Graduate who attended. I was humbled to see EB sufferers and the way they are coping in their day to day life with smiles on their faces. The exceptionally high calibre of the clinicians presenting was refreshing and the camaraderie between all attendees was evident.



Dr Jamie Lucas presented an excellent paper on EB to the audience which was well received. He is now heading the review of the International Oral Health Guidelines for the group and once it is finalised we will provide to all interested clinicians. The next world Congress is in Zermatt, Switzerland 7-9 September <http://www.debra-congress2018.ch/>.

### ACLAPA MEETING, SYDNEY 2018

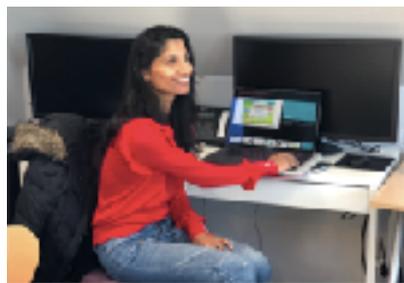
The 11th Biennial Australasian Cleft Lip and Palate Association Conference was held in Sydney May 4-6th and was organised by the Perth Cleft team. The comprehensive meeting covered all specialties that deal with Cleft Lip and Palate Patients and was a true multidisciplinary meeting. There were speakers from around NZ, Australia, UK, USA and many other parts of the world. Our own members, Professor Richard Widmer and Associate Professor John Winters represented Paediatric Dentistry with well thought out, interesting lectures. The plan is to have the next meeting in Melbourne in 2 years time.



### AAPD NZ DIVISION MEETING, AUCKLAND 2018



AAPD executive recently agreed to support the NZ AAPD members by once a year sending a speaker over to their SPDNZ meeting. SPDNZ (Specialist Paediatric Dentists NZ) is a registered charity who are members of AAPD and Paediatric Dentists.



Saturday June 30th Dr Mihiri Silva, AAPD member doing her PhD at the Murdoch Children's Research Institute, RCH, Melbourne, presented to the group. Her interesting, high level presentations on her research inspired all AAPD members who attended. The NZ division of AAPD acknowledge and appreciate AAPD for supporting this initiative.

## Membership Profiles

The aim of this section of the newsletter is to introduce an established AAPD member and new or AAPD member in training.

## *Profiles: Newer AAPD Members*

### **Dr William Fogarty**

**Q:** What brought you to becoming a Paediatric Dentist?



**A:** I've been exposed to the world of paediatric dentistry since my first year as a dental graduate, when I worked for Queensland Health in the School Dental Service. A few years later, I completed the Orthodontics and Paediatric Dentistry elective as part of the final exams of my FRACDS. Following on from that, I happened on a joint position with Queensland Health and the University of Queensland in Brisbane, where I was part of a team that trained the UQ Bachelor of Oral Health students. I spent three years exclusively treating children, in an environment where everyone was passionate about children's dentistry. This inspired me to progress in the specialty and formalise my training. As a result, I returned to where it all began for me, and

undertook my specialist paediatric dentistry training at the University of Otago.

**Q:** Where do you work now?

**A:** I am working in private practice at the Paediatric Dental Group in Brisbane, where I am very lucky to have Dr Daniel Ford as my mentor. I've received widespread encouragement that our like-minded personalities and similar approach to matters, make for a powerful collaboration.

**Q:** Where do you see your future in Paediatric Dentistry?

**A:** My focus is to keep developing my clinical skills as a specialist, with a long-term view for private practice. I thoroughly enjoyed (and was commended for) my previous experience in a teaching setting, so I would be excited if that could also play a part in my future in the profession.

**Q:** What do you like doing outside of Paediatric Dentistry

**A:** Spending time with family and friends, exercising, culinary adventures, time at the beach and trying not to think about anything dentally related. I'm also a connoisseur of reality television and I dabble in a bit of amateur music DJing (although my mixes have not yet assaulted the ears of anyone outside of my immediate circle of friends). Perhaps someday, I may progress to actually surfing (standing up) on a surf board.

### **Dr Udit Bhatnagar (AAPD Secretary)**

**Q:** What brought you to becoming a Paediatric Dentist?



**A:** My journey to becoming a paediatric dentist began the year after I finished my undergraduate studies. I spent three years working in the public sector in Sydney and thoroughly enjoyed my paediatric rotations at both Sydney Dental Hospital and Westmead Centre for Oral Health. I quickly grew to love the scope of practice possible in paediatrics and found it particularly rewarding treating children with special needs.

Having so many amazing specialists to learn from gave me the motivation to become a specialist myself and I couldn't thank them enough for their support, mentorship and constant encouragement.

