



**evident**  
Foundation

## 2016/17 Annual Report

# 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 [ask@evident.net.au](mailto:ask@evident.net.au) or write to: eviDent Foundation Board, PO Box 9015, South Yarra, Vic, 3141.

## eviDent Foundation

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## CHAIR'S REPORT

Usually when asked to write an annual report I cringe, however this year I was jumping at the opportunity to share the year that the eviDent Foundation has had.

From a Board perspective, we have been very lucky to have Meaghan Quinn as our new CEO. Meaghan is well known to all in the dental world and her enthusiasm and dedication to the Foundation is unsurpassed. Her efforts this year have been exceptional and allowed us to grow exponentially. All of the achievements listed in this annual report could not have been done without Meaghan in the driver's seat.

In August 2016 we were fortunate to appoint Mark Henderson as the new Fundraising Manager. In a short time Mark managed to get his head around the dental world and practice based research, which helped him produce our current, and exciting Fundraising Plan for the next 5 years.

Mr Ken Harrison AM has been one of the most influential people I know and has served on our Board for many years. Ken has introduced us to many valued stakeholders and was integral in helping us receive a Perpetual grant in 2015. Ken resigned from

the Board in April and will be sorely missed. He will continue to Chair the Development Committee, where his input will be invaluable.

When one chapter closes another one opens. Through Ken's vast network he was able to introduce us to Ms Angela Wheelton. Angela is a Director of Wheelton Philanthropy and has very close ties with the dental world. Angela was the Managing Director of Straumann in Australia for many years, and before that has a background as one of Australia's first dental therapists. It is a privilege to welcome Angela to our Board of Directors and her enthusiasm and experience in the world of business and philanthropy will help take the Foundation to new levels.

Without the continuous efforts of our Vice Chair, Stephen Cottrell, and the other Directors, Mike Morgan, Denise Bailey, Anne Harrison and Nadia Dobromilsky, we would not have been able to move forward as much as we have done.

The last year was also packed with exciting events. Firstly the big walk: 10 adventurous individuals walked part or all of the Australian Alpine Walking track between Mt Hotham and Mt Kosciuszko spanning two States, walking around 230kms, crossing numerous rivers, battling snow, leeches, dehydrated food, steep climbs and descents, no toilets and worst of all...my company. The walk was a lot more challenging than I had foreseen, and I think it was an incredible effort for those who participated as they were walking an average of 28kms a day over usually 10 hours, with poor tracks, if any. Aside from the extreme physical efforts, these brave walkers also helped to raise almost \$50,000 for the Foundation, which in itself is a huge achievement. I think it appropriate to name all the walkers as they deserve a

lot of recognition for what they did for the eviDent Foundation - David and Jill Porter, Meaghan Quinn, Bonnie Duyverman, Tom Byrne, Melissa Dowling, Alice Gubbins, Amanda Leen, Fiona Hunter and myself. We were lucky to obtain sponsorship from Optima Healthcare Group and TDL Precision Orthodontics and some beanies to help with the cold from MIS implants.



Planning is already underway for another walking event for March Labor Day weekend 2018, along the Great Ocean Road walk. We look forward to your support in any way you can.

Our research showcase at the last AGM was another hit, with some great speakers presenting findings from some of our recent projects. With a lot of new projects in the pipeline, and more to come, this year's showcase shall be better than ever.

A trial "mouthguards for charity" drive was done in March this year, with the aim of providing children under 18 with professionally made mouthguards at low cost, with the proceeds going to the eviDent Foundation. The drive was well received and helped both young kids get the protection they need as well as raising

money to potentially go towards research into sporting injuries. We look forward to making this an annual event and will be looking for volunteers to help.

One of our Development Committee members, Karen Escobar, organised a set price dinner for her friends and donated the proceeds to the Foundation. Such a simple thing to do and was much appreciated.

I am very excited to report that our website has undergone a major redevelopment, and I encourage you to visit it at [www.evident.org.au](http://www.evident.org.au) to see what's new. I also encourage you to follow us on Facebook and LinkedIn.

The DPBRN Committee has been working very hard to form a project bank where suitable research projects get placed. This allows us to roll out projects in a timely manner when Chief Investigators are available or when grants and funding become available. These projects span a wide array of oral health issues and we look forward to rolling some out very soon.

There are a lot of projects on the go at the moment, with some innovative ones like the Body Dysmorphic Disorder project, the Prospective Implant Complications project and the Diabetes projects. Details of all the projects underway can be found on our new website. There have been a number of publications resulting from our projects published in various national and international journals.

The Development Committee has been working very hard behind the scenes. This year we welcomed Karen Escobar onto the Committee and she has hit the ground running. The Committee has worked hard and managed to obtain a relationship with Westpac Bank so anyone that takes out a loan and mentions eviDent will allow the



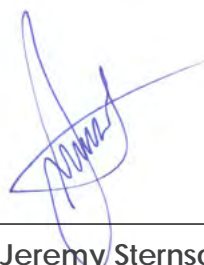
eviDent Foundation to receive a referral commission, so I implore anyone about to take out a loan to explore this option and help the Foundation.

The Finance and Audit Committee has been keeping the financials afloat and a copy of the report is included within the Annual Report. They are a small and dedicated committee and their efforts should be congratulated.

Finally, this year the Board appointed two ambassadors of eviDent: Mr Garry Pearson, who was the CEO of the Foundation previously and also the CEO of ADAVB, has been appointed as our first ambassador. With Garry's passion for all things dental, and especially eviDent, I am sure he will do us proud. Our second ambassador, Mr Ken

Harrison AM, was appointed for his tireless efforts on the Board, and his contacts and wisdom going forward will be a great asset.

The eviDent Foundation may be made up of Boards, Committees, entities and employees but everyone works together as a great unified team, and all involved show a high level of enthusiasm and dedication. I myself am proud to be a part of this team and am really excited for the year to come.



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**Dr Jeremy Sternson**  
Chair



## BOARD AND COMMITTEE MEMBERSHIP 2016/2017

Board	Dental Practice Based Research Network Committee	Finance and Audit Committee	Development Committee
Dr Jeremy Sternson, Chair	Prof David Manton, Co-Chair	Dr Stephen Cottrell, Chair	Mr Kenneth Harrison AM, Chair
Dr Stephen Cottrell, Vice Chair and Treasurer	Dr Tony Robertson, Co-Chair	Dr Felicity Wardlaw, Deputy Chair	Ms Karen Escobar
Dr Denise Addison (aka Bailey)	Dr Rita Hardiman (appointed March 2017)	Mr Kenneth Harrison AM (resigned April 2017)	Mr Mark Henderson (ex-officio)
Dr Nadia Dobromilsky	Prof Michael Burrow (resigned April 2017)	Ms Gilda Pekin	Mr Garry Pearson
Mr Kenneth Harrison AM (resigned April 2017)	Dr Mary Miller		Ms Meaghan Quinn (ex-officio)
Prof Mike Morgan	Dr Margaret Stacey (resigned March 2017)		Dr Ai Lin Tan
Ms Angela Wheelton (appointed June 2017)	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 2016 to 30 June 2017 are:

- Ms Angela Wheelton was appointed as a Director of the Board
- Dr Stephen Cottrell took over as Treasurer Chair of the Board in May, following the resignation of Mr Kenneth Harrison AM from the Board
- Prof David Manton was confirmed as Co-Chair, following the resignation of Prof Mike Morgan from the Committee
- Dr Rita Hardiman was appointed to the DPBRN Committee
- A Board Charter was approved
- A Fundraising Strategy was approved
- An eviDent Foundation Ambassador role was approved, and Mr Garry Pearson and Mr Kenneth Harrison AM were appointed as eviDent Foundation Ambassadors
- Policies EP005 Commercial Support and EP006 Promotion, Presentation and Publications were reviewed and updated
- New policies, EP011 Conflict of Interest, EP012 Social Media and EP013 Finance were approved
- A Publications Plan was approved for projects to use



- Project 001 continues to plan for the next stage of the project
- Project 002 had two papers published in the International Journal of Prosthodontics. Work has commenced on the prospective component of the study
- Project 003 is complete
- Project 004 had a paper published in the Australian Family Physician
- Project 005 is complete
- Project 006 had a paper published in the Australian Dental Journal
- Project 007 continued analysis of the data
- Project 008 continued analysis of the data and gave a presentation at the Research Showcase meeting
- Project 009 presented findings at the IADR meeting in San Francisco
- Project 010 was awarded a Wrigley's Grant of USD\$10,000
- Project 011 is complete
- Project 012 had a paper accepted for publication in the Australian Dental Journal
- Project 013 submitted the final acquittal report to Perpetual



- Project 014 is being reviewed
- Project 015 completed the first phase
- Project 016 commenced recruitment and is rolling out a staged practitioners and patient recruitment plan
- Project 017 pilot tested a practitioner questionnaire
- Project 018 met several times to refine the research protocol and prepare the ethics application
- Project 019 appointed a Research Coordinator
- Approximately 40 people attended the sixth Annual Meeting, which was held on 6 October. The program included:
  - ◆ Publication Preview, 'Investigation of Longevity of Anterior Resin Bonded Bridges', by A/Prof Menaka Abuzar, Chief Investigator
  - ◆ Take home tips for your practice, 'Diet advice in the dental setting: practitioners' perceptions and evaluation of an online training module', Dr Berenice Cheng, Associate Investigator
  - ◆ Winner of the Project Ideas Competition; Dr Tony Robertson congratulated Dr Jamie Robertson
  - ◆ Have we got a project for you?!, Prof David Manton
  - ◆ Networking.

