



Australian Dental Association
South Australian Branch Inc.



Annual Report

2016-17

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PRESIDENT'S REPORT

Dr Greg Miller



You will know them by their fruits, (Matthew 7:15-20)

The activities of office bearers of an Association and indeed the tenure of any President should be measured by actions and outcomes. So, what has happened over the past 2 years with ADASA?

Following broad consultation Members told us they were concerned about:

- increasing government regulation and legislation, (red tape);
- Increasing third party influence, (such as private health insurance) in dentistry;
- the rise in corporatisation of dentistry;
- a downturn in the local economy;
- the oversupply of dentists;
- increasing costs of running practice;
- increasingly competitive market forces.

To this end the ADA commenced tackling these challenges, through resource collating and research; meeting stakeholders and seeking expert opinion; staunch and direct advocacy; altering and optimising our models of both operation and structure; and enshrining these activities in our duty to serve members interests and promotion of the art and science of dentistry.

We continue to advocate in the media and broader community, raising profile of important issues including:

- Saving the Child Dental Benefits Schedule (CDBS);
- Taking dentistry off the skilled migration list;
- Raising concerns about the affordability of Extras Insurance;
- Holding PHI's accountable for their actions;
- Pushing for health fund rebate equalisation;
- Publicising childhood decay rates and the unacceptable rate of general anaesthetics required to manage childhood caries;
- Dental Health Week '17 which focused on Oral Health for Busy Lives.

Actions speak louder than words - as Bruce Lee stated, *"Knowing is not enough, we must apply. Willing is not enough, we must do."* - So the below provides further

insight into what actions we have undertaken, and the outcomes we have achieved over the past 24 months.

***"Knowing is not enough,
we must apply.***

***Willing is not enough, we
must do."***

Bruce Lee

Saving the CDBS

Perhaps I am most proud of our Association's successful efforts in saving the CDBS in which the dental health of up to 3.4 million of Australia's children was under threat. The Government was seeking to axe the CDBS. The ADA swung into action and launched the "Save the CDBS" campaign with a range of measures designed to make it clear to the Government that the CDBS was a vitally important public dental health care scheme. The Association negotiated to remove the CDBS from the Budget Savings Omnibus legislation. The Government, determined to close or wind back the scheme sought to cap payment's by reducing their bi-annual quantum by 30 percent. Again, the Association swung into action and successfully lobbied to have the cap reinstated, in a major win for the Association. This is a tangible action and success for our members, which would have not occurred, had it not have been for the ADASA team.

Holding Private Health Insurers (PHI) to Account

ADASA advocacy has included holding PHI to account. Constant agitation by the ADA helped catalyse the recent announcement of a Senate Inquiry into the activities of PHIs, which will lead to extensive submissions on the interference of PHIs in the practice of dentistry. This is because of ongoing discussions with Federal politicians, (spearheaded by our South Australian Branch) about the misuse of market power and anticompetitive behaviours of the PHIs.

South Australia was a key instigator on this issue - given the extensive market share of the two major incumbent insurers, (80 percent BUPA and Medibank Private).

PRESIDENT'S REPORT

Further diligence and action is required to continue to hold PHI to account, which ADASA will need to continue to champion. It is not an option to drop the ball on this issue, considering the scope of what has been achieved and indeed what else needs to be done to ensure a fair and level playing field for all.

We seek:

- **Rebate equality** - equal rebates for patients for a procedure, irrespective of the provider they see.
- **Clarity for consumers** - an end to the confusing structure of their insurance with plain English explanations of the level of cover and an ability to compare insurance products easily.
- **Consumer choice** – patients to choose the provider they wish to see – not the one the insurer has chosen purely based on a financial contract.

time2switch campaign

Key to the above efforts was the time2switch campaign - www.ada.org.au/time2switch/Home which saw a record number of complaints lodged to the Commonwealth Private Health Insurance Ombudsman. This invaluable resource demonstrates the inequity of Extras insurance.

It is clear from investigation that there is diminishing benefit to Extras insurance as it is a very poorly returning savings partial rebate program

rather than a true form of insurance for patients. Figures indeed indicate that the payout ratios for Extras are so low that they lag the payment ratios for poker machines! The payout is fully controlled and determined by the Health Fund. At least with a poker machine there is a slim chance of getting a jackpot. There are no jackpots with general insurance!

To reiterate Extras insurance is not true insurance – it is assurance or a partial rebate system – and a particularly poor one at that. It pays out less than poker machines and is akin to gambling in a casino – the house, (in this case the PHIs) ALWAYS WINS.

Check their odds of winning in the table below, which is from APRA and PHIAC annual reports.

\$9 Billion in 8 years. The odds are stacked against you. I can't recall the last time an across the board rebate increase was offered by any health insurer for general treatment.

I am yet to have anyone demonstrate the benefit of Extras insurance to consumers. It is an egregious waste of money. Private Health Insurance Administration Council CEO Shaun Gath has admitted as been quoted saying that Extras cover was an “irrational” purchase for most people because the premium paid was more than the benefits derived. “In a world of fiscal purity that (buying extras insurance) probably doesn't make sense,” Mr Gath said.

Year	General Treatment Fund Premium Revenue	General Treatment Fund Benefits	Surplus	Percentage
2008/09	\$3,696,018,000.00	\$2,869,540,000.00	\$826,478,000.00	22.36%
2009/10	\$3,996,818,000.00	\$3,052,757,000.00	\$944,061,000.00	23.62%
2010/11	\$4,309,168,000.00	\$3,209,104,000.00	\$1,100,064,000.00	25.53%
2011/12	\$4,675,200,000.00	\$3,536,925,000.00	\$1,138,275,000.00	24.35%
2012/13	\$5,017,523,000.00	\$3,908,684,000.00	\$1,108,839,000.00	22.10%
2013/14	\$5,439,873,000.00	\$4,297,495,000.00	\$1,142,378,000.00	21.00%
2014/15	\$5,828,687,000.00	\$4,500,975,000.00	\$1,327,712,000.00	22.78%
2015/16	\$6,187,661,000.00	\$4,691,713,000.00	\$1,495,948,000.00	24.18%
			\$9,083,755,000.00	

APRA and PHIAC annual reports

PRESIDENT'S REPORT

The gaping flaws in Extras insurance calls for a better system. Our tax system encourages uptake of private health insurance by penalising those who can afford it but refuse to take it up. Why should the PHIs require billions of dollars in taxpayer subsidies every year (\$7 billion last year) – which coincide with the billions of dollars profit PHIs make every year?

Medical Savings Accounts (MSA) – the new pathway forwards?

A MSA may be a better alternative model and something I personally will continue to agitate for. A MSA is a system in which tax-exempt amounts are deposited into an account and then withdrawn by the account holder for medical purposes. Like superannuation, the savings are cloistered by the Government to be utilised for a specific purpose. These accounts are often coupled by a true insurance product which protects the policyholder from significant circumstances where medical costs may exceed MSA funds i.e. hospital insurance.

In Singapore, the MSA structure has been in place for 32 years. Medisave was introduced in April 1984 in which Singaporean employees were required to contribute 6-8 percent of their monthly salaries into a personal Medisave account. The savings can then be withdrawn to pay medical bills of the account holder and immediate family members. This scheme was combined with Medishield, which is a low-cost, optional catastrophic illness insurance product. MSA funds withdrawn for medical purposes are tax-exempt. If the funds are not used at the end of the year, the account holder can roll them over to the following year or withdraw the funds as taxable income.

If choice and empowerment are the benchmarks, MSAs will allow patients to have complete control of their funds and how they will be spent without external interference. Only the patient will be able to dictate how and where their funds are spent, without a health insurer allocating greater favour on certain treatments and providers over others.

MSAs would provide a high level of choice, empowerment and control for every individual.

This could finance provision of ancillary health and replace Extras insurance entirely.

Reflections – ADASA

Over the last 24 months we have addressed many issues:

- 'Comparison' websites owned, censored and run by PHIs e.g. www.whitecoat.com.au.

Most online comparison /search tools are bereft of third party oversight appear falsely to be a truly independent advice tool, and similar to online gambling platforms exist to manufacture an unfair/contrived result.

Consider the possible manipulation of online platforms and review sites such as Whitecoat by vested interest proprietors. **Given the scope of editorial manipulation of reviews and the structure of these sites – one wonders how they are perceived to be impartial.**

They are not a useful consumer resource but rather are a marketing and market share stealing venture by corporate proprietors of dental clinics.

- **[not-so] Preferred Providers**
BUPA are rolling out new clinics throughout metro-Adelaide. One wonders how the corporate strategy will unfold, given they have temporary preferred provider contracts with dentists (which lend patients to shop around on price) and are setting up permanent clinics designed to capture such patients.

The unreasonable/uneconomic and risky model of practice as a Preferred Provider and the steps members can take to exit such plans. **The ADA does not recommend members contract in preferred provider arrangements.** It is a great way to erode dental practice goodwill value and lose control of your clinic's finances and ultimately is doomed to squeeze profit margins such that your mode of practice will be altered to ensure viability.

- **[not] For-Profit Health Funds**
The commercial activities and backgrounds of the major Private Health Insurers, who have generated billions of dollars profit each year off the backs of Australian consumers by maintaining unreasonable policy cost and reimbursement spreads especially in Extras Insurance and that caution needs to be

PRESIDENT'S REPORT

exercised as **today's Not-For-Profit Health Funds often become Tomorrow's For-Profit Health Funds**, as evidenced by the history of insurers in Australia.

