

DENTAL INSIGHTS

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



This month

Working Hard for our Members Media & Advocacy

Mouthguard Awareness

COVID-19

April 2020 | Volume 33, Issue 3

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APRIL 2020



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Next Issue May 2020

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Mad March is over for another year in South Australia. Gone is the Superloop Adelaide 500, gone is the Fringe, gone is the Festival, gone is Womadelaide and gone is daylight saving! Unfortunately, however, the Coronavirus (COVID-19) is still with us, threatening and creating havoc with our daily lives around the world and here at home.

COVID-19

No doubt as dental health practitioners we may be feeling anxious and concerned about decisions we need to make to provide the best care in these challenging and uncertain circumstances especially since the Coronavirus has become more widespread and is now classified as pandemic.

The Branch has been closely monitoring the COVID-19 outbreak and the health, safety and well-being of the Branch office staff, our members and their staff and patients, with the broader community being our top priority.

Whilst the number of cases in South Australia is relatively small there is contingency planning underway and regular updates will be provided so that you are fully informed.

At the time of writing this report, the situation continues to change daily, with more stringent precautions being put in place. As a result, the Association has followed suit with all other organisations, businesses and communities to prepare and survive the looming major social disruption expected from COVID-19. Decisions have

been made to move beyond the official recommendations and consider working from home, cancelling travel and holding virtual meetings where possible. Appropriate measures have been taken to run a degree of social distancing and also manage those who fall ill in the workforce.

International travel bans and restricted domestic travel to business-critical activities only, are some of the practices put in place, and those who have travelled to high-risk countries are required to self-isolate for 14 days before presenting to work and into the community.

The introduction of heightened personal hygiene awareness and practices, in accordance with SA Health, at all our workplace locations has also been enforced.

The Association has continually updated its Work Health and Safety administration policies regarding COVID-19. We have seen the ADX 20 Sydney being cut back by one day and clearly this will be followed by more cancellations and changes in the following weeks.

ADASA has been reviewing its calendar of events and will keep

you posted.

Media and Advocacy

We've been very busy advocating for the dental profession. Please see my article on page 8

SADS - Residential Aged Care Emergency (RACE) Dental Service

The South Australian Dental Service (SADS) is proposing an Emergency Care Dental Service (RACE) to residents of aged care facilities and cutting the existing services which include the Residential Aged Care Dental Scheme (RACDS) and SADS Domiciliary Dental Care Service (Northern and Southern). I explore this issue and explain the ADASA position on page 20.

Medicare Provider Numbers for Graduate Dentists

In my last report, I raised the efforts of ADASA to pursue the matter of delayed Medicare 'initial provider numbers' for our new graduate dentists. The following is the response from Medicare:

*Dear Dr Angelo Papageorgiou
Thank you for your email about the delay in obtaining a provider number for new dental graduates.
The Health Insurance Act 1973 and*

From the President

Dr Angelo Papageorgiou
ADASA President



Health Insurance Regulations 2018 require that a provider number identifies the person and a place where the person practises the person's profession and as such, Services Australia – Medicare cannot issue an "interim Medicare provider number that is not location specific" Once a new graduate dental practitioner secures new employment they can apply for a provider number by submitting an Application for a Medicare provider number and, or prescriber number for allied health and non-medical health professionals form (HW093).

Services Australia is currently experiencing the peak processing period for provider numbers and for procedural fairness and transparency, applications are processed in order of date of receipt. The only exception to this is where there is an emergency such as a natural disaster or a community in need.

As previously advised by Ms Druery, every endeavour is being taken to reduce the current wait times experienced during the peak period of December to April.

Kind regards

Gayle Nicholson

Senior Policy Officer

Provider Eligibility and Accreditation

Medicare and Veterans Health Branch

Health and Aged Care Programmes

Services Australia

The ADASA will continue to advocate on this matter should it continue to be an ongoing concern.

Educational and Social Events

My role as ADASA President means that I have plenty of meetings

to attend each month and this includes regular meetings with our stakeholders, Federal and State association meetings and those that come up at short notice or part of our day to day workings.

However I also have opportunity to attend some educational seminars and of course social events where I'm able to both learn, meet and engage with members of our profession.

This month I attended the **ADASA Recent Graduates Study Club #1** hosted by our ADASA Councillor Dr Vaibhav Garg and listened to a presentation by Dr Keng Yeoh on the topic of 'Managing a patient with Renal Disease'. The event was held at the state-of-the-art headquarters of the Royal Flying Doctor Service and there was the opportunity to tour this most impressive complex. I encourage any member to take the time and visit the facility and experience it firsthand.

I also attended both the **ADASA Tennis and Lawn Bowls evenings** where I had the privilege of presenting awards and prizes to the winners. This edition of Dental Insights will feature more about this. These events were both very well attended.

I was most astounded by the support of our members, especially

the younger cohort of our profession.

As a long-standing member of the ADASA I felt both comfort and hope in the future of our association and profession.

I encourage all members to embrace the opportunities made available by the ADASA, as scheduled in the ADASA calendar of events.

Finally, I would like to commend both Dan Pawlyk and the incredible staff of our Branch office who have been fielding calls and addressing the members concerns with the COVID-19 pandemic.

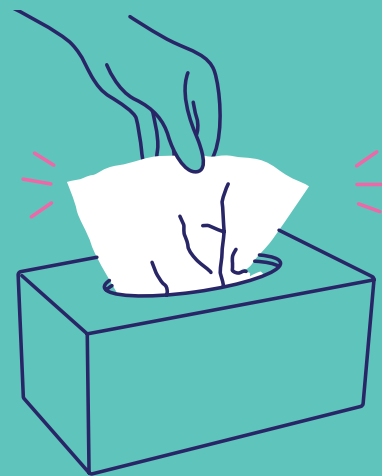
The pressure put on the office staff has been testing and as always, they have managed this along with the other day to day demands admirably.

