

# **Australian Dental Association** Victorian Branch Inc.

# ANNUAL REPORT

2017/18

The ADAVB is committed to the oral health of all Victorians and the professional lives of its members.

### 2017/18 COUNCIL, FRAC AND STANDING COMMITTEES

President

Dr S Wise

**Vice President** 

Dr K Morris

Immediate Past President

Dr A Gikas

**Executive Councillors** 

Dr A Pacella Dr G Sanghvi

**Federal Councillors** 

Dr S Liew Dr A Barnes A/Prof N Hewson

**Councillors** 

Dr M Bowman Dr S Bellur

Dr D Curnow

Dr A Heredia Dr R Oblak

Dr D Ong

Dr A Pacella

Dr W Shnider Dr J Sternson

Dr K Theodore

**Constitution & Policy Committee** 

A/Prof N Hewson (C)

Dr M Bowman (VC)

Dr C Callahan

Dr A Gikas

Dr G Sanghvi

Dr S Wise (Ex-Officio)

Continuing Professional Development Committee

Dr B Keith (C)

Dr G Burt

Dr C Jovanovic (RG&SC Representative)

Dr L Mark (resigned June 2018)

Dr A Martin

Dr M Mladenovic (RG&SC Representative)

Dr K Pandya (resigned April 2018)

Dr L Phu (resigned February 2018)

Dr A Solomon

Dr J Goode

Dr W Atteya (appointed August 2017)

Dr K Morris

Dr J Savage (appointed June 2018) A/Prof P Zimet (appointed June 2018)

Dr K Burgess (appointed June 2018)

**Defence Advisory Committee** 

Dr C Homewood (C)
Dr P Wright (VC)
Dr G Barton
Dr I Cernavin
Dr D Curnow

Dr K Morris

Dr G Ward

Dr E Kilov (ADATas Representative,

resigned June 2018)

Dr C Sanzaro (ADATas Representative,

appointed June 2018)

**Disputes & Ethics Committee** 

Dr A Gikas (C)

Dr A Barnes (VC)

Dr M Bowman

Dr G Morris Dr J Rattray

A/Prof R Story AM, RFD

Dr F Wardlaw

**Finance Risk & Audit Committee** 

Dr M Bowman (C)

Dr K Morris (VC)

Dr T Cutler

Dr A Heredia

Dr E Magee

Dr E Milford (resigned February 2018)

Dr F Wardlaw

**Honours & Awards Committee** 

A/Prof N Hewson (C)

Dr A Barnes

Dr G Burt

A/Prof J Matthews (VC)

Dr J Cherry

**Oral Health Committee** 

Dr J Yap (C)

Dr J Fernando (VC)

Dr B Cheng

Dr C Perez Rodriguez

Dr G D'Mello

Dr S Lew

Dr L Liu

- ...

Dr V Tran

Dr M Tsai

Dr J Teoh

Dr Katy Theodore (PR)

Dr A Heredia (Alt PR)

Ms A Di Paolo (DHAA)

Ms S Sofronoff (DHSV)

**Professional Provident Fund Policy** 

Advisory Committee

Dr T Cutler (C)

Dr R De Poi (VC)

Dr J Locke

Dr G Morris

Dr B Taylor

**Public Dentistry Committee** 

Dr R Martin (C) (appointed March 2018)

Dr J Vasanthakumar (C) (resigned

February 2018)

Dr E Chen (VC)

Dr J Eer (resigned July 2017)

Dr K Hallett

Dr K Theodore (appointed July 2017)

Dr M Mahmassani

Dr M Stephens

Dr R Shankumar

Dr I Malek-Uzieblo

Dr W Shnider (Alt PR)

Dr J Wang (resigned February 2018)

Dr J Teoh (PR) (appointed March 2018)

**Recent Graduates & Students** 

Committee

Dr C Jovanovic (CC)

Dr M Mladenovic (CC)

Dr T Webb (VCC)

Dr Emily Pow (VCC)

Dr N Phung

Dr M Nguyen

Mr V Thomas (resigned December 2017)

Dr K Kapusta (appointed January 2018)

Dr N Dahya

Mr Z Shlah

Ms C Lucena (resigned December 2017)

Ms M Ghobrial (appointed January 2018)

Mr A Bryan

Mr B Lim

Dr K Theodore (PR)

Dr D Ong (Alt PR)

Sports & Social Committee

Dr L Wordsworth (C)

Dr S Cran (VC)

Dr T Chan

Dr E Colombo (appointed August 2017)

Dr B Moore

Dr K Nankivell (resigned July 2017)

Dr T Probert

Dr J Sternson

Dr E Pow (appointed July 2017)

<u>Dr</u> M Silva

Dr S Bellur (PR)

Dr R Oblak (Alt PR)

Third Party Committee

Dr A Pacella (C) (PR)

Dr J X R Chen (VC)

Dr D Brown

Dr C Chang Dr F Davis

Dr G Fast

Dr R I Gillies

Dr G Morris Dr T Probert

Dr J Skilton

Dr D Curnow (Alt PR)



# President's **Foreword**

It was a year of change at the ADAVB in 2017/18. A/Prof Matthew Hopcraft was appointed the new CEO of the ADAVB and commenced in this position in July 2018. We revised and improved our ADAVB Strategic Plan, making it more succinct and relevant, with clear goals and key performance indicators for management. Broad themes of engagement, leadership, member services and capability were introduced, to align with the ADA Strategic Plan. The Council and Executive agendas followed these themes and meetings were more focused on decision-making.

After a very lengthy and robust tender process, Guild Insurance was selected as the preferred professional indemnity insurance (PII) for the ADAVB, ADATas, ADASA and ADANSW members for the next five years. There was extensive actuarial assistance from KPMG in the assessment of the PII tenders. Guild Insurance continues to be very competitive PII with excellent service delivery.

We continued the Respect Public Dentistry enterprise bargaining agreement campaign to advocate for improved pay and working conditions for public dentists. Victorian public dentists earn up to 40 per cent less than their interstate colleagues. This makes it challenging to recruit and retain dentists in the public sector. Dentists and specialist dentists at the Royal Dental Hospital Melbourne obtained unprecedented approval from the Fair Work Commission to take protected industrial action.

An additional \$41.3 million funding for dentistry was allocated in the Victorian State Budget. This was in line with the \$35–45 million for which the ADAVB lobbied in our pre-budget submission. The average wait for public dentistry in Victoria is 19.7 months and the wait can be as high as nearly four years in some clinics. The increased expenditure in dentistry by the Victorian Government is warmly welcomed in order to improve access to dental care for all Victorians, however there is more work to be done.

Following the successful Time2Switch Campaign, the ADA made a comprehensive submission for the Senate Inquiry into the current private health insurance (PHI) system. In addition, dentists personally contributed to more than half of the submissions. There were 19 recommendations to the Federal Health Minister including: PHIs pay all policy-holders the same rebate for the same treatment in the same jurisdiction, PHIs cannot use data from HICAPs machines for commercial gain and improved access for Australian children to have their dental treatment under general anaesthetic. The Senate Inquiry recommendations have yet to be adopted.

The ADA engaged the Centre for International Economics to prepare the Saving for One's Care report. This report confirmed that the PHI extras cover is not good value with varied rebates depending on the treating practitioner with small annual rebates despite increasing policy costs. The ADA proposed a Health Savings Account, which encourages Australians to save for their dental and other allied health care with tax incentives.

ADAVB adopted a parental leave class so both our male and female members can continue to be involved in the ADA and receive the benefits of membership including the Victorian Dentist, while taking time away from practice to look after their young children. This membership category was also introduced by federal ADA. The ADA branches and federal ADA are working together to align their membership classes thereby making it easier for our members to join and relocate around Australia.

The ADA branches and federal ADA worked closer together over the last 12 months. The branch CEOs and branch presidents had monthly teleconferences. This resulted in changes to recent graduate membership fees this year.

First year graduates now pay 33 per cent of full membership and second year graduates pay 66 per cent. This makes ADA membership more affordable for our recent graduates.

The ADAVB continued to support recent graduates and dentistry students. ADAVB Executive members attended numerous student activities including sport days, trivia nights, lunch-time learning sessions and balls. The ADAVB ran a very successful mentoring program for first year graduates. Many of the ADAVB members are involved in the Melbourne Dental School mentoring program. There were regular meetings between the ADAVB and the heads of school at both the Melbourne Dental School and La Trobe University.

The Health Sector Leadership Program continued to promote leadership for dentists, pharmacists, osteopaths, chiropractors, optometrists, speech therapists and



dietitians. Many of the graduates are very active in their respective societies' councils and boards. The presidents of these associations, as well as the physiotherapy and podiatry association presidents, are now meeting regularly to discuss issues in common including private health insurance, AHPRA regulations, oversupply of graduates and advertising guidelines.

There was increased engagement with overseas-trained members over the last 12 months with profiles of overseas trained graduates included in the *Victorian Dentist*. A half-day program for overseas-trained dentists was organised for the 2018 ADAVB Convention.

An ADAVB healthy eating policy was introduced to encourage the serving of healthy food and drinks at ADAVB sport and social functions, CPD events and meetings. This fits with ADAVB advocacy on the sugar tax and reduced sugar consumption to prevent caries, obesity and diabetes. Other ADAVB oral health campaigns included Mouthguard March to encourage wearing custom-made mouthguards for all contact sports and promotion of the Rebuilding Smiles Program that provides dental treatment for victims of domestic violence.

Electronic voting for Council was introduced for the first time. This was very successful and resulted in more members voting in the elections. A significant amount of time was saved as staff were not required to send out the election forms to members, check that members voted only once or count the votes. Congratulations to Drs Igor Cernavin, Linton Nash, Carolyn Ng and Jonathan Teoh who were recently elected to Council.



Many thanks to ADAVB CEO A/Prof Matthew Hopcraft, staff, councillors and committee members for their hard work and commitment to improve the working lives of Victorian dentists and the oral health of all Victorians. A special thanks to Drs Suman Bellur, Robert Oblak and Katy Theodore who recently stepped off Council.

