

Contents



Council
President's Report
Treasurer's Report
Committee Reports
Dental Insights Editor's Report
Federal Councillors' Report
Country Councillors' Reports
Independent Auditor's Report
Council Report
Financial Statements
Past Presidents, Life Members & Award Recipients

Contact Details

3 Australian Dental Association, 4 SA Branch Incorporated 7 2/62 King William Road, GOODWOOD, SA 5034 PO Box 858, UNLEY, SA 5061

> P: 08 8272 8111 F: 08 8272 4357 E: admin@adasa.asn.au W: www.adasa.asn.au

13

17

19

20

21

36

Chief Executive Officer: Peter Gardner

> President: Dr Jack Gaffey

Editor: Dr Darren Di Iulio

Publication Assistant: Catherine Waite

Office Staff



Peter Gardner
Chief Executive Officer



Julie Herring
Accountant



Dr Jim BallCommunity Relations Officer



Elisha Firth
Events & Publications



Gerry Hunter Council Secretary



Dr Fraser GurlingCommunity Relations Officer



Catherine Waite Membership & CRO Liaison



Jane Ford
Research & Policy Officer

Council



Back row:

Peter Gardner (CEO), Dr Kim Christo (Councillor), Dr Mark Hutton (Country & Federal Councillor), Dr Anthony Smerdon (Councillor), Dr Alan Mann (Councillor), Dr Karin Alexander (Federal Councillor)

Front row:

Ass.Prof Peter Cathro (Honorary Secretary), Dr Deborah Miller (Junior Vice President), Dr Jack Gaffey (President), Dr Cathryn Gill (Honorary Treasurer), Dr Jonathan Ashworth (Councillor)

Absent:

Dr Janet Fuss (Senior Vice President), Dr Angela Pierce (Immediate Past President), Dr James Moses (Country Councillor), Dr Yong Kho (Councillor)

ADASA Business Partners











President's Report



Dr Jack GaffeyPresident

Renovation of the ADASA building

I am proud to announce that the ADASA renovations will be completed by the end of the year. This has been a project more than 18 months in the making and something which was discussed for nearly a decade. The changes to the ADASA house will allow for large group meetings/lectures with state of the art audio visual equipment. Commendations must go to Anthony Smerdon, who has donated much of his time for the oversight of the project. The renovations provide a much needed updated workspace for the ADASA staff, two conference rooms (small and large) and are something to be proud of as an association. I am also proud of the rigour that the Council put into the budgeting process for the renovations and can see that we have definitely achieved great value for money. The board was always mindful that it needed to safeguard the expenditure of members' funds.

Scope of Practice

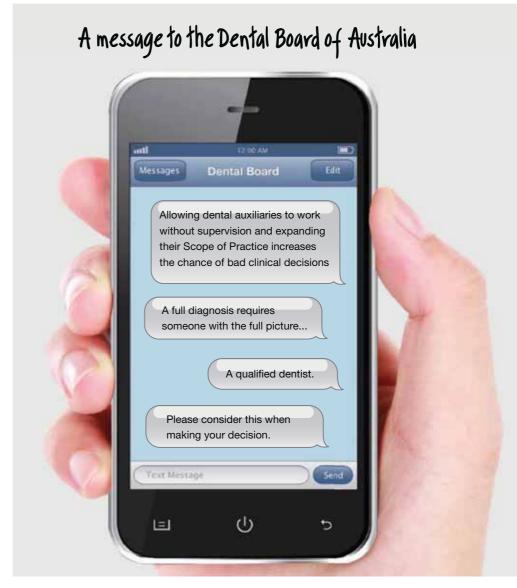
This year has seen significant implications for the long term future of the profession. Various external groups have sought to allow independent practice of dental auxiliaries under the guise of improving the dentist-patient ratio in rural and remote areas. This has resulted in a significant workload of the State and Federal bodies of the ADA to apply pressure to stop this from happening. Countless meetings with Dental Boards, State Health department members, HWA and others were required. This battle is still ongoing at

the National Dental Board as this report goes to press but the future is doubtful. It is this type of campaign which requires a strong dental association to help represent the views of dentists and to inform misguided representatives of the pitfalls of their untested program. The end result will be poor quality work on an unsuspecting public resulting in patient harm.

Discussions with SADS for waiting lists and Mount Gambier.

I targeted the SADS waiting list in Mount Gambier as one of the things I wanted to see more action on this year. At the beginning of my term, public patients were waiting over four years for restorative dental care in Mount Gambier. I have continued to put these figures into the press to try and get State Government action on this topic. A summit of the involved parties and

the local MP, The Hon. Don Pegler, was held in Mount Gambier to try and get some traction on the issue. SADS has put a lot of effort this year into trying to improve the waiting lists here and it has recently dipped below three years. There will also be several new SADS chairs placed in the soon to be redeveloped Mount Gambier hospital which will also enable more dentists and perhaps dental students, to help improve the lot of the local population. Increased federal funding has resulted in city restorative lists to drop below three months this year through the issue of more private dentist SADS forms. This partnership with the local private dentists is to address the future of the public dentistry problem and appears to have worked better than the complicated and misguided CDDS scheme. One problem is that the fee structure set up for the SADS severely devalues the work of local private dentists and is likely to be an ongoing bone of contention. The



President's Report



low fee structure will encourage poor workmanship and thereby create more headaches than solutions.

CPD Cap

#SCRAPtheCAP

This year's budget by Treasurer Wayne Swan introduced a \$2000 yearly cap on CPD expenses without consultation with any of the people affected. Professions such as Medicine, Dentistry, Law, Accounting, Nursing and others were hit hard by this new ruling. The cap would include travel, food and conference expenses. This was at the same time as Registration Bodies were mandating CPD hours. It would seem one arm of the government was working independently or at odds with the other. State and Federal ADA councils met with various members of both political parties to help get some resolution to the problem. The ALP changed its tack at the Federal Election and said they would defer the CPD cap by 12 months, Liberal Party Education representative Christopher Pyne said they would abolish it. With the election of the Liberal Party we hope that they stick to their word.

Dental Workforce issues

New dental schools mushroomed up across the country in the last decade while established dental schools, like Adelaide, increased their intakes by up to 100%. This has resulted in a graduating class of approximately 700 dentists each and every year. This is combined with over 200 foreign trained dentists who are accredited through the ADC examination process. This compares with roughly 150 dentists per year who graduated from dental school 10 years ago. The result of this will be a significant surplus of dentists in the workforce; up to 6,000 in 10 year's time based on various studies that have been done. The real issue is why tax payers are paying up to \$250,000 per student if they are not going to be gainfully employed at the end of their four or five year degree. Universities are unwilling to reduce numbers, they see their role soley as educators, not managers of the dental workforce. State governments are looking to drop the cost of providing dentistry to the public. The full time entry level dentist position in SA was paid approximately \$65,000 last year. This has been increased by 30% in the last 12 months, however

one can see the tightening of state budgets encouraging this oversupply to drop wages again. ADA has met with Health Workforce Australia, various state and health ministers and has spoken with anyone who would listen about this problem. People not involved with the dental industry all speak of the "undersupply" of dentists and the need to get dentists into the rural areas. This is all based on poorly completed projections from 10-15 years ago that have not had any relationship to the actual outcome. ADA will continue to make representations to inform policy makers of this problem which is having dramatic impacts on private practice.

The other change that has occurred in the last few years has been the GFC which changed the spending patterns of Australians. Prior to 2007, the average expenditure per capita was close to 100% or more of income. This dropped in recent years to as low as 87%. This change in expenditure has altered the amount of disposable income that people have. If you consider an ordinary person's expenditure that is fixed, such as rent/mortgage/utilities/ food, this may reach 50-60% of their income. If people are saving 10% or more of their income from the remaining 40%, you will find people have 25% less discretionary spending (complicated maths but worthwhile understanding!) Dr Rick Olive of ADA Inc also provided modelling demonstrating without the CDDS scheme of the last three years national dental expenditure would have remained static, in the face of increased numbers of graduating dentists and an increasing and aging population.

This means people are doing things such as putting off their recall appointments from six to 12 months, resulting in fewer check-ups per dentist from the same patient base. Delaying treatment or selecting cheaper alternatives is also occurring. As I talk to dentists in South Australia and dental reps I am becoming aware that the average dentist is seeing gaps open up in their appointment book or even decreases in gross and net turnover. I hope the improving economy will provide respite for our members who are finding it tougher to maintain a thriving business than ever before.

Development of a new Constitution

Our Constitution Committee will present a new Constitution to the

association next year after many years of development and review. It will modernise our constitution and allow amendments to be more easily made to simple structures in the future. A constitution is a very difficult text to compose and the Committee has sat down with a lawyer in an attempt to try and provide the best document possible. I recommend members carefully review the new Constitution next year when it is submitted. It is your association - you should know how it

Unregistered dentists/ beauticians

We became aware this year of a person formerly trained as a dentist in Mauritius who had a large number of dental instruments, handpieces and other equipment in his house. He said on TV that he bought a lot of these things from eBay but it was only because he was "passionate about dentistry" and that he did not actually work on patients in his home. We have asked AHPRA and the relevant state body to investigate and, if required, begin prosecution proceedings. It is of great concern if backyard dentistry is occurring in South Australia, it puts the public at risk and will result in the spread of infection throughout the community.

More of our members would be aware of the prevalence of 'whitening clinics' being run by beauticians. This is something ADASA has raised with AHPRA in the beginning of the year and we are yet to hear anything being done about it. AHPRA is more interested in prosecuting those dentists who are registered regarding advertisement issues rather than protecting the public from unregistered individuals practicing dentistry. There is little leadership demonstrated on this issue from AHPRA or the Dental Board.