- **Unnecessary bureaucracy**

The impact of organisations such as AHPRA, on the professional, personal and economic activities of dentists. Unnecessary bureaucracy remains a significant impost to dentists and enormous sums of money have been wasted in the inefficient, bellicose, belligerent and heavy-handed activities of these bodies.

- **ADA as the one-stop-shop for Continuing Professional Development (CPD) and Education**

I reiterate my belief that CPD should become a major focus for the Association and members should seek us as a one stop shop for all their CPD requirements.

- **Members advocacy – fighting the good fight**
The Association each and every day fights for the rights of dentists and patients on a State and Federal level. Members must be of a mindset that seeks to engage, improve, collaborate and be involved the Association for without this, as Henry Ford has said, *"If you always do what you've always done, you'll always get what you've always got."*

- **Influencing Government Policy**

The development of alternate government policy such as a medical savings plans, the fight to save the CDBS, better utilisation of emergency department resources and sugar taxes. Seeking to correct, amend, repeal, replace or propose new public policy to replace inequitable, suboptimal, or inefficient existing policy is a constant focus of the Association and members such as me. There is still much to be done to ensure adequate services are available for public patients, and that private patients can have the freedom to choose the provider and procedure of their choice in a manner not constrained by third parties.

Effective Management = Improved Services for Members

The ADASA has ensured the Branch is fiscally well resourced with prudent management and oversight of our

activities. The recently formed Investment Committee continued its good work, with continuing positive returns to the Association. This worthwhile initiative will ensure long term capital retention, risk mitigation through appropriate diversification and growth of Associations reserves required to support our membership and offer a huge variety and scope of benefits including:

- CPD events for dentists and dental staff, the culmination of which is the Australian Dental Congress which brings fine keynote and general speakers from across the world to discuss topics of interest to members. This will be held in South Australia in 2021.
- The Community Relations Officer who acts as liaison between the public and members in the case of complaints or misunderstandings and help to de-escalate issues and bring them to a speedy and amicable resolution.
- Human resource assistance through ADA HR Advisory Service.
- Member support services with free counselling.
- Relationship with QIP for Practice Accreditation.
- Updates as to the activities and requirements of AHPRA and the Dental Board of Australia.
- Information about Federal and State Government schemes and programs.
- The Digital Media Library.
- The National Online Library, a collection of books and electronic journal articles.
- Promotion of dentistry and dental issues, i.e. Dental Health Week.
- Social events such as the Tennis and Golf Days.
- Branch Meetings.
- Mentoring programs for undergraduate dental students.
- The Recent Graduates Committee offering support and advice to new dentists.
- Assisting with the provision of cost effective, comprehensive professional indemnity insurance.
- Providing a free confidential professional counselling service.
- The production of Policies, Guidelines and Codes of Ethics.
- Support of charitable activities by members and organisations.



PRESIDENT'S REPORT

My thanks to the excellent ADASA staff and all their hard work over the duration of my Presidency, who I am sure, now truly understand the words of Bruce Lee, *"Don't pray for an easy life, pray for the strength to endure a difficult one"*.

ADASA has had numerous Branch Council, Federal Executive, Federal Council, Branch Presidents and CEO meetings; meetings with AHPRA, SADS, the South Australian Dental Forum, University of Adelaide, Royal Australasian College of Dental Surgeons and numerous meetings with politicians and key health stakeholders.

ADASA has also worked hard to successfully coordinate events, both professional (CPD) and social, (i.e. Golf and Tennis Days).

To Dr Samantha Mead CEO, Catherine Waite Administration Manager, Julie Herring Accountant, Emily Jones Public Relations Officer, Jim Ball Community

"Can you imagine what I would do if I could do all I can?"

Sun TZU

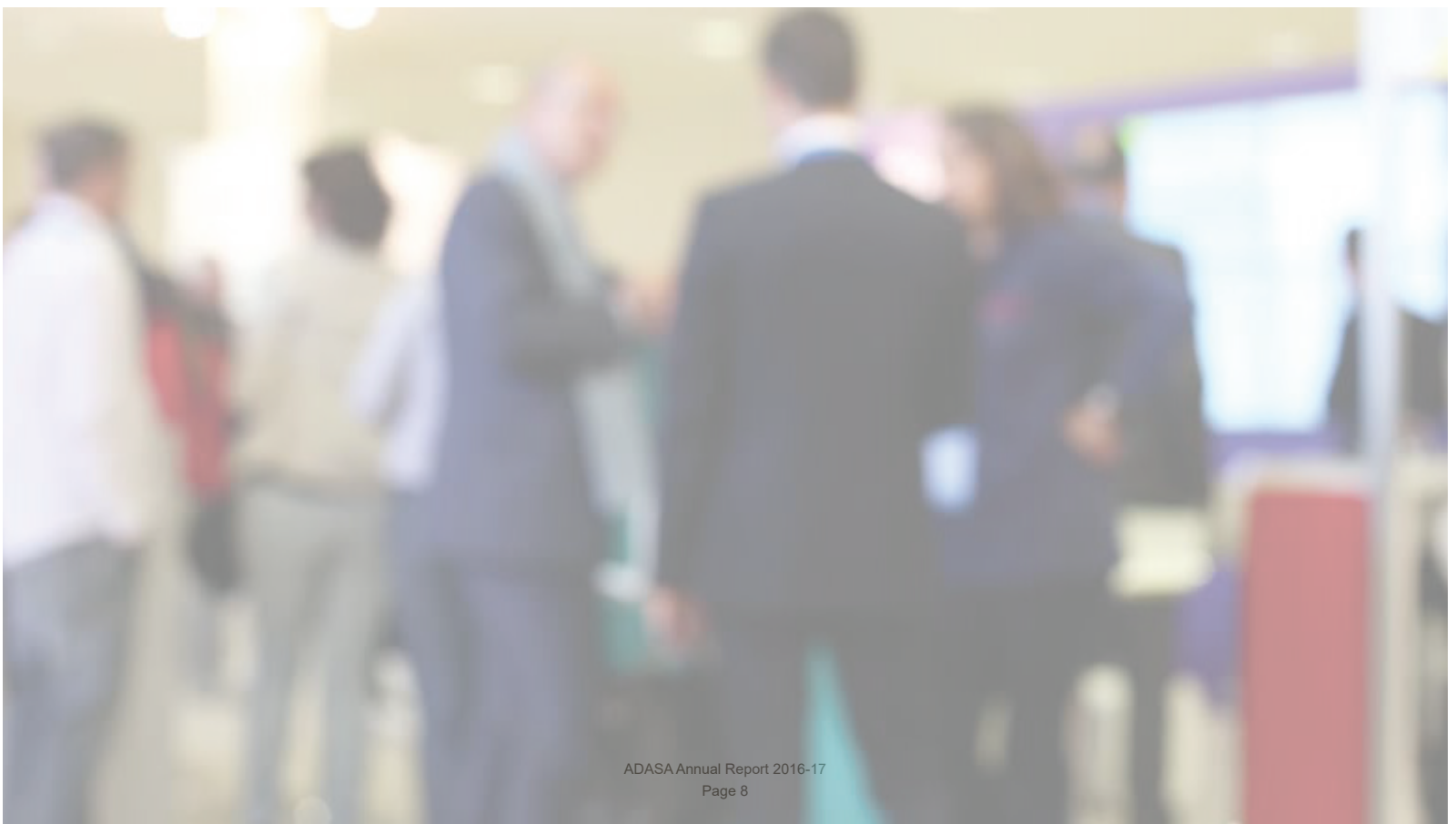
Relations Officer, Sally Queale Publications & Events Coordinator, Judith Bail Infection Control Officer and Nicola Khouri Executive

Assistant & Administration Coordinator, all members of Council and Committees - thanks for your hard work. I would like to recognise the time and commitment involved in undertaking the work of the Association.

Any members wishing to get involved or to access the above benefits and resources should contact the ADASA office via email on admin@adasa.asn.au or telephone 08 8272 8111, or check the members section of the Federal ADA website at www.ada.org.au or the ADASA website on www.adasa.asn.au.

I conclude to reaffirm my long-term involvement and commitment to the Association and hope that I and all our membership can fulfil the words of Sun Tzu,

"Can you imagine what I would do if I could do all I can?"



CEO's REPORT

Dr Samantha Mead



After taking the time to review the activities of the year I can see there have been a number of significant highlights.

The calendar year began with the Professional Indemnity (PI) Consortium States of South Australia, New South Wales, Victoria and Tasmania, coming together to conduct an extensive search for the most suitable PI product for our members. PI for dentists is put out to tender every five years to ensure we have the best product at the best price to recommend to our members. One state is elected to manage this process and this time the management was delegated to ADASA.

The request for tender process has been demanding and challenging but I am pleased that we have been at the forefront of this process. The work we have done to date has been recognised in the NSW Dentist Magazine where it was highlighted that *"Much credit goes to Dr Samantha Mead, CEO of ADASA and her Council member, Dr David Mann, for their stewardship and as the public face of the Consortium for this process"*. Much credit should also go to ADASA's Nicola Khouri who has been meticulous in ensuring the process has been as seamless as possible and documented at all stages.