SIMPLE STEPS TO HELP STOP THE SPREAD.

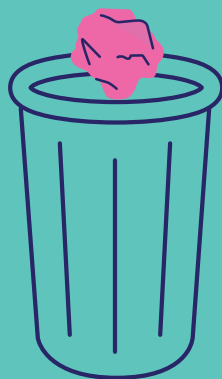
Cough or sneeze into your arm



Use a tissue



Bin the tissue



Wash your hands



HELP STOP THE SPREAD AND STAY HEALTHY

TOGETHER WE CAN HELP STOP THE SPREAD AND STAY HEALTHY.

For more information about **Coronavirus (COVID-19)** visit **health.gov.au**



Australian Government

FROM THE CEO

Mr Dan Pawlyk

ADASA CEO



It's impossible not to comment on COVID-19 as the virus naturally runs its course and Governments around the world and public react. The impact of the Virus on the dental profession (at the time of writing this article in March) has been most noticeable on the supply of masks.

It was great to see all ADA States and Federal pull together to drive an outcome with mask supply and shows what a united front can achieve.

We all spoke to Minister Greg Hunt, we all lobbied State and Federal governments, we all pushed through the media, we all kept members informed and as a result we secured a portion of the Governments emergency mask stock for dental practices. While we are happy with this result it is important to know that this stock is designed to assist practices who are at risk of imminent closure, so please do your part to conserve masks by taking appropriate measures to minimize mask use.

Information on minimizing mask use should be adopted until supply normalises. Follow the below link for further information.

<https://www.ada.org.au/Campaign/Masks/Managing-Mask-Stock>

ADA continues the search for additional sources of masks and working with the government on activating domestic supply to help bolster stocks available to Australian dental practices.

However, the attention is also now on practices having restricted work because of the virus and social distancing measures. We are now focusing on helping our members through restricted work practices as we do our best to ensure continuity of dental services where possible and while keeping with regulatory requirements and Government advice. Please check our website for up to date information.

As I mentioned in last month's report, ADASA member engagement remains strong and I can report that as a result of members showing interest by reaching out to us at ADASA and discussing what they are passionate about, a new Standing Committee has been formed for Environment and Sustainability.

The objectives of the Committee are to:

- Identify and provide advice on environmental sustainability issues in Dentistry
- Preparation and/or review environmental sustainability strategies and policies
- Provide coordination, liaison and communication with Council and ADASA administration
- Consider and recommend options for future strategic work that will enhance and improve organisational and professional environmental sustainability
- Provide information for the ADASA website and publications

What the members taught me was Environment and Sustainability in Dentistry goes far beyond typical recycling efforts and a lot of work needs to go into preparing the profession for the future while providing a competitive point of difference. It's great to see younger members getting involved and being the change they wish to see. If you would like to be part of this exciting new Committee, please contact ADASA and register your interest. I look forward to updating our members as work progresses.

I also attended SADS Review of their Residential Aged Care Programs at which SADS outlined

a move to reallocate funding from the Residential Aged Care Scheme and the Domiciliary Dental Care Service to a Residential Aged Care Emergency (RACE) Dental Service.

The explanation given by SADS was that the current funding is not fair and equitable as it only services 10% of residents and the new RACE model will service 100% of aged care residents. The uncertainty in the room left questions being asked about what they could do to be heard and where they should direct correspondence to. I suggested that all parties could direct their queries to ADASA and we would consolidate the issues and draft a joint letter to be sent to Minister Wade with everyone's logos and signature to show we are united on the topic of proactive oral health for a vulnerable population as per the SA State Oral Health Plan and calling for more funding to address these issues with suggested alternatives and/or additions to the RACE scheme. This is currently in the process of being drafted.

With regards to the delay in provider numbers to new entrants to the profession the ADA are lobbying to have dentists be one of the groups to trial a new online pilot program, this is in progress and as always we will keep you informed with any updates.

Please feel free to contact ADASA with any issues, concerns or simply interested in being involved.

I also mentioned last month that ADASA would be doing a Rural and Remote Survey, the results are in and can be found on page 12 of this magazine. Thankyou to those members who participated.

Working hard for members during the COVID-19 crisis

Media and Advocacy

ADA secures new mask source

Dr Angelo Papageorgiou
ADASA President



COVID-19 is testing us all, personally and professionally. It continues to dominate our everyday activities and is, of course, also impacting the dental profession.

ADASA has been working extremely hard through its PR and communications functions to advise not just members of the latest information but also letting the public know how any changes may impact them.

While much of our messaging has been about the pandemic, we have managed to deliver some other oral health messaging.

On 19 February 2020, I had the pleasure of being interviewed by Sonya Feldhoff as part of my regular monthly ABC radio segment. Although I have done many radio interviews over the years, it has always been by phone and this was the first time that I experienced this in a radio station.

This radio segment provides opportunity for me to raise any issues on behalf of the Association and our members, with this month's interview focusing on the issue of sugar and its implications on oral health and sorry to mention it again, but also coronavirus and its effect on dental practices.

Angela Smallacombe, host of ABC Radio Mid North and West Eyre Peninsula and Riverland interviewed me on 24 February 2020 regarding the ADA's support for senator Stirling Griff's call for Government dental funding and the issues of our rural dental workforce was also raised.

The Advertiser 'Baby Boomer' section continues to refer to my ADASA oral health messages as part of our ongoing engagement with the public and raising awareness.