New Partnerships- Hood Sweeney/Hunt & Hunt

I asked Council this year to approve the development of business partners for ADASA who would provide quality services at a good price for members. We have started this process of tendering out different services and this will continue into 2014 (banking and electricity services will be approved in a short period). I am happy to announce the approval of Hood & Sweeney as our accounting services partner and Hunt

President's Report

& Hunt as the legal services partner. Details of each partnership are available to members from ADASA office or you can go directly to our new partners yourselves. It certainly is time that our association helped to provide better benefits in a wider range of areas for its members.

New Dental Hospital

When the new Royal Adelaide Hospital (nRAH) was announced by the State Government, it was apparent that there had been little thought of dentistry. Ther was no mention of a new Adelaide Dental Hospital in any of the briefings. A meeting with the Health Minister, The Hon. Jack Snelling, provided little explanation of the process beyond "there will be public dentistry in South Australia". The area around the RAH consists of other buildings that have co-existed with the RAH and utilise the sewerage, power, boiler room facilities etc. It became clear to the ADASA that the closure of the RAH in 2016 could severely impact the ADH if some or all of these facilities were closed. The ADA has lobbied the government and opposition parties on the issue. The Greens actually had funding for a new Adelaide Dental Hospital as part of their Federal Election Platform. The Adelaide University appears to be left holding the baby in this debacle and will be expected to pay for the whole facility at significant cost, including buying land from the State Government or the nRAH consortium. ADASA lobbied various levels of the University to help ensure the development of a new ADH would include maintaining the current level of dental research in Adelaide and at least 75 chairs to ensure the viability of the dental program in South Australia. We are still waiting to see final plans for the new Dental Hospital but have faith in Dean Prof Johann De Vries to deliver a quality institution that South Australians can be proud of.

Review of Government charges. Introduction of SA Water charges. Government increases.

The State Government has continued to tax small businesses by stealth. In the last two years there has been the development of an additional license for radiation to help meet budget costs. When the EPA was asked about this new license, we were informed that this

was simply to enable the EPA to be relatively self sufficient. We then asked if dentists would have a say in their operations commensurate to the fees paid to the organisation, to which the answer was no. ADASA will review the frequency of these Radiation Audits. SA Water developed a new fee for dentists this year for discharging waste into the sewer and then raised their fee by more than 10% at the recent SA State Budget. SA Water has informed ADASA that audits of members' water waste disposals will be relatively infrequent but there is no quarantee. A meeting with SA Water did secure some information regarding amalgam traps. There is not sufficient data showing significant levels of mercury in the SA Water traps to justify the widespread mandate for these thousands of dollar devices which Victoria has implemented. The Victorian Branch of the ADA is advocating the rest of the country take these up regardless of the cost that would be imposed upon practices.

Thanks to family, colleagues.

I wish to thank the many people who have made my year as President a very memorable one. Firstly my wife Angela, who has been thoroughly supportive of the dedication of time required for this position and my daughters Melina and Ariana who have been thoroughly unsupportive with their common complaint of "not another meeting DAD!" Peter Gardner has been very informative and instructive as a CEO and has managed to cope with my common refrain "Peter I have another great idea, do you think it will be too much work?" The ADASA staff Julie,

Gerry, Elisha, Catherine and Jane who have tolerated numerous phone calls and emails throughout the year. To Angela Pierce, I wish to say thank you for her brilliant information at the beginning of my term and providing a great state of the Association brief. Thank you Cathryn Gill who was thrown in the deep end this year as Treasurer, she has led the Audit Committee admirably and set changes in motion that will help us run the association more professionally in the future. I wish to thank this year's dedicated Council and Committees who have had to digest a huge amount of information regarding the constant state of chaos our industry is in. Council has spent a lot of time discussing how we can improve the lot of members and how we can be more interactive as an organization. Thank you to our Committee Chairs who perform enormous unheralded work for the good of our members. As a final special mention, I wish to thank Kim Christo who has remained on Council and as Chair of the Events committee during the entirety of her pregnancy and who returned with her beautiful son Angus to our latest Council meeting. Kim is an entirely dedicated and disciplined individual who has helped enormously in different capacities this

To all those members who proffer different pieces of information or advice during the year, thank you for your interest in making this a great association, especially Dr Andre Bendyk who helped me set the tone of my Dental Insight pieces with his great sentiment "just keep on swinging".



Treasurer's Report



Dr Cathryn Gill Honorary Treasurer

The 2012/13 Audit Committee is chaired by me, Dr Cathryn Gill and Committee members include the President, Dr Jack Gaffey, Dr Jonathon Ashworth, and Mr Nicholas Edwards (director of Hood Sweeney Accounting and Business Services). The CEO, Mr Peter Gardner, and internal accountant Mrs Julie Herring were also in attendance at every committee meeting.

We have aimed to budget and allocate Branch funds to provide support and services for its members. It is the desire of both the Chair and the President to provide an association which appropriately represents its members and provides professional support.

The important aspects of this have been the refurbishment of the Branch house and to provide both professional development seminars and social events while remaining financially strategic.

With the refurbishment of the Branch house, we are aiming to provide not only continuing education courses, but also premises that can be utilised by members and associated groups for hire. This asset-valuing project has commenced and is due for completion in November 2013.

Cash reserves have been maintained at levels recommended by the external auditor, Mr Greg Weise. The budget for 2012/13 has remained in line with the actual spends; which we are proud reflects a fair and realistic budgeting system.

It was our recommendation that

subscriptions to the Branch increase in line with the Consumer Price Index, which translated into a 2.5% increase.

Guild Insurance, with whom the ADA has a financial agreement, will not be increasing their fees for the next financial year.

We continue to look for financial sponsorship for events from professional bodies. This helps us to provide good quality services for members at cost-effective expenses.

Events come in at or just above budget, which we believe is an economical approach for member service.

It is Council's desire and recommendation to support the role of an additional Community Relations Officer. This service has been very much appreciated by members and considered an important and positive allocation of funds. An additional CRO has recently been employed.

The Audit Committee is proud of the balance of the financial books and in the allocation of funds for services it feels its members will be proud of.

ADASA Annual General Meeting & Dinner

The Branch President Dr Jack Gaffey cordially invites all ADASA Members & partners to the Australian Dental Association

SA Branch Inc Annual General Meeting and dinner.

When: Friday 8th November 2013, 6 pm for AGM and 7 pm for dinner

Where: The Gallery on Waymouth, 30 Waymouth St, Adelaide SA 5000

Dinner: 3-course dinner and drinks, cost \$30 per person

Guest speaker: Mr William Chambers, Digital Strategist with Lithe Adaptive Web will present on the topics online

communication, social media and digital strategy.

Registration: via our website http://www.adasa.asn.au/events/event/adasa-annual-general-meeting

Registration closes 3 Nov 2013

For more information please contact

Elisha Firth on 08 8272 8111 or efirth@adasa.asn.au

the topics o

PARTNERS WELCOME



Awards



Dr Adrian Gaffney Chair

Members: Drs Peter Alldritt, Helen McLean, Lynn Stewart, and Ian Smylie.

Under the ADASA Constitution the Awards Committee is charged with the responsibility of recommending to Council "suitable persons for Honorary Life Membership, the Distinguished Service Award and such other Awards as may be considered appropriate."

The Committee meets each year and considers the contributions made by members to the ADA and to the profession. It also considers the way in which the activities of these members have enhanced the reputation of dentistry in the wider community.

The Committee receives suggestions from individual members from time to time asking that certain members be considered for awards.

My thanks go to the Committee members, Peter Alldritt, Helen McLean, Lynn Stewart, and Ian Symlie for their assistance and guidance in reviewing the achievements and contributions of members who are considered for awards.

Constitution



Dr David Miles Chair

Members: Drs David Mann, Adrian Gaffney, Angela Pierce, Janet Fuss and Rory Hancock.

The only business of the Constitution Committee this year has been the continuation of the review of the ADASA Constitution. Council decided in 2010 to carry out a comprehensive review of our Constitution. This process began with the formation of a Special Purpose Committee to do this. We are now in the third year of this process and nearing completion of our task.

The new Constitution will have a different structure from past documents but will embody most of the previous Constitution with some changes which will address the modern requirements of the Association. Our ambition is to express the daily management

requirements in By-Laws but describe the structure and objects of the Association in the Constitution itself. We want this to be a readable document which can be applied to the everyday functioning of the Association.

We have now published the draft Constitution on the ADASA website for comment by Members and have received constructive feedback which will be taken into account in further reviews of the document. By-Laws are in the process of being framed. Since there is a huge amount of detail involved in this, we expect to spend some months on the task.

We hope that we will produce a Constitution that will take our Association many years into the future. Our ambition is that Council will have the ability to modify its management protocols in an efficient and easy manner and that the Members will never lose the important ability to control the way our Association acts to represent their interests and provides services to the public.

We anticipate that the full Constitution including By-Laws will be completed early in 2014 and a Special General Meeting will be held to present it to the Membership for approval.

I thank the Committee members for their time and efforts this year and for the last three years. We have enjoyed the process of reviewing the present Constitution and hope that we have produced a document that will guide the Association well into the future.



ADA HR - Human Resources Advisory Service

Should you experience difficulty locating the information you require through the Online Resource Library, need clarification on terms, or have any other HR/IR inquiries, the friendly team at the National HR Hotline are available to assist you

Available from 8:30 - 17:00 AEST Monday to Friday call - 1300 ADA INC (1300 232 462) email - hrhotline@ada.org.au fax - 02 8448 3299



Practice Support



Dr Erika Vinczer Chair

Members: Drs Damir Culic, Janet Fuss, Kosha Jhalla, Troy Longbottom

The Practice Support Committee (PSC) was re-established with new membership and held its first meeting in April. Since that time we have been busy working on a range of projects designed to help you.

