

# DENTAL INSIGHTS

The Magazine of the Australian Dental Association, South Australian Branch Inc.



*This month*

Coping with COVID-19

Setting patients expectations

and much more

# STRONGER TOGETHER....

ADASA IS YOUR PROFESSIONAL ASSOCIATION. LED BY DENTISTS FOR DENTISTS

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Remember, no matter what stage you're at in your career, we'll look after you. We look forward to joining you in 2020 - 2021 and beyond



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**Next Issue** July 2020

**Copy closing date** 16 June 2020

All advertising and articles must be submitted by the due date either by mail, email or fax to the Publication Coordinator. Any material received later than the due date may not be accepted for publication and may be used in later issues.

The subscription rate for non-members (Australia) is \$110 plus GST per annum.

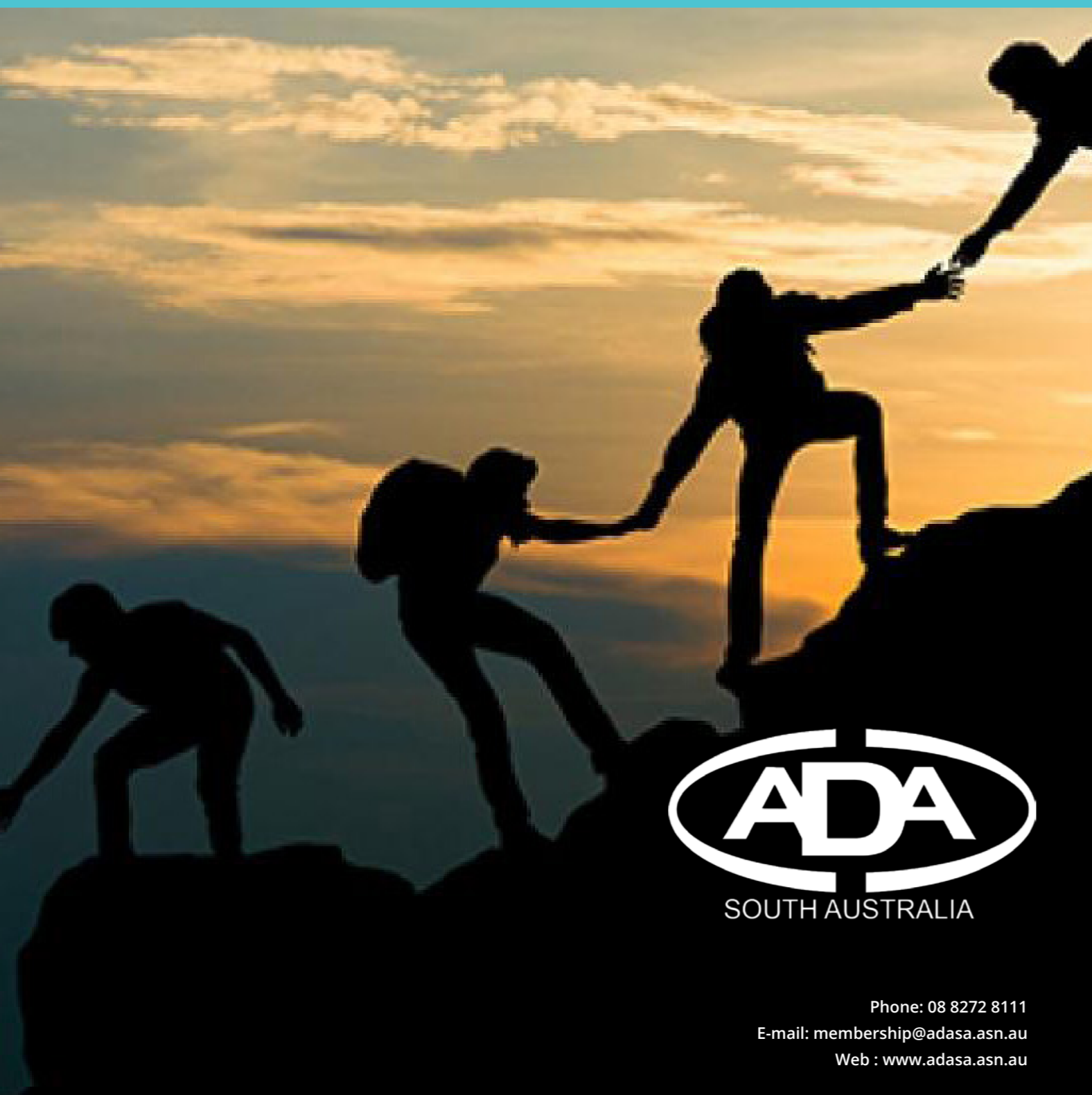
Front Cover: Moffatt Creative

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# From the President

**Dr Angelo Papageorgiou**  
ADASA President

**With the stepping back to Level 1 COVID-19 dental practice restrictions, it is pleasing to see the smiles on the faces of Dentists and allied oral health professionals, staff and most importantly our patients!**

Since Thursday 14 May 2020, the practice of dentistry has come closer to some level of normality in South Australia, however we must still follow the ADA Managing COVID-19 Guidelines and continue to screen patients and only treat those who do not meet the epidemiological and clinical risk factors for COVID-19.

It is critical that we remain vigilant in our application of Level 1 restrictions and ensure we continue keeping our dental teams and our patients safe.

**“Every adversity brings new experiences and new lessons.”**

*Lailah Gifty Akita, Pearls of Wisdom: Great mind*

Through such times of adversity, ADASA has shown resilience and witnessed an overwhelming number of positive messages and correspondence from members who have valued and appreciated the hard work of the Federal ADA and ADASA and also praise and support for both the resources and

guidance during this pandemic. ADASA is thankful for this positive feedback and it has become clear that we have led the way, above and beyond other national health professional bodies and some of our affiliated dental associations, internationally.

### **ADASA Public Oral Health Engagement Campaign**

In the wake of COVID-19 restrictions, dental professionals will be keen to welcome patients back to their practices. Understandably, some members of the general public may be anxious to return due to safety fears and/or may have overlooked their oral health, not to mention general health, during the period of the crisis. As a result, a campaign that targets South Australians and reminds them of the benefits of optimum oral health is required and ADASA has led the process by conducting a public relations and media campaign. This has been formulated by the Public Relations (PR) Committee of which I am the Chair and with the assistance of Lesley Johns, ADASA Public Relations and Communications Officer.

The campaign will include **key messaging**; whole of body health

starts with your teeth and building immunity starts with oral health, smile - it's time to return to your dentist and keep smiling-maintaining regular visits to your dentist is important. There are **five phases of communication** and in summary include;  
Phase 1: Establishing value,  
Phase 2: Approach,  
Phase 3: Return to level 1,  
Phase 4: Follow up and reminder (three months after level 1 has returned) and  
Phase 5: Thank you

Throughout the five phases, the guiding principles utilise three tactical levers and include educate, persuade, and design which encompasses personal real stories focussing on all the benefits of returning to the dentist. The tools used for this campaign will focus on: Existing social media channels e.g. Twitter Facebook Insta, Mainstream media: Media releases targeting regional and metro media, editorial piece for the Advertiser, ABC radio with Sonya Feldhoff, and ADASA: Dental Insights.

As oral health professionals in South Australia, patient safety has always been and continues to be our utmost concern and focus and

we are regarded as world leaders in maintaining strict precautions, hygiene practices and universal infection preventative protocols. General practitioners and other health professionals during the restrictions have had patients avoid or forego check-ups and routine monitoring. For dentists, level 3 dental practice restrictions imposed forced practice closures and only emergency treatment was performed. As a result six monthly check-ups have been missed and other routine treatment has been deferred or neglected and putting patients at risk of adverse outcomes or prognoses. With no active cases in South Australia and restrictions eased, this is a good time to reinforce the importance to reconnect with the dentist and ensure good oral health and boost overall health and immunity levels. Should there be a second wave of COVID-19 in our state, it is important that we are prepared and act collectively to suppress COVID-19 by following the new community norms of staying fit and healthy in addition to physical distancing, hand hygiene and downloading the COVID-19 app.

### **Ahpra meeting**

On 13 May 2020, ADASA CEO Dan Pawlyk and I had our regular quarterly meeting with Ahpra. These meetings update us on registrations, notifications, intake and assessment, tribunal matters

and any other areas of interest in relation to the dental profession and registrants in both South Australia and even nationally.

The good news is that there has not been any significant change in the number of notifications or investigations compared to the same period last year and this is despite the unprecedented COVID-19 crisis. At this stage there has been no concern raised with regards to notifications with respect to adverse outcomes and prognoses with dental treatment that has been delayed or postponed during the COVID-19 dental practice restrictions, and this is a matter that I was very mindful of during this time.

Please note that the **Dental Board of Australia** (the Board) has launched its '[know your scope of practice](#)' information hub. The hub has been developed to help dental practitioners understand their obligations under the revised Scope of Practice registration standard which, together with the supporting guidelines, is in effect 1 July 2020.

Scope of practice resources developed by the Board, with input from practitioners and dental associations, can be found on the hub.

Resources include:  
• [a reflective practice tool](#)

- [new FAQs](#), and
- a recorded webinar of the '[know your scope](#)' stakeholder forums presentation.

