

A photograph of a microscope in a laboratory setting, with a teal diagonal overlay on the right side of the image.

**evident**  
Foundation

2017/18  
**ANNUAL REPORT**

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# 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 11984-18 (expires 9 June 2021).

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

2018 has been another big year at the eViDent Foundation, with great events, more research on the go and some brilliant publications. Slowly and steadily the Foundation is gaining exposure, developing relationships with key stakeholders and achieving goals more readily than before.

The end of last year saw the launch of our new website. With its great new look, the website is easy to use and has a real professional look to it. The website makes it simple for supporters and researchers to get involved in any aspect of the Foundation.

Star Wars episode VIII was released in December 2017 and we held the first of our private movie screenings at the Como cinema; a well-attended event that raised valuable funds for eViDent.

March 2018 saw the pilot of "Mouthguard March", where dental practices could get involved by donating a portion of the mouthguard fees back to the eViDent Foundation during March (and beyond). March was chosen due to the early starts to the football, soccer, basketball, rugby and hockey seasons. Not only does this incentive help to promote the importance of professional fitted mouthguards, but it also raises funds which can be utilised to do more research into dental

trauma in the community.

March also saw the second of our big walks take place, with a large group of adventurous souls walking along the Great Ocean Walk from Apollo Bay to near Ryan's Den. This time the walk had the option of full support for those who like a bit of luxury. The group of walkers came from all avenues of life, and what a great group it was! One of the days saw 10 kids walk with us all the way into Johanna Beach. The support crew of Melissa Dowling and Heike Jewell provided the walkers with unbelievable meals each night and well deserved beverages.

There was a great sense of camaraderie and the walkers, as a group, raised around \$30,000 for the Foundation. Such a great effort for all those that participated. Look out for a third walk to come...in Tasmania.

June also saw another movie event with a premier screening of "Oceans 8". This sell-out event was held in the Sun Theatre in Yarraville and proudly supported by Optima. Whilst we didn't quite raise as much money as the magnificent Ocean's 8, every little bit helps.

Since March, the Board and staff have had their heads down planning the next three years. eViDent is a referral partner of Commonwealth Bank and Westpac to bring banking discounts and benefits to our supporters. You can access discounts and benefits on a wide range of Commonwealth Bank and Westpac everyday banking products and services, such as loans, credit cards and bank accounts.

The Foundation has started expanding interstate with a few projects, and hopefully in the next year we will have affiliations with more universities, which in turn will see more research being performed in areas of need.

At the time of writing this, the "Tea for Teeth" campaign will not have occurred but this was the brain child of our Board member, Dr Nadia Dobromilsky.

With the kind sponsorship of the Melbourne Oral and Facial Surgeons this event hopes to be yet another great way to raise funds.

Other future events coming up include Around the Bay ride, the Color Run and Yin/ Yang Yoga Flow. Keep an eye on our website and Facebook page for more information about these and other events.

This year we have seen results and publications from numerous research projects. Some of the highlights have been the accepted publication of the Anterior Resin Bonded Bridge project, which is one of the best publications I have read in years and offers so much relevance to our clinicians. Other projects such as the Oral Health for Children with Cardiac Conditions, Body Dysmorphic Disorder project, the iDENTify project and the Implant Complications project are moving along at rapid pace. I think next year will host multiple publications and show more completed projects.

Most of our projects are run at very low cost due to the dedication and altruism of the participants and staff. All of these great researchers from Chief Investigators, Associate Investigators, Research Affiliates and those just giving up their time to help, should be proud of

what they are helping to achieve. None of our projects could work without their generosity.

The year has gone very quickly and it has been both a pleasure and an honour to work with the Board, the CEO and the staff. Our newest Board member, Ms Angela Wheelton OAM was awarded the Member of the Order of Australia on 11 June in the Queen's Birthday honours for her significant service to the community through a range of organisations. Her continuing contributions to the Not-for-Profit sector are certainly worthy of wider recognition by the community

Our CEO, Meaghan Quinn's dedication and enthusiasm for the eViDent Foundation has helped us to progress rapidly with our strategy and achieve our goals.

I would like to thank each and everyone of the Board, the staff and all the supporters this year for helping to make eViDent what it is today.



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**Dr Jeremy Sternson**  
Chair



## BOARD AND COMMITTEE MEMBERSHIP 2017/2018

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	Ms Gilda Pekin	Mr Mark Henderson (ex-officio)
Dr Nadia Dobromilsky	Prof Ivan Darby (appointed February 2018)		Mr Garry Pearson (resigned January 2018)
Mr Kenneth Harrison AM (appointed November 2017)	Dr Mary Miller		Ms Meaghan Quinn (ex-officio)
Prof Mike Morgan	Dr Jaafar Abduo (appointed September 2017)		Dr Ai Lin Tan
Ms Angela Wheelton OAM	Dr Jeremy Sternson, Deputy Co-Chair		
	Dr Timothy Stolz		
	Dr Jeff Ward		

## GENERAL REVIEW

Key achievements of the eviDent Foundation during the period 1 July 2017 to 30 June 2018 are:

- The Board completed its annual Board assessment, and approved an action plan to address some of the issues raised from the assessment
- The Board Charter was reviewed and updated
- Mr Kenneth Harrison AM was appointed as a Director
- Dr Jaafar Abduo and Prof Ivan Darby were appointed to the DPBRN Committee
- Policies EP002 and EP009 and EP010 were reviewed and updated
- New policy, EP014 Refund was approved
- Procedures EPR001 and EPRI002 were reviewed
- Mouthguard March Campaign was launched, inviting practitioners to donate a minimum of 15% from the sale of mouthguards for the minimum of the month of March
- Clinical A/Prof Matthew Hopcraft was appointed as the 2018 Tea for Teeth Ambassador
- The Board celebrated exceeding its KPI which stipulated a 50% increase in visits to the [www.evident.org.au](http://www.evident.org.au) website in 2018
- Three project proposals were developed into research protocols
- Project 001 continues to plan for the next stage of the project
- Project 002 had a paper published in the International Journal of Prosthodontics
- Project 003 is complete
- Project 004 is complete
- Project 005 is complete
- Project 006 is complete
- Project 007 continued analysis of the data
- Project 008 had a paper published in the Australian Dental Journal
- Project 009 is complete
- Project 010 submitted final reports to Wrigley and Australian Dental Health Foundation
- Project 011 is complete
- Project 012 had a paper published in the Australian Dental Journal
- Project 013 submitted an application for funding to the NHMRC
- Project 014 is being reviewed
- Project 015 submitted a paper for publication
- Project 016 was invited to give a presentation at the ADAVB Convention
- Project 017 submitted a paper for publication
- Project 018 commenced patient recruitment
- Project 019 gave a poster presentation will be presented at IADR in London
- Project 020 a multidisciplinary guideline team was formed develop peer reviewed clinical guidelines for the provision of dental treatment
- Project 021 submitted an application for ethical approval
- Approximately 50 people attended the Research Showcase, which was held on 12 October. The program included:
  - ◆ A publication preview of the Body Dysmorphic Disorder (BDD) project
  - ◆ What's next for the Oral Cancer Risk Test project
  - ◆ A sneak peek at the prospective component of the Implant Complications in Private Practice project
  - ◆ A summary snapshot of current project ideas, and how to participate.
  - ◆ Networking.

# 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.

# CBA AND WESTPAC REFERRAL

eviDent is a referral partner of Commonwealth Bank and Westpac to bring banking discounts and benefits to our supporters. You can access discounts and benefits on a wide range of Commonwealth Bank and Westpac everyday banking products and services, such as loans, credit cards and bank accounts.

Find out more at <https://www.evident.org.au/about/our-supporters>.



## TREASURER'S REPORT

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

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

The Finance and Audit Committee met twice during the financial year.

As eViDent grows, it is clear that we must cultivate regular and reliable income streams so that we can become a self-sufficient organization. Unfortunately we were unsuccessful with our application for the Perpetual Impact Grant, however we will seek alternative funding for the Heart Kids project and submit an application to fund another project for next year's Impact Philanthropy Application Program. The Oral Health Cooperative Research Centre (OH-CRC) in its' present guise will soon wind up. eViDent has received substantial in kind support from the OH-CRC, and it is anticipated that the OH-CRC will emerge as a different entity that eViDent will continue to work with.

In regards to our relationship with the Australian Dental Association Victorian Branch Inc (ADAVB), their in kind support continues, although the service agreement fee will increase from next year. The ADAVB support has been greatly appreciated since the inception of eViDent. The eViDent Board feels that the relationship with the ADAVB is mutually beneficial; the work eViDent performs is designed to benefit the broader community and dental practitioners.

With this in mind, we look forward to further growth and development with the ADAVB.

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.



**Dr Stephen Cottrell**  
Treasurer



## DPBRN COMMITTEE CO-CHAIR'S REPORT

The eviDent 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 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 2017/18 year, the major activities of the eviDent DPBRN Committee were:

- Prof David Manton was appointed Co-Chair
- Dr Jaafar Adbuo and Prof Ivan Darby were appointed to the Committee
- Two Chief Investigators were recruited (17 recruited to date)
- Five Associate Investigators recruited (65 recruited to date; 62 current members)
- Four Research Collaborators recruited (18 recruited to date)
- No new Research Affiliates were recruited (two recruited to date)
- The manuscript 'Five-Year Retrospective Assay of Implant Treatments and Complications in Private Practice: Restorative Treatment Profiles of Long-Span, Implant Supported Fixed and Removable Prosthesis' authored by Vahed Parzham, Roy Judge,

Denise Bailey was accepted for publication in the International Journal of Prosthodontics

- The manuscript, 'Longevity of anterior resin bonded bridges: survival rates of two tooth preparation designs', authored by Menaka Abuzar, John Locke, Gordon Burt, Gerard Clausen and Karen Escobar was accepted for publication in the Australian Dental Journal
- Three research protocols were approved.

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

# FUNDRAISING HIGHLIGHTS



## GREAT OCEAN ROAD WALK

'The eviDent Great Ocean Walk was a four-day adventure that I will not forget. Walking 76km with such an enthusiastic and positive group of people was such a pleasure, and to raise over \$27,000 for the eviDent Foundation made this one of the most special hikes I've ever done,' Dr Jeremy Sternson said.

The walkers experienced stunning coastal scenery and remote beaches both from sea level, as well as from elevated cliff-top tracks. The route included the Cape Otway Lighthouse, Rainbow Falls, Castle Cove and the remote and rugged Milanesia beach.

The walkers also enjoyed some amazing forest scenery, including 65m Mountain Ash forests of the Great Otway National Park, which is home to a wide range of animals and birds.

'It's back to work for most of us today. No more sea breezes, fresh air, pristine beaches, and

the beauty of nature. Thank you to the eviDent Foundation for such great organisation, and also to the amazing support team. It was a privilege to spend the four days with my fellow walkers and experience the care and respect shown by everyone. Great job, everyone, on the fundraising and thanks for all the support for eviDent,' said Dr Mary Miller.

