

**2014/15**

# ANNUAL REPORT

## **Vision**

Facilitating dental practice based research for better oral health

## **Mission**

eviDent spearheads Australia's leading dental practice research network in improving the oral health of our community through engagement of dental practitioners and their patients.

The Australian Taxation Office has endorsed the eviDent Foundation (ABN 81 152 078 487) (ACN 152 078 487) as a Deductible Gift Recipient (DGR) and for charity tax concessions.

The eviDent Foundation's Fundraiser Registration Number is 11984.15 (valid 6 June 2015—5 June 2018).

Its registered office is located at Level 3, 10 Yarra Street, South Yarra, Victoria, 3141.

## **Feedback**

We welcome feedback on this annual report and on our operations and conduct more generally. Please send any feedback to [eviDent.net.au](mailto:eviDent@eviDent.net.au) or write to: eviDent Foundation Board, PO Box 9015, South Yarra, Vic, 3141.

# **eviDent Foundation**

PO Box 9015, South Yarra, Vic, 3141

Tel: 03 8825 4603 Fax: 03 8825 4644

Email: [ask@eviDent.net.au](mailto:ask@eviDent.net.au)

Web: [www.eviDent.net.au](http://www.eviDent.net.au)



## CHAIR'S REPORT

It is my pleasure to present the fourth eviDent Foundation annual report, and to share some of our achievements over the past year.

eviDent projects have once again delivered significant information relating to dental practice. Patient care will be improved as a direct result of the practice based research conducted by eviDent members. I encourage you to share the highlights of our current projects in this report.

Over the past 12 months the Board has investigated new and innovative funding options and is pleased to report that new initiatives are providing significant momentum to our fundraising campaign. These initiatives will have a very positive impact on the growth of the eviDent Foundation and its ability to fund research projects.

I am pleased to advise that our Board established a Development Committee to help ensure the ongoing implementation of the fundraising plan and sustainability of the Foundation over the longer term. We are collating evidence about the impact of our research and this will be communicated to our stakeholders which we believe will attract their interest and support of our vision and mission.

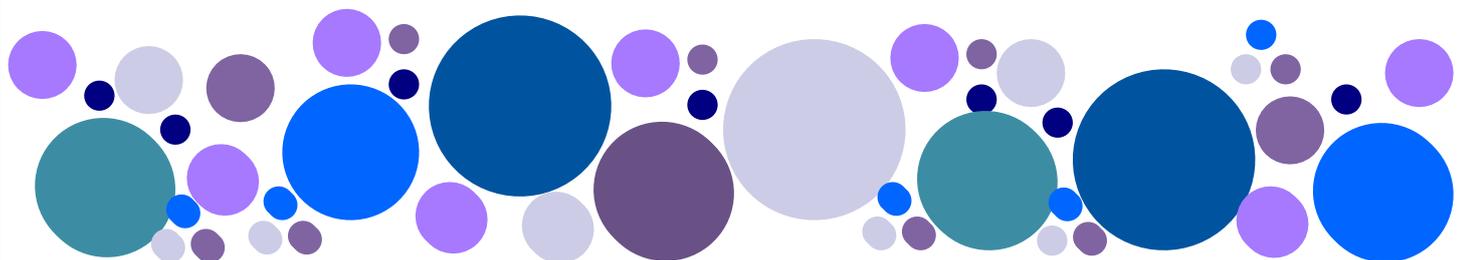
Our core values of education, collaboration, service and integrity are the basis of our work, and these will undoubtedly ensure the long-term success of the foundation.

I would like to thank our eviDent Foundation Board and the eviDent Committee for their continued hard work and commitment to the eviDent vision and mission.

It is the combined hard work of members and the administration that is realising the vision of our Foundation. We are indebted to our generous supporters who provide financial and in-kind support.

We are excited about the future of the eviDent Foundation's support for practice based research, and encourage all practitioners to join in this worthy initiative.

Dr Anne Harrison  
Chair, eviDent Foundation



# BOARD AND COMMITTEE MEMBERSHIP 2014/2015

eviDent Foundation Board	Dental Practice Based Research Network Committee	Finance and Audit Committee	Development Committee
Dr Anne Harrison, Chair	Prof Mike Morgan, Co-Chair	Mr Kenneth Harrison, Chair	Mr Kenneth Harrison, Chair
Dr Jeremy Sternson, Vice-Chair	Dr Tony Robertson, Co-Chair	Dr Felicity Wardlaw, Deputy Chair	Mr Garry Pearson (ex-officio)
Mr Kenneth Harrison, Treasurer	Dr Margaret Stacey	Dr Stephen Cottrell	Ms Meaghan Quinn (ex-officio)
Dr Denise Addison (aka Bailey)	Prof David Manton	Ms Gilda Pekin	
Dr Stephen Cottrell	A/Prof Mina Borromeo	Mr Garry Pearson	
Prof Mike Morgan	Dr Mary Miller		
	Dr Jeremy Sternson		
	Dr Timothy Stolz		



Dr Anne Harrison (not pictured), Prof Mike Morgan, Dr Jeremy Sternson, Dr Denise Bailey, Dr Stephen Cottrell, Mr Kenneth Harrison

## OBJECTIVES

The object for which the company is established is to promote the prevention and control of dental and oral diseases in human beings by:

- supporting dental practice based research into dental and oral disease;
- providing information about dental and oral disease, their prevention and control, to sufferers, health professionals and the general public;
- developing or providing relevant aids and equipment to sufferers of dental and oral disease;
- conducting and promoting scientific research about how to detect, prevent or treat dental and oral disease;
- training health professionals to conduct scientific research about dental and oral disease;
- evaluating health programs and processes to prevent or control dental and oral disease;
- training health professionals and carers in methods of controlling dental and oral disease;
- developing and implementing co-operative and cross-disciplinary approaches to the treatment and prevention of dental and oral disease;
- seeking funds from grant-giving bodies, trusts, foundations, corporate sponsors, members of the dental community and public; and
- doing all other lawful things that are incidental or conducive to achieving its object.

# GENERAL REVIEW

## Key achievements of the eviDent

Foundation during the period 1 July 2014 to 30 June 2015 are:

- The Inaugural Fundraising Dinner was held on 22 August, raising over \$20,000,
- DENTSPLY Implants supported eviDent's 'minute to win it' competition at the ADAVB Convention, with their very own, Gabby (pictured right) winning the competition
- Oralis360 Interdental brushes donated 100% of proceeds from their sales at the ADAVB Convention
- Over 100 supporters joined eviDent at a special screening of That Sugar Film.
- New Office-Bearers were appointed to the Board at their 25 November meeting
- A/Prof Mina Borromeo was appointed to the DPBRN Committee. The composition of the DPBRN Committee was amended to five representatives of the ADAVB and five of the Oral Health CRC
- Policies EP001 Support, supervision and training for eviDent Members and EP002 Membership and procedure EPR001 Research project selection and approval process were reviewed and updated
- Two new policies were approved: 'Donations and Gifts' and 'Privacy'
- A new internal procedure was approved, 'Professional development'
- The DPBRN Committee considered four project proposals; three were approved and the other workshopped.
- Project 001 continues to plan for the next stage of the project
- Project 002 presented to a joint meeting of the funding special interest societies
- Project 003 is complete
- Project 004 submitted peer-reviewed articles for publication



- Project 005 is complete
- Project 006 submitted its first peer reviewed article for publication
- Project 007 completed data collection
- Project 008 completed data collection
- Project 009 has commenced the evaluation
- Project 010 is seeking funding
- Project 011 completed data collection
- Project 012 commenced recruitment
- Project 013 secured funding from the Percy Baxter Charitable Trust (through Perpetual's 2015 IMPACT Philanthropy Application Program')
- Approximately 40 people attended the fourth Annual Meeting was held on 9 October 2014. The interactive program included:
  - Networking with eviDent members and collaborators
  - Posters from a number of projects and the opportunity to have a chat with the researchers
  - A summary of what's new and a discussion about new project ideas.



