



Australian Dental Association  
South Australian Branch Inc.



# Annual Report

2015-16

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# PRESIDENT'S REPORT

*Dr Greg Miller*



At the instigation of my Presidency I proclaimed my desire to oversee a Branch that works to:

- Understand the issues concerning our membership, (Listen)
- Seek professional and appropriate advice and solutions to these problems, (Learn)
- Execute strategies to solve these, (Do)
- Ensure the membership is adequately briefed on our activities, (Communicate)

This year there have been an enormous number of external forces bearing down on the practice dentistry. These include: government regulation and legislation; third parties such as private health insurance; and market forces. Using the above dictums, we have commenced tackling these challenges, through resource collating and research; meeting stakeholders and seeking expert opinion; staunch and direct advocacy; altering and optimizing our models of both operation and structure; and enshrining these activities in our duty to serve members interests and promotion of the art and science of dentistry.

ADASA has had a busy year with 8 Federal Executive, 3 Federal Council and 2 Branch Presidents and CEO meetings. There have been numerous meetings with other organisations and relevant parties over the year including: 4 meetings with AHPRA; 3 meetings with SADS, attendance of inaugural South Australian Dental Forum, 4 meetings with the University of Adelaide, 2 meetings with the Royal Australasian College of Dental Surgeons and numerous meetings with politicians and key health stakeholders.

ADASA has worked hard over this year to successfully coordinate events, both professional (CPD) and social (i.e. Golf and Tennis Days). The Recent Graduates Committee held 7 events over the year and these were well attended. It is my belief CPD should become a major focus for the Association and it should be now possible for Members to achieve their entire CPD requirement through ADASA and Federal ADA.

In response to growing membership concern, the Special Purpose Health Fund and Third Party Committee was instigated to address issues arising from the involvement of Health Insurers and other parties in the practice of dentistry. Extensive discussion

with Federal politicians about the misuse of market power health insurers wield and their anticompetitive behaviours have been undertaken. An Extraordinary General Meeting was held to discuss the impact of direct involvement of health insurers with the profession either through ownership of dental practices or contractual arrangements for service provision. This feedback was then collated and reported to the ADA Federal Executive in Sydney, where all state presidents and Federal Councillors listened to concerns about the issues arising from corporate and insurer involvement in the profession. South Australia as an instigator on this issue was then first to host a forum with the Federal President, CEO and Deputy CEO to hear the history, formal response and strategies developed over the year in response to this issue culminating in the **Time2Switch** campaign - [www.ada.org.au/time2switch/Home](http://www.ada.org.au/time2switch/Home).



**YOUR REGULAR DENTIST IS MORE IMPORTANT THAN YOU THINK**

They know you, your treatment history and what you need to do to maintain a healthy mouth.

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# PRESIDENT'S REPORT

*Dr Greg Miller*

Activities of the ADASA Investment Committee also commenced in 2016. This worthwhile initiative, will ensure long term capital retention, risk mitigation through appropriate diversification and progressive growth for the Associations reserves to ensure that we continue to be a very well-resourced body – capable of meeting future challenges and able to support the needs of our membership base.

On 14 March 2016, the federal government indicated its intentions to close the Child Dental Benefits Schedule (CDBS); a program designed to deliver dental care to many of the most disadvantaged children in Australia.

Claiming that the scheme had failed to live up to expectations and the funds could be better used elsewhere, the Federal Health Minister Susan Ley implied the scheme was under review, a status echoed by Prime Minister Malcolm Turnbull who instigated work on amendments to the Dental Benefits Act 2008 – which would close the CDBS and enact its replacement the Child and Adult Public Dental Scheme (caPDS).

This would have impacted the supply of dental treatment for up to 3.4 million disadvantaged children at a time when over 50% of all 6 year olds have experienced tooth decay, and more than 24,000 children under 14 were hospitalised for dental treatment in 2013-14 alone.

In only two years of operation, dentists through the CDBS delivered 9.7 million dental services to Australian children.

It's ADASA's firm opinion that if the Government is serious about delivering oral health care to disadvantaged children and adults, then it should not only retain the CDBS but use it as a template to develop additional specialised programs directed at needy adult populations, all of whom have substantial unmet dental need.

That is why upon receipt of this news, ADASA and the ADA swung into action and launched a range of measures designed to make it clear to the government that the CDBS was a vitally important public dental health care scheme.

To date, this campaign has included: the launch of a **#SaveTheCDBS** petition via change.org; the enlisting of the ALP, who devised and developed the CDBS, to fight for its retention; a digital kit containing a range of materials for dentists, allied healthcare professionals and practices to use through the media, social media and to make representations to their MPs; a program of media appearances at various practices around the country by Labor MPs such as the Shadow Minister for Health Catherine King and Assistant Shadow Minister



## STOP THE GOVERNMENT AXING FREE DENTAL CARE FOR KIDS

**Fact:** 3.4 million eligible children will lose access to vital dental treatment

**Fact:** 9.7 million dental services delivered over 2 years

**Fact:** We need more government funding for dental services, not less

Sign the petition at [ada.org.au](http://ada.org.au)

**#savetheCDBS**



[facebook.com/healthyteethaustralia](https://facebook.com/healthyteethaustralia)



[twitter.com/aus\\_dental](https://twitter.com/aus_dental)



[facebook.com/australiandentalassociation](https://facebook.com/australiandentalassociation)





# PRESIDENT'S REPORT

**Dr Greg Miller**

for Health Stephen Jones; an active program of lobbying government and opposition/crossbench MPs and engendering community support to **#SaveTheCDBS**; and an ADA appearance at a Greens-initiated Informal Senate Hearing on Government funding.

The ADA approach has yielded some impressive results to date. In September 2016 the ADA managed to enlist the Greens, the cross-bench and the ALP, who together negotiated to remove the CDBS from the Budget Savings Omnibus legislation.

This means a proper Senate inquiry will take place. It is expected this will reveal that a lack of promotion – and not poor take-up by parents – was to blame for the slow start to this vitally important scheme, and that it should be retained.

Due to the concerted efforts of the Association, assurance has been given that benefits will be paid for any eligible services provided on or before 31 December 2016.

The ADA is determined to keep applying the pressure to retain the CDBS, arguing that the oral health of Australia's children is at stake. Given this Government's past determination to close the scheme, ADASA is urging practices to continue supporting the Save the CDBS campaign.

In April, in response to concerns raised by members, the ADA announced that it would revisit some of the changes that took effect in the 11th edition of the *Australian Schedule of Dental Services and Glossary*.

To ensure all members views were accommodated, a formal submission process was undertaken in relation to the deletion of items 281 and 282. Submissions were received and reviewed. Amendments to the periodontal items were prepared and Federal Executive met with both the Australian and New Zealand Academy of Periodontists (ANZAP) and the Australian Society of Periodontology (ASP) to discuss these.

Full details of the changes and updated guidelines will be advised to you by the Schedule and Third party committee.

Before the Schedule can be altered, the ADA will be

in consultation with health insurers, dental software providers and other relevant entities to establish how quickly the changes can be implemented. The ADA will endeavour to progress these changes as quickly as possible.

Discussion is also continuing with the Australian Society of Orthodontists to clarify some issues with the use of Item 881 which has been flagged for potential removal in the 12th Schedule and Glossary. The ADA wishes to clarify that item 881 can still be used under the 11th edition Schedule.

This year's Dental Health Week (August 1-7) focused on woman's oral health. Dental Health Week was a major topic of interest for both state and national media.

I would like to congratulate members who received awards this year; Dr Grant Townsend, 2016 IADR Distinguished Scientist Award and Dr Richard Sawers, who was appointed a Member of the Order of Australia for significant service to dentistry as part of this year's Australia Day Honours.

Thanks to the excellent ADASA staff and all their hard work this year, Dr Samantha Mead CEO, Catherine Waite Administration Manager, Julie Herring Accountant, Emily Griffiths Public Relations Officer, Jim Ball Community Relations Officer, Sally Queale Publications & Events Coordinator, Judith Bail Infection Control Officer and Nicola Khouri Executive Assistant & Administration Coordinator.