Although we are small in number, we bring vast and varied experiences through our respective careers. We would like to think that our rich diversity provides a sound understanding of the issues affecting members.

The practice of dentistry can certainly be complex and bewildering, with seemingly endless new rules and regulations. The rule book seems to be constantly changing and we must stay compliant with it. It is challenging to remain current with what you need to know, to do and when, never mind the tough task of being a clinician!

With that in mind, PSC aims to help members stay abreast of these regulations and policies and present them to you in an easy to digest format. We have been working on and presenting a practice "checklist". This is an evolving and dynamic document that is intended to be a simple format that practitioners can cross off when each item has been addressed and actioned (as relevant). The checklist also directs members to the relevant source documentation for further reading/ quidance.

We want to see that each member gets the most of the valuable resources that the ADA provides us. Many members may not be aware of the vast array of resources available. ADA has a wealth of information ranging from HR matters to Work Health and Safety, pharmaceutical support, CPD online and other little perks to name but a few. We acknowledge that most of us are time poor and may not wish to or have the time to read an article on these topics, so we have tried to capture your attention by presenting small snippets of information that direct you to the resources. This way you will hopefully go on a journey of discovery and be wowed by the wonderful things the ADA provides us! Be on the alert for more pearls of information from PSC.

Practice accreditation has not been widely adopted and we are keen to help more members get on board to help boost numbers of voluntarily accredited members. We are endeavouring to find ways ADASA can facilitate this process.

The Dental Auxiliary and Hygienist survey has been significantly revamped in format to improve the ease of completion (and therefore hopefully increase response rate) and analysis. The survey is in the final stages of testing and analysis and will be in your inbox in the New Year.

This year we sadly accepted the resignations of Drs Deborah Miller (as Chair), Cathryn Gill, David Robertson and Janet Scott, all being involved in many other ventures both within ADA and afield. The significant contributions all made were very much appreciated during their time on the Committee. My sincere thanks 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 navigate through the jungle that is clinical dentistry!

Public Relations



Dr Angelo Papageorgiou Chair

Members: Drs Jack Gaffey, Peter Alldritt, James Dudley, Cathryn Gill, Alex Du Bois, and Agnetha Valladares.

The Public Relations (PR) Committee in 2013 has enjoyed yet another productive and hence successful year. Early in the year the Committee unfortunately accepted the resignation of three members for various reasons and the Committee has since comprised of myself as the Chair , Drs Jack Gaffey (President ADASA) , Peter Alldritt, James Dudley, Cathryn Gill and most recently Alex Du Bois and Agnetha Valladares.

The aim of the PR Committee is to provide a constant and regular source of Oral Health Education throughout the year in an effort to establish and maintain the ADASA as the first point of contact and authority on dental matters in this state. This has therefore enhanced the exposure of the ADASA profile to both the South Australian community and our ADASA membership.

The PR Committee has been working in consultation with Ben Hooper and Shannon Darling of Corporate Conversation, a public relations firm engaged by the ADASA last year. Over the course of the year we have been able to establish a good working relationship with the PR firm and have an understanding of our needs whilst being been mindful of maintaining a strict budget. The Committee has also liaised with the Federal ADA Marketing Communications Co - coordinator

to ensure a timely and collaborative approach to our Oral Health Campaigns.

This year the Committee has held the following campaigns:

- » Mouth Guard Campaign with the onset of winter sports a mouth guard campaign was released and this included a feature in The Advertiser newspaper
- » Diabetes and Oral Health was held in July and this focused on the strong direct and bi-directional link between diabetes and periodontal disease.
- » Young Adults and Oral Health was the theme for Dental Health Week in August with the focus on young adults and the effect of their lifestyle choices on their oral health. The purpose of the message was to encourage young people to reengage with the dentist.
- » Community Outreach/Common Ground Sleep Out Awareness Campaign for dental issues related to South Australia's homeless and ADASA participation, was held in September.
- Oral Health and Pregnancy was scheduled for November at the time of writing this report with the focus on food cravings and reflux of pregnant women.
- » All campaigns received media attention through either print, TV or radio in both metropolitan and rural communities.

The Committee has also been constantly monitoring all media relating to oral health and our profession and has worked closely with the ADASA President Dr Jack Gaffey and Council to ensure the ADASA is responsive to all issues raised such as those related to government and our industry.

Finally we have been busy planning for campaigns to be held in 2014 and are looking forward to springing into action in the new year. I would like to extend my sincere gratitude to all our Committee members for volunteering their valuable time and effort to the ADASA and PR. Furthermore many thanks to Peter Gardner and staff of the ADASA office, in particular, Gerry Hunter, who have contributed positively throughout the year.

Recent Graduates



Dr Jonathan ChristoChair

Members: Drs Charlotte Marriot-Smith, Clementine Mellor, Alex Lam, Sharyn Borrett, Kim Christo, Saumya Rana, Lloyd Hurrell, Alan Mann, and Keng Soon Yeoh.

2013 has been a productive year for the ADASA Recent Graduates Committee (RGC). The social component of our calendar began with the Annual Lawn Bowls evening, organised collaboratively with the Adelaide University Dental Students Society (AUDSS). On the back of a strong turnout in 2012, the night was again a great success, allowing recently graduated dentists and senior dental students to relax and mingle over a drink and a game of lawn bowls. Congratulations to Ash Parvar, Chantelle Smith, Khash Nassery, and Nimah and Pouria Rezaian for taking out the title two years in a row.

The educational component of our calendar was expanded this year, with five Study Clubs booked to capacity. We were privileged to have an array of engaging expert presenters. Dr John Wetherill started off the program with a presentation titled "40 Years in General Dentistry - 50 Shades of Grey". John spoke with great vigour on the morality and ethics involved in general dentistry as well as the great satisfaction he has experienced throughout the highs and lows of his career. Dr Khash Nassery spoke on "Deciphering the Difficult Diagnosis" and A/Prof Sam Gue on "Tips and Tricks from a Paediatric Dentist". Both provided attendees with many practical tips that

could be immediately implemented in their clinical practice. Dr Janet Scott presented 'No-one is perfect; Tips and Treats to Achieve the Impossible', and drew from her vast experience in the area of risk management. Our program concluded with a half day periodontal series followed by a lunch at the Hyde Park Tavern. Drs Andre Bendyk, Alex du Bois, Siobhan Gannon, and Kere Kobayashi covered topics ranging from the fundaments of periodontitis, treatment outcomes, and peri-implantitis. The Recent Graduates Study Clubs will continue in 2014, with more exciting and valuable topics for new graduates.

The annual "Learn from Our Experiences" night was again a popular night for final year dental students. Drs Anna Kanter, Alex du Bois, Josh Tirrell, Poppy Anastassiadis, Gabrielle Klingberg, Millie Wiese, Kimberley Goldfinch and Jack Gaffey spoke about their experiences and knowledge on a range of topics including public vs. private practice, life in general dental practice, tutoring, continuing education, working in a rural setting, and the graduate year program. The students were each given a "New Graduate Checklist" pack containing all the essential registration and licensing forms.

The RGC was again involved with the publication of the Employers Guide, which was once again published online as well as in hard copy for distribution in "Dental Insights". The guide aims to connect newly graduated dentists and employers, hopefully leading to successful employer-employee relationships.

Our final event for 2013 is the Annual Recent Graduates Cocktail Evening, this year to be held at the Hotel Richmond on November 22nd. As always, we welcome all recently graduated (and not so recently graduated!) dentists, and final year dental students.

I would like to thank all past and present members of the RGC in making 2013 a successful year. This year we sadly accepted the resignations of Drs Alice Nassery, Natasha Voin, and Lisa Brownfoot, all committing themselves to larger pursuits in their professional and/or personal lives. Thank you to continuing committee members, Drs Charlotte Marriot-Smith, Clementine Mellor, Alex Lam, Sharyn Borrett, Kim

Christo, Saumya Rana, Lloyd Hurrell, Alan Mann, and Keng Soon Yeoh. This year we welcomed to the committee Drs Gabrielle Klingberg, Stuart Renigers, and Jamie Do. We are proud that the current Committee is a dynamic and hardworking team with broad representation of recently graduated years. We also sincerely thank Investec Experien for their invaluable sponsorship and support of several of our events this year. We would also like to thank the support of the AUDSS and in particular Deborah Wong (President) and Susan Clift (Vice-President).

We look forward to another successful year of the RGC in 2014, and encourage all ADASA members to attend events in our social calendar.

Review



Dr Janet Scott Chair

Members: Steve Carapetis (Deputy Chairman), Geoff Pitcher, Rob Stewart and Don Worley.

This year has been a case of slowly but steadily, for the Review Committee. The Community Relations Officers (CROs) have briefed us on events at most meetings, and where necessary, the Review Committee has offered suggestions for resolving some issues. The main issues this year have been advertising (again!), creative accounting with dental item numbers (again!) and patient expectations, especially from dentures. It is hoped that with the cessation of the CDDS, at least the number of complaints relating to dentures may slow.

Despite our suggestions and even warnings in Insights, advertising continues to be a source of complaints. Once more, the Committee has reminded members to be aware of the AHPRA guidelines in relation to advertising, as AHPRA is taking notice and if members flaunt the guidelines, they may be asked to account for their actions. It seems that some of us are slow learners.

