



**evident**  
Foundation

**2015/16  
ANNUAL  
REPORT**

[www.evident.net.au](http://www.evident.net.au)

## **Vision**

Facilitating dental practice based research for better oral health

## **Mission**

Improve the oral and dental health of Australians

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.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

This will be the fifth eviDent Foundation Annual Report, and I am proud of all the achievements the Foundation has made. I became the Chair in March 2016, as Dr Anne Harrison passed on the reins due to other commitments. Anne was an enthusiastic, resourceful and enterprising Chair and I hope to live up to her legacy. We are pleased she remains as Vice Chair of the Board.

This past year has seen some outstanding projects approved and commence. One project in particular, 'The Oral Cancer Risk Test', led by Prof Michael McCullough, really shows the importance and impact of eviDent research. The project aims to provide a simple test to tell whether patients are either at risk of oral cancer or in the early stages of it, and received \$163,000 of funding from the Percy Baxter Charitable Trust (through Perpetual's 2015 IMPACT Philanthropy Application Program'), with two other Trusts also wanting to fund the project.

eviDent has also been involved with two separate events aimed to raise our much needed funds. The first event was the biannual Fundraising Dinner, with this year's theme, 'Curiouser & Curiouser'. The sold-out event was enjoyed by all, and through the auction of generously donated items we managed to raise over \$16,000. Our thanks go out to those who sponsored, attended and donated goods and services, as we could not have done this without them.

The second event, to be held over Cup weekend in 2016, is the Alpine Walking Track Challenge. So far, eleven brave and generous walkers will hike either 4, 6 or 10 days in remote rugged alpine terrain, carrying all their equipment over the 230km between Mt Hotham and Mt Kosciusko. Each walker has pledged to fundraise for the eviDent Foundation, and at the time of writing this, many have already surpassed their set targets. We thank the adventurous walkers who have spent considerable time training for the event, as well as raising both the profile of eviDent and some much needed funds. We have also been fortunate to acquire sponsors' support to help make this event a success.

We have seen some changes within the Board and staffing support in the last year.

Dr Nadia Dobromilsky joined the Board in September 2015, and brings with her a fond interest in clinical based research.

Our CEO, Mr Garry Pearson, resigned as at 30 June 2016. Garry has been a huge inspiration to all Directors of the Board, and his achievements cannot adequately be put down in such a short Chair's report. He will be sorely missed but we hope he will return as an ambassador of the Foundation.

## CHAIR'S REPORT CONT...

On that note, we have been extremely lucky to appoint Ms Meaghan Quinn as the new CEO of the Foundation, effective as at 1 July 2016. Meaghan is the most proficient and enthusiastic person that I know, and all of us on the Board are sure she will take the Foundation in leaps and bounds to the next level.

eviDent has recruited a Fundraising Manager to help grow both the profile and funds of the Foundation so we can achieve our goal of becoming self-sufficient. We remain incredibly grateful for the significant financial and voluntary in-kind support provided to the Foundation by the Australian Dental Association Victorian Branch Inc, the Oral Health Cooperative Research Centre and others.

The DPBRN Committee commenced the development of a project bank so we have projects ready to match with funding opportunities.

The future is looking exciting. None of this, however, could have been achieved without the tireless efforts of the honorary staff, members of committees, and our Directors, but most of all, those who kindly donate to us.



Dr Jeremy Sternson  
Chair, eviDent Foundation



Like This Page · 1 May ·

This is Jeremy. Later this year, he's going to take on a huge personal challenge to raise money for Evident Foundation. This is his fundraising story:

"I am going to walk 230kms along the Alpine Walking track from Mt Hotham to Mt Kosciusko in only 10 days with full packs, to raise money and awareness for the Evident Foundation.

Evident is a charity that aims to improve the oral and dental health of Australians through clinical research. Oral Cancer is the 8th most common cancer in the world and kills 50% of its victims.

Evident is funding a project that will assess a simple and cheap test that can diagnose early oral cancer and determine who is at high risk. Potentially this low cost test could be in every dentists' and doctors' clinics and may save numerous lives. This is just one of the many important projects that the Evident Foundation funds and assists. My walk will have me ascend and descend 8850 metres which is the same as climbing Everest from sea level and down again."

For more information or to make a donation, visit:  
<http://personalchallenge.gofundraise.com.au/page/JeremySternson>

## BOARD AND COMMITTEE MEMBERSHIP 2015/2016

eviDent Foundation Board	Dental Practice Based Research Network Committee	Finance and Audit Committee	Development Committee
Dr Jeremy Sternson, Chair	Prof Mike Morgan, Co-Chair	Mr Kenneth Harrison, Chair	Mr Kenneth Harrison, Chair
Dr Anne Harrison, Vice Chair	Dr Tony Robertson, Co-Chair	Dr Felicity Wardlaw, Deputy Chair	Ms Karen Escobar
Mr Kenneth Harrison, Treasurer	Dr Margaret Stacey	Dr Stephen Cottrell	Dr Ai Lin Tan
Dr Denise Addison (aka Bailey)	Prof David Manton Deputy Co-Chair	Ms Gilda Pekin	Mr Garry Pearson (ex-officio)
Dr Stephen Cottrell	A/Prof Mina Borrromeo (resigned May 2016)	Mr Garry Pearson	Ms Meaghan Quinn (ex-officio)
Prof Mike Morgan	Prof Michael Burrow		
	Dr Mary Miller		
	Dr Jeremy Sternson Deputy Co-Chair		
	Dr Timothy Stolz		
	Dr Jeff Ward		