Q: Where do you work now?

After completing my training in Melbourne, I returned to my hometown of Sydney at the end of 2016. Currently, I split my time between the public and private sectors - I hold a staff specialist position at Sydney Dental Hospital and work privately in Crows Nest and Liverpool.

Q: Where do you see your future in Paediatric Dentistry?

A: I am currently really enjoying the mix of both public and private sectors and feel very fortunate about the exposure I am getting - I hope to continue this combination well into the future. I thoroughly enjoy teaching and once I have gained enough experience, I would like to become more involved with lecturing and clinical demonstrating. I also plan to devote some of my time to volunteer work, both within Australia and overseas.

Q: What do you like doing outside of Paediatric Dentistry

A: I have been a keen (but amateur!) photographer for as long as I can remember. Although my wife has stolen my DSLR for her orthodontic training, I manage to sneak out of the house with it on a regular basis! My photography dream is to visit Antarctica but for now I am really looking forward to taking my camera for a spin in Italy in June. I'd also like to think I'm a keen cook although I'm better known for the mess I make in the kitchen!

## *Profiles: Experienced AAPD Members*

### **Dr John Sheehan**

Q: What are you doing in your career now?



A: Erin Mahoney recently described me as a “seniorish (you're not old but just well respected!) member of AAPD”. It was very generous of her to describe me in such kind terms, but I must admit I'm starting to feel old. When I look around the conference room at an Academy meeting these days, there aren't many delegates who are older

than me. Nevertheless, I don't think I'll be retiring any time soon. With two children still enrolled in undergraduate degrees at university, I'm still going to be in the full-time workforce for several years.

These days, my life as a Paediatric Dentist is fantastic! I am a full-time clinician in my own specialist private practice in Brighton, Victoria. My practice is only 10 minutes from home, and I'm fortunate to have access to an operating theatre at a great day hospital about the same distance from home and only 15 minutes from my practice. Early in my career as a dentist, I had to travel long distances to get to work, so I really appreciate the convenience of living close to work. Being in my own practice, I have been able to employ the type of people with whom I get on well and on whom I can rely. They are a hard-working bunch and they know they are an asset to my business. Not only are they loved by patients and parents alike for their welcoming personalities, they are highly motivated to deliver customer service at the highest level. Most importantly, for me at least, their attention to detail makes my day in the clinic run very smoothly. They are extremely loyal to the practice, and staff turnover seems to be very low compared to many other paediatric dental practices.

Even though I'm an experienced clinician, I still get surprised by things I've never seen in practice. I love the challenge of collecting data to diagnose something unusual. It's like doing a jigsaw. Eventually, when one gets enough pieces together, one starts to see the big picture. I derive most pleasure from successfully helping a highly anxious patient to cope with routine dental care without having to resort to general anaesthesia. My long-term aim for all my patients is to provide the type of care that means they will be happy and confident to take themselves to the dentist when they are adults. While I like to be paid for my services, making money has never been my prime motivation.

Early in my dental career, I worked as a general practitioner for the Victorian School Dental Service. During this time, as well as being a clinician, I had to manage several dental teams who worked in far-flung locations in metropolitan Melbourne. This experience made me realise that, as a clinician, I could only help to improve the oral health of the patients with whom I came into direct contact. As a manager, I could indirectly help to improve the oral health of many more patients. It was this revelation that made me motivated to serve our patients through teaching undergraduates and through representing the specialty and our patients' interests on committees. To that end, I taught undergraduates at The University of Melbourne for many years and still run a tutorial in Paediatric Dentistry for Victorian final year dental students on behalf of the RACDS. Moreover, I have represented the interests of infants, children and adolescents on several ADA (Vic Branch) Committees and through ANZSPD (Vic Branch) and ANZSPD Inc. As Federal President of ANZSPD and as a Member of AAPD, I have been able lobby for our patients interests at the highest levels of Government. Recently, I was invited to join the Membership Committee of IAPD, and now I look forward to influencing the oral health of paediatric patients around the world. Even though I am no longer on ANZSPD's Federal Council, being a lobbyist remains an important and integral part of my career. It is something from which I get enormous satisfaction. As a Paediatric Dentist, I have enjoyed the high status that comes with the job. As a lobbyist, in some small way, I hope to repay the community for the advantages I've been given in life.

Q: How did you get into Paediatric Dentistry?