## TREASURER'S REPORT

The terms of reference for the Finance and Audit Committee are to assist and advise the eViDent Foundation with:

- Matters relating to budget;
- Oversight of the integrity of the financial statements;
- Compliance with applicable laws and regulatory requirements;
- Internal audits;
- Monitor the effectiveness and independence of the external auditor;
- Resource allocation, investments and effective management of financial and other risks

The Finance and Audit Committee met once during the financial year, with a number of recommendations being ratified via an email vote.

The Committee recommended to the Board an increase in the expenditure for fundraising, noting that more money would need to be invested for a higher return.

At the Board's request, the Committee considered whether it might be appropriate to appoint a paid fundraiser and undertook to explore funding opportunities to achieve this.

The Committee was pleased to note the Board's decision to increase the composition of the Committee from four to six and that a member of the Development Committee be appointed to the Finance and Audit Committee.

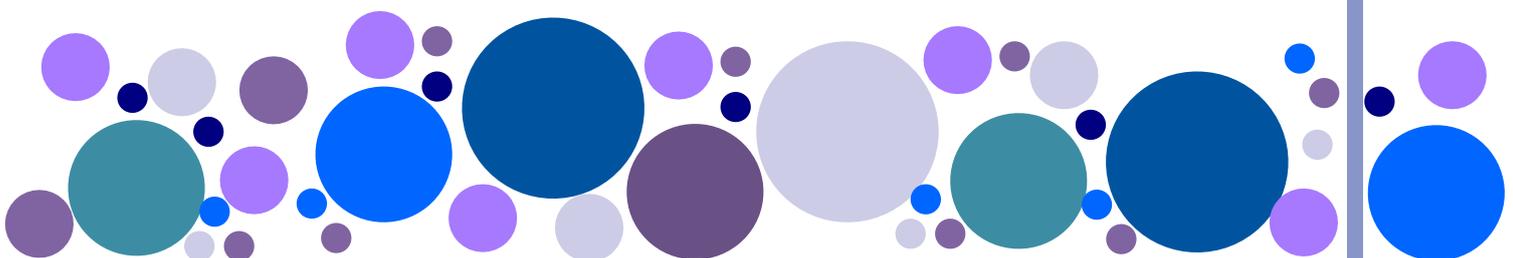
The Foundation continues to rely heavily on the generosity of the ADAVB and Oral Health CRC at the University of Melbourne, and receives significant donations from VMIA.

Completion of the ATO's Review Worksheet for Income Tax Exempt Charities confirmed eViDent's tax status remains unchanged.

I would like to thank the current Committee members for their advice, expertise and time.



**Mr Kenneth Harrison**  
Chair



# DEVELOPMENT COMMITTEE CHAIR'S REPORT

The terms of reference for the Development Committee are:

- Develop a fundraising strategy and recommend to the Board for approval
- Ensure the fundraising strategy is implemented through the eviDent Foundation office, providing assistance and advice where required
- Monitor and evaluate the fundraising plan
- Provide advice including the administrative resources required to implement the fundraising plan
- Provide advice and assistance to the Board and staff about fundraising, sponsorship and development of new projects and initiatives
- Identify and recommend suitable funding opportunities
- Oversee the coordination and promotion of fundraising activities
- Assist with the development and production of marketing and promotional materials related to fundraising and sponsorship initiatives.

Over the last year, the Committee:

- Commenced planning for the second fundraising dinner, to be held on 17 June 2016 as part of the ADAVB Convention
- Prepared a proposal to invite those who generously demonstrate their commitment to the eviDent Foundation through annual gifts of \$500 or greater to experience a closer relationship with eviDent
- Developed a bequest program
- A charity screening of 'That Sugar Film', which was attended by over 100 supporters.

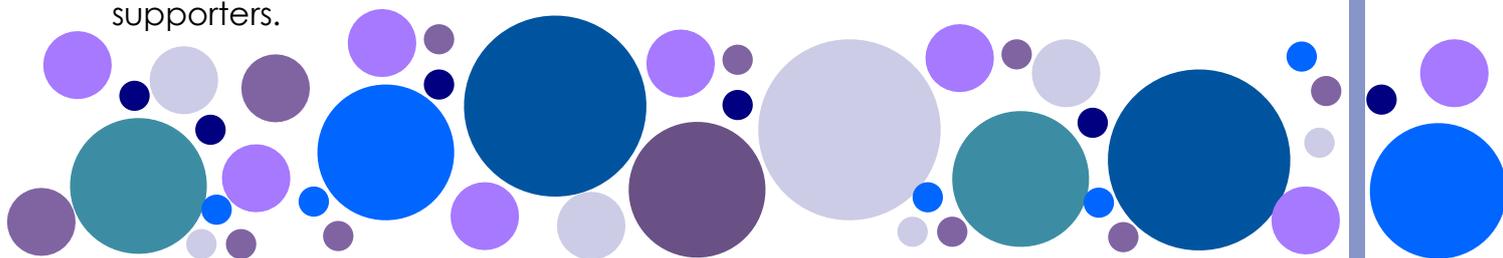
eviDent recognises the significant links between general and oral health, and supports this film's aim to raise the awareness of the effects of a high sugar diet on a healthy body. Those attending the event helped the eviDent Foundation to raise much needed funds to improve the oral and general health of the community

- Entered into negotiations with a bank about a referral program.
- Met with Perpetual Limited to discuss their IMPACT Philanthropy Application Program.

The bulk of the work continues to be done via email exchange until additional members have been appointed to the Committee.



**Mr Kenneth Harrison**  
Chair



## CO-CHAIR'S REPORT

The aims of the eviDent Dental Practice Based Research Network (DPBRN) are:

- (Engaging) Encouraging the practitioner/academic research relationship with a view to building research capacity to produce and use eviDent; by
- Facilitating and supporting those practices involved in research; by
- Producing and disseminating evidence that can translate into practice and inform policy; to
- Achieve a successful and sustainable model.

The main activities undertaken by the eviDent DPBRN Committee in the 2014/15 financial year were:

- Three Chief Investigator recruited (14 recruited to date)
- One Research Collaborators recruited (10 recruited to date)
- Four project proposals and research protocols considered and approved
- Collaborations, both internationally and interstate, continue to be explored
- An NHMRC application was submitted
- Two projects received competitive funding grants.

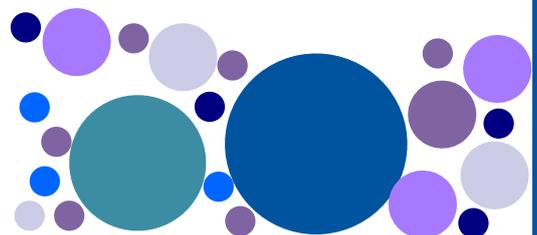
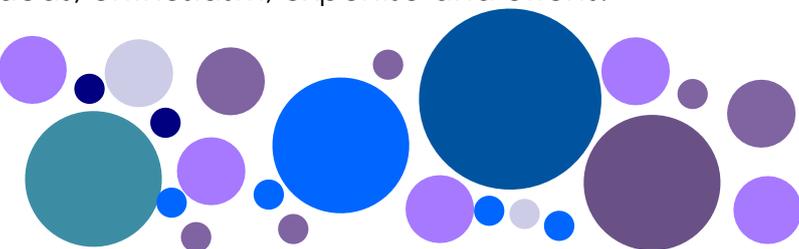
The Committee's continuing effort and involvement is both invaluable and inspirational. We especially like to thank eviDent members and project teams for their ideas, enthusiasm, expertise and efforts.



**Prof Mike Morgan**  
Co-Chair



**Dr Tony Robertson**  
Co-Chair



# evident Projects

Dental Practice Based Research Network



### 001: Evaluation of evident

**Chief Investigator A:** Dr Denise Bailey

**Associate Investigators:** Dr Mary Miller & Dr Tony Robertson

**Research Collaborator:** Ms Meaghan Quinn

**Commencement Date:** November 2011

**Support:** Australian Dental Association Victorian Branch Inc & Oral Health CRC

#### Aims

- Modify the PEARL network (USA) survey to define the relative benefits and burdens of being involved in the evident network from an Australian practitioner's perspective
- Compare the benefits and burdens across the different 'tiers' of network participation
- Compare the results with those obtained from the PEARL DPBRN

#### Status

This project is looking to publish its findings and commence work on the next stage of the evaluation of evident.