### **Stakeholder forums and Q&A sessions**

Online Q&A sessions will be held in June to answer questions practitioners may still have after watching the webinar recording and reading the new scope of practice FAQs. The first session will be held on Wednesday 3 June 2020 at 8pm AEST. More information about how to [register](#) for a Q&A session is on the 'know your scope of practice' information hub.

### **State Government - Minister of Health and Wellbeing, Stephen Wade meeting**

Since the last President's Report, we have continued to liaise with the state government and this includes the Opposition. Although COVID-19 has presented the need for further strong advocacy as outlined in my previous report and which was certainly covered at this meeting, there are many other matters that relate to dentistry that should not be overlooked and addressed at future meetings.

The South Australian Government Dental Service receives a large part of their funding from the Federal Government through the **National Partnership Agreement**

## COVID-19: IDENTIFYING THE SYMPTOMS

SYMPTOMS	COVID-19	COLD	FLU
	Symptoms range from mild to severe	Gradual onset of symptoms	Abrupt onset of symptoms
<b>Fever</b> 	Common	Rare	Common
<b>Cough</b> 	Common	Common	Common
<b>Sore Throat</b> 	Sometimes	Common	Common
<b>Shortness of Breath</b> 	Sometimes	No	No
<b>Fatigue</b> 	Sometimes	Sometimes	Common
<b>Aches &amp; Pains</b> 	Sometimes	No	Common
<b>Headaches</b> 	Sometimes	Common	Common
<b>Runny or Stuffy Nose</b> 	Sometimes	Common	Sometimes
<b>Diarrhea</b> 	Rare	No	Sometimes, especially for children
<b>Sneezing</b> 	No	Common	No

Adapted from material produced by WHO, Centers for Disease Control and Prevention.

(NPA). Early last year when the NPA funding was looming and with no confirmation it will continue, the future of dental funding was uncertain with the federal election held in May 2019. As a result of advocacy by ADA Inc. and ADASA, a short time before the NPA was due to expire, a short-term extension was secured and now with the funds exhausted, this is expiring as of 30 June 2020. This lack of sustained funding has led to a stop-start approach to the way dental schemes are utilised, fluctuations in the waiting lists and limited opportunities for more long-term solutions.

At the November 2019 meeting with Minister Wade it was confirmed that there was a working group set up to develop a more long-term funding model for dentistry to replace the NPA. The Minister recognised the need for a more long-term and sustainable funding model and intended to seek an extension from the federal government as an interim step while the working group develops an improved replacement. To date there has been no confirmation in relation to dental funding through the NPA and ADASA has been concerned that this has been disregarded with the COVID-19 disruption. This funding is particularly important for both public and private practice to provide dental care to those most in need. In April 2020, statistics reveal the pandemic had claimed 40,000 jobs in South Australia with unemployment rate rising 6.3% to 7.2% and this was combined with massive underemployment. This is the highest rate of any state or territory in the country and the highest rate since a peak in August last year. Those that haven't lost their job entirely will be working less hours and experiencing hardship as a result.

The consequent spike in the number of people who qualify for Centrelink assistance during the COVID-19 crisis will place a

greater demand and pressure on the waiting list for public dental services. ADASA is eagerly waiting for a response from Minister Wade seeking clarification as to the status of public dental funding moving forward and whether any such agreement will be modified with the current COVID-19 crisis.

Minister Wade was also provided copies of the ADASA position on the proposal for the **South Australian Dental Service (SADS) Emergency Care Dental Service (RACE)** to residents of aged care facilities and the cutting of the existing services which include Residential Aged Care Dental Scheme (RACDS) and SADS Domiciliary Dental Care Service (Northern and Southern). It was highlighted at the meeting that the matter of RACE and the oral health care of the elderly in aged care facilities will need to be looked at further.

ADASA confirmed that it is committed and appropriate as the peak dental body, to lead the way and advise, by collaborating with both government and public sector, the private sector and Residential age care facilities (RACF) to find a sustainable and effective model for the provision of dental services to the elderly in our RACF's. It would be a sad indictment should the dental profession and government not be able to champion this ongoing issue particularly as it is the focus of both the National Oral Health Plan and South Australian Oral Health Plan as well as the Royal Commission into Aged Care Quality and Safety.

Whilst the oral health care of the aged is a national matter, South Australia, as do other states has its own model which we need to work on. The presence of a dental team in RACFs led by the Dentist is paramount using a multi-disciplinary and integrated approach with the use of traditional settings and portable dentistry, and tele-health technology as a consideration.

Finally ADASA also discussed with Minister Wade the **government measures to curb sugar consumption** in this state especially those hidden sugars. This follows on from the important work led by Dr James Muecke, our very own Australian of the Year and reflects strategies to reduce sugar accessibility and addiction, reduced added sugars, food labelling of added sugar content and advertising controls to name a few.

### Royal Flying Doctor Service (RFDS) – Dental

The current COVID-19 pandemic and dental practice restriction has had an impact on the access of dental services in rural and remote regions of our state. The RFDS has been active in servicing the oral health needs in these communities however in order to alleviate this shortcoming, it is essential to consider measures to meet the demands of these patients. RFDS is seeking to implement a program in collaboration with the main players - ADASA and SADS utilising both public and private dental practices in these isolated regions to refer dental patients for treatment depending on the patient location and eligibility.

The Branch is planning to liaise with RFDS and SADS to work in unity for the benefit of the rural and remote communities. ADASA invites member dental practices in the regions north (RFDS central operation) and south-west of Adelaide (RFDS Broken Hill) which may be interested in being part of this referral service to apply by contacting ADASA via [admin@adasa.asn.au](mailto:admin@adasa.asn.au) with subject line 'Rural Remote referral Service register' for inclusion in our register.

Should you have any further queries, please do not hesitate to contact me via Nicola Khouri [nkhour@adasa.asn.au](mailto:nkhour@adasa.asn.au)



TOGETHER WE CAN HELP STOP THE SPREAD AND STAY HEALTHY.

For more information about Coronavirus (COVID-19) visit [health.gov.au](http://health.gov.au)



Australian Government



# FROM THE CEO

**Mr Dan Pawlyk**  
ADASA CEO

**A**s we progress through a more stable period of COVID-19 at level one restrictions, now is a good time to pause, reflect and bring members up to speed on other ADASA business.

During this period of high volume communication, I intentionally pulled back on direct communication as ADASA CEO to ensure our members were not flooded with COVID-19 information and only received vital updates. It was a tough decision, but I believe the correct balance was found between communication from ADA Federal and ADASA President Angelo Papageorgiou to guide our members through such a critical moment in time.

On that note I would like to take this opportunity to thank ADASA President Angelo Papageorgiou for his dedication, passion and drive particularly through this pandemic as he not only had his personal life to manage but also used any additional personal time for ADA COVID-19 response.

The effort put in by all ensured a measured response based on facts at that moment in time and helped keep a balanced approach, as ADA Federal Councillor and Treasurer / ADASA Councillor Dr Mark Hutton commented:

***“It is important to note that ADA have been approached for advice from other countries associations as to how we handled the emergency, particularly with respect to the staged approach rather than a total shutdown. Although this has been a massive interruption and a serious hit for Australian dentists it looks as if we will be the least affected in the world by a long way, due to the effective measures by the Australian government and the close contact that ADA has had with the stakeholders in ramping up and then reducing the restrictions without much delay”.***

COVID-19 strengthened the ADA association as all States and Federal rallied together to ensure the best outcome possible for our members. I must also thank the whole ADA Federal team for their relentless work which would have swamped us if it were not for their support, particularly Dr Sharon Liberali and the infection control committee. Last, but not least I want to publicly acknowledge the Administration team at ADASA. Everyone stepped up, worked very long hours without being asked or complaining and not only contributed to getting us through, but improved efficiencies in workflow at the same time allowing us to now plan for improved services to our members in the new financial year. Planning for next year is currently under way.

Please reference President Angelo Papageorgiou Presidents report regarding meetings we both attended with AHPRA and Minister Stephen Wade which was one of the Minister’s first non COVID-19 specific meetings.

## Dental Insights

As mentioned in previous communication, future editions of Dental Insights will be delivered digitally unless you chose to opt back into receiving a hard copy by emailing [publications@adasa.asn.au](mailto:publications@adasa.asn.au) if you do not email requesting a physical copy you will be kept on digital copy only. Digital copies are not only better for the environment but it allows us to reinvest the money from printing and posting into projects that will benefit members such as improved website, possible app development, podcast capability, improved webinar capability to name a few.

## AUDSS

In early May 2020 I met with AUDSS which was our first formal meeting. Quarterly meetings have been

set up to ensure ADASA is aware of any issues the students are facing and for ADASA to try to assist and guide students along their journey. The first meeting was very positive and covered a broad spectrum of topics including sponsorship opportunities, student profiles for the ADASA employer’s guide, COVID-19 impact on BDS5 students, employment contracts and unfortunately racism. ADASA has provided AUDSS with opportunity to submit a monthly article in Dental Insights which will focus on the student’s perspective of the Dental Profession and current affairs.