'The eviDent Great Ocean Walk was a great experience...I feel lucky to do this with an appreciable and similarly caring group of people all the while raising money for dental practice based research,' Dr Nigel Souter said.

A HUGE thanks and congratulations to our amazing team of eviDent walkers who took on the immensely challenging but enriching personal journey, raising over \$27,300 between them. Over four days they walked 76 km, climbing the equivalent of 538 floors – which is like climbing the Eureka Tower FIVE times!





## 2018 GREAT OCEAN WALK DONATION UPDATE

4 days, 10 people, 76 km, 538 floors

**\$27,308.28**

*Every dollar makes a real difference to improving the oral health of Australians.*  
**#evidentcharitychallenge**



Australians dispose of more than 30 million toothbrushes each year, equating to approximately 1000 tonnes of landfill. Toothbrushes are non-biodegradable, so they remain in landfill indefinitely.

But there is a way to recycle your toothbrushes. In fact, most oral health waste, such as empty toothpaste tubes, floss containers and any outer packaging, can be recycled.

TerraCycle and Colgate have partnered to create a free recycling program for oral care products. Not only that – the program rewards eviDent with payments for those who choose eviDent as their charity of choice for each item they recycle!

This year eviDent encouraged dental practices and the general public to take part to help the planet and raise valuable funds for eviDent's vital research to improve the oral health of all Australians by signing up for an account at [www.terracycle.com.au](http://www.terracycle.com.au) and collecting oral health waste so that it can be shredded and melted into hard plastic that can be remolded to make new recycled products.

## STAR WARS: THE LAST JEDI MOVIE SCREENING

Having taken her first steps into a larger universe in Star Wars Episode VII- The Force Awakens, Rey continues her epic journey in this new Star Wars saga. And so too, eviDent continues its epic journey into a wider world to improve the oral and dental health of all Australians. We thank those who attended the charity screening of Star Wars: The Last Jedi in December 2018 to help eviDent achieve its next chapter. Yoda Best!

## MOUTHGUARD MARCH

Every year, thousands of people are treated for dental injuries that could have been avoided by wearing a protective, custom-fitted mouthguard. Wearing a custom-fitted mouthguard helps to protect against serious injuries, such as a broken jaw, cut lips and tongues, and cracked, fractured or knocked-out teeth.

This year eviDent promoted the benefits of buying a custom-fitted mouthguard from a practice participating in Mouthguard March to not only be protect a smile, but to help to

improve the oral health of all Australians, as a percentage of the profits from mouthguard sales were donated to the eviDent Foundation by the following participating practitioners/ practices:

- Drs Sternson and Barton, Melbourne Dental Group
- Vineyard Dental
- Campaspe Dental Care
- Dr Andrew Gikas & Associates
- Angle House Orthodontics
- City Dental Tasmania - Hobart, New Town, Glenorchy.
- James Street Dental
- Parkmore Family Dental
- South East Orthodontics.

## OCEAN'S 8 MOVIE SCREENING

Although eviDent Foundation's charity screening of Ocean's 8 didn't raise quite as much as the fabulous Ocean's 8, every little bit helps, and the eviDent Foundation's Board of eight, together with our Golden Globe sponsor, Optima, thank you those who attended for helping to improve the oral and dental health of Australians.



# RESEARCH HIGHLIGHTS



# 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 has completed data collection at Plenty Valley Community Health (now merged with Dianella Plenty Valley), and will soon commence data collection at Peninsula Health.

# 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 has completed the first and second phase of the project, and will soon commence the third. A paper presenting the findings from phase 1 has been submitted to a peer reviewed journal.

# 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. People with increased symptoms of BDD are more concerned with physical appearance and perceived flaws. These patients often have higher unrealistic expectations when seeking cosmetic treatment.



This study aims to identify patients with increased symptoms of BDD before irreversible restorative or cosmetic treatment is carried out. The study involves a Dysmorphic Concern Questionnaire (DCQ) that has been validated in other medical specialties like dermatology, ophthalmology, plastic surgery, etc.

eviDent investigators recruited patients from general and prosthodontists practice. Patients were asked to complete a medical history form with the DCQ integrated in it. The clinicians completed a baseline rating form to objectively assess the patient concern and expectations.

### Preliminary Results

- 5 practices recruited 213 patients
- **Dysmorphic symptoms:** 10-16% (depending on the cut off score chosen)
- **BDD Prevalence:** 4%
- **Gender** - Women more likely to present with high dysmorphic symptoms
- **Mental Health** - Anxiety and history of mental problems (past or present) were highly correlated to higher dysmorphic symptoms.
- **Type of problem**
  - Patients who presented for routine check-ups were unlikely to have high dysmorphic symptoms
  - Some correlation between “failing dentition/restorations” and moderate dysmorphic symptoms
  - Patients with high DCQs can present for any type of treatment
- **Type of dentist**
  - No difference in DCQs scores was found between broad categories (prosthodontists vs general).
  - There was difference between the more specific types (private prosthodontist, cosmetic and implant).
- **Clinician assessment**
  - Clinicians' assessment of patients' expectations when compared to the DCQ scores was poor.

Clinicians still feel ill-equipped to discuss with patients mental health.