David Bevan, from ABC radio 891, also took the time to interview me on 4 March, regarding general oral health and hygiene matters, and in particular charcoal toothbrushes, toothpastes, and water flossers. Followed by a story on the issue of critical surgical mask supply shortage, which gained media attention because ADA and ADASA were lobbying for the State Government to either directly or in collaboration with the Federal Government to

guarantee a supply of masks to the profession, to avoid the imminent closure of dental practices. This was achieved through correspondence with the Federal and State Ministers of Health and Wellbeing, Minister Greg Hunt and Minister Stephen Wade respectively, and ADA media release Dental Practices Facing Closure Without Government Intervention.

ADASA was once again on the front foot in advocating for mask supply and this was further enhanced by a Channel 7 News interview with Elise Baker, followed by a segment the next morning on Sunrise with Kochi. Such widespread, strong advocacy and a sound relationship with Government resulted in the announcement on Sunday 8 March 2020, that a portion of the government emergency mask stock has been earmarked for dental practices.

The emergency stock is designed to assist practices who are at risk of imminent closure due to an insufficient supply of masks to treat patients. ADA President, Dr Carmelo Bonanno said, 'we will need to be diligent in our mask conservation efforts and work together to ensure practices remain open and we're able to function at a tolerable level until the situation normalises'.

ADA continues to work with the Government in the search for additional sources of masks.

For now, I urge all members to log into the ADA website regularly, conserve your mask stock and continue to place orders – for more information refer to

<https://www.ada.org.au/Covid19>

Should you have any further queries or in the event that you will completely run out of masks within 1-5 working days (and have already taken reasonable conservation measures) and do not receive any additional supplies, please contact the ADASA office so that we are able to support you.

Email admin@adasa.asn.au

Phone 08 8272 8111

With the impact of COVID-19 continuing to significantly disrupt life as normal, dealing with the increasing array of challenges is consuming a greater than normal amount of time and effort for many dental practices, a situation which it is envisaged may continue for some months yet.

ADASA

Practice Resources



There is no doubt that as dental health practitioners we may feel anxious and concerned about decisions we need to make to provide the best care in these challenging and uncertain circumstances since the Coronavirus (COVID-19) has become more widespread and is now classified as pandemic.

ADASA has made COVID-19 resources and templates available for you to download, which will be updated as information comes to hand.



ADASA Practice Resources

- COVID-19 Exposure Response Plan - Dental Practice
- COVID-19 Policy - Dental Practice
- ADA COVID-19 Patient Sign
- Business SA - COVID-19 Employer Guide



Should you have any queries, please do not hesitate to contact the Branch on 08 8272 8111 or email admin@adasa.asn.au.

Please also refer to the following websites for further information

<https://www.ada.org.au/Covid19>

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>



INFECTION CONTROL

As a registered dental practitioner, you have a legal obligation to comply with the Dental Board of Australia's policies and guidelines on infection control, ensuring that, in the words of the Dental Board of Australia "the risk of the spread of infectious diseases is prevented or minimised."

REQUIRED DOCUMENTATION

Every practice location must have the following documents easily-accessible in either hard copy or electronic form (this presupposes guaranteed internet access):

- **An Infection Control Manual** which outlines your infection control protocols and procedures.
- **AS/NZS 4815 OR AS/NZS 4187** - in general, most practices will operate under 4815 while 4187 is largely designed for larger facilities. However, if your practice performs complex patient procedures and sterilising processes such as low temperature sterilisation, you will need to have both standards on file.
- **Dental Board of Australia's Guidelines on Infection Control**
- **ADA's Guidelines for Infection Control**
- **NHMRC Australian Guidelines for The Prevention and Control of Infection in Healthcare**

These documents and the full range of supporting publications are available on the ADA's Infection Control Publications page

<https://www.ada.org.au/Professional-Information/Publications/Infection-Control>

KEEP UPDATED

In order to ensure that your knowledge of infection control procedures is current, you're encouraged to regularly undertake continuing professional development modules that specifically focus on infection control. Additionally, use your Ahpra registration renewal each year to evaluate your infection control documents and make sure you remain fully conversant with them and that they have been updated to reflect any changes in the way you practise.

The full suite of infection control guidelines can be found at ADA Infection Control Publications.

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ADASA Rural and Remote Survey

While there is a lot of talk about oral health issues in rural and remote areas, information can sometimes be misleading, and for that reason, ADASA is interested in the real issues of our rural and remote members. Rural and Remote members were asked to participate in a short survey to help us determine the real issues facing the profession in rural and remote areas. We were delighted with the response and thank those who participated. The information will drive the next steps taken by the ADASA as we continue to advocate and support the rural and remote dental profession. As promised, we are now sharing that information with you.



How many years have you practiced dentistry in a Rural and Remote SA?

Average is 22 years

What are three positive aspects of working Rural and Remote that you would like to share with our broader membership?

Gaining broad general clinical experience, Appreciative and friendly community, Plenty of work, Word of mouth referrals, Lifestyle, No Traffic.

Would you find connecting with your peers useful?

90% Yes,
10% No

Do you feel that you are being heard?

50% Yes
50% No

Are you aware of the avenues available to raise issues facing the Rural and Remote dental profession?

60% are not aware

If you could change one thing about practicing in Rural and Remote what would it be and why?

40% More accessible CPD,
20% More access to specialist services,
10% The ability to recruit skilled workers,
30% Other.

Would you consider contributing material for the ADASA publication Dental Insights?

80% Yes

What type of practice are you in?

70% Multiple Dentist Practice,
30% Solo

Do you have other in-house dental providers?

70% have Hygienist,
60% have Oral Health Therapist,
30% have Both

What percentage of patients in your practice are Public vs Private?

80% have Less than 25% public,
10% have Between 25-50% Public
10% have between 50-75% Public

What factors influence how many public patients you see?

Low remuneration/complexity of eligibility and obtaining payment, How much funding SADS releases/SADS waiting list, Motivation of public patient to access dental services, Cost, Availability, Funding, Administration

Which government schemes do you participate in?