## Australian Dental Health Foundation (ADHF)

ADA Inc has set up an ADHF Working Party. The current ADHF mission is to address the inequality between those Australians who can access the dental care they need, and those who can’t. To achieve better access to quality dental care for all Australians regardless of their financial, geographical, or social situation.

The objective of the ADHF Working Party is to provide a high-level review of the operation of ADHF. The Working Party will determine an appropriate and transparent process is in place for the effective selection of ADHF Board members.

The ADHF Working Party is intended to comprise of at least five members with a maximum of seven in total:

- Two ADA Federal Executive members, one of whom will Chair the ADHF Working Party
- A representative from each Branch – this representative may also fulfil the above roles if they are a member of ADA Federal Executive or ADA Federal Council.

I am the ADASA Branch representative with Mark Hutton as the ADASA Federal Executive representation and Chair of the Working Party, I look forward to making a positive contribution to this cause.

## Allied Health Professional Associations Workplace Wellbeing Consortium meeting

I met with the Allied Health Workplace Wellbeing Consortium to further discuss options for allied health professionals regarding mental health in individual practices. At the moment we are developing an allied health professional workplace wellbeing guide to make it easy and straight forward to implement practical ideas as well as a pledge type system where private practices can sign up to, in support of workplace wellbeing. More details will follow as they are developed.

## COVID-19 ADA portal

Please remember as the situation continuously evolves it is important to check the ADA COVID-19 portal for all the latest guidance <https://www.ada.org.au/Covid-19-Portal/Dental-Professionals>

## ADASA Membership renewals 2020 /2021

Members will soon receive their membership renewals notice. It is important to ensure your contact details are up to date and to let us know if your circumstances have changed.

Please login to your ADASA member profile and update accordingly or contact Kristy Amato via [membership@adasa.asn.au](mailto:membership@adasa.asn.au)

Thank you for your continued support.



# Coping with COVID-19

## How two South Australian practices got through

**Lesley Johns**  
Public Relations and Communications



### Dentistry on Unley

is a modern, urban dentistry practice.

Many Dental Insights readers and ADASA members will know that Dentistry on Unley began as the Unley Family Dental Centre. It was one of Adelaide's original dental practices, commencing in 1919, 101 years ago.

The practice was opened by Dr Horace Stain, who passed the practice to his son, Dr Max Stain. Dr Graham Day and Dr Roger Omsby were the next owners and now the practice is in the hands of Dr Roger Antoniazzi and Dr Diana Tsiopelas.

The practice moved to its current location in 2011 and provides privately funded dental services as well as volunteer services to those in need.

The practice has survived a range of economic and social climates for over a century, weathering every storm due to high standards of service provision and the relationships built with generations of local families.

COVID-19 has been challenging to all practices in South Australia. Dr Antoniazzi says keeping up to date with developments and trends has been critical to the practice survival.

***“Having an adaptive management style that copes with constant change, and an emphasis on maintaining communication with our staff, patients and suppliers despite isolation, has also helped us to manage,”*** he said.

With a staff of 30, including part timers, the practice offers General Practice Dentistry with a healthy hygiene recall program.

Dr Antoniazzi said he welcomed the easing of restrictions and accepted there are still many challenges ahead.

“Getting patients completely comfortable to come back for routine detail care again,” he said.

“Coping with the economic downturn and the inevitable spending restrictions has also been a challenge.”

“We must be grateful for living in Australia with all the benefits that are now apparent – not taking our great standard of living or our profession for granted.”

“Maintaining patient relationships are essential despite changed circumstances if you expect them to come back.”

### Adapting to COVID-19

Orthodontic practices also were forced to restrict in-clinic visits during the pandemic.

Among the many Adelaide practices forced to adapt was Transform Orthodontic Care. They made it a priority to stay in touch with clients from the outset.

“At the beginning, while we could operate with additional safety precautions, we adopted some new practices, like asking friends and family to remain in their cars for appointments, and practicing social distancing inside the clinics,” said Specialist Orthodontist, Dr Daniel De Angelis.

“As the restrictions increased to Level 3, we ramped up our messaging via email, Facebook and Instagram, making sure our clients knew what was going on and how we could successfully manage their ongoing treatment.”

“Our Dental Monitoring system allows for online assessment and remote monitoring, so our clients could still maintain their appointments and continue to have their treatment closely monitored,” he said.

Transform Orthodontic Care, also provide a free CPD program for dentists, hygienists and dental professionals.

The Interdisciplinary Study Club, is presented by Dr Daniel De Angelis along with Dr Bill Oberdan and Dr Sushil Kaur provides CPD solutions and education for dentists and dental hygienists.

“The Interdisciplinary Study Club is designed to help dental professionals acquire excellent clinical tips that can be applied in their practice,” said Dr DeAngelis.

COVID-19 prompted us to offer the CPD program via an online platform.

***“This meant we could offer dentists continuing professional development from the comfort of home,”*** he said.

The program continues to be available and is free.

To find out more information or to register click here <https://transformorthocare.com.au/dentists/dental-ed/>.

*Images opposite page  
The Dental on Unley Team - Pre COVID-19 and  
temperature checking patients on arrival*

Deliver an exceptional patient experience with every patient, every time!



In these ever-changing times, organisations need to adapt and hold events in new formats and ADASA is no exception. So, when face to face events were no longer possible, the presentation by Dr Jesse Green on 8 May, was moved to a live streamed workshop. Jesse's offer to present in this format meant that the event could go ahead albeit online, but it was still a full day of learning and information for those who participated.

Dr Jesse Green is one of Australia's leading dental business coaches and an author. Having spent two decades building dental practices he knows what it is to own and operate a dental business. Understanding each and every dentist wants a thriving practice Jesse has created the Savvy Dentist Academy. Jesse continuously challenges his clients to build a business and a life they love.

During his full day workshop Jesse spoke about ways to maximize revenue, calculating and mitigating risk, developing leaders, problem solving and having vision clarity. As the workshop was aimed at the whole dental team, those dentists who included their team members in the presentation were able to work as a team in mapping out ideas, clarifying their practice values and how to go about creating a remarkable customer experience and much more. It may not have been the event Jesse, or I had originally envisaged but under the circumstances, I hope those attending enjoyed the day and came away with plenty of new ideas and plans for their practice.

Thank you to Jesse and his team for their hard work in setting up the event.

To find out more about Jesse Green please visit [www.drjessegreen.com](http://www.drjessegreen.com)

Due to the current restrictions in place the Recent Graduates, Study Club #2 on Wednesday, 15 April was held as a webinar. Speaker Dr Arash Ghanbarzadegan (DD.PhD Student), presented "Common complications in dentistry".

Topics presented, ranged from local anaesthesia including issues like needle breakage and parasthesia, soft tissue injury, systemic complications and calculating the maximum dosage.

Arash also spoke about the surgical complications that can arise during extractions, including root fractures, dry socket and the different approaches available. He also touched on endodontic complications, treating the wrong tooth, instrument related mistakes and root perforation.

ADASA and the Recent Graduates Committee thank Arash for his time and informative presentation. Study Club #3 webinar will be held on 9 July 2020 and registration is open.

**By: Sally Queale**  
**ADASA Events Coordinator**



## Twilight Tennis

**By: Fab Damiani & Aash Patel**  
**Twilight Tennis organisers**

The annual Australian Dental Association SA Branch Inc. Tennis Day was held on Friday, 28 February at the Kensington Gardens Bowling and Tennis Club.

The format of a twilight event commencing at 5.30pm is now entrenched following an increase in numbers since it has been instituted. Although it was right in the middle of the Fringe season, we still had 24 registrants which made it one of the largest groups in recent years.

It was great to see a few more female tennis players joining us this year (special mention to Yoshiko Kishimoto, Laura Huxtable and Audrey Irish) and dental students (Calvin Wong and Nicholas Quirk).

The eventual winner of the round robin doubles tournament was Ivan Leung, who can now add his name on the SAFDER (South Australian Foundation for Dental Education and Research) silver tray having finally won the event after coming 2nd in 2016 and 4th in 2017.

For his efforts, Ivan won a \$235 prize comprising of a \$175 Rebel Sports voucher and a \$60 Heysil restring voucher donated by local dentist, Jeffrey Yeh, from his company Heysil ([www.heysil.com](http://www.heysil.com)) which were the official restringers at the recent Adelaide International Tennis Tournament played in January.

Other winners on the night included:  
2nd Prize was a \$100 Rebel Sport voucher and a \$30 Heysil restring voucher won by Aash Patel.  
3rd Prize was a \$75 Rebel Sport voucher and a \$30 Heysil restring voucher won by Calvin Wong.  
4th Prize was a \$50 Rebel Sport voucher and a \$30 Heysil restring voucher won by Rob Bickmore.

Door prizes which consisted of a Magnum of Taittinger Brut Reserve Champagne (donated by

Dental Concepts), bottle of Penfolds 389 Cabernet Shiraz (donated by BOQ Specialist) and an HP Wireless Keyboard and Mouse (donated by Data Vision) were won respectively by Peter Hawker, Michael Le and Greg Cocks. \$10 Heysil restring vouchers were also provided to all participants.