# 017

## FACILITATORS AND BARRIERS TO ORAL HEALTH FOR CHILDREN WITH CARDIAC CONDITIONS

It is important for children with heart conditions to have good oral health to prevent not only pain, infection and difficulty in eating, but also to prevent infection of the lining of the heart by bacteria from the mouth. Children with heart conditions in Australia have difficulty accessing adequate oral health care in the community, and as a result can present before heart surgery with advanced tooth decay that needs urgent treatment before the heart surgery.

There are 1,920 children with congenital heart disease born in Australia annually; the total number of Australian children with this condition aged 0-18 is estimated at 34,560.

Dental diseases pose high risks for children (even life-threatening), with heart conditions, as the bacteria involved have direct and drastic implications for the treatment of cardiac conditions.

Currently in Australia, children aged under five years underutilise available dental services. This is problematic for children with cardiac conditions, with cardiac surgery sometimes postponed or cancelled due to untreated dental disease. An eviDent facilitated project aims to make it easier for Victorian children with heart conditions to access oral health care at an early stage, by providing both parents and dental professionals with tools and resources to improve access to care. Preventive treatment and improved access to care will result in less dental caries, improved oral health, and better oral and cardiac health. The project aims to create and pilot pathways for Victorian children with heart conditions to access

dental services for prevention and treatment in Victorian hospitals and the community. This will be informed by key stakeholders, including parents, dental professionals and the Royal Children's Hospital cardiac team, to tailor services provided, improving engagement and utilisation.

One of the parents involved with the study reported, *'The hard thing always with dentistry... when they need a filling it's easy to feel very terrible as a parent as you know dentistry is a different kettle of fish cause you feel bad, feel responsible as a parent for their dental treatment... [as opposed to the heart]'*.

This innovative combined care pathway for oral health will be unique for Australia and, if successful in increasing access to care and prevention, will improve oral and cardiac health outcomes, and may be expanded for children with other medical conditions.



# 018

## DENTAL HEALTH AND ATTITUDES IN YOUNG ADULTS AGED 15-25 YEARS WITH DIABETES MELLITUS (DM): A CASE-CONTROL STUDY

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.

The study aims to recruit about 50 patients, aged 18-25, with Type 1 diabetes and type 2 diabetes on insulin, and will assess dental health by oral examination and dental health attitudes and behaviours by questionnaire.

The project will provide insight into the oral health of these young adults at a time when they are establishing potentially enduring lifestyle habits. This is also a critical window for early intervention to optimise long-term oral health and its impact on diabetes.

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 AND PRE-DIABETES

1.7 million Australians have diabetes; rising obesity, dietary changes and sedentary lifestyles are driving diabetes rates to the point that this number will double by 2025. It is the fastest growing chronic condition in Australia.

The starting point for living well with diabetes is early detection.

To effectively promote chairside medical screening by Oral Health Professional (OHP), one of the necessary elements is an understanding of their attitudes towards, acceptance and perceived barriers to, screening for diabetes. As such, the purpose of this study is to gain an understanding of OHPs knowledge, attitudes and practices towards treating patient with diabetes and to explore screening for type 2 diabetes and pre-diabetes in the oral health setting using the diabetic risk calculator (AUSDRISK).

The second objective is to evaluate the overall economic justification of screening for diabetes and prediabetes using AUSDRISK among high-risk individuals in the dental setting.

Stage one of the project found that OHPs were positive about their role on Type-2 diabetes (T2D) screening. Attitudes were affected by the participant's profession and sector of work. To provide effective early identification of T2D, OHPs' attitudes should be enhanced as well as resolving perceived barriers.

OHPs have an important role in T2D prevention and identification. Participants were found

to have an overall fair knowledge about T2D. Nevertheless, to provide effective screening of T2D in an oral health settings, their knowledge on specific issues (e.g. risk-factors, and complications) should be addressed by including evidence-based information.

Stage two of the project will soon invite OHPs practicing in Victoria to take part in research on screening for T2D in the oral health setting.

## 020

### IMPLANT COMPLICATIONS IN CLINICAL PRACTICE – A PROSPECTIVE STUDY

The availability of high-quality, evidence-based clinical guidelines is currently lacking for implant therapy. Digital interfaces and large data pools have been extensively used in medicine to devise suitable protocols for the treatment of diseases as well as in primary acute care management. A clear advantage of this technology is the ability to obtain data that is readily generated and available. This project is designed to support practitioners by providing access to real-time best-practice information and ultimately improve patient outcomes.

The aim of this research project is to investigate and improve the clinical outcomes of patients receiving dental implant treatment from private dental practitioners with access to a novel online data-sharing platform.

The newly created digital interface will allow the ongoing distribution of up-to-date developments in clinical practice to be shared and allow early reporting of treatment complications among dental practitioners. The overall objective of the digital platform is to establish an ideal tool to assist the introduction of evidence-based treatment approaches into everyday clinical practice. The application of the interface is



anticipated to aid minimisation of implant treatment complications and the related inconveniences and financial costs associated with these conditions.

Six private practices are participating in a pilot study to help:

- Evaluate a unique online platform for data collection
- Collect real-time practice information relating to dental implant treatment and management
- Establish an optimal means of translating evidence-based interventions into practice
- Improve the clinical outcomes of patients.



# 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. Direct vs indirect posts - post prep techniques



# PAPERS IN PEER REVIEWED JOURNALS

# 1

## Australian Dental Journal

Australian Dental Journal  
The official journal of the Australian Dental Association



Scientific Article

### Longevity of anterior resin-bonded bridges: survival rates of two tooth preparation designs

M Abuzar, J Locke, G Burt, G Clausen, K Escobar

First published: 16 April 2018 | <https://doi.org/10.1111/adj.12612>

Menaka Abuzar and Karen Escobar were affiliated to the Melbourne Dental School, University of Melbourne, Australia, when this work was carried out.