Thanks also to all members of Council and Committees for their hard work. In particular I would like to recognise the time and commitment involved in undertaking the work of the Association. Any members who have the conviction and fortitude to get involved should contact the office via email on [admin@adasa.asn.au](mailto:admin@adasa.asn.au) or telephone 08 8272 8111. As Israelmore Ayivor said, "You are the salt of the earth. But remember that salt is useful when in association, but useless in isolation."

**"You are the salt  
of the earth. But  
remember that salt  
is useful when in  
association, but  
useless in isolation."**

*Israelmore Ayivor*

# CEO's REPORT

*Dr Samantha Mead*



The past year has been a busy and exciting one for ADASA.

The delivery of events has continued to be a key offering of the Association. In the past year the branch held 27 continuing professional development events and 7 social functions. This year's May Branch meeting was held in the beautiful Barossa and this was also the location for the branches Dental Seminar.

ADASA held its second meeting of members in 12 months to discuss the influence of Private Health Insurers. At the most recent meeting we were pleased to be joined by ADA President Dr Rick Olive, ADA Inc. CEO Robert Boyd-Boland and GM Policy Eithne Irving, who outlined the work of the Association at a National Level and launched **Time2Switch**, a campaign designed to trigger reform in the private health insurance sector.

This year also heralded major changes to the ADASA's mentorship program with mentors being assigned 3<sup>rd</sup> year BDS students. The mentor/mentee relationship will now be supported to extend beyond the completion of study through to a recent graduates second year as a practicing dentist. I thank Dr Josh Tyrell for his support and work in this program.

In the year we entered the second cycle of dental practice accreditation and we continued to encourage the benefits of this internationally recognised evaluation process. The branch held two practice accreditation workshops to assist and support members undertaking this process.

Members will soon be able to experience the new ADASA website. The current website did not perform all of the functions required in a seamless manner resulting in some frustration for members. In the second half of the year we have been transitioning to a new site that should alleviate these issues for members.

As we know the strength of any association is in its members and so I thank you all for your contribution. I thank the ADASA Council for their tireless contribution to our Association and all the members that volunteer many hours on our various committees. As CEO I am in an enviable position of having the support of highly skilled and dedicated staff, I thank them all for their efforts over the previous year.



*ADASA Mentorship Evening*



*ADASA Practice Accreditation Workshop*

# HONORARY TREASURER'S REPORT

*Dr Anthony Smerdon*



The Association has recorded a surplus for the Financial Year ending 30 June 2016.

A surplus of \$ 104,627 was achieved through prudent management by our CEO Dr Samantha Mead and Branch Accountant Julie Herring

Revenue was slightly down from the 2015 Financial Year however the Association continues to be in a strong financial position.

The Associations Financial Statements have been independently audited by Doan Hoang and Paul Gosnold from BDO and no irregularities have been found.

BDO have been reappointed for the coming Financial Year.

The accumulated surplus for the Association has increased by \$104,627 to a total of \$2,299,591.

I would like to thank Dr Eleanore Owen for her wise guidance on the Audit Committee, and Lisa Hickey from Hood Sweeney who sits on the committee as an independent accountant.

Members can be confident that the Association continues to be in a strong financial position to provide member services including the increasing demand for CPD.

## EDITORS REPORT

*Dr Rob Shea & Dr Kosha Jhalla*



Dr Rob Shea



Dr Kosha Jhalla

The last year has been one where the dental industry has had several limelight issues on the go.

As the editorial team of Dr Rob Shea and Dr Kosha Jhalla along with Sally Queale, our publishing coordinator, we have aimed to provide our members with up to date and relevant information related to the key topics at hand.

In 2016, we were keen to involve members of the profession to share clinical and non-clinical interests with our peers. We have been well

supported by dentists and other professionals who work closely with the industry to achieve this.

As the ADA launches its **Time2Switch** campaign and tirelessly negotiates the best outcomes with private insurers and Medicare, we look forward to publishing the extensive reports from our President and CEO, which have been very informative.

Our changing times are constantly shifting the needs of our readers and our challenge will be to keep with

the pace of the profession, whilst also trying to provide new learning opportunities and information through various notices and articles.

We would like to thank members for their written contributions and ideas and encourage the use of dental insights as a central link and information source within the profession ([editor@adasa.asn.au](mailto:editor@adasa.asn.au)).

# COMMITTEES REPORTS

## Health Fund and Third Party

Members:

Anthony Smerdon (Chair)  
Greg Miller  
Mark Hutton  
Tharaka Narayana



Dr Anthony Smerdon

ADASA council established the Health Fund and Third Party Committee to establish a unified approach to the activities of Health Funds and Third Parties.

The objectives of the Committee is to

- Review the activities of Private Health Insurers and how they impact the practice of dentistry in South Australia
- Review government dental policy at a State and Federal level and how they impact on dental practice.

The Committee has met several times since its establishment in early 2016 and is in continuous discussion amongst its members about what is happening in our State.

Committee members have met with Senators Xenophon and Birmingham and Minister Pyne to discuss the issues facing dentistry.

A very well attended Health Fund meeting at the Arkaba Hotel saw the initial release of the Federal Association's **Time2Switch** campaign.

As it is a very new committee, the outcomes of it will evolve over time and it should be able to achieve the objectives that it was established for.

Senator Xenophon prior to the election released a media statement saying he will establish an inquiry into the activities of Health Funds and this is currently under discussion.

I would like to thank the current members Drs Miller, Hutton, and Narayana for their valuable input.

## Investment

Members:

Anthony Smerdon (Chair)  
Greg Miller  
David Mann



Dr Anthony Smerdon

ADASA council established an Investment Committee in 2015 to oversee the Associations Investments.

The investment committee, on behalf of the Council, will oversee management of funds surplus to the day-to-day cash flow requirements of the ADASA. Primary responsibility for control of investments rests with the Council. The day-to-day responsibility rests with the CEO.

General objectives - To ensure that the Council's duties and powers are performed and exercised in the best interests of the ADA SA Branch, the following general objectives have been formulated. The investment committee will:

- Act primarily to pursue maximum rates of return subject to acceptable risk parameters and achievable diversification.
- Ensure sufficient liquidity is retained to meet liabilities as they fall due.
- Amend specific objectives in accordance with the ADASA's changing requirements over time.

Specific objectives - The investment committee has the following specific objectives for the investment of capital of the ADASA Branch:

- To achieve a net (after related costs) rate of return of at least 3% per annum above CPI over a rolling five year period.
- To have a realistic expectation that there may be periods where the portfolio has negative short-term returns in order to achieve the rates of return objectives.

The Council agreed to invest 1million dollars through Hood Sweeney and the Committee has been involved in



# COMMITTEES REPORTS

reviewing the recommendations from Adrian Zoppa of Hood Sweeney.

The money has been invested in shares however the bulk of it is currently in fixed interest.

As per the terms of reference the committee is focused on a rate of return of at least 3% per annum over a five year period

Committee members do not get involved in recommending individual shares but leave this to Adrian as Hood Sweeney have the expertise in this area.

I would like to thank Drs Miller and Mann for their involvement in the Committee and ADASA Staff.

Dr Samantha Mead, Julie Herring, and Nicola Khouri for attending the meetings.

As of 31 October the Portfolio was valued at \$1,039,648.36.

## Review Committee

Members:

Janet Scott (Chair)  
Stephen Carapetis (Deputy Chair)  
James Dudley  
Geoff Pitcher  
Robert Stewart



Dr Janet Scott

In 2016 there has been little activity for the Review Committee, which in a way is a good thing, but had led us to question whether or not a Review Committee is actually needed! Our Terms of Reference are fairly comprehensive, but it would seem that either the Community Relations Officer (Dr Jim Ball) is able to handle all the enquiries and complaints, or they are going straight to lawyers and/or AHPRA.