We would sincerely like to thank our sponsors: BOQ Specialist (represented by Jeremy Stagg, Matthew Hudson and newcomer Annie Feist), Dental Concepts (represented by Jordan Mandal) and Data Vision Australia (represented by Davide Rinaldi who although unable to play kindly cooked the barbeque) and also to Jeffrey Yeh from Heysil for donation of prizes. Also thank you to Guild Insurance.

Thanks to Angelo Papageorgiou, our ADASA Branch President, who attended to present the prizes. A huge thanks to Sally Queale from the ADASA Branch who helped coordinate this event and organised the barbeque and prizes and without her help this event would not have been possible.

Lastly, thanks to our generous hosts for the event, the Kensington Gardens Bowling and Tennis club for their assistance.

Please consider joining us next year in 2021 for a great sporting and social event amongst dental colleagues.

## Recent Graduates Study Club #2



# Jones Harley Toole

## New Rules Regarding Commercial Leases During the Pandemic

One of the problems that all governments have been grappling with during this pandemic is how to support commercial lessees in a way that does not unfairly disadvantage lessors or others.

The first formal attempt by government in Australia to address this issue was National Cabinet's Mandatory Code of Conduct – SME Commercial Leasing Principles During COVID-19, published on 7 April 2020.

However, this Code is not legally binding in South Australia, because the State Government has not given it the force of law. Instead, on 15 May 2020 the State Government brought in the COVID-19 Emergency Response (Commercial Leases No 2) Regulations 2020. Under these Regulations, some elements of the Code are now legally binding, while other elements of the Code are not.

The Regulations apply retrospectively from 30 March 2020, and will cease to apply on 30 September 2020 (the 'prescribed period').

The main requirement of the Regulations is that almost all commercial lessors and lessees must negotiate in relation to the rent and other lease terms that apply during the prescribed period.

In those negotiations, all parties must act genuinely and in good faith, having regard to the Code, and to the economic impact of the pandemic on the other party.

Obviously, in order for a lessor to consider the economic impact of the pandemic on the lessee, the lessor is entitled to have access to some of the lessee's financial information.

Where a lessee provides that information during the negotiation stage, there is no automatic requirement that the lessor keep the information confidential. Accordingly, we recommend that the lessee obtain written confirmation from the lessor that the information will be kept confidential, before providing it. The Small Business Commissioner has released a fact sheet on the information that a lessor is reasonably allowed to request from a lessee. A copy of the fact sheet can be found here - [https://www.sasbc.sa.gov.au/files/1389-covid-19\\_lessors\\_and\\_lessees.pdf](https://www.sasbc.sa.gov.au/files/1389-covid-19_lessors_and_lessees.pdf).

The Regulations also state that if a lessee is an 'affected lessee', there are other rules that apply in addition to the above obligation to negotiate.

Whether a particular dental practice is an 'affected lessee' for the purposes of the Regulations requires a case by case analysis, but it is reasonable to assume that the vast majority of dental practices in South Australia will be 'affected lessees' (however, in relation to large related groups, it should be noted that if annual turnover exceeds \$50 million, the business in question may not be an 'affected lessee').

A lessee who is an affected lessee is entitled to various protections during the prescribed period, including the following:

1. If the lessee fails to pay rent, the lessor cannot terminate the lease, or take similar

enforcement action.

2. Rent cannot be increased, even if the lease terms allow an increase.
3. If the lessor receives land tax relief, the benefit must be passed through to the lessee by way of a rent reduction.

Parties to a commercial lease can apply to the Small Business Commissioner to mediate a dispute in relation to issues arising under the lease during the prescribed period.

If that mediation fails to resolve the dispute, a party can apply to the Magistrates Court for a determination.

The Court has wide powers to resolve a dispute, including granting rent relief, modifying the terms and conditions of a lease, and deferring the payment of rent for a maximum period of 24 months.

If the Court orders that rent relief must be provided to the lessee, there is a requirement that at least 50% of the rent relief is permanently waived, with the balance of the reduction being deferred so that it is payable at a later time.

The Regulations seek to resolve a variety of issues that have the potential to be difficult and complex in some situations. Common sense will hopefully prevail in the vast majority of cases, but at least there is now a legally binding regime in place in South Australia that gives parties to a commercial lease some guidance on how to proceed.

Andrew Fisher 0413 387 606  
Jones Harley Toole Lawyers  
8414 3333



## Dental check-up on 'To-Do list' campaign

By: Lesley Johns  
Public Relations & Communications

The Australian Dental Association SA Branch (ADASA) has launched a campaign urging South Australians to put a visit to the dentist on their To-Do lists.

The campaign was launched mid-May across social media platforms and mainstream media.

The focus of the campaign is to remind South Australians to make their oral health a priority as the COVID-19 restrictions begin to ease.

In a media release, ADASA President, Dr Angelo Papageorgiou said that there was evidence from dentists, GPs and other health professionals that during the COVID-19 lockdown people have avoided regular check-ups, either through fear of the coronavirus or because their regular practice was closed due to restrictions.

"I'm sure most people will be thinking about heading out to their favourite restaurants or going to the movies, but I must urge people to put their health

first," said Dr Papageorgiou.

The media release and social media campaign urges people to re-connect with their dentist as a priority.

If you see these messages on social media, please feel free to share them with your own audiences.







Send us your best original tooth-friendly

# Sweet Treat!

This year, Dental Health Week (DHW) aims at starting the conversation on the effects of sugar on oral health, and how to interpret nutrition information panels, all while shedding light on hidden sugars.

As part of this year's campaign, we're selecting 20 winning recipes low in sugar to go in a cookbook. The winners will receive the cookbook and their practice mentioned in ADA's media.

To submit your entry or find out more go to [ada.org.au/competition](http://ada.org.au/competition)

**DENTALHEALTHWEEK.COM.AU | 3-9 AUGUST 2020**



# Recognising the valuable contribution volunteers make to oral health

**Dentists across South Australia have been involved in the delivery of pro bono dental treatment to disadvantaged members of the community.**

The Australian Dental Health Foundation (ADHF) coordinates the delivery of the treatment and works with local charities, not-for-profit organisations and dental professionals who volunteer their time, materials and expertise to improve the oral health of referred patients.

National Volunteer Week was held during May 18-24. During the week, the ADHF celebrated some of the South Australian dentists who give their time to help those less fortunate.

There are 50 participating dentist volunteers in South Australia. They provided \$119,000 worth of treatment in 2019. Across Australia, volunteer dentists provided almost \$1m in treatment.

For more information about the ADHF see here [www.adhf.org.au](http://www.adhf.org.au) or contact SA Coordinator, Dianne Travers on [admsa@adhf.org.au](mailto:admsa@adhf.org.au)

### Dr Melisa Wu

Dr Melisa Wu from South Australia volunteered to assist a patient referred by Women's Safety Services SA. The patient was self-conscious due to her poor oral health and missing front tooth and over a 6-month period Dr Wu restored her smile. Dr Wu says, "She has been great with attending her appointments so far and is a pleasure to treat. I encourage my colleagues to volunteer with the Australian Dental Health Foundation, it was a great experience to be involved, and has provided personal joy and satisfaction for the whole team. We will be volunteering again this year."



### Dr Joshua Tirrell

Dr Joshua Tirrell from SA. "I am lucky to be in a profession that allows me to help people on a daily basis. However, to be able to provide help to those that would otherwise not be able to receive care, and to see their appreciation for it is exceptionally rewarding. It always amazes me at how much I get out of volunteering. It is such a rewarding experience and I would encourage everyone to give it go!"



### What patients say:

"My life has picked up so much that I also no longer take antidepressants. So much change stemming from having my mouth fixed, beyond anything I may have expected." This patient gained full time employment as a result of the SA Adopt a Patient program.

"At my first appointment I thought they were going to take my teeth out ....and to learn that I was going to have dentures made as well..."

### SA Adopt a Patient program

"genuinely so excited and grateful to all the services that come together to provide this"

### SA Adopt a Patient program

# Setting Patient Expectations

By: Dr. Joshua Tirrell  
Review Committee

**W**e all strive to ensure our patients are satisfied with the dental treatment that they receive, but how can we be sure that we know what our patients are actually expecting? Do our patients' expectations align with what our expectations are? Is it possible to even achieve what our patients are expecting from us?

One of the most common complaints the ADASA receives is from those situations where a patient's expectations have not been met. In many instances these complaints involve treatment undertaken to improve the appearance of a patient's smile. In this article we will look at how photographs, diagnostic wax-ups and intra-oral mock-ups can be used to help us define our patients' expectations before embarking on any definitive treatment.

'I don't like my smile and I'd like to get it fixed'. When a patient says this it is imperative that we establish what it is that they don't like about their smile.

While a mirror can be useful in discussing a patient's concerns with their smile, there is nothing quite as good as looking at photographs of a patient's smile, blown up to the size of a computer screen, while sitting alongside them. Printing out these photographs and drawing on them can also be a very useful tool, and fantastic for our records as well! Discussing photos together is a great opportunity for us to point out any concerns that we may have that the patient hasn't necessarily noticed. 'The height of the gum around your upper left tooth is different to that on the upper right tooth, is that something that concerns you?' Pointing out any issues like this to our patients before embarking on treatment is much easier than only considering it after treatment has been started, or completed.