PDF TOOLS SHARE

### A Five-Year Retrospective Assay of Implant Treatments and Complications in Private Practice: Restorative Treatment Profiles of Long-Span, Implant-Supported Fixed and Removable Dental Prostheses.

Parham V, Judge RB, Baltes D.

#### Abstract

**PURPOSE:** To describe the restorative treatment profiles of long-span (> three units), implant-supported dental prostheses (LIDPs) prescribed in 27 private practices in the state of Victoria, Australia, during the period from January 1, 2005, to December 31, 2009. The restorative treatment profiles of these prostheses refer to the framework/veneering materials, number of prosthetic units/supporting implants, location in the oral cavity, retention methods, and cantilever designs. LIDPs refer to implant-supported prostheses of fixed or removable design; namely, fixed partial dentures (FPDs), fixed complete dentures (IFCDs), removable partial dentures (IRPDs), and complete overdentures (IODs).

**MATERIALS AND METHODS:** Private dental practitioners providing implant treatment in Victoria, Australia, were invited to enroll in this study, which was conducted through a dental practice-based research network (the eviDent Foundation). The enrolled practitioners' clinical records of the implant treatments provided during the specified period were accessed for data collection. Descriptive statistics, cross-tabulations, and linear mixed models were conducted for data analyses.

**RESULTS:** During the study period, 627 LIDPs were prescribed to 556 patients by 18 general dentists and



# 1

## International Journal of Prosthodontics

## LIST OF PUBLICATIONS

A full list of eviDent's 2017/18 publications is available online:  
[www.evident.org.au](http://www.evident.org.au)

# PRESENTATIONS



Annual Meeting, 12 October 2017:

- Publication Preview: evident project 016, Body Dysmorphic Disorder, Dr Carolina Perez Rodriguez
- What next? evident project 011, Oral Cancer Risk Test, Prof Michael McCullough
- Sneak Peek: Project 020 - Implant Complications in Private Practice, Dr Paola Bower (pictured below)
- Have we got a project for you?!, Prof David Manton

Enhancing Clinical Practice Through Research, Ms Meaghan Quinn, ADAVB Northern Group, 14 November 2017

Enhancing Clinical Practice Through Research, Dr Nadia Dobromilsky, ADAVB Career Choices, 24 March 2018

Effective Interventions to Promote Health, Prof Rodrigo Mariño, IADR, London, 27 July 2018



# DIRECTOR'S REPORT

Your directors present this report on the company for the financial year ended 30 June 2018.

## 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 (appointed November 2017)

Prof Mike Morgan

Ms Angela Wheelton OAM

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.

## OUR BOARD

Since my beginnings with the eviDent Foundation, I have seen the transformation of an idea into something that I am proud to belong to. Each and every research project facilitated by the Foundation has changed the way I practice my clinical dentistry to better benefit my patients and the population as a whole.

I am always humbled to see so many people, from all walks of life, enthusiastically helping to raise funds to support each project. Our Charity Challenge Walks are a classic example of people from outside the profession getting together and challenging themselves to help raise nearly \$80,000 in the last few years. eviDent is making an impact on the oral health of all Australians and will continue to do so in the future.



**JEREMY  
STERNSON**  
Chair

Dr Jeremy Sternson  
Chair

BDS, 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.

## OUR BOARD

Last year I posed the question, 'What's in it for me', with the thought in mind that, as a profession, we can all benefit from the research performed by eviDent. Now we need to turn the table and ask - what can I do for eviDent.

eviDent is at a critical juncture and needs the input and support of the profession to maintain its momentum. During its brief existence, eviDent has produced a number of outstanding research projects. This can only be achieved with the involvement of the profession at large.

Keeping in contact with our colleagues is vital to our professional and personal well-being. Being involved with an academic body, such as eviDent, provides an avenue for professional interaction on a whole new level.



**STEPHEN  
COTTRELL**

Vice Chair  
and Treasurer

**Dr Stephen Cottrell**  
Vice Chair and Treasurer

**BDS, 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.

## OUR BOARD

Over the years I've found involvement in practice-based clinical research to be an immensely rewarding way to be directly involved in improving the oral health of Australians whilst connecting with a diverse range of colleagues. There are so many different aspects to any research project. If you're a recent graduate, an educator, an experienced practitioner, in the public or private system, with extensive research knowledge or with no research experience at all, there is a place for your skills in clinical research. If you're thinking about getting involved, have a chat to anyone on the eviDent team about the options available to you and take the plunge!



**DENISE  
BAILEY**  
Director

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.

## OUR BOARD

I would like to congratulate and thank the eviDent community on another successful year. The eviDent Foundation has continued to grow its research findings, support and awareness.

The eviDent family includes researchers, academics, dental practitioners, students, universities, industry, support staff, and administrators. In the past year I have been truly moved by how well this group of diverse driven individuals work together to ultimately achieve their shared goal; improving the oral health of Australians through practice based research.

I extend an invitation for all individuals and organisations to become actively involved in eviDent and enjoy the reward of being part of this leading research foundation.



**NADIA  
DOBROMILSKY**

Director

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.

## OUR BOARD

It's not very often that you can collaborate with colleagues in an attempt to answer some of the most interesting clinical questions; eViDent provides the opportunity to do just that! We have increasing research opportunities that enable us to join forces with professionals in a range of medical and allied health fields. Together, we're improving the dental health and treatment outcomes of our patients. This underlies my desire to continue my involvement with the eViDent Foundation.