Dr Ball updates us on the types of things that come across his desk at our regular meetings and he asks us for advice on how to handle certain matters which are not really the remit of the lawyers but need some form of action for the practitioners concerned. At this stage, the cases are anonymous; we have no idea of the identities of the party/ies involved – this only becomes necessary if we are asked to help out in a dispute.

We continue to analyse the quarterly statistics of enquiries and complaints which are compiled by the ADASA office and from these, we present our regular column in *Dental Insights*.

I extend my thanks to the committee members, and also their families who allow them to come away from home on Monday evenings. I should also like to thank Samantha Mead, who offers procedural advice at our meetings, and Nicola Khouri who is somehow able to capture all the deliberations at the meetings and present them in the minutes of the meetings.

## Public Relations

Members:

Angelo Papageorgiou (Chair)  
Edward Pitts  
Jonathan Christo  
Peter Alldritt



Dr Angelo  
Papageorgiou

As the ADASA PR Committee, we are passionate about promoting the valuable work of ADASA and its members to the public. This year, we achieved significant milestones in our effort to achieve this aim.

Since March, the highly publicised fight to save the Child Dental Benefit Schedule (CDBS) has kept the ADA in the headlines. From the first time the CDBS was flagged for closure, until the end of the financial year, more than 100 syndicated media reports were published across the nation. In SA, we have been especially fortunate to have a passionate advocate of the CDBS in ADASA President, Dr Greg Miller. In the past financial year, Dr Miller took part in three media interviews regarding the CDBS; a television interview with National Nine News on 20 March, and radio interviews with ABC 891 on 24 April and again on 5 May. The ADASA Facebook page has also been a valuable tool in advocating against the closure of the CDBS; in the past financial year 11 posts regarding the CDBS were published online.

Together with ADA Inc, ADASA is committed to highlighting the value of this important scheme. We look forward to continued media coverage of the CDBS in future.

# COMMITTEES REPORTS

This year's Dental Health Week – Women and Oral Health – was another strong media campaign, generating more than 246 individual placements across radio, print, TV and online. Social media also played a key role in the campaign, reaching more than 243,696 users. In fact, our audience reach was more than 9 million Australians in Dental Health Week alone.

In South Australia, we formed partnerships with SA Health and several private hospitals to ensure maternity patients are given ADA information on how pregnancy can affect their oral health. These partnerships, and others like them, saw more than 10,000 ADA-branded fact sheets distributed to the wider community prior to Dental Health Week.

ADASA has also been active in highlighting the oral health issues facing older South Australians by regularly contributing to The Advertiser's Boomer magazine. These contributions have included articles on Dental Tourism, Dental Implants, Worn Dentition and Dentures, to name a few.

These achievements, and others like them, would not be possible if not for the combined efforts of many. To our dedicated PR Committee Members, Dr Peter Alldritt, Dr Jono Christo and Dr Edwards Pitts, I would like to extend my sincere thanks for your work over the past year.

I would also like to extend a very special thank you to Dr Agnetha Valladares and Dr Alex Du Bois, who stepped down from their roles with the ADASA PR Committee recently. Both have been passionate advocates of the dental profession and we wish them all the very best for their future endeavours.

Finally, the all-important behind the scenes staff of the ADASA have been a constant support and contributed significantly to the success of the PR Committee. A big thank you to all and in particular to Ms Emily Jones, ADASA PR Officer, and Ms Nicola Khouri for your efforts and time at all our evening meetings.

The media impact we've been able to make in the past year is very exciting and we look forward to sharing our continued journey with the wider community, into 2016-17 and beyond.

## Practice Support

Members:

Erika Vinzcer (Chair)  
Damir Culic  
Kosha Jhalla  
Troy Longbottom  
Tharaka Narayana  
Keng Yeoh



Dr Erika Vinzcer

The Practice Support Committee (PSC) has remained active and meetings are full of lively discussion. We each bring our various experiences to the table on the many issues affecting members.

Our focus remains working on practical projects focussed on helping you in practice. To meet this goal we have continued to review the dental schedule, policy documents, training updates and your frequently asked questions.

We are most pleased to see the much awaited Practice Checklist coming to life. Ever increasing checks and documentation required by the dental practice to be compliant with legislation, policies and guidelines can make it all seem overwhelming. The Practice Checklist aims to be a little helping tool to fulfil these obligations.

We continue to work with Kellie Dell'Oro to produce clinical scenario based articles which we hope are useful.

ADASA provides us with the questions you pose to them. This is a springboard for discussion on the issues affecting you. We endeavour to produce a frequently asked questions area on the website and articles in *Dental Insights* to assist answering these concerns.

My sincere thanks are extended to the current committee members for their time, enthusiasm and dedication throughout the year. I look forward to the PSC further developing our projects to help members get the most from their ADA and enjoy clinical practice whilst simplifying what we can!

# COMMITTEES REPORTS

## Recent Graduates

Members:

Keng Yeoh (Chair)  
Lasni Kumarsinghe  
Alexander Lam  
Clementine Mellor  
Stuart Renigers  
Katie Stellan



Dr Keng Yeoh

The ADASA Recent Graduate Committee (RGC) had another successful year in 2016. As per usual, the year was kick started with the annual lawn bowl evening with BBQ, co-hosted with the Adelaide University Dental Students Society (AUDSS) at the Toorak Burnside Bowling Club. The night was filled with laughter and fun as the competition continues to which team will get the infamous 'Nassery Cup'.

This year, we continued our popular study club program to our graduate members. Even though it was initially targeting recent graduates but due to numerous expression of interest to attend by our regular members, we had increased the number of attendance to the study club. We hope that through attending the study club, attendees not only able to earn Continued Professional Development points but learning to share and discuss clinical cases in a safe environment and learned from each other and esteem specialists.

Our first study club was in February with Dr Alister Dickson providing useful and practical techniques in treatment planning to insertion in ceramic veneers. In April, Dr Aaron Seet also provided an invaluable in-sight into management of failed endodontics. Our feedback from attendees were that they now have some understanding into the options in managing failed endodontics. The June study club by Drs Andrew Cheng and Kim Tsao on the topic of practical approach to Implantology was held at their private surgery. There was high degree of interest in this field, as the attendees took the opportunity to learn the basic criteria required to place an implant. In July, Dr Bill Oberdan captured the audience with his two unusual pathology cases which lead to providing indicators to identifying common pathology that a dentist would likely to come across. In August study club, Dr Sara Roberts brought along multiple case study model and presented a vastly

interesting topic on removable orthodontic appliances. Showcasing different designs on plates and braces to move malocclusion. This year we introduced two different topics that were lately got the attention of the recent graduates. The sixth study club were presented by Drs Rob Shea and Andrew Cheng in Sleep Apnoea. It captivated the attendees as the presentation shows the multidisciplinary approach required to manage sleep disorders. Our last study club was presented by one of our committee member Dr Alex Lam on the area of sedation in the dental clinic, patient management in the event of emergency in the dental practice. The committee members would like to sincerely thank you to all our speakers for their time and effort from their busy schedule to assist our members. We also like to express our thanks to all the sponsors to our study club and events.

One of our many roles as a committee members are to facilitate dental students into the dental profession. Our annual "Learn from our experiences" event was held in September to all final year students. Vast range of topics were presented by our speaker: Drs Greg Miller, Stuart Renigers, Lasni Kumarasinghe, Katie Stellan, Alan Mann, Sharyn Borrett, Batool Aziz, Angela Pierce and Joanne St Clair from our sponsor of the evening Guild Insurance. All attendees will be receiving a national guide booklet that depicts what they should do to register themselves as a clinician once they received their confirmation.

The year concludes with the annual cocktail party hosted by RGC at the Gallery on Waymouth. It will be held right after the Annual General Meeting. This would provide an opportunity to dentist and recent graduates to mingle and network, at the same time to celebrate what they have achieved this year.