The Committee has also started to work in conjunction with the CROs to counsel members who may have been the subject of proceedings. It is hoped that the Committee can expand on this role in the future, as well as counsel members who may be contravening the ADA Code of Ethics. As Chairman, I was also invited to joint counselling sessions with some members with indemnity insurers at insurance renewal time. Some members were observed to be incurring more incidents than could be expected. I am pleased to report that the vast majority of these instances boiled down to the practitioner just being in the wrong place at the wrong time, with innocent explanations for the problems. The Committee expects that with the rising cost of claims, it will be involved in this type of activity in the future, helping members to avoid being there in the first place.

By monitoring the types of enquiries that are received by the ADASA, and any subsequent complaints, we are able to monitor trends and from this we have been able to present articles for Dental Insights magazine on various topics, in an effort to help members. Not surprisingly perhaps, is a recurring theme of communications or lack thereof when matters are taken further by patients. As a Committee, we are committed to the maxim, as in any disease, that "prevention is better than cure".

I extend thanks to my Committee members mentioned above (and their families who accept their absence at meetings), also Peter Gardner who advises on procedural matters at meetings, and Gerry Hunter, whose very able fingers are generally able to keep up with us as the Minutes Secretary. I should also like to extend a special thank you to Don Worley for all his time spent with the Committee over the years, including a lengthy period as its Chairman. Don has retired from dentistry, and hence the ADA. We wish him and his wife all the very best for his retirement.

Need advice and support with mediation and conciliation with complaints?

Call ADASA on 8272 8111 to speak with your Community Relations Officers

Dr Jim Ball jball@adasa.asn.au Wednesdays 2pm - 5pm

Dr Fraser Gurling fgurling@adasa.asn.au

Tusedays 1pm - 3pm

Post: PO Box 858 UNLEY SA 5061

Dental Insights Report



Dr Darren DilulioEditor

It seems that a year passes very quickly and it is now time for me to again report on the last year of Dental Insights, the monthly publication of the SA Branch of the Australian Dental Association.

There have been a number of changes recently, with perhaps the most

significant being a new Publication Coordinator, with Elisha Firth now responsible for the role. Elisha was appointed to ADASA staff in late 2012 and as well as being Publication Coordinator she is the Events Coordinator for the Branch.

The end of 2012 also saw the twoyear Presidential term of Dr Angela Pierce draw to a close and our current President, Dr Jack Gaffey, take office. I certainly can say that the monthly President's Reports have been very colourful and entertaining this year! Jack has kept the general membership informed of the latest developments affecting dentistry particularly at governmental and regulatory level. I thank Jack for his efforts over the past year and commend him on his obvious passion for our profession.

In addition to the President's Report, the CEO's Report and the regular ADA HR features continue to provide up-to-date information to allow members of ADASA to keep abreast of the latest issues which may impact on their practices. With the sheer volume and constant

changing of regulations affecting dentistry and the legal implications and obligations in the HR area, these regular features are an important resource for the busy practicing dentist and are a recommended read.

I would like to extend my thanks to Dr Rob Shea, Assistant Editor, and of course Elisha Firth for their efforts in putting together a quality publication each month. I would also like to thank the ADASA membership for reading and contributing to Dental Insights, and finally I would like to personally thank Dr Karl Skopal for his very complimentary letter regarding Dental Insights Magazine, it was much appreciated!





Dr Karin AlexanderFederal Councillor

The following are reports on meetings of Federal Council held in the Federal Council Meeting Room, ADA Inc., at 14-16 Chandos Street, St Leonards, NSW. Three meetings were held reflecting the number of issues which need to be addressed in these times and to improve and to shorten the time taken to do this.

FEDERAL COUNCIL MEETING NOVEMBER 15th and 16th 2012

Financial Result for the Year Ended 30 June 2012

The result for the year was a loss of \$1,904,250 including an impairment write-down of \$1,058,326 on the Chandos Street property. The write-down was in accordance with accounting standards. At its April 2011 meeting Federal Council approved an operating loss of \$299,212 for the 2011/2012 financial year the balance sheet continued in a healthy state with net assets of \$9,601,839 at 30 June 2012 compared with \$11,478,944 at 30 June 2011.

President's Annual Report

The President provided a written report which highlighted the year's events and issues faced by the ADA and which included the following points.

- » Dentistry had been a political hot topic in 2011-2012.
- » Advocacy on behalf of members required considerable resources, both time and personnel.



Dr Mark HuttonFederal Councillor

- The main issues addressed on the political front included the promotion of the association's view on what would be an appropriate public dental scheme for Australia, the influencing the 2012 Federal Budget and seeking a solution to the continued problems with Chronic Disease Dental Scheme (CDDS).
- » The 2012 Federal Budget delivered much of what the ADA had been advocating.
- » The Federal Budget in May 2012 was followed on 29 August 2012 by the announcement of a dental health reform package and the closure of the CDDS. While the CDDS closed effectively in November 2012, the new Scheme for children was deferred until 2014.
- » Resolution around a solution to the administrative compliance issues pertaining to section 10 of the Health Insurance (Dental Services) Determination 2007 appeared to have been achieved.
- » It was indicated to the ADA that future CDDS by DHS would mainly be initiated by a patient making a complaint to Medicare Australia.
- Workforce and its many facets had also been high on the ADA's issues list for the past year mainly the oversupply of dental practitioners and a drive from self-interested parties for an increase in the Scope of Practice of allied dental personnel without the appropriate formal education and training that was required to maintain the quality and safety of dental care in Australia in the public interest.

- » This year had seen the launch of Practice Accreditation via the Early Adopter Scheme.
- The ADA Inc.'s financial situation continued to be in a sound and solid position, with assets, both fixed and liquid being managed and maintained in a prudent manner.

Information Technology Matters

It was resolved that ADA Inc. in association with the branches, conducts a national feasibility study on a unified digital presence.

Formation of Recent Graduates/ New Members Committee

After discussion council resolved that a Recent Graduates/New Members Committee is formed. Each branch will be asked to nominate a member of their equivalent Committee to join the ADA Inc. Committee.

Evaluation of Federal Council and Members of Federal Council

The President advised that the evaluation process of Federal Council and Members of Federal Council had been completed and thanked Council Members for participating in an open and co-operative manner.

Oral Health Committee

The Chairman of the Oral Health Committee, Dr Peter Alldritt, provided a written report.

Matters raised in the report included:

- » The second oral health campaign for the year was held in May-June on "Oral Cancer".
- » Dental Health Week (6-12 August, 2012) focused on Australia's most prevalent health condition, dental caries
- » The ADA's final public awareness campaign for 2012 was still underway. The ever popular "Babies and Toddlers" campaign would provide a wealth of information to pregnant women and new parents.
- » As well as its annual campaigns, the Committee performed other activities which included; participating in media interviews [over 30 media interviews on a variety of oral health topics]; responses to queries from the public via the ADA website;



review of ADA policies and the co-ordination of articles for each monthly issue of the *News Bulletin*.

ADA Foundation

A copy of the signed Australian Dental Association Foundation [ADAF] Financial Report for the year ended June 30, 2012 had been circulated and the President and the Treasurer were authorised to sign the ADAF Financial Statements for the year ended June 30 2012.

Dental Workforce & Education Committee

- Federal Executive and Federal
 Council had supported the
 Committee's recommendation
 to engage Insight Economics to
 review the dental workforce supply
 side figures of the AIHW Dental
 Projections. The first draft of the
 report had been finalised and
 reviewed.
- » A questionnaire for a sample of dental practice owners to ascertain employment trends of employee dentists, dental therapists, dental hygienists, oral health therapists, and dental assistants was currently being organised.
- The Voluntary Dental Graduate Year Program curriculum had been planned by the Australasian Council of Dental Schools with its administration by AITEC Pty Ltd.
- » Health Workforce Australia had released an Oral Health Workforce Scope of Practice Survey: Narrative Analysis Report by Dr Deborah Cole, Prof Johann de Vries, and Ms Anne Dunn. It used a qualitative survey. The report would go to the Dental Board of Australia for its consideration.

SPC on Dental Workforce

A lengthy discussion was held on this topic and a Report from the Chairman of the SPC on Dental Workforce along with information from the Insight Economics Report "Review of the Dental Workforce Supply to 2012" presented.

Productivity Review

Council authorised a review of the productivity in the dental workforce

and updated projections of the future demand for dental services by Insight Economics.

Continuing Professional Development Committee

- The ADAInteract-CPD programme featured 11 webinars this year and continued to be a popular member service.
- » The Interstate Guest Lecturer Scheme [IGLS] continued to be popular with the smaller Branches.
- » Council resolved to continue to provide the Dental Files CD Service as a member service.

Tooth Whitening

Correspondence was discussed regarding the scheduling of tooth whitening products and it was noted that measures to increase the safety of the public, supported and informed by evidence provided by the healthcare sector, should always be implemented.

SPC on Dental Sustainability

Council resolved that a national voluntary program to assist members to reduce amalgam waste products entering the environment be progressed.

National Drug Information Service

Council resolved that a National Drug Information Service be adopted as an ADA Inc. membership service commencing January 1, 2013. The service would offer quick turnaround high level advice, particularly in relation to poly pharmacy issues which could impact on dental issues.

Pre-Budget Submission

Federal Council supported that the following areas be included in the ADA's 2013-2014 Pre-Budget Submission:

- Addressing gaps in care for people with special needs
- Addressing the gap on rebates for dental services
- 3. Promoting Prevention
- 4. Supporting Dental Workforce
- 5. Supporting Education
- 6. Support for adoption of Practice Accreditation

Policy Committee

Seven proposed new Policy Statements were adopted and amendments of 16

existing policy statements were also adopted by council.