### 003: Molar Incisor Hypomineralisation

**Chief Investigators:** E/Prof Louise Brearley Messer AM, Prof David Manton

**Associate Investigators:** Dr Narisha Chawla, Dr Karen Kan, Dr Fiona Ng, Dr Kelly Oliver, Clinical A/Prof Christopher Olsen, Dr John Sheahan, Dr Margarita Silva

**Commencement Date:** September 2010

**Completion Date:** December 2012

**Support:** Australian and New Zealand Society for Paediatric Dentistry (Victorian Branch), evident Foundation

#### Aims

- To describe characteristics of Molar Hypomineralisation (MH) and Molar Incisor Hypomineralisation (MIH)
- To trial a new Molar Hypomineralisation Severity Index (MHSI).

#### Status

The study provided a detailed description of six characteristics of Hypomineralisation of first permanent molars (FPMs) and permanent incisors. The condition was found to conform to a spectrum of increasing severity from MH to MIH.



### 004: The PREVENT study: reducing the X-factor — understanding the relationship between general prescribing and xerostomia

**Investigators:** Dr Denise Bailey, Dr Margaret Stacey, Dr Marie Pirotta, A/Prof Meredith Temple Smith

**Research Assistants:** Ms Karen Escobar, Ms Wendy Thomson, Ms Natalie Appleby

**Commencement Date:** May 2011

**Completion Date:** August 2012

**Support:** IADR/Colgate Community Based Research Award for Caries Prevention

General Medical Practitioners (GMPs) frequently prescribe medications that adversely affect saliva.

#### Aims

- Improve GMPs awareness of the possible oral health risks of a large group of their patients;
- Improve the ability of GMPs to identify those at increased risk from dental caries (and other saliva-related oral health problems); and
- Equip GMPs to provide oral health advice.
- Equip GMPs to provide oral health advice.

#### Status

This project is looking to publish its findings.

### 002: A 5-year retrospective assay of implant complications in private practice

**Chief Investigators:** A/Prof Roy Judge, Dr Denise Bailey

**Associate Investigators:** Dr Peter Apostolopolulos, Mr Arun Chandu, Dr Robert De Poi, Mr Michael Lacy, Dr Angelos Sourial, Dr Jeremy Sternson, Dr Tim Stolz, Dr Simon Wylie, Dr Vivien Yeo

**Postgraduate students:** Dr Stephen Austin, Dr Mehrnoosh Dastaran, Dr Jason Wang

**Research Assistants:** Ms Karen Escobar, Ms Wendy Thomson

**Commencement Date:** May 2010

**Support:** Australasian Osseointegration Society (Victorian Branch), Australian Society of Periodontology (Victorian Branch) & Australian Prosthodontic Society (Victorian Branch), Australian Society of Implant Dentistry

#### Aims

- To help avoid complications we need a better understanding of the type, frequency and causes of complications
- To find out the pattern of complications and their management in Victorian dental practices.

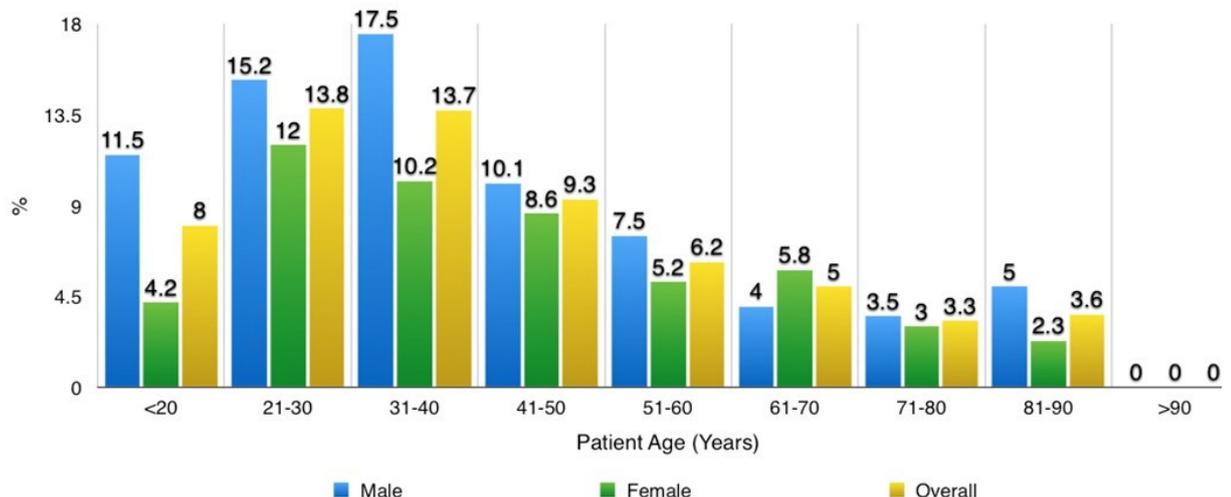
#### Method

Patient records of 34 practitioners were reviewed for implants placed and / or restored between 2005-2009

#### Initial Findings

- Nicotine usage was the most commonly reported pharmaceutical agent used by the study population
- The most common age to receive implant therapy was between 51 and 60 years
- The patient population reported a broad range of comorbidities, including psychiatric disorders (83 patients), cardiovascular disorders (253 patients), gastrointestinal disorders (224 patients) and respiratory disorders (502 patients). Smoking was less prevalent amongst the study population than compared to the general population
- Bisphosphonate usage was more prevalent amongst the study population than amongst general population
- Augmentation procedures were required for nearly 1/3 of implants placed, highlighting their importance in routine dental implant treatment
- Benefits of membrane use in hard tissue augmentation procedures remains debated. The lack of consensus in the literature is reflected in the overall rate of membrane use in this study
- Most complications appeared within the first year.

Prevalence (%) of Active Smokers Per Decade (n= 308)



## 005: Children's Dental Program

**Chief Investigator:** Prof Mike Morgan

**Associate Investigators:** Dr Sajeev Koshy, Dr Samantha Lew, Dr Shibu Mathew

**Research Collaborator:** Mr Tan Nguyen

**Commencement Date:** February 2012

**Completion Date:** December 2013

**Support:** Dental Health Services Victoria Research and Innovation Grant; Plenty Valley Community Health (PVCH)

### Aims

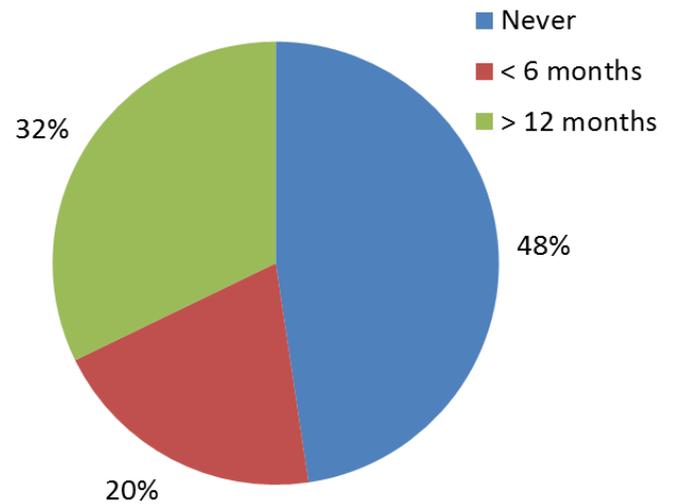
- Investigate the current patterns of child attendance for dental visits since Dental Health Services Victoria School Dental Services was integrated into community health services from 2007; and
- determine whether school-dental screening retain high-needs child patients for oral health care using the existing publicity funded community health services.