I would like to take this opportunity to thank the following people. On behalf of the committee, we would like to thank Nicola Khouri for preparing all our meeting papers. Thank you to Catherine Waite for compiling the Employers' Guide and various bits and pieces through the year. A special thank you to Sally Queale for organising and managing our events. Finally, I would like to recognise and thank each committee member for their, time, input, support and commitment as volunteers to the Association. I hope to continue to work with most or you again next year to further improve our cause.

# FEDERAL COUNCILLORS REPORT

*Dr Mark Hutton & Dr Angela Pierce*



Dr Mark Hutton



Dr Angela Pierce

## Summary of key events

- **Time2Switch** campaign was launched to redefine the relationship between the dental profession and private health insurers
- **#savetheCDBS** campaign grasped the attention of Labor and the Greens who threw their support behind the campaign
- Extensive advocacy activities were rewarded when the child dental benefits schedule was retained
- Alzheimer's Australia joined forces with the ADA to educate the profession on treating patients with dementia
- Scope of practice registration standard resulted in Structured Professional Relationship Guide for practices
- Rebuilding smiles initiative commenced to help those women who have suffered at the hands of domestic violence
- ADA compared party policies and lobbied key politicians leading up to the federal election
- The association received an online facelift with the introduction of a comprehensive and expansive new website, including unveiling an upgraded CPD portal to enhance the CPD experience for members
- Dental Health Week engaged more than 3,000 dental professionals, generated 246 news stories, and reached more than 9 million Australians

## Time2Switch campaign

In September, the ADASA organised a large meeting of members to discuss PHI issues which was also

attended by members of federal executive. Spurred by this initiative, the ADA's private health insurance practice based campaign **Time2Switch** is now in full swing. Early in the year Federal Council considered a public campaign but the direct and indirect costs were considered too high. The indirect costs were associated with the anticipated divisiveness for the profession and potential loss of members.

Following substantial work done on the Federal level, where the tone and theme of the campaign was reformulated, the Branches called for a practice-based campaign, which fitted with concepts that the Federal Executive were developing around a PHI comparator. Drawing from a group of campaign themes, various resources were prepared for members to use in their practices.

Similarly, a webinar on the campaign attracted a high level of interest from members keen to contribute to its success. Central to this campaign is a complain-and-compare approach which encourages both dental professionals and the public to make complaints to the Private Health Insurance Ombudsman (PHIO) using an automated letter template or making their own composition. To date the campaign has been highly successful, surpassing 2,700 complaints in just its first two weeks, a remarkable 60% of the PHIO's entire number of complaints for the year 2015-2016 of 4416 complaints.

## Oversupply of dentists

The ADA continued its efforts to address the oversupply of dentists, with the removal of the remaining categories of dental practitioner from the Skilled Occupation List. It was also encouraging that the National Oral Health Plan 2015-2024 no longer calls for training increased numbers of dental practitioners.

However, there are still far too many dental students in training for the Australian marketplace and graduating dentists are likely to face a future of part-time employment for many years.

The ADA sought data about the numbers of dentists on the AHPRA register by regional area, which revealed that there are now more dentists per head of population in major city, inner regional, outer regional and remote



# FEDERAL COUNCILLORS REPORT

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Australia than there were in all of Canada, Great Britain, and France just 10 years ago. Only very remote Australia can be said to be somewhat undersupplied and there are only 200,000 Australians living in these areas which do not have sufficiently large populations to sustain viable dental practices.

## The Child Dental Benefit Schedule (CDBS)

The Child Dental Benefit Schedule became a political football in the lead-up to the 2016 Federal Election when the Coalition Government announced as part of the 2016 Budget that the CDBS would be closed and replaced with the Child and Adult Public Dental Scheme. This new scheme proposed to supply up to \$416M in total to State and Territory Public Dental Services per year provided the States and Territories extended dental treatment to all health cardholder adults and children. The funding was to be activity-based with the Commonwealth supplying 40% of the overall money spent.

In response, the ADA ran a **#savetheCBDS** campaign with an online petition on the ADA website, extensive advocacy with the Government, and opposition and cross bench, and grassroots campaigning through dental practices Australia-wide.

Following the Federal Election and concerted lobbying by the ADA, the Labor Party successfully excised the CDBS from the Budget Omnibus Bill soon after the election. So the CDBS lives on.

While the closure of the CDBS was waylaid by July's federal election and the Labor-coordinated removal of the schedule from the Budget Savings Omnibus legislation, there remains a real risk the CDBS could still be terminated which mandates that this campaign continues and that the ADA continues its close work on the issue with Labor and the Greens.

However, the fact that the CDBS remains in operation is due in no small part to the consistent and determined advocacy efforts of the ADA and its successful harnessing of both public and private opposition to the scheme's closure.

## Representations to government

One key objective for the year was ensuring that the voice of the profession is heard at every level of government, every regulatory forum and in a host of industry and professional committees. To that end, the ADA made consistent representations, both physically and via submissions and Senate committee contributions, on a range of important matters affecting the profession. Chief among these this year were the representations concerning the Child Dental Benefits Schedule reported on above.

The July federal election provided the ADA with an opportunity to increase awareness of the way in the major parties were addressing core policy concerns for the profession, all of which remain the subject of ongoing advocacy efforts. The ADA analysed the each of the three major parties - The Coalition, Labor, and the Australian Greens - and asked them to provide responses on a series of major issues affecting the dental profession such as oral health funding, dental workforce supply and private health insurance. Based on their responses, these policies were then rated as Committed, Partially Committed, Not Committed, or having No Public Position. A major achievement of the report cards creation and release was the way in which it strengthened the closeness of the Association's ties with a number of key Government and Opposition figures, as well as the crossbench, and the regulatory bodies with whom the Association is in regular contact. As noted, these relationships play, and will increasingly play a pivotal influence in the way the ADA successfully prosecutes its core objectives and ultimately in the overall health of the profession, now and into the future.

## The ADA website

The ADA website [ada.org.au](http://ada.org.au) has undergone a major rebranding this year. The new site includes the ever popular CPD portal, along with a wealth of information for members with the latest news, submissions, reports, and publicly-accessible dental health material being just a few of the extensive resources featured. We encourage all members to peruse the site to remain up-to-date with the issues affecting our profession.

One major new initiative this year was the Human Resources Hub, a key part of the Membership Services

# FEDERAL COUNCILLORS REPORT

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category on the new ADA website which launched in early April. In one comprehensively-detailed, easily-accessible section, members have access to an extensive range of Human Resources, and Industrial Relations and Workplace Health and Safety resources. Whether it's an enquiry about award and wage rates, dealing with employees and contractors, or practice management to name just three areas, members can usually find the answer they need quickly and efficiently. Since the launch of the website, just over 8000 people have visited the Hub.

Should they need further information; members can still contact the HR Advisory Service directly. In operation since 2007, the service was used by 7,418 members in the 12 months to 30 September 2016 with around half of all enquiries relating to contracts (49%), followed by leave at 17%. The majority of enquiries came from New South Wales and Victoria.

## CPD

In light of CPD provision to members being recognised as central to the ADA's service provision, the restructure of ADA staffing included the creation of a dedicated CPD team. This team was tasked with sourcing and developing quality education materials to assist members in broadening their skills and meeting their CPD requirements. It has enjoyed considerable success, working closely with the Communications team to launch the CPD Portal, and launching major projects such as Partnership in Practising Care, a joint project between Alzheimer's Australia and the ADA.

## Staff

Changes are afoot. After 14 years of outstanding service as Chief Executive Officer to the ADA, Mr Robert Boyd-Boland has given notice of his intention to retire in the New Year. We acknowledge the excellent, professional, and tireless service that Robert has provided to the ADA over that time.

Mr Damian Mitsch has been appointed as the new federal CEO and will commence in late January. Mr Mitsch comes with extensive experience as CEO in the health association sector and we welcome him into this position.