80% CDBS,
60% GDS,
40% PDS,
50% Veterans Affairs,
40% EDS

Do you have the facilities to accommodate visiting specialists?

60% Yes

What issues do dental practitioners currently face in Rural and Remote locations?

50% Lack of Specialist Support,
40% Professional Isolation,
40% Recruiting and retaining staff,
40% CPD Access,
20% Higher running costs

Are these issues currently being addressed?

90% No

How do you feel about the future of Dentistry in Rural and Remote?

20% Looks steady,
30% Must change to survive,
50% Its always a challenge and always will be

What measures would you suggest need to be taken to ensure the future viability of Rural and Remote dental practice?

30% University Involvement (i.e. Priority should be given to rural students looking to study Dentistry, OHT or hygiene.)
20% Improve Specialist Visits,
10% Improve Government Schemes as current government schemes don't work for patients or practitioners,
30% other

As a result of the ADASA Rural and Remote survey to our members other associations such as DHAA have asked to use our survey for their members as well. This is welcomed and we work with all associations for an outcome. We will now examine the information and start to form a plan of action. Some points like CPD can be quickly addressed while others like specialist visits to rural and remote practices may take more time to solve but a plan with timelines is how we will get there.

Practice Managers Network Seminar #1



By: Sally Queale, ADASA Events Co-ordinator

“Are you an owl, a peacock, an eagle or a dove”?

These were the questions being asked at our first Practice Managers Network seminar, held on Wednesday, 4 March 2020. Andrew Cole from Tick Concepts presented “What makes people tick? – understanding your staff and their motivators” to over 30 practice managers which included dentists.

Attendees were asked to complete a questionnaire prior to attending the seminar which provided them with a Personal Insight Profile report.

The report generated concentrates on the strategies and habits people tend to use most of the time when dealing with the world around them and the people in it. Having an insight into what drives and motivates their staff can assist practice managers in the running of their practices. It was a fun and interactive seminar with lots of input from those attending.

ADASA would like to thank Andrew Cole for his time and also to those who attended the seminar.

If you would like to contact Andrew to find out more about Tick Concepts please email: andrew.cole@tick.com.au

The next Practice Managers Seminar has been postponed with a new date to be advised.

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PRACTICE ACCREDITATION

WHY SHOULD YOU SEEK ACCREDITATION

Practice Accreditation gives your practice a clearly-defined way of measuring compliance with the regulations & guidelines governing the dental profession, and improving the way it operates.

DOCUMENTING THE WAY YOU OPERATE

The major benefit of seeking accreditation for your practice is that it gives you a clearly-defined way of measuring how compliant you are with the many regulations and guidelines governing the dental profession, and a system through which you can continually improve how you operate. You might also undertake accreditation:

- To improve the day-to-day running of your practice
- As a way of measuring the effectiveness of changes to the way you run your practice
- To reduce risk of incidents
- To give you an effective way of marketing your practice
- To demonstrate to your patients your commitment to safety and quality

Creating your policies

Practice accreditation is simply about documenting your existing practice procedures and potentially introducing a few new ones in the interest of continually improving your practice's performance and its compliance with legislative and regulatory requirements.

The Process

If you're undertaking accreditation for the first time, or seeking reaccreditation, the first step in the process is to register your practice with an accreditation agency. You will obtain your log-in details and welcome pack. When you have everything you need contact ADA.

Support

You're not alone in this process. Getting ready to submit your documentation is a collaborative effort with your entire team supported by staff from your ADA Branch who will work with you to ensure everything you submit is up to the required standard.

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Mouthguard awareness

The Australian Dental Association SA Branch (ADASA) is urging parents to make sure girls and boys have properly fitted mouthguards.

As the number of girls playing AFL continues to rise, the ADASA says girls should definitely wear mouthguards when playing any sports where they could receive a knock or bump.

“A properly fitting mouthguard is just as important as having good fitting footy boots, or any other piece of sporting equipment,” said ADASA President, Dr Angelo Papageorgiou.

“It is equally important for girls and boys to wear them,” he said.

“Women in AFL suffer/sustain a high level of impact and physical injuries due to the lack of protective padding of any type, but dental injuries have not been significant due to the success of the strict ADA-endorsed mouthguard policy adhered to,” said Dr Papageorgiou.

One in five Australian children will suffer a dental trauma by the time they turn 14. Many of these injuries occur on the sporting field.

“Each year hundreds of kids are treated for dental injuries that have occurred while playing sport. Many of them could have easily been avoided by wearing a protective mouthguard,” said Dr Papageorgiou.

“Custom-fitted mouthguards help to absorb and spread the impact of a blow to the face, which may otherwise result in broken teeth or an injury to the lips, tongue, face or jaw.”

Dr Papageorgiou says as well as traditional contact sports like football and rugby, there are many other sports where inadvertent contact often occurs – such as hockey and basketball.

Sports related injuries account for nearly 40% of dental injuries, yet only 36% of Australians wear a mouthguard when playing contact sport, and even fewer wear a mouthguard during training.

“Children who don’t wear a custom-fitted mouthguard while playing sport are put at risk of damaged and dislodged teeth, broken jaws and cut lips, which can cause painful, expensive and possibly life-long dental injuries.”

“It’s important that we dentists make sure parents are aware how important mouthguards are. We know parents want to protect their children, a properly fitted mouthguard is one way they can.”

“We should be taking the opportunity when parents bring their children in for checkups that we speak with them about protecting their smiles.

“We know over-the-counter “boil and bite” mouthguards offer little or no protection to teeth and mouths – this is another message we need give parents.”

“Investing in a custom-made mouthguard costs less than a pair of sport shoes, which is a small price to pay to avoid the expense and heartache of repairing damaged teeth and gums.