### Method

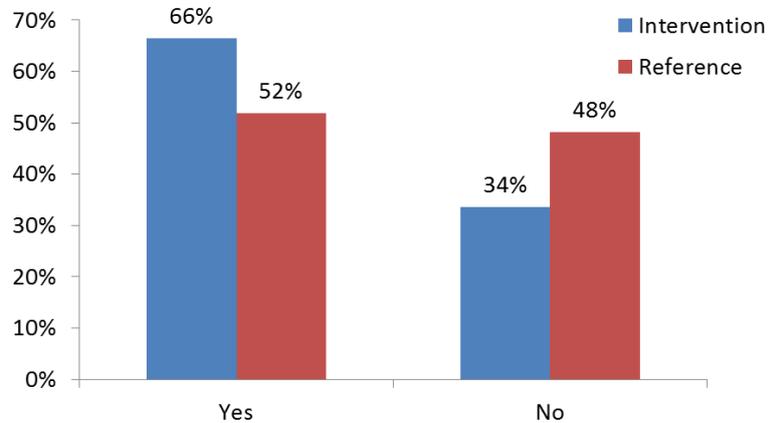
- Children and their families were invited to participate in this study from Jacaranda Preschool and Thomastown West Primary School.
- Free school dental check-ups were completed in the school setting.
- Children who would benefit from further dental care had appointments made to attend Plenty Valley Community Health Dental Services in Epping and Whittlesea.

### Results:

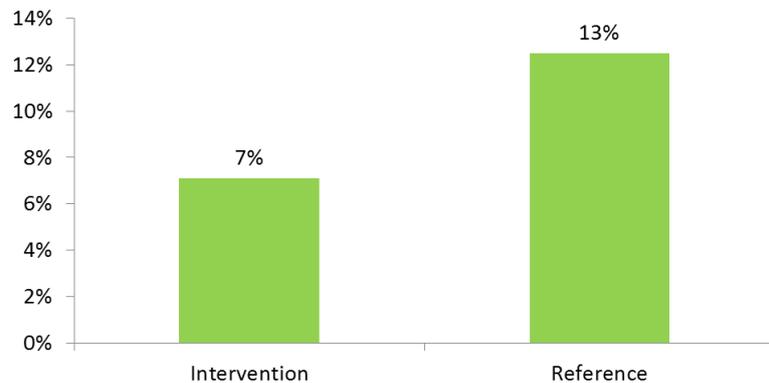
#### Reported Recent Dental Check-up



#### Health Care Card Eligibility



#### Failed to Attend for Dental Check-up



### Conclusion

The targeted school dental check-up program was beneficial for increasing child dental access and retention for referred follow-up dental appointments for dental treatment. Further research is needed to improve child participation using positive consent methods, and a larger sample size is recommended to affirm the findings of this study.

### 006: Diagnosis, treatment and maintenance of periodontal patients by general dentists

**Chief Investigators:** Prof Ivan Darby, Dr Denise Bailey

**Associate Investigators:** Dr Bob Cvetkovic, Dr Ross Musolino, Dr Susan Wise, Dr Claudia Yung

**Research Collaborator:** Dr Su-yan Barrow

**Research Assistants:** Ms Karen Escobar, Ms Wendy Thomson

**Commencement Date:** December 2012

**Completion Date:** July 2014

**Support:** PEARL DPBRN for sharing study materials, Australian Society of Periodontology, Victorian Branch

#### Aims

To determine the criteria used in general practices to:

- diagnose health, gingivitis or mild, moderate or severe periodontitis
- triage periodontal care among the dental hygienist, general dentist and periodontist; and
- decide on maintenance and recall intervals.

#### Results

- 87-95% of practitioners reported that they would routinely perform a periodontal examination for the presented cases
- The clinical parameters most commonly measured to diagnose periodontal disease were pocket depth and mobility.
- Almost all respondents used probing depths, clinical attachment level and bleeding on probing in their diagnosis
- There were no differences in the use of clinical parameters and practitioner variables such as age or years in practice

- Bleeding on probing was the most commonly used criteria for diagnosis of health/ gingivitis and mild periodontal disease
- The presence of plaque was least commonly used for diagnosis of scenarios in all three clinical presentations
- The majority of respondents diagnosed health, gingivitis and mild periodontitis correctly compared to American Academy of Periodontology guidelines
- There tended to be an over-diagnosis of severe periodontitis in the moderate periodontitis scenarios
- The results of this research will help in understanding decision-making criteria used in practice regarding periodontal therapy, and aid the design of further studies looking at the effectiveness of the treatment of periodontal diseases.

#### Conclusion

- Victorian dentists who took part in this study are using appropriate clinical parameters to diagnose periodontal disease
- Moderate periodontitis was frequently over-diagnosed as severe
- In general their diagnoses were reasonably accurate with accepted case definitions
- There is a need for consensus regarding diagnostic definitions



### 007: Understanding the relationship between dental professionalism and preferred provider status

**Chief Investigators:** Dr Denise Bailey, Prof Mike Morgan, Prof Meredith Temple-Smith

**Associate Investigators:** Dr Ross Musolino

**Research Collaborator:** Mr Tan Nguyen

**Commencement Date:** July 2013

**Support:** Australian Dental Association Victorian Branch Inc

#### Aims

- Provide some insight into how a change in the working landscape is impacting on dental professionalism, autonomy and patient relationships; and
- Explore how individual dentists are reporting to and adjusting their work practices in light of their preferred provider status.

#### Method

This qualitative research study used a phenomenological design which explores participants' experiences and interpretations of a phenomenon.

Using semi-structured interviews, a purposive sample of 20 dental practitioners were recruited. The sample included both preferred providers (PP) and non-PP contracted dentists, a mix of experience from new graduates to dentists approaching retirement and both employees, associates and practice owners.

The interview guide was developed using a theoretical framework modelled on Freidson's definition of professionalism and Wolff's models of health care markets and professional decision making. In particular this model focused on the intersection of professional autonomy, the patient-dentist relationship and PP status.

#### Results

There were some concepts that were common to virtually all participants, including:

- Becoming a PP was useful for attracting new patients and building patient numbers
- Fees were not competitive across all items
- A general increase in patient consumerism
- PP schemes led to the existence of poorer quality of work and over-servicing/ over-itemizing
- A general concern about future working conditions

#### Conclusion

Based on this data, PP schemes impact on dentists' decision-making autonomy and potentially influence the development of trust and rapport within the dentist-patient relationship. This has important implications for dental professionalism with a need to develop strategies to respond to these altered work conditions.



### 008: Investigation of the longevity of anterior resin bonded bridges

**Chief Investigator:** A/Prof Menaka Abuzar

**Associate Investigators:** Dr John Locke, Dr Gerard Clausen

**Research Assistants:** Ms Wendy Thomson and Ms Karen Escobar

**Commencement Date:** April 2014

**Support:** eviDent Foundation

#### Aim

To evaluate the survival of anterior resin bonded (adhesive) bridges (ARBBs) with a specific tooth preparation design provided to a patient cohort by prosthodontists in Melbourne.

#### Status

- A total of 435 files of six practitioners were reviewed
- 283 patients met the selection criteria, and relevant data was collected from these records
- The second phase of the project consisted of telephone interviews of patients. A total of 171 patients were contacted to follow up 208 ARBBs
- The telephone interviews have been completed and data has been entered into the relevant statistical package ready for analysis
- The data analysis has commenced and is anticipated to be complete by 1 December 2015.



**Dr John Locke**  
Associate Investigator



**A/Prof Menaka Abuzar**  
Chief Investigator

### 009: Evaluation of the Health Promoting Practices Pilot Project

**Chief Investigators:** Dr Matthew Hopcraft, Dr Melanie Hayes, A/Prof Louisa Remedios

**Research Collaborators:** Dr Jennifer O'Connor, Ms Alisha Jackson, Mr Geoff Adams

**Commencement Date:** April 2014

**Support:** Department of Health and Human Services, State Government of Victoria

#### Aims

To assess whether the implementation of the Health Promoting Practices (HPP) pilot project contributes to positive behavior changes:

- For practitioners, in relation to the delivery of health promoting messages; and
- For patients, in relation to healthy eating, physical activity, alcohol consumption and tobacco use.