## Reorganisation of committees

Allied with the restructure of the secretariat was a recent reorganisation of the committees which provide expert advice to the Federal Executive and Council and contribute to the policies of the Association. The restructure was driven by a need to reduce overlap between the roles and functions of various committees to create a more streamlined decision-making process that effectively uses committee members' time.

## The Schedule and Glossary

Another major publication for the year was the 11th Edition of the Schedule and Glossary, a substantial undertaking overseen by the ADA's Schedule and Third Party Committee, which involved seeking and reviewing submissions from members and affiliated groups in order to produce a contemporary publication. Despite wide consultation, following its publication there was concern expressed about changes made and the removal of particular item numbers, and the way in which this would impact patient administration and claiming. The ADA moved quickly to address these issues and a revised version of the 11th edition will come into effect on 1 April 2017.

## PharmaAdvice

Another highly popular area which continued to enjoy sustained patronage was medicines information, a collection of services which offer expert clinical advice on prescription and non-prescription medicine. Grouped together in the Membership Services section of the new website, members are able to seek advice through the ADA's highly popular Pharma Advice which draws on the extensive knowledge of Dr Geraldine Moses, a highly-experience clinical pharmacist who has enjoyed a long association with the ADA and the dental profession as a whole.

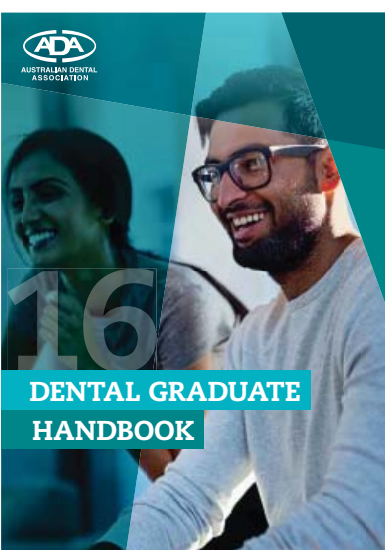
Since the service started in 2013, usage has grown year-on-year with 729 users recorded in the 12 months to 30 September 2016, 1/3 of who were Queensland members, with 80% being new users. Over 90% enquiries were answered immediately or on the same day, with 70% being client-related and about 20% practice-related.

# FEDERAL COUNCILLORS REPORT

In addition to PharmaAdvice Service, a number of well-regarded medicines databases such as AusDI, Australian Prescriber, National Prescribing Service, and the Australian Medicines Database, supply valuable information to members allowing them to make fully-informed decisions regarding the medicines they prescribe to their patients.

## Dental Graduate Handbook

The needs of newly-graduated members of the profession continued to be a focus for the ADA with the latest edition of The Dental Graduate Handbook released via print and online version in October this year to final year students and new graduates. A revamped, streamlined structure was devised to ensure that the Handbook provided the necessary resources that graduates need to navigate their way through the initial phase of their career and make their entry into the dental profession as seamless as possible.



While not intended as an exhaustive resource, the Handbook nonetheless contains a wealth of information on everything from registration as a dentist to Medicare, from infection control to Continuing Professional Development and professional indemnity insurance, and a great deal more. It is hoped that the Handbook will serve as a much-needed touchstone for graduates but also assist in staying connected to the ADA and increase their interaction with the Association over time.

## Infection control

Infection control remains a top priority for ADA, reflecting its status as an overriding responsibility for all dental practitioners and a key requirement of their registration. Dr Sharon Liberali, as chair of the Infection Control Committee has spearheaded many initiatives

in this area. Following the release of the third edition of Guidelines for Infection Control, the ninth edition of Practical Guide to Infection Control, and the Self-Assessment Tool for Infection Control in October 2015, part of a suite of infection control resources, the ADA continued to work closely with Standards Australia to update AS/NZS 4815 which governs the practice of infection control in most practices in Australia. In addition, the ADA was represented on the technical group updating the CDNA's Australian National Guidelines for the Management of Health Care Workers known to be Infected with Blood-Borne Viruses, and the Infection Control Guidelines Advisory Committee updating the NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare.

## Practice Accreditation

Another important focus was Practice Accreditation which offers practices a clearly-defined way of measuring compliance with the regulations & guidelines governing the dental profession, and improving the way in which they operate. As at 7 November this year, 1265 practices were accredited with 403 registered to begin the process, and an average of 23.4 practices seeking accreditation each month. Many practices also came due for reaccreditation this year with 767 of them already commencing recertification process. By any measure this is an outstanding success and demonstrates the commitment of members to this important programme. To ensure that practice accreditation remains relevant and useful for members, a joint meeting was held in October, attended by both the ADA's accreditation partner Quality Innovation Performance and ADA Branch support staff, to discuss common challenges facing practices in the programme and ways in which members can be better supported through the accreditation process.

## Finances and Building

Audited reports of the Association revealed that we are in a healthy position as at the end of the FY2016, with a budget surplus of \$119,615 for the year and net assets of \$11.7m.

2016 also saw the completion of a lift construction at

# FEDERAL COUNCILLORS REPORT

the ADA headquarters in Chandos Street, a much-welcomed addition to the premises.

## Constitution and Policy

The Constitution and Policy Committee recommended several refinements to by-laws during the year. Furthermore, over 30 revised or new policies were approved by Federal Council.

## Dental Health Week

The Oral Health Committee under the expert leadership of Dr Peter Alldritt has undertaken promotions throughout the year. The flagship event of the ADA's oral health promotion activities was, as always, Dental Health Week which took Women and Oral Health as its theme this year. Specifically, the event focused on the issues women face during key life stages such as puberty, pregnancy, and menopause, highlighting the oral health risks during each of these periods and what can be done to mitigate them and maintain good oral hygiene.

Armed with a digital resource kit supplied by the ADA to all dental practices, which contained a poster, fact sheets, tips on running an oral health promotion event and social media material, many practices undertook extensive promotional efforts with a number of members featured on the ADA's Healthy Teeth Facebook page. Dental Health Week was a resounding success, generating 246 placements across TV, radio, print and online media which reached 9.09 million Australians with nearly a quarter of a million social media views alone. In addition, over 10,000 fact sheets were distributed to practices, hospitals and rural dental clinics, along with over 3000 toothbrushes and pastes, supplied by Colgate, to 31 projects Australia-wide which addressed the theme of Women and Oral Health.



## Awards

During 2016, Council recommended that the ADA Meritorious Service Award be awarded to Dr Peter Alldritt. We congratulate Dr Alldritt on this highly-deserved award.

2016 also saw the introduction of a new award that recognises the contributions of young dentists, and the inaugural recipient was Dr Stephen Liew from Victoria.

## Australian Dental Congresses

Preparations are well underway for the Congress in Melbourne in May 2017 and for Adelaide in May 2019. Dr Karin Alexander will head the Organising Committee for the Adelaide Congress and Dr Alan Broughton will chair the Scientific Committee.

The ADA, after spending considerable time and energy, has successfully negotiated to hold the world FDI congress in Sydney in September 2021.

## New President 2017

As of writing this report, we welcome Dr P Hugo Sachs as our new federal President, Dr Carmelo Bonanno as Vice-President, Dr Terry Pitsikas as Treasurer, and Dr Mark Hutton and Dr Neil Hewson as first and second Federal Executive Councillors. We thank the outgoing President, Dr Rick Olive, for his untiring service to the association.

From South Australia, Dr Karin Alexander will Chair the Dental Education and Workforce Committee, Associate Professor Paul Sambrook will Chair the Dental Therapeutics Sub-Committee, and Dr Sharon Liberali will Chair the Infection Control Sub-Committee.

Further, Dr Anthony Smerdon will be a member of the Schedule and Third Party Committee, Dr Don Wilson will be a member of the Dental Informatics and Digital Health Committee, Dr Karin Alexander will be a member of the Honours and Awards Committee, and Drs Pierce and Hutton, as well as Dr David Mann, will continue as members of the Constitution and Policy Committee. Dr Peter Alldritt will continue as a consultant to the Oral Health Committee.