**If we want more  
evidence-based practice,  
we need more practice-  
based evidence**

Lawrence W green

## 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 (FAC) met twice during the financial year.

New auditors, Crowe Horwarth, were appointed.

At the August FAC meeting the auditors advised the Committee of an accounting error in regards to the Perpetual Grant in the amount of \$163,000. This was corrected and amendments made in the financial report.

It was pleasing to note that eviDent made it to the second round of Perpetual Impact Grants. Although unsuccessful on this occasion, we have reviewed what can still be achieved with the available resources, and will continue to explore other financial and in-kind support.

An opportunity may also rest with the Perio Vaccine and involvement with a clinical trial of the vaccine. eviDent will pursue opportunities in this area of research in cooperation with the Oral Health Cooperative Research Centre.

The Committee acknowledged the generosity of the ADAVB and Oral Health CRC at the University of Melbourne

for their ongoing support. The Committee was also grateful to have the services agreement with the ADAVB extended in its current format.

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. I would also like to thank Mr G Pearson and Mr K Harrison who are both stepping down from the FAC but will retain other roles within eviDent. Mr Pearson's and Harrison's service and input have been of great significance and value to the eviDent network.



**Dr Stephen Cottrell**  
Treasurer

## 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.

The Development Committee met twice during the financial year.

The main activities undertaken by the Committee in the 2016/17 financial year were:

- Input into the eviDent Ambassador role, and welcomed Mr Pearson to the Committee as its first Ambassador, and later, myself
- Mr Mark Henderson joined the Committee (ex-officio) as the Fundraising Manager
- The Australian Alpine Walking Track was held in October – November 2016 and raised a net income of \$42,000, with a 7:1 return on investment, making it hugely successful
- eviDent hosted its first online auction

with eight donated items. The net profit was \$795, which is lower than had been hoped, but it achieved a high return on investment

- A streamlined process was developed and implemented for ADAVB Members to donate to eviDent when renewing their membership
- Significant input into the Fundraising Strategy, which was later approved by the Board
- A fundraising dinner hosted by Ms Karen Escobar, which raised \$650 from a relatively small number of people.

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

## DPBRN COMMITTEE CO-CHAIR'S REPORT

The eviDent Dental Practice Based Research Network (DPBRN) Committee's terms of reference are:

Encourage the conduct of evidence-based dental practice in Victoria by:

- supporting collaborative practice-based dental research that makes a difference to health outcomes and experiences of care in areas in which the network has expertise and experience;
- providing practices with the opportunity to engage in research, and access research expertise and other development opportunities available through the for Oral Health CRC, the Melbourne Dental School and the University of Melbourne;
- providing CRC researchers with access to practitioners' expertise and a practice base; and
- actively disseminating research network findings to network members and to relevant policy-makers through the joint efforts of the Australian Dental Association Victorian Branch and the Oral Health CRC.

During the 2016/17 year, the major activities of the DPBRN Committee were:

- Prof David Manton was appointed Co-Chair
- Prof Michael Burrow and Dr Margaret Stacey resigned as Committee members
- Dr Rita Hardiman was appointed a Committee member
- Nine Associate Investigators recruited (60 recruited to date; 58 current members)
- Two Research Collaborators recruited (14 recruited to date)
- No new Chief Investigators were recruited (14 recruited to date)
- No new Research Affiliates were recruited (two recruited to date)
- The Research Ideas Project Competition (seven entrants) was won by Dr Jamie Robertson, who will investigate dental health and attitudes in young adults

aged 15-25 years with diabetes mellitus. Two projects from this competition were added to the project bank (18 projects have been added to the project bank)

- The manuscript 'Five-Year Retrospective Assay of Implant Treatments and Complications in Private Practice: Restorative Treatment Profiles of Single and Short-Span Implant Supported Fixed Protheses' authored by Jason Hsuan-Yu Wang, Roy Judge, Denise Bailey was accepted for publication in the International Journal of Prosthodontics
- The manuscript, 'General practitioners' knowledge and management of dry mouth – a qualitative study', authored by Natalie J Appleby, Meredith J Temple-Smith, Margaret A Stacey, Denise L Bailey, Elizabeth M Deveny, Marie Pirotta was accepted for publication in the Australian Family Physician Journal
- The manuscript, 'Periodontal treatment in private dental practice: a case-based survey', authored by I Darby, S-Y Barrow, B Cvetkovic, R Musolino, S Wise, C Yung, D Bailey was accepted for publication in the Australian Dental Journal
- 22 project proposals were considered, with 16 approved/ added to the project bank.

We would like to thank the members of eviDent and their project teams for their continued commitment and diligence over the past 12 months. We would also like to acknowledge the work and commitment of the committee members.



**Prof David Manton**  
Co-Chair



**Dr Tony Robertson**  
Co-Chair



### Ken Harrison AM, Ambassador

My main interest these days is philanthropy, having had a successful career in investment banking and rural pursuits. I have a strong desire to share this success and assist worthy foundations which can use the skills I have gained in business, eviDent Foundation being one of my top priorities. Why? Because, as Ambassador, I can spread the word about the importance of dental health and research amongst my network of philanthropists and high-net worth individuals. The ambassador role allows me to do this very effectively, as I concentrate my time on what I can do best. eviDent plays a vital role in dental research, an area which has been overlooked and under-funded for too long. eviDent brings together dental, philanthropy and administration skills that are needed to advance dental research through communicating its importance where it matters - donors.

Whilst I don't have a dental background, I bring fundraising skills and experience to the table, which allows cross pollination of ideas between myself and dental and management professionals, which has seen success in some funding applications.

The future looks bright; eviDent is now well established and managed, which facilitates easy communication with prospective donors and the eviDent Foundation.





### Garry Pearson, Ambassador

When handing over the CEO role for eviDent to Meaghan Quinn in July 2016, I was keen to remain involved with eviDent and support its continued growth. Consequently, the Board established a new role characterised as 'Ambassador', and appointed myself and Mr Ken Harrison AM as the inaugural eviDent Ambassadors.

Ken and I continued as members of the Development Committee, helping to review the draft fundraising strategy, and suggesting measures by which to enhance the financial health of the Foundation.

For my own part, I introduced the Fundraising Manager to some key dental industry representatives for discussion of possible fundraising ventures and partnerships. Negotiations on such relationships can take time to mature, and so we look forward to seeing the fruit of those efforts in the coming year. Recognising how central engagement in reflective practice is for dentistry to continue to call itself a profession, all members hopefully consider themselves ambassadors – both academics and practitioners – and promote these practice-based research activities to their patients and the community. When the opportunity arises, please consider informing your patients about the value of practice-based research for enhancing the quality of their dental care, and encourage them to support the work of the Foundation.



The ones who are crazy  
enough to think they  
can change the world,  
are the ones who do.

STEVE JOBS



# Fundraising Highlights





## Australian Alpine Walking Track Challenge

Rain, hail, thunder, lightning, wind, snow, river crossings, leeches, snakes, dodgy knees and a chest infection...the eviDent Australian Alpine Walking Track Challenge was gruelling, but incredibly rewarding!