The branch is also very proud of our new website. Member feedback was very clear that the old website was lacking in design and functionality and was not easy to navigate. Countless hours by Catherine Waite assisted by other branch staff have resulted in a fresh, user friendly and fully functional

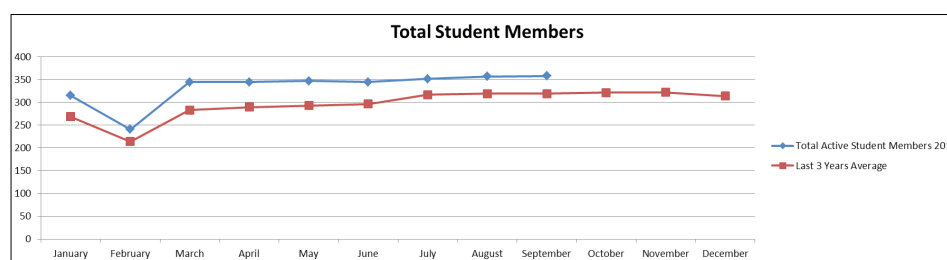
and mobile responsive website. The content is extensive and designed to provide our members with real-time information and materials to assist them.

It goes without saying that membership engagement is the lifeblood of any association. In the past year traditional modes of communication have been enhanced and new and different methods of connecting to our members particularly our ADASA student members have been developed. The result of increased social media presence, a revamp of the mentorship program combined with face to face interaction has resulted in a sharp increase on previous years student membership levels. We will continue to work actively in this area to ensure strong membership numbers continue for years to come.

Social Events and Continuing Professional Development has continued to be a key offering to ADASA members. During the year we provided a wide range of 21 seminars, 6 study clubs, 6 social events, 3 practice manager's networks, 2 accreditation workshops as well as a mentorship evening and welcome to the profession event for our student members.

"Culture eats strategy for breakfast," is a famous quotation attributed to the late business management guru Peter Drucker. In a practical sense it means that irrespective of the strategy and type of organisation any probable success and efficacy is going to be held back by poor culture. I am a strong advocate for positive culture, an environment where respect and professionalism are paramount, interactions are positive and people can contribute without fear of retribution. I am very lucky to work in an organisation that has a positive culture that is reflected in the hard and skilled work of staff and volunteers. I am pleased to lead a fantastic team that I know will do all that they can to assist our members when and wherever possible.

As CEO the ultimate success of our organisation rests with the hard work and support of the ADASA Council. I would like to thank ADASA President Dr Greg Miller, Vice President Dr Alan Mann and Treasurer Dr Anthony Smerdon. Councillors, Dr Karin Alexander, Dr Mark Hutton, Dr Angela Pierce, Dr David Mann, Dr Sharyn Borrett, Dr Poppy Anastassiadis, Dr Meagan Huebl, Dr Eleanore Owen, Dr Mitchell Hoffman and Dr Angelo Papageorgiou. Your hard work, time and assistance have been invaluable.





HONORARY TREASURER'S REPORT

Dr Anthony Smerdon



The Association has recorded a surplus for the Financial Year ending 30 June 2017.

A surplus of \$140,504 was achieved through prudent management by our CEO Dr Samantha Mead and Branch Accountant Julie Herring. In addition there was a further \$60,643 from profit and revaluation of our investments.

Revenue was slightly down from the 2016 Financial Year however

the Association continues to be in a strong financial position.

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

The accumulated surplus for the Association has increased by \$149,741 to a total of \$2,449,332.

I would like to thank Dr Eleanore Owen for her wise guidance on the

Audit Committee, and Lisa Hickey from Hood Sweeney who sits on the committee as an independent accountant.

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



COMMITTEES REPORTS

Constitution

Members:

David Mann (Chair)
Rory Hancock
Angela Pierce



Dr David Mann

The current Constitution and By-Laws of ADASA were adopted on 29 August 2014. This followed a re-write of the Constitution following an assessment of the overall operative requirements of the Branch prior to that time.

The Constitution and By-Laws have functioned well since 2014 however at its initial meeting in March 2017 the Committee has suggested to Council that a review of the formatting and numbering of the By-Laws occur. This has been suggested to facilitate easier referencing to the By-Laws and an accurate notation of any amendments made to them.

The By-Laws relating to the Terms of Reference of the Awards Committee, the Constitution Committee and the Review Committee are under review at the direction of Council and the Chief Executive Officer. Minor changes to these Terms of Reference are likely to be recommended to Council and will be considered by Council during the last quarter of 2017. When all these By-Law changes have been approved by Council the members will be informed in accordance with the Constitution.

The final Committee meeting for 2017 will also review the By-Laws relating to Membership and Procedures at meetings. The wording will be reviewed to ensure that the meaning and intent of the By-Laws is clear.

As always the Constitution and the By-Laws remain the rules which guide the Branch Council and its officers in the decisions made. This document should constantly evolve to ensure it meets the contemporary requirements of the Branch.

The members of the Constitution Committee are Drs David Mann, Rory Hancock, and Angela Pierce. I would like to thank the Committee members for their contribution during the year.

The Committee would like to thank the Branch CEO, Dr Samantha Mead and the Committee Secretary, Ms Nicola Khouri for the support and direction given to the Committee during the year.

Health Fund and Third Party

Members:

Anthony Smerdon (Chair)
Greg Miller
Mark Hutton
Tharaka Narayana



Dr Anthony Smerdon

ADASA Council established the Health Fund and Third Party Committee in 2015 to provide a unified approach to the activities of Health Funds and Third Parties.

The objectives of the Committee is to

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

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

This year has seen the implementation of the Time2Switch campaign at a National Level and I would urge members to look at the resources that are available to help patients make an informed decision about Extras Cover

Senator Xenophon prior to the last Federal Election released a media statement saying he will establish an inquiry into the activities of Health Funds. This inquiry is currently underway and several hearings have been set down for later this year.

Over 300 submissions were received and it is hoped that the ADAs recommendation for Equal Rebate for Same Treatment for Same Policy will be the final outcome.

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

COMMITTEES REPORTS

Investment

Members:

Anthony Smerdon (Chair)
Greg Miller
David Mann



*Dr Anthony
Smerdon*

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

The Investment Committee, on behalf of the Council, oversees management of funds surplus to the day to-day cash flow requirements of the ADASA. Primary responsibility for control of investments rest with the Council. The day-to-day responsibility rests with the CEO.

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

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

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

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

The Council agreed to invest 1 million dollars through Hood Sweeney and the Committee has been involved in reviewing the recommendations from Adrian Zoppa of Hood Sweeney.

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

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

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

I would like to thank Drs Miller and Mann for their involvement in the Committee and ADASA Staff. Dr Samantha Mead, Julie Herring, and Nicola Khouri for attending the meetings.

For the 2015-16 year the portfolio generated \$60,000.00 in income from dividends ,interest and share sales thus achieving its objectives this financial year.

Practice Support

Members:

Tharaka Narayana (Chair)
Damir Culic
Kosha Jhalla
Troy Longbottom
Erika Vinczer
Keng Yeoh
Renu Karn



*Dr Tharaka
Narayana*

This year, Practice Support Committee (PSC) welcomed Dr Renu Karn to the team. PSC continued to provide support for members with concerns and queries regarding their practice. The Committee has developed a close working relationship with the ADASA office staff to ensure that questions posed by members are addressed through the efforts of the Committee. During the year, PSC has worked extensively on comprehensive checklists to aid dentists when buying and closing a practice, and when hiring employees. Once completed, these will be made available on the ADASA website, and will complement the Practice checklist. It has also helped members make sense of encryption requirements under the Privacy Act, licencing requirements for the provision of conscious sedation, and has helped identify speakers for ADASA CPD events and contributors to the Insights magazine.

COMMITTEES REPORTS

I would like to thank Nicola Khouri, Sally Queale and Catherine Waite for working closely with PSC to ensure that the committee targets its output to ensure that they are congruent with the major areas of support required by members.

I would like to thank all the members of the committee for taking the time over the year to attend meetings and work on the committee's projects, Nicola Khouri for her work during and between meetings, and the immediate past chair, Dr Erika Vinczer for her previous stewardship of the committee. We look forward to continuing to support members with their queries and to providing resources that will assist them in their practice.

Public Relations

Members:

Angelo Papageorgiou (Chair)
Edward Pitts
Jonathan Christo
Peter Alldritt



*Dr Angelo
Papageorgiou*

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

This past financial year, our highly publicised fight to save the Child Dental Benefit Schedule (CDBS) was our most talked about topic – not only within the ADA, but in the media locally and interstate. Since July 2016, more than 70 media reports on the CDBS have been published across the nation, including six that directly quoted ADASA President Dr Greg Miller. Although the scheme has been retained, we remain committed to highlighting its value at every opportunity. Looking forward, we will be working with the Department of Health to make sure more Australian children have access to the dental care they deserve.

Another campaign that generated a great deal of interest

for us throughout 2016-17 was our push to reduce the rates of dental decay in children. This campaign has focused heavily on the amount of hidden sugars many children consume every day. This activity included an interview with Channel Seven News Adelaide regarding the amount of sugar in gummy vitamin products.



The 2016 Dental Health Week (DHW) Event, Women and Oral Health, was another strong media campaign that generated hundreds of individual placements nationally across radio, print, TV and online. Social media also played a key role in the campaign, reaching more than 243,696 users. In fact, our audience reach was more than 9 million Australians in Dental Health Week alone.