Parents should also be warned that as children are constantly growing there may be a need to remake a custom-fitted mouthguard every year, to ensure that it provides optimum fit, comfort and protection.

Thanks to the kids at Flinders Park Football Club Inc.
Main Image: Sebastian Gianquitto, Jayden Bubner
Shakilah Teague, Tatum McLean, Angus Teague
Right: Max Quaini, Xavier Bourn





By: Sally Queale
ADASA Events Coordinator

This year's Lawn Bowls evening was very well supported with over almost 60 people attending, most of whom were BDS students.

The evening provides an opportunity for students to socialise with one another and meet dentist members and sponsors.

This year we saw eleven teams fight it out for bragging rights and the Khash Cup with the eventual winners being "Bree Zaccardo out". In second place were "Herniated Dix Gang Snaccpacc" with "Winners" in third place.

ADASA president Angelo Papageorgiou was on hand to award the prizes as well as representatives from the Recent Graduates Committee: Saloni Singh and Sophie Roberts.

We were fortunate this year to have Mark Mullins from Hood Sweeney who were one of our Silver sponsors, explain the rules of the game and how to score.

Other sponsors were BOQ Specialist (Gold sponsor), Dental Concepts (Silver sponsor) and Guild Insurance. A big thank you also to the AUDSS, in particular Calvin Wong (President) and Bree Zaccardo (Vice-president) who were instrumental in promoting the event to students. Finally, thank you to the Adelaide Bowling Club.

Thank you to everyone who came along, and we look forward to seeing you again in 2021.

Pictured

Main Picture: Adelaide Bowling Club

Top: 1st Place team "Bree Zaccardo out" John Bouras, Sanjit Suresh, Elaine Yu and Asvin Tyagi, Angelo Papageorgiou

Bottom: Bree Zaccardo (AUDSS VP) and Rohan Parikh (BOQ Specialist)





Recent Graduates Study Club #1

By: Sharyn Borrett and Vaibhav Garg

Our Recent Graduates Committee Study Clubs for 2020 are off to a 'flying' start. Our first study club was held off-site at the Royal Flying Doctor Service Central Operations (RFDS CO) Adelaide Base.

We were welcomed by RFDS Central Operations chief executive Tony Vaughan AM and treated to a tour of the state-of-the-art facilities. The tour gave everyone an insight into the aeromedical operations of the RFDS. We were all lucky enough to be able to board the new RFDS Medi-Jet 24. It is clear to see from their operational set-up providing critical health care to rural and remote South Australia is complex and requires a huge amount of investment.

Dr Vaibhav Garg introduced us to one RFDS CO's newest Health Projects. The RFDS CO Oral Health Program. It became apparent fairly quickly bringing 'Pop-up Dental Clinics' to remote South Australia requires not only the ability to run a dental clinic but navigate Civil Aviation regulations, Licencing and registrations for more than one state, creating portable facilities that still meet NSQHS standards and all within the confines of a small budget funding the program. Through the presentation one point really resonated with me. Placing cultural appropriateness and tailoring services to the community. It is wonderful to see the efforts the RFDS puts into achieving their goal of the finest care in the furthest corners so that anyone who lives, works or travels in remote and rural Australia can enjoy the best of health.

One of the reasons why health initiatives like the RFDS CO Oral Health program are necessary is because access to health care in remote communities is limited and the incidence of complex medical conditions is higher compared to urban populations. We learnt in some Aboriginal communities kidney disease can have an incidence that is disproportionately greater

than in Non-Aboriginal populations. Managing complex health issues can be a challenge in Urban areas. However, treating patients in remote areas can be even more challenging.

It was a recognition of this fact that the RGC Committee reached out to Dr Keng Soon Yeoh to present in collaboration with our visit to RFDS CO. Dr Yeoh graduated from The University of Adelaide with Bachelor of Dental Surgery, and subsequently undertook a three-year full-time specialist training program at the University of Adelaide and graduated with a Doctorate of Clinical Dentistry in Special Needs Dentistry. He currently works at the Special Needs Unit, Adelaide Dental Hospital, SA Dental Service.

Dr Yeoh put together a fascinating presentation on the management and dental considerations for the patient with Chronic Kidney Disease. Dr Yeoh's presentation was a good reminder of the clinical considerations we face in treating patients with renal disease, and in particular dialysis. It was interesting to learn of the guidelines for treatment and the different vascular accesses and how that impacts the care of the patient.

The presentation provided a detailed insight on the causation of Chronic Kidney Disease, the incidence of the disease, consequences to general health from the disease and the Dental management of a patient that presents with such a condition. We are indeed fortunate to have Dr Yeoh as a Special Needs Dentistry Specialist in South Australia. He is a fountain of knowledge that I know I will be reaching out to whenever I need support treating a patient with complex needs.

The RGC would like to thank the RFDS CO for hosting this Study Club Presentation and Dr Yeoh for showing his support by presenting at the event.

Pictured: Dan Pawlyk, Dr Alan Mann, Sharyn Borrett, Keng Yeoh, Deon Naicker

SADS - Residential Aged Care Emergency (RACE) Dental Service

By: Dr Angelo Papageorgiou
ADASA President

The South Australian Dental Service (SADS) is proposing an Emergency Care Dental Service (RACE) to residents of aged care facilities and cutting the existing services which include the Residential Aged Care Dental Scheme (RACDS) and SADS Domiciliary Dental Care Service (Northern and Southern).

Present Situation

The existing Residential Aged Care Dental Scheme supports a small group of visiting private dental professionals using portable dental equipment to deliver regular on-site dental services to a limited number (9%) of Residential Aged Care Facilities (RACF) mainly situated in the metropolitan area. The SADS Domiciliary Dental Care Service involves SA Dental staff to provide basic on-site dental care for residents referred by RACFs largely situated in the metropolitan area. In this case, service capacity is resource limited and portable dental equipment is reported as not routinely used. Currently the service options for country RACFs is on-site dental care provided for emergency call referrals either by SADS staff or Emergency Dental Scheme (EDS) arrangements with local private providers. In addition, ADASA is also aware that many elderly in RACFs also have access to oral health services under the Dental Veterans Affairs Scheme by private dentists.