On 28 October 2016, seven eviDent Charity Challenge Trekkers stepped out of the warm bus at Loch car park at Mt Hotham, wondering what they had gotten themselves into, as they shivered and scrambled to put on hats, gloves and jackets. Five of the seven were about to walk 87kms of the Australian Alpine Walking Track in 4 days, whilst the remaining two would pick up three others and continue on to walk a total of 230kms in 10 days – that's the equivalent of walking up and down Eureka Tower 34 times!

**Their inspiring efforts raised over \$40,000\* to help fund vital research.**

It was an incredible trek; a wonderful

group of trekkers, motivated to survive the rigours of considerable distance to raise money for such a worthy cause.

We could not have asked for a better bunch of trekkers doing their utmost to raise vital funds for the eviDent Foundation. Try to imagine dodgy knees, infected toes, chest infections, blisters, the rapid approach towards hypothermia on a day of constant rain, plague-proportion of leeches (possibly a slight exaggeration) that had to be burnt or flicked off when full, snakes, numerous unexpected river and creek crossings, an unfathomable number of trees across the track that had to be climbed over or under and one too many freeze-dried meals for dinner. It was a great testament to good humour and gutsy determination, despite Dr Sternson insisting that it was 'just 50 metres' when the incline looked impossible toward the end of very long days.

Those who were met along the way were so inspired by the efforts of our trekkers,



\*Donations for this activity straddled the 2015/16 and 2016/17 financial years. Information is on an activity not a financial basis.



knowing the enormity of the challenge first hand, and even more impressed that it was all for charity!

On completing the trek, the sense of accomplishment was paramount. The eviDent Foundation Alpine Walking Track Charity Challenge was tough and a significant challenge for everyone. With your support, our trekkers have achieved great heights!

Thank you to those of you who cheered them on and helped to raise vital funds for the eviDent Foundation.

## Third Party Fundraising Event

In 2016, Ms Karen Escobar, Development Committee Member, organised a dinner

with friends at a Thai restaurant. With only the basic cost of the meal to cover, \$650 was raised with a healthy return on investment from a relatively small number of people.

'The event was a great success, with all the people, young and old, enjoying the evening', said Ms Escobar. She commented that as well as raising funds, it was a great opportunity to raise awareness about eviDent. She said that the eviDent flyers that were provided for her event were well received and stimulated some discussion about eviDent's work and the issues which we face.

Questions from those attending the event included, 'how long do projects take?', 'why does eviDent need the money?' and 'how much money is needed?'.



## Online Auction

In December 2016, eviDent hosted its first online auction with donated items. The festive auction was operated for free through an auction website so the only costs were the minimal staff costs involved in getting the auction page set up. The net profit was \$795, which is lower than had been hoped, but it achieved a high return on investment. Although the event only attracted 17 bids from a small number of bidders, those that engaged with the auction had a positive experience.

eviDent looks forward to running another Christmas auction in 2017/18.



## Mouthguards

With his son playing in an under 9's footy team, Dr Jeremy Sternson has an interest in promoting mouthguard awareness and providing access to custom-fitted mouthguards. In recent years he has made mouthguards for kids in his son's footy team and a rural footy team in Omeo. He now has it down to a fine art, and as Chair of the eviDent Foundation Board, believes it's essential for his support for oral health care to extend beyond his practice.

In 2017, Dr Sternson donated 100% of the proceeds from the first 50 mouthguards he made for children under 18, at a cost of \$60 per mouthguard or health fund rebate.

Work has commenced to expand the campaign in 2018, and invite other practices and laboratories to become involved.

These mouthguards not only protect children's teeth, but will also support the eviDent Foundation to improve the oral and dental health of Australians.







# Research Highlights

# 004

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

Dry mouth is a pervasive problem which can lead to an increased risk of oral and general health problems such as increased levels of tooth decay, difficulties eating and difficulties wearing dentures. Many dry mouth sufferers report a decrease in their quality of life. Dry mouth is much more common in those taking certain medications and, as our population ages, the number of people taking multiple medications is rapidly increasing. On a daily basis, general medical practitioners (GMPs) prescribe medications that can cause dry mouth and frequently come into contact with patients that may have dry mouth; GMPs are therefore ideally placed to give initial advice to their patients with dry mouth.

With the collaboration of two practice-based research networks, eviDent and VicReN, a recent study aimed to improve the level of knowledge of GMPs regarding the oral health implications of prescribing medications that may cause dry mouth, to utilise GMPs as a first line for identifying patients at risk from dry mouth and dental decay and to equip GMPs to provide patients with advice about dry mouth management and decay prevention.

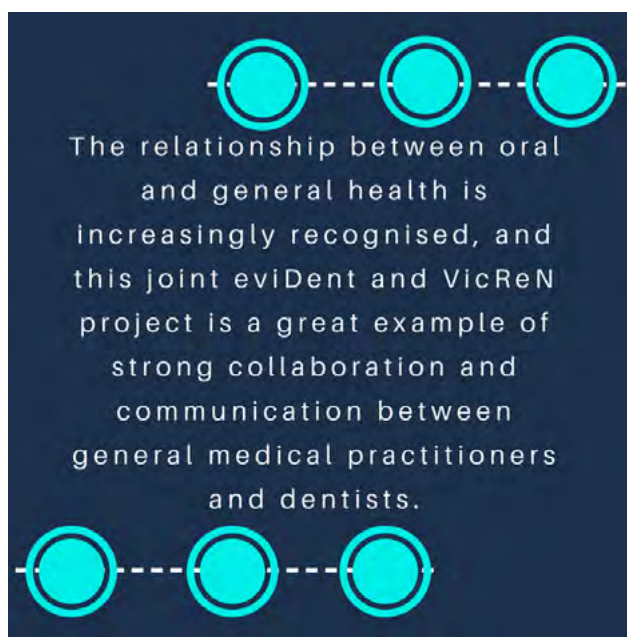
The relationship between oral and general health is increasingly recognised, and this joint eviDent and VicReN project is a great example of strong collaboration and communication between GMPs and dentists.

Findings from this study were published in the December edition of the Australian

Family Physician: [General practitioners' knowledge and management of dry mouth – A qualitative study](#)

The study also produced two Fact Sheets about dry mouth, which are available via the eviDent Foundation website:

- What is Dry Mouth
- Care of a Dry Mouth.



# 008

## Investigation of the longevity of anterior resin bonded bridges

Anterior adhesive bridges were developed in the 1970's and widely promoted in the 1980's. The concept was to create a metal ceramic bridge to replace missing teeth which required minimal tooth preparation and still provided adequate retention. This was in contrast to conventional crown and bridge work which required significant preparation of the abutment teeth.

After the initial euphoria, anterior adhesive bridges began to fail after de-bonding of the retainer on the abutment teeth. Failures would occur after only a few months in some cases, with no predictability.



Adhesive bridges came to be considered as temporary or short-term prostheses. Numerous design and material changes were experimented with during the 1980's in an attempt to get long-term retention and reliable success.

The aims of the study were to:

- Evaluate the survival of anterior resin bonded bridges (ARBBs) provided to a cohort of patients by dental practitioners in Melbourne
- Assess the survival rate of ARBBs with two different tooth preparation designs.

This study demonstrates ARBB survival rates of 98% at 5 years, 97.2% at 10 years and 95% at 15 years.

The difference in the survival of bridges between design A and B was minor and not statistically significant.

The results of this research demonstrate that ARBBs can be used as a successful long-term prosthetic solution for one missing tooth in the anterior maxilla and mandible. Tooth preparation designs used for ARBBs by Melbourne clinicians have resulted in a high survival rate.

We thank the practitioners and their staff who participated in this project for their continuous support during data collection, and the patients who volunteered to participate in the telephone interview.

## 009

### Evaluation of the Health Promoting Practices Pilot Project

Despite significant gains in life expectancy and many areas of health risk, in Australia and internationally, the growing burden of chronic, non-communicable disease has

become a critical issue for health systems, governments and the community. Diets heavy with unhealthy foods (high-fat, high sugar, high salt), physical inactivity and sedentary behaviour, the prolonged burden of tobacco-related disease, and harmful alcohol consumption are common characteristics of high and middle income countries and are therefore common risk factors targeted in health promotion campaigns.

In a patient-centred healthcare model, patients are being encouraged to take control of their own healthcare and participate in a collaborative relationship with their healthcare provider to ensure the best possible health outcomes. The purpose of the Health Promoting Practices project was to develop a voluntary health promotion framework through which health professionals could positively influence health behaviours of their patients.

eviDent's Chief Investigator, Dr Melanie Hayes, reported on findings from this project at the 95th International Association for Dental Research Meeting in San Francisco, 22-25 March 2017.