Susan Wine

Dr Susan Wise President 2017/18

### 2017/18 ADAVB Council Members



**Dr Susan Wise** President BDSc (Melb) MDSc (Qld) MRACDS (Perio) **FPFA** 



**Dr Andrew Gikas Immediate Past President** BDSc (Melb) FADI **FPFA** 



**Dr Angelo Pacella Executive Councillor** BSc BDSc (Melb)



**Dr Kevin Morris** Vice President BDSc (Melb) GradDipClinDen **FRACDS** DCD (Perio) FRACDS (Perio)



**Dr Andrew Heredia** Councillor BDSc (Melb)



**Dr Gitika Sanghvi Executive Councillor** BDSc (Melb)



**Dr Andrew J Barnes** Councillor **Federal Councillor** BDSc (Melb) **FADI FICD** 



A/Prof Neil Hewson Councillor **Federal Councillor** BSc (Hons) (Monash) BDSc (Melb) HonDocDSc (Melb) LDS (Vic) FADI, FPFA, FICD



**Dr Warren Shnider** Councillor BDSc (Melb) FRACDS (SND) FICD



Dr Suman Bellur BDSc (Hons) DCD Perio (Melb)



**Dr Stephen Liew** Councillor Federal Councillor BDSc (Melb) FADI FPFA MAICD FICD



**Dr Jeremy Sternson** Councillor BDSc (Melb) **FRACDS** FADI



Dr Mark Bowman Finance Risk & **Audit Committee Chair** BDSc (Melb) **FADI** FICD



**Dr Robert Oblak** Councillor BDSc (Melb) **FRACDS** 



**Dr Katy Theodore** Councillor BHSc (Dent) (Adel)



**Dr David Curnow** BDSc (Melb) FADI FICD



**Dr Devin Ong** Councillor BDSc (Melb) MDS (Ortho) MOrthRCSEd

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### **General Review 2017/18**

### Strategic priority area: Leadership

Aim: To ensure that ADAVB is the leading voice in dentistry and oral health in Victoria.

The Advocacy and Health Policy Team is responsible for leading the ADAVB's work in policy, advocacy, research, health promotion and stakeholder partnerships. Following the redevelopment of the ADAVB's strategic plan in late 2017, these work areas were combined under the new strategic priority area of leadership.

### Work area highlights

### Advocating on issues that impact on the practice of dentistry in Victoria

The ADAVB advocated on behalf of members and their patients during consultations with the Department of Health and Human Services on the development of new regulations, to ensure that IV conscious sedation could continue to be provided in dental practices. As a result, new regulations accommodate the continued provision of IV sedation and general anaesthesia in dental practices, with some additional requirements.

### Promoting equitable and sustainable access to dental care

The ADAVB advocated for increased public dental funding to promote sector sustainability. As a result, in May 2018, the Victorian Government announced the provision of an additional \$12.1 million to reduce public dental waiting lists in some of Victoria's busiest clinics.

In partnership with Professionals Australia, the ADAVB continued work on the Respect Public Dentistry campaign for members employed in public hospitals and community health centres. An in-principle

agreement was reached in late June 2018 for members who work in public hospitals, with substantial improvements in pay and conditions. A new enterprise bargaining agreement for members employed in community health centres is now being sought.

### Enhancing the reputation of the dental profession

The ADAVB continued its partnership work with stakeholders including the Royal Flying Doctor Service (RFDS) Victoria, the Department of Health and Human Services, Dental Health Services Victoria and Quit Victoria. The RFDS Victoria mobile dental clinic delivered care to rural and remote Victorians, who would otherwise need to travel long distances to see a dentist. Work continued on a range of projects on smoking cessation, oral cancer prevention and early intervention, and oral health promotion.



Thank you to the ADAVB members, staff, committees and stakeholders who provided support, advice, and participated in our work over the past year. Your contributions were essential to achieving ADAVB's leadership goals.

### Strategic priority area: Member services

### Aim: To provide the highest quality services to benefit members in their day to day lives.

Practice Plus is a practice support service designed to provide information to assist members and their staff with practice management issues including accreditation, infection control, setting up a practice, and other safety and quality compliances. The Practice Plus Team plans and delivers seminars and workshops, and provides consulting services, as well as over-the-phone and email information.



Community Relations Officers (CROs) help ADAVB members address patient concerns and as Professional Consultants (PCs) can advise all members on any general professional or clinical matters, as long as the matter would not be considered a notifiable event under an indemnity insurance policy. Guild Insurance was appointed as the preferred professional indemnity provider for a further five years after an extensive tender process to find the best product for our members.

The delivery of CPD programs remains a core membership service. The CPD Committee's key strategic role is to advise and plan high-quality CPD activities for dentists and dental professionals.

CPD Unit staff are supported by a committee with a mix of general practice and specialist dentists, as well as representatives from the Recent Graduates and Students Committee. The wealth of experience and knowledge of the 12 committee members is drawn upon to design a range courses, conducted by the CPD Unit, to support members at all stages of their career.

### Work area highlights

### Support

Practice Plus received more than 1300 queries from ADAVB and ADATas members during 2017/18, and addressed 1445 separate issues. The most common topics were infection control, accreditation, systems management and new practice set-up. Practice Plus pages on the ADAVB website continued to be in the top five most visited pages. Visitors to the website arrived most commonly through the following practice-related search terms: HR/human resources, contract, wages, patient history, consent and privacy.

The helpline for patients to speak with a CRO continued to be a well-used service. Members of the public are encouraged to call and discuss any issues or questions they may have about dentistry or dental treatment. In 2017/18, this service was extended to Tasmanians.

The CROs/PCs took 3226 calls in 2017/18. The main topics were managing complaints, access to records, item numbers and patient management. Of these calls, 2473 were from members and 753 from the public. The helpline received 65 written patient concerns, with the main topics being endodontic, orthodontic and crown issues. The enquiries and follow-up work were managed by four permanent CROs, two locums and an administration officer.

CROs also attended recent graduate events, training sessions run by Practice Plus and ADAVB group meetings to promote the CRO role. Website information about the CRO and PC role was updated, with a focus on the patient helpline and the help available for members promoted as a core member offering. This was also promoted online and in the Victorian Dentist.

### Workshops and consulting

In early 2018, a new series of 'Breakfast Bites' and 'Wine and Cheese Bites' seminars were developed to be run both morning and evening to allow practice staff the convenience to attend before or after work, and to bring a networking element to the workshops. In addition, Practice Plus increased the frequency of infection control workshops to offer members greater choice for staff participation.



In March 2018, Practice Plus consulting fees were revised to provide a more competitive member discount compared with the current market rate for professional consulting. It is anticipated this will stimulate demand for consulting services.

Practice Plus subscription fee income increased marginally and at 30 June 2018 there were 62 subscribers, an increase from 55 subscribers in June 2017. The current subscriber model will be reassessed at the end of 2018/19.

### **Continuing Professional Development**

In 2017/18, a total of 5460 CPD hours was provided across 44 CPD events. This consisted of 31 lectures and 13 workshops. 1201 members attended the CPD courses, of which 158 were recent graduates.



Stand out CPD events include:

- Two new CPD events Sports Emergencies at the MCG and Prosthodontics at the Zoo – were sell-outs, possibly due to the location and selection of speakers.
- A resin bonded bridges masterclass held at Melbourne Oral Health Training & Education Centre had capacity registration. This was held for the first time with four prosthodontists, and it was well received with great feedback. Due to its success, a repeat of a similar masterclass is planned for 2019.
- International speakers were secured from Brazil and Canada, widening the level of interest.

- An Oral health of women seminar and breakfast was held for the first time and coincided with International Women's Day.
- The Early Clinical Essentials (ECE) series, developed in conjunction with the Recent Graduates and Students Committee, remains popular with young dentists who are in the early years of their careers, and are great refreshers for experienced dentists. Better attendance was recorded at the six ECE sessions (from an average of 28 in 2016/17 to 32 in 2017/18, an increase of 12.5 per cent).
- Four joint branch CPD events were conducted in Tasmania (two in Hobart and two in Launceston) as part of the ADAVB/ADATas Service Agreement.

### Strategic priority area: Engagement

### Aim: To engage with our members through contemporary, relevant and responsive activities.

In 2017/18, Communications and Membership staff merged to form a new team responsible for the strategy priority area of engagement. This team is responsible for communications across all areas including advocacy and member services, marketing of membership value, management of renewal and other membership campaigns, and administration work including processing, administration and reporting to Council.

### Work area highlights

### **Revision of membership materials**

Membership benefits information was updated and made relevant to reflect needs at varying stages of a member's career. Information in new member packs was revised and now includes a 'Connect with us' information sheet, an updated member benefits overview, advertising rates for the *Victorian Dentist* and information about the member's ADAVB Group Chair contact.

### **Update of processes**

Renewal invoices were sent to members via email for the first time in the lead up to 2017/18 renewals. The online payment portal, using a unique link for each member, made it easier and quicker for members to pay their membership renewals. The emailed invoices were followed by a series of mailed reminder letters, text messages and further reminder emails. Online membership payment options were promoted resulting in an increase in the uptake of the 'pay by the month' option.

### Membership

In June 2018, the ADAVB recorded a slight decrease in membership, representing 78 per cent of registered dentists in Victoria in June 2018 (3155 members), down from 81 per cent in June 2017 (3192 members). However, this



trend is expected to reverse in 2018/19 due to new marketing and communications efforts from December 2017 to June 2018 aimed at retaining members and promoting the upcoming 2018/19 renewal period. In March 2018, a reduction in membership fees was announced consisting of a significant decrease for first year graduates (who pay only 33 per cent of full rate) and second year graduates (who pay only 66 per cent of full rate).

### Membership value

In 2017/18, the ADAVB updated its value proposition and this was highlighted throughout the range of membership marketing materials. Membership benefits information was updated, marketing materials aimed

at students and recent graduates were reviewed and new materials introduced. The value of membership was promoted with targeted features to various segments of the membership though social media, the website, banner advertising and the Victorian Dentist. Work done from March to June 2018 in the lead-up to the 2018/19 renewals is expected to result in positive membership renewal results.

#### Presence

The Victorian Dentist publication was improved with better content planning, images and engaging content and a focus on stories about members.