In the past financial year, ADASA has also been active in highlighting general oral health issues within our community with myself and Dr Miller providing comments on issues such as Medications and Dry Mouth, Alzheimer's, Cosmetic Dentistry, Dental Tourism and Dental Check-Ups for kids, to name a few.

These achievements, and others like them, would not be possible if not for the combined efforts of many. To our dedicated PR Committee Members, Dr Peter Alldritt, Dr Jono Christo and Dr Edward Pitts, I would like to extend my sincere thanks for your work over the past year. All the staff at ADASA headquarters are to be commended for their role in servicing the needs of our Members and Committees with great professionalism and competence. In particular I would like to recognise the efforts and support of Nicola Khouri, Executive Assistant and Administration Coordinator, at both our meetings and throughout the year. Finally, our appreciation is extended to Emily Jones who has proven to be a valuable asset to the Association in her role as Public Relations Officer. Emily has taken the role under her wing and worked tirelessly for the benefit of the Committee.

The media impact we've been able to make in the past year is very exciting and we look forward to sharing our continued journey with the wider community, into 2017-18 and beyond.

COMMITTEES REPORTS

Recent Graduates

Members:

Keng Yeoh (Chair)
Lasni Kumarsinghe
Alexander Lam
Clementine Mellor
Stuart Renigers
Laura Smith
Sophie Teager



Dr Keng Yeoh

The ADASA Recent Graduates Committee (RGC) had another successful twelve months.

As always 2016 concluded with the annual cocktail party hosted by RGC at the Gallery on Waymouth. It will be held right after the Annual General Meeting. This would provide an opportunity to dentists and recent graduates to mingle and network, at the same time to celebrate what they have achieved this year.

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

2017 was kick started with the annual lawn bowl evening with BBQ, co-hosted with the Adelaide University Dental Students Society (AUDSS) at the Toorak Burnside Bowling Club.

We continued with our popular study club to our members throughout the financial year. Since the change of registration criteria, all ADA members are welcome to attend the CPD event. We hope that through attending the study clubs, attendees are not only able to earn Continued Professional Development points but learning to share and discuss clinical cases in a safe environment and learnt from each other and esteem specialists.

In July, Dr Bill Oberdan captured the audience with his two unusual pathology cases which lead to providing indicators to identifying common pathology that a dentist

would be likely to come across. In the August study club, Dr Sara Roberts brought along multiple case study models and presented a vastly interesting topic on removable orthodontic appliances. Show casing different designs on plates and braces to move malocclusion. This year we introduced two different topics that had lately got the attention of the recent graduates. The sixth study club was presented by Drs Rob Shea and Andrew Cheng in Sleep Apnoea. It captivated the attendees as the presentation shows the multidisciplinary approach required to manage sleep disorders. Our last study club for 2016 was presented by one of our committee member's Dr Alex Lam on the area of sedation in the dental clinic, patient management in the event of emergency in the dental practice. Our first study club for 2017 was in April with Dr Ninna Estrella Yuscon providing updated information about paediatric dentistry. In June, Dr Kere Kobayashi also provided an invaluable in-sight into management of periodontal diseases. The Recent Graduate committee members would like to sincerely thank all our speakers for their time and effort from their busy schedule to assist our members. We also like to express our thanks to all the sponsors to our study club and events.

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

COMMITTEES REPORTS

Review Committee

Members:

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



Dr Geoff Pitcher

Following on from a quiet year in 2016, the activity of the Review Committee has dwindled further this year.

Dr Janet Scott relinquished the Chair after a long term of outstanding leadership as she guided the committee with energy and a pragmatic approach to resolving issues.

As incoming committee chair, I have particularly appreciated her support.

The inactivity this year would seem to be a consequence of the effective management of complaints by the Community Relations Officer, Dr Jim Ball, in conjunction with the liaison ADASA has with Guild Insurance.

The Terms of Reference of the committee were amended this year to routinely offer to any ADASA members, who are the subject of a complaint, access to a rostered Review Committee member for advice.

To date there has been no uptake of this service, which does raise the question about the current role of the Review Committee in an increasingly litigious environment, where professional legal assistance is becoming the norm.

As part of the amended terms of reference, we now only meet twice a year, but can hold additional meetings if required.

A continuing role this year has been a series of articles in Dental Insights on topics that are identified after analysis of the complaints statistics, which are hopefully of benefit to ADASA members.

The Review Committee members still believe we have a role, but do wonder if the pendulum is swinging from us being “extant” towards “extinct”.

I would like to thank the committee members for their contribution and also take the opportunity to acknowledge the guidance of Dr Samantha Mead, and Nicola Khouri for making the committee run smoothly.



EDITORS REPORT

Dr Rob Shea & Dr Kosha Jhalla



Another year has been and gone and we have had the pleasure of bringing to the membership group the latest news and updates from our profession and beyond.

We, along with our Publishing Coordinator Ms Sally Queale, have enjoyed the active participation of our members in bringing valuable and interesting content to the insights editions.

This year our readers looked forward to very informative, extensive, and unique articles by our President

Dr Greg Miller. Mrs Emily Jones, the ADASA PR Officer regularly contributed with a new segment called "Media Insights" which kept readers intrigued with a variety of dental news from across the country.

Along with the ADASA Council, various committees within ADASA work tirelessly to support our profession. Dental Insights serve to provide our membership group with an insight into their contribution throughout the year. The committees have been generous with timely

articles and photographs to keep members well informed.

As we welcome to Adelaide a brand new dental hospital and bid farewell to the much loved ADH from Frome road, we look forward to bringing to you an insight to the new institution in the coming year along with other current news from our industry.

Once again, we thank all for their continued support and continue to strive for Insights to keep all members in touch with the pulse of the profession in a timely fashion.



FEDERAL COUNCILLORS REPORT

Dr Mark Hutton & Dr Angela Pierce



Meeting of the Federal Council of the Australian Dental Association Inc., held in the Federal Council Meeting Room, ADA Inc., at 14-16 Chandos Street, St Leonards, 25 and 26 August 2016

The President advised that the Branches had recently elected Federal Councillors who would take office from 1 September and would be attending the November 2016 meeting. He extended Federal Council's appreciation to outgoing Federal Councillors: Dr Matthew Hopcraft, Dr Brendan White, and long serving, Dr Chris Wilson. He advised that Dr Wilson had provided 18 years of service on Federal Council, was ADANSW President 2005-06, and had been an active member on the Continuing Professional Development Committee, Constitution Committee, and Working Party on Governance. Federal Councillors extended their appreciation to Dr Wilson for his valuable service to the Association and wished him well for the future.

Staff

The CEO advised that the restructure of the office had been in place for nearly 12 months and was working well but would undergo some changes due to staff movements and the committee restructure being considered.

The President advised that under cover of email correspondence dated 20 July 2016, Councillors were advised of the Chief Executive Officer's intention to retire from 1 February 2017.

To get the recruitment process underway Federal Councillors were requested to consider resolutions via electronic ballot and provide their vote within seven days [27 July 2016]. These resolutions were that Federal Executive undertake the appointment of a suitable recruitment agency by seeking expressions of interest from three agencies to undertake the recruitment of a CEO for ADA Inc., that Federal Executive be authorised to engage a suitable recruitment agency and that the recruitment agency be authorised to advertise the position of CEO to ADA Inc. in suitable media.

Lengthy discussion followed regarding the appointment of a selection committee and it was resolved that the committee would consist of

1. Dr R Olive AM
2. Dr H Sachs
3. Dr TK Pitsikas AM
4. Dr N Hewson
5. Dr A Pierce

with Mr Robert Boyd-Boland being a consultant to the committee on an as needs basis.

Treasurer's Report

The Treasurer noted the following:

- The Budget Report for the Financial Year 2016 as provided indicated a budget surplus of \$119,615 for the period.
- Membership subscriptions were 1 percent or \$93,919 above budget, largely due to timing on receiving instalment memberships. May 2015 and June 2015 membership instalments from ADA NSW were recognised in FY16 as it was received in early August 2015.
- Income from the rental property and investments continued to provide a healthy contribution to the overall budget result.
- During FY16 the ADA Inc. 85 percent of the building renovation project was completed. The secretariat had to be relocated for three months bringing \$51k of unbudgeted expenses which was partially offset by regular expenses that were put on halt during this period.

News Bulletin

Council resolved that CPD advertising in ADA publications be confined to events associated with ADA Inc., ADA Branches, universities, affiliated organisations and ADA Member related CPD organisations and also that the current 50 percent advertising discount offered to Affiliates be reduced by 5 percent per annum until the reduction offered equals 25 percent.

IR & HR Advisory Service

The Chief Executive Officer provided a report on ADA's IR

FEDERAL COUNCILLORS REPORT

& HR Services and noted that the service continued to be well utilised.

He noted that the contract for this service had been renewed late last year after evaluation by ADA Inc. and input from the Branches.

Further, Wentworth Advantage Pty Ltd had been engaged to represent the interests of dentists in the Modern Award Review taking place before the Fair Work Commission and confidential briefing notes on the current status of the HPSS Award Review were provided.