A: The short answer is that I didn't get high enough marks in my Victorian Higher School Certificate (Year 12) to be accepted to study for the degree Bachelor of Science (Optometry), and I had to be satisfied with my second choice - dentistry! Had I scored better, I might now be a Paediatric Optometrist. (Suffice to say that the entrance mark for optometry in 1978 was eight marks higher than the entrance mark for medicine.) Did I ever regret not getting into optometry?

Yes, I did for a time. In fact, early in the second year of my Bachelor of Dental Science degree, I made an appointment with the Registrar of the Department of Optometry to discuss the possibility of gaining lateral entry into Optometry. While it's likely a formal application to transfer would have been successful, by the end of the year a career in dentistry seemed like the right choice for me. With my focus firmly fixed on paediatrics, I accepted a bonded scholarship with the Victorian School Dental Service when I was in third year. This paid me a small income for the duration of my undergraduate years and guaranteed a full-time job working in children's dentistry for the first three years after graduation. I viewed this job as a way to decide if I really wanted to pursue a higher degree in dentistry for children. Hanny Calache, who had recently started studying for a Master's degree after a similar career path, offered me sound advice when I was deciding whether or not to accept the scholarship.

The 9<sup>th</sup> Congress of The International Association of Dentistry for Children (IADC, now known as The International Association of Paediatric Dentistry or IAPD) was held in Melbourne in 1983. As an undergraduate student about to start my final year, I was lucky enough to be exposed to the breadth of dentistry for children, I think even before I was exposed to my first university lecture on the topic. Roger Hall OAM was the Chair of the Local Organising Committee, and I believe he officially became President Elect of IADC at the end of the Congress. One could say he started mentoring my career in Paediatric Dentistry at that meeting. Clive Wright, who was then Senior Lecturer in Dentistry for Children, also mentored me when he encouraged me to volunteer as an undergraduate helper at the Congress. In return, I was given free registration to the Welcome Reception and Scientific Programme. Moreover, he gave me his own ticket to the Gala Dinner when he found himself unable to attend. This kind gesture allowed me to rub shoulders (on the dance floor at least) with many of the world's elite in paediatric dentistry. The thought of mature Japanese ladies, dressed in very formal and tight-fitting kimonos and wearing traditional Japanese sandals, trying to dance like a local to an Australian bush band playing a heel and toe polka in a huge marquee next to the mansion in Werribee Park, still makes me laugh.

My plan as an undergraduate was to start studying for the degree of Master of Dental Science in 1987. Family circumstances delayed me starting it until 1993. In the interim, I had to content myself with being Secretary Treasurer of ANZSPD (Vic Branch) in 1991. During this my first year on the Branch Committee, John Jago and John Brownbill proved to be great mentors. Being Branch Secretary Treasurer first brought me to the attention of Louise Brearley Messer AM, who had recently returned to Melbourne after many years teaching at the University of Minnesota. By the time I was able to recommence full-time study in 1993, Louise had had an opportunity to reinvigorate paediatric dental training in Melbourne. She, Roger, Chris Olsen and Margarita Silva were the only four Paediatric Dentists registered in Victoria at the time. Kerrod Hallett was the Senior Registrar at the Royal Children's Hospital in restricted practice. David Manton was nearly at the end of his Master's programme and Tim Johnston was the postgraduate student starting second year. Louise made sure that all four registered specialists were actively involved in teaching her post-grads. These registered specialists, together with Jamie Lucas, Kerrod and her other postgrads, nurtured me, the newly enrolled first year paedo postgrad.

Q: How has Paediatric Dentistry changed since you started as a specialist?

A: The first clinical meeting of the AAPD was held in Perth in 1993. In total, I think twenty members attended and there were no apologies. This number included:

- all the Paediatric Dentists registered in an Australasian jurisdiction;
- all the Members in Progress currently practicing in Australasia – dentists who had completed a Master’s degree in Paediatric Dentistry and who had also restricted their practice to Paediatric Dentistry, but who still needed to fulfil their local dental board’s criteria for specialist registration; and
- all the students currently enrolled in a Master’s degree in Paediatric Dentistry at an Australasian university.

It’s hard to believe that the number of registered Paediatric Dentists and the number of postgrads undertaking specialist training has grown so much since AAPD’s first clinical meeting. At that time, I attended the meeting as a Student Member of AAPD and I was the only first year paediatric dental postgrad in Australasia. Now, every year there are multiple students in Australasia starting the first year of their specialist training in paediatric dentistry. This increase has occurred despite the introduction of university tuition fees for undergraduate courses in Australia, dentistry moving from school entry to postgraduate entry at most dental schools, and the vastly higher tuition fees trainee specialists now must pay the university for their training. While I graduated from my Master’s degree with no debt, I imagine most trainee specialists now graduate with a large student loan to repay. However, they can register as specialists immediately on graduation. In contrast, when I started my Master’s degree, the Dental Board of Victoria required me to do three years of supervised restricted practice, including working at least the equivalent of one year fulltime for a hospital or university, before I would be eligible to register as a specialist.