ADAVB presence on social media markedly increased, with more targeted posts and relevant content, resulting in unprecedented reach and engagement, particularly on posts about member experiences, videos and public dentistry posts about Victoria's oral health crisis and the public dentistry enterprise bargaining agreement campaign.

Engagement activities aimed at recent graduates resulted in increased engagement across all social media platforms, particularly a Christmas giveaway Facebook promotion in December 2017.

Planned media activity around Dental Health Week, public dentistry, Victoria's oral health, sugar labelling and mouthguard awareness led to increased media presence with more proactive media releases generated (12 in 2017/18). The ADAVB also supported federal ADA media efforts regarding issues such as water fluoridation, private health insurance, workforce and oral health. These activities resulted in an increase in requests for media interviews with key spokespeople, including the ADAVB President and ADAVB CEO, and as a result, more public media exposure on television, radio, online and in print media.

#### Collaboration

ADA federal campaigns were shared and promoted through supportive media releases and social media. Advocacy communications with partners such as Rethink Sugary Drink, RFDS and campaigns with the consumer forum CHOICE were widely promoted on ADAVB social media and online.

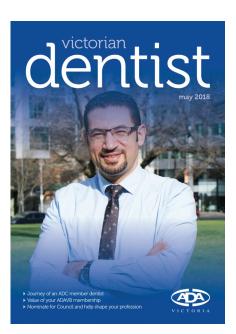
Communications staff actively sought opportunities for collaboration with ADA federal communications and membership colleagues to align and improve processes. Victorian planning documents and key messages were shared with ADA and other branches, and ADAVB also benefited from shared resources from other branches. Communications and Membership staff participated in federal ADA communications and membership meetings.

### **Communication with members**

Email campaigns to members consistently achieved higher than industry standard email open and click rates. Targeted email and advertising campaigns were executed for numerous key activities of the Advocacy and Health Policy Team, the CPD Unit and Practice Plus, including the 2018 ADAVB Convention.

In 2017/18, more than 70 news items were posted on the ADAVB's website on issues ranging from advocacy and membership to upcoming CPD and practice training. Content on the website continues to be updated and the highest ever recorded number of website visitors was achieved in March-June 2018. The Communications Team delivered a user-friendly and engaging Convention website, which was launched in February 2018 to inform members about the Convention program and take registrations.

ADATas communications were managed by ADAVB Communications staff, including content in the Victorian Dentist, monthly eNews, CPD and Convention promotion, and other ad hoc requests.



## **Committee Reports**

### **FINANCE RISK AND AUDIT COMMITTEE**

The branch accounts for the financial year 2017/18 report a surplus result of \$217,634. This reflects a solid performance close to the budget. There have been significant pressures on the budget with a lower than forecast income from membership fees, CPD and advertising.

The positive result for the year was achieved through two main areas. Firstly, ongoing expenses were carefully managed resulting in expenditure appreciably lower than budget. Secondly, the investment portfolio of the branch performed strongly. The good performance of the branch investments reflects well on decisions made to improve management of the investment in 2014/15 with the aim to improve returns.

As a consequence of this stable result, Council was able to support a budget for the coming year with no increase in the branch's portion of membership fee rates for 2018/19.

Income from membership fees continues to make up just over half of total revenue. There is a strong focus to increase revenue from other sources to ensure that membership fees are kept low for members. This income comes from several sources, including referral fees, event registrations, investment returns, sponsorship, advertising and rent.

A number of key decisions affecting the branch were reviewed by the Finance Risk and Audit Committee this year, including a branch IT services review and membership fee reduction for recent graduates.

Dr Tim Cutler announced his decision to step down from the Committee following 17 years of service. We thank Tim for his significant input over this long period of service.

Dr Mark Bowman Chair

### COMMUNITY RELATIONS AND PROFESSIONAL CONSULTANT SERVICES – ADAVB DISPUTE ASSISTANCE SERVICE

We have been lucky for a number of years to have been able to meet member needs with general professional support and by managing claims through Guild. However, 2017/18 presented a number of challenges; some unforeseen and others that have become more apparent over time.

With the benefit of the high-class legal advice we receive through the partnership with Guild and the ADAVB panel lawyers, we needed to address issues posing a risk to the operation of the Dispute Assistance Service (DAS) and to member privacy. We were advised that by operating the DAS we were, in effect, operating a complaints entity. The aim of the Community Relations and Professional Consultant service has always been to provide an excellent member service to address issues in an appropriate and timely manner (thus keeping costs of professional indemnity down), and to maintain a bridge between the profession and the public to enhance the reputation of dentists. The ADAVB is aware that this member service and the patient helpline have an excellent reputation within the wider community, and with other complaints entities such as the Health Complaints Commissioner (HCC).

However, we were advised that soliciting patient complaints directly to the ADAVB posed a risk for members, including the ability for the regulator to seek our confidential records, despite the Corporate Authorised

Agreement between the ADAVB and Guild being a recognised and legal arrangement. As members are asked during re-registration whether any other complaints have been made to alternative complaints entities, we were advised that members would have to declare affirmative if the DAS had managed their complaints. There have also been a small number of requests from the regulator to access records.

Following this legal advice, we made changes to our member service. Complaint letters are now addressed to the dentist rather than the ADAVB. and the member seeks authority from the patient to enable the ADAVB to act as a liaison. From that point the member service remains the same. We have also emphasised our status as



agents of the insurer in discussions with patients, after feedback from the HCC that it could be perceived that we were independent, when in fact we are not.

We are hopeful that this small change will assist in protecting members' privacy and reputations. I am sure there will be other challenges in future that will require ongoing reassessment of the service.

In 2017, we entered a tender process for the professional indemnity provider. Along with the rebadging of the DAS and a review and redrafting of the Corporate Authorised Agreement manual (which sets out the roles and responsibilities of the CRO/PCs, Guild and the panel lawyers) the latter half of 2017 and beginning of 2018 were extremely busy.

Common issues arising for members throughout the year, apart from actual complaints, were private health insurers and their actions in seeking records and their ongoing statistical evaluation of practice profiles, privacy and consent issues. There was also an alarming increase in patients exhibiting aggressive or threatening behaviour. This is an exceedingly difficult thing with which to be confronted, as dentists have a duty of care towards staff and any patients on the premises.

I had the pleasure to be invited to present at ADAVB regional group meetings and to La Trobe University final year student events. There is an ongoing need for explanation about how professional indemnity insurance works and how members need to consider minimising their risks.

We also had the sad news that Dr Dianna Evans had accepted a position at AHPRA as a Professional Officer.

Dianna has been studying a Masters of Health Law and felt that professionally this was a move she had to make for her career. We miss her very much, especially her extra insights into medicolegal matters, but were fortunate to have her expertise for nearly five years.

Dr Stephen Brennan indicated that he wished to retire to a life of ease, bushwalking and grand-fathering. There were a number of extremely qualified members who applied and were shortlisted for the CRO positions. Dr Jenny Campbell, who had been a locum CRO/PC since January 2017, and Dr Errol Kilov, ADATas member and member of the Defence Advisory Committee, were appointed to the permanent positions. Drs Anna Talacko and Loula Konidaris were appointed as new locums.

Ms Maria Omizzolo, Community Relations Administrative Officer, has been instrumental in supporting the four new team members and in particular being an efficient and worthy back up for me when I have been taken away from the daily CRM duties for Guild business and new staff induction and supervision. I can honestly say that without Maria I would have found this period of multiple changes daunting and stressful. I can't thank her enough for the past 12 months of support.

Dr Eryn Agnew Community Relations Manager

### **BENEVOLENT FUND**

The Benevolent Fund Advisory Board, A/Prof John Matthews (Chair), Dr Ann Goodrich and Dr Greg Tilley, together with the President and Honorary Secretary ex-officio, is pleased to present the Benevolent Fund report.

The Fund did not receive any requests for assistance from members during the last financial year.

The Fund is an essential aspect of the branch's care of its members, and the trustees in turn encourage all members to donate annually. Members are reminded that the Member Assistance Program is another responsibility of the Fund, underlining the need for both sources of finance, branch revenue and the generosity of members to retain a safe margin.

The Fund's financial position is incorporated in the Statement of Profit and Loss of Other Comprehensive Income in the Annual Report.

A/Prof John Matthews Chair

### **MEMBERSHIP**

#### Statistics at 30 June 2018 show:

ACTIVE – PRIVATE	1915
ACTIVE – PUBLIC	179
ACTIVE – SPOUSE	33
CONCESSIONAL – RETIRED	117
CONCESSIONAL – 70/30	105
CONCESSIONAL – POST GRAD	4
CONCESSIONAL – PART TIME	406
CONCESSIONAL – UNEMPLOYED	2
CONCESSIONAL – PARENTAL LEAVE	10
STUDENT – POST GRAD	58
NEW GRADUATE 1ST SIX MONTHS	123
NEW GRADUATE 1ST YR	105
NEW GRADUATE 2ND YR	84
HONORARY LIFE MEMBERS	14
STUDENTS/ADC CANDIDATES	733
TOTAL	3888

### **VALE**

The deaths of the following members during the period July 2017 to June 2018 are recorded with sadness.

MARVAN, Elishka

# Standing Committee Reports

### **CONSTITUTION AND POLICY COMMITTEE**

The primary role of the Constitution and Policy Committee is to advise Council on matters related to the ADAVB Rules, By-Laws and Policy Statements.

During 2017/18, the Constitution and Policy Committee was extremely active and made recommendations that resulted in a number of amendments. Committee recommendations resulted in the following rules being amended:

- Rules 45, 63, 74, 80, 81, 98 and 114 to remove references to the position of Honorary Secretary
- Rules 39 through 44 to allow Council elections to be conducted electronically
- Rule 8 to remove the requirement for an application to membership to be proposed and seconded by two members
- Various amendments to achieve consistent language, to always refer to the ADAVB Council as the Branch Council, and update the history.