Australian Dental Research Foundation [ADRF]

It was noted that a sum of approximately \$232,000 would be available for funding for the research grant applications submitted for Year End June 2013. The ADA continues to provide considerable support to the foundation, through the provision of secretarial duties by the ADRF Services Officer.

Election of Federal Executive and Standing Committees

Elections were held for the Federal Executive and standing committees. The results were:

- » Federal President Dr Karin J. Alexander
- » Federal Vice President Dr Carmelo Bonanno Federal Treasurer Dr Richard J. Olive
- » First Federal Executive Councillor Dr P. Hugo Sachs
- » Second Federal Executive Councillor Dr Terence K. Pitsikas

In addition to Dr Karin Alexander being the second president from the ADASA, ADASA was again well represented in the standing committees. Dr D.S. Mann was appointed as Vice Chairman of the Constitution Committee, Dr R. Antoniazzi Chairman of the CPD Committee, Dr J.M. Fuss was appointed to DWEC with Dr H D. McLean as an Honorary Consultant, Dr S. Liberali Vice Chair of the Infection Control Committee, Dr P.J Alldritt Chairman of the Oral Health Committee, Dr R.M. Hutton Vice Chairman of the Policy Committee, and Dr M. V. Bradley was appointed as a member of the Schedule and Third Party Committee

FEDERAL COUNCIL MEETING APRIL 18th and 19th, 2013

Treasurer's Report

Over recent years the tempo and breadth of activities undertaken by ADA Inc. had increased significantly and this had resulted in increased operating expenses. For example, with the shift from state-based to federal-based registration the number of submissions



prepared by ADA Inc. on national issues increased from 9 to 28 per annum between 2009 and 2012, the number of committees had grown from 20 to 25 in the same period and the number of sophisticated member services delivered via large recurrent contracts had grown to five contracts that together accounted for \$2M of the annual budgeted expenditure.

Lengthy discussion was held on the Budget presented. It was noted that national representation, particularly with the upcoming Federal Election, and the provision of membership services were paramount. Federal Council's comments in regard to future planning for a reduction in expenditure were noted. To this end, Federal Executive undertook to list and prioritise future possible cost saving initiatives in future meetings.

35th Australian Dental Congress

The 35th Australian Dental Congress was held in Melbourne in early April 2013. Registrations for the main scientific program including day registrations totalled 2,087.

Information Technology Matters

Achievements for the period included:

- » Committee Connect The Committee Connect system was utilised for the first time at the Federal Executive meeting in March 2013.
- » Congress CPD Integration 28,054 CPD entries were added electronically from the 35th Australian Dental Congress. This contrasted with the previous Congress where two staff were required for three months to process CPD records manually.

Honours & Awards Committee

It was noted that in the 2013 Australia Day Honours the Medal of the Order of Australia had been awarded to Dr Richard Morley Milner OAM for service to the community, particularly through Rotary International.

Strategy/Governance Review

Federal Council considered and adopted the amended ADA Inc. Strategic Plan 2012-2015 and provided some further comment. The Compliance Report in response to targets/measures outlined in the Operational Plan was noted.

Working Party on Governance

The DRAFT Report of the Working Party on Governance meeting held February 28, 2013 was considered. After lengthy discussion it was decided that the existing ADA governance structure be continued.

Oral Health Committee

The Committee reported that due to unexpected personal leave involving a key member of ADA staff, the Babies and Toddlers Campaign had to be postponed from October/November 2012 until January/February 2013.

Mouthguard Awareness Campaign was launched in March.

Dental Workforce & Education Committee

The Committee reported on the oversupply of dentists in Australia and had requested Federal Executive to encourage banches to write to their State Ministers to support the view that dentists should be removed from the Skilled Occupation Migration list.

They also reported to Council that:

- » The review done by Insight Economics on the workforce data produced by the Australian Research Centre for Population Oral Health was completed. Insight Economics was commissioned to do a further piece of work on productivity.
- » Health Workforce Australia [HWA] had set up a series of groups in relation to its work on the oral health workforce.
- » The Voluntary Dental Graduate Year Program [VDGYP] had commenced with 49 graduates from all over Australia signed up.
- » The Community Services & Health Industry Skills Council [CSHISC] administered the education packages in the VET sector. A review was being conducted of some of the packages including Dental Assisting and Oral Health.
- » Tenders were about to be called to administer the Dental Relocation and Infrastructure Scheme.

Health Workforce Australia [HWA]

Reports were presented on the HWA workshops on oral health workforce supply and demand. HWA representatives Mr Ian Crettenden, Executive Director, and Ms Maureen McCarty, Project Manager, presented the data collected at the workshops. Federal Councillors actively participated in the discussions and provided information to help determine some of the scenarios that would be used to inform future demand and supply.

Melbourne Congress 2013

A report on the 35th Australian Dental Congress indicated:

- » 4600+ participants, of which over 2000 were able to attend the Main Scientific Programme.
- » The use of Smart Card technology for on-site registration, CPD data collection and certificate distribution was successful.
- » An exhibition to rival other domestic and international trade shows for the dental industry was presented.
- » Significant support from both sponsors and exhibitors, including the announcement of the 36th Australian Dental Congress Principal Sponsor - Investec Specialist Bank - at the event.

Dental Files CD Service

There was lengthy discussion regarding the validity and value of the Dental Files service. The Dental Files service was considered to be a valuable member service. The method of providing the service may change from CD to another format, however the content and substance would remain extremely valuable to the membership.

Scope of Practice

A lengthy discussion was had regarding the scope of practice of dental hygienists, dental therapists, and oral health therapists within workplace policies and new or contemporary models of care and training for all dental practitioners. Feedback would be given to the DBA's review of the scope of practice.

Dental Practice Accreditation

Dr Sachs reported that of the 600 practice accreditation applications received, 25 had completed the



accreditation process and 85-90% were actively involved in completing assessments.

Adoption of New Policy Statements

Two new policy statements were adopted and seven existing policies were amended.

FEDERAL COUNCIL MEETING AUGUST 15th and 16th, 2013,

Treasurer's Report

A preliminary End of Year Report indicated a profit of \$215K including a surplus from Congress.

Reduced Membership Renewals

The information to date compared to last year indicated that most of the branches had reduced membership renewals. It was felt that the reduction in membership renewals reflected the current economic environment.

Practice Survey

The 2013 ADA Practice Survey was completed on July 8, 2013 with a total of 3,262 members responding. This was the first time that the survey had been conducted on-line.

Fees Survey

The 2013 ADA Dental Fees Survey was released to members on July 29, 2013.

CPD Enhancement

This project, which redeveloped the ADA CPD facility to enhance the service to members and provide a range of additional facilities and features, was completed successfully.

Honours & Awards Committee

1.14.1 Report It was noted that Dr Anthony (Tony) Collins AM and Dr David Anthony Sheen AM had received the Medal of the Order of Australia in the 2013 Queen's Birthday Honours.

Strategy

Federal council heard that more attention should be given to deliberations of strategy and the future

of the ADA. It heard that it was crucial for the ADA to review and develop strategy at each Federal Council meeting.

Adult Dental Services

The President provided a brief update regarding the House of Representatives' Inquiry into Adult Dental Services at which she and the Chief Executive Officer had appeared.

Growing Up Smiling [GUS]

Councillors enquired as to the timing of the release of the rules for the GUS Scheme, noting that Members would need to be educated. The administrative requirements had been discussed with the Department of Health and Ageing and Department of Human Services and ADA representatives emphasised the need for these to be "dentist friendly" so as to avoid administrative failures.

Dental Workforce & Education Committee

Federal Council did not support a National Registration Examination. A draft Insight Economics Report "Demand for Dental Services in Australia" dated July 2013 was provided indicating a 2.5% per annum growth in demand.

Professional Development

A report on developments in relation to the CPD Tax deduction cap was provided. ADA had joined with other groups in advocating for rejection of the proposal.

National Library Service

There was discussion regarding the National Library service. It was felt that the Service should be maintained for the profession generally.

Scope of Practice

It was reported that ADA Inc. had provided additional feedback to assist the DBA with its review of the Scope of Practice Registration Standard.

Specific advice was provided in relation to:

 Workplace policies that provide details about how dental hygienists, dental therapists, and oral health therapists work within their scope of

- practice in the workplace.
- Information regarding any new models of care or training being undertaken or considered for all dental practitioners.

Australian Dental Council [ADC]

Professor Lindsay Richards, Director, and Chair of Dental Practitioners Assessment Committee of the Australian Dental Council provided information in relation to the ADC's assessment of overseas qualified dentists, in particular, the proposed changes to that assessment process.

Infection Control Committee

Clarification was requested with respect to infection control and Guide Dogs being allowed into treatment rooms.

ADA Guidelines for Infection Control

It was noted that the ADA Guidelines for Infection Control Second Edition were available on the ADA website for downloading.

Dental Practice Accreditation

Various business categories were presented to extend the accessibility of others including corporates to the ADA practice accreditation model.

Dental Therapeutics Committee

The issue of electronic prescription writing was raised. It was noted that dental software providers had not made the investment to involve dentistry at this stage.

Country Councillors' Reports



Dr Greg Miller

Having joined the Council mid-term I have had to pick things up on the run and I have been helped to do this with the excellent support of my fellow councillors and the ADASA staff. I would like to congratulate both on their hard work this year - and call on fellow members to consider investing time and effort into the functions of the ADA, as involvement benefits us all as a profession.

What is the state of dentistry at the moment?

In dentistry over the last few years there has been the advent of corporations (whose primary imperative is to their shareholders) aggressively procuring large numbers of dental practices. These corporations, in turn, are sometimes procured by helath insurers who have thier own legions of contracted dentists who subscribe to the helath insurers' whims on fee schedules.