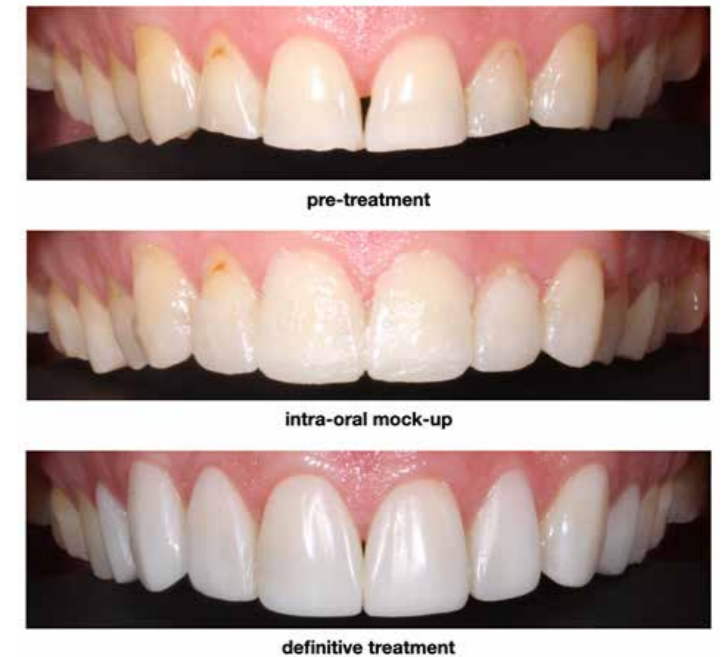
Assessing photos is also a great way to ensure that we, as the treating clinician, identify all potential issues to future treatment.

A diagnostic wax up can be a huge benefit to both our patients and us when planning aesthetic treatment. Although we as the treating clinician will often have a good idea of what result can be achieved, a diagnostic wax-up will often help identify issues that we may have overlooked ourselves (will lengthening that lateral incisor be an issue when the patient goes into lateral excursion? Will the teeth look too wide if we close that diastema restoratively?). If the patient has any concerns with the diagnostic wax-up, it is a great opportunity to discuss ways in which those concerns can be addressed and what that might involve.

***Taking that one step further, an intra-oral mock-up is a great way of showing a patient what they might expect to see in their own mouth if they decided to proceed with treatment.***

Taking photographs of an intra-oral mockup to then discuss with our patient is a great way of confirming their expectations. The photographs shown in this article are from a case recently carried out on a 34 year old male. They highlight some of the ways a diagnostic wax-up, intra-oral mock-up and photographs were used to help confirm the pre-treatment concerns and define expectations prior to treatment starting.

In this case our patient was concerned about their teeth being discoloured and looking short. One of the options discussed, which our patient was keen to investigate further, was building up the teeth with composite resin veneers. But what would they look like? How much bigger would we make the teeth? Would bigger teeth suit his face and smile? These are questions that both the patient and I were asking, so the decision was made to take impressions so a diagnostic wax-up could be constructed. An intra-oral mock-up of the diagnostic wax-up was then produced using a putty key and temporary crown material.



While looking at the extra-oral photographs with our patient, we discussed whether the midline of his teeth not being coincident with his facial midline was a concern. In this case it wasn't, but again, best to find this out now instead of finding out after treatment that the patient thought this would be corrected as part of their treatment! The patient was also able to see how his 'bigger teeth' would look in relation to the rest of his face. In this instance the patient thought they looked natural and if anything that they could be a bit longer.

Looking at the intra-oral photographs with the patient, we were able to discuss the discrepancy in gingival heights around the upper lateral incisors. This was a concern to the patient and so it was decided to increase the gingival margin height around tooth 22 to better match the gingival margin around tooth 12.

The intra-oral mock-up only involved the upper anterior 6 teeth, which was what the patient had originally considered doing after our initial discussions. On reviewing the photos of the intra-oral mock-up, he noticed the first premolars looked dark and not very visible. We therefore discussed placing composite resin veneers on these teeth as well, along with the extra cost that this would incur.

***Our patient therefore had a very clear understanding of what they could expect from the visual aspect of their treatment prior to any definitive treatment starting, thanks to the use of photographs, a diagnostic wax-up and an intra-oral mock-up.***

Yet there are other aspects that also need to be addressed prior to starting treatment. Does the patient expect their composite resin veneers to last forever? Do they think the composite resin veneers will be as strong as their natural teeth? What happens if one of the composite resin veneers chips? Is our patient aware of what might happen if they don't wear a protective appliance while sleeping?

It is imperative that all these aspects are discussed prior to treatment commencing so that our patients' expectations are aligned with ours. It also goes without saying that all of these discussions should be documented in our records, including informed financial consent. Then even if complications do occur, the patient has been well informed of this possibility and the way in which they can be managed. We are all well aware that despite our very best efforts it is unrealistic to expect our restorative treatment to last forever. It is important that our patients understand this too.

Meeting our patients' expectations is something that we all strive to achieve on every patient, however our patients' expectations will not always align with our own. Identifying these situations before any definitive treatment is started will go a long way to preventing negative outcomes in not just aesthetic cases, but all of the treatment that we offer.



# ADASA Mentorship Scheme

Mentoring is a mutually beneficial relationship which involves a more experienced person helping a less experienced person to achieve their goals.

The program is over a 5 year period and is now designed to support and encourage BDS students in years 3, 4 and 5 of their degree and in to the 1st and 2nd years as a practising dentist.

Groups of three or four students are allocated to a mentor. Mentors are qualified dentists and members of ADASA who can help mentees in a variety of ways. The primary aim is to put mentees in touch with dental practitioners to whom they may turn to for help or advice, help which may not be available elsewhere.

## MENTORSHIP EVENINGS

ADASA will hold a Mentorship evening during the year for mentors and student mentees. Mentors and mentees will be contacted when these evenings occur.

## CALLING 3RD YEAR BDS STUDENTS

Mentors not only provide clinical support but can also assist with various other professional matters.

- Mentors can assist with study requirements and provide opportunities for observation.
- Your mentor will form part of your professional network of practising dentists.

3rd year BDS students can now apply to participate in this scheme.

If you are interested please contact Sally Queale at the ADASA office at [events@adasa.asn.au](mailto:events@adasa.asn.au)

## CALL FOR MENTORS

**It's very rewarding to share your expert knowledge with enthusiastic students who are keen to learn and appreciative of your time.**

**It's a great way to connect with the "next" generation of our profession.**

**Interested? Why not contact  
ADASA Mentorship Liaison  
Dr Joshua Tirrell  
[josh@tirrell.com.au](mailto:josh@tirrell.com.au)**

# We're all better for working together

Sometimes, there's a lot that can be learned from nature. Luckily, there are few things more Australian than coming together when times are tough. And right now, communities across Australia are doing what they can to help each other through some challenging times.

That's why Guild Insurance and ADASA have come together to help Australian dentists not only today, but well into the future. With an exclusive offer available for ADASA members, now's the time to visit [guildinsurance.com.au/dentist](http://guildinsurance.com.au/dentist) or call **1800 810 213** to find out how we're working towards a better tomorrow for you, and your practice.





# HR Advisory Service: Conflict Resolution and Resolving Disputes between Colleagues

**Conflict is inevitable in any workplace – on a day-to-day basis we are working in an environment where there are different expectations, working preferences, communication styles, leadership styles, and general personal grievances.**

While it is expected that simple disputes will often occur in the workplace, those disputes can escalate and have a significant negative impact on not only the parties involved but also on workplace morale and productivity.

The importance of resolving disputes between colleagues and having a fair and balanced conflict resolution process is critical in managing the effective operation of any practice and the employee relationships within it. This article will set out best practice ways to effectively and efficiently resolve workplace conflicts and disputes arising between colleagues to avoid small management issues manifesting into large workplace disputes.

## Initial Personal Approach

Many people are uncomfortable addressing or managing conflict in the workplace, however, the

worst thing to do is to hope for the best and expect an issue to resolve itself.

Given that we are all professional adults, workers are encouraged to address and resolve any issues or conflict personally at first instance. Employees should feel comfortable in addressing these issues in a professional and courteous manner at first instance and will generally be surprised by the receptive attitude of others who will generally welcome the opportunity to address matters which also personally impact them.

Where a worker is not confident in how to undertake this process effectively, we would encourage them to seek out the guidance and support of management who can provide useful guidance on how the issue could be approached. Management typically have a wealth of experience in managing

situations like this and can provide valued support throughout to process and check in with to ensure that the matter is being addressed satisfactorily.

When undertaking this personal approach, it is worthwhile remembering that no one likes to be confronted and accused of matters so there are a few golden rules which will encourage a positive outcome:

1. Consider your environment. Make sure you are in a private space away from others when you have the conversation;
2. Consider whether you are in “fight or flight” mode. Addressing a matter when you are angry or emotional will often not lead to the best outcome. In these circumstances you are best to let the matter settle for a day or two before you raise it;
3. Be timely and provide context. No one likes to be unjustly

accused so the more context which can be provided will often help the other party accept the nature of their own conduct;

4. Speak from the “I” and not the “You”. In a conversation the use of the word “you” (i.e “You did X”) generally denotes an accusation and will naturally result in the other party becoming defensive. If you speak from the “I” (i.e “I feel that X”) it does not come across as an accusation, creates empathy and will generally lead to better outcomes; and
5. Discuss what is needed to improve the situation. All too often people raise the matter of conflict but then fail to move past it into resolution. Remember the objective of the approach is to correct the behaviour or conduct you are raising so avoid the tendency to focus on fault or blame and move swiftly into resolution.