The key recommendation of the review was for the implementation of an SADS emergency referral pathway for residents unable to access a community dental clinic, due to functional dependence or cognitive impairment. The RACE Dental Service would be provided by SADS staff and funded through the reallocation of Residential Aged Care Scheme and Domiciliary Dental Care Service budget.

ADASA Position

The ADA SA understands the scant resources available to SADS in being able to carry out their work in Aged Care Facilities. However, our position is that the South Australian Government needs to reconsider its new proposal to offer emergency care dental services to residents of aged care facilities. A major concern is the reactive nature of the new proposal. The proposal undermines the effort resources and skill dental practitioners and patients collectively put in to maintain a high standard of oral health prior to entering an Aged care facility.

The real risk, as identified in the Aged Care Royal Commission, is the continued incidence of malnutrition and loss of quality of life through avoidable experience

of excruciating pain.

(<https://agedcare.royalcommission.gov.au/publications/Documents/interim-report/interim-report-volume-1.pdf> pg 6)

It has become evidently clear there needs to be a proactive approach in the management of existing and chronic conditions. A failure to do so will increase the burden on the public and private sector dentist and crucially, further increase inefficiencies and lack of efficacy in the way public money is spent on health. Without the current services RACF will continue to ignore long standing dental problems and deal with acute issues and crisis management instead of periodic examinations and development of preventive protocols and interactive therapy.

Royal Commission

The Royal Commission into Aged Care Quality and Safety further shines light on the matter of oral health services for the aged. The aged care sector has seen over the last few years, significant workforce deskilling, understaffing, a lack of available resources and questionable accreditation standards. This is supported in the Advertiser article on Saturday 22nd February 2020 highlighting "10 ways to turn around the nation's aged care crisis".

As a result we need a new policy standard which includes government regulation and the employment of well trained, competent and caring staff. Furthermore, comprehensive dental examinations and treatment in nursing home settings which relies on patient's self-report of symptoms, co-operation with coherency and communication. Early assessment is essential as many of the elderly may suffer dementia and the associated symptomatology making any assessment and treatment difficult and unreliable. Dental examinations should be performed on admission to an aged facility and regular structured examinations should be supplemented with oral health assessments and screenings by trained nurses and carers.

The Royal Commission into Aged Care Quality and Safety had received several submissions from the ADA which recommends the following as a starting point:

- 1. Funding Requirements-** as a minimum all older Australians must be able to access regular oral health assessments and care planning by a registered Dental Practitioner and recommend this to be included as a Medicare funded assessment for adults 75years +.

2. **Regulatory Measures-** ACAT assessments and RACF quality standards must have mandatory oral health requirements that are enforced.
3. **Education/Awareness-** reinforces the importance of grass roots management and puts to bed the emergency scheme proposal. All health care providers, families and carers must be educated about the importance of good oral health for older adults and have clear referral pathways made available for patients.

The Future

Contrary to the claims by SADS that the current system is not equitable, this will in effect lead to more inequality with regards to access to dental care than ever before and put the aged in residential aged care facilities at more risk of compromised oral health and of course more emergencies. For example, the RACE flow chart pathway proposed for a patient with an abscess and severe bleeding means the transport of these elderly people to the Emergency Department of hospitals further adding to the blowout we are already experiencing! The referral pathway is only available for residents who are unable to access Community Dental Service (CDS) Clinics because they are non-ambulatory, functionally dependent or have cognitive impairment. As a result, this creates a financial, physical and emotional cost for those ambulatory patient's family or carers to allocate time for travel to CDS clinics which is also an unfamiliar setting for these aged patients. This not only adds to a cost to both family (who may need to request time off from their work) and patient who has a carer but also added stress to all concerned.

Under the SADS proposal it is not clear who would treat the emergency dental patients and it appears that it maybe dental auxiliaries, not dentists which poses an additional risk to the patient given their often complex medical history. Rural and remote patients will be hardest hit as this new scheme may require them to present to an Emergency Department which could

be a significant distance and travel time from their home. Such added barriers of having to travel out of supported dental care facility to access this proposed service are obvious consequences for both the elderly in country South Australia and those eligible for dental services under the Dental Veterans Affairs Scheme.

This proposal would not improve the services to the elderly but in fact allows only for 'supervised neglect'.

The ADA SA has the capacity to engage key stakeholders with a long history of providing evidence based Oral Health Services to the high risk Aged Care Population. This is a time to look at a collaborative approach whereby novel technologies and traditional skill sets need to work in cohesion to provide services in this area. We acknowledge there is a changing landscape in the way Dentists and auxiliary staff work together in a team. We have an opportunity to provide leadership and lend our clinical expertise to the role out of these new approaches.

As the authority and peak dental body in this state it is important that we contribute in providing advice and consultation to better the access to oral health care for the aged in residential care facilities. The Branch is currently in consultation with relevant parties such as the age care facilities, age care associations, families of the aged in residential care age facilities and dentists who provide services in such facilities. The ADASA welcomes any member feedback and input into this proposal for Residential Aged Care Emergency Dental Service.

Should you be interested in sharing your views please contact either myself on president@adasa.asn.au or ADASA CEO, Dan Pawlyk on dpawlyk@adasa.asn.au.

The ADASA will continue to work with SADS and the SA Government to ensure a more appropriate Aged Care policy is developed.



Health Insights

Melbourne dentist seeks discovery from Google of reviewer's identity

Facts

A Melbourne based dentist was the subject of a Google review, using a pseudonym, which encouraged consumers to 'stay away' and which the dentist contends was defamatory.