# COUNCIL 2015-16



## Back Row:

Dr Sharyn Borrett (Councillor), Dr Meagan Huebl (Councillor), Dr Poppy Anastasiadis (Councillor), Dr Mark Hutton (Country Councillor & Federal Councillor), Dr Alan Mann (Councillor), Dr Angela Pierce (Federal Councillor), Dr Mitchell Hoffman (Country Councillor).

## Front Row:

Dr Samantha Mead (CEO), Dr Eleanore Owen (Vice President), Dr Greg Miller (President), Dr Anthony Smerdon (Honorary Treasurer), Dr Karin Alexander (Councillor).

# COUNCIL REPORT

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Council members present their report together with the financial report of Australian Dental Association South Australian Branch Incorporated for the year ended 30 June 2016 and auditor's report thereon.

## Council Members

The names of the committee members in office for the period 1 July 2015 to 30 June 2016 are:

- Dr Greg Miller (Vice President to 6/11/15, President from 6/11/15)
- Dr Anthony Smerdon (President to 6/11/15, Treasurer from 6/11/15)
- Dr Eleanore Owen (Honorary Treasurer to 6/11/15, Vice President from 6/11/15)
- Dr Karin Alexander (Councillor)
- Dr Meagan Huebl (Councillor)
- Dr Alan Mann (Honorary Treasurer to 6/11/15, Councillor from 6/11/15)
- Dr Poppy Anastassiadis (Councillor from 6/11/15)
- Dr Sharyn Borrett (Councillor from 6/11/15)
- Dr Angela Pierce (Federal Councillor)
- Dr Mitchell Hoffman (Country Councillor)
- Mr Mark Hutton (Country Councillor / Federal Councillor)

## Results

The profit of the Association for the year after providing for income tax amounted to \$104,627 (2015: \$131,641).

## Review of operations

The Association continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

## Significant changes in state of affairs

There were no significant changes in the Association's state of affairs that occurred during the financial year, other than those referred to elsewhere in this report.

## Principal activities

The principal activity of the Association during the year was to provide services to members of the Association.

No significant change in the nature of these activities occurred during the year.

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC  
ABN 57 335 830 725  
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$	2015 \$
<b>Revenue</b>	2	1,139,103	1,175,599
<b>Less: Expenses</b>			
Employee benefits expense	-	532,890	(530,727)
Depreciation and amortisation	3	(64,359)	(69,326)
Loss on disposal of plant and equipment	3	-	(743)
Loss on sale of investments	3	(19,412)	-
Event Costs		(76,663)	(76,727)
Magazine Production		(43,279)	(49,310)
Printing, Stationery & Postage		(28,277)	(26,974)
Presidential Allowance		(35,685)	(35,228)
Occupancy & Office costs		(40,628)	(37,062)
Accounting & Audit Costs		(13,713)	(12,762)
Travel & Accommodation		(25,315)	(31,491)
Bank Fees		(15,749)	(14,917)
Consulting Expenses		(9,813)	(32,291)
Insurance		(10,224)	(5,028)
Hire - Venue, Crt & Green Fees		(15,804)	(18,265)
Repairs & Maintenance		(24,697)	(17,273)
Other expenses		(77,968)	(85,835)
<b>Total Expenses</b>		<u>(1,034,476)</u>	<u>(1,043,958)</u>
<b>Profit before income tax</b>		104,627	131,641
Income tax expense	5	-	-
<b>Net profit from continuing operations</b>		<u>104,627</u>	<u>131,641</u>
<b>Other comprehensive income</b>		-	-
<b>Total comprehensive income</b>		<u>104,627</u>	<u>131,641</u>

The above Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes.

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

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AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC  
ABN 57 335 830 725  
STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2016

	Note	2016 \$	2015 \$
<b>Current assets</b>			
Cash and cash equivalents	6	1,804,004	2,682,407
Trade and other receivables	7	49,582	47,807
<b>Total current assets</b>		<u>1,853,586</u>	<u>2,730,214</u>
<b>Non-current assets</b>			
Financial Assets	8	990,543	-
Property, plant and equipment	9	563,867	623,900
<b>Total non-current assets</b>		<u>1,554,410</u>	<u>623,900</u>
<b>Total assets</b>		<u>3,407,996</u>	<u>3,354,114</u>
<b>Current liabilities</b>			
Payables	10	1,033,444	1,086,687
Provisions	11	73,235	71,250
<b>Total current liabilities</b>		<u>1,106,679</u>	<u>1,157,937</u>
<b>Non-current liabilities</b>			
Provisions	11	1,726	1,213
<b>Total non-current liabilities</b>		<u>1,726</u>	<u>1,213</u>
<b>Total liabilities</b>		<u>1,108,405</u>	<u>1,159,150</u>
<b>Net assets</b>		<u>2,299,591</u>	<u>2,194,964</u>
<b>Members funds</b>			
Accumulated surplus		2,299,591	2,194,964
<b>Total members funds</b>		<u>2,299,591</u>	<u>2,194,964</u>

The above Statement of Financial Position should be read in conjunction with the accompanying notes.



# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

## AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC

ABN 57 335 830 725

### STATEMENT OF CHANGES IN MEMBERS FUNDS FOR THE YEAR ENDED 30 JUNE 2016

	Accumulated surplus \$	Total equity \$
<b>Balance as at 1 July 2014</b>	2,063,323	2,063,323
Profit for the year	131,641	131,641
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	<u>131,641</u>	<u>131,641</u>
Transactions with owners in their capacity as owners	-	-
<b>Balance as at 30 June 2015</b>	<u>2,194,964</u>	<u>2,194,964</u>
<b>Balance as at 1 July 2015</b>	2,194,964	2,194,964
Profit for the year	104,627	104,627
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	<u>104,627</u>	<u>104,627</u>
Transactions with owners in their capacity as owners	-	-
<b>Balance as at 30 June 2016</b>	<u>2,299,591</u>	<u>2,299,591</u>

The above Statement of Changes in Members Funds should be read in conjunction with the accompanying notes.

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

## AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC

ABN 57 335 830 725

### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$	2015 \$
<b>Cash flows from operating activities</b>			
Receipts from Branch Subscriptions		717,374	637,144
Receipts from Magazine Advertising and Other		86,068	89,607
Receipts from Sundry Activities		16,266	35,215
Receipts from Commission		177,100	166,027
Receipts from Events income		86,350	116,749
Receipts from Sponsorship		84,379	111,635
Interest received		38,009	68,783
Dividend & Distribution received		16,744	-
Payments to Suppliers		(522,040)	(480,569)
Payments to Employees		(561,773)	(554,311)
Movement in 3rd Party Liability		(2,600)	(1,300,875)
<b>Net cash provided by operating activities</b>	12 (b)	<u>135,877</u>	<u>(1,110,595)</u>
<b>Cash flows from investing activities</b>			
Proceeds from sale of property, plant and equipment		-	761
Payment for property, plant and equipment		(4,325)	(3,809)
Term deposits		-	-
Term deposits withdrawn		-	460,042
Purchase of investments		(1,100,466)	-
Sale of investments		90,511	-
<b>Net cash provided by / (used in) investing activities</b>		<u>(1,014,280)</u>	<u>456,994</u>
<b>Reconciliation of cash</b>			
Cash and cash equivalents at beginning of period		2,682,407	3,336,008
Net increase in cash held		(878,403)	(653,601)
<b>Cash and cash equivalents at end of period</b>	6	<u><u>1,804,004</u></u>	<u><u>2,682,407</u></u>

The above statement of cash flows should be read in conjunction with the accompanying notes.

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

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AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC  
ABN 57 335 830 725  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2016

## NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Australian Dental Association South Australian Branch Incorporated as a single entity located and incorporated in South Australia. The entity is not-for-profit and the financial statements are presented in whole Australian dollars.