We have nationalized representative bodies that were purported to streamline the administration of complaints and registration for practitioners, but in reality, have increased in complex bureaucratic processes that have no impact on the daily management of dental practices other than to increase compliance costs.

We have the rise in advertising through the internet, which appears almost impossible to regulate and much of which seemingly defies the fundamentals of professionalism.

Finally we have a media and government agenda which purports that there is an undersupply of dentists nationally, when many dental graduates from new or existing schools are unable to find full time employment, and many practices struggle to meet their overheads in a time of economic contraction.

In the midst of this, the broader membership seems less engaged with the issues at hand, and more apathetic than ever before in circumstances that are more threatening to the profession than I can ever recall.

The association, through its various functions, has gone into bat for the profession time and time again this year. In no circumstance is this better demonstrated than by securing the delay in implementing the CPD cap. This cap would have had dire consequences for country practitioners for who CPD not only involves registration fees but also costly travel expenses. I certainly hope that this fight is not lost on the new government and that the cap is scrapped in totality as it represents a grave threat to the ability of our members to undertake the ongoing education they require to provide a world class service to their patients.

I urge all members, especially those in the country to partake in CPD and professional meetings, where excellent presentations and the opportunity to socialize with other members make them a "must".

The regional dental workforce in the public and private sectors appears to have remained stable across regional South Australia. A surplus of dentists is evident within much of Australia, due to the advent of new dental schools and increasing intakes by existing schools intake numbers; along with 457 visa dentists and successful ADC applicants, with a clear pattern of metropolitan dental oversupply leading to country practice employment opportunities.

SADS has continued a program of employing and sourcing overseas trained dentists in regional areas, especially the South East. With more locally trained graduates available for mentoring and placement in public clinics, an opportunity awaits for improved continuity, stability and permanency of services to the country should the right candidates be sought as attrition rates with present hiring practices are of concern. With the great lifestyle and benefits of a country

community for family life regional practices look set to enjoy a boon with employment. Hopefully this does not threaten to create an oversupply of dental practitioners as is occurring in some parts of Australia. Underregulated expansion of dentist numbers overseas has resulted in a lower quality of dental services and appropriate rewards for clinical services.

Now that the Medicare CDDS has closed, there is a large swathe of nursing home residents within remote and regional communities that once again struggles to get timely and appropriate care due to the inherent difficulties in service delivery to this cohort. I have been assured that SADS are undertaking every measure to ensure that this problem is redressed swiftly with the further roll out of their Nursing Home and Residential Aged Care programs within these communities. The good works undertaken through Capitation and Aboriginal programs also persist to ensure that those high risk groups receive the care they require. The release of GDS forms this year has also enabled many rural and regional patients to have subsidized dental treatment. Yet the GDS is still limited by the procedures that can be undertaken as well as by the administrative difficulties that will create inefficiencies for many practices.

Concern still exists over the lack of provision for appropriate after-hours and emergency treatment for country patients, with regional medical facilities reporting a proportion of admissions each year continue to be due to dental emergencies. Members are asked to consider their emergency availability for patients of record during these periods and also to consider what steps can be undertaken to ensure timely public care for those patients in regional areas.

I would like to reiterate to remote and regional members that as Country Councillors our door is always open to hear concerns about dentistry and other issues and help voice them.

It certainly has been a privilege to become an ADASA Country Councillor this year and I look forwards to continued involvement in the association in 2014.

Country Councillors' Reports



Dr Mark Hutton

Two major events dominated my duties as a Country Councillor for the Limestone Coast region this year.

In May a meeting was held between the major groups which could be involved in the provision of dental services in the Limestone Coast area. This was chaired by ADASA President Jack Gaffey who was keen to have issues, particularly the long waiting lists for public patients in the area, addressed.

Attending the daylong meeting was the local state member of parliament, The Hon. Don Pegler, Dr Jack Gaffey, Mr Peter Gardner and Dr Mark Hutton from ADASA, Dean of the Dental School, Prof Johann de Vries, Mr Geoff Franklin, General Manager, State-wide Dental

Services, Ms Anne Pak Poy, Acting CEO, SADS, Mr Lincoln Size, CEO Country South SA Medicare Local, Ms Kathy Mott - Director, Country South SA Medicare Local, Ms Jayne Downs, Rural Regional Director, Mt Gambier & Districts Health Service and Mr Paul Bullen, Director of Nursing, Mt Gambier & Districts Health Service.

A discussion paper that I had prepared was distributed to all participants and to dentists practicing in the Limestone Coast area so that feedback could be provided on the scope of the meeting and the issues to be discussed.

Very cordial and frank discussions were held with the aim of working together to ensure that patients in the Limestone Coast area could receive quality dental care without long waiting lists. ADASA wanted to ensure that people in the Limestone Coast area are not disadvantaged in comparison to those in metropolitan areas. Topics covered included the long waiting list problems, the provision of specialist treatment for rural patients, the provision of best practice treatment, the Patient Assisted Travel Scheme (PATS) which applies to medical services, after hours emergency treatment and treatment of patients in nursing homes, and Participants were encouraged to put forward a wide range of options.

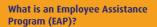
The meeting ended with each group understanding the problems of the others and with commitments to work on the issues. It seems that the waiting lists for public patients have been

improved since the meeting. In addition it was decided that the concept of the Limestone Coast Partnership which had been in existence for 10 years, should be continued and built upon.

The Limestone Coast Partnership Seminar was well attended this year and once again presentations of a very high standard were presented with plenty of take home clinical messages. In addition we were honoured to have our Federal President, Dr Karin Alexander attend. Many commented following her address that they were impressed by the amount of work that the Federal ADA had been doing on behalf of its members following her address. It was great to see a good attendance of dental assistants who had their own program.

As usual the social events were well received and the venue, Mt. Gambier's iconic Barn Palais was excellent. Some hotly contested games of petanque were played following the Saturday program and we will build on the sporting events in following years.

I again thank Peter Gardner and the rest of the ADASA staff for the help that they willingly gave me throughout the year. I also wish to thank our President Jack Gaffey for his support and his advocacy for dentists and patients in rural areas. I will be continuing on as a country councillor in 2014 so please feel free to contact me if there are any issues that you would like addressed. Such contact is very helpful and you may well be aware of issues I have missed.



Your EAP provides counselling and wellbeing support to all employees and their eligible, immediate family members. You can feel comfortable using your EAP to confidentially discuss any work or personal issues that are an inevitable part of life.

What is the purpose of the EAP?

The purpose of the EAP is to provide solution focused, short-term support to help you through life's milestones.

The service is designed to provide emotional support and explore strategies that will enhance your health and wellbeing.

Australia: 1300 361 008

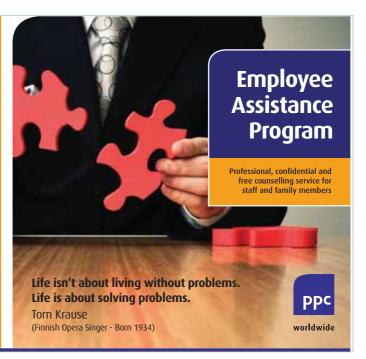
From Abroad:

New Zealand:

From Abroad:

www.ppconline.info/au





ndependent Auditor's Report



Gregory R Wiese
Director, BDO Audit (SA) Pty Ltd

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 2013, the statement of profit or loss and other comprehensive income, the statement of changes in membership 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 are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, 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 2013, and its financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards and the Associations Incorporation Act (SA)

BDO

BDO Audit (SA) Pty Ltd



Gregory R Wiese Director 23 October 2013



Council Report



Council members present their report together with the financial report of Australian Dental Association South Australia Branch Incorporated for the year ended 30th June 2013 and auditor's report thereon.

Council Members

The names of the Council members in office at any time during the year are:

Dr Jack Gaffey (Junior Vice President and President)

Dr Janet Fuss (Honorary Secretary to 02/11/2012 and Senior Vice President from 19/11/2012)

Dr Deborah Miller (Senior Vice President to 02/11/2012 and Junior Vice President from 19/11/2012)

Dr Angela Pierce (President and Immediate Past President)

Dr Peter Cathro (Honorary Secretary from 02/11/2012)

Dr Cathryn Gill (Honorary Treasurer from 02/11/2012)

Dr Jonathon Ashworth (Councillor)

Dr Kim Christo (Councillor)

Dr Anthony Smerdon (Councillor)

Dr Alan Mann (Councillor from 02/11/2012)

Dr Eleanore Owen (Councillor from 18/02/2013)

Dr Karin Alexander (Federal Councillor)

Mr Mark Hutton (Country / Federal Councillor)

Dr Greg Miller (Country Councillor from 17/12/2012)

Dr James Moses (Country Councillor from 19/11/2012)

Dr Bijun Cai (Councillor to 02/11/2012)

Dr Yong Kho (Councillor to 21/1/2013)

Dr Rob Shea (Honorary Treasurer to 02/11/2012)

Dr John Schaefer (Country Councillor to 02/11/2012)

Dr Tim Curran (Country Councillor to 20/7/2012)

The members were in office since the start of the year to the date of this report unless otherwise stated.

Results

The profit of the association for the year after providing for income tax amounted to \$176,257 (2012: \$168,457).

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.