The dentist unsuccessfully asked Google to remove the review and for identifying information of the reviewer.

The Case

The dentist applied to the Federal Court of Australia to serve Google in the United States seeking preliminary discovery of information to reveal the identity of the reviewer.

The Federal Court granted leave to serve Google LLC in the United States in accordance with Article 10(a) of the *Convention on the Service Abroad of Judicial and Extrajudicial Documents in Civil or Commercial Matters*.

The following criteria were established and formed the basis of Justice Murphy's decision:

1. The United States is a signatory to the Hague Service Convention;
2. Service by international registered post is acceptable service;
3. The court has a prima facie jurisdiction to hear preliminary discovery applications;
4. The dentist's primary claim (i.e. defamation) relates a cause of action or a tort or a loss which occurred in Australia;
5. The dentist *may* have a right to obtain relief from the prospective respondent;
6. The dentist has made reasonable inquiries and taken reasonable steps to obtain the information sought;
7. Google LLC is likely to have, or to have had, control of documents that will assist the dentist to identify the prospective respondent. Those documents may include:
 - a. Subscriber information of the account of the reviewer
 - b. Name of the account user

February 2020

- c. IP addresses and associated information
- d. Phone numbers associated with the account
- e. Location metadata associated with the account
- f. Any other Google accounts including user information and details which may have originated from the same IP address during the period of time.

Implications

Like the dentist, many businesses and service providers rely on the internet for their business activities. It's fair to say Google occupies a dominant position in this space.

In some cases, a business or service provider might discover a Google review exists without ever having created a Google account or registered their business with Google.

Many feel powerless against the protection seemingly afforded by anonymity, and Google's disinclination to interfere. Most give up after unsuccessfully requesting Google to remove the review or to provide information of the reviewer.

This decision of the Federal Court is significant because Google will now be compelled to respond to the application for pre-issue discovery. The documents and information which is discovered will be revealing of what data and information Google retains.

We don't yet know how Google will respond, what if any information or documents will be discovered, and indeed whether the primary defamation action will succeed.

However, the granting of leave for pre-issue discovery alone is significant. It may send a message to internet users everywhere that in an increasingly digital age where metadata including location data is often tracked, the difference between anonymity and identity may just be a matter of pre-issue discovery.

This article was written by Tamir Katz, Special Counsel, with the assistance of Abbey Dalton, Summer Clerk. Please contact Tamir Katz if you have any questions or would like more information.



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Disclaimer: This information is current as of February 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.



HR Advisory Service: Recruiting for Success

How to Hire and Where to Find Talent

The recruitment process can be frustrating for employers in trying to find an employee who not only has the capabilities to successfully perform the role but is also the right cultural fit for the practice.

Equally, the recruitment process can be a daunting and emotional time for candidates as they try to navigate their professional pathway, source an employer of choice and balance personal commitments.

While many people struggle will recruitment processes, allocating the necessary time and resources to recruitment to ensure an informed, fair and transparent process is undertaken which will, in turn, generate noticeable improvements in workplace culture, job satisfaction, and

employee retention.

All too often problems within the workplace arise from poor recruitment practices and decisions. This article will set out our best practice guidance on recruiting for success including how to hire and where to find talent.

The Position

The recruitment process is the first opportunity for practices to promote itself to key professionals. It is important that appropriate resources and time be devoted to the recruitment process so that

practices can effectively position itself, and the workplace culture, with candidates.

Through the recruitment process it is important to keep in mind that candidates are also critically assessing the suitability of practices as an employer of choice. You only have one opportunity to make a first impression.

With this in mind, practices are strongly encouraged to review job descriptions, job advertisements, and other recruitment material to ensure that it is current and fit for purpose.

The nature and quality of candidates are often a direct result of the role advertisement so it worth the time to review and refresh the material as needed rather than simply reposting the same job advertisement which may be many years old.

Advertising Placement

To attract the most suitable candidate for the role, the job's advertisement also needs to be displayed in the right location. Taking the time to consider what type of candidate is needed will impact the compatibility of the individual within the practice and the position. For example, if a graduate dentist is needed, a local university job board or contacting the university careers officer will help increase your pool of appropriate candidates and success.

The Australian Dental Association has a jobs board online www.ada.org.au/jobs where many dental students report finding their first job. Other common online platforms include Seek and Indeed. Depending on the location of the practice local job boards, or newspapers, are also very effective.

If practices have historically struggled with recruitment, or find that they have not sourced the right type or qualified candidate, it is often arising from the nature of the advertisement or where it is placed. Reviewing this may open up a wider, or more suitable talent pool.

Consider your Audience

Depending on the role, and the practices geographical location, candidates may be recent graduates or foreign workers. These candidates may have very limited practical professional experience and as such consideration should be given to the specific needs of these candidates to ensure that the recruitment process is adapted as needed to ensure that it does not practically exclude these

candidates from consideration.

Recruitment Providers

For those practices which have time or resource limitations, or where there is an urgent recruitment need, consideration should be given to engaging a recruitment provider which specialises in the dental profession. Often the cost associated with this process will be justified against the speed to recruit and quality of the placement.

Individuals in the profession may also wish to consider registering with a recruitment provider which may be able to source suitable roles on your behalf and advance your application.

Think Outside the Box

When undertaking a recruitment process consideration should also be given to what makes your practice and the role unique and desirable.

Equally, thought should also be given to what candidates are seeking other than financial rewards, such as flexible work practices or contribution to further professional development, which will enable the practice to actively promote those factors as a benefit of the role.

The needs and wants of candidates change over time and so should the recruitment process to ensure that the role is reflective of contemporary employment expectations which will best place the practice to source top talent.