## Formal Complaint

In the event the informal personal approach does not generate a meaningful or lasting improvement, the next stage is to formally notify management of the issue. Typically, a workplace would have a Code of Conduct or Dispute Resolution Policy which should act as the reference as to how the matter should be formally addressed.

Having been notified of a dispute or grievance, the Practice should act in a timely manner to ensure that the dispute does not blow out of proportion and cause more damage than necessary.

Conflict can be mitigated and, in some circumstances, avoided completely if steps are taken at an early enough stage. With this in mind, it is important that parties to any conflict are cooperative in the resolution process so that a fair and balanced resolution can be met that doesn’t have a negative impact on the effective operation of the Practice or cast doubt in the employee’s mind that their grievances are not being taken seriously.

## Confidentiality

It is worth mentioning that any conflict within a workplace should be handled sensitively by all parties, and all parties should come to any resolution in a confidential manner to minimise any impact on employees not involved in the conflict.

## Mediation

Mediation is a form of alternative dispute resolution that aims to see parties compromise and resolve their differences without going ‘legal’. Mediation will typically involve engaging a third party, not involved in the workplace dispute, to help parties resolve the issue. While we say that wherever possible conflicts should be able to be resolved at the workplace, mediation is often used in circumstances of long standing or embedded conflict, however, it will only be successful if the parties to the conflict are active and willing participants in that process.

Some of the key advantages of mediation include:

- Mediation is conducted in a private manner;
- Parties are in control of their own position
- Mediation is less expensive and time consuming than any legal avenue; and
- Parties have a say in the level of involvement they wish a mediator to have.

## Dispute resolution under the Health Professional and Support Services Award

If the workplace dispute arises about a matter under the National Employment Standards (NES) or the Health Professional and Support Services Award (HPSS Award), such as rostering or hours of work, the HPSS Award has a specific clause that sets out the process for resolving the dispute. Clause 9 of the HPSS Award provides for a process with the following stages for a dispute regarding matters under the NES of the Award:

- In a timely manner, the parties to the dispute must first try to resolve the dispute at the workplace through discussion between the employee or employees concerned and the relevant supervisor;

- If the dispute is not resolved, the parties to the dispute must then try to resolve it through discussion between the employee or employees concerned and more senior levels of management as appropriate; and
- If the dispute is unable to be resolved in this way, a party to the dispute may refer it to the Fair Work Commission (FWC) and the parties may agree on the process to be followed by the FWC in dealing with the dispute, including mediation.

Whilst conflict is always a challenging area for both employers and employees to address, although addressing conflict at an early stage will avoid small issues becoming problems which impact upon performance, productivity, morale and workplace relationships.

Conflict resolution may seem like a difficult process to manage for some, however, there is a vast array of resources available to workers and employers to assist with any form of conflict or dispute experienced. Given that we spend a large part of our day at work it is important for our general happiness and wellbeing it is important that we address conflict as and when it arises in an effective manner.

[For further information or assistance in relation to conflict resolution, resolving disputes between colleagues or workplace disputes please do not hesitate to contact the ADA HR Advisory Service on 1300 232 462.](#)





**Greenhill Dental Day Surgery would like to invite the SA dental profession who engage in intravenous (unconscious) sedation to consider using our fully accredited Day Surgery.**

The benefits of using a Day Surgery designed specifically for dental practitioners includes:

1. Safer working environment than a conventional dental practice given sterilisation facilities/protocols and operation room air quality.
2. Working in a dentally focused environment with access to dental equipment including; high and slow speed handpieces, dental instruments, piezoelectric units for bone grafting and sinus surgery (Please note under level 2 restrictions aerosol producing procedures are not allowed until restrictions are lifted and only Oral Surgeons or OMFS operators are allowed to perform surgical extractions).
3. The operatory includes an operating light and computer equipment to access relevant patients records while operating or performing dental procedures (restorative/endodontics/periodontics/oral surgery and implant dentistry, [please note level 2 restrictions currently apply) and access to intraoperative periapical radiography using the latest digital sensors and OPG or CBCT facilities.
4. The anaesthetic services can be provided or your preferred anaesthetist can be accommodated.
5. When carrying out implant dentistry GDDS can provide a large range of bone grafting materials and implant systems.
6. Benefits for insured patients include smaller gaps or no gaps (for BUPA patients as GDDS is a BUPA Preferred Facility) apply.

Our goal is to make you and your patients experience seamless and provide these services in an environment that is safe, welcoming and familiar for dental practitioners.

For further information please contact [talita@greenhilldentaldaysurgery.com](mailto:talita@greenhilldentaldaysurgery.com)

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Greenhill Dental Day Surgery  
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W [www.greenhilldentaldaysurgery.com.au](http://www.greenhilldentaldaysurgery.com.au)

## NEW DENTAL CLINIC OPPORTUNITY

Be the first to create a dental clinic in Blakes Crossing a major new community development undertaken by Lend Lease incorporating an awarded winning development of some 4000 residences and 1500 allotments. Join other quality traders such as Woolworths, Aldi, Fasta Pasta, Stepping Stone, United Chemist and others.

This striking premises on the corner of Main & Park Terrace sits adjacent the Woolworths shopping centre with 15 specialty shops and opposite Christian College School, a newly built Lake and Adventure park offering tremendous presence and exposure.

Some facts are noted below.

- Main Trade area population 20,550 people in 2014 and expected to reach 26,000 by 2026
- Adjacent to undeveloped 207 Hectare large parcel of government land
- Woolworths Shopping centre
- Christian College School
- 2 Child Care Centres
- Aldi Shopping centre
- Newly built Lake and Adventure Park
- Fasta Pasta Trading strong, at times best in Australia

Flexible terms and conditions with Landlord incentives on offer , contact Peter Michos on 0418 830 152 for further discussion.

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RLA 158869



## Health Insights

### A reminder on section 130 of the National Law: notify the National Boards of 'certain events', or face a possible finding of unprofessional conduct

Most registered health practitioners are aware of the obligation to notify the National Board of certain events should they occur. These requirements are set out in section 130 of the Health Practitioner Regulation National Law Act 2009 (the "National Law"). However, we have recently seen an 'uptick' in the number of disciplinary decisions which have been triggered, at least in part, because practitioners have failed to notify their National Board in accordance with that provision. Most commonly, the failure has occurred when the health practitioner was charged and found guilty or convicted of criminal conduct, however there are a number of other 'events' which require notification, including a lapse in appropriate professional indemnity insurance<sup>1</sup>.

The recent spate of disciplinary decisions in this area provides an interesting study because it highlights the extended reach of the Tribunal to discipline conduct which is completely unrelated to the practice of the relevant health profession. The decisions also seek to remind practitioners that a breach of the notification obligations under section 130 may result in a finding of unprofessional conduct. In the current turmoil caused by the COVID-19 pandemic which is serving to not only distract from, but in some cases stop, business-as-usual activities, it is important to remember that obligations such as these endure.

In the case of Health Ombudsman v Chaffey [2020] QCAT 54, Chaffey was a registered nurse who received a single parenting payment benefit from Centrelink. Over a period of several years, Chaffey failed to correctly declare the amount of her employment income to Centrelink, resulting in an overpayment of nearly \$65,000. She also made numerous false declarations as to the amount of her income over that time. Chaffey was charged and found guilty of the offence of dishonestly obtaining a financial advantage.

The Health Ombudsman made two allegations against Chaffey in QCAT:

1. Allegation of professional misconduct constituted by criminal offending by way of social security fraud
2. Allegation of unprofessional conduct particularised as Chaffey's failure to provide written notice to the National Board when she was convicted of the offence in the Magistrates Court within seven days as required by section 130(1) of the National Law

At one stage Chaffey disputed allegation 1 because she believed the charges were of a personal nature, and not connected or involved with her employment as a nurse<sup>2</sup>. In our experience this can be a common misconception amongst health practitioners, who assume that the disciplinary reach of the National Boards is limited to matters concerned only with the practice of their health profession. However, the Tribunal was quick to condemn this belief, saying that it demonstrated a lack of understanding of the definition of "professional misconduct" and of the extent of a registered nurse's professional obligations<sup>3</sup>: It can be seen that the terms of the definition explicitly recognise that conduct of the practitioner not connected with the practice of the practitioner's profession may constitute professional misconduct because such conduct may, nevertheless, be inconsistent with

the practitioner being a fit and proper person to hold registration. Serious criminal offending, including offences of dishonesty, is quite clearly capable of being caught by such definition and constituting professional misconduct. Such conduct has the potential to not only affect the reputation of the individual practitioner, but adversely affect the reputation of the profession and the public confidence in members of that profession<sup>4</sup>.