Committee recommendations resulted in the following by-laws being amended:

- By-Law 1 Standing orders to allow Branch Council elections to be conducted electronically
- By-Law 4 Regional groups of the branch to extend the date that groups must hold their annual general meeting to 30 September, reduce the number of member meetings that are required to one annually and ensure that adequate briefings occur
- By-Law 5 The Benevolent Fund to amend the composition of the board to include the branch Immediate Past President rather than the Honorary Secretary
- By-Law 6.2 Composition and objects of standing committees to include an ADC Graduate voting position on the Recent Graduates and Students Committee
- By-Law 8 Membership and subscriptions to reduce subscription fees for graduates and to introduce a parental leave category
- Various amendments to always refer to the ADAVB Council as the Branch Council, and remove references to the Honorary Secretary.

ADAVB policy statements are reviewed by the committee as part of a regular cycle and in response to changing circumstances. Committee recommendations resulted in the following policy statements being amended:

- BPS 1.1 Established Policy
- BPS 1.11 Community Relations Officers/Professional Consultants
- **BPS 1.13 Branch Archives**
- **BPS 1.17 Privacy**
- BPS 1.19 Employee Disciplinary
- BPS 1.2 Finance
- BPS 1.25 Use of Member Contact Details
- BPS 1.26 Conflict of Interest
- BPS 1.27 Occupational Health and Safety
- BPS 1.29 Bring Your Own Device
- BPS 1.7 Benefits and Reimbursements
- BPS 4.1 CPD Activities.

Committee recommendations resulted in the following new policy statements being adopted:

- BPS 1.31 Strategy and Risk
- BPS 1.32 Healthy Workplace Food.

The Branch Policy Statement Index was updated to renumber policies in subject areas, rather than alignment

with strategic goal areas.

I would like to thank the committee members and Ms Lisa Legge for their contribution to the committee's activities.

A/Prof Neil D Hewson Chair

### **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) COMMITTEE**

The delivery of CPD programs is a core membership service. The CPD Committee's key strategic role is to advise and plan high-quality CPD activities for dentists. The committee consists of general dentists, specialist dentists and representation from Council and the Recent Graduates and Students Committee. The experience and knowledge of the 12 committee members is used to plan a range courses, implemented and run by the CPD Unit, to support members at all stages of their careers.

2017/18 CPD program highlights:

- 228 CPD hours were provided across 44 CPD events, consisting of 31 lectures and 13 workshops
- 1201 members attended the courses, of which 158 were recent graduates
- Four joint branch CPD events were conducted in Tasmania (two in Hobart and two in Launceston) as part of the ADAVB/ADATas Service Agreement. All the events were well attended and successful.

The Early Clinical Essentials series, developed in conjunction with the Recent Graduates and Students Committee, remains popular with recent graduates and the courses are considered helpful refreshers for more experienced dentists.

Thank you to Drs Leighton Phu, Lester Mark and Kunal Pandya, who resigned as committee members this year, for their dedication and contributions to the CPD Committee.

I would also like to thank the CPD Unit at the branch office who provide professional support to the committee as well as their ongoing work in delivering the CPD programs.

Dr Ben Keith Chair



### **DEFENCE ADVISORY COMMITTEE**

The primary role of the Defence Advisory Committee is to provide advice on clinical and other dental related matters to the branch's professional indemnity insurer and solicitors.

In 2017/18, the main activities included:

- Bi-monthly meetings to discuss new cases and the status of existing cases
- Publication of articles in the *Victorian Dentist* and the *Australian Dento-Legal Review* to update members on developments in the dento-legal area, explaining members' obligations and current problems associated with new and existing laws and trends, such as health fund audits, Medicare and dental corporates
- Contacting certain members to counsel them on their behaviour and, where necessary, arrange for them to obtain extra clinical teaching to improve their skills.

The committee is concerned about the number of cases where members are undertaking treatment that is beyond their level of expertise. This can lead to poor outcomes and unhappy patients. The subsequent legal redress is unpleasant for all and does not reflect well on the dental profession.

There has been a rapid increase in claims against general practitioners undertaking orthodontic treatment and the surgical placement of osseointegrated implants. This is reflected in the increase in premiums for these members.

A review of the committee was carried out to clarify and update the committee's current role within the ADAVB.

Legal advice was sought to clarify if committee members were bound by the rules of Australian Health Practitioner Regulatory Agency (AHPRA) to mandatory reporting of unsatisfactory performance by dentists brought to the notice of the committee. The legal advice reported that mandatory reporting in these instances was not required as the committee was an advisory committee.

The committee requested the addition of a small advisory panel to represent areas of expertise rarely needed but lacking in the committee. As a result, three experts were invited to join in the areas of endodontics, oral and maxillofacial surgery and oral medicine.

The committee also noted the need for committee membership to better reflect the diversity of ADAVB membership, and this will be addressed when future committee members are sought and appointed. A big thank you to the committee members Dr Greg Barton, Dr Igor Cernavin, Dr David Curnow, Dr Gabriella Ward, Dr Paul Wright and to Ms Alison Rowe, Ms Vicki Tziourtzias and Ms Christie Boucher from Guild Insurance, Ms Kellie Dell'Oro and Mr Tamir Katz from Meridian Lawyers, and Ms Caroline Rubira from K&L Gates, who volunteer their free time for the benefit of our members.

The committee acknowledges with gratitude the many years of valuable advice from Dr Kevin Morris and Dr Errol Kilov who recently resigned from the committee.

Dr Kip Homewood Chair

### **DISPUTES AND ETHICS COMMITTEE**

The Disputes and Ethics Committee's objectives are:

- To conduct investigations into disputes and ethical complaints in accordance with Rules 107 and 108 and By-Laws 2 and 3
- To make recommendations to Council regarding the implementation of By-Laws 2 and 3
- To deal with any matters which are referred to the Disputes and Ethics Committee by the Council.

Anyone notifying ADAVB of a potential dispute or ethical matter breaching the above rules or by-laws, is sent a form that clearly sets out procedures, timelines and the limits of potential penalties that the ADAVB can impose.

The committee supports ADAVB's efforts to have a system following the principles of natural justice. The branch is indebted to all experienced Disputes and Ethics Committee panel members who volunteer their time to professionally and confidentially try to resolve these difficult and often distressing issues.

One complaint was lodged during 2017/18, which was resolved.

Council resolutions on all disputes and ethics matters are reported in the *Victorian Dentist*. No parties are identified. The reports aim to prevent members from finding themselves involved in similar situations by alerting them to the type of disputes that have recently occurred.

Dr Andrew Gikas Chair

### ORAL HEALTH COMMITTEE

The role of the Oral Health Committee (OHC) is to inform members, other healthcare professionals and the general public about the prevention of oral diseases and the maintenance of good oral health.

The main activities in 2017/18 were:

- Development of a 'Caring for your teeth' patient information sheet on ageing and oral health
- Preparation of articles for the *AMA VicDoc* magazine (dental trauma, dental considerations for patients on prescription medications) to inform medical practitioners about various oral health issues they may encounter in their day-to-day practice
- Creation of a fact sheet in collaboration with the Australia and New Zealand Academy for Special Needs
  Dentistry and Dr Barry Creighton on dental anxiety and phobia for the Better Health Channel, and update
  of existing fact sheets on a variety of oral health topics
- Development of a PowerPoint presentation for use at primary school talks
- Promotion of Dental Health Week including an advertising campaign on Melbourne Metro trains
- Participation in the 2018 Melbourne Essential Baby and Toddler Show
- Representation on the ADA Oral Health Working Group and the Dental Health Services Victoria (DHSV) 'Healthy Families, Healthy Smiles' reference group.

We extend appreciation to other members who have volunteered their time to assist the OHC by participating in various activities including oral health talks and public events, as well as Colgate and Oral B for generously supplying products.

Lastly, I'd like to thank our committee members for the work that they do, as well as the DHSV and the Dental Hygienists Association of Australia representatives. I would also like to thank Ms Sonia Georgiades for her work and support.

Dr Jason Yap Chair

### PROFESSIONAL PROVIDENT SUPERANNUATION FUND POLICY ADVISORY **COMMITTEE**

The Professional Provident Superannuation Fund (PPSF) Policy Advisory Committee met four times during 2017/18 to perform its key functions:

- Representing the interests of members of the PPSF
- Providing advice to Council on matters related to the operation of the PPSF and other superannuationrelated matters.

The committee focused on promoting the relationships with the service providers of the PPSF. The aim for the coming year is to encourage the administrative and investment entities to maintain high standards and accountability for the ongoing benefit of its members.

The committee continues to observe the superannuation fund operations through the long standing relationships with Moneywise and IOOF. In the last year, there have been intricate changes in the regulatory and investment requirements that the PPSF service providers operate within.

There were productive discussions across a wide range of superannuation issues, informing the series of detailed articles by Moneywise published in the Victorian Dentist for the benefit of both fund and ADAVB members. The committee has worked with Moneywise and IOOF to help provide and publicise a contemporary product in a Public Offer Fund for the advantage of ADAVB members.

The committee is open to expressions of interest from potential new members. The current committee members are Dr Bruce Taylor, Dr John Locke, Dr Robert DePoi, Dr Greg Morris and Dr Tim Cutler (Chair).



**Dr Tim Cutler** Chair

### **PUBLIC DENTISTRY COMMITTEE**

The primary role of the Public Dentistry Committee (PDC) is to:

- Advise Council on public dental policy, and hospital and community dental needs
- Support the ADAVB strategic plan to improve public oral health, including increasing government funding to the public dental sector to increase the capacity of service delivery, update public dental infrastructure and provide a sustainable public dental work force
- Advise Council on publicly employed-dentist working conditions, remuneration and member concerns; provide input into enterprise bargaining agreement (EBA) negotiations to achieve fair employment conditions; advise members on campaign activities; and enhance member engagement with ADAVB.

Major activities that were undertaken by the committee included:

- Participation in the public dentistry EBA campaign and alongside our public-sector colleagues, endorsement of the Log of Claims. This Log listed the items that public sector members want in their new enterprise agreements
- Provision of ongoing advice and support to ADAVB and Professionals Australia in advocacy, lobbying and enterprise bargaining to achieve fair work conditions for all public dentists, public dental specialists and dental specialists in training.

As part of the PDC 2018 Annual Plan, the committee will continue to assist ADAVB to achieve respect, recognition and reward for public dentists, public dental specialists, and specialists in training, including new enterprise agreements with improved employment terms and conditions. The PDC will also assist ADAVB in communicating with public-sector members during the next phase of EBA activities and negotiations throughout 2018, and in promoting awareness of the importance to the community of public dentistry.