The Health Promoting Practices (HPP) Project aimed to assess whether the implementation of the HPP pilot project contributes to positive behaviour 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.

Using convenience sampling, dental practitioners and physiotherapists participated in a state-wide survey exploring attitudes to health promotion. 18 practices were involved in implementing the framework, which included recruiting patients to complete a Health Self-

Assessment, and comparing this with basic demographic factors and health attitudes. Process evaluation involved a 12 month follow-up survey to participating practitioners.

Dental practitioners (n=337) and physiotherapists (n=367) generally believed that it was part of their role to engage in health promotion with patients. Dental practitioners were strong on promoting healthy eating and smoking cessation, while physiotherapists almost always discussed physical activity with patients; however, neither group regularly discussed alcohol consumption with patients.

Practitioners identified insufficient consultation time as the biggest barrier to health promotion, followed by a lack of remuneration, feeling that it would not change patient behaviour, and a lack of counselling skills.

The findings from the patient health self-assessment at baseline show revealed that nearly 40% of participants reported a healthy diet, with just over half undertaking a healthy level of physical activity, more than 90% consuming less than two alcoholic drinks per day, and only 10% currently smoking.

In addition, the baseline survey results showed that patients had high level health literacy, and were already engaging in healthy lifestyle behaviours at baseline, it was therefore difficult to measure any significant changes to these indicators. The majority of the patients enrolled in the study believed the practice that they attended to be 'health promoting' at baseline and at follow-up.

Compared to population-wide health indicators, patients in this study (n=498) were more likely to achieve the

recommended behaviours in the areas of healthy eating, physical activity, alcohol consumption, and tobacco use. The patient health self-assessment was viewed by patients as a helpful indicator of goal behaviours, and was helpful in guiding discussions with their healthcare professional to relevant areas.

Health promotion was generally viewed positively by patients and practitioners. However, there may be opportunities to increase practitioner confidence in delivering health promotion messages, through the provision of education and supporting resources.

For more information about the project, or for resources for both consumers and practices, please visit [www.healthpromotingpractices.net](http://www.healthpromotingpractices.net)



## 010

### Children's Dental Program - Expanded Project

In 2013, a pilot research project – the Children's Dental Program was carried out at Plenty Valley Community Health (PVCH). The project investigated child dental visit attendance patterns to determine whether a targeted school dental check-up program can retain high-needs child patients using public dental services. The pilot project's positive finding demonstrated support for an expanded project.

Children most vulnerable to dental disease are the least likely to access

dental health services. Dental decay is a common childhood disease and is largely preventable. It can cause discomfort and distress for the family, is often time consuming and costly to have treatment. Dental decay can affect up to 3 out of 4 children by age 5 years of age.

This study seeks to reaffirm the value of school dental check-ups to increase dental access and retain high-needs child patients. The study will soon be inviting practising dentists to participate in a component of the project that aims to assess the effect of the Child Dental Benefits Schedule on private dental practice.

Participating practitioners will be asked to enrol children aged 0-12 years old for periodic review of their dental health and limited access to their dental records at the 12-month and 24-month follow-up period to collect data on dental services provided and their change in their dental health. Primary carers of enrolled children will be responsible for any dental treatment costs according to the dental practices' fee schedule. The project team will assist in the dental examination calibration training for all interested dental practitioners to ensure examination consistency between practitioners.

## 012

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

Dental caries is still one of the most common diseases in Australia, despite being preventable.

For many years, caries rates were declining in Australia, attributable to public health

initiatives such as community water fluoridation. In recent years there is some indication that these positive trends have either plateaued or have begun to increase. Specifically, the caries experience of children is on the rise.

The recent caries increase has been attributed speculatively to an increased consumption of sugary drinks. Increasing urbanization and globalization have altered children's diets worldwide, promoting availability and access to processed foods and sugary drinks. The quantity of sugary drink consumption, but the frequency and timing is also important; habits such as regular sipping increase caries risk.

While most dental practitioners think providing diet advice is important, very few take the time to discuss diet with their patients. Low confidence and inadequate training have been reported as barriers to providing dietary advice.

This study aimed to improve dietary analysis and nutritional counselling for caries prevention in the dental setting.

To achieve this aim, there were two of objectives:

- to educate dental practitioners using an online learning module; and
- to evaluate the efficacy of a simple online learning module in increasing positive regard and frequency of nutritional counselling in dental practitioners.

Before completing the online learning module, dentists, hygienists and oral health therapists (OHTs) were asked to fill out a brief online survey to ascertain how often they are providing dietary advice in practice, their levels of confidence and the barriers they experience in providing such advice.

Hygienists and OHTs were more confident, and provided advice more regularly than the dentists who were surveyed.

The most common barrier reported was insufficient time.

The online learning module was delivered using an e-learning platform, and explored the effect of sugar on caries risk, introduced a simple risk assessment, and included a 5A's approach to nutritional counselling. The module also provided education on motivational interviewing techniques. A short survey at the end of the module assessed the participant's satisfaction with the online learning module.

One of the most difficult aspects of this project was recruiting practitioners to participate; perhaps the marketing of the research project need improvement, i.e marketing as an online continuing professional development rather than participating in research.

Some of the feedback that members of the project team received on the project focussed on the struggles that dental practitioners have with using motivational interviewing techniques with their patients. Whilst the online module included information on behaviour change including video-simulations of motivational interviewing conversations, these videos were not specific to diet-related conversations in the dental clinic.

As such the next phase of this project will develop some specific motivational interviewing videos demonstrating motivational interviewing techniques as they can be applied to conversations about sugar consumption in the dental clinic, and embedding those in the online learning.

# 013

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

Oral cancer is the 8th and 13th most common cancer in the world for males and females respectively.

This disease is more common in disadvantaged groups, who have higher rates of known risk factors, including smoking, drinking and low dental care access. Oral cancer is difficult to detect, remaining undiagnosed until well advanced.

With support from the Percy Baxter Charitable Trust (through Perpetual's 2015 IMPACT Philanthropy Program), the eviDent Foundation facilitated a project that investigated the link between exposure to alcohol and oral cancer risk, with a view to developing a chairside Oral Cancer Risk Test (OCRT).

The OCRT will examine patients for oral cancer and future disease risks. When completed, it will have three components:

1. A new rapid saliva test
2. An oral clinical exam
3. An assessment of patient risk behaviours, such as 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. With earlier diagnosis, and treatment, prognosis is enormously improved.

During this project, patients who were identified as at risk of oral cancer were counselled on their risk profile and encouraged to modify their behaviours.



Translating what appeared to be a simple paper-based device to a clinical environment had unforeseen challenges. The project team subsequently developed a liquid-based method that is very reproducible, quantifiable and less expensive to quantify levels of the cancer-causing agent, acetaldehyde, which works well with frozen samples. This will expedite our future work, and reduce the cost of salivary analysis. Future work will require adaptation of the test to a robust chairside OCRT that clinicians can quickly and easily administer.

For the first time, the project team demonstrated a direct relationship between alcohol metabolism and oral cancer. This ground-breaking finding will support future research to further this project, and help raise awareness of the link between alcohol and oral cancer risk among dental professionals and their patients.

The project developed and tested an application to use on an android tablet-based device to evaluate the oral cancer behavioural risk factors of dental patients. eviDent DPBRN members tested the App on android devices, and provided useful feedback. This has prompted the translation to a web application for use on any internet-enabled device. The patients' individual oral cancer risk evaluation can then be incorporated into the patient's file and a hardcopy available to print and discuss with the patient.

The project is undertaking a preliminary clinical trial at the Royal Melbourne Hospital for patients diagnosed with oral cancer, and the Royal Melbourne Dental Hospital for age and gender matched healthy controls. Interim analysis of the first 142 patients, 29 of whom had oral cancer, showed that significantly more oral cancer patients produced high levels of the carcinogen

acetaldehyde in their saliva. This finding is important to guide future oral cancer research.

Using our OCRT in its current form, the project team can identify healthy people who have a high risk of oral cancer, help them to engage in preventive behaviours, and monitor for early cancer signs.

Thus far, this study has shown, for the first time, a direct relationship between rapid alcohol metabolism in those with oral cancer. Although this does not assist patients who already have oral cancer, those identified as being able to metabolise alcohol intra-orally at very high rates have been counselled to:

- Avoid high concentrations of alcohol
- Only have alcohol with foods (thus diluting the direct effect of acetaldehyde production)
- Avoid the use of alcohol containing mouthwashes
- Have regular oral mucosal examination to ensure they have not developed any changes that may be indicative of the first signs of malignant changes.