It is unsurprising therefore, that the Tribunal found allegation 1 proven. By way of sanction, Chaffey was reprimanded and conditions were placed on her registration to complete an educational course on professional accountability – an unfortunate result of her demonstrated lack of understanding and insight into the extent of her professional obligations. In respect of allegation 2, the Tribunal considered the wording of section 130(1), which we set out (in part) for your convenience here:

1. A registered health practitioner or student must, within 7 days after becoming aware that a relevant event has occurred in Health Practitioner Regulation National Law Act 2009 relation to the practitioner or student, give the National Board that registered the practitioner or student written notice of the event.
2. A contravention of subsection (1) by a registered health practitioner or student does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.
3. In this section—  
relevant event means—  
(a) in relation to a registered health practitioner—  
(i) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or  
(ii) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or  
...

The key takeaway from the Tribunal's consideration of this provision, was that they said: Not every contravention of a provision of the National Law will constitute unprofessional conduct. The definition requires a finding of professional conduct that is of a lesser standard than that which might reasonably be expected of the health practitioner<sup>5</sup>.

In Chaffey's case, although she failed to comply with the notice provisions after she was found guilty of the criminal charges, the reason for that failure was that she was immediately imprisoned. Further, she had in fact provided advanced notice to AHPRA prior to the hearing that she had been charged with dishonestly obtaining financial advantage from a Commonwealth entity, and that she would likely be facing some time in prison. In these circumstances, the Tribunal said that although strictly speaking the failure to notify constituted a contravention of section 130(1), it did not amount to unprofessional conduct.

Chaffey's case can be contrasted with the case of Nursing and Midwifery Board of Australia v GMR (Review and Regulation) [2020] VCAT 157, which concerned a nurse who was found guilty of common assault. Unlike Chaffey, GMR correctly notified the Board upon learning of the outcome of his criminal hearing (i.e., that he was found guilty of an offence punishable by imprisonment). However, GMR also had an obligation to notify the Board of the charges themselves before a finding of guilt had been made, because they were charges for offences punishable by imprisonment of 12 months or more (see section 130(3)(a)(i) above). He failed to make this earlier notification.

The Board considered that GMR's breach of section 130(1) of the National Law amounted to unprofessional conduct. This is an obvious divergence from the decision that was made in Chaffey, likely because Chaffey faced the extenuating circumstances of immediate imprisonment which made notifying the Board more difficult. The type of notification required of GMR was also relevant to the Board's decision, because the requirement to notify serious charges even before guilt is determined is to "allow the

relevant board to take immediate action where it is necessary to do so to protect the public"<sup>6</sup>. Depriving the Board of the ability to take such action likely contributed to the finding that the failure to notify constituted unprofessional conduct.

Finally, it is worth noting the case of Health Care Complaints Commission v Hulst [2019] NSWCATOD 181 which concerned a registered chiropractor who was convicted of three counts of supplying a prohibited drug and found guilty but not convicted of one further count of the same. On the matter of providing notification to the Chiropractic Board of Australia, Hulst emailed the Health Care Complaints Commission (the Commission) about his convictions on the same day that he received them, believing that this was sufficient for the purposes of his notice obligations. The Commission forwarded this to AHPRA, but Hulst did not himself notify AHPRA until several months later. Hulst's mistake but bona fide attempt to comply, did not help him avoid a finding of unprofessional conduct in respect of the entire matter.

These cases should serve as a reminder to all health practitioners to review their obligations under section 130 of the National Law, so that they are mindful of the 'certain events' which may trigger a notification obligation. This is particularly important because these events extend to matters beyond the ordinary scope of practice to incidents which can occur in the private domain.

Practitioners should also make themselves aware of the required timeframes for notification (within 7 days of becoming aware that the relevant event has occurred), and the entity to whom notification must be made. Even if a practitioner innocently notifies another entity of the relevant event in the belief that this is sufficient for the purposes of section 130, it is likely that the failure to notify the correct entity will be considered a breach.

Failure to properly notify as per section 130 will likely constitute unprofessional conduct, unless extenuating circumstances exist. This finding is likely to be in addition to any other findings of unprofessional conduct or professional misconduct,

relating to the original conduct which triggered the notification requirement in the first place. A finding of unprofessional conduct in relation to the failure to notify will aggravate the overall sanction imposed on the practitioner, and can be easily avoided if notification upon occurrence of the event is promptly provided.

Meridian Lawyers regularly assists practitioners regarding AHPRA investigations and disciplinary proceedings. This article was written by Principal, Kellie Dell'Oro and Associate, Anna Martin. Please contact us if you have any questions or for further information.



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Disclaimer: This information is current as of April 2020. This article does not constitute legal advice and does not give rise to any solicitor/client relationship between Meridian Lawyers and the reader. Professional legal advice should be sought before acting or relying upon the content of this article.

<sup>1</sup> Health Practitioner Regulation National Law, section 130(3)(a)(iii)

<sup>2</sup> Health Ombudsman v Chaffey [2020] QCAT 54, at [10]

<sup>3</sup> Ibid, at [11]

<sup>4</sup> Ibid, at [12]

<sup>5</sup> Ibid, at [24]

<sup>6</sup> Nursing and Midwifery Board of Australia v GMR (Review and Regulation) [2020] VCAT 157 (12 February 2020) at [27]

# DENTAL RESEARCH AND EDUCATION FUND

## DREF



### DREF, THE DENTAL SCHOOL AND YOU

**DREF** or DeeREF as we christened it in 2013, was formed after the SA Foundation for Dental Education and Research SAFDER.

Our goal is to encourage and sustain lifelong relationships between the Dental School, our alumni, and our supporters. Ultimately we would like a community of people volunteering and supporting the School however they can.

The Committee has divided its activities into smaller groups which are:

#### Research Funding

Funds from, for example, the Paul Kwok Lee Bequest, ([see video](#)) are invested and earning income and those earnings may be used for research so we have a subcommittee looking at those applications. If anyone would like an application form, let us know. Dr Helen Mclean is chair.

#### Community Outreach Dental Program CODP.

This committee helps with fundraising for the CODP Clinic which offers free treatment to the disadvantaged in our society. In 2019 we ran a film night, helped with the 100 year celebrations and generally do what we can to ensure the financial viability of the clinic.

We would be holding a fundraising dinner and film night this year but it has been a problem planning this for obvious reasons. We might still hold a cocktail party in a larger venue later in the year with maybe an auction or two.



Dr Greg Cocks discussing cases with students in the CODP clinic

#### Alumni Relations

This committee works closely with the University to coordinate activities with alumni. Lindsay Richards heads it and you may have participated in a reunion organised by External Relations.

#### The Milton Sims Visiting Professor Program.

The Paul Kwok Lee bequest supports this program after generous initial donations from practitioners kickstarted the program. The selected visitor comes for 2 weeks later in the year to speak with and examine students. Helen also coordinates this program



Dr Joanne Yong, ortho student, Universiti Kebangsaan Malaysia (UKM), Prof Dieter Drescher, Visiting Professor, Dusseldorf, Germany, Dr Alizaemarny Mohamed, Head of Orthodontics, UKM, Dr Wang Ching Ng, ortho student, UKM, Dr Farah Liyana Jaafar, ortho student, UKM, Prof Craig Dreyer, Begg Chair University of Adelaide and Drs Myat Mon Thinn and Dr Celine Chan, orthodontic students, University of Adelaide during Prof. Drescher's visit in 2019

#### The Oral and Maxillofacial Surgery Fund

This new activity is chaired by Paul Sambrook and aims at setting up a permanent endowment from donations and bequests to further the OMS training in the School. Like the Milton Sims project with orthodontics, it will lean towards funding oral and maxillofacial surgery and biology research projects.

#### SEED – Supporting Educational Excellence in Dentistry.

SEED seeks to also set up a permanent endowment within the School for general use on education and research. Dr Chris Pazios is the Chair. It will require significant donations and bequests and our aim is to have this as our main project for major giving that will keep our dental school in the pre-eminent position in Australia into the future.

#### AUDSS Relations

Yes, the AUDSS is as alive as it ever has been and more organised and effective every year. We have a rep from the student body and Laura Smith, herself a DREF student rep once, heads the committee. The students fundraise for the CODP Clinic with the main event being the annual Sleepover. This year they are considering an online sleepover due to the COVID-19 environment.



#### The University - External Relations/ Development and Alumni

DREF will work closely with this department headed by Inga Davis. Since 1990, support for the dental school was firstly through SAFDER and then DREF but the University now has a very capable administration in Alumni Relations.

#### The Adelaide Dental School

Dean Professor Richard Logan and all the staff and students have worked tirelessly to adjust and even transform their modes of teaching. Our sincere thanks go out to them for their efforts.

#### Why do people give?

The most common motivation is to give something back to the school that gave us a wonderful career, knowing that so many did the same before us to give us the facilities we enjoyed.

Some give to specific projects in, say, the branch of the profession that they work in.

Some add a bequest to the University in their Will stating what they would like the funds used for.

Others give to the school in general to be used in whichever way the school likes.

#### What you can do?

In this quiet time for dental practices, DREF has been very active and planning. One of our roles is to develop ways people can support the School. So if people feel motivated we have the resources:

1. We have a donation form for direct assistance for any of our projects. For a donation form please go [here](#) and add your project under 'other' on the right side eg 'Community Outreach Dental Program' or 'Dental Research and Education Fund' Please specify or it may not get to the Dental School. If in doubt, specify 'DREF'.