The most satisfying job is to be able to work alongside a team of bright and motivated people. We welcome all dental practitioners to join us. You really will get back twice what you put in.



**ANNE  
HARRISON**  
Director

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.

## OUR BOARD

I am proud to be a Director of the eviDent Foundation, as it is my opportunity to contribute towards having a profound impact on oral and dental health in Australia.

It allows me to express my desire to encourage others to follow this leadership and sense of social responsibility towards all in our community.

By empowering the best dental minds through giving funds to much needed research, you will be helping to alleviate oral and dental health problems for yourself and others.



**KENNETH  
HARRISON**

**AM**  
Director

**Mr Kenneth Harrison AM**  
**MBA, B.Bus, Dip Acc., FAICD,**  
**Chair of the Development Committee**

Mr Harrison is Chair of the Royal Botanic Gardens Board, Governor of the Anaesthesia and Pain Management Foundation, Chair of RCH Leadership Circle, Director of Collinsbank, Director of Australian Agricultural & Pastoral Co, Chair of Barwon Health Research Leadership Circle, Chair of Monash Health Leadership, Experience & Philanthropy, Director of Melbourne Opera, Director of National Trust of Victoria Foundation, Director of Northern Bay College Future Fund, Director of Royal Botanic Gardens Foundation, Governor Support of National Gallery of Victoria and Patron of Prince's Trust Australia. A qualified Accountant, Ken has 40 years experience in financial management and investment banking in a range of public and private enterprises as well as government boards. He is the former Treasurer of the eviDent Foundation and former Chair and Member of the eviDent Foundation Finance and Audit Committee.

## OUR BOARD

“Oral Health is not only pivotal for sound general health, it is also valued extremely highly by individuals in the community. Research into those factors which contribute to oral disease is therefore of paramount importance for the community. As we learn more, funding and support for research is of increasingly critical importance to understand how advances in our knowledge can be translated into real benefits for the public.”



**MIKE  
MORGAN**  
Director

Prof Mike Morgan  
Director

BDS (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.



## OUR BOARD

I joined the eViDent Foundation Board 12 months ago after spending my entire working career in the Dental Industry as a Dental Therapist in the School Dental Vans for 20 years, followed by the Corporate Sector (locally and internationally) in Dental for another 20 years. It has been an inspiring way to give back to an industry that has served me well. Being part of the eViDent Foundation Board has not only been enlightening, but has enabled me to utilise my experience to engender impact in the area of oral health. My passion has always been about education; the journey that can result from achieving constant learning, and this is what making a difference to the wider community through eViDent is all about.



**ANGELA  
WHEELTON**  
**OAM**  
Director

Ms Angela Wheelton OAM  
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:

	Board of Directors		Finance and Audit		Dental Practice Based Research Network	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr Denise Bailey	4	2				
Dr Stephen Cottrell	4	4	2	2		
Dr Nadia Dobromilsky	4	2				
Dr Anne Harrison	4	2				
Dr Kenneth Harrison AM	2	0				
Prof Mike Morgan	4	2				
Dr Jeremy Sternson	4	4			4	4
Ms Angela Wheelton OAM	4	4				
<b>Total</b>	<b>30</b>	<b>20</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>4</b>



*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)*

## 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 2018, 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 eight directors. The eviDent Foundation has elected to have eight directors, made up of the Chair, Vice Chair, Treasurer and five others.

As at 30 June 2018, the Board was to be supported by the following honorary staff:

- Ms Meaghan Quinn — (honorary) Chief Executive Officer
- Ms Emma Hou — (honorary) Finance Manager
- Dr Jennifer O'Connor PhD — (honorary) Policy and Research Officer
- Ms Sophia Ljaskevic — (honorary) Communications Officer
- Mr Mark Henderson — Fundraising Manager
- Ms Tamara Mapper — (honorary) Communications and Events Administrator

## Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2018 has been received and can be found on page 51 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 21st day of August 2018

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

**FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2018**

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

	Note	2018 \$	2017 \$
<b>Continuing operations</b>			
Revenue	2	74,383	37,631
Finance income		4,936	5,487
Meetings, Projects, Functions, Events		(5,386)	(149,963)
Administration expenses		(80,038)	(69,593)
Other expenses		(4,661)	(8,883)
<b>Loss before income tax</b>		<b>(10,766)</b>	<b>(185,321)</b>
Income tax expense	1(a)	-	-
<b>Loss for the year</b>		<b>(10,766)</b>	<b>(185,321)</b>
Other comprehensive income		-	-
<b>Total comprehensive loss for the year</b>		<b>(10,766)</b>	<b>(185,321)</b>
<b>Loss attributable to:</b>			
Members of the company		(10,766)	(185,321)
<b>Loss for the year</b>		<b>(10,766)</b>	<b>(185,321)</b>
<b>Total comprehensive loss attributable to:</b>			
Members of the company		(10,766)	(185,321)
<b>Total comprehensive loss for the year</b>		<b>(10,766)</b>	<b>(185,321)</b>

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2018

	Note	2018 \$	2017 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	243,233	284,904
Trade and other receivables	5	21,874	3,936
<b>TOTAL CURRENT ASSETS</b>		<b>265,107</b>	<b>288,840</b>
<b>TOTAL ASSETS</b>		<b>265,107</b>	<b>288,840</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	6	17,844	30,810
<b>TOTAL CURRENT LIABILITIES</b>		<b>17,844</b>	<b>30,810</b>
<b>TOTAL LIABILITIES</b>		<b>17,844</b>	<b>30,810</b>
<b>NET ASSETS</b>		<b>247,263</b>	<b>258,030</b>
<b>EQUITY</b>			
Retained earnings		247,263	258,030
<b>TOTAL EQUITY</b>		<b>247,263</b>	<b>258,030</b>

The accompanying notes form part of these financial statements.