With behaviour modification, these patients may never develop oral cancer.

Once further necessary funding is secured, the project will continue.

## 015

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

Halitosis or bad breath is a common problem with many causes, both intraoral and systemic. The 'Say Ahhh' study is a

collaborative project between eviDent and the Victorian Research Network (VicReN) that will look at the management of this common yet potentially complex condition by GPs, dentists and community pharmacists.

The project aims to improve management of patients with bad breath or halitosis by general practitioners (GPs), dentists and community pharmacists. This project is being conducted in three phases. The first phase will explore the experiences and perspectives of GPs, dentists and community pharmacists on halitosis. The second phase will explore patients' and clients' experiences and attitudes concerning halitosis. The final phase will draw from the two previous phases to develop a collaboration model between GPs, dentists and community pharmacists to better detect, screen and manage patients with halitosis. This project has the potential to improve inter-professional collaboration in the management of patients with halitosis.

The project is presently undertaking the second phase of the project which is conducting interviews with patients/clients visiting GPs, dentists and community pharmacists.

## 016

### Body Dysmorphic Disorder in Prosthodontics

Body Dysmorphic Disorder (BDD) is a psychiatric condition characterised by an excessive preoccupation with a slight or imagined defect with some aspect of physical appearance.

Patients think about their real or perceived flaws for hours each day. They can't control

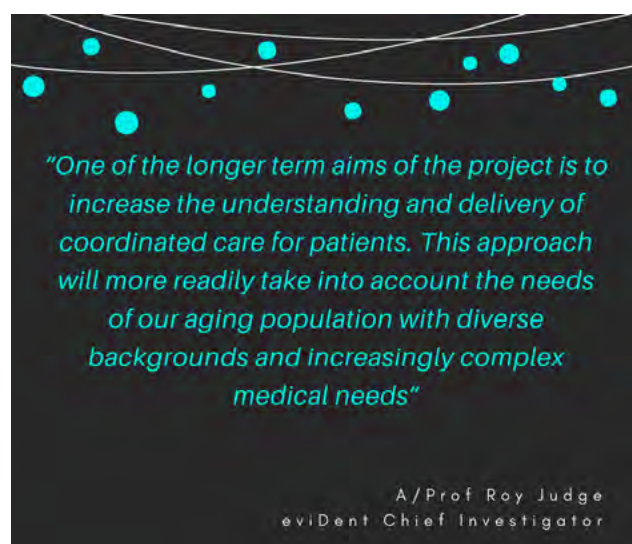
their negative thoughts and don't believe people who tell them that they look fine. Their thoughts may cause severe emotional distress and interfere with their daily functioning. They engage in lengthy rituals of camouflage or avoid social contact.

Current co-morbidities include depression, anxiety, social withdrawal or social isolation and even suicidal thoughts.

The disorder is part of the Obsessive Compulsive spectrum (Diagnostic and Statistical Manual of Mental Disorders–V) and constitutes a different entity to Anorexia Nervosa.

Far from being an uncommon disorder, body dysmorphia affects 1-2% of the general population but the number rises to around 15% of patients presenting for cosmetic treatments (including dental). Patients with BDD are not only more likely to undergo cosmetic procedures, but will often be dissatisfied with the outcome and pursue further treatment or complain.

Whilst broadly recognised in the dermatologic and plastic surgery fields, BDD is widely under-reported and under-recognised in dentistry with only a handful of studies, mostly in orthodontics and maxillofacial surgery. However, with



**Dr Bob Cvetkovic**  
Associate Investigator



I have been involved with eviDent for a number of years. My participation as a general practitioner in private practice both challenges me intellectually and satisfies my enjoyment in a way that I can fit in to my busy schedule. It's simply another avenue of contributing to the dental profession and the community through supported scientific research that hopefully translates to use in daily practice. I became involved in the BDD project because I experience daily challenges in managing dental aesthetics and a wide complex of oral symptoms that patients present. I was intrigued by the simplicity of my participation, which involves me giving a survey to new patients after inviting their voluntary participation. All the material was given to me by the researcher and I simply have to collate and report on my diagnosis of the patients' perceived problems and a brief assessment of their status.

of the project is to increase the understanding and delivery of coordinated care for patients. This approach will more readily take into account the needs of our aging population with diverse backgrounds and increasingly complex medical needs".

the current increase in patients seeking cosmetic dental procedures, it seems prudent to be able to identify patients with increased cosmetic concerns and expectations.

This study aims to identify patients with increased symptoms of BDD before irreversible prosthodontic or cosmetic treatment is carried out. The study involves a questionnaire that has been validated in other medical specialties like dermatology, ophthalmologic and plastic surgery. eviDent Associate Investigator, Dr Carolina Perez Rodriguez said, "Research in this field is important because the number of patients seeking cosmetic treatments is increasing and these treatments may be irreversible, expensive and need long term maintenance. Effective management of expectations will lead to more successful outcomes, happier patients and less future litigation".

eviDent Chief Investigator, A/Prof Roy Judge said, "One of the longer term aims

## 017

### **Facilitators and barriers to oral health for children with cardiac conditions**

Children with congenital heart disease are reported to have poor oral health outcomes, with high rates of untreated carious lesions. A recent audit of children with cardiac conditions attending the Royal Children's Hospital Dentistry Department found that the mean age of presentation to the Dentistry Department was five years, with almost half presenting with untreated carious lesions. The high rate of untreated carious lesions suggests difficulty accessing adequate dental care, and raises questions about whether these children attend dental clinics in a private or public setting, and what the barriers and facilitators are to accessing care.

This study seeks to identify the barriers and facilitators to good oral health in children with congenital cardiac disease.

Specifically, it aims to:

- Explore the knowledge of, attitudes about and experiences with oral health care for parents
- Investigate the knowledge, practices and experiences of oral health professionals in the provision of oral health care for children with cardiac conditions
- Investigate what approaches would help facilitate the future provision of care for children with cardiac conditions from a parent, oral health professional and organisational perspective
- Develop tools and resources for parents and oral health professionals to improve access to oral health care for children with cardiac conditions.

This study is the first of its kind to explore the impact of a child's cardiac condition on their ability to achieve good oral health. Early access to timely and appropriate dental treatment may prevent dental decay in children with congenital heart disease.

Problems associated with dental decay for children with heart disease include:

- Delays in potentially life-saving medical treatments as existing dental infections need to be managed first to render a child fit for cardiac surgery
- Higher risk of infective endocarditis caused by bacteria present in untreated dental decay
- Higher risk of hospitalisation
- Risks associated with general anaesthetic required for treatment of dental decay.

Potential benefits from this study include:

- Early access and appropriate preventive intervention may reduce the need for dental treatment and general anaesthesia with its associated complications
- Improved health of the child
- Better quality of life of the child

- May be used as a model for wider network of tertiary children's hospitals.

## 018

### Dental health and attitudes in young adults aged 15-25 years with diabetes mellitus (DM): a case-control study

In 2016 eviDent ran a research project ideas competition to seek research ideas to add to a project bank, which may be developed into active projects. eviDent invited those with a dental question that could be answered through practice-based research, to enter the competition, and congratulated Dr Jamie Robertson for his project that seeks to determine whether there are additional oral health issues in young adults who have DM compared with matched young adults who do not have DM. It also seeks to assess attitudes to oral hygiene self-care in DM patients who have been told of the link between oral health and DM.

Adults who have poorly controlled diabetes mellitus (DM) have more advanced gum disease and an increased risk of tooth decay. Moreover, people with poorer gum health have greater difficulty controlling DM. Self-efficacy in both oral health and Type 1 DM management are related to lifestyle habits typically established during adolescence. However, there are currently few published data in this age group. This study will provide insight into the oral health in young adults who have Type 1 DM, at a time when they are establishing potentially enduring lifestyle habits, potentially a critical time for early intervention to optimise long-term oral health and its impact on DM.

The study aims to:

- Compare the oral health, as measured by decay experience and gum disease



of young adults who have DM with the oral health of healthy young adults

- Assess attitudes to dental health in both groups
- Assess the need to include regular periodic oral health assessments within multidisciplinary young adult diabetes clinics.