## 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 2015 to 30 June 2016 are:

- The Mission Statement was amended to read: **Improve the oral and dental health of Australians**
- The Board approved a Legacy Charter
- Dr Nadia Dobromilsky was appointed as a Director of the Board
- Dr Jeremy Sternson took over as Chair of the Board on 1 March and Dr Anne Harrison as Vice Chair
- Policies EP003 Complaints & Dispute Resolution and EP004 Management of Research, and EPR002 Assignment of Chief & Associate Investigators and Research Collaborators to eviDent projects and approval process were reviewed and updated
- The Board approved the appointment of a 0.6 FTE Fundraising Manager for an initial two year contract period
- Project 001 continues to plan for the next stage of the project
- Project 002 had one paper published in the Australian Dental Journal, two papers submitted to the International Journal of Oral & Maxillofacial Implants and two accepted for publication in the International Journal of Prosthodontics. A mirror study is being carried out by ARCH in Otago and work has commenced on the prospective component of the study
- Project 003 is complete
- Project 004 submitted peer-reviewed articles for publication
- Project 005 is complete
- Project 006 has a manuscript, 'Periodontal diagnosis in private practice—a case-based survey', accepted for publication in the Australian Dental Journal
- Project 007 commenced analysis of the data
- Project 008 commenced analysis of the data
- Project 009 submitted the final report to the Department of Health
- Project 010 is seeking funding
- Project 011 presented a poster at the American Association for Dental Research Annual Meeting in Los Angeles
- Project 012 gave a presentation at the International Symposium of Dental Hygiene in Switzerland
- Project 013 commenced perfecting the device and development of the app in preparation for testing in practice
- Project 014 had special arrangements approved so Australian Dental Association Victorian Branch New South Wales members involved in this project were approved as eviDent members
- Project 015 recruited survey respondents for the first stage
- Approximately 40 people attended the fifth Annual Meeting, which was held on 8 October. The program included:
  - ♦ A poster presentation: 'Preferred Providers and the Dentist-Patient Relationship'
  - ♦ Take home tips from four eviDent projects
  - ♦ Networking.



## 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 twice during the financial year..

In response to the Committee's query about the merchant fees associated with the inaugural fundraising dinner, the Foundation reduced costs by using its own EFTPOS terminal at its 2016 Curiouser & Curiouser dinner.

The Committee noted the funding for the 'Oral Cancer Risk Test: an improved approach to early cancer detection and prevention' project through Perpetual's 2015 IMPACT Philanthropy Application Program, and congratulated those involved for their efforts in preparing an application for a very rigorous process, noting that Perpetual are very thorough in their review of applications to ensure the organisation has the capacity to deliver the proposed projects.

The Committee recognised the best practice need to establish a Conflicts of Interest Register.

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 AM**

Treasurer



# DEVELOPMENT COMMITTEE CHAIR'S REPORT

The terms of reference for the Foundation 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.

The Development Committee met once during the financial year.

The main activities undertaken by the Committee in the 2015/16 financial year were:

- Ms Karen Escobar and Dr Ai Lin Tan joined the Committee
- A referral agreement was signed with Westpac
- The Curiouser & Curiouser Fundraising Dinner was held on 17 June, raising over \$16,000



- Oralis360 Interdental brushes once again donated 100% of proceeds from their sales at the ADAVB Convention, 17-18 June
- Tdl precision orthodontics became the Alpine Ascender and Optima Health became the Wilderness Explorer sponsors of the inaugural Australian Alpine Walking Track Charity Challenge, supporting 11 walkers
- The development of a bequest program

The Committee's continuing effort and involvement in providing advice and assistance to the Board and staff is invaluable and a great asset to eviDent.



**Mr Kenneth Harrison AM**  
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 2015/16 financial year were:

- Prof Michael Burrow (Oral Health CRC representative) and Dr Jeff Ward (ADAVB Representative) joined the Committee
- Prof David Manton and Dr Jeremy Stenson were appointed as Deputy Co-Chairs
- eviDent is working collaboratively with ARCH and VicReN on two projects
- No Chief Investigators recruited (14 recruited to date)
- Seven Associate Investigators recruited (51 recruited to date; 49 current members)
- Two Research Collaborators recruited (12 recruited to date)
- Two Research Affiliates recruited (two recruited to date)
- Four project proposals were considered; one was approved, another is being workshopped and two declined

- An application was submitted for Perpetual's 2016 IMPACT Philanthropy Application Program
- A project ideas competition was launched to help develop a project bank

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.



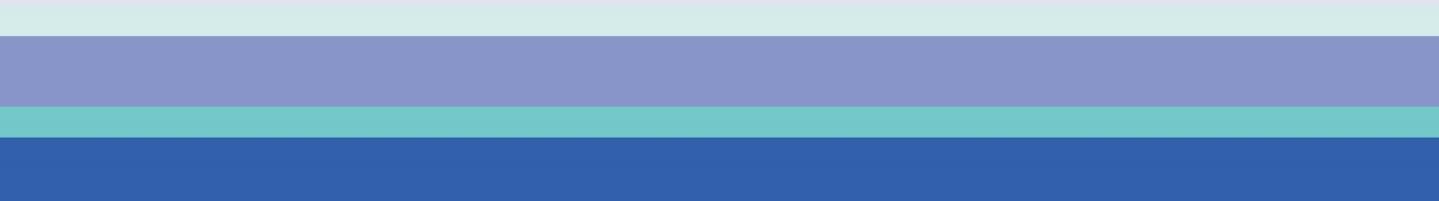
**Prof Mike Morgan**  
Co-Chair



**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 Pirota, 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.



#### Findings

- Medically diverse group
- Clinicians must be familiar with their target demographic and understand how the common co-morbidities amongst this patient group can influence clinical decision making and outcomes.
- Operator reported attrition was related to higher rate of veneering material fracture.
- More contact point complications were found in the posterior regions of the oral cavity.
- More female patients received implant restorations in the posterior region of the mouth.
- The clinicians, particularly the specialists generally favoured a retrievable design in choosing the method of retention for the prostheses.