Until the first day procedure centres were established, most exodontia and restorative dental care on children under general anaesthesia in the private sector was performed in a dental surgery by a general dentist using the services of a visiting anaesthetist. By the time I started my specialist training, this practice had virtually disappeared because most anaesthetists regarded a day procedure centre as the only safe location for the delivery of general anaesthesia. As a result, many general dentists had operating rights in private day procedure centres, and they still cared for many (possibly the majority) of children who required restorative dental procedures under general anaesthesia in the private sector. Since then, most general dentists (at least in Victoria) have lost those rights because their lists were not profitable enough for the hospitals. As the Senate Committee’s inquiry into the behaviour of private health insurance companies concluded, this lack of profitability for hospitals is also having a deleterious effect on Paediatric Dentists’ access to operating theatres for their patients’ restorative care. With access to day procedure centres becoming more difficult for dental patients, in Victoria at least, we have seen general anaesthetics being given in dental surgeries for the first time in years. I am pleased to report that concerns about the safety of this type of service delivery have resulted in the Victorian Department of Health and Human Services deciding to regulate mobile IV sedation and anaesthetic services in this State. Not only will the mobile service need to be accredited, the dental surgery itself will need to be inspected by the anaesthetist and the practice proprietor. Both parties will have to assess the practice against a checklist and sign the completed list. If the practice is found to be a suitable location, then a copy of the checklist will need to be retained and made available to the Department upon request. Only then will it be possible for patients to be treated under IV sedation or general anaesthesia in a dental practice or other location outside a registered hospital or day procedure centre. While these regulations will only affect service

delivery in Victoria, I expect other jurisdictions, where the delivery of general anaesthetics in dental surgeries is permitted to regulate this type of practice in due course.

With its increasing number of Members, AAPD has found that its voice in the political arena has also grown, and this has allowed it to represent our patients in ways we could not have imagined 25 years ago. Individual members of AAPD in all parts of Australasia are now actively involved in various influential committees at a local, regional, national and/or international level. For example, there are three Paediatric Dentists who are currently Councillors of RACDS. As an organisation, AAPD also sends representatives to important meetings with the broader profession, government, etc, to lobby on behalf of the interests of our patients and our members. Where once the only people to represent AAPD at a meeting were members of the elected Executive, now the AAPD Executive has a large pool of willing and experienced Members from which to draw the Academy's representatives. I am pleased to report the current Executive is making the best use of this valuable resource, and now AAPD seems to be represented in many more fora than it could when only members of the Executive were available to represent it.

Clinically, we have seen almost the complete demise of amalgam in children and adults and an increasing demand from patients and parents for cosmetic improvement, for example through the use of aesthetic (zirconia) crowns on anterior and posterior primary teeth, veneers on adult teeth, bleaching and orthodontic treatment. No ten-year-old child ever asked me to bleach his or her teeth twenty-five years ago. Now, children the same age are asking for bleaching, even when they have a natural shade equivalent to A1 on the Vita shade guide! Regretfully, this trend seems to parallel the rising prevalence of body dysmorphic disorder in the community.

Funding dental treatment has changed enormously, at least in Australia if not New Zealand. Twenty-five years ago, there were many more private health insurance funds. Most were locally owned and run as mutual funds. Members of a fund were its virtual shareholders. Premiums paid were only returned to members via rebates or used to pay for the fund's administration. Medibank Private was government-owned and its privatisation was not being considered. This ensured that its premium increases were moderated. I'm sure that the Australian Federal Government received an annual dividend from its investment in Medibank Private, but the government had altruistic reasons to minimise the dividend it was being paid. The other funds were forced to moderate increases in their own premiums to remain competitive with Medibank Private. Extras cover was only available to help cover the costs of a few health professionals like dentists, physiotherapists, optometrists and opticians. Most importantly, the private health insurance funds made a reasonable profit from patients with hospital cover and they didn't use profits from extras cover to generate most of their company's overall profit. In contrast, now with fewer funds in the market place, there is less competition. The private health insurance sector in Australia is dominated by five big funds. With demutualisation and privatisation, all the dominant funds generate profits for shareholders. This diverts money from the rebates paid to members into the hands of the fund's shareholders, who increasingly live offshore. Extras cover now pays rebates for treatment done by practitioners of natural therapies like homeopathy and aromatherapy. While these therapies have at best a placebo effect in my opinion, they contribute to the overall cost of extras cover and they dilute the amount rebated to members for treatments done by more efficacious practitioners like dentists. All of this, added to the falling profits from hospital cover, means the funds only rebate about 75% of the money paid by members' premiums for extras cover. As health insurance rebates for dental items continue to fall over time as a percentage of the dentist's fee for each item, fewer people will see the value of taking extras cover. In the future, more of our patients' dental fees will be fully funded directly