#### Methodology

This project compares baseline patient knowledge, attitudes and health self-assessment with basic demographic factors and health attitudes, and also against follow up data. It also compares the practitioners' attitudes towards health promotion at the start of the project with that at the end of the project.

#### Initial Findings

- Dentists were strong on promoting healthy eating and smoking cessation, but did not often discuss physical activity
- Physiotherapists almost always discussed physical activity with their patients, but were less likely to discuss healthy eating or smoking cessation

- Neither dentists nor physiotherapists regularly discussed alcohol consumption with their patients
- Identified barriers to health promotion included a lack of time, no remuneration for the activity, feeling that it would not benefit the patient, and, for some, a lack of health promotion knowledge
- Compared to population-wide health indicators, patients were generally more likely to achieve the recommended health behaviours in the four areas of healthy eating, physical activity, alcohol consumption, and tobacco use
- The patient health self-assessment, completed at the beginning of the consultation, was viewed by patients as a helpful indicator of goal behaviours, and was also helpful in guiding discussions with their health care professional to areas that were especially relevant to the patient.
- Patients were generally accepting of receiving health promotion advice from their health practitioner, provided it was related to the role of that practitioner, i.e. dietary advice was accepted from dentists, and physical activity advice was accepted from physiotherapists.

#### Conclusion

Health promotion was generally viewed positively by patients and practitioners, with both indicating that they preferred the specific health promotion advice be related to the type of practitioner involved in that discussion.

There are opportunities to increase practitioner confidence in delivering health promotion messages, through the provision of education and supporting resources.

### 010: Children's Dental Program— Expanded Project

**Chief Investigator:** Prof Mike Morgan

**Associate Investigators:** Dr Sajeev Koshy, Dr Shibu Mathew, Dr Samantha Lew

**Research Collaborator:** Mr Tan Nguyen

**Commencement Date:** Pending Funding Approval

**Support:** TBC

#### Aims

- To monitor current child dental attendance patterns
- To increase dental access for low income families
- To affirm the hypothesis school dental check-ups retains high-needs child patients
- To assess the impact of the Child Dental Benefits Schedule in private dental practice,
- To conduct an economic evaluation of the Children's Dental Program.

#### Status

This project is awaiting the outcome of a funding application before proceeding.



### 011: Oral health care professionals' knowledge and beliefs about the potential causes of oral cancer

**Chief Investigators:** A/Prof Rodrigo Mariño, Prof Mike Morgan, Prof Michael McCullough, Dr Denise Bailey, Dr Satoru Haresaku, Ms Roisin McGrath

**Associate Investigator:** Dr Ross Musolino

**Commencement Date:** December 2014

**Support:** Dentsply

#### Aims

To assess oral health practitioners' (OHPs):

- Ability to distinguish between risk and non-risk factors for oral cancer;
- Oral cancer screening practices; and
- Level of confidence in providing oral cancer-health related promotion advice.

#### Initial Findings

- Overall, OHPs were competent in identifying the known risk factors of oral cancer.
- About half performed oral cancer screening on all patients, about one-quarter always included neck palpation, and about half performed visual inspection of the oropharynx in their oral cancer screening.
- Only 6.6% discussed oral cancer risk factors with each patient.
- 72.1% expressed a need and/or appreciation for additional education and training in oral cancer screening practices as well as in patient education.

#### Conclusion

Given the discrepancy between rising incidence of oral cancer and patient education and wide variability in screening practices, this study suggests the need for additional education and professional training for OHPs. Further training in oral cancer screening practice and patient advice-giving will be an important step in improving prevention and early detection of oral cancers.

### **012: Diet advice in the dental setting: practitioners' perceptions and evaluation of an online training module**

**Chief Investigator:** Dr Melanie Hayes

**Associate Investigators:** Dr Ross Musolino, Dr Berenice Cheng

**Commencement Date:** June 2015

**Support:** Alliance for a Cavity Free Future Grant, Colgate Pty Ltd

#### **Aims**

This project aims to improve nutritional counselling in dental practices through an online training module and determine how effective the training module is in changing attitudes, knowledge and behaviour.

#### **Status**

This project commenced recruitment.

### **013: The Oral Cancer Risk Test: an improved approach to early oral cancer detection and prevention**

**Chief Investigators:** Prof Michael McCullough, Prof Spas Kolev

**Associate Investigator:** TBA

**Commencement Date:** August 2015

**Support:** Percy Baxter Charitable Trust (through Perpetual's 2015 IMPACT Philanthropy Application Program)

#### **Aims**

This project aims to:

- assess the Oral Cancer Risk Test's (OCRT) ability to differentiate between patients who are known to have oral cancer and patients who do not; and
- detect patients with early stage oral cancer or high risk of developing this disease

#### **Status**

This project received confirmation of grant funding and is due to commence in August 2015.



## Research Proposals Considered by the DPBRN Committee during 2014-15

Submitted by	Research Proposal
Research Collaborator	To reaffirm the value of school dental check-ups to increase dental access and retain high-needs child patients
Chief Investigator	To improve nutritional counselling in dental practices through an online training module and determine how effective the training module is in changing attitudes, knowledge and behaviour
Chief Investigator	To assess the Oral Cancer Risk Test's ability to differentiate between patients who are known to have oral cancer and patients who do not, and to detect patients with early stage oral cancer or high risk of developing this disease
Associate Investigator	To investigate the changes in babies' bottle feeding following laser treatment of tongue tie and lip tie

## Publications

### ADAVB Newsletter

- 'eviDent's exhibition booth', October 2014
- 'The Panda Factor', October 2014
- 'Posters a feature of eviDent's Annual Meeting', December 2014
- 'That Sugar Film', April 2015



## Presentations

- 'Enhancing Clinical Practice Through Research', Dr Denise Bailey, Chair, Dr Mary Miller and Prof David Manton, DPBRN Committee Members, La Trobe Back to Base Week, 13 August 2014
- 'Meet Joe and Joanne Bloggs—your typical implant patients', Dr Angelos Sourial, Associate Investigator (AI), ADAVB Convention, 23 August 2014
- Poster Presentations, 54th IADR ANZ Division, 1 October 2014:
  - Revisiting the value of school dental check-up programs, Mr Tan Nguyen
  - Periodontal diagnosis by general dental practitioners in Victoria, Australia, Dr Denise Bailey
- Annual Meeting, 9 October 2014
  - Poster viewing and chats with researchers:
    - ◇ An analysis of commonly reported medical conditions amongst patients seeking implants in private practice , Dr Stephen Austin
    - ◇ Retrospective assay of grafting and adjunctive procedures performed in conjunction with dental implants in private practice over 5 years in Victoria, Australia: description of procedures , A/Prof Roy Judge on behalf of Dr Mehrnoosh Dastaran
    - ◇ PREVENT study: developing a dry mouth education program for GMPs, Dr Marg Stacey
    - ◇ Revisiting the value of school dental check-up programs , Mr Tan Nguyen
    - ◇ Periodontal diagnosis in private dental practice – a case-based survey, Prof Ivan Darby
  - 'What's new' Prof Mike Morgan, DPBRN Co-Chair
- Joint Meeting of Special Interest Societies, 12 November 2014
  - Retrospective treatment profiles and restorative complication reporting, Dr Jason Wang
  - Implant grafting and other adjunctive procedures, Dr Mehrnoosh Dastaran
  - Implant patients in private practice: common medical conditions and pharmacological agents encountered, Dr Stephen Austin
- Poster Presentation, 93rd IADR, Boston, 12 March 2015:
  - Preferred providers and the dentist-patient relationship

# DIRECTOR'S REPORT

Your directors present this report on the company for the financial year ended 30 June 2015.

## Directors

The names of each person who has been a director during the year and to the date of this report are:

Dr Anne Harrison  
Dr Jeremy Sternson  
Dr Stephen Cottrell  
Dr Denise Addison  
Mr Kenneth Harrison  
Prof Mike Morgan

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

## Principal Activities

The principal activity of the company during the financial year was supporting dental practice based research into dental and oral disease.