#### Publications

- ***Analysis of commonly reported medical conditions amongst patients receiving dental implant therapy in private practice***  
S Austin, D Bailey, A Chandu, M Dastaran, R Judge  
Accepted for publication in the Australian Dental Journal 12 October 2014
- ***A 5 year retrospective assay of implant treatments and complications in private practice: The Restorative Complications of Single and Short Span Implant Supported Fixed Prostheses***  
J Wang, R Judge, D Bailey  
Accepted for publication in the International Journal of Prosthodontics
- ***A 5 year retrospective assay of implant treatments and complications in private practice: The Restorative Treatment Profiles of Single and Short Span Implant Supported Fixed Prostheses***  
J Wang, R Judge, D Bailey  
Accepted for publication in the International Journal of Prosthodontics

### 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 (DHSV) and Innovation Grant; Plenty Valley Community Health (PVCH)

#### Aims

- Investigate the current patterns of child attendance for dental visits since DHSV 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.

#### Status

The study found that the targeted school dental check-up program was beneficial for increasing child dental access and retention for referred follow-up dental treatment. The second stage (eviDent project 010) has commenced.

### 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.

#### In Practice Tips

- Gingival inflammation must be used in conjunction with other parameters
- Gingivitis and mild periodontitis may have a similar clinical appearance and may only be distinguished by radiographic confirmation of bone loss
- Watch the tendency to over diagnose moderate periodontitis as severe
- Furcations must be probed and scored



### 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. Participants were asked open questions about their professional experience and their interpretation of the impact of PP status. Interviews were transcribed and analysed using interpretive content analysis and emerging themes were identified.

#### Results

- Two major themes emerged that highlighted differences between dentists currently working in PP relationships and those dentists working outside PP schemes:
  1. Importance and meaning of professional autonomy
  2. Perceptions of patient loyalty and trust
- PP dentists did not immediately disclose any perceived loss of autonomy when questioned directly, but subsequently described curtailed independence as a response to other questions
- Non PP dentists perceived a large difference in the quality of the relationships possible within and outside the PP contracts
- PP dentists tended to perceive little difference in their relationships with patients as a result of working under a PP contract
- PP dentists described a lack of patient loyalty

#### 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

**Completion Date:** July 2016

**Support:** eviDent Foundation

#### Aim

The aim of this study was to evaluate the survival of Anterior Resin Bonded Bridges (ARBBs) provided to a patient cohort by a group of prosthodontists in Melbourne.

Specific objectives were to: assess overall longevity of ARBBs and compare the survival of ARBBs with different tooth preparation designs.

#### Results

The results of this retrospective study are presented according to the project objectives:

- To assess overall longevity of ARBBs; and
- To discuss the survival of ARBBs with two different tooth preparation designs.

Estimating the survival rate of ARBBs:

- The survival rate at five years was 98%, which remained 95.1% from 12 years onwards.
- The duration from the time of insertion of bridges until the time of patients' interview varied between 0 and 21 years.

Variables associated with ARBBs and patients:

- The proportion of bridges in function with design B was 98.13% compared with design A, which was 95.96%. These differences were not significant
- The proportion of successful bridges provided to 30 years of age and below was slightly higher (98.21%) compared with >30year of age group (95.7%). These differences were not significant
- Bridges provided to female patients had a higher proportion of success (98.61%) compared with male patients (93.55%). These differences were not significant

#### Summary

- Results of this retrospective study indicate a high survival rate of anterior resin bonded bridges provided by a group of clinicians in Melbourne during 1990-2012
- The simple and affordable ARBBs with two different modified tooth preparation designs performed well with a survival rate of 98% at 5 years
- There was no significant difference in the survival of ARBBs between the two design preparations.

#### Status

The researchers are preparing a paper for publication in a peer review journal.

Participants were cooperative, willing to answer any questions and also happy with their personal result with the ARBBs. Some of them were still amazed that after so many years the bridge is still functioning and in an excellent condition.



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

**Chief Investigators:** A/Prof 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

**Completion Date:** August 2015

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

### Aims

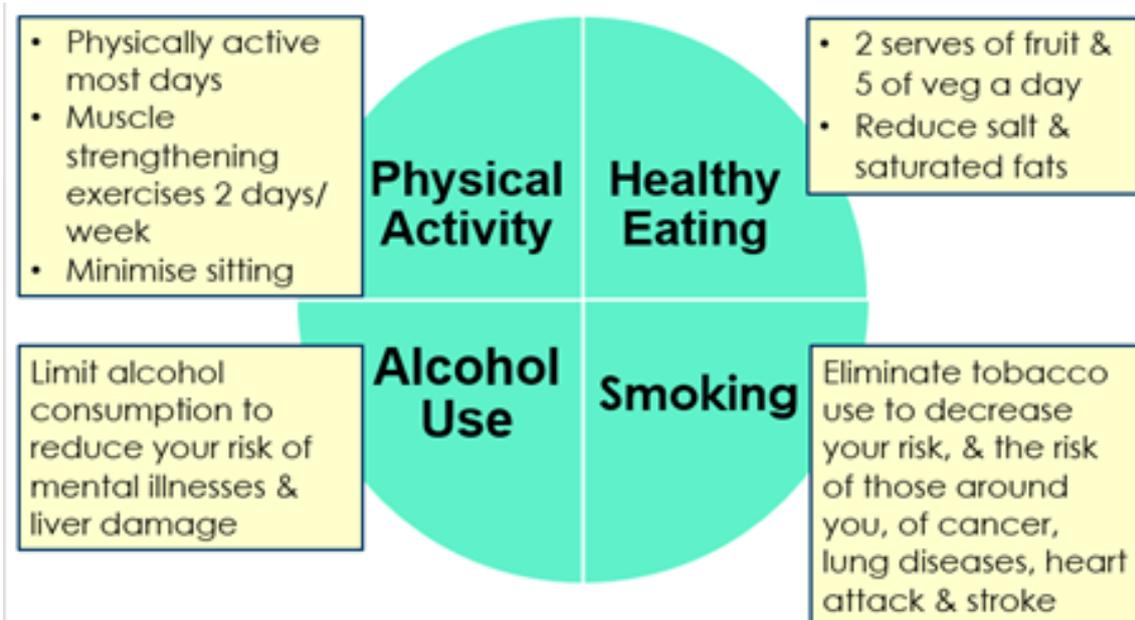
To assess whether the implementation of the Health Promoting Practices (HPP) pilot project contributes to positive behavior changes:

- 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.

### In Practice Tips

The HPP framework can be incorporated into routine practice by

- asking patients to complete the health self assessment
- discussing selected key lifestyle messages within a regular consultation, alongside the discipline specific key messages that you would already deliver
- offering patients the information brochure and inviting them to look at the HPP website for more information
- offering referral to other health professionals or services to follow up, as appropriate
- following up at subsequent appointments
- HPP health promotion resources for practitioners and patients can be downloaded at [www.healthpromotingpractices.net/health-professionals/resources](http://www.healthpromotingpractices.net/health-professionals/resources)



[www.healthpromotingpractices.net](http://www.healthpromotingpractices.net)

### 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:** August 2016

**Support:** Wrigley Company Foundation  
ADAF Community Service Grant, Plenty  
Valley Community Health and Peninsula  
Health

#### 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 will commence in August 2016.



### 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

**Completion Date:** July 2015

**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.

#### In Practice Tips

- Routinely screen for oral cancer
- Look beyond the patients' complaint
- Know the risk factors for oral cancer
  - ◆ Smoking (99.4%)
  - ◆ Chewing betel nut (98.2%)
  - ◆ Chewing tobacco products (98.2%)
  - ◆ Family history (96.1%)
  - ◆ Alcohol consumption (94.6%)
  - ◆ Human Papilloma Virus (92.5%)
- Have the conversation with patients about:
  - ◆ Tobacco use
  - ◆ Alcohol consumption
  - ◆ Sexual behaviours (HPV)
  - ◆ Oral hygiene practices
  - ◆ Diet and nutrition
- Complete further training in oral cancer screening practice and patient counselling

### **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  
Completion

**Completion Date:** July 2016

**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.

#### **Method**

13 dentists completed a survey on current practices, before receiving online training in simple diet assessment and nutritional counselling.

Practitioners were then followed up 6 months' later to see if their perceptions on dietary advice changed.

#### **Findings**

- Prior to the training, the majority of dentists often provided dietary advice and agreed that they were confident to do so
- The majority of dentists found that the online training module had clear learning objectives, was easy to navigate and were satisfied with the module
- Following the training, dentists felt slightly more confident providing dietary advice.

### **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**

We are testing the ability of our newly developed OCRT to improve early detection rates and identify individuals at high risk of developing this disease.

The OCRT has three components: a new rapid saliva test, an oral clinical exam, and an assessment of patient risk behaviours (smoking and drinking). Together, these three components should improve our ability to detect oral cancer in the early stages,

as well as identify patients at high risk. At risk patients will be monitored and encouraged to modify their risk behaviours, patients identified with potential early-stage oral cancer will be appropriately further investigated.

Oral cancer is difficult to detect, remaining undiagnosed until well advanced. With earlier diagnosis, treatment and prognosis is enormously improved. The OCRT examines for oral cancer and future disease risks.

### **014: Diagnosis, treatment and maintenance of periodontal patients by general dentists – a comparative study**

**Chief Investigators:** Prof Ivan Darby, Dr Deborah Cockrell

**Associate Investigators:** Dr Scott Davis, Dr Tony Dawson, Dr Steve Harlam, Dr Ranjiv Verma

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

**Commencement Date:** TBA

**Support:** ADANSW

#### **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.

#### **Status**

This project is seeking ethics approval.

### **015: Say Ahhh: what do GPs, dentists and community pharmacists do about bad breath?**

**Chief Investigators:** Dr Phyllis Lau and Prof Ivan Darby

**Associate Investigators:** Dr Michelle Middleton, Dr Malcolm Clark

**Research Assistants:** Chythra Meethal, Meaghan Quinn

**Commencement Date:** May 2016

**Support:** Department of General Practice and Melbourne Dental School, The University of Melbourne

#### **Aims**

This project aims to improve the primary care management of patients with halitosis.

#### **Methodology**

Using a mixed methods approach, the project will be conducted in three phases:

1. Explore the experiences of GPs, dentists and community pharmacists in managing patients with halitosis and investigate potential collaboration pathways using online surveys and semi-structured in-depth interviews
2. Investigate patients' perspectives on managing bad breath using semi-structured in-depth interviews
3. Develop and pilot an inter-professional collaboration model based on findings from the previous two phases to assess feasibility and acceptability

#### **Status**

GPs, dentists and community pharmacists are completing the online survey about managing patients with halitosis.