Our highest need currently is for

- the CODP clinic,
- SEED
- DREF for the School
- the OMS project.

2. We have contacts within the University for people who wish their donation or bequest to be handled by Alumni and Development staff. This creates opportunities to join, say, the University Board of Benefactors. see [Board of Benefactors](#)

3. We have suggested wordings for bequests

4. We have a team of people who you will know and who can help you if you have the desire to assist the School

#### Contact:

[yvonne.nieuwenhoven@adelaide.edu.au](mailto:yvonne.nieuwenhoven@adelaide.edu.au)

and your query will be passed on to us.

Thankyou,

Dr Don Wilson - Chair, DREF



Margie Steffens OAM, Manager of the CODP and Amanda Drewer, Clinic Administrator



# Events

Due to the current circumstances ADASA have made the decision in the best interests of everyone's health and safety to either postpone or deliver events in a webinar format over the next 3-6 months where possible.

We are following the advice and recommendations from ADA Inc and the SA & Federal Governments and will regularly review the status of ADASA events.

All event details are on the ADASA website  
[www.adasa.asn.au](http://www.adasa.asn.au)

For more information regarding any ADASA Events please contact  
 Sally Queale  
 08 8272 8111 or  
[events@adasa.asn.au](mailto:events@adasa.asn.au)

	STATUS
<b>All CPR courses</b>	Event postponed
<b>Practice Accreditation Workshop, Thursday, 30 July</b>	Event postponed until 2021
<b>Riverland Conference 16 -17 October</b>	Currently no plans have been made to postpone this conference, however this decision will be reviewed at the end of July 2020
<b>Infection Control Seminar Friday 19 March 2021</b>	Event rescheduled to 2021 New date



## CPD & Events Calendar

### JUNE 2020

**15**  
 CPR  
 Presented by St John Ambulance Australia  
 Friday: 1.30pm - 4.30pm  
 ADASA Alexander Room

### JULY 2020

**9**  
 Recent Graduates  
 Study Club #3 - Webinar  
 Topic: Crown and Bridge 101- back to basics  
 Thursday 6.30pm – 8.30pm

### AUGUST 2020

**14**  
 CPR - to be confirmed  
 Presented by St John Ambulance Australia  
 Friday: 1.30pm - 4.30pm  
 ADASA Alexander Room

**18**  
 Study Club # ONLINE  
 To be Confirmed

### OCTOBER 2020

**14**  
 Practice Managers Network Seminar/Webinar (tbc)  
 Topic: Psychological risk in the workplace.  
 Wednesday: 6.30pm - 8.00pm  
 Alexander Room

**16/17**  
 Riverland Conference  
 Friday & Saturday  
 Renmark Club

**21**  
 Study Club #5  
 To be confirmed

**23**  
 CPR  
 Presented by St John Ambulance Australia  
 Friday: 1.30pm - 4.30pm  
 ADASA Alexander Room

### NOVEMBER 2020

**20**  
 Golf Day  
 Friday: 12.30pm  
 Kooyonga Golf Club

**25**  
 AGM  
 Wednesday: 6.30pm - 9.30pm  
 ADASA Alexander Room

### DECEMBER 2020

**3**  
 Study Club #6  
 To be confirmed

**4**  
 CPR  
 Friday : 1.30pm - 4.30pm  
 ADASA Alexander Room

**12**  
 Declaration Ceremony  
 Elder Hall

### MARCH 2021

**19**  
 NEW DATE  
 Infection Control Seminar







**Lisa Hickey+** Business Advisory | **Adrian Zoppa\*** Financial Planning | **Mark Mullins\*** Risk Insurance | **Heang Lay+** Accounting | **Trien Ly+** Accounting | **Matt Book** Technology Services

## Experts for your financial health.

Hood Sweeney is a long term partner of the Australian Dental Association of South Australia providing accounting and financial planning services to their members.

Our Health team understands the complexities of everything from setting up a medical practice – including IT and service fees – to selling it, along with personal financial planning, wealth protection, tax strategies and performance coaching.

**For a second opinion on the fiscal fitness of your practice or your personal finances, email our Health team on [adasa@hoodsweeney.com.au](mailto:adasa@hoodsweeney.com.au) or call 1300 764 200.**

\*Lisa Hickey, Heang Lay and Trien Ly are Representatives of Hood Sweeney Accounting & Business Advisory AFSL 485569

\*Adrian Zoppa and Mark Mullins are Representatives of Hood Sweeney Securities Pty Ltd AFSL No. 220897



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[www.hoodsweeney.com.au](http://www.hoodsweeney.com.au)

AD-HealthTeam0120

## On January 14, 2020, it's the End of Life (EOL) for Microsoft's Extended Support for Windows 7 & Windows Server 2008/R2

What does this mean for you?

- Your computers and servers will no longer receive security updates
- Your practice management software will no longer be supported on systems running those platforms

What can you do about it?

- As the ADASA Business Partner for IT services to its members, we offer the Association's members a free IT 'check-up'. This consultation will analyse members' current IT systems and suggest any possible improvements. Excludes any travel costs to any practices outside of the Adelaide Metropolitan area



**Professional Managed IT Services** - A dentist would never simply treat symptoms. They practice preventative dentistry in an effort to give their patients the best quality care. IT management should be tackled in the same way. A proactive, preventative approach boosts efficiency, performance and availability saving you downtime and money. **Let us take care of IT, while you look after your patients.**

08 8271 6333 | [www.dvau.com](http://www.dvau.com) | [mail@dvau.com](mailto:mail@dvau.com) | 1 King William Road, Unley SA 5061 | PO Box 399, Unley SA 5061

# Classifieds



## New Specialist Paediatric Dental Practice

Dr Sue Springbett is being joined by Dr Ninna Yuson and Dr Gabrielle Allen in an exciting new Specialist Paediatric Dental Practice catering for children of all ages - from infants to teens - including those with Special Needs.

The state of the art practice provides a friendly, welcoming, safe environment for children and their families. Treatment under Relative Analgesia (RA) and General Anaesthetic (GA) is available along with the provision of preventive treatment, oral health care and dietary counselling.

Bookings are open from 01/06/2020 with appointments available from 29/06/2020 and can be made by ringing (08) 83771513 or using our convenient on-line booking option at [www.thepaediatricdentist.com.au](http://www.thepaediatricdentist.com.au).

For more information visit our website.

Practice address: Unit 2 /13-15 Finnis Street Marion SA 5043

## Experienced Country Dentist Seeking Employment

Experienced dentist returning to Adelaide in July after many years working in my own practice in country SA.

I am experienced in all facets of dentistry, and I will be bringing my Cerec Omnicam and milling machine with me.

I am looking for 2-3 days work per week.

Please send all enquiries to [countrydentistSA@gmail.com](mailto:countrydentistSA@gmail.com)

## Selling or buying a practice?

RayWhite

Talk to the local specialist Brett Buckley MBA, CPM, FAMI, GAICD

- Fully licensed broker
- Extensive dental industry knowledge
- Proven track record in practice sales
- Local who understands the market
- Fully confidential sales process
- Registered buyers
- Buyers advocacy
- Exit strategies



"From our first meeting, Brett was very understanding of the type of sale I wanted for my 30 year old practice. He was very helpful, positive, thorough and knowledgeable. I gained the best deal from the sale and found Brett completely trustworthy and honest. I have already recommended him to a prospective seller." - Dr. Michael Moran

For a completely confidential free appraisal on your practice contact Brett Buckley.

Brett Buckley  
0432 231 630  
[brett.buckley@raywhite.com](mailto:brett.buckley@raywhite.com)  
[raywhitebusinesssa.com.au](http://raywhitebusinesssa.com.au)

# End this financial year on a good note

Receive up to **\$1500** worth of consumables with your new equipment purchase this EOFY

Now more than ever, we want to do what we can to help you and your practice. That's why, we're rewarding you with up to \$1500 worth of consumables this EOFY.

If you finance your new equipment purchase with us via a fixed term contract which settles before 30 June 2020, you'll receive credit to spend on consumables with the same supplier:

- **\$500** credit on equipment purchases valued between \$20 000 and \$50 000;
- **\$1000** credit on equipment purchases valued between \$50 001 and \$100 000; or
- **\$1500** credit on equipment purchases to the value of \$100 001 or greater.

Visit us at [boqspecialist.com.au/eofy](https://boqspecialist.com.au/eofy) or speak to your local finance specialist on **1300 131 141** to take advantage of this offer now.

**BOQ Specialist.** The bank for dental professionals



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Equipment purchase must be financed with BOQ Specialist on a fixed term contract equal to or greater than 36 months with settlement completed by 30 June 2020. Available for lease, chattel mortgage and asset purchase. Not available on internal refinances, escrows, rollovers, residential or commercial property and goodwill loans. Documentation fee of \$495 applies. Promotion is applied per invoice, and available in conjunction with other individual supplier promotions. Maximum consumables cost to be the lesser of 20% or \$30 000 per invoice submitted for finance. Credit for consumables must be redeemed at the point of finance and with the same supplier.