By-Laws

Dr Hewson presented the six By-Laws and provided Councillors with some background behind the Committee's recommended amendments which were accepted by Council

Policy Statements

Dr Hutton advised that 13 existing Policy Statements, as follows, had been reviewed and amended and these were accepted by Council

Honours & Awards Committee

It was noted that Dr Edward Colin CRAWFORD AM and Dr Michael Francis McGuinness AM received awards in the 2016 Queen's Birthday Honours Letters of congratulation, on behalf of Federal Council, had been sent to the award recipients.

Strategy & Governance

ADA Inc.'s Strategic Plan for 2016-2019 was noted.

At 10.00 am on Friday, 26 August 2016, Ms Elizabeth Jameson, Managing Director, Board Matters joined the meeting and presented on communication protocols, in particular, Federal Councillors' formal and informal power and influence.

Dental Health Week 2016

This year's DHW focussed on the oral health issues women face during their key life stages.

In 2016, media placements and audience reach increased from DHW 2015

- Media outreach generated more than 246 placements across TV, radio, print and online outlets.
- Audience reach 9.09 million Australians.
- 10 expert spokespeople from all ADA Branches.
- three women shared their personal experiences with dental health and pregnancy .
- Total reach of social posts was 243696.
- Over 10,000 fact sheets distributed prior to DHW.

ADA Foundation [ADAF]

It had been recommended to the Trustee and resolved by Council,

1. that based on the current ADAF Trust Deed, that ADAF proceed with a merger with NDF into the ADAF;
2. that the Advisory Board of the Foundation would comprise up to 4 NDF Board members for a 12 month transition period. Thereafter up to 2 NDF Board Members would be represented on the Board of the Foundation;
3. that the ADAF Advisory Board proceeds to undertake a review of a potential new name of the Foundation.

Dental Workforce & Education Committee [DWEC]

Councillors were referred to a document detailing the dental practitioners within each regional area, noting the pertinent and important information contained therein.

The data provided by the Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Government Department of Health, comprised of the number of registered practitioners (dentists, oral health therapists, dental hygienists, dental therapists and dental prosthetists) nationally, by state, and by levels of remoteness based on the ARIA classification (major cities, inner regional, outer regional, remote, very remote).

What was clear from the data was that while dentists vastly outnumbered other dental practitioners in numbers, dentists constituted the group with the second lowest percentage increase year on year (an average of approximately over 4 percent each year). Oral health therapists had

FEDERAL COUNCILLORS REPORT

the highest year on year average increase of almost 25 percent each year. Dental hygienists and dental therapists had experienced a reduction in numbers between 2011 and 2012, and only gradually increased since (although the percentage increase of dental hygienists in 2014 [2.5 percent] was greater than dentists [1.7 percent] in 2014).

Further, across all areas of Australia, regardless of region, dentists were by far the most represented dental practitioner type, providing dental care. Interestingly between non-dentist registered practitioners, dental therapists were the next practitioner type that had a significant presence in remote (15.2 percent) and very remote communities (21.7 percent). However, dentists comprised of 70.2 percent (remote) and 63.0 percent (very remote) of the dental practitioners that were in those respective areas.

The President advised that this data showed that the dentist to population ratio in remote Australia in 2014 was 1:3045 and in very remote Australia was 1:7219. The FDI World table showed the dentist population ratio in Canada, UK and France was about 1:2900 only a decade ago. ADA surveys showed many new graduates had found employment in outer regional, remote, and very remote areas in the past two years, so it should be considered that even remote and very remote areas were now at workforce saturation.

Webinars

Council resolved that where there is the opportunity to do two webinars a month, invitations for one of the webinars be sent to all ADA members.

PHI Campaign

The GM-Communications reported that Branches had been tasked with providing a brief to the ADA secretariat as to the approach to be taken for this practice-based campaign. Following receipt of a discussion paper and the brief submitted by Branch Presidents, the secretariat developed a number of concepts which were then tested with both ADA Branch CEOs and Branch Councils.

Feedback was almost unanimously in favour of the 'time2switch' concept.

He noted that this was a long-term strategy which would require repeated effort if it was going to be effective.

There were a number of phases to the campaign as follows:

1. The development of a dedicated website with tools and resources to assist practices to deal with patient's issues relating to private health insurers' behaviours, including a dental health fund policy comparator.
2. Promotion of the campaign throughout the entire dental profession, extending beyond simply ADA members/dentists right through to the entire dental team.
3. Encouraging practices, professionals, and patients to make complaints and promote the comparator tool.
4. Enlisting the collaboration and support of professions experiencing similar issues such as Optometry and Physiotherapy, to further expand the reach of the campaign and maximise disruption.
5. The development of additional resources that provide members with advice on extracting themselves from contractual arrangements with private health insurers and electronic payment systems.
6. The development of additional resources that assist practices to better market their practice.

Meeting of the Federal Council of the Australian Dental Association Inc., held in the Federal Council Meeting Room, ADA Inc., at 14-16 Chandos Street, St Leonards, 10 and 11 November 2016

Finance

The audited annual accounts of ADA and ADAF for the year ended 30 June 2016 together with the Auditor's Reports had been circulated to Federal Council and would be presented for adoption at the November 2016 Annual General Meeting. The audit opinion on the Financial Reports was unqualified in respect of both entities.

Members' participation in the instalment payments programme continued to increase with ADANSW, ADAVic, and ADASA participating in the scheme. Around 20 percent of the budgeted income was

FEDERAL COUNCILLORS REPORT

now being received through this method of payment. The tabled Annual Report was reviewed and it was noted that the format of this year's Annual Report had changed to enable it to better report against ADA's Strategic Plan.

Information Technology Matters

The refresh of all computer hardware had now been completed. The reimaged computers had all been rolled out and performance levels had improved significantly.

Constitution & Policy Committee

The Committee advised that 13 existing Policy Statements had been reviewed and amended and these amendments were adopted by Federal Council.

Honours & Awards

Council resolved that the ADA Distinguished Service Award be awarded to Professor Ian Meyers, that the ADA Award of Merit be awarded to Mrs Pamela Clark, that the ADA Valuable Service Award be awarded to Dr Patrick Meaney and Dr Christopher Wilson and that the ADA Outstanding Young Dentist Award be awarded to Dr Stephen Liew.

In addition, Council carried by acclamation, to recommend to the next General Meeting of the Association that Mr Robert Boyd-Boland be granted Honorary Life Membership of the Australian Dental Association Inc.

Strategy & Governance

Mr Damian Mitsch, the newly selected ADA Inc. Chief Executive Officer, joined the meeting on Thursday, 10 November 2016 and was warmly welcomed by Federal Council. After providing a brief introduction, Mr Mitsch replied to several questions raised by Councillors.

Mr Giles Stapleton, Barrister, joined the meeting and presented on 'ADA Officers Duties' discussing at length ADA Officers' Fiduciary Duties.

Oral Health Committee

Federal Council noted written reports from Dr Peter Alldritt, Chairman, Oral Health Committee and Ms Amelia Seselja, Oral Health Promoter, detailing the achievements, issues addressed, resource materials produced and future work of the Oral Health Committee.

Child Dental Benefits Schedule/Child & Adult Public Dental Scheme

The ADA noted it was extremely disappointed with the proposed savings measure announced by the government as the CDBS was an invaluable and unique scheme which had a strong focus on early prevention and had been instrumental in delivering long term oral health benefits to Australians and financial benefits to the Australian economy.

Council also noted the announcement by the Hon. Bill Shorten and Shadow Health Minister Catherine King that the ALP had successfully negotiated to remove the Child Dental Benefits Schedule (CDBS) from the Budget Savings Omnibus legislation and would oppose the closure of the CDBS was the first major step towards saving a vital scheme.

Aged Care

Council was advised that the ADA and Alzheimer's Australia were pleased to announce the launch of a series of new videos, Partnering in Practising Care, jointly developed by dentists, medical practitioners and people living with dementia and their carers, to educate dentists and their teams on best practice care for people living with dementia. The series emphasised the importance of continuity of care, using preventative dentistry and ensuring the person with dementia had access to appropriate dental care for the duration of their condition.

Adelaide Congress 2019

Council resolved that the 38th Australian Dental Congress be held in Adelaide from Wednesday, 1 May – Sunday, 5 May 2019, that Dr Karin Alexander be appointed as Congress Chairman for the 38th Australian Dental Congress, Dr Alan Mann be appointed as Congress Vice Chairman for the 38th Australian Dental Congress, and Dr Alan Broughton be appointed as Chair of the Scientific Programme Division for the 38th Australian Dental Congress.

Sydney Congress 2021

The GM-Events & Sales provided information on ADA's successful FDI WDC bid for Sydney and it was resolved that it be recommended to FDI that Dr F Shane Fryer be

FEDERAL COUNCILLORS REPORT

appointed Chairman of the Organising Committee for the proposed 2021 FDI World Dental Congress.

Australian Dental Journal [ADJ]

Council resolved to appoint Wiley to publish the ADJ from 1 January 2017 for a period of 5 years. Professor Mark Bartold AM, Editor, Australian Dental Journal (ADJ), provided a written report detailing the main achievements for 2016 which included that its ISI ranking was 46 out of 89 journals compared to 53 last year and that the tenth supplement to the ADJ titled "Management of Dental Trauma", edited by Professor Paul Abbott AO, had been published in March and had been well received both nationally and internationally.