**VicReN**

Victorian Primary Care  
Practice-Based  
Research Network

## Research Proposals Considered by the DPBRN Committee during 2015-16

Submitted by	Research Proposal
Chief Investigator	To explore effective screening and referral pathways for patients with halitosis
Research Affiliate	Direct vs indirect posts
Research Affiliate	Post preparation techniques
Associate Investigator	To detect patients with symptoms of Body Dysmorphia prior to irreversible prosthodontic treatment and therefore predict poor satisfaction outcomes.
DPBRN Committee Members	<ul style="list-style-type: none"> <li>• The ability of general dentists to treat dental trauma</li> <li>• The type and usage of mouthguards in junior sports</li> <li>• GP's understanding of dental issues and appropriate prescribing of antibiotics related to dental care</li> <li>• Formulation and evaluation of a training module for GP's to cover all aspect of dental triage</li> <li>• Longevity of the new breed of all ceramic restorations – what do we know?</li> <li>• Endodontic diagnosis treatment decision making</li> <li>• Bruxism – how does this risk factor modify your choice of restoration of single tooth or more extensive management of the worn dentition?</li> <li>• The professions' understanding of 'cracked cusp' syndrome; the diagnosis of it, the management path and material choices</li> <li>• Selection of restorative materials- to gain an understanding as to what criteria dentists use to select appropriate restorative materials</li> <li>• Utilisation of auxiliaries in private dental practice-myriad possibilities here, investigating roles, responsibilities, role of CPD etc. We could survey both dentists and auxiliaries</li> <li>• Patterns of specialist referral in dental practice--when, why GP dentists refer</li> </ul>
Research Collaborator	Decision aids for the management of suspicious occlusal caries lesions

## Publications

### ADAVB Newsletter

- Diet advice in the dental setting: practitioners' perception and evaluation of an online training module, July 2015
- eViDent Assists with your CPD, September 2015
- IMPACT Oral Cancer, September 2015
- Clinical Update: Distribution and severity of molar hypomineralisation: trial of a new severity index, September 2015
- eViDent evolves, October 2015
- The need for eViDent, November 2015
- Stimulating Ideas Heard at eViDent's AGM, December 2015
- What is eViDent brochure, December 2015
- eViDent's Everest, March 2016
- Clinical Update: Analysis of commonly reported medical conditions amongst patients receiving dental implant therapy in private practice, April 2016
- Taking a Walk on the Wild Side, May 2016
- eViDent Foundation Appoints Fundraising Manager, May 2016



## Presentations

- Volunteer Opportunities, Dr Jeremy Sternson, ADAVB Volunteer Information Night, 21 September 2015
- Annual Meeting, 8 October 2015
  - Poster Presentation: Preferred providers and the dentist-patient relationship, Dr Denise Bailey
  - Take home tips for your practice - eViDent project 002, A/Prof Roy Judge
  - Take home tips for your practice - eViDent project 006, Dr Susan Wise
  - Take home tips for your practice - eViDent project 009, Dr Andrew Gikas
  - Take home tips for your practice - eViDent project 013, A/Prof Rodrigo Marino
  - What's new & what's next?, Dr Jeremy Sternson
- Enhancing Clinical Practice Through Research, Dr Jeremy Sternson, ADAVB Career Choices Seminar, 9 April 2016
- The Oral Cancer Risk Test, Prof Michael McCullough, ADAVB Convention, 18 June 2016



# DIRECTOR'S REPORT

Your directors present this report on the company for the financial year ended 30 June 2016.

## Directors

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

Dr Jeremy Sternson

Dr Denise Addison

Dr Nadia Dobromilsky (appointed September 2015)

Prof Mike Morgan

Dr Anne Harrison

Dr Stephen Cottrell

Mr Kenneth Harrison AM

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:

- Maintain a network of practitioners and academics that facilitates learning and encourages self reflection and accelerates change
- Disseminate information to educate current and future dental care providers and the wider community
- Nurture relationships with stakeholders to improve oral health care
- Improve oral health outcomes for the community

## Strategies

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

- Continue to engage practitioner/ academic research relationships and dialogue with a view to building research capacity to produce and use evidence in a timely manner
- Develop evidence based clinical practice guidelines for use by practitioners, funding agencies, patients and others
- Strengthen and enhance relationships and engagement with key stakeholders, demonstrating the impact their support and donations can have
- Test and evaluate the effectiveness of strategies for the prevention and management of oral disease conditions

## Key Performance Measures

eviDent 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 eviDent and whether its 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.

*Four board meetings were held during the reporting period:  
25 August 2015, 24 November 2015, 1 March 2016, and 10 May 2016,  
with 81% attendance by members eligible to attend.*

## OUR BOARD



**Dr Jeremy Sternson**  
Chair

BDS Sc, FRACDS

Dr Sternson is the Chair of the eviDent Foundation, Deputy Co-Chair of the DPBRN Committee and an eviDent Associate Investigator.

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

He is a Councillor of the Australian Dental Association Victorian Branch, 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 examiner at RACDS.



**Dr Anne Harrison**  
Vice Chair

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

Dr Harrison was the inaugural Vice Chair, former Chair and is the current Vice Chair of the eviDent Foundation, an eviDent Associate Investigator, and a specialist endodontist in private practice in both Wodonga and Moonee Ponds.