Throughout the year a number of members retired from the committee, and I thank them for their service. In particular I'd like to thank Dr Jeyanthi Vasanthakumar, the chair of the PDC until April 2018. I would also like to welcome new members who have joined the committee. Thank you to all committee members for their time and valuable contributions, and to Ms Lisa Legge for organising the meetings.

### Dr Rachel Martin Chair



### RECENT GRADUATES AND STUDENTS COMMITTEE

The role of the Recent Graduates and Students Committee (RG&SC) is to act as a reference point for the planning of support activities for students and recent graduates, both locally and overseas trained, during their transitions to dental practitioners and in the early stages of their career. The main activities over the last year included:

- 'Starting Your Career' seminars for final year students of both Victorian dental schools
- Employers' Guide to assist final year students with job seeking
- Recent Graduates' Cocktail Night
- 'Introduction to the Dental Profession' seminars for new graduates
- 'Career Choices' seminar for recent graduates
- Monitoring of workforce and employment issues facing recent graduates
- Representation on the CPD Committee and development of the 2017/18 Early Clinical Essentials CPD program series
- Representation on the ADA Recent Graduates Advisory Panel
- Content contributions for recent graduates and students features in the Victorian Dentist
- Provision of advice regarding ADAVB's involvement in student member engagement activities, development of branded merchandise, and representation of ADAVB at university events.



To increase interaction with these members, the RG&SC continues to make suggestions on enhancing ADAVB's services and presence.

We thank Ms Sonia Georgiades and committee members for their valuable contributions.

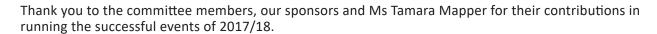
Dr Christina Jovanovic & Dr Mike Mladenovic **Co-Chairs** 

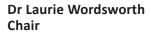
### SPORTS AND SOCIAL COMMITTEE

The primary role of the Sports and Social Committee is to organise events to bring together ADAVB members in a relaxed sporting and social environment.

The events that were organised included:

- Spring Golf Day at Royal Melbourne Golf Club in October 2017
- Motorsports Day at Sandown in November 2017
- Fly-Fishing Weekend at Millbrook Lakes in December 2017
- Tennis Day at Kooyong Lawn Tennis Club in February 2017
- Autumn Golf Day at Metropolitan Golf Club in April 2017.







### THIRD PARTY COMMITTEE

The Third Party Committee (TPC) monitors and advises on third-party influences in the dental profession, including health funds, corporates and government-funding agencies. The main activities undertaken by the TPC included:

- Addressing health fund incident reports submitted by members
- Delivering presentations to recent graduates explaining third-party involvement in dentistry and correct use of the ADA Schedule and Glossary
- Creating a letter template on health fund intervention in specialist referrals for members to provide to patients
- Communicating issues reported by members to the TAC and providing feedback on the TAC dental fee schedule review
- Providing ongoing feedback on the ADA's Time2Switch campaign and supporting the Health Savings Account concept.

The TPC recognises that health funds have a major impact on the dental profession and are one of the biggest concerns voiced by members. We continue to work towards helping members who are negatively affected.

Another significant area of work relates to billing processes and fees of funding agencies such as the TAC and WorkSafe. As a result, we are now seeing improved administrative processes and fee levels, which will help our members to ensure the best oral health outcomes for patients who have been involved in road accidents.

I thank committee members for offering their time and expertise, and give special thanks to Ms Sonia Georgiades for her role in the work of the TPC.

Dr Angelo Pacella Chair

### **DENTAL MUSEUM COMMITTEE OF MANAGEMENT**

The last 12 months have been a time of commemoration and planning. The refurbished Henry Forman Atkinson (HFA) Dental Museum has attracted great interest from visitors to Melbourne Dental School covering themes of innovation, outreach dentistry, World War I, teaching of dentistry, early dentistry, women in dentistry, tooth care and dentures.

The HFA Dental Museum participated in The University of Melbourne Open Day and orientation week programs. It received visits from students, staff and alumni at The University of Melbourne as well as secondary school students and community groups. The museum was advertised in Culture Victoria and online on the Tourism Victoria website.

The 100th anniversary of the appointment of the first naval dental officer was commemorated at Melbourne Dental School with a new display and event on 6 April 2018. Lieutenant-Commander Simon Flanagan RAN spoke about Surgeon Dentist Milton Spencer Atwill (1888–1965) who was commissioned during World War I on 8 April 1918, joining HMAS Australia in Scotland in July.

Research has commenced including discussions with the Australian Dental Association for a major exhibition that will commemorate the 125th anniversary of the formation of the Odontological Society and establishment of the dental museum.

Items from the collection were regularly included in the Arts West building at The University of Melbourne in a display case on the ground floor. They are rotated on a regular basis.

The museum received generous gifts for the collection from dental alumni. A major Miegunyah grant was received to conserve and photograph key items from the Henry Forman Atkinson Collection gifted by Professor Atkinson's family.

Dr Jacky Healy Chair

### AD HOC COMMITTEE REPORT

### AUSTRALIAN DENTAL COUNCIL GRADUATE SUPPORT AD HOC COMMITTEE

The role of the Australian Dental Council (ADC) Graduate Support Ad Hoc Committee was to identify the support needs of ADC graduates, develop proposals to address these needs, and to advise the Recent Graduates and Students Committee and Council. Activities undertaken included:

- Increased targeted communication to ADC candidates and graduates regarding ADAVB member benefits and events
- A half-day workshop planned for the ADAVB Convention in August 2018
- A series of ADC graduate profiles included in the Victorian Dentist
- Appointment of an ADC graduate representative on the Recent Graduates and Student Committee.

The committee and management also developed an action plan that will continually measure and address the needs of ADC graduates.

I would like to thank the committee members for their time and expertise, and Ms Lisa Legge and other ADAVB staff for their assistance and contributions.

Dr Gitika Sanghvi Chair

# AUSTRALIAN DENTAL ASSOCIATION VICTORIAN BRANCH INCORPORATED AND ITS CONTROLLED ENTITY

# FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

### STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

### Consolidated

	Note	2018	2017
Cautinuina anaustiana		\$	\$
Continuing operations Revenue	2	2 000 254	2 040 516
Revenue	Z	3,909,354	3,940,516
Finance income		206,380	186,906
Staffing and related expenses		(2,011,257)	(2,179,405)
Meetings, functions and events		(254,524)	(408,765)
Administration expenses		(738,485)	(813,840)
Depreciation expense	3	(290,327)	(287,574)
Other expenses		(603,507)	(505,862)
Surplus/(Deficit) before income tax		217,634	(68,024)
Income tax expense	4	<u>-</u> _	
Surplus/(Deficit) for the year		217,634	(68,024)
Other comprehensive income			
Items that may be subsequently reclassified to			
profit or loss			
Net fair value gain (loss) on available for sale		52,756	208,409
financial assets			
Items that have been reclassified to profit or loss			
Reclassification of fair value profit on available for sale		-	(58,173)
financial assets to profit and loss			
Total comprehensive income for the year		270,390	82,212
Surplus/(Deficit) attributable to:			
Members of the entity		270,390	(68,024)
Surplus/(Deficit) for the year		270,390	(68,024)
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Total comprehensive income attributable to:			
Members of the entity		270,390	82,212
Total comprehensive income for the year		270,390	82,212

### STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018

### Consolidated

	Note	2018	2017 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	7	3,869,137	3,644,109
Trade and other receivables	8	126,666	167,442
Financial assets	9	1,060,000	1,175,000
Other current assets		56,242	80,354
TOTAL CURRENT ASSETS		5,112,045	5,066,905
NON-CURRENT ASSETS			
Financial assets	9	3,103,593	2,867,081
Property, plant and equipment	11	4,765,504	5,036,857
TOTAL NON-CURRENT ASSETS		7,869,097	7,903,938
TOTAL ASSETS		12,981,142	12,970,843
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	3,245,892	3,414,673
Employee provisions	13	287,770	368,485
TOTAL CURRENT LIABILITIES		3,533,662	3,783,158
NON-CURRENT LIABILITIES			
Employee provisions	13	29,252	39,847
TOTAL NON-CURRENT LIABILITIES		29,252	39,847
TOTAL LIABILITIES		3,562,914	3,823,005
NET ASSETS		9,418,228	9,147,838
EQUITY			
Reserves	15	327,090	274,333
Retained earnings		9,091,138	8,873,505
TOTAL EQUITY		9,418,228	9,147,838

### STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2018

	Retained Earnings \$	Reserves \$	Total \$
Consolidated			
Balance at 1 July 2016	8,941,529	124,097	9,065,626
Deficit for the year	(68,024)	-	(68,024)
Other comprehensive income	-	150,236	150,236
Total comprehensive income for the year	(68,024)	150,236	82,212
Balance at 30 June 2017	8,873,505	274,333	9,147,838
Balance at 1 July 2017	8,873,505	274,333	9,147,838
Surplus for the year	217,634	-	217,634
Other comprehensive income	<u> </u>	52,756	52,756
Total comprehensive income for the year	217,634	52,756	270,390
Balance at 30 June 2018	9,091,138	327,090	9,418,228

### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2018

### Consolidated

	Note	2018	2017
CASH FLOW FROM OPERATING ACTIVITIES		\$	\$
Receipts from members and customers		4,340,464	4,351,530
Payments to suppliers and employees		(4,234,088)	(4,369,836)
Interest received		206,381	186,906
Income tax paid		-	-
Net cash provided by/(used in) operating			
activities	18(b)	312,757	168,600
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of investments		98,107	189,580
Purchase of investments		(166,863)	(1,460,819)
Proceeds from sale of plant and equipment		2,826	-
Purchase of plant and equipment		(21,800)	(77,964)
Net cash used in investing activities		(87,730)	(1,349,203)
Net increase/(decrease) in cash and cash			
equivalents		225,028	(1,180,603)
Cash and cash equivalents at beginning of			
financial year		3,644,109	4,824,712
Cash and cash equivalents at end of financial	7 &	<del></del>	
year	18(a)	3,869,137	3,644,109

The financial statements cover Australian Dental Association Victorian Branch Incorporated ('ADAVB') as an individual entity and ADAVB and its controlled entity as a consolidated entity. ADAVB is an incorporated association in Victoria, incorporated under the Associations Incorporation Reform Act 2012 (Victoria).