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC ABN 57 335 830 725 STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2013

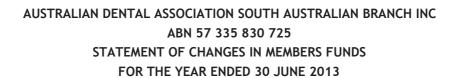
	Note	2013 Ş	2012 \$
Revenue	2	1,099,365	1,086,696
Less: Expenses			
Employee benefits expense		(435,539)	(404,658)
Depreciation and amortisation	3	(41,079)	(69,088)
Event Costs		(74,113)	(90,821)
Magazine Production		(44,423)	(51,636)
Printing, Stationery & Postage		(32,425)	(44,098)
Presidential Allowance		(26,084)	(25,388)
Occupancy & Office costs		(34,798)	(56,945)
Accounting & Audit Costs	3	(13,439)	(13,813)
Travel & Accommodation		(32,595)	(28,926)
Bank Fees		(31,046)	(32,331)
Consulting Expenses		(59,078)	(14,962)
Insurance		(10,027)	(9,390)
Hire - Venue, Crt & Green Fees		(10,045)	(13,689)
Equipment Rental		(291)	(6,371)
Repairs & Maintenance		(15,673)	(17,626)
Other expenses		(62,454)	(38,497)
Total Expenses		(923,108)	(918,239)
Profit before income tax		176,257	168,457
Income tax expense	5	-	-
Net profit from continuing operations		176,257	168,457
Other comprehensive income		-	-
Total comprehensive income		176,257	168,457

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

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC ABN 57 335 830 725 STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
Current assets			
Cash and cash equivalents	6	3,433,948	3,167,396
Deposits	7	439,496	414,499
Trade and other receivables	8	46,528	49,866
Total current assets		3,919,972	3,631,761
Non-current assets			
Property, plant and equipment	9	413,629	386,832
Total non-current assets		413,629	386,832
Total assets		4,333,601	4,018,593
Current liabilities			
Payables	10	2,367,662	2,232,719
Provisions	11	40,743	35,822
Total current liabilities		2,408,405	2,268,540
Non-current liabilities			
Provisions	11	7,720	8,834
Total non-current liabilities		7,720	8,834
Total liabilities		2,416,125	2,277,375
Net assets		1,917,476	1,741,219
Members funds			
Reserves	12	-	232,518
Accumulated surplus	13	1,917,476	1,508,701
Total members funds		1,917,476	1,741,219

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



	Reserves \$	Accumulated surplus \$	Total equity
Balance as at 1 July 2011	232,606	1,340,244	1,572,850
Profit for the year		168,457	168,457
Total comprehensive income for the year	-	168,457	168,457
Transfer of reserves	(88)		(88)
Transactions with owners in their capacity as owners: Total transactions with owners in their capacity as owners Balance as at 30 June 2012		1,508,701	1,741,219
	232,310	1,300,701	
Balance as at 1 July 2012	232,518	1,508,701	1,741,219
Profit for the year		176,257	176,257
Total comprehensive income for the year	-	176,257	176,257
Transfer of reserves	(232,518)	232,518	
Transactions with owners in their capacity as owners:			
Total transactions with owners in their capacity as owners	-	- 4 047 474	- 4 047 474
Balance as at 30 June 2013	0	1,917,476	1,917,476

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

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC ABN 57 335 830 725 STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
Cash flows from operating activities			
Receipts from Branch Subscriptions		759,605	636,528
Receipts from Magazine Advertising and Other		57,105	67,550
Receipts from Sundry Activities		21,887	25,746
Receipts from Commission		212,566	163,402
Receipts from Events income		68,606	60,375
Receipts from Sponsorship		63,027	61,670
Interest received		89,825	93,938
Receipts from Rental		0	13,509
Payments to Suppliers		(522,628)	(514,766)
Payments to Employees		(454,285)	(412,108)
Movement in 3rd Party Liability		63,717	270,866
Net cash provided by operating activities	14 (b)	359,425	466,709
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		-	818
Payment for property, plant and equipment		(67,876)	(23,096)
Term deposits		(24,997)	(14,499)
Term deposits withdrawn			
Net cash provided by / (used in) investing activities	_	(92,873)	(36,776)
Cash flows from financing activities			
Utilisation of Thomas D Hannon Reserve		-	(88)
Net cash provided by / (used in) financing activities	_	-	(88)
Reconciliation of cash			
Cash and cash equivalents at beginning of period		3,167,396	2,737,552
Net increase in cash held		266,551	429,844
Cash and cash equivalents at end of period	6	3,433,947	3,167,396

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



NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board and the Associations Incorporation Act 1985.

The financial report was approved by the committee as at the date of the statement by members of the committee.

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.

(a) Basis of Preparation

Historical Cost Convention

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.

Dividend revenue is recognised when the right to receive a dividend has been established.

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.

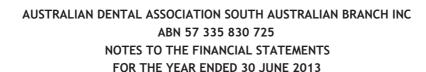
Property

Property is measured on the cost basis.

Plant and equipment

Plant and equipment is measured on the cost basis.

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

(d) Income tax

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

A balance sheet approach is adopted under which deferred tax assets and liabilities are recognised for temporary differences at the applicable tax rates when the assets are recovered or liabilities are settled. No deferred tax asset or liability is recognised in relation to temporary differences 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 or loss.

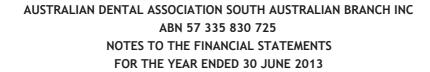
Deferred tax assets are recognised for deductible temporary differences and unused tax losses only if it is probable that future taxable amounts will be available to utilise those temporary differences and losses.

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

(e) Employee benefits

Liabilities arising in respect of wages and salaries, annual leave and any other employee benefits expected to be settled within twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. All other employee benefit liabilities are measured at the present value of the estimated future cash outflow to be made in respect of services provided by employees up to the reporting date.

Contributions made by the association to an employee superannuation fund are recognised in the balance sheet as a liability, after deducting any contributions already paid and in the income statement as an expense as they become payable. Prepaid contributions are recognised as an asset to the extent that a cash refund or a reduction in the future payment is available.



(f) Impairment

Assets with an indefinite useful life are not amortised but are tested annually for impairment in accordance with AASB 136. Assets subject to annual depreciation or amortisation are reviewed for impairment whenever events or circumstances arise that indicate that the carrying amount of the asset may be impaired. 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 GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

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

Significant work is being undertaken to refurbish and extend the Association's premises. As a consequence, the useful life of buildings has been reassessed from five years to ten leading to a decrease in the depreciation charge against buildings of \$24,200 as compared with the charge that would have applied had the reassessment not been made. There are consequent impacts on profit and the carrying value of buildings.

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

(n) Accounting Standards Issued But Not Yet Effective

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2012 reporting periods. The associations assessment is that these new standards and interpretations will have no material impact on the financial reporting obligations of the company.



NOTE	2	REVENUE	2013 \$	2012 \$
		Branch subscriptions	628,734	625,870
		Magazine advertising	53,941	64,736
		Commissions received	190,279	147,695
		ICP accreditation services	1,700	1,350
		Events income	36,269	20,950
		Sponsorship	57,297	56,064
		Rental income	-	12,280
		Interest income	86,011	104,677
		Other Revenue	45,134	53,074
			1,099,365	1,086,696
NOTE	3	OPERATING PROFIT		
		Profit before income tax has been determined after: Expenses:		
		Depreciation of Building, Plant & Equipment	41,079	69,088
		Auditor's remuneration - audit fees	11,039	10,013
		Loss on Disposal of non-current assets	-	488
NOTE	4	KEY MANAGEMENT PERSONNEL COMPENSATION		
		Compensation received by key management personnel of the association:		
		- short-term employee benefits	166,083	154,550
		- post-employment benefits	14,948	13,910
			181,031	168,460

The names of key management personnel during the year are:

Name	Appointment/resignation details	Position
Angela Pierce	Resigned on 02/11/2012	President
Jack Gaffey	Appointed on 02/11/2012	President
Peter Gardner	Appointed 08/02/2010	Chief Executive Officer



			2013 \$	2012 \$
NOTE	5	INCOME TAX		
		(a) Prima facie tax payable		
		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 30.0% (2012: 30.0%)	52,877	50,537
		Add tax effect of:		
		- Depreciation	12,324	20,726
		- Non deductible expenses	133,689	122,850
		- Future income tax benefit not brought to account	14,661	16,260
			160,674	159,836
		Less tax effect of:	242.554	240.272
		- Non-assessable revenue	213,551	210,373
		Income tax expense attributable to profit		-
		(b) Deferred tax assets not brought to account		
		Temporary differences	(261)	(1,843)
		Current year tax losses	14,922	18,103
		Carried forward tax losses	228,776	212,516
		- -	243,437	228,776
NOTE	6	CASH AND CASH EQUIVELANTS		
		Cash on hand	338	350
		Cash at Bank	397,776	600,931
		Cash on deposit	3,035,834	2,566,115
			3,433,948	3,167,396
		The effective interest rate on short term bank deposits was 3.0% ($\overline{2}$	012: 3.4%)	
NOTE	7	DEPOSITS		
		Current		
		Term Deposits with Banks	439,496	414,499
		The effective interest rate on term bank deposits was 4.5% (2012: $\overline{6}$	· · · · · · · · · · · · · · · · · · ·	
NOTE	8	TRADE AND OTHER RECEIVABLES		
		Current		
		Trade debtors	18,039	21,001
		Sundry debtors	9,961	8,359
		Accrued Interest	7,477	11,291
		Prepayments	11,051	9,215
		· • • · · · · · · · · · · · · · · · · ·	46,528	49,866
		=		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,