The company's short-term objectives are to:

- Grow the research network in a sustainable manner
- Improve patient outcomes by translating and disseminating research findings to clinical practice
- Facilitate research in practices and support practitioners involved in research
- Develop leaders and foster leadership opportunities
- Create a network of practitioners and academics that facilitates learning, encourages self reflection and accelerates change
- Disseminate information to educate current and future dental care providers and the wider community
- Establish infrastructure to facilitate continuing project dialogue
- Plan for additional administrative support
- Plan for financial sustainability
- Nurture relationships with stakeholders to improve oral health care
- Develop and implement a succession plan to ensure Board and committee membership reflects the partnerships and academics, as well as general membership in the network and the profession at large
- Raise the profile of the network
- Pursue highest level research protocols and standards
- Provide oral health care innovation
- Improve oral health outcomes for the community by translating research into clinical practice and informing policy
- Disseminate information both within the broader dental profession and other health professions.

# DIRECTOR'S REPORT

The company's long-term objectives are to:

- Develop evidence-based clinical guidelines for use by practitioners, funding agencies, patients and others
- Advocate for increased government funding for oral health research to reflect the economic and social burden of oral diseases
- Advocate to influence government policy using evidence-based research findings
- Sustain effective volunteer engagement

## Strategies

To achieve its stated objectives, the company has adopted the following strategies:

- Establish partnerships to facilitate collaborative research and knowledge transfer
- Develop research infrastructure to generate relevant, practical and timely research findings for dental practitioners
- Identify and target research topics which are relevant to practitioners and policy makers
- Utilise an efficient and effective dental practice based research network.

## Key Performance Measures

The company measures its own performance through the use of both quantitative and qualitative benchmarks. The benchmarks will be used by the directors to assess the financial sustainability of the company and whether the company's short-term and long-term objectives are being achieved.

As the company has only been operational since July 2011, the Directors consider it would be premature to apply industry benchmarks to assessment of performance other than to assure themselves that the company has the funding to pay expenses as and when they fall due. The provision of extensive administrative support by the ADAVB and Oral Health CRC currently keeps costs to a minimum. As the Foundation's investment fund grows, the Directors expect that it will move to cover its own administrative costs.

*Five board meetings were held during the reporting period:  
9 September 2014, 25 November 2014,  
17 February 2015, 15 April 2015 and 28 April 2015, with 60% attendance by members eligible to attend.*

# DIRECTOR'S REPORT



**Dr Anne Harrison**  
**Chair**

BDS (Hons), DCD (Melb),  
MRACDS (Endo)

Dr Harrison was the inaugural Vice Chair, and is the current Chair, of the eviDent Foundation, an eviDent Associate Investigator, and a specialist endodontist in private practice in both metro and regional practices.

Dr Harrison is the youngest female past president of the Australian Dental Association Victorian Branch (2009-10), after having joined the ADAVB Council in 2003, chairing their Recent Graduates Committee and serving on other committees.



**Dr Jeremy Sternson**  
**Vice Chair**

BDS, FRACDS

Dr Sternson is a director of the eviDent Foundation, a member of the eviDent DPBRN Committee and an eviDent Associate Investigator (involved in one project).

Dr Sternson is a private practitioner, in a busy city practice.

He is past-President of the Australasian Osseointegration Society, a member of the ACAD Organising Committee and an Honorary Fellow of the University of Melbourne.

Dr Sternson is a former member of the RACDS Victorian Committee and ASID Executive Committee.



**Mr Kenneth Harrison**  
**Treasurer**

MBA, B.Bus, Dip Acc.,  
FAICD

Mr Harrison is Treasurer of the eviDent Foundation, Chair of the Finance and Audit Committee, and Chair of the Development Committee.

Mr Harrison is Chair of the Royal Botanic Gardens Board, Governor of the Anaesthesia and Pain Medication Foundation, Director of RCH 1000, Chair of RCH Leadership Circle, Director of Collinsbank and Director of Australian Agricultural & Pastoral Co.

A qualified Accountant, with 40 years experience in financial management and investment banking in a range of public and private enterprises as well as government boards.

# DIRECTOR'S REPORT



**Dr Denise Addison**  
**Director**

BDS (Manchester), MSc (Lond), Grad Cert Clinical Research (Melb)

Dr Addison was the inaugural Chair of the eviDent Foundation, a former member of the eviDent DPBRN Committee and an eviDent Chief Investigator (involved in five projects).

Dr Addison's 16 years experience in practice and involvement with conducting/ managing clinical trials provides an ideal platform for helping direct and guide eviDent in the area of research training, design and conduct.

Her postgraduate qualification in clinical research helps guide eviDent in delivering high quality, rigorously monitored studies.



**Prof Mike Morgan**  
**Director**

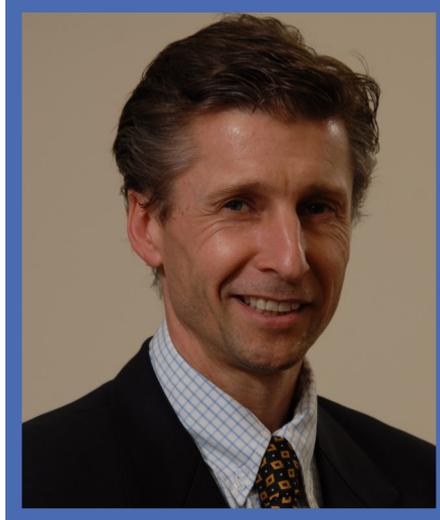
BDS (Otago), MDSc, Grad Dip Epidemiology, PhD (Melb)

Prof Morgan is a director of the eviDent Foundation, Co-Chair of the eviDent DPBRN Committee and an eviDent Chief Investigator.

He was Deputy Head of the Melbourne Dental School (MDS) 1999—2015 and is now the Head of the MDS, and Colgate Chair of Population Oral Health since 2006.

Prof Morgan is a former Board member of the Dental Practice Board of Victoria, and current Board member of VicHealth.

Prof Morgan has been an invited lecturer at many events around the world, and has received over 20 research grants.



**Dr Stephen Cottrell**  
**Director**

BDS (Otago), Dip AB Perio, MSD Indiana, FICD, FADI

Dr Cottrell was the inaugural Treasurer of the eviDent Foundation, former Chair and current member of the eviDent Finance and Audit Committee, and a specialist periodontist in private practice.

Dr Cottrell is a past president of the ADAVB, and was a member of the ADAVB Council for 10 years.

He has an interest in the dental management of medically compromised patients, and has been actively involved in continuing professional development for dentistry in the fields of periodontics and implants for many years.

## DIRECTORS' REPORT (CONT'D)

### Meetings of Directors

The number of directors' meetings held in the period each director held office during the financial year and the number of meetings attended by each director are:

Director	Board of Directors		Finance and Audit		Dental Practice Based Research Network		Development	
	Number	Number	Number	Number	Number	Number	Number	Number
Dr Denise Addison	5	2			2			
Dr Anne Harrison	5	5						
Mr Kenneth Harrison	5	4	1	1			1	1
Dr Stephen Cottrell	5	5	1	1				
Prof Mike Morgan	5	3			4	3		
Dr Jeremy Sternson	5	4			4	4		
<b>Total</b>	<b>30</b>	<b>18</b>	<b>2</b>	<b>2</b>	<b>12</b>	<b>10</b>	<b>12</b>	<b>10</b>

### Contributions on Winding Up

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$5 each towards meeting any outstanding obligations of the company. At 30 June 2015, the total amount that members of the company are liable to contribute if the company is wound up is \$5.

### Governance

The eViDent Foundation is managed by its directors. The company must have at least four directors, or higher if the number specified by the law and shall have no more than seven directors. The eViDent Foundation has elected to have six directors, made up of the Chair, Vice Chair, Treasurer and three others.

The Board continues to be supported by the following honorary staff:

- Mr Garry Pearson — (honorary) Chief Executive Officer
- Ms Meaghan Quinn — (honorary) Executive Officer
- Mr John Stephens — (honorary) Accountant
- Dr Jennifer O'Connor — (honorary) Policy and Research Officer

### Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2015 has been received and can be found on page 39 of the financial report.