Manager - CPD

A review of all content on the CPD Portal had been undertaken to identify gaps in CPD content available on the Portal and findings from the review, along with results from the CPD Survey undertaken earlier this year, would inform the planning of content for the year ahead. Work had been ongoing to improve the search function of the CPD portal on the ADA website by identifying and adding key words throughout the Portal and emphasis had been placed on increasing the amount of clinical content developed.

PHI Campaign

The President advised that the ADA's multi-phase 'Time2Switch' campaign had launched. The campaign encouraged dentists, dental professionals and patients to lodge an automated or tailored letter of complaint which would be sent directly to the Ombudsman, housed downloadable campaign resources which included posters, social media banners, fact sheets and more, allowed patients to compare their policies and showed why it may not meet their dental needs and provided background to the issue and informed patients how to pick the best policy.

Dental Practice Accreditation

The number of practices accredited now stood at 1,640. This reflected a continuing steady increase in the number of practices joining the programme.

Dental Fees Survey

It was noted that the annual Dental Fees Survey had

closed. It was encouraging to note that participation was up considerably this year with 900 more responses received than in 2015.

Australian Dental Research Foundation [ADRF]

The President advised that in accordance with the Constitution of the Australian Dental Research Foundation, the Australian Dental Association and the Australian Dental Industry Association were entitled to appoint up to seven persons as Directors of the Foundation, in addition to the ADA Federal President, ADIA National President and the CEOs of each organisation to be elected this year. Council resolved to appoint Dr F Shane Fryer, Professor Camile Farah, and Professor Michael McCullough.

Federal Executive

The President advised that notification of nominations received for positions on Federal Executive had been circulated to Federal Councillors, Branch Presidents and Branch Executive Officers by memorandum from the Chief Executive Officer dated 24 October 2016.

The following were elected to Federal Executive:

Federal President Dr PH Sachs

Federal Vice President Dr C Bonanno

Federal Treasurer Dr TK Pitsikas AM

First Federal Executive Councillor Dr RM Hutton

Second Federal Executive Councillor Dr ND Hewson

Committees

Elections were held for the federal committees. ADASA members elected were: Constitution and Policy Committee Dr Mark Hutton (Chair), Dr Angela Pierce and Dr David Mann; Dental Education and Workforce Dr Karin Alexander (Chair); Dental Informatics and Digital Health Committee Dr Don Wilson; Infection Control Committee Dr Sharon Liberali (Chair); Oral Health Committee Dr Peter Alldritt (Consultant); Schedule and Third Party Committee Dr Anthony Smerdon; Honours and Awards Committee Dr Karin Alexander.

The outgoing President Dr Rick Olive AM RFD, thanked Federal Council for entrusting him to lead the ADA over

FEDERAL COUNCILLORS REPORT

the last two years, ADAQ for backing him and Federal Executive for being a close, hardworking and energetic team. He had been on various ADA committees/Councils over the last three and a half decades and had a sense of achievement, particularly during his presidency in relation to saving to date, the CDBS, engagement with members through the PHI campaign which appeared to gaining political traction, the Skilled Occupation List decision and the successful bid for the 2021 World Dental Congress.

Dr Olive noted that this was not all his doing and that everyone stood on the shoulders of those that went before them. He thanked Federal Council, Federal Executive, the CEO, Mr Robert Boyd-Boland, Ms Eithne Irving, Ms Sharon Reid and entire ADA staff for their valued support and assistance.

The incoming President, Dr Hugo Sachs, was then requested to come forward for the presentation of the President's Jewels of Office.

Dr Sachs advised that he was currently preparing a discussion paper on the ADA structure which he would circulate to Federal Council when completed. The paper was titled "Moving towards a unified ADA – is there a need for change?" and it presented four models of governance. The paper was designed to generate rational debate, identify issues and work in the best interests of the membership. Alternate models of governance would be presented to start this discussion.

Meeting of the Federal Council of the Australian Dental Association Inc., held in the Federal Council Meeting Room, ADA Inc., at 14-16 Chandos Street, St Leonards, on 6 and 7 April 2017

Finance

The Budget Report and Commentary for the periods ended 30 December 2016 and 28 February 2017 were noted. The Schedules of Investments for the periods ending 31 October, 30 November, 31 December 2016 and 31 January and 28 February 2017 were noted. It was resolved that the issue regarding Branches passing on the costs of collecting ADA fees be deferred until the Branches can present a formal unified position on the issue.

The Budget for the 2017-2018 financial year was adopted and it was recommended that Federal Subscription rates be maintained at the current 2016-2017 levels.

The Special Purpose Committee – Audit & Risk was currently developing a risk framework by applying the model established under Australian Standards AS/NZS ISO 31000:2009, Risk management - Principles and guidelines.

GM – Membership

The customary comparison of membership figures report for the periods 1 March 2016 and 29 March 2017 along with a detailed snapshot of the ADA membership as at April 2017 were noted. Ms Brenda Mainland from Survey Matters presented the key findings from the ADA Membership Survey at 10.00 am on Thursday, 6 April 2017. The full report of the ADA Membership Survey was also provided. The net promoter score was of particular interest and there was support for further work to be undertaken to better respond to member segments.

Constitution & Policy Committee

The Committee advised that four new and 23 existing Policy Statements had been reviewed and amended. Dr Hutton advised that all Federal Council Policy Resolutions had now been incorporated into the relevant By-Laws and Policy Statements.

Amendments to Clauses 5, 36, 63 and 71 of the Constitution were recommended to a Special General Meeting of the Association to be held on 18 August 2017. Proposed amendments to By-Laws I, II, III, IV, V, VI, VII, IX, X, XIII and XVI were adopted.

Strategy & Governance

The President advised that following the last Federal Council meeting, he circulated a paper entitled "Moving Toward a Unified Australian Dental Association" for comment. All Branches had responded either in the form of a letter or at the Branch Presidents/CEOs meeting.

Whilst Federal Council supported a governance review it was recognised that there was currently not an appetite to pursue unification and that a model of 'best practice federation' would be a more achievable first step. It was resolved that Federal Council in collaboration with the Branches and with the assistance of ADA Inc. secretariat,



FEDERAL COUNCILLORS REPORT

work towards a best practice federation model of governance.

Ms Anne Trimmer, Secretary General [CEO] of the Australian Medical Association [AMA] joined the meeting to talk about the 'Governance Story of the AMA'.

Oral Health Committee

Federal Council noted the Dental Health Week 2017 artwork and documentation.

ADA Foundation

Dr PH Sachs was appointed to the Australian Dental Association Foundation Advisory Board. Council also resolved that Federal Executive be authorised to appoint the Chairman and a further member of the Australian Dental Association Foundation Advisory Board, on the resignation of Dr Karin Alexander. And further, that the Australian Dental Association Foundation change its name to the Australian Dental Health Foundation, and that the Australian Dental Health Foundation logo, as presented, be approved.

Melbourne Congress 2017

Dr Hewson reported briefly on the Congress. Federal Council then discussed having a full detailed true budget with forecasts to assist them in making sound budgetary decisions and to have transparency. It was resolved for the next congress, that the CEO to progress effective governance systems/processes to provide Federal Council with the required congress budget.

Australian Dental Journal [ADJ]

Council resolved that Professors Saso Ivanoski, John Abbott and Laurie Walsh be appointed to the Editorial Advisory Board of the Australian Dental Journal for the 2016/2018 period. And further, that Professor Ian Meyers and Associate Professor Kerrod Hallett be appointed editors for the Australian Dental Journal Supplement entitled "Restorative Dentistry and Teeth for Life".

PHI 'Time2Switch' Campaign

Federal Council discussed the ongoing development of the Time2Switch website and noted interest by some other professions to participate. The issue with the Time2Switch

in regard to differences between Private Health Insurance [PHI] policies and the published Standard Information Statements [SIS] provided to the Ombudsman's office was noted. Some discussion ensued on PHIs who might not be complying with the rules around SIS and whether there should be a report to the Ombudsman. It was felt that this information may be more valuable in the ADA's response to the PHI Senate Enquiry and Council resolved to provide comments on PHIs for inclusion in ADA's response to the PHI Senate enquiry.

FDI Congress – Madrid

Federal Council supported introducing a standing recommendation to appoint ADA's delegation to attend the annual FDI World Dental Congress, as presented, and to align with the adopted new Policy Statement 7.1 'International Representation'. The recommended delegation included: Delegate 1. Federal President, Delegate 2. Federal Vice President, Delegate 3. Federal Treasurer, Delegate 4. ADA Inc. Chief Executive Officer, and Alternate Delegate/National Liaison Officer. Council resolved that the following be appointed to the ADA's delegation to attend the FDI World Dental Congress being held 29 August – 1 September 2017 in Madrid: Dr PH Sachs – Delegate, Dr C Bonanno – Delegate, Dr TK Pitsikas – Delegate, Mr D Mitsch – National Liaison Officer. And further, that Dr F Shane Fryer, subject to paying his own travel expenses, be appointed Alternate Delegate.



COUNCIL 2016-17



Back Row

Dr Karin Alexander (Councillor), Dr Poppy Anastasiadis (Councillor), Dr David Mann (Councillor), Dr Mark Hutton (Country Councillor & Federal Councillor), Dr Angelo Papageorgiou (Councillor), Dr Angela Pierce (Federal Councillor),

Front Row

Dr Alan Mann (Councillor), Dr Eleanore Owen (Vice President), Dr Greg Miller (President), Dr Samantha Mead (CEO), Dr Sharyn Borrett (Councillor), Dr Meagan Huebl (Councillor).