**STATEMENT OF CHANGES IN EQUITY  
FOR THE PERIOD ENDED 30 JUNE 2018**

	Retained earnings \$	Total \$
<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 income for the year	(185,321)	(185,321)
<b>Balance at 30 June 2017</b>	<b>258,030</b>	<b>258,030</b>
<b>Balance at 1 July 2017</b>	<b>258,030</b>	<b>258,030</b>
Loss for the period	(10,766)	(10,766)
Other comprehensive income	-	-
Total comprehensive loss for the year	(10,766)	(10,766)
<b>Balance at 30 June 2018</b>	<b>247,263</b>	<b>247,263</b>

The accompanying notes form part of these financial statements.

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

	Note	2018 \$	2017 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from related parties		15,000	15,000
Donations and event income received		47,383	45,918
Payments to suppliers and employees		(108,990)	(270,332)
Interest received		4,936	5,487
<b>Net cash used in operating activities</b>	9(b)	<b>(41,671)</b>	<b>(203,927)</b>
Net decrease in cash and cash equivalents		(41,671)	(203,927)
Cash and cash equivalents at beginning of year		284,904	488,831
<b>Cash and cash equivalents at end of financial period</b>	9(a)	<b>243,233</b>	<b>284,904</b>

The accompanying notes form part of these financial statements.



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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

In the opinion of the directors, the Company is not considered a reporting entity. There are unlikely to exist users of the financial report who are unable to command the preparation of reports tailored so as to specifically satisfy all their informational 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.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018**

**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 statement of financial position 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.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018****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.

**(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.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018**

	2018	2017
	\$	\$
	<hr/>	<hr/>
<b>NOTE 2: REVENUE AND OTHER INCOME</b>		
Revenue		
Fundraising Events	29,564	18,806
Donation from ADAVB	15,000	15,000
Donations received	29,819	3,825
	<hr/>	<hr/>
	74,383	37,631
	<hr/>	<hr/>
<b>NOTE 3: AUDITOR'S REMUNERATION</b>		
Remuneration of the auditor for:		
- auditing or reviewing the financial report	2,500	2,500
	<hr/>	<hr/>
	2,500	2,500
	<hr/>	<hr/>
<b>NOTE 4: CASH AND CASH EQUIVALENTS</b>		
Cash at bank and on hand	88,651	101,585
Term deposits	154,582	183,319
	<hr/>	<hr/>
	243,233	284,904
	<hr/>	<hr/>
<b>NOTE 5: TRADE AND OTHER RECEIVABLES</b>		
Current		
Amount receivable from the parent entity	-	2,052
Other receivables	21,874	1,884
	<hr/>	<hr/>
	21,874	3,936
	<hr/>	<hr/>
<b>NOTE 6: TRADE AND OTHER PAYABLES</b>		
<b>Current</b>		
Amounts payable to parent entity	(a) 6,676	20,811
Accrued expenses	11,168	9,999
	<hr/>	<hr/>
	17,844	30,810
	<hr/>	<hr/>

(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 2019.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018**

**NOTE 7: RELATED PARTIES***Parent Entity*

The parent entity of eviDent Foundation Limited 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. Profit provides the capital and cash flow to enable the company to fund its operation.

**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	243,233	284,904
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*(b) Reconciliation of cash flow from operations with loss after tax*

Loss after income tax	(10,766)	(185,321)
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Changes in assets and liabilities:

(Increase)/ Decrease in trade and other receivables	(17,938)	23,287
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Decrease in trade payables	(12,967)	(41,893)
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Net cash from operating activities	(41,671)	(203,927)
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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 2018 there was one member.

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

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

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2018**

**NOTE 12: CONTINGENT LIABILITIES**

At reporting date for the years ended 30 June 2018 and 2017, there are no contingent liabilities.

**NOTE 13: COMPANY'S DETAILS**

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

Level 3, 10 Yarra Street  
South Yarra Victoria 3141

## DIRECTORS' DECLARATION

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

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

1. The financial statements and notes, as set out on pages 36 to 46, 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 2018 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.



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Dr Jeremy Sternson

Director

Dated 21st day of August 2018

## 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 2018 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 2018 and of its results for the year then ended.



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Meaghan Quinn

Chief Executive Officer

Dated 21st day of August 2018

# 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 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity, and statement of cash flows for the year then ended 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 2018 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 2018, but does not include the financial report and our auditor's report thereon.