### (a) Basis of Preparation

The financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act (SA) 1985. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The Committee Members have determined that Australian Dental Association South Australian Branch Incorporated is permitted to apply the Tier 2 reporting requirements (Australian Accounting Standards - Reduced Disclosure Requirements) as set out in AASB 1053 Application of Tiers of Australian Accounting Standards because it is a not-for-profit private sector entity that does not have public accountability.

The following is a summary of the material accounting policies adopted by the association in the preparation and presentation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

The financial report has been prepared under the historical cost convention, as modified by revaluations to fair value for certain classes of assets as described in the accounting policies.

### (b) Revenue Recognition

Subscription revenue is recognised based on the period that is being invoiced.

Interest revenue is recognised when it becomes receivable on a proportional basis taking into account the interest rates applicable to the financial assets.

Commission revenue is recognised based on the period that it is earned.

All revenue is stated net of the amount of goods and services tax (GST).

### (c) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and any accumulated impairment losses.

#### *Depreciation*

The depreciable amounts of all fixed assets are depreciated over their estimated useful lives commencing from the time the asset is held ready for use.

Class of fixed asset	Depreciation rates	Depreciation basis
Buildings at cost	10%	Straight line
Plant & machinery at cost	20% - 35%	Straight line

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

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AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC

ABN 57 335 830 725

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2016

## **(d) Income tax**

Only non-member income of the association is assessable for tax, as member income is excluded under the principle of mutuality.

Deferred tax assets and liabilities are recognised for all temporary differences, between carrying amounts of assets and liabilities for financial reporting purposes and their respective tax bases, at the tax rates expected to apply when the assets are recovered or liabilities settled. Exceptions are made for certain temporary differences arising on initial recognition of an asset or a liability if they arose in a transaction, other than a business combination, that at the time of the transaction did not affect either accounting profit or taxable profit.

Deferred tax assets are recognised for deductible temporary differences and unused tax losses only if it is probable that future taxable amounts will be available to utilise those temporary differences and losses.

Current and deferred tax balances attributable to amounts recognised directly in equity are also recognised directly in equity.

## **(e) Employee benefits**

### ***Short-term employee benefits***

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

### ***Other long-term employee benefits***

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is a unconditional right to defer settlement of the liability. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

### ***Defined contribution superannuation expense***

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.



# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

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AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC  
ABN 57 335 830 725  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2016

## **(f) Impairment**

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised where the carrying amount of the asset exceeds its recoverable amount. The recoverable amount of an asset is defined as the higher of its fair value less costs to sell and value in use.

## **(g) Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand and at banks, short-term deposits with an original maturity of three months or less held at call with financial institutions and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

## **(h) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented in the statement of cashflows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

## **(i) Comparatives**

Where necessary, comparative information has been reclassified and repositioned for consistency with current year disclosures.

## **(j) Critical Accounting Estimates and Judgements**

Estimates and judgements are based on past performance and management's expectation for the future. There are no critical estimates and judgements used in the financial report.

## **(k) Fair value measurement**

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

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AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC  
ABN 57 335 830 725  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2016

## (I) Financial Instruments

### Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

### Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost.

### Available-for-sale investments

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements, other than impairment losses, recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

## AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED

ABN 57 335 830 725

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
<b>NOTE 2 REVENUE</b>		
Branch subscriptions	664,797	674,368
Magazine advertising	74,117	79,270
Commissions received	161,000	150,934
Events income	29,893	20,910
Sponsorship	69,433	84,279
Interest income	39,459	64,940
Dividend & Distribution income	21,551	-
Other Revenue	78,853	100,898
	<u>1,139,103</u>	<u>1,175,599</u>
<b>NOTE 3 OPERATING PROFIT</b>		
Profit before income tax has been determined after:		
Expenses:		
Depreciation of Building, Plant & Equipment	64,359	69,326
Defined contribution superannuation expense	45,870	45,753
Loss on non-current assets:		
Disposal of Plant & Equipment	-	743
Sale of Investments	19,412	-
<b>NOTE 4 KEY MANAGEMENT PERSONNEL COMPENSATION</b>		
Compensation received by key management personnel of the association:		
Aggregate compensation	<u>220,920</u>	<u>224,964</u>

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

## AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED

ABN 57 335 830 725

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
<b>NOTE 5 INCOME TAX</b>		
<b>(a) Prima facie tax payable</b>		
The prima facie tax payable on profit before income tax is reconciled to the income tax expense as follows:		
Prima facie income tax payable on profit before income tax at 30% (2015: 30%)	31,388	39,492
Add tax effect of:		
- Non deductible expenses	172,779	182,222
- Deferred taxes not brought to account	14,105	1,413
	<u>186,884</u>	<u>183,635</u>
Less tax effect of:		
- Non-assessable revenue	218,272	223,127
Income tax expense attributable to profit	<u>-</u>	<u>-</u>
<b>(b) Deferred tax assets not brought to account</b>		
Temporary differences	62,045	53,804
Tax losses	108,199	102,746
	<u>170,244</u>	<u>156,550</u>
<b>NOTE 6 CASH AND CASH EQUIVELANTS</b>		
Cash on hand	200	350
Cash at Bank	24,467	35,739
Cash on deposit	1,779,337	2,646,318
	<u>1,804,004</u>	<u>2,682,407</u>
The effective interest rate on short term bank deposits was 2.13% (2015: 2.32%)		
<b>NOTE 7 TRADE AND OTHER RECEIVABLES</b>		
<b>Current</b>		
Trade debtors	13,559	23,279
Sundry debtors	1,414	1,641
Accrued Dividends & Distributions	4,807	-
Accrued Interest	3,063	1,614
Prepayments	26,739	21,273
	<u>49,582</u>	<u>47,807</u>
<b>NOTE 8 FINANCIAL ASSETS</b>		
<b>Non-Current</b>		
Cash and Fixed Interest at fair value	665,672	-



# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

## AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED

ABN 57 335 830 725

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
<b>NOTE 9 PROPERTY, PLANT &amp; EQUIPMENT</b>		
<b>Land</b>		
Freehold land at cost	167,400	167,400
<b>Buildings</b>		
Buildings at cost	497,646	497,646
Buildings at cost - accumulated depreciation	(253,340)	(218,722)
	<u>244,306</u>	<u>278,924</u>
Total land and buildings	<u>411,706</u>	<u>446,324</u>
<b>Plant &amp; Equipment</b>		
Plant & equipment at cost	323,983	325,672
Plant & equipment at cost (acc dep'n)	(171,822)	(148,096)
	<u>152,161</u>	<u>177,576</u>
Total	<u>563,867</u>	<u>623,900</u>

#### (a) Reconciliations

Reconciliation of the carrying amounts of property, plant and equipment at the beginning and end of the current financial year.