by their parents, rather than in part paid for by a third party private health insurance company. On the positive side, the introduction of the Child Dental Benefits Schedule in Australia is providing some financial support for the dental care of children whose parents are less well off.

Legislative changes in Australia, made about the time I commenced my postgraduate training, allowed for the first time, dental practices to be owned by entities that were not fully owned by dentists. This has led to the establishment of clinics owned by companies which are focused on their corporate profit margin and which have little interest in the quality of the care delivered to patients. This care has been compromised further by private health insurance funds now establishing and running their own dental clinics where the rebates paid to fund members are higher than those paid to the same fund members when they visit an independent dental practitioner. While this has not yet affected specialist dental practice to any great degree, it is probably a sign of things to come as the power of the funds in Australia seems to continue to rise unfettered by effective regulation.

Q: You have done so much in and for Paediatric Dentistry- any favourite memories or patients?

A: My favourite memory is of my daughter, Bridget. When she was seven, she made a speech on behalf of the infants, children and adolescents of Australia and New Zealand at the opening ceremony of the ANZSPD Biennial. In her speech, she thanked the Victorian Minister for Health for attending and giving the opening address to the delegates. It is fair to say that Bridget stole the show with her articulate and confident manner. Rarely, has a father been so proud!

There have been so many wonderful patients! Kids are so spontaneous, and I've received lots of unexpected hugs from many patients over the years. Two patients stick in my mind. Neither of them was a "hugger". One was a boy with aplastic anaemia for whom I had to extract a mobile deciduous incisor. His courage and will to live were extraordinary. The other was a non-verbal, severely autistic boy who needed treatment under GA when he first saw me. Many years later and after lots of desensitisation, his mother and I were left teary, first when he managed to get an OPG exposed at the local radiography clinic, and then again later when he managed an inferior alveolar block and dental restoration under rubber dam. He always brought his blankie, even though his blankie had degenerated to no more than a short piece of fabric hidden in the palm of his hand by the time he graduated from my practice at 19 years of age.

Q: What do you love doing outside of Paediatric Dentistry?

Few would disagree that Melbourne is Australia's sporting capital, and "Who do you barrack for?" is a quintessential Melbourne question that must be answered unless you wish to be an outcast in Victoria. With my grandfather, Fred Sheahan, playing for the Melbourne Football Club for about 10 years during the 1880s and 1890s, I claim to be a fourth-generation supporter of the mighty Demons. Naturally, I brainwashed my kids at an early age and they remain loyal fifth-generation supporters despite the Demon's poor on-field performance over recent years and them being the products of a mixed marriage (my wife, Gabe, follows the Hawks). I love nothing better than to watch the Dees have a win at the 'G, something they have done a lot this year. If members of my family join me, as they often do, it turns into a family celebration. However, living in Melbourne is not all about football – there's racing and tennis too! There's nothing much better than meeting friends at Flemington and beating

the bookies during the Cup Carnival, or watching either Fed or Rapha play on Rod Laver Arena during the Australian Open.

I love living in Melbourne, but I love leaving it for far off places. I have a passion for travel – meeting people from other cultures, seeing how they live and tasting their cuisine. If I can't get on an international flight, I just go to one of Melbourne's great restaurants to get my fix of the exotic!

While I still have a half set of bones in my wardrobe left over from second year Anatomy, these days I am more interested in finding out about the skeletons in my ancestors' closets. I won't bore you with too many details. Suffice to say, all those who migrated to Australia arrived between 1839 and 1869, one was born in Melbourne in 1841 when the population of Melbourne and its suburbs was about 4000, and one was picked up in the Chatham Islands as a castaway after he went AWOL from a whaler out of Boston – he later became Commodore of the New Zealand Steamship Company's fleet and was known as the "Grand Old Man of the Pacific".

Most of all, I love spending quality time with my family, seeing my kids grow up and celebrating their achievements. I also love my dog, Frankie. There's a good reason why she is a reclassified [failed] guide dog. She is as naughty as she is adorable, and totally untrainable!