#### **NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Australian Dental Association Victorian Branch Inc. applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and other applicable Australian Accounting Standards - Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Associations Incorporation Reform Act 2012. The association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of the financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

All amounts are presented in Australian dollars, unless otherwise noted.

### **Accounting Policies**

### (a) Principles of Consolidation

A controlled entity is any entity ADAVB has the power to control the financial and operating policies of an entity so as to obtain benefits from its activities.

Details of the controlled entity are contained in Note 10 to the financial statements. The controlled entity has a June financial year end.

### (b) Income Tax

The income tax expense (revenue) for the year comprises current income tax expense (income) and deferred tax expense (income).

Current income tax expense charged to the profit or loss is the tax payable on taxable income calculated using applicable income tax rates enacted, or substantially enacted, as at the end of the reporting period. Current tax liabilities (assets) are therefore measured at the amounts expected to be paid to (recovered from) the relevant taxation authority.

Deferred income tax expense reflects movements in deferred tax asset and deferred tax liability balances during the year as well as unused tax losses.

Current and deferred income tax expense (income) is charged or credited outside profit or loss when the tax relates to items that are recognised outside profit or loss.

Deferred tax assets and liabilities are ascertained based on temporary differences arising between the tax bases of assets and liabilities and their carrying amounts in the financial statements. Deferred tax assets also result where amounts have been fully expensed but future tax deductions are available. No deferred income tax will be recognised from the initial recognition of an asset or liability, excluding a business combination, where there is no effect on accounting or taxable profit or loss.

Deferred tax assets and liabilities are calculated at the tax rates that are expected to apply to the period when the asset is realised or the liability is settled, based on tax rates enacted or substantively enacted at the end of the reporting period. Their measurement also reflects the manner in which management expects to recover or settle the carrying amount of the related asset or liability.

### NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### (b) Income Tax (Continued)

Deferred tax assets relating to temporary differences and unused tax losses are recognised only to the extent that it is probable that future taxable profit will be available against which the benefits of the deferred tax asset can be utilised.

Where temporary differences exist in relation to investments in subsidiaries, branches, associates and joint ventures, deferred tax assets and liabilities are not recognised where the timing of the reversal of the temporary difference can be controlled and it is not probable that the reversal will occur in the foreseeable future.

Current tax assets and liabilities are offset where a legally enforceable right of set-off exists and it is intended that net settlement or simultaneous realisation and settlement of the respective asset and liability will occur. Deferred tax assets and liabilities are offset where a legally enforceable right of set-off exists, the deferred tax assets and liabilities relate to income taxes levied by the same taxation authority on either the same taxable entity or different taxable entities, where it is intended that net settlement or simultaneous realisation and settlement of the respective asset and liability will occur in future periods in which significant amounts of deferred tax assets or liabilities are expected to be recovered or settled.

### (c) Property, Plant and Equipment

Each class of property plant and equipment is carried at cost net of any accumulated depreciation and impairment losses.

The cost of plant and equipment constructed within the consolidated entity includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the economic entity and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

#### Depreciation

The depreciable amount of all fixed assets, including buildings are depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset Depreciation rates

Freehold Buildings 3.00% Furniture and equipment 4% to 40%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each reporting date. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

### NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### (d) Financial Instruments

#### Initial Recognition and Measurement

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

Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

### Classification and Subsequent Measurement

Financial instruments are subsequently measured either at fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as: (i) the amount at which the financial asset or financial liability is measured at initial recognition; (ii) less principal repayments; (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and (iv) less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

The consolidated entity does not designate any interests in subsidiaries, associates or joint venture entities as being subject to the requirements of Accounting Standards specifically applicable to financial instruments.

### i. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are stated at amortised cost.

#### ii. Available-for-sale financial assets

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

#### iii. Held to Maturity Instruments

HTM Instruments are non-derivative financial assets with fixed or determinable payments and fixed maturity other than loans and receivables.

#### Fair value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models. HTM Investments are measured at amortised cost.

#### *Impairment*

At each reporting date, the consolidated entity assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment loss has arisen. Impairment losses are recognised in the statement of comprehensive income.

### NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### (e) Impairment of Assets

At each reporting date, the association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Where it is not possible to estimate the recoverable amount of an individual asset, the association estimates the recoverable amount of the cash-generating unit to which the asset belongs.

### (f) Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the consolidated entity are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the consolidated entity will obtain ownership of the asset or over the term of the lease.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred. Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

### (g) Employee Benefits

Provision is made for employee entitlement benefits accumulated as a result of employees rendering services up to the reporting date. These benefits include wages and salaries, annual and long service leave. Liabilities arising in respect of wages, salaries, annual leave and any other employee entitlements expected to be settled within twelve months of the reporting date are measured at their nominal amounts.

Employee entitlement expenses and revenues arising in respect of the following categories:

- Wages and salaries
- Non-monetary benefits
- Annual leave
- Long service leave.

Other types of employee entitlements are charged against the surplus on a net basis in their respective categories.

### (h) Cash and Cash Equivalents

Cash and short-term deposits in the balance sheet comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less. For the purposes of the Statement of Cash Flows, cash and cash equivalents consist of cash and cash equivalents as defined above, net of outstanding bank overdrafts.

### NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### (i) Revenue

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the provision of membership subscriptions is recognised in the membership year to which it relates but on a receipts basis.

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

#### (j) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

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

#### (k) **Comparative Figures**

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

#### (I) Critical accounting estimates and judgments

The Council evaluates estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the consolidated entity.

### Key estimates — Impairment

The consolidated entity assesses impairment at each reporting date by evaluating conditions specific to the economic entity that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. No impairment losses has been recognised for the year ended 30 June 2018.

#### (m) **Adoption of New and Revised Accounting Standards**

During the current year, the consolidated entity has adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

The adoption of these Standards has not had a significant impact on the financial statements of the consolidated entity.

### **New Accounting Standards for Application in Future Periods**

### Standards and Interpretations in issue not yet adopted

At the date of authorisation of the financial statements, the Standards and Interpretations listed below were in issue but not yet effective.

Standard/Interpretation	Effective for annual reporting periods beginning on or after	Expected to be initially applied in the financial year ending	
AASB 9: Financial Instruments and the relevant amending standards	1 January 2018	30 June 2019	
AASB15: Revenue from Contracts with Customers	1 January 2018	30 June 2019	

The reported results and position of the entity will not change on adoption of these pronouncements as they do not result in any changes to the entities accounting policies. The entity does not intend to adopt any of these pronouncements before their effective dates.

### Consolidated

	2018	2017
NOTE 2: REVENUE FROM CONTINUING OPERATION Revenue		
- Subscriptions	2,373,560	2,320,005
- Meetings, functions and events	402,829	340,064
- Commission received and administration fees	806,955	846,009
- Other income	326,010	434,438
	3,909,354	3,940,516
NOTE 3: SURPLUS/(DEFICIT) FOR THE YEAR Expenses: Employee benefits	2,011,257	2,179,405
Depreciation:		
Freehold buildings	200,642	200,642
Plant and equipment	89,685	86,932
	290,327	287,574
Rental expense on operating leases	21,475	21,475

	Consolidated		
	2018 \$		2017 \$
NOTE 4: INCOME TAX EXPENSE  (a) The Component of the tax expense comprised:			
- Current tax	(96,831)		(36,103)
- Deferred tax	96,831		36,103
<ul><li>(a) The prima facie tax on surplus/(deficit) before tax is reconciled to the income tax expense as follows:</li><li>Prima facie income tax payable on surplus/(deficit)</li></ul>		_	
before tax at 30% (2017:30%) Add/(Less): Tax effect of:	65,290		(20,407)
- Non-assessable income	(1,176,333)		(862,313)
- Non-deductible expenses	1,014,211		846,617
- Unused tax losses not recognised	96,831		36,103
Income tax expense recognised in profit or loss	-		-
2018 Total compensation	Short-Term Lo Benefits \$ 282,995	ong Service Leave \$	<b>Total</b> \$ 282,995
2017			
Total compensation	342,596	19,476	362,072
	Cc	onsolidated	
	2018		2017
	<u></u> \$	\$	\$
NOTE 6: AUDITOR'S REMUNERATION Remuneration of the auditor of the consolidated entity for:			
- auditing or reviewing the financial report	16,000		18,000
- taxation services	4,000	_	1,000
	20,000		19,000

#### Consolidated

		2018	2017
		<u> </u>	\$
NOTE 7: CASH AND CASH EQUIVALENTS			
Cash and Cash Equivalents		3,869,137	3,644,109
		3,869,137	3,644,109
The effective interest rate on short-term bank deposits was 2% (2017: 2%)			
Reconciliation of cash			
Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows			
Cash on hand		275	275
Cash at bank		1,804,280	1,755,473
Term deposits		2,064,582	1,628,319
		3,869,137	3,644,109
NOTE 8: TRADE AND OTHER RECEIVABLES Current Other debtors		96,514	112,433
Victorian Dantist dahtars		10.470	11 052
Victorian Dentist debtors Provision for impairment of receivables	(a)	10,470 -	11,852 -
F	V-7	106,984	124,285
GST input credit		19,682	43,157
		126,666	167,442

### (a) Credit risk

The consolidated entity has no significant concentration of credit risk with respect to any single counterparty or group of counterparties other than those receivables specifically provided for and mentioned within Note 8. The main source of credit risk to the consolidated entity is considered to relate to the class of assets described as 'trade and other receivables'.

The following table details the consolidated entity's trade and other receivables exposed to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled within the terms and conditions agreed between the consolidated entity and the customer or counterparty to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to consolidated entity/ parent entity. The balances of receivables that remain within initial trade terms (as detailed in the table) are considered to be of high credit quality.

#### Collateral held as security

No collateral is held as security for any of the trade and other receivable balances.

### **NOTE 8: TRADE AND OTHER RECEIVABLES (continued)**

### **Consolidated Entity**

### Past due but not impaired (days overdue)

	Gross Amount \$	Past due but not impaired \$	<30 \$	31-60 \$	61-90 \$	>90 \$	Within initial trade terms
2018							
Other debtors	96,514	-	19,001	54,518	1,320	21,675	-
Victorian Dentist debtors	10,470	-	5,753	1,195	95	3,427	-
GST input credit	19,682	-	-	-	-	-	19,682
Total	126,666		24,574	55,713	1,415	25,102	19,682

Consolidated Entity	Past due but not impaired (days overdue)						
	Gross	Past due but not					Within initial
	Amount	impaired	<30	31-60	61-90	>90	trade terms
	\$	\$	\$	\$	\$	\$	\$
2017							
Other debtors	112,433		27,000	76,078	7,346	1,844	-
Victorian Dentist debtors	11,852		6,825	2,602	1,448	1,142	-
GST input credit	43,157	-	-	-	-	-	43,157
Total	167,442	-	33,825	78,680	8,794	2,986	43,157

The consolidated entity does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

		Consolidated		
		2018 \$	2017 \$	
(d)	Financial assets classified as receivables Trade and other receivables:			
	- Total Current - Total Non-Current	126,666	167,442	
		126,666	167,442	

	2018		2017 \$
NOTE 9: FINANCIAL ASSETS Current HTM Investments			
Held to Maturity Deposits  Non-current	1,060,000	_	1,175,000
Available-for-sale financial assets: - Shares in listed corporations – at market value	3,103,593 3,103,593	- =	2,867,081 2,867,081
NOTE 10: INTEREST IN SUBSIDIARY			ge Owned*
	Country of Incorporation	2018 %	<b>2017</b> %
Parent Entity Australian Dental Association Victorian Branch Incorporated ('ADAVB')	Australia		
Subsidiaries of ADAVB eviDent Foundation Ltd	Australia	100%	100%

<sup>\*</sup> Percentage owned refers to voting power in proportion to membership.

### Consolidated

	2018	2017
	\$	\$
NOTE 11: PROPERTY, PLANT AND EQUIPMENT		
Owned		
Buildings		
At cost	5,090,400	5,090,400
Less accumulated depreciation	(1,344,714)	(1,192,002)
	3,745,686	3,898,398
Building Improvements		
At cost	1,198,257	1,198,257
Less accumulated depreciation	(357,030)	(309,100)
	841,227	889,157
Furniture and Equipment		
At cost	1,139,936	1,124,274
Less accumulated depreciation	(961,345)	(874,972)
	178,591	249,302
Reading Room		
At cost	534,465	534,465
Less accumulated depreciation	(534,465)	(534,465)
Total Property, Plant and Equipment	4,765,504	5,036,857

### (a) Movements in Carrying Amounts

Movement in the carrying amounts for each class of plant and equipment between the beginning and the end of the year.

Consolidated entity 2018	Buildings \$	Building Improve- ments \$	Furniture and Equipment \$	Total \$_
Written down value at beginning of the year	3,898,398	889,157	249,302	5,036,857
Additions	-	-	21,800	21,800
Disposals	-	-	(2,826)	(2,826)
Depreciation expense	(152,712)	(47,930)	(89,685)	(290,327)
Written down value at end of year	3,745,686	841,227	178,591	4,765,504
		Building Improve-	Furniture and	
Consolidated entity 2017	Buildings	ments	Equipment	Total
-	\$	\$	\$	\$
Written down value at beginning of the year	4,051,110	937,087	258,270	5,246,467
Additions	-	-	77,964	77,964
Disposals	-	-	-	-
Depreciation expense	(152,712)	(47,930)	(86,932)	(287,574)
Written down value at end of year	3,898,398	889,157	249,302	5,036,857

Consolidated
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	2018 \$	2017 \$
NOTE 12: TRADE AND OTHER PAYABLES		
Current		
Trade creditors	224,109	352,204
Subscriptions in advance	1,447,173	1,450,837
Other financial liabilities	1,000,518	1,211,107
Fees/Grants received in advance	365,970	200,973
Sundry creditors and accruals	208,122	199,552
	3,245,892	3,414,673
(b) Financial liabilities at amortised cost		
classified as trade and other payables		
Trade and other payables:		
- Total Current	3,245,892	3,414,673
- Total Non-Current	, , , <u>-</u>	-
	3,245,892	3,414,673
Less: Amounts received in advance	(1,821,754)	(1,651,810)
Total financial liabilities as trade and other		
payables	1,424,138	1,762,863

### **NOTE 13: PROVISIONS**

	Consolidated		
	2018 \$	2017 \$	
Analysis of Employee Provisions			
Current	287,770	368,485	
Non-Current	29,252	39,847	
	317,022	408,332	

A provision has been recognised for employee entitlements relating to annual leave and long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits have been included in Note 1 to this report.

#### **NOTE 14: CAPITAL MANAGEMENT**

Management controls the capital of the Association to ensure that adequate cash flows are generated to fund its financial requirements returns from investments are maximised. The Finance Risk and Audit Committee ensures that the overall risk management strategy is in line with this objective.

The Finance Risk and Audit Committee operates under policies approved by Council.

The Association's capital consists of financial liabilities, supported by financial assets.

Management effectively manages the Association's capital by assessing the Association's financial risks and responding to changes in these risks and in the market. These responses may include the consideration of debt levels.

There have been no changes to the strategy adopted by management to control the capital of the Association since the previous year. The strategy of the ADAVB is to have no borrowings.

### Consolidated

	2018	2017
Total borrowings and provisions	-	-
Trade and other payables	3,562,914	3,823,005
Less cash and cash equivalents	(3,869,137)	(3,644,109)
Net debt	306,223	(178,896)
Total equity	9,418,228	9,147,838
Total capital	9,724,451	9,326,734

#### **NOTE 15: RESERVES**

(a) Revaluation Reserve

The Revaluation Reserve records revaluation increments and decrements (that do not represent impairment write-downs) that relate to financial assets that are classified as available-for-sale.

### **NOTE 16: LEASING COMMITMENTS**

(a) Operating lease commitments

Non-cancellable operating leases contracted for but not capitalised in the financial statements:

Payable

21,475	21,475
8,474	29,949
29,949	51,424
	8,474

Non-cancellable operating leases relate to office equipment with lease terms ranging from 1 to 5 years.

	Consolidated	
	2018	2017
	\$	\$
NOTE 17: RELATED PARTIES		
Parent entity ADAVB is the parent entity, refer to note 23.		
Subsidiaries Interests in subsidiaries are set out in note 10.		
The Victorian Branch of the Australian Dental Association Incorporated ('ADA') collects subscriptions from members of which a proportion is remitted to the ADA.		
ADA Inc. Membership Subscription	2,248,389	2,243,158
The following ADAVB Councillors are also ADA Councillors: Dr A J Barnes, A/Prof N Hewson and Dr S Liew.		
NOTE 18: 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 items in the statement of financial position as follows  Cash and cash equivalents	3,869,137	3,644,109
(b) Reconciliation of cash flow from operations with surplus/(deficit) for the year Surplus/(Deficit) for the year Depreciation	217,634 290,327	(68,024) 287,574
Changes in assets and liabilities:  Decrease in trade & other receivables  Decrease in prepayments  (Decrease) in trade payables  Increase in provisions	40,776 24,112 (168,781) (91,311)	16,361 (8,605) (104,110) 45,404
Net cash from operating activities	312,757	168,600

#### **NOTE 19: FINANCIAL RISK MANAGEMENT**

#### Financial Instruments measured at fair value

The financial instruments recognised at fair value in the statement of financial position have been analysed and classified using a fair view hierarchy reflecting the significance of the inputs used in making the measurements. The fair value hierarchy consists of the following levels:

- (i) quoted prices in active markets for identical assets or liabilities (Level 1);
- (ii) inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (as prices) or indirectly (derived from prices) (Level 2); and
- (iii) inputs for the asset or liability that are not based on observable market data (unobservable inputs) (Level 3).

				30 June 2018
Consolidated Entity	Level 1	Level 2	Level 3	Total
•	\$	\$	\$	\$
Financial assets				
Investments - available for sale	3,103,593			3,103,593
	3,103,593	-	-	3,103,593
Non Financial assets				
Buildings & improvements	<u>-</u> _			4,586,913
	_	_	_	4,586,913

### **Fair Value Measurement Building and Improvements**

The fair value of buildings and improvements is determined at least every three years based on valuations by independent Valuers. At the end of each intervening period, the Council and Finance Risk and Audit Committee review the independent valuation and, where appropriate, update the fair value measurement to reflect current market conditions.

#### NOTE 20: EVENTS AFTER THE REPORTING DATE

No matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of the consolidated entity and the parent entity.

### **NOTE 21: CONTINGENT LIABILITIES**

At reporting date there are no contingent liabilities.

### **NOTE 22: PRIOR PERIOD ADJUSTMENT**

NIL prior year adjustments in 2017/2018.

### **NOTE 22: ASSOCIATION DETAILS**

The registered office and principal place of business of the association and its related entity is:

Level 3, 10 Yarra Street South Yarra Victoria 3141

### **NOTE 23: Parent entity information**

Set out below is the supplementary information about the parent entity.

### Statement of profit or loss and other comprehensive income

	P	Parent	
	2018 \$	2017 \$	
Profit after income tax	281,157	267,533	
Total comprehensive income	281,157	267,533	

### Statement of financial position

	Parent	
	<b>2018</b> \$	<b>2017</b> \$
Total current assets	4,860,998	4,800,928
Total assets	12,730,095	12,704,866
Total current liabilities	3,529,878	3,775,211
Total liabilities	3,559,130	3,815,058
Equity		
Reserve	327,090	274,333
Retained profits	8,843,875	8,615,475
Total equity	9,170,965	8,889,808

#### Contingent liabilities

The parent entity had no contingent liabilities as at 30 June 2018 and 30 June 2017.

### Capital commitments - Property, plant and equipment

The parent entity had no capital commitments for property, plant and equipment as at 30 June 2018 and 30 June 2017.

### Significant accounting policies

The accounting policies of the parent entity are consistent with those of the consolidated entity, as disclosed in note 1, except for the following:

- Investments in subsidiaries are accounted for at cost, less any impairment, in the parent entity.
- Investments in associates are accounted for at cost, less any impairment, in the parent entity.
- Dividends received from subsidiaries are recognised as other income by the parent entity and its receipt may be an indicator of an impairment of the investment.

### STATEMENT BY THE MEMBERS OF THE COUNCIL

In the opinion of the Council the financial statements and notes, as set out on pages 25 to 46:

- 1. Presents a true and fair view of the financial position of the Australian Dental Association Victorian Branch Incorporated and the economic entity as at 30 June 2018 and of their performance for the year ended on that date in accordance with Australian Accounting Standards Reduced Disclosure Requirements (Including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
- 2. At the date of this statement, there are reasonable grounds to believe that the Australian Dental Association Victorian Branch Incorporated 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 Council and is signed for and on behalf of the Council by:

Dr Kevin Morris President

Dr Mark Bowman

**Chair Finance Risk and Audit Committee** 

Dated 27th day of August 2018

#### STATEMENT BY PRINCIPAL ACCOUNTING OFFICER

I, Matthew Hopcraft, being the person in charge of the preparation of the accompanying financial statements of the Australian Dental Association Victorian Branch Incorporated, being the Statement of Profit or Loss and Other Comprehensive Income and Statement of Financial Position of the Australian Dental Association Victorian Branch Incorporated for the year ended 30 June 2018 state that to the best of my knowledge and belief the financial statements present a true and fair view of the financial position the Australian Dental Association Victorian Branch Incorporated and the economic entity as at 30 June 2018 and their results for the year ended 30 June 2018.

A/Prof Matthew Hopcraft Chief Executive Officer

Dated 27th day of August 2018



# Independent Auditor's Report to the Members of Australian Dental Association Victorian Branch Incorporated and its controlled entity

### Opinion

We have audited the financial report of Australian Dental Association Victorian Branch Incorporated and its controlled entity (the Association), which comprises the Statement of Financial Position as at 30 June 2018, the Statement of Profit or Loss and Other Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the Statement by the Council Members.

In our opinion the accompanying financial report gives a true and fair view of the Association's financial position as at 30 June 2018 and of its performance and of its cash flows for the year ended on that date is in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and the Associations Incorporation Reform Act 2012.

### Basis of 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 Association in accordance with the 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.

### Other information

The directors are responsible for the other information. The other information comprises the information included in the Association's annual report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

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The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Horwath external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.





If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact. We have nothing to report in this regard.

### Responsibility of the council for the financial report

The council is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the applicable legislation and for such internal control as the council determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the council is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the council either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

### Auditor's responsibility 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.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.



We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during the audit.

CROWE MORNEM MERSONENE

**CROWE HORWATH MELBOURNE** 

G. LA

Gordon Robertson Partner

Melbourne, Victoria 19 September 2018

### **BRANCH AWARDS 2017/18**

HONO	NADY LIFE MEMBERS	2004	Mar C. I. Danisara (A.D.A.) (D.C.CO.)	204.4	D. D. C	alaba ir
1959	RARY LIFE MEMBERS	2004	Mr G L Pearson (ADAVB CEO) Dr G Knight	2014 2016	Dr B Crei	
1959	Prof W J Tuckfield	2006	Dr J Locke		A/Prof J I	
	Dr F A Aird W S Wilkinson	2006	A/Prof G Quail OAM	2016 Dr L Word		
1959		2007	A/Prof A Heggie	2017 Mr G Dim		
1959	Dr J M Cillias	2008		2017	Dr M Hal	II
1961	Dr R M Gillies	2008	Dr A Parker OAM	DDANC	H STAFF	
1961	Dr H R Cash	2008	Mr D Wiesenfeld Dr D Curnow		1 Hopcraft	Chief Executive Officer
1962	Dr G Finlay MM	2009		•	'	
1968	Prof A B P Amies CMG	2011	Emeritus Prof L Brearley	Dr E Agn	ew	Community Relations
1969	Dr K T Adamson CMG	2011	Messer AM Dr S Cottrell	NA-NA Da-Inti-		Manager/Professional Consultant CPD Co-ordinator
1975	Dr J M Wark CBE	2011		Ms M Bachtiar		
1977	Dr D F Spring OBE	2012	Mr E Mourant Dr E Crawford AM	Ms Y Bachtiar Dr S Brennan		Receptionist
1979 1980	Dr C R Newbury CBE	2013 2013		טו אופו	IIIdII	Community Relations Officer/ Professional Consultant
	Dr B G H Drysdale OAM		Laureate Prof E Reynolds AO			
1984	Dr E W Kings OBE	2013	Dr D Lawry Dr J Boucher	Dr. I Com	المطعي	(resigned May 2018)
1984	Dr S G Kings AM Dr R G Hardham	2014	Dr C Callahan	Dr J Cam	ірреіі	Community Relations Officer/ Professional Consultant
1989	Dr S C Warneke AM	2014		MaTDo	ino	Practice Plus Consultant
1990		2015	Dr M Bowman	Ms T Dav		
1991	A/Prof J Harcourt OAM	2015	Dr R Green	Dr D Eva	ns	Community Relations Officer/
1992	Dr F T Widdop AM	2015	Dr G Morris			Professional Consultant (resigned
1995	Dr B E Taylor	2016	Prof D Manton	NA: C Co.	ام ما ما	March 18)
1998	Dr R K Newbury	2017	Dr G Burt	Mr C Ga		CPD Co-ordinator
1998	Dr L G O'Brien AO	2017	Dr S Chen	Ms S Ge	orgiades	Senior Administrative Officer/
1999	Dr P R Finch	2017	A/Prof J Shand	N 4		Policy & Health Promotion Officer
2000	Dr P W Field	DENITIC	TDV ACHIEVENAENT AVAARD	Ms M Ho		Receptionist
2000	Dr D S Houghton		TRY ACHIEVEMENT AWARD	Ms E Ho		Finance Manager
2001	A/Prof N D Hewson	1998	Dr J A M Robertson AM	Ms C Kau		CPD and Training Manager
2005	Dr J E Matthews	1999	Dr B Feiglin	Dr E Kilo	V	Community Relations Officer/
2010	Dr G D Condon	2002	Dr G Dickinson	Dr. N. Kilm	atrial	Professional Consultant
AVA/A DE	FOR DISTINCT HISTER SERVICE	2002	A/Prof B Levant	Dr N Kilp	atrick	Community Relations Officer/
	FOR DISTINGUISHED SERVICE	2002	Dr C R Newbury CBE	Du L Kara	: al a ut a	Professional Consultant (Locum)
1985	Mrs E K Valmont (ADAVB staff)	2002	Dr G R Oakley AM	Dr L Kon	idaris	Community Relations Officer/
1986	Dr R I Gillies	2002	Prof E Storey ED	N 4		Professional Consultant (Locum)
1987	Mr S Jensen (ADIA member)	2003	Dr B G H Drysdale OAM	Ms A Lar		Practice Plus Co-ordinator
1988	Prof E Storey ED	2003	Dr S C Warneke AM	Ms L Leg	-	Executive Assistant
1988	Dr L R A Williams	2004	Dr A Lawrence	Ms S Ljas		Communications Manager
1988	Dr P R Finch	2004	Dr P Zimet	Ms N Ma		CPD Co-ordinator (resigned February 2018)
1989	Dr M M Sullivan	2004	Dr J Rattray	Ms T Ma	ipper	Communications & Events
1989	Dr W E Chalmers	2004	Dr D Highfield	N 4 - C N 4 -	B 4:11	Administrator
1990	Dr V C Amerena PSM.RFD.	2005	Dr P Dalgliesh	Ms S Mc		Practice Plus Consultant
1990	Dr D C Loader	2005	Dr P Wong	Dr A Mo	nteith	Community Relations Officer/
1992	Mrs E L Feiner (ADAVB staff)	2007	Dr G Nervo	Dr J OʻCo		Professional Consultant
1994	Dr R H Milner	2008	A/Prof N D Hewson			Manager, Policy and Research
1995	Dr A E Cattermole	2008	Dr S Koshy OAM	Ms J Old		Communications Officer
1998	Mr P A Rashleigh (Defence lawyer)	2008	Dr A M J Roseman	Ms M O		Community Relations Assistant
1999	Dr R M Cook AM	2009	Mr W J Besly	Ms M Q	uinn	Operations Manager/eviDent Foundation
1999	Prof M J Tyas AM	2009	Dr D J Whelan	Du A Dala		Chief Executive Officer
1999	A/Prof R K Hall OAM	2010	Dr G Bowell	Dr A Rob	ertson	Community Relations Officer/
2000	Dr G R Dickinson	2010	Dr D Goldsmith	N.A. J.Cha.	-1	Professional Consultant (Locum)
2000	Mr S Hutton, OAM (Dental technician)	2010	Dr S Orme	Mr J Step		Accountant (retired September 18)
2000	A/Prof R D Story AM RFD	2011	Dr G Fowler	Ms C Sur	_	CPD Co-ordinator (resigned March 2018)
2001	Dr D A Behrend	2012	Dr R Goldberg OAM	Mr D Sw	,	Membership Marketing Officer
2001	Dr D J Hurley	2012	Dr S Tan	Ms C Wo	orkman	Membership Officer
2001	Dr R W King AM	2012	Dr A Dickinson OAM	PPOCE	CLONAL	EDVICES
2002	Dr P M Johansen	2013	Dr D Bailey		SSIONAL S	
2002	Dr J A Isaacs MBE	2013	Dr R Bastiaan AM, RFD	Auditors		Crowe Horwath
2003	Dr A J Burns	2013	Prof M Morgan	Solicitors	s/Lawyers	Meridian Lawyers
2003	Dr M B Burns OAM	2014	Dr N Cochrane			

2003

Mr I Crawford (ADIA member)

2014 Dr T Collett



### Australian Dental Association Victorian Branch Inc.

Level 3, 10 Yarra Street PO Box 9015

South Yarra VIC 3141 Phone: 03 8825 4600 Fax: 03 8825 4644 Email: ask@adavb.org

www.adavb.net







@adavb @AusDentVic