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

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

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



### **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.

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

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

The relationship you can count on

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

**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*

**CROWE HORWATH MELBOURNE**

*G. Robertson*

**GORDON ROBERTSON**  
Partner  
Melbourne, Victoria  
19 September 2018

## 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 2018, 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

19 September 2018

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# THANK YOU

Robert Abrahams, Mark Adams, Stuart Addison, Bree Airdrie, Russell Alford, Mary Antoniadis, Peter Armitage, Vivian Aw, Rebecca Bailey, Greg Barton, Sue Bayliss, Jane Bennett, Melanie Beynon, Pauline Bignell, Vicki Blake-Lane, Luke Borgula, Mark Bowman, Fiona Bridges, Tina Bryan, Susan Buchanan, Gordon Burt, Marnie Byrne, Thomas Byrne, Sally Campbell, Fabiana Canepa, David Cantillon, Rosalind Carr, Ben Cavey, Rebecca Chandler, Max Chapman, Jo-Anne Cherry, John Chrystie, Sharon Chui, Pam Clark, Tamara Clements, Michelle Cohen, Tony Collett, Kylie Collins, Karl Cornelius, Katrina Corr, Stuart Cran, Andrew Crawshay, Marianne Cvetkovic, Annie Cvetkovic, Daniel Cvetkovic, Jessica Cvetkovic, Julian Daffy, Helen Dale, Janet Daniels, Frank Davis, Sarah Deed, Geoff Diamond, Nadia Dobromilsky, Audrey & Byron Dobson, Jodie Dobson, Warwick Dobson, Allan Driver, Julie Dugandzic, Karen Duve, Greg Eccleston, Karen Escobar, Jol Evans, Rosalyn Facey, Roland Faktor, Abby Farmer, Matthew Farmer, Mike Farnworth, Janet Farrell, Natalie Fearn-Wannan, Shu Feng, Jodine Fergusson, James Fernando, Martin Fernando, Peter Field, Mr Mary Finning, Cesar Flacco, David Fleischmann, Ann Gaides, Mel Gallas, Paul Gallas, Alastair Gardiner, Josephine Garveyn, Natisha Gaunt-Vincent, Sonia Georgiades, Andrew Gikas, Paul Gleeson, Neville Gray, Greg Snell, Geoff Grimmer, Gary Guest, Tim Gunstone, Rose Hack, Grant Hamilton-Ritchie, John Harcourt, Anne Harrison, Mairead Harrop, Melanie Hayes, Roslyn Hayman, Ashley Haynes, Margaret Head, Bruce Hocking, Samantha Holmes, Julie-Anne Hooper, Matthew Hopcraft, Jan Horwood, Emma Hou, Hejie Huang, Jessica Huang, Heather Ikin, Inge Jabara, Helen Jaman, Mrs VAI Jenkins, Geoff Jewell, Robyn Jewell, Damien Joughin, Karen Kan, Romy Katz, Ben Keith, Sally Kellaher, Peter & Janette Kendall, Cat Kennedy, Rob Kenny, Achala Khot, Christine King, Sylvia Kline, Hamish Knox, Nic Kozeniauskas, Alan Kramer, David L, Ann Lane, Jennie Lane, Daniela Languiller, Maryann Lauofo, Daniel Lavery, Shirley Lee, Tony Lee, Amanda Leen, Lisa Legge, Amanda Leigh, Amy Lester, Natalie Lisov, Sophia Ljaskevic, Andrei Locke, Robyn Mackay, Colin Madden, Kylie Mamone, David Manton, Meggie Mapper, Tamara Mapper, Fiona Marshall, Jodie Matar, John Matthews, Bex McAllum, Michael McLeod, Carole McTavish, Marie Meng, Liz Milford, Donna Miller, Mary Miller, Andrew Milosevic, Natasha Mitchell, Kim Mizzi, Greg Moore, Jay Moors-Wakelin, Sanjeev Nair, Carmela Nankervis, Choong Ng, Thanh Ngoc Nguyen, Jennifer O'Connor, Jessica Oldfield, Brett Onslow, Nikki Onslow, Luke Opai, Jason Oram, Nicole Oram, Alasdair Parkin, Lali Parulava, Vasantha Pather, Barry Pearson, Garry Pearson, Mary Perdios, Rowan Pollock, Joanne Puckett, Meaghan Quinn, Ivan Radulovic, Darren Rigby, Frank Ritters, Jamie Robertson, Michael Salman, Adrian & Sandra, Santini & Palermo, Christopher Sanzsaro, Andre Schertel, Immy Schurink, Hagan Shea, Kaitlyn Shin, Annette Skacej, Clinton and Sharne Smiljanic, Hayley Smith, Justin Souter, Nigel Souter, Craig Spiegel, Angela Spremic, Ginette Stanford, Ann Sternson, Jeremy Sternson, Tristan Sternson, Pam Symons, Alina Taczynski, Gina Tan, Marilyn Tatterson, Norman Tatterson, Anne and Rod Teague, Kim Teo, Katy Theodore, Shirani Thevarajan, Cherilyn Tillman, Utsana Tonmukayakul, Uyen Tran, Xuan Tran, Ingrid & Jerry Tsiligianis, Martin Tyas, Lerma Ung, Sicca Van shaardenburg, Wendy Vanderheyden, Keira Venables, Mrs Kathy Wallace, Ivy Hui Wang, Kui Wang, Lisa Wang, Felicity Wardlaw, Emma Warner, Karen Welsh, Valerie Welsh, Angela Wheelton, Niki Wing, Susan Wise, Ann Witney, Alwyn Wong, Benedicta Wong, Andrew Wood, Peter Wood, Martha and Woody Woodsford, Ken Woolley, Jane Wylie, Phillippe Zimet, ADAVB, Optima, The University of Melbourne, Oral Health Cooperative Research Centre, eviDent DPBRN Members, eviDent Board & Committee Members, Melbourne Dental School, Department of General Practice, VicReN, Vineyard Dental, Campaspse Dental Care, Dr Andrew Gikas & Associates, City Dental Tasmania, James Street Dental, Parkmore Family Dental, South East Orthodontics.

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