Signed in accordance with a resolution of the Board of Directors.



Dr Anne Harrison  
Director

Dated this 25th day of August 2015.

**EVIDENT FOUNDATION LIMITED**  
(ACN: 152 078 487)

**FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 2015**

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE PERIOD ENDED 30 JUNE 2015**

	Note	2015 \$	2014 \$
<b>Continuing operations</b>			
Revenue	2	64,771	43,085
Finance income		4,549	3,024
Meetings, functions and events		(23,708)	(638)
Administration expenses		(2,165)	(1,969)
Legal expenses		-	-
Other expenses		(10,720)	(8,813)
<b>Surplus before income tax</b>		<b>32,727</b>	<b>34,689</b>
Income tax expense	1(a)	-	-
<b>Surplus for the period</b>		<b>32,727</b>	<b>34,689</b>
Other comprehensive income		-	-
<b>Total comprehensive income for the period</b>		<b>32,727</b>	<b>34,689</b>
<b>Surplus attributable to:</b>			
Members of the entity		32,727	34,689
<b>Surplus for the period</b>		<b>32,727</b>	<b>34,689</b>
<b>Total comprehensive income attributable to:</b>			
Members of the entity		32,727	34,689
<b>Total comprehensive income for the period</b>		<b>32,727</b>	<b>34,689</b>

The accompanying notes form part of these financial statements.

**STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2015**

	Note	2015 \$	2014 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	385,909	207,229
Trade and other receivables	5	13,315	4,468
<b>TOTAL CURRENT ASSETS</b>		<u>399,224</u>	<u>211,697</u>
<b>TOTAL ASSETS</b>		<u>399,224</u>	<u>211,697</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	6	5,340	14,115
Grants received in advance		163,575	-
<b>TOTAL CURRENT LIABILITIES</b>		<u>168,915</u>	<u>14,115</u>
<b>TOTAL LIABILITIES</b>		<u>168,915</u>	<u>14,115</u>
<b>NET ASSETS</b>		<u>230,309</u>	<u>197,582</u>
<b>EQUITY</b>			
Retained earnings		<u>230,309</u>	<u>197,582</u>
<b>TOTAL EQUITY</b>		<u>230,309</u>	<u>197,582</u>

The accompanying notes form part of these financial statements.

**STATEMENT OF CHANGES IN EQUITY  
FOR THE PERIOD ENDED 30 JUNE 2015**

	Retained earnings \$	Total \$
<b>Balance at 1 July 2013</b>	<b>162,893</b>	<b>162,893</b>
Surplus for the period	34,689	34,689
Other comprehensive income	-	-
Total comprehensive income for the period	<u>34,689</u>	<u>34,689</u>
<b>Balance at 30 June 2014</b>	<b><u>197,582</u></b>	<b><u>197,582</u></b>
<b>Balance at 1 July 2014</b>	<b>197,582</b>	<b>197,582</b>
Surplus for the period	32,727	32,727
Other comprehensive income	-	-
Total comprehensive income for the period	<u>32,727</u>	<u>31,727</u>
<b>Balance at 30 June 2015</b>	<b><u>230,309</u></b>	<b><u>230,309</u></b>

The accompanying notes form part of these financial statements.

**STATEMENT OF CASH FLOWS  
FOR THE PERIOD ENDED 30 JUNE 2015**

	Note	2015 \$	2014 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from related parties		20,000	22,788
Donations and Event Income received		34,986	37,296
Grants Received		163,575	-
Payments to suppliers and employees		(44,430)	(6,059)
Interest received		4,549	3,024
<b>Net cash provided by operating activities</b>	9(b)	<b>178,680</b>	<b>57,049</b>
Net increase in cash and cash equivalents		178,680	57,049
Cash and cash equivalents at beginning of year		207,229	150,180
<b>Cash and cash equivalents at end of financial period</b>	9(a)	<b>385,909</b>	<b>207,229</b>

The accompanying notes form part of these financial statements.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 30 JUNE 2015

The financial statements cover eViDent Foundation Limited as a single entity. eViDent Foundation Limited is a company limited by guarantee, incorporated under the *Corporations Act 2001*.

### FINANCIAL REPORTING FRAMEWORK

The Company is not a reporting entity because in the opinion of the directors there are unlikely to exist users of the financial report who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly, these special purpose financial statements have been prepared to satisfy the directors' reporting requirements under the *Corporations Act 2001*.

### STATEMENT OF COMPLIANCE

The financial statements have been prepared in accordance with the *Corporations Act 2001*, the recognition and measurement requirements specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards AASB 101 *Presentation of Financial Statements*, AASB 107 *Cash Flow Statements* and AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors*.

### BASIS OF PREPARATION

The financial report has been prepared on the basis of historical cost, except for the revaluation of certain non-current assets and financial instruments. Cost is based on the fair values of the consideration given in exchange for assets. All amounts are presented in Australian dollars, unless otherwise noted.

### NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following significant accounting policies have been adopted in the preparation and presentation of the financial report:

#### (a) Income Tax

The company has been granted exemption from income tax under Subdivision 50-B of the Income Tax Assessment Act 1997; accordingly no provision for income tax has been made.

#### (b) 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. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements. The difference between the amount initially recognised and the amount ultimately received is interest revenue.

##### *Service revenue*

Revenue from the rendering of a service is recognized upon the delivery of the service to the customers.

##### *Grant revenue*

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the entity obtains control of the funds and it is probable that the economic benefits gained from the funds will flow to the entity and the amount of the funds can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

Where grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

##### *Interest revenue*

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.

##### *Seed funding*

Initial seed funding received from the parent entity has been treated as revenue received and not as contributed equity.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 30 JUNE 2015**

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

**(b) Revenue (Continued)**

*Other revenue*

Other revenue is recognized upon receipt.

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

**(c) 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.

**(d) Impairment of Assets**

At each reporting date, the company 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 company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

**(e) 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 company 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.

*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.

*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.

*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. Financial liabilities*

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

*Impairment*

At each reporting date, the company assesses whether there is objective evidence that a financial instrument has been impaired. Impairment losses are recognised in the statement of profit or loss and other comprehensive income.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 30 JUNE 2015**

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

**(e) Financial Instruments (Continued)**

*Derecognition*

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

**(f) 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.

**(g) Comparative Figures**

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

**(h) 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 company.

*Key estimates — Impairment*

The company assesses impairment at each reporting date by evaluating conditions specific to the company that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates. No impairment has been recognised in respect of plant and equipment for the period ended 30 June 2015.

**(i) Adoption of New and Revised Accounting Standards**

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 July 2015 and have not been applied in preparing these financial statements. None of these is expected to have significant effect on the financial statements of the company.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 30 JUNE 2015**

	<b>2015</b>	<b>2014</b>
	\$	\$

**NOTE 2: REVENUE AND OTHER INCOME**

**Revenue**

Fundraising Events	41,796	-
Additional Funding from ADAVB	-	2,788
Donations received	<u>22,975</u>	<u>40,297</u>
	<u>64,771</u>	<u>43,085</u>

**NOTE 3: AUDITOR'S REMUNERATION**

Remuneration of the auditor for:

- auditing or reviewing the financial report	1,700	1,700
- other services	-	-
	<u>1,700</u>	<u>1,700</u>

**NOTE 4: CASH AND CASH EQUIVALENTS**

Cash at bank and on hand	305,909	127,229
Term Deposits	<u>80,000</u>	<u>80,000</u>
	<u>385,909</u>	<u>207,229</u>

*Reconciliation of cash*

Cash at the end of the financial period as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows

Cash and cash equivalents	<u>385,909</u>	<u>207,229</u>
---------------------------	----------------	----------------

**NOTE 5: TRADE AND OTHER RECEIVABLES**

**Current**

Amount Receivable from the Parent Entity	2,846	-
Other receivables	<u>10,469</u>	<u>4,468</u>
	<u>13,315</u>	<u>4,468</u>

**NOTE 6: TRADE AND OTHER PAYABLES**

**Current**

Amounts payable to parent entity	78	1,047
Accrued expenses	<u>5,262</u>	<u>13,068</u>
	<u>5,340</u>	<u>14,115</u>

*Amounts payable to parent entity*

Amounts payable to the parent entity represent expenses paid for on behalf of the company. All amounts are expected to be settled during the period ending 30 June 2016.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 30 JUNE 2015**

**NOTE 7: RELATED PARTIES**

*Parent Entity*

The parent entity of eViDent Foundation Ltd is the Australian Dental Association Victorian Branch Incorporated ('ADAVB')

**NOTE 8: CAPITAL MANAGEMENT**

The company is a company limited by guarantee and its sole source of funding is retained profits.