Interview and Selection Processes

The interview should be approached as an opportunity for the practice, and candidate, to mutually assess the suitability of the role and workplace.

While candidates will be prepared to answer questions about themselves and their professional experience, practices should

be equally prepared to promote the practice, workplace culture and employment opportunities that are associated with the role. Transparency in the recruitment process will often enable candidates to identify an employer of choice which will lead to a reduction in poor recruitment placement.

Consideration should also be given to who participates in the interview process and whether a testing process is undertaken prior to making an offer. Testing is an effective way of identifying a candidate's work and communication profile and will also help assess how that candidate will perform within the existing team dynamic.

We know that recruitment practices take time, however, effectively planning and executing the recruitment process will ensure that practices are recruiting for success which will ultimately see improvements in engagement, productivity, retention, and workplace culture.

[For further information or assistance in relation to your Recruitment Processes, please do not hesitate to contact the ADA HR Advisory Service on 1300 232 462.](#)



RISK MANAGEMENT

Accept

Strategy

Reduce

Action
plan

MAY BRANCH MEETING
Wednesday 27 May 2020
6.30pm

ADASA Branch President Dr Angelo Papageorgiou invites all ADASA Dentist Members to the May Branch Meeting.

Due to the current circumstances this meeting will be delivered in an online format (Zoom meeting/webinar).

The Risk Management CPD presentation will be held over until a future meeting.

Please still continue to register as you will be sent an invitation to attend the online meeting.

Notice of Business

- Opening
- Attendance
- Confirmation of previous Minutes
- Business arising from Minutes
- Presidents Report
- Treasurers Report

- Branch subscriptions for 2020-2021
- General Business
- Close of Branch meeting

- This event is for ADASA dentist members only.
- No cost to attend
- Please contact the ADASA office if you wish to attend or register an apology.
- Queries please contact Sally Queale



events@adasa.asn.au — www.adasa.asn.au — 08 8272 8111



Events

All event details are on the ADASA website
www.adasa.asn.au

For more information regarding any ADASA Events please contact Sally Queale
 08 8272 8111 or
events@adasa.asn.au

Due to the current circumstances ADASA have made the decision in the best interests of everyone's health 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.

	STATUS
All CPR courses	Event postponed
Recent Graduates Study Club #2 Wednesday 15 April	Common Complications in Dentistry – event to proceed as a webinar. Please continue to register for this event as you will be contacted with details on how to view the webinar.
CPD Presentation - Dr Jesse Green Friday 8 May	Event to proceed as a live online (all day) interactive training webinar. Registrants will be advised of the changes. See event page on the ADASA website for updated details. Please continue to register for this event
May Branch Meeting Wednesday 27 May	This event will now take place as a online meeting/webinar with no CPD presentation. Please continue to register for this event as you will be contacted with details on how to view the webinar.
Hood Sweeney Presentations Wednesday, 20 May	Event postponed
Practice Managers Network Seminar #2 Wednesday 17 June	Event postponed
Practice Accreditation Workshop, Thursday, 30 July	Event postponed until 2021
Infection Control Seminar Friday 25 September	Event to be postponed until 2021
Riverland Conference 16 -17 October	Currently no plans have been made to postpone this conference, however this decision will be reviewed at the end of July 2020



CPD & Events Calendar

APRIL 2020

3

CPR

Presented by St John Ambulance Australia

Friday : 1.30pm - 4.30pm
ADASA Alexander Room

15

Study Club #2 -
NOW ONLINE

Topic: Common complications in dentistry.

Wednesday: 6.30pm - 8.30pm

MAY 2020

8

Jesse Green

NOW ONLINE

Design and deliver an exceptional patient experience, with every patient, every time!

Friday : 9.00am - 5.00pm

27

Branch Meeting & CPD
NOW ONLINE

May Branch Meeting and Risk Management presentation.

Wednesday : 6.30pm - 9.00pm
ADASA Alexander Room

JUNE 2020

15

CPR

Presented by St John Ambulance Australia

Friday: 1.30pm - 4.30pm
ADASA Alexander Room

17

Practice Managers Network #2

Topic: Biological risk in the workplace.

Wednesday: 6.30pm - 8.00pm
ADASA Alexander Room

18

Study Club #3 - ONLINE
TBC

JULY 2020

30

Practice Accreditation Workshop

Thursday: 9.30am - 4.30pm
ADASA Alexander Room

AUGUST 2020

14

CPR

Presented by St John Ambulance Australia

Friday: 1.30pm - 4.30pm
ADASA Alexander Room

18

Study Club # ONLINE

SEPTEMBER 2020

25

Infection Control Seminar
TBC

OCTOBER 2020

14

Practice Managers Network #3 TBC

16/17

Riverland Conference

Friday & Saturday
Renmark Club

21

Study Club #5
TBC

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
TBC

4

CPR

Friday : 1.30pm - 4.30pm
ADASA Alexander Room

12

Declaration Ceremony
Elder Hall

HEALTH WARNING CORONAVIRUS (COVID-19)

INFORMATION FOR TRAVELLERS

Developed a fever or cough?



**ISOLATE
YOURSELF**



**CALL YOUR
DOCTOR**



**LIST TRAVEL
HISTORY**



**COVER YOUR
COUGH**



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*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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AD-HealthTeam0120

How you can encourage routine mouthguard use

Do you or your child play contact sport at a club that doesn't have a mouthguard policy?

Here are some tips on encouraging the club, other players or parents to get on board and protect their players' teeth from injury with custom-fitted mouthguards.

- Put together some mouthguard awareness resources to help convey the message that custom-fitted mouthguards offer the best fit and protection against mouth injuries. The ADA website has plenty of information.
- Discuss the benefits of custom-fitted mouthguards with other players or parents using resources and sports injury information. For example, Sports Medicine Australia has a list of sports fact