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

*Since I graduated from dental school 20 years ago, I have always had a keen interest in dental research and how it can be applied into my clinical dentistry. When the concept of a practice based research network in Australia arose, I knew I really wanted to be a part of it. The idea of clinically based research to get real world results was enticing. One of our current projects, the oral cancer risk test, that has the potential to save thousands of lives is just one example of how important this research is. The eviDent Foundation has been set up to support this vital research and it needs large funds to operate. I enjoy spreading the word and trying to help raise funds to keep the eviDent Foundation alive and well. Hopefully the Alpine Walking Track Challenge this year will inspire others to become involved in any way they can. It is incredible that if we could get enough people to donate just a few dollars a week we could have a strong Foundation able to support research for many years to come.*

*Through working with the Foundation over the past 5 years I have seen first hand that empowering practitioners and academics to unite and collaborate is bringing about transformational change in all levels of oral health care. The real changes we seek require collective engagement and support. This is the purpose of the Foundation and remains central to the work that we do.*

*As a dental professional I feel that we are bestowed a special position of trust. Each of us make a commitment to adhere to high ethical standards and to strive to better the oral health of our patients and communities. I am passionate that increasing our focus on research is a path to meaningful change. It is exciting to see the Foundation grow and continue to make a difference in our profession.*

## OUR BOARD



**Mr Kenneth Harrison AM**  
**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 Management Foundation, Director of RCH 1000, Chair of RCH Leadership Circle, Director of Collinsbank and Director of Australian Agricultural & Pastoral Co.

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

*The eviDent Foundation is a vital organisation which can raise the funding necessary to change dental health in Australia through practice based research in a meaningful way.*

*I am involved because I am committed to seeing eviDent succeed and my experience in business and network will be used to help achieve this vision.*



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

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

Dr Addison was the inaugural Chair of the eviDent Foundation, and is former member of the eviDent DPBRN Committee and an eviDent Chief Investigator.

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.

*I am passionate about the importance of well-conducted research leading to practical outcomes and applications.*

*I am involved because I believe that eviDent is an ideal vehicle for identifying important areas of research within oral health, for increasing the capacity of dental professionals to conduct high quality research and for implementing the research findings into daily practice for the benefit of patients.*

## OUR BOARD



**Dr Nadia Dobromilsky**  
Director

BDS

Dr Dobromilsky is a director of the eviDent Foundation.

Dr Dobromilsky is a general dental practitioner in both private and public practice.

She was President of the Australian Dental Association Tasmanian Branch 2011-2012, and a Councillor of the Australian Dental Association Victorian Branch 2013-14.

She received the Kevin Murphy Prize in Oral Surgery in 2004, has been a Member of the Golden Key Society since 2002 and was on the University of Adelaide's Dental School Dean's List 2004.



**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 is Head of the Melbourne Dental School (MDS), having been Deputy Head from 1999—2015, and is 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.

*The eviDent Foundation is a unique organisation committed to facilitating dental practice based research in Australia.*

*The eviDent Foundation's research provides evidence based practical knowledge that can be applied to everyday practice. As a dental clinician I strive to practice using current evidence based techniques and materials.*

*As director, I am committed to ensuring the Foundation supports research to assist clinicians, like myself, to provide best practice care for their patients that is based on evidence based research.*

*The successful translation of dental research findings into practice ensures that the community is receiving the highest quality care that we can provide. The core business of the eviDent Foundation is to encourage practitioners to be engaged at the genesis of the process, to identify gaps in our knowledge and be instrumental in the generation of new information which in turn leads to care that is current and informed by evidence.*

*I value the collision of professional ideals with the research community's ongoing struggle for answers. I see these valuable partnerships as being at the heart of providing the health support that the population deserves.*

## OUR BOARD



### Dr Stephen Cottrell Director

BDS<sup>c</sup>, MSD (Indiana),  
Dip ABPerio, 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 in the fields of periodontics and implants for many years.

*Clinical decision making and treatment provision must be based on a sound evidence base. It can take many years for research to become applicable in a day to day clinical setting. eViDent and other practice based research networks provide an avenue for translational research that potentially can be applied in a clinical setting in an expeditious manner.*

*eViDent also creates an opportunity for grass roots research which allows the practicing dentist to expand their knowledge and skills base, whilst at the same time improving the oral health of their patients and the community at large.*

*These are the reasons why I have been involved with eViDent since its inception.*



Dr Anne Harrison, Mr Garry Pearson, Dr Stephen Cottrell, Dr Denise Bailey, Dr Jeremy Sternson, Prof Mike Morgan  
Mr Kenneth Harrison AM and Dr Nadia Dobromilsky (not pictured)

## 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 held	Number attended	Number held	Number attended	Number held	Number attended	Number held	Number attended
Dr Denise Addison	4	4						
Dr Stephen Cottrell	4	2	2	2				
Dr Nadia Dobromilsky	3	3						
Mr Kenneth Harrison AM	4	3	2	2			1	1
Dr Anne Harrison	4	4						
Prof Mike Morgan	4	2			4	3		
Dr Jeremy Sternson	4	4			4	4		
<b>Total</b>	<b>27</b>	<b>22</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>1</b>	<b>1</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 2016, 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 seven directors, made up of the Chair, Vice Chair, Treasurer and four others.

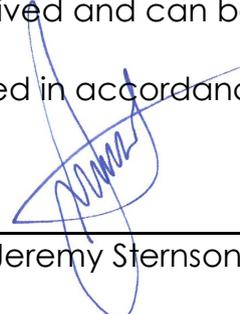
As at 30 June 2016, the Board was to be supported by the following honorary staff:

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

### Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2016 has been received and can be found on page 42 of the financial report.

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



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Dr Jeremy Sternson, Director

Dated this 23rd day of August 2016.

**EVIDENT FOUNDATION LIMITED**

(ACN: 152 078 487)

**FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 30 JUNE 2016**

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE PERIOD ENDED 30 JUNE 2016**

	Note	2016 \$	2015 * \$
<b>Continuing operations</b>			
Revenue	2	116,988	228,346
Finance income		6,318	4,549
Meetings, functions and events		(33,607)	(23,708)
Administration expenses		(33,305)	(2,165)
Legal expenses		-	-
Other expenses		(6,927)	(10,720)
<b>Surplus before income tax</b>		<b>49,467</b>	<b>196,302</b>
Income tax expense	1(a)	-	-
<b>Surplus for the period</b>		<b>49,467</b>	<b>196,302</b>
Other comprehensive income		-	-
<b>Total comprehensive income for the period</b>		<b>49,467</b>	<b>196,302</b>
<b>Surplus attributable to:</b>			
Members of the entity		49,467	196,302
<b>Surplus for the period</b>		<b>49,467</b>	<b>196,302</b>
<b>Total comprehensive income attributable to:</b>			
Members of the entity		49,467	196,302
<b>Total comprehensive income for the period</b>		<b>49,467</b>	<b>196,302</b>

\* Comparatives have been restated due to a prior period adjustment. See Note 14.