It is anticipated the results from the study will inform the need to include regular periodic oral health assessments within multidisciplinary young adult diabetes clinics to optimise long-term oral health and DM glycaemic control.

## 019

### **iDENTify: Improving diabetes outcomes by screening for undiagnosed diabetes**

Diabetes is increasing at a faster rate than other chronic diseases such as heart disease and cancer in Australia. Despite this, little is

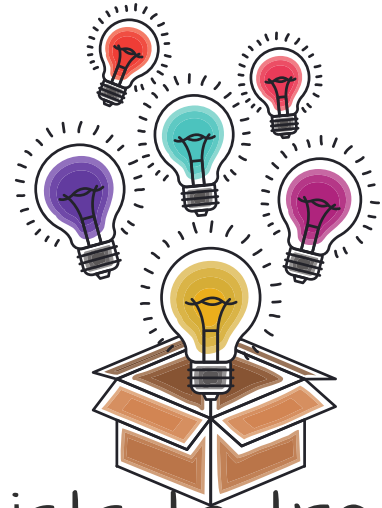
known about the management of patients with diabetes, undiagnosed diabetes/pre-diabetes or those at risk of diabetes in the oral healthcare setting. The critical issue is early diagnosis to engage patients in appropriate management.

The study will soon be inviting practising dentists to complete an online survey to help our eviDent supported research team develop an innovative approach for identifying diabetes and pre-diabetes.

This study is part of a larger study on the management of diabetes, pre-diabetes and patients who are at risk of diabetes. It aims to assess dental health practitioners' general diabetes knowledge and their knowledge, attitudes and practices around treating patients with suspected or confirmed diabetes/pre-diabetes.



# Project Bank



1. Ability of general dentists to treat trauma
2. Type & usage of mouthguards in junior sport
3. GPs' understanding of dental issues & appropriate prescribing of antibiotics related to dental care
4. Formulation & evaluation of dental triage training module for GPs
5. Longevity of the new breed of all ceramic restorations?
6. Endodontic diagnosis treatment decision making

7. Bruxism - how does this risk factor modify the choice of restoration

8. The professions' understanding of 'cracked cusp' syndrome

9. Selection of restorative materials

10. Utilisation of dental hygienists and oral health therapists in private practice

11. Patterns of specialist referral in dental practice

12. Best sensitive-type products to recommend to patients

13. Cost-effectiveness of flowable composite sealants

14. Assessment of quality of life with/ without treatment of endodontic disease

15. Effect of CBCT use on  
diagnosis, treatment planning &  
treatment method

16. Assessment of endodontic case  
difficulty

17. Assessment of the use of posts  
in teeth

18. Correlation between incidence of  
dental trauma and mouthguard use

19. Effectiveness of coconut pulling

20. Association of causal  
relationship between high spots &  
fractured cusps

21. Oral Health Assessment









# PRESENTATIONS



Annual Meeting, 6 October 2016:

- Publication Preview: eviDent project 008, Prof Menaka Abuzar
- Take home tips for your practice - eviDent project 012, Dr Berenice Cheng (pictured above)
- Winner of the Project Ideas Competition, Dr Tony Robertson and Dr James Robertson (pictured below)
- Have we got a project for you?!, Prof David Manton

Engaging in practice based research, Prof David Manton, Melbourne Dental School, 19 October

Body Dysmorphic Disorder in Prosthodontics: a practice based study, Dr Carolina Perez Rodriguez, ADAVB Red Flags Day, 3 March 2017 and ADAVB Early Clinical Essentials - Aesthetics, 6 May 2017

Evaluation of Health Promoting Practices Project, Dr Melanie Hayes, 94th IADR, San Francisco, 24 March 2017



## DIRECTOR'S REPORT

Your directors present this report on the company for the financial year ended 30 June 2017.

### 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 Anne Harrison

Dr Denise Addison

Dr Stephen Cottrell

Dr Nadia Dobromilsky

Mr Kenneth Harrison AM (resigned April 2017)

Prof Mike Morgan

Ms Angela Wheelton (appointed June 2017)

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 facilitating 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
- Facilitate research in practices and support practitioners involved in research
- Develop leaders and foster leadership opportunities
- 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
- 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
- Improve coordinated care
- Provide oral health care innovation
- 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

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.



### Jeremy Sternson, Chair

The eviDent Foundation has gained a lot of traction in the last year. It has been great to see many new faces taking part in projects, project ideas and fundraising opportunities. One highlight for me was learning the results from the anterior resin bonded bridges project (see page 20 and 21) which has not only renewed my confidence in this treatment but also given me a sound treatment protocol for use within my surgery. I am really looking forward to the results of the Body Dysmorphic Disorder project (see pages 26 and 27), as this will affect the way I practise going forward. Another highlight for me was the Alpine Walking Track Challenge, where 10 individuals, most of them new to the Foundation, hiked portions or all of a 230km track and raised over \$40,000 for the Foundation. The walkers' dedication to our cause, and the help they have given the Foundation since the walk, has been phenomenal! I look forward to the next (easier) walk in March.



Dr Jeremy Sternson  
Chair

BDSc, FRACDS, FADI

Dr Sternson is the Chair of the eviDent Foundation, Deputy Co-Chair of the DPBRN Committee and an eviDent Associate Investigator. He is also an ADC examiner, and is on ADAVB's CPD and Sports and Social committees.

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

He is a Councillor of the Australian Dental Association Victorian Branch (ADAVB), past-President of the Australasian Osseointegration Society, a member of the ACAD Organising Committee and an Honorary Fellow of the University of Melbourne.

### Stephen Cottrell, Vice Chair and Treasurer

'What's in it for me, or my patients?' is often the question I get from colleagues when discussing eviDent and the projects being undertaken.

Having been involved with eviDent since its inception I can see a number of benefits, on many levels, that can flow from the eviDent research.

Being involved in clinical research offers a new dimension to clinical dentistry that most of us have not been exposed to, which allows for personal and professional growth. From a day to day practice perspective, a number of studies are helping to substantiate our clinical decision making.

From a broader public perspective, a number of studies, such as the oral cancer diagnosis study (see page 24 and 25) and periodontal disease/ diabetes studies, have the potential to impact upon general public health issues. It is these types studies with broader public benefit that must go forward to enable eviDent to grow.



**Dr Stephen Cottrell**  
Vice Chair and Treasurer

**BDS Sc, 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.



### Denise Bailey, Director

The melding of academic research and dental practice, of academic researchers and dental practitioners is, for me, one of the most inspiring aspects of eviDent.

Research becomes so much more valid when the direction of that research is steered by those who will directly use the results.

I have really enjoyed working with some of the postgraduate students who spend so much energy (mental and physical) adapting research protocols to help ensure that they can work in busy dental practices.



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

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

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

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.



### Nadia Dobromilsky, Director

The Board continues to focus on its strategic goals: continuous improvement, communication, sustainability and excellence. For me, fundraising was a highlight this year. In a milestone achievement, eviDent appointed a Fundraising Manager, Mr Mark Henderson. Together with the Board and Development Committee, Mark developed a strong fundraising strategy that will ensure the financial growth and sustainability of the eviDent. The other fundraising highlight for the year was the hugely successful Alpine Walk, which achieved extensive awareness and large donations for the Foundation. I look forward to working with Mark and seeing the fundraising strategy implemented over the coming years. 2017 also saw a change in the office. I wish to thank Mr Garry Pearson for his outstanding job as CEO and welcome Ms Meaghan Quinn as the new CEO/Secretary. Meaghan has been an integral part of eviDent since its establishment, and brings with her a passion and drive that will push eviDent to achieve its strategic goals.



Dr Nadia Dobromilsky  
Director

BDS

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.

### Anne Harrison, Director

The eviDent Foundation supports a research network that engages dentists and can positively change the practice of dentistry. With limited time to commit to additional activities, I have committed to my role as a Director of eviDent because it is a high impact cause and presents an opportunity for maximum benefit to the dental profession and oral health of the community. I am a proud supporter of the eviDent Foundation as it continues to find novel ways to best support its work. I embrace the opportunity to work alongside talented researchers, academics, business people, philanthropists, practitioners and genuinely good people! Who wouldn't sign up for that?

Our members should be very proud of the work already done, and will hopefully be inspired to become involved with future projects or to provide support to grow the network further.



**Dr Anne Harrison**  
Director

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

Dr Harrison was the inaugural Vice Chair, and former 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.