#### *Freehold land*

Opening carrying amount	167,400	167,400
Closing carrying amount	<u>167,400</u>	<u>167,400</u>

#### *Buildings*

Opening carrying amount	278,924	313,542
Additions	-	-
Transfer from capital work in progress	-	-
Depreciation expense	(34,618)	(34,618)
Closing carrying amount	<u>244,306</u>	<u>278,924</u>

#### *Plant & equipment*

Opening carrying amount	177,576	209,980
Additions	4,326	3,739
Disposals	-	(1,435)
Depreciation expense	(29,741)	(34,708)
Closing carrying amount	<u>152,161</u>	<u>177,576</u>

Capital work in progress at Cost	-	-
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# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

## AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED

ABN 57 335 830 725

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
<b>NOTE 10 PAYABLES</b>		
CURRENT		
<i>Unsecured liabilities</i>		
Trade creditors	37,612	61,255
Sundry creditors and accruals	36,611	50,972
Federal subscriptions received in advance	417,182	419,782
Branch subscriptions received in advance	542,039	554,678
	<u>1,033,444</u>	<u>1,086,687</u>
<b>NOTE 11 PROVISIONS</b>		
CURRENT		
Annual leave	36,865	44,878
Long service leave	36,370	26,372
	<u>73,235</u>	<u>71,250</u>
NON CURRENT		
Long service leave	1,726	1,213
	<u>1,726</u>	<u>1,213</u>
Aggregate employee benefits liability	74,961	72,463

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED

ABN 57 335 830 725

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
<b>NOTE 12 CASH FLOW INFORMATION</b>		
<b>(a) Reconciliation of cash</b>		
Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position at note 6.		
<b>(b) Reconciliation of cash flow from operations with profit after income tax</b>		
Profit after income tax	104,627	131,641
<b>Non-cash items</b>		
Depreciation	64,359	69,326
Loss on disposal of non-current assets	19,412	743
<b>Changes in assets and liabilities</b>		
(Increase) / decrease in receivables	(1,776)	46,991
Increase / (decrease) in payables	(53,243)	(1,369,342)
Increase / (decrease) in provisions	2,498	10,046
	<u>31,250</u>	<u>(1,242,236)</u>
Cash flows from operating activities	<u>135,877</u>	<u>(1,110,595)</u>

## NOTE 13 ASSOCIATION DETAILS

The registered office of the association is:  
Australian Dental Association South Australian Branch Inc  
2/62 King William Road  
Goodwood  
Adelaide SA 5034

# FINANCIAL STATEMENTS FOR YEAR ENDING 30 JUNE 2016

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC

ABN 57 335 830 725

STATEMENT BY MEMBERS OF THE COMMITTEE


AS AT 30 JUNE 2016

In the opinion of the committee the financial statements comprising the Statement of profit or loss and other comprehensive income, Statement of financial position, Statement in changes in member funds, Statement of cashflows & Notes to financial statements:

- <sup>1</sup> Presents fairly the financial position of Australian Dental Association South Australia Branch Inc as at 30 June 2016 and performance for the year ended on that date in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements.
- <sup>2</sup> At the date of this statement, there are reasonable grounds to believe that Australian Dental Association South Australia Branch Inc will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:

President:

  
\_\_\_\_\_  
Dr Greg Miller

Honorary Treasurer:

  
\_\_\_\_\_  
Dr Anthony Smerdon

Signed at Adelaide, this 19 day of OCTOBER 2016



# INDEPENDENT AUDITOR'S REPORT

*Mr Paul Gosnold, Director, BDO Audit (SA) Pty. Ltd.*



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www.bdo.com.au

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420 King William St  
Adelaide SA 5000  
GPO Box 2018, Adelaide SA 5001  
AUSTRALIA

## INDEPENDENT AUDITOR'S REPORT

### TO THE MEMBERS OF AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC

We have audited the accompanying financial report of Australian Dental Association South Australian Branch Inc, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, the statement of changes in members funds and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

#### The Committee's Responsibility for the Financial Report

The Committee members are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, and for such internal control as the Committee determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

#### Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Australian Dental Association South Australian Branch Inc as at 30 June 2016, and its financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the Associations Incorporation Act (SA) 1985.

BDO Audit (SA) Pty Ltd

Paul Gosnold  
Director

Adelaide, 25 October 2016

# PRESIDENTS, LIFE MEMBERS & AWARD RECIPIENTS

## ADASA Presidents

1935	Dr R J Brazil-Smith	1966	Dr K R Moore	1997	Dr D C Wilson
1936	Dr C B Maddern	1967	Dr B W Phillips	1998	Dr G J Jaunay
1937	Dr C B Maddern	1968	Dr J F Irwin	1999	Dr K J Alexander
1938	Dr A I Chapman	1969	Dr M W Stain	2000	Dr A Lidums
1939	Dr H T J Edwards	1970	Dr K R Allen	2001	Dr D Miles
1940	Dr F H J Fischer	1971	Dr J E Marriott	2002	Dr R Antoniazzi
1941	Dr A G Trott	1972	Dr T W Martin	2003	Dr P J Alldritt
1942	Dr K W R Quin	1973	Dr G C Hall	2004	Dr R M Hutton
1943	Dr T A Brown	1974	Dr R E Annells	2005	Dr C Pazios
1944	Dr A G Trott	1975	Dr W E Joyce	2006	Dr B D Noble
1945	Dr K W R Quin	1976	Dr M A C Nugent	2007	Dr R M Hutton
1946	Dr C B Maddern	1977	Dr B H Souter	2008	Dr P J Alldritt
1947	Dr C B Maddern	1978	Dr N J Vowles	2009	Dr J M Fuss
1948	Dr C B Maddern	1979	Dr B I Watson	2010	Dr S A C Liberali
1949	Dr H V Frayne	1980	Dr B A Tidswell	2011	Dr A M Pierce
1950	Dr M W Evans	1981	Dr D C Blaikie	2012	Dr A M Pierce
1951	Dr M W Evans	1982	Dr F R Henning	2013	Dr J D Gaffney
1952	Dr B W Leach	1983	Dr I R Dingle	2014	Dr J M Fuss
1953	Dr M S Joyner	1984	Dr A S Trott	2015	Dr A D Smerdon
1954	Dr M J Barrett	1985	Dr P J W Verco	2016	Dr G J Miller
1955	Dr P M Wesslink	1986	Dr R J Sawers		
1956	Dr R S Blackburn	1987	Dr I M Smylie		
1957	Dr A J Bloomfield	1988	Dr B D Noble		
1958	Dr J B Day	1989	Dr H D M <sup>c</sup> Lean		
1959	Dr A P Plummer	1990	Dr B C Wheeler		
1960	Dr T B Lindsay	1991	Dr L B Stewart		
1961	Dr H B Frayne	1992	Dr P T Burgess		
1962	Dr J F Lavis	1993	Dr P R Duke		
1963	Dr K J Robertson	1994	Dr F J van der Linden		
1964	Dr J G Waterson	1995	Dr A P Gaffney		
1965	Dr L M Smart	1996	Dr A P Harms		

# PRESIDENTS, LIFE MEMBERS & AWARD RECIPIENTS

## ADASA Life Members

Dr J L Eustace	Dr P M Wesslink	Dr J F Irwin
Dr H J Lipman	Dr T D Campbell	Dr K R Allen
Dr H T J Edwards	Dr T B Lindsay	Dr B D Noble
Dr P R Begg	Dr E A Fanning	Dr A S Trott
Dr A P R Moore	Dr J B Day	Dr B I Watson
Dr R L Sims	Dr T W Martin	Dr P R Noblet
Dr K W R Quin	Dr C B Maddern	Dr D C Wilson
Dr A J Bloomfield	Dr G C Hall	DR A P Gaffney
Dr A G Trott	Dr J F Lavis	Dr H D McLean
Dr T A Brown	Dr O F Makinson	Dr R M Hutton
Dr M S Joyner	Dr G J Mount	Dr K J Alexander

## ADASA Distinguished Service Awards

1984	Dr K A Brown	1995	Dr F R Henning	2000	Dr B N Walker
1984	Dr J F Lavis	1995	Dr R J Myhill	2001	Dr A P Gaffney
1984	Dr T W Martin	1995	Dr C M Somerville	2001	Dr R S Reid
1984	Dr O F Makinson	1996	Dr K R Moore	2001	Dr R J Sawers
1984	Dr G J Mount	1996	Dr B W Phillips	2005	Dr N Vowles
1986	Dr G S Heithersay	1996	Dr D S Worley	2006	Dr E A Coates
1993	Dr G S Parry	1999	Dr B C Wheeler	2010	Dr P J Alldritt
1995	Dr R E Annells	1999	Dr J B Leach	2011	Dr F J van der Linden
1995	Dr K W Bailey	2000	Dr I D McInnes	2014	Dr J F Scott

## ADASA Honorary Members

Mr A L Gniel	Mr J G Turrill
Mr W Coady	Mr W E J Ricketts
Mr H McDonald	Mr N Davis
Mr L Reynolds	