The accompanying notes form part of these financial statements.

**STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2016**

	Note	2016 \$	2015 * \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	488,831	385,909
Trade and other receivables	5	<u>27,223</u>	<u>13,315</u>
<b>TOTAL CURRENT ASSETS</b>		<u>516,054</u>	<u>399,224</u>
<b>TOTAL ASSETS</b>		<u><b>516,054</b></u>	<u><b>399,224</b></u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	6	72,703	5,340
Grants received in advance		<u>-</u>	<u>-</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>72,703</u>	<u>5,340</u>
<b>TOTAL LIABILITIES</b>		<u>72,703</u>	<u>5,340</u>
<b>NET ASSETS</b>		<u><b>443,351</b></u>	<u><b>393,884</b></u>
<b>EQUITY</b>			
Retained earnings		<u>443,351</u>	<u>393,884</u>
<b>TOTAL EQUITY</b>		<u><b>443,351</b></u>	<u><b>393,884</b></u>

\* Comparatives have been restated due to a prior period adjustment. See Note 14.

**STATEMENT OF CHANGES IN EQUITY  
FOR THE PERIOD ENDED 30 JUNE 2016**

	Retained earnings \$	Total \$
<b>Balance at 1 July 2014</b>	<b>197,582</b>	<b>197,582</b>
Surplus for the period *	196,302	196,302
Other comprehensive income	-	-
Total comprehensive income for the period	<u>393,884</u>	<u>393,884</u>
<b>Balance at 30 June 2015</b>	<b><u>393,884</u></b>	<b><u>393,884</u></b>
<b>Balance at 1 July 2015</b>	<b>393,884</b>	<b>393,884</b>
Surplus for the period	49,467	49,467
Other comprehensive income	-	-
Total comprehensive income for the period	<u>49,467</u>	<u>49,467</u>
<b>Balance at 30 June 2016</b>	<b><u>443,351</u></b>	<b><u>443,351</u></b>

\* Comparatives have been restated due to a prior period adjustment. See Note 14.

**STATEMENT OF CASH FLOWS  
FOR THE PERIOD ENDED 30 JUNE 2016**

	Note	2016 \$	2015 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from related parties		20,000	20,000
Donations and Event Income received		79,109	34,986
Grants Received		-	163,575
Payments to suppliers and employees		(2,505)	(44,430)
Interest received		6,318	4,549
<b>Net cash provided by operating activities</b>	9(b)	<b>102,922</b>	<b>178,680</b>
Net increase in cash and cash equivalents		102,922	178,680
Cash and cash equivalents at beginning of year		385,909	207,229
<b>Cash and cash equivalents at end of financial period</b>	9(a)	<b>488,831</b>	<b>385,909</b>

The accompanying notes form part of these financial statements.

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

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 recognised 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 2016**

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

**(b) Revenue (Continued)**

*Other revenue*

Other revenue is recognised 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 2016**

**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 components 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 Board 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 2016.

**(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 2016 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 2016**

	<b>2016</b>	<b>2015</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 2: REVENUE AND OTHER INCOME</b>		
<b>Revenue</b>		
Fundraising Events	78,499	41,796
Additional Donation from ADAVB	16,386	-
Donations received	22,103	186,550
	<b>116,988</b>	<b>228,346</b>

**NOTE 3: AUDITOR'S REMUNERATION**

Remuneration of the auditor for:

- auditing or reviewing the financial report

	2,500	1,700
	<b>2,500</b>	<b>1,700</b>

**NOTE 4: CASH AND CASH EQUIVALENTS**

Cash at bank and on hand

Term Deposits

	208,831	305,909
	280,000	80,000
	<b>488,831</b>	<b>385,909</b>

**NOTE 5: TRADE AND OTHER RECEIVABLES**

**Current**

Amount Receivable from the Parent Entity

Other receivables

	25,982	2,846
	1,241	10,469
	<b>27,223</b>	<b>13,315</b>

**NOTE 6: TRADE AND OTHER PAYABLES**

**Current**

Amounts payable to parent entity

(a)

Accrued expenses

	68,697	78
	4,006	5,262
	<b>72,703</b>	<b>5,340</b>

*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 2017.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 30 JUNE 2016**

**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 or activities. 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>488,831</u>	<u>385,909</u>
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*(b) Reconciliation of cash flow from operations with surplus after tax*

Surplus after income tax	49,467	196,302
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Changes in assets and liabilities:

Increase in trade and other receivables	(13,908)	(8,847)
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Increase in trade payables	<u>67,363</u>	<u>(8,775)</u>
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Net cash from operating activities	<u>102,922</u>	<u>178,680</u>
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**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 2016 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 2016**

**NOTE 12: COMMITMENTS AND CONTINGENT LIABILITIES**

At reporting date there are no contingent liabilities. (2015: \$nil)

As at 30 June 2016, there is a commitment made by the eviDent Foundation in relation to funding for the Oral Cancer Risk Test project.

**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

**NOTE 14: PRIOR PERIOD ADJUSTMENT**

There was an error in the reporting of funding received in June 2015 from Percy Baxter Charitable Trust (through Perpetual's IMPACT Philanthropy Application Program) for the eviDent Foundation to undertake research activities in the 2015/2016 financial year. An amount of \$163,575 in funding was incorrectly reported as Grant Income in advance; this funding should have been recognised as Grant Income (revenue) immediately upon its receipt.

As a result of this error, the revenue, net surplus and total comprehensive income were understated by \$163,575 for the 2014/2015 financial year. The Accumulated Surplus / Retained Earnings was understated by \$163,575 at 30 June 2015.

The error has been corrected by restating the comparative figures reported for the 2014/2015 financial year. This was achieved by increasing the revenue by \$163,575 (Note 2) and decreasing Grants received in advance by the same amount (Note 6). See also Note 12.

## 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.

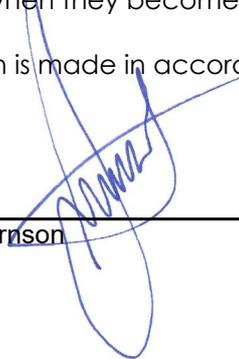
In accordance with a resolution of the directors of eviDent Foundation Limited, the directors declare that:

The financial statements and notes, as set out on pages 30 to 41, are in accordance with the *Corporations Act 2001* and:

- a. comply with the Accounting Standards applicable to the company; and
- a. give a true and fair view of the financial position as at 30 June 2016 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.



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Dr Jeremy Sternson

Director

Dated this 23rd day of August 2016.

## 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 2016 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 2016 and of its results for the year then ended.



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Mr Garry Pearson  
Chief Executive Officer/ Secretary

Dated this 23rd day of August 2016.

## Auditor Independence Declaration to the Directors of Evident Foundation Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016, there have been no contraventions of:

- 1) The auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- 2) Any applicable code of professional conduct in relation to the audit.

Crowe Horwath Melbourne

**CROWE HORWATH MELBOURNE**



**GORDON ROBERTSON**  
Partner

Melbourne, Victoria

23 August 2016

# Independent Auditor's Report to the Members of Evident Foundation Limited

## Report on the financial report

We have audited the accompanying financial report of Evident Foundation Limited (the company), which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity, and statement of cash flows for the year ended 30 June 2016, 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 in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

## Auditor's responsibility

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

## Independence

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, has been given to the directors of Evident Foundation Limited, and a copy of that declaration is attached to the annual financial report.

Auditor's Opinion

In our opinion, the financial report of Evident Foundation Limited is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards – *Reduced Disclosure Requirements* (including Australian Accounting Interpretations) and the *Australian Charities and Not-for-profits Commission Act 2012*.

Crowe Horwath Melbourne

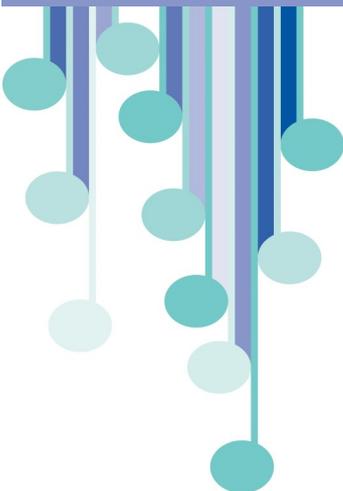
**CROWE HORWATH MELBOURNE**



**GORDON ROBERTSON**  
Partner  
Melbourne, Victoria  
23 August 2016

## APPRECIATION

- 20-80 Solutions
- Auscellar Door
- Australian Dental Association Victorian Branch Inc
- Bright Chalet
- Dr Mark Bowman
- Dr Thomas Byrne
- Cakes by Liz
- Dr Fook-San Chan
- Dr Steven Kwok Wei Chan
- Colgate
- Mr Simon Cowen
- Dr Bob Cvetkovic
- Dentsply Implants
- Dr Melissa Dowling-Sternson
- Empire Marketing
- eviDent Board and Committee Members
- eviDent DPBRN Members
- Felix the Magician
- Dr Hariklia Georgandas
- Ms Sonia Georgiades
- Dr Paul Gleeson
- Dr David Goldsmith
- Mr Tony Goodison
- Dr Amanda Gubbins
- Tim Gubbins Chartered Accountant
- Gunz Dental
- Mr Kenneth Harrison AM
- Health and Wellbeing Training Consultants
- Homing Instincts
- Dr Fiona Hunter
- ICMS
- Dr Swann Lam
- Ms Ann Lane
- Langham Hotel
- Dr Amanda Leen
- Ms Cathy Leen
- Madame Flavour
- Dr Maria Victoria Marquez Malanyaon
- A/Prof John Matthews
- Melbourne Dental School
- Dr Caroline Melbourne
- Metropolitan Golf Club
- Dr Mary Miller
- Dr Greg Morris
- Dr Kevin Morris
- Mount Hotham Skiing Company
- New World Whisky
- Optima
- Oral Health Cooperative Research Centre
- Ms Roula Papatheodorou
- Dr Ruth Paluch
- Mr Garry Pearson
- Piccoli Portraits
- Mr David Porter
- Ms Jillian Porter
- PSA
- Ms Meaghan Quinn
- Ray White Cranbourne/ Cheltenham
- Rumours Band
- Dr Andre Schertel
- Sheraton Melbourne Hotel
- Dr Kieran Soma
- Dr Bernie Smith
- Dr Jeremy Sternson
- Dr Timothy Stolz
- tdl precision orthodontics
- Thesaurus Books
- The University of Melbourne
- Velissaris Photography
- Victorian Medical Insurance Agency Ltd
- Dr Felicity Wardlaw
- Waverley Endodontics
- Dr Virginia Williams
- Dr Susan Wise
- Dr Simon Wylie



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.