### Mike Morgan, Director

In my view, eviDent exists for two principal reasons. First it is attempting to disrupt the rather blunt concept of an "ivory tower" - for many, the space that universities occupy in the world. The profession works together with a tertiary institution and doing so produces an outcome which is a win-win. Second, as it is essential to keep evidence based health care a mainstay for improving community well being, there is a mutual and natural inter-dependence of "town" and "gown" - possible through the collegiality of seeking new knowledge together. These are the reasons I support eviDent and in doing so, strive to make it stronger.



Prof Mike Morgan  
Director

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

Professor Morgan is the Head of The Melbourne Dental School, The University of Melbourne. He has been involved in dental education, accreditation and research both in Australia and internationally. Graduating with a dental degree from The University of Otago, he gained a PhD from The University of Melbourne in dental public health and epidemiology. Previously a Board member of VicHealth, he is President of the Australian Dental Council Board of Governors. Mike also chairs the Health Professions Accreditation Councils' Forum, representing all entities appointed under the National Registration and Accreditation Scheme to accredit health profession education programs in Australia.



### Angela Wheelton, Director

As a recently appointed Director of the eviDent Foundation, I have spent my entire career of 37 years in the Dental Industry. Initially, 20 years as a clinical Dental Therapist and later in a senior role responsible for the treatment and dental health education of primary school aged children in both metropolitan Melbourne and country Victoria. I then moved to the corporate sector and spent the next 17 years developing the brand for Institute Straumann AG in Australia and New Zealand, 11 years as the Country Head. Working closely with the ITI (International Team of Implantology), education supported by clinical research became the key pillar of our success. With a strong passion for education and duty of care in both the corporate and more recently the charitable sector, I hope to bring these values to the eviDent Foundation, based on a strong desire to make a difference.



Ms Angela Wheelton  
Director

**MBA, Diploma Business Marketing, Diploma of Applied Science (Oral Health)**

Graduating with a Diploma of Applied Science, after over 20 years as a dental therapist, Ms Wheelton moved into the corporate world in the dental industry for the next 17 years, before retiring and commencing fulltime work under the Wheelton Philanthropy brand.

With a desire to educate the broader community about the possibilities and opportunities in all areas of Philanthropy, Wheelton Philanthropy looks at key trends around the Globe and seeks to spread the message of positive and engaged Philanthropy for families and the broader community.

She has been and continues to be involved with a number of not-for-profit Boards.

# DIRECTOR'S REPORT

## 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 eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr Denise Bailey	4	3						
Dr Stephen Cottrell	4	4	2	2				
Dr Nadia Dobromilsky	4	4						
Dr Anne Harrison	4	1						
Dr Kenneth Harrison AM	3	0	1	1			2	2
Prof Mike Morgan	4	3						
Dr Jeremy Sternson	4	4			4	3		
Ms Angela Wheelton	0	0						
Total	27	19	3	3	4	3	2	2



*Dr Nadia Dobromilsky, Dr Denise Bailey, Dr Jeremy Sternson, Ms Angela Wheelton, Ms Meaghan Quinn and Dr Stephen Cottrell  
Dr Anne Harrison and Prof Mike Morgan (not pictured)*

## Review of Financial Operations and Results

The negative result for the foundation arises from the timing difference of receipt of grants and related expenditure. The eviDent Foundation received a large grant which was brought to account in 2015/16 as income, with all of that sum expensed in the 2016/17 financial year. This is in compliance with the recognition and measurement principles of the applicable accounting standards and the foundations accounting policies.

## 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 2017, 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 2017, the Board was to be supported by the following honorary staff:

- Ms Meaghan Quinn — (honorary) Chief 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 2017 has been received and can be found on page 58 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 22nd day of August 2017



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

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

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2017**

	<b>Note</b>	<b>2017</b> <b>\$</b>	<b>2016</b> <b>\$</b>
<b>Continuing operations</b>			
Revenue	2	37,631	116,988
Finance income		5,487	6,318
Meetings, Projects, Functions, Events		(149,963)	(33,607)
Administration expenses		(69,593)	(33,305)
Other expenses		(8,883)	(6,927)
<b>(Loss)/Surplus before income tax</b>		<b>(185,321)</b>	<b>49,467</b>
Income tax expense	1(a)	-	-
<b>(Loss)/Surplus for the period</b>		<b>(185,321)</b>	<b>49,467</b>
Other comprehensive income		-	-
<b>Total comprehensive (loss)/income for the period</b>		<b>(185,321)</b>	<b>49,467</b>
<b>(Loss)/Surplus attributable to:</b>			
Members of the entity		(185,321)	49,467
<b>(Loss)/Surplus for the period</b>		<b>(185,321)</b>	<b>49,467</b>
<b>Total comprehensive (loss)/income attributable to:</b>			
Members of the entity		(185,321)	49,467
<b>Total comprehensive (loss)/income for the period</b>		<b>(185,321)</b>	<b>49,467</b>

The accompanying notes form part of these financial statements.

EVIDENT FOUNDATION LIMITED

(ACN: 152 078 487)

STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2017

	Note	2017 \$	2016 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	284,904	488,831
Trade and other receivables	5	3,936	27,223
<b>TOTAL CURRENT ASSETS</b>		<u>288,840</u>	<u>516,054</u>
<b>TOTAL ASSETS</b>		<u>288,840</u>	<u>516,054</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	6	30,810	72,703
<b>TOTAL CURRENT LIABILITIES</b>		<u>30,810</u>	<u>72,703</u>
<b>TOTAL LIABILITIES</b>		<u>30,810</u>	<u>72,703</u>
<b>NET ASSETS</b>		<u>258,030</u>	<u>443,351</u>
<b>EQUITY</b>			
Retained earnings		258,030	443,351
<b>TOTAL EQUITY</b>		<u>258,030</u>	<u>443,351</u>

The accompanying notes form part of these financial statements.



EVIDENT FOUNDATION LIMITED

(ACN: 152 078 487)

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2017

	Retained earnings \$	Total \$
<b>Balance at 1 July 2015</b>	<b>393,884</b>	<b>393,884</b>
Surplus for the year	49,467	49,467
Other comprehensive income	-	-
Total comprehensive income for the year	49,467	49,467
<b>Balance at 30 June 2016</b>	<b>443,351</b>	<b>443,351</b>
<b>Balance at 1 July 2016</b>	<b>443,351</b>	<b>443,351</b>
Loss for the year	(185,321)	(185,321)
Other comprehensive income	-	-
Total comprehensive loss for the year	(185,321)	(185,321)
<b>Balance at 30 June 2017</b>	<b>258,030</b>	<b>258,030</b>

The accompanying notes form part of these financial statements.

EVIDENT FOUNDATION LIMITED

(ACN: 152 078 487)

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from related parties		15,000	20,000
Donations and event income received		45,918	79,109
Payments to suppliers and employees		(270,332)	(2,505)
Interest received		5,487	6,318
<b>Net cash (used in)/provided by operating activities</b>	9(b)	<b>(203,927)</b>	<b>102,922</b>
Net (decrease)/increase in cash and cash equivalents			(203,927)
Cash and cash equivalents at beginning of year		488,831	385,909
<b>Cash and cash equivalents at end of financial period</b>	9(a)	<b>284,904</b>	<b>488,831</b>

The accompanying notes form part of these financial statements.

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

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.

*Grant income and donation 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.



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

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

**(b) Revenue (Continued)**

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 YEAR ENDED 30 JUNE 2017**

**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 2017.

**(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 2017 and have not been applied in preparing these financial statements. None of these are expected to have significant effect on the financial statements of the company.

EVIDENT FOUNDATION LIMITED

(ACN: 152 078 487)

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

	2017 \$	2016 \$
<b>NOTE 2: REVENUE AND OTHER INCOME</b>		
<b>Revenue</b>		
Fundraising Events	18,806	78,499
Donation from ADAVB	15,000	16,386
Donations received	3,825	22,103
	<u>37,631</u>	<u>116,988</u>
<b>NOTE 3: AUDITOR'S REMUNERATION</b>		
Remuneration of the auditor for:		
- auditing or reviewing the financial report	2,500	2,500
- other services	-	-
	<u>2,500</u>	<u>2,500</u>
<b>NOTE 4: CASH AND CASH EQUIVALENTS</b>		
Cash at bank and on hand	101,585	208,831
Term deposits	183,319	280,000
	<u>284,904</u>	<u>488,831</u>
<i>Reconciliation of cash</i>		
Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows		
Cash and cash equivalents	<u>284,904</u>	<u>488,831</u>
<b>NOTE 5: TRADE AND OTHER RECEIVABLES</b>		
<b>Current</b>		
Amount receivable from the parent entity	2,052	25,982
Other receivables	1,884	1,241
	<u>3,936</u>	<u>27,223</u>
<b>NOTE 6: TRADE AND OTHER PAYABLES</b>		
<b>Current</b>		
Amounts payable to parent entity	(a) 20,811	68,697
Accrued expenses	9,999	4,006
	<u>30,810</u>	<u>72,703</u>

(a) 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 year ending 30 June 2018.