			2013 \$	2012 \$
NOTE	9	PROPERTY, PLANT & EQUIPMENT		
		Land		
		Freehold land at cost	167,400	167,400
		Buildings		
		Buildings at cost	255,178	255,178
		Buildings at cost - accumulated depreciation	(161,837)	(151,466)
			93,341	103,712
		Total land and buildings	260,741	271,112
		Plant & Equipment		
		Plant & machinery at cost	355,843	341,251
		Plant & machinery at cost (acc dep'n)	(256,239)	(225,531)
			99,604	115,720
		Capital work in progress at Cost	53,284	-
		Total	413,629	386,832
		(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	167,400	167,400
		Buildings		
		Opening carrying amount	103,712	138,283
		Depreciation expense	(10,371)	(34,571)
		Closing carrying amount	93,341	103,712
		Plant & equipment		
		Opening carrying amount	115,720	128,447
		Additions	14,592	23,096
		Disposals	-	(1,306)
		Depreciation expense	(30,708)	(34,517)
		Closing carrying amount	99,604	115,720
		Capital work in progress at Cost	53,284	-
		Total	413,629	386,832
		-	·	·

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED ABN 57 335 830 725 NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

			2013	2012
			\$	\$
NOTE	10	PAYABLES		
		CURRENT		
		Unsecured liabilities		
		Trade creditors	21,072	4,087
		Sundry creditors and accruals	30,600	38,176
		Professional indemnity premium received in advance	1,223,849	1,239,260
		Federal subscriptions received in advance	466,284	387,156
		Branch subscriptions received in advance	625,857	564,041
			2,367,662	2,232,719
NOTE	11	PROVISIONS		
		CURRENT		
		Annual leave (a)	28,840	21,870
		Long service leave	11,903	13,952
		-	40,743	35,822
		NON CURRENT		
		Long service leave (a)	7,720	8,834
		(a) Aggregate employee benefits liability	48,463	44,656
		(b) Number of employees at year end	5	5
NOTE	12	RESERVES		
		Building Reserves (a)	_	232,518
		, ,	-	232,518
		(a) The building reserves is used to record funds set aside for future	re expansion of the	entity
		(4) 24		
NOTE	13	ACCUMULATED SURPLUS		
		Accumulated surplus at beginning of year	1,508,701	1,340,245
		Net profit	176,257	168,457
		Transfer of reserves	232,518	-
			1,917,476	1,508,701



2013	2012
Ś	S

359,425

466,709

NOTE 14 CASH FLOW INFORMATION

(a) Reconciliation of cash

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) Reconciliation of cash flow from operations with profit after

income tax Profit from ordinary activities after income tax 176,257 168,457

Non-cash items		
Depreciation	41,079	69,088
Loss on disposal of non-current assets	-	488

Changes in assets and liabilities		
(Increase) / decrease in receivables	6,776	(9,887)
(Increase) / decrease in other assets	(3,437)	849
Increase / (decrease) in payables	134,943	224,668
Increase / (decrease) in provisions	3,807	13,046
	183,168	298,252

NOTE 15 FINANCIAL RISK MANAGEMENT

Cash flows from operating activities

The association is exposed to a variety of financial risks comprising:

- (a) Interest rate risk
- (b) Credit risk
- (c) Fair values

The members of the committee have overall responsibility for identifying and managing operational and financial risks.

(a) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of changes in market interest rates.

The association's exposure to interest rate risk in relation to future cashflows and the effective weighted average interest rates on classes of financial assets and financial liabilities, is as follows:



2013 2012 \$ \$

NOTE 15 FINANCIAL RISK MANAGEMENT (CONTINUED)

Financial instruments	Interest bearing	Non-interest bearing	Total carrying amount	Weighted average effective interest rate
	\$	\$	\$	
2013				
Financial assets				
Cash	3,433,948	-	3,433,948	2.8%
Debtors	-	35,477	35,477	0.0%
Term Deposits	439,496		439,496	4.5%
Other receivables	-	11,051	11,051	0.0%
	3,873,444	46,528	3,919,972	
Financial liabilities				
Creditors	-	21,072	21,072	0.0%
Other payables	-	2,346,590	2,346,590	0.0%
	-	2,367,662	2,367,662	
2012				
Financial assets				
Cash	3,167,396	-	3,167,396	3.4%
Debtors	-	40,652	40,652	0.0%
Term Deposits	414,499		414,499	6.1%
Other receivables	-	9,215	9,215	0.0%
	3,581,895	49,867	3,631,762	
Financial liabilities				
Creditors	-	4,087	4,087	0.0%
Other payables	-	2,228,632	2,228,632	0.0%
	-	2,232,719	2,232,719	

(b) Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

The maximum exposure to credit risk, excluding the value of any collateral or other security, at reporting date of recognised financial assets is the carrying amount of those assets, net of any provisions for impairment of those assets, as disclosed in statement of financial position and notes to financial statements.



2013	2012
S	S

NOTE 15 FINANCIAL RISK MANAGEMENT (CONTINUED)

The association does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the association.

The association minimises concentrations of credit risk in relation to trade receivables by undertaking transactions with a large number of customers.

(c) Fair values

The fair value of financial assets and financial liabilities approximates their carrying amounts as disclosed in statement of financial position and notes to financial statements.

NOTE 16 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

NOTE 17 COMMITMENTS

Capital commitments

Property, plant and equipment Payable:

Within one year	400,000	-
Later than one year but not later than 5 years	-	-
Later than 5 years	-	-
	400,000	-

The Association has commenced renovations of the premises occupied by the ADA SA at units 2 & 3, 62 King William Road, Goodwood SA 5034. The estimated cost is \$400,000.

NOTE 18 CAPITAL MANAGEMENT

Management controls the capital of the Association in order to ensure the entity can pay its debts as and when they fall due, to continue as a going concern for an extended period of financial stress and to provide a sound base for the continuing operations of the Association. The Association's capital includes its member's funds as supported by cash and deposits and land and improvements.

There are no externally imposed capital requirements.



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

- Presents fairly the financial position of Australian Dental Association South Australia Branch Inc as at 30 June 2013 and performance for the year ended on that date in accordance with the Accounting Standards in Australia and other mandatory professional reporting requirements in Australia and other authoritative pronouncements of the Australian Accounting Standards.
- 2 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 John Gaffey

Honorary Treasurer:

Dr Cathryn Gill

Signed at Adelaide, this 214 day of October 2013

Past Presidents, Life Members & Award Recipients

ADASA Past Presidents

1935	Dr R J Brazil-Smith	1964	Dr J G Waterson
1936	Dr C B Maddern	1965	Dr L M Smart
1937	Dr C B Maddern	1966	Dr K R Moore
1938	Dr A I Chapman	1967	Dr B W Phillips
1939	Dr H T J Edwards	1968	Dr J F Irwin
1940	Dr F H J Fischer	1969	Dr M W Stain
1941	Dr A G Trott	1970	Dr K R Allen
1942	Dr K W R Quin	1971	Dr J E Marriott
1943	Dr T A Brown	1972	Dr T W Martin
1944	Dr A G Trott	1973	Dr G C Hall
1945	Dr K W R Quin	1974	Dr R E Annells
1946	Dr C B Maddern	1975	Dr W E Joyce
1947	Dr C B Maddern	1976	Dr M A C Nugent
1948	Dr C B Maddern	1977	Dr B H Souter
1949	Dr H V Frayne	1978	Dr N J Vowles
1950	Dr M W Evans	1979	Dr B I Watson
1951	Dr M W Evans	1980	Dr B A Tidswell
1952	Dr B W Leach	1981	Dr D C Blaikie
1953	Dr M S Joyner	1982	Dr F R Henning
1954	Dr M J Barrett	1983	Dr I R Dingle
1955	Dr P M Wesslink	1984	Dr A S Trott
1956	Dr R S Blackburn	1985	Dr P J W Verco
1957	Dr A J Bloomfield	1986	Dr R J Sawers
1958	Dr J B Day	1987	Dr I M Smylie
1959	Dr A P Plummer	1988	Dr B D Noble
1960	Dr T B Lindsay	1989	Dr H D McLean
1961	Dr H B Frayne	1990	Dr B C Wheeler
1962	Dr J F Lavis	1991	Dr L B Stewart
1963	Dr K J Robertson	1992	Dr P T Burgess

1994	Dr F J van der Linden
1995	Dr A P Gaffney
1996	Dr A P Harms
1997	Dr D C Wilson
1998	Dr G J Jaunay
1999	Dr K J Alexander
2000	Dr A Lidums
2001	Dr D Miles
2002	Dr R Antoniazzi
2003	Dr P J Alldritt
2004	Dr R M Hutton
2005	Dr C Pazios
2006	Dr B D Noble
2007	Dr R M Hutton
2008	Dr P J Alldritt
2009	Dr J M Fuss
2010	Dr S A C Liberali
2011	Dr A M Pierce
2012	Dr A M Pierce
2013	Dr J D Gaffey

Dr P R Duke

1993

ADASA Life Members

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

Dr B D Noble
Dr A S Trott
Dr B I Watson
Dr P R Noblet
Dr D C Wilson
Dr A P Gaffney
Dr H D McLean
Dr R M Hutton
Dr K J Alexander

ADASA Distinguished Service Awards

1984	Dr K A Brown
1984	Dr J F Lavis
1984	Dr T W Martin
1984	Dr O F Makinson
1984	Dr G J Mount
1986	Dr G S Heithersay
1993	Dr G S Parry
1995	Dr R E Annells
1995	Dr K W Bailey
1995	Dr F R Henning
1995	Dr R J Myhill
1995	Dr C M Somerville
1996	Dr K R Moore
1996	Dr B W Phillips

Dr D S Worley

1996

1999	Dr B C Wheeler
1999	Dr J B Leach
2000	Dr I D McInnes
2000	Dr B N Walker
2001	Dr A P Gaffney
2001	Dr R S Reid
2001	Dr R J Sawers
2005	Dr N Vowles
2006	Dr E A Coates
2010	Dr P J Alldritt
2011	Dr F J van der Linden

ADASA Honorary Members

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