Absent

Dr Anthony Smerdon (Honorary Treasurer), Dr Mitchell Hoffman (Country Councillor).

COUNCIL REPORT

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

Council Members

The names of the committee members in office for the period 1 July 2016 to 30 June 2017 are:

- Dr Greg Miller (President)
- Dr Anthony Smerdon (Treasurer)
- Dr Eleanore Owen (Vice President to 27/3/17)
- Dr Karin Alexander (Councillor)
- Dr Meagan Huebl (Councillor)
- Dr Alan Mann (Councillor to 27/3/17, Vice President from 27/3/17)
- Dr Poppy Anastassiadis (Councillor)
- Dr Sharyn Borrett (Councillor)
- Dr Angela Pierce (Federal Councillor)
- Dr Mitchell Hoffman (Country Councillor)
- Mr Mark Hutton (Country Councillor / Federal Councillor)
- Dr David Mann (Councillor from 18/11/16)
- Dr Angelo Papageorgiou (Councillor from 18/11/16)

Results

The profit of the Association for the year after providing for income tax amounted to \$201,147 (2016: \$104,627).

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
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
Revenue	2	1,088,719	1,139,103
Less: Expenses			
Employee benefits expense		(523,082) -	532,890
Depreciation and amortisation	3	(61,873)	(64,359)
Loss on disposal of plant and equipment	3	(332)	-
Loss on sale of investments	3	-	(19,412)
Event Costs		(43,749)	(76,663)
Magazine Production		(43,607)	(43,279)
Printing, Stationery & Postage		(28,980)	(28,277)
Presidential Allowance		(36,293)	(35,685)
Occupancy & Office costs		(53,149)	(40,628)
Accounting & Audit Costs		(13,693)	(13,713)
Travel & Accommodation		(22,316)	(25,315)
Bank Fees		(13,710)	(15,749)
Consulting Expenses		(3,785)	(9,813)
Insurance		(10,544)	(10,224)
Hire - Venue, Crt & Green Fees		(13,772)	(15,804)
Repairs & Maintenance		(14,533)	(24,697)
Other expenses		(64,797)	(77,968)
Total Expenses		<u>(948,215)</u>	<u>(1,034,476)</u>
Profit before income tax		140,504	104,627
Income tax expense	5	-	-
Net profit from continuing operations		<u>140,504</u>	<u>104,627</u>
Other comprehensive income		60,643	-
Total comprehensive income		<u>201,147</u>	<u>104,627</u>

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
AS AT 30 JUNE 2017

	Note	2017 \$	2016 \$
Current assets			
Cash and cash equivalents	6	1,839,546	1,804,004
Trade and other receivables	7	88,744	49,582
Total current assets		<u>1,928,290</u>	<u>1,853,586</u>
Non-current assets			
Financial Assets	8	1,077,408	990,543
Property, plant and equipment	9	508,297	563,867
Total non-current assets		<u>1,585,705</u>	<u>1,554,410</u>
Total assets		<u>3,513,995</u>	<u>3,407,996</u>
Current liabilities			
Payables	10	927,255	1,033,444
Provisions	11	81,625	73,235
Total current liabilities		<u>1,008,880</u>	<u>1,106,679</u>
Non-current liabilities			
Provisions	11	4,377	1,726
Total non-current liabilities		<u>4,377</u>	<u>1,726</u>
Total liabilities		<u>1,013,257</u>	<u>1,108,405</u>
Net assets		<u>2,500,738</u>	<u>2,299,591</u>
Members funds			
Reserves		51,406	-
Accumulated surplus		2,449,332	2,299,591
Total members funds		<u>2,500,738</u>	<u>2,299,591</u>

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

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC
ABN 57 335 830 725
STATEMENT OF CHANGES IN MEMBERS FUNDS
FOR THE YEAR ENDED 30 JUNE 2017

	Financial Asset Reserve \$	Accumulated surplus \$	Total equity \$
Balance as at 1 July 2015	-	2,194,964	2,194,964
Profit for the year	-	104,627	104,627
<i>Other comprehensive income</i>			
<i>Items that will not be reclassified to profit or loss</i>			
Revaluation adjustment of financials assets	-	-	-
Total comprehensive income for the year	-	104,627	104,627
	-	-	-
Balance as at 30 June 2016	-	2,299,591	2,299,591
Balance as at 1 July 2016	-	2,299,591	2,299,591
Profit for the year	-	140,504	140,504
<i>Other comprehensive income</i>			
<i>Items that will not be reclassified to profit or loss</i>			
Revaluation adjustment of financials assets	60,643	-	60,643
Total comprehensive income for the year	60,643	140,504	201,147
Transfer net (gain)/loss on sale of shares	(9,237)	9,237	-
Balance as at 30 June 2017	51,406	2,449,332	2,500,738

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 2017

	Note	2017 \$	2016 \$
Cash flows from operating activities			
Receipts from Branch Subscriptions		662,206	717,374
Receipts from Magazine Advertising and Other		76,459	86,068
Receipts from Sundry Activities		17,064	16,266
Receipts from Commission		200,882	177,100
Receipts from Events income		45,485	86,350
Receipts from Sponsorship		62,700	84,379
Interest received		27,621	38,009
Dividend & Distribution received		30,962	16,744
Payments to Suppliers		(452,957)	(522,040)
Payments to Employees		(544,737)	(561,773)
Movement in 3rd Party Liability		(57,286)	(2,600)
Net cash provided by operating activities	12 (b)	<u>68,399</u>	<u>135,877</u>
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		-	-
Payment for property, plant and equipment		(6,635)	(4,325)
Term deposits		-	-
Term deposits withdrawn		75,000	-
Purchase of investments		(148,581)	(1,100,466)
Sale of investments		47,359	90,511
Net cash provided by / (used in) investing activities		<u>(32,857)</u>	<u>(1,014,280)</u>
Reconciliation of cash			
Cash and cash equivalents at beginning of period		1,804,004	2,682,407
Net increase in cash held		35,542	(878,403)
Cash and cash equivalents at end of period	6	<u><u>1,839,546</u></u>	<u><u>1,804,004</u></u>

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



AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC
ABN 57 335 830 725
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

(a) Basis of Preparation

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

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

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

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

(b) Revenue Recognition

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

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

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

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

(c) Property, Plant and Equipment

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

Depreciation

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

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





AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC
ABN 57 335 830 725
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

(d) Income tax

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

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

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

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

(e) Employee benefits

Short-term employee benefits

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

Other long-term employee benefits

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

Defined contribution superannuation expense

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



AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC
ABN 57 335 830 725
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

(f) Impairment

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

(g) Cash and Cash Equivalents

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

(h) Goods and Services Tax (GST)

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

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

(i) Comparatives

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

(j) Critical Accounting Estimates and Judgements

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

(k) Fair value measurement

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

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



AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC
ABN 57 335 830 725
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

(l) Financial Instruments

Recognition and Initial Measurement

Financial instruments are initially measured at cost (including transaction costs) on trade date, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below:

Classification and Subsequent Measurement

Financial assets at fair value through other comprehensive income

Financial assets at fair value through other comprehensive income are non-derivative financial assets that are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with changes in such fair value (i.e. gains or losses) recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income are transferred to accumulated surplus.

(n) Accounting Standards Issued Not Yet Effective

AASB 9 Financial Instruments (issued December 2014)

The Australian Dental Association South Australian Branch Incorporated has elected to early adopt the amendments to AASB 9 Financial Instruments for the annual financial period commencing 1 July 2016. The amendments change the requirements for classification and measurement of financial assets. The available-for-sale and held-to-maturity categories of financial assets in AASB 139 have been removed. Under AASB 9, there are three categories of financial assets:

- Amortised cost
- Fair value through profit or loss
- Fair value through other comprehensive income.

The following requirements have generally been carried forward unchanged from AASB 139 Financial Instruments: Recognition and Measurement into AASB 9. These include the requirements relating to:

- Classification and measurement of financial liabilities; and
- Derecognition requirements for financial assets and liabilities.

However, AASB 9 requires that gains or losses on financial liabilities measured at fair value are recognised in profit or loss, except that the effects of changes in the liability's credit risk are recognised in other comprehensive income.

This standard is mandatory for annual reporting periods commencing on or after 1 January 2018.

This change in accounting policy has resulted in financial assets previously classified available-for-sale being reclassified to financial assets at fair value through other comprehensive income. As a result any gains or losses on sale of these financial assets are now recorded through other comprehensive income rather than profit or loss. In accordance with the transitional provisions, this change in accounting policy has been recognised prospectively.



AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED
ABN 57 335 830 725
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

	2017	2016
	\$	\$
NOTE 2 REVENUE		
Branch subscriptions	664,919	664,797
Magazine advertising	60,714	74,117
Commissions received	189,755	161,000
Events income	10,173	29,893
Sponsorship	55,984	69,433
Interest income	25,168	39,459
Dividend & Distribution income	33,861	21,551
Other Revenue	48,145	78,853
	<u>1,088,719</u>	<u>1,139,103</u>
NOTE 3 OPERATING PROFIT		
Profit before income tax has been determined after:		
Expenses:		
Depreciation of Building, Plant & Equipment	61,873	64,359
Defined contribution superannuation expense	46,768	45,870
Loss on non-current assets:		
Disposal of Plant & Equipment	332	-
Sale of Investments	-	19,412
NOTE 4 KEY MANAGEMENT PERSONNEL COMPENSATION		
Compensation received by key management personnel of the association:		
Aggregate compensation	<u>194,587</u>	<u>220,920</u>

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED

ABN 57 335 830 725

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

	2017 \$	2016 \$
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% (2016: 30%)	42,151	31,388
Add tax effect of:		
- Non deductible expenses	165,004	172,779
- Deferred taxes not brought to account	4,502	14,105
	<u>169,506</u>	<u>186,884</u>
Less tax effect of:		
- Non-assessable revenue	211,657	218,272
Income tax expense attributable to profit	<u>-</u>	<u>-</u>
(b) Deferred tax assets not brought to account		
Temporary differences	72,922	62,045
Tax losses	101,824	108,199
	<u>174,746</u>	<u>170,244</u>
NOTE 6 CASH AND CASH EQUIVELANTS		
Cash on hand	200	200
Cash at Bank	25,854	24,467
Cash on deposit	1,813,492	1,779,337
	<u>1,839,546</u>	<u>1,804,004</u>
The effective interest rate on short term bank deposits was 1.94% (2016: 2.18%)		
NOTE 7 TRADE AND OTHER RECEIVABLES		
Current		
Trade debtors	9,454	13,559
Sundry debtors	11,276	1,414
Accrued Dividends & Distributions	5,962	4,807
Accrued Interest	2,355	3,063
Prepayments	59,697	26,739
	<u>88,744</u>	<u>49,582</u>
NOTE 8 FINANCIAL ASSETS		
Non-Current		
Cash and Fixed Interest at fair value	524,257	665,672
Shares in listed equities at fair value	553,151	324,871
	<u>1,077,408</u>	<u>990,543</u>

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED
ABN 57 335 830 725
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
NOTE 9 PROPERTY, PLANT & EQUIPMENT		
Land		
Freehold land at cost	167,400	167,400
Buildings		
Buildings at cost	497,646	497,646
Buildings at cost - accumulated depreciation	(287,958)	(253,340)
	<u>209,688</u>	<u>244,306</u>
Total land and buildings	<u>377,088</u>	<u>411,706</u>
Plant & Equipment		
Plant & equipment at cost	326,234	323,983
Plant & equipment at cost (acc dep'n)	(195,025)	(171,822)
	<u>131,209</u>	<u>152,161</u>
Total	<u><u>508,297</u></u>	<u><u>563,867</u></u>

(a) Reconciliations

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

Freehold land

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

Buildings

Opening carrying amount	244,306	278,924
Additions	-	-
Transfer from capital work in progress	-	-
Depreciation expense	(34,618)	(34,618)
Closing carrying amount	<u>209,688</u>	<u>244,306</u>

Plant & equipment

Opening carrying amount	152,161	177,576
Additions	6,635	4,326
Disposals	(332)	-
Depreciation expense	(27,255)	(29,741)
Closing carrying amount	<u>131,209</u>	<u>152,161</u>

Capital work in progress at Cost

	-	-
Total	<u><u>508,297</u></u>	<u><u>563,867</u></u>

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED
ABN 57 335 830 725
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
NOTE 10 PAYABLES		
CURRENT		
<i>Unsecured liabilities</i>		
Trade creditors	54,338	37,612
Sundry creditors and accruals	39,791	36,611
Federal subscriptions received in advance	362,296	417,182
Branch subscriptions received in advance	470,830	542,039
	<u>927,255</u>	<u>1,033,444</u>
NOTE 11 PROVISIONS		
CURRENT		
Annual leave	40,045	36,865
Long service leave	41,580	36,370
	<u>81,625</u>	<u>73,235</u>
NON CURRENT		
Long service leave	4,377	1,726
	<u>4,377</u>	<u>1,726</u>
Aggregate employee benefits liability	86,002	74,961

AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIA BRANCH INCORPORATED
ABN 57 335 830 725
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
NOTE 12 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 after income tax	140,504	104,627
Non-cash items		
Depreciation	61,873	64,359
Loss on disposal of non-current assets	332	19,412
Changes in assets and liabilities		
(Increase) / decrease in receivables	(39,161)	(1,776)
Increase / (decrease) in payables	(106,191)	(53,243)
Increase / (decrease) in provisions	11,042	2,498
	<u>(72,105)</u>	<u>31,250</u>
Cash flows from operating activities	<u>68,399</u>	<u>135,877</u>

NOTE 13 ASSOCIATION DETAILS

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



AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC
ABN 57 335 830 725
STATEMENT BY MEMBERS OF THE COMMITTEE
AS AT 30 JUNE 2017

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

- ¹ Presents fairly the financial position of Australian Dental Association South Australia Branch Inc as at 30 June 2017 and performance for the year ended on that date in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements.
- 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 Greg Miller

Honorary Treasurer:



Dr Anthony Smerdon

Signed at Adelaide, this 23 day of October 2017



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF AUSTRALIAN DENTAL ASSOCIATION SOUTH AUSTRALIAN BRANCH INC

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Australian Dental Association South Australian Branch Inc (the Entity), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, the statement of changes in members funds and the statement of cash flows for the year then ended, and notes to the financial report, including a

summary of significant accounting policies, and the statement by members of the committee.

In our opinion the accompanying financial report presents fairly, in all material respects, the financial position of the entity as at 30 June 2017 and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the Associations Incorporation Act (SA) 1985.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Entity in accordance with ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of the committee members for the Financial Report

The committee members of the entity are responsible for the preparation and fair presentation of the financial report that in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the Associations Incorporation Act (SA) 1985 and for such internal control as the responsible entities 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.

In preparing the financial report, the committee members are responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the committee members either intend to liquidate the entity or to cease operations, or has no realistic alternative but to do so.

The committee members of the entity are responsible for overseeing the entity's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

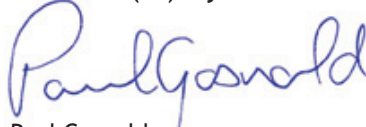
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at: http://www.auasb.gov.au/auditors_files/ar3.pdf.

This description forms part of our auditor's report.



BDO Audit (SA) Pty Ltd



Paul Gosnold
Director

Adelaide, 24 October 2017



PRESIDENTS, LIFE MEMBERS & AWARD RECIPIENTS

ADASA Presidents

1935	Dr R J Brazil-Smith	1965	Dr L M Smart	1995	Dr A P Gaffney
1936	Dr C B Maddern	1966	Dr K R Moore	1996	Dr A P Harms
1937	Dr C B Maddern	1967	Dr B W Phillips	1997	Dr D C Wilson
1938	Dr A I Chapman	1968	Dr J F Irwin	1998	Dr G J Jaunay
1939	Dr H T J Edwards	1969	Dr M W Stain	1999	Dr K J Alexander
1940	Dr F H J Fischer	1970	Dr K R Allen	2000	Dr A Lidums
1941	Dr A G Trott	1971	Dr J E Marriott	2001	Dr D Miles
1942	Dr K W R Quin	1972	Dr T W Martin	2002	Dr R Antoniazzi
1943	Dr T A Brown	1973	Dr G C Hall	2003	Dr P J Alldritt
1944	Dr A G Trott	1974	Dr R E Annells	2004	Dr R M Hutton
1945	Dr K W R Quin	1975	Dr W E Joyce	2005	Dr C Pazios
1946	Dr C B Maddern	1976	Dr M A C Nugent	2006	Dr B D Noble
1947	Dr C B Maddern	1977	Dr B H Souter	2007	Dr R M Hutton
1948	Dr C B Maddern	1978	Dr N J Vowles	2008	Dr P J Alldritt
1949	Dr H V Frayne	1979	Dr B I Watson	2009	Dr J M Fuss
1950	Dr M W Evans	1980	Dr B A Tidswell	2010	Dr S A C Liberali
1951	Dr M W Evans	1981	Dr D C Blaikie	2011	Dr A M Pierce
1952	Dr B W Leach	1982	Dr F R Henning	2012	Dr A M Pierce
1953	Dr M S Joyner	1983	Dr I R Dingle	2013	Dr J D Gaffney
1954	Dr M J Barrett	1984	Dr A S Trott	2014	Dr J M Fuss
1955	Dr P M Wesslink	1985	Dr P J W Verco	2015	Dr A D Smerdon
1956	Dr R S Blackburn	1986	Dr R J Sawers	2016	Dr G J Miller
1957	Dr A J Bloomfield	1987	Dr I M Smylie	2017	Dr G J Miller
1958	Dr J B Day	1988	Dr B D Noble		
1959	Dr A P Plummer	1989	Dr H D McLean		
1960	Dr T B Lindsay	1990	Dr B C Wheeler		
1961	Dr H B Frayne	1991	Dr L B Stewart		
1962	Dr J F Lavis	1992	Dr P T Burgess		
1963	Dr K J Robertson	1993	Dr P R Duke		
1964	Dr J G Waterson	1994	Dr F J van der Linden		



PRESIDENTS, LIFE MEMBERS & AWARD RECIPIENTS

ADASA Life Members

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

ADASA Distinguished Service Awards

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

ADASA Honorary Members

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

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