EVIDENT FOUNDATION LIMITED

(ACN: 152 078 487)

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

**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 company's capital by assessing the company'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	284,904	488,831
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(b) *Reconciliation of cash flow from operations with (loss)/surplus after tax*

(Loss)/Surplus after income tax	(185,321)	49,467
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Changes in assets and liabilities:

Increase in trade and other receivables	23,287	(13,908)
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Increase in trade payables	(41,893)	67,363
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Net cash from operating activities	(203,927)	102,922
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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 2017 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.

**NOTE 12: CONTINGENT LIABILITIES**

At reporting date there are no contingent liabilities. (2016: \$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

**EVIDENT FOUNDATION LIMITED**

(ACN: 152 078 487)

**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:

1. The financial statements and notes, as set out on pages 46 to 55, 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 2017 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.
2. 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 Jeremy Sterkson**  
Director

Dated this 22nd day of August 2017

**STATEMENT BY PRINCIPAL ACCOUNTING OFFICER**

I, Meaghan Quinn, 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 2017 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 2017 and of its results for the year then ended.



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**Ms Meaghan Quinn**  
Chief Executive Officer/ Secretary

Dated this 22nd day of August 2017

## Auditor Independence Declaration under S307C of the *Australian Charities and Not-for- profits Commission Act 2012* to the Directors of Evident Foundation Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2017, 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**

*G. Robertson*

**GORDON ROBERTSON**  
**Partner**

Melbourne, Victoria

25 August 2017

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

## Opinion

We have audited the financial report of Evident Foundation Limited (the Company), which comprises the statement of financial position as at 30 June 2017, 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 and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company has been prepared in accordance with Division 60 of 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 2017 and of its performance and cash flows for the year then ended; 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*.

## Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Corporations Act 2001* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

## Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, but does not include the financial report and our auditor's report thereon.

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

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

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

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### **Responsibility of the directors 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* (ACNC Act) and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

### **Auditor's responsibility for the audit of the financial report**

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_files/ar3.pdf](http://www.auasb.gov.au/auditors_files/ar3.pdf). This description forms part of our auditors report.

### **Report on other legal and regulatory requirements**

In accordance with the requirements of section 60-45(3) (b) of the ACNC Act, we are required to describe any deficiency, failure or shortcoming in respect of the matters referred to in paragraph 60-30(3)(b), (c) or (d) of the ACNC Act. We have nothing to report in this regard.

### **CROWE HORWATH MELBOURNE**



**GORDON ROBERTSON**  
Partner  
Melbourne, Victoria  
25 August 2017

# Thank You

20-80 Solutions, ADOHTA Vic, Sally Ahern, Samar Amari, Poppy Anastassiadis, Sav Apostolou, Australian Dental Association Victorian Branch Inc, Anamalay Ayasamy, Greg Barton, Aaron Bazley, William Besly, Peter Blackmore, Amanda Blesing, Serge Bobbera, Luke Borgula, Mel Bowen, Ginny Bowley, Mark Bowman, Luke Brady, Bright Chalet, Grace Brown, Tina Bryan, Tom Byrne, Chris Callahan, Jennifer Campbell, Rosalind Carr, Nell Carswell, Susan Cartwright, San Chan, Iola Chan, Chee Chang, Catherine Cheah, Jo-Anne Cherry, Yuky Cheung, Pam Clark AO, Robin Coad, Shelley Coburn, Anthony Collett, Rosie Cook, Caroline Cotter, Stephen Cottrell, Michelle Courtney, Stuart Cran, , Bob Cvetkovic, Sally Daffy, Meg Dalling, Frank Davis, Jon Davison, Simon Deall, Nadia Dobromilsky, Jodie Dobson, Sarah Dobson, Louise Doig, Val Dowell, Melissa Dowling, Susan Dowling, Hank Duyverman, Chris Duyverman, Bonnie Duyverman, Hayden Earl, Empire Marketing, Diana Evans, eviDent Board & Committee Members, eviDent DPBRN Members, Nicole Falcone, Matthew Farmer, Alan Feil, Josephine Finnegan, David Fleischmann, Clark Forbes, James Forbes, Glenn Fordham, Paul Gallas, Sonia Georgiades, Desi Giannopoulos, Nova Gibson, Andrew Gikas, Tony Goodison, Belmont Dental Group, Alice Gubbins, William Gubbins, Tim Gubbins, Gunz Dental, Grant Hamilton Ritchie, Philip Hand, Paul Hargreaves, Laura Harris, Christine Harris, Anne Harrison, Kenneth Harrison AM, Ian Henderson, Jeanette Henderson, Hugh Henderson, Wendy Hobill, Christopher Homewood, Tiana Howard, Bridget Howell, Fiona Hunter, Agim Hymer, ICMS, Audrey Irish, Georgina Irish, Melanie Jarman, Tissa Jayasekera, Philip Johnson, Heike Jewell, Gealdine Joyce, Leorah Kagan, Alex Kalisz, Karen Kan, Robert Kenny, Adam Keyes-Tilley, Gabrielle Klingberg, Mesut Komser, Judy Lane, Ann Lane, Maryann Lauofo, Simon & Sonya Lawlor, Sheryl Lee, Doug Lee, Amanda Leen, Bryce Leen, Cathie Leen, Som-Ling Leung, Judith Lewis, Sophia Ljaskevic, John Locke, Andrei Locke, Claudia Losonski, Phillipa Low, Pantea Makhmalbaf, Kylie Mamone, Maria Marquez-Malan, David Marriott, Fiona Marshall, Asha Martin, Veronica Mason, John Matthews, Jennifer McConachy, Claire McConachy, Sam McLeod, Caroline Melbourne, Melbourne Dental School, Metropolitan Golf Club, Anna Meyer, Elizabeth Milford, Mary Miller, Olivia Millman, Natasha Mitchell, Miodrag Mladenovic, Caitlin Murphy, Simone Nardella, Sarah Neilson, James Newby, Debra Neylon, Connie Ng, Thanh Nguyen, Rod O'Connell, Andy Ong, Devin Ong, Brett Onslow, Optima, Laura Pace, Sasaluck Pakdeethai, Ruth Paluch, Theodore Pang, Roula Papatheodorou, Alasdair Parkin, Garry Pearson, Greg Pineo, Howard Pogorelsky, David Porter, Jill Porter, Aidan Quieros, Meaghan Quinn, Michael Quinn, David Rankin, Sharne Rees, Jamie Robertson, Val & Barry Ryan, Mike Ryan, Dan Sampanthar, Julie Savage, Jill Sayers, John Scollo, Paul Schneider, Mark Scriven, Kaitlyn Shin, Warren Shnider, Laura Siebels, Margarita Silva, Antonio Sison, Rebecca Sloane, Bernie Smith, Kane Southwell, Andrew Sproll, Kate Starr, Andrew Starr, Ann Sternson, Hayley Sternson, Jeremy Sternson, Tristan Sternson, Kate Stewart, Ruth Stewart, Anna Stewart, Timothy Stolz, Caitlin Sum, tdl Precision Orthodontics, Amy Tennent, The University of Melbourne, Katy Theodore, Anton Therkildsen, Thredbo Alpine Hotel, Peter Tolliday, Andrew Tucker, Marija Udovicic, Joseph Versace, Sam Verco, Velissaris Photography, Andrea Verhoeven, Jack Wang, Jeff Ward, Felicity Wardlaw, Bruce Waxman, Thomas Webb, Andrew Welsh, Mary Ellen Wilkinson, Vince Williams, Pat Williams, Danielle Wilson, Jenny Wilson, Susan Wise, Maurice Wolecki, Alwyn Wong, Matthew Wong, Sarah Wong, Andrew Wood, Simon Wylie, Jason Yap, Renae Welsh, Virginia Williams

The organisations & individuals listed above have provided in-kind &/ or financial support. Together, let's help to improve Australia's dental & oral health