The finance and audit committee operates under policies approved by the board of directors. Risk management policies are approved and reviewed by the board on a regular basis. These include credit risk policies and future cash flow requirements.

The company's policy is not to have any borrowings and accordingly its liabilities and commitments are solely trade payables.

Management effectively manages the entity's capital by assessing the entity's financial risks and responding to the changes in these risks and in the market.

The company seeks to make profits each financial year and that profit provides the capital and cash flow to enable the company to fund its investments. These are purchases of equipment and expansion of the company's activities by way of additional projects

**NOTE 9: CASH FLOW INFORMATION**

(a) *Reconciliation of cash*

Cash at the end of the financial period as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows

Cash and cash equivalents	<u>385,909</u>	<u>207,229</u>
---------------------------	----------------	----------------

(b) *Reconciliation of cash flow from operations with surplus after tax*

Surplus after income tax	32,727	34,689
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Changes in assets and liabilities:

Increase in trade and other receivables	(8,847)	28,454
---	---------	--------

Increase in trade payables	<u>154,800</u>	<u>(6,094)</u>
----------------------------	----------------	----------------

Net cash from operating activities	<u>178,680</u>	<u>57,049</u>
------------------------------------	----------------	---------------

**NOTE 10: MEMBERS' GUARANTEE**

The company is limited by guarantee. If the company is wound up the Constitution states that each member is required to contribute a maximum of \$5 towards meeting any outstanding obligations of the entity. As at 30 June 2015 there was one member.

**NOTE 11: EVENTS AFTER THE REPORTING DATE**

No matters or circumstances have arisen since the end of the financial period which significantly affected or may affect the operations of the company.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 30 JUNE 2015**

**NOTE 12: CONTINGENT LIABILITIES**

At reporting date there are no contingent liabilities. (2014: \$nil)

**NOTE 13: COMPANY'S DETAILS**

The registered office and principal place of business of the company is:

Level 3, 10 Yarra Street  
South Yarra Victoria 3141

## DIRECTORS' DECLARATION

The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

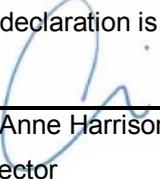
In accordance with a resolution of the directors of eviDent Foundation Limited, the directors declare that:

The financial statements and notes, as set out on pages 28 to 37, are in accordance with the *Corporations Act 2001* and:

- a. comply with the Accounting Standards applicable to the company; and
- b. give a true and fair view of the financial position as at 30 June 2015 and of the performance of the company for the year ended on that date of the company in accordance with the accounting policies described in Note 1 of the financial statements.

In the directors' opinion there are reasonable grounds to believe that the company 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 Board of Directors.



---

Dr Anne Harrison  
Director

Dated this 25th day of August 2015.

## STATEMENT BY PRINCIPAL ACCOUNTING OFFICER

I, Garry Pearson, being the person in charge of the preparation of the accompanying accounts of the eviDent Foundation, being the Statement of Profit or Loss and Other Comprehensive Income and Statement of Financial Position of the eviDent Foundation for the year ended 30 June 2015 state that to the best of my knowledge and belief such accounts present fairly the state of affairs of the Association as at 30 June 2015 and of its results for the year then ended.



---

Mr Garry Pearson  
Chief Executive Officer/Secretary

Dated this 25th day of August 2015.

Advantage Advisors Audit Partnership  
Audit & Assurance Services  
Level 7, 114 William Street  
Melbourne VIC 3000  
Australia  
GPO Box 2266  
Melbourne VIC 3001  
Australia  
ABN 47 075 804 075  
T +61 3 9274 0600  
F +61 3 9274 0660  
audit@advantageadvisors.com.au  
advantageadvisors.com.au

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001  
TO THE DIRECTORS OF EVIDENT FOUNDATION LIMITED**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2015 there have been:

- a) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.

*Advantage Advisors*

**ADVANTAGE ADVISORS PARTNERSHIP  
CHARTERED ACCOUNTANTS**

*KEN GLYNN*  
**KEN GLYNN  
PARTNER**

Dated in Melbourne on this *25<sup>th</sup>* day of *August*, 2015.

Advantage Advisors Audit Partnership

Audit & Assurance Services

Level 7, 114 William Street  
Melbourne VIC 3000  
Australia

GPO Box 2266  
Melbourne VIC 3001  
Australia

ABN 47 075 804 075

T +61 3 9274 0600

F +61 3 9274 0660

[audit@advantageadvisors.com.au](mailto:audit@advantageadvisors.com.au)

[advantageadvisors.com.au](http://advantageadvisors.com.au)

## **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF EVIDENT FOUNDATION LIMITED**

We have audited the accompanying financial report of eviDent Foundation Limited, being a special purpose financial report, which comprises the statement of financial position as at 30 June 2015, 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 directors' declaration.

### **Directors' Responsibility for the Financial Report**

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Corporations Act 2001* and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF EVIDENT FOUNDATION LIMITED (Continued)**

**Independence**

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, which has been given to the directors of eviDent Foundation Limited, would be in the same terms if given to the directors as at the time of this auditor's report.

**Opinion**

In our opinion the financial report of eviDent Foundation Limited is in accordance with the *Corporations Act 2001*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards to the extent described in Note 1 and the *Corporations Regulations 2001*.

**Basis of Accounting**

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *Corporations Act 2001*. As a result, the financial report may not be suitable for another purpose.



**ADVANTAGE ADVISORS AUDIT PARTNERSHIP  
CHARTERED ACCOUNTANTS**

Dated in Melbourne on this 25<sup>th</sup> day of August 2015



**KEN GLYNN  
PARTNER**

## APPRECIATION

Australian Dental Association Victorian Branch Inc

Dr Mark Bowman

Ms Caroline Burrowes

Dr Thomas Byrne

Ms Kelly Chan

Ms Pam Clark

Dr Clive Dickinson

Dr Alex Down

Dr Barbara Dumigan

Ms Karen Escobar

eviDent Board and Committee Members

eviDent DPBRN Members

Dr Julie Fereshteh Rahmanian

Ms Sonia Georgiades

Dr Kerrod Hallett

Dr Fiona Hunter

Melbourne Dental School

Dr Kevin Morris

Mr Eric Mourant

Dr Donald Munro

Dr Karen Nankivell

Oral Health Cooperative Research Centre

Dr Leigh Pagonis

Ms Roula Papatheodorou

Dr Ruth Paluch

Mr Garry Pearson

Dr Carolina Perez Rodriguez

Ms Meaghan Quinn

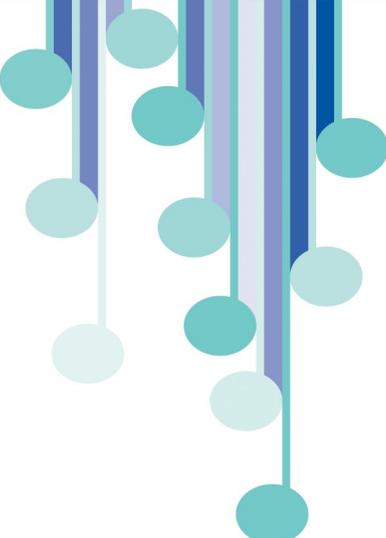
The University of Melbourne

Victorian Medical Insurance Agency Ltd

Dr Felicity Wardlaw

Dr Virginia Williams

Dr Susan Wise



The organisations and people listed on this page have provided the eviDent Foundation with in-kind and/or financial contributions. Both are valued, and the eviDent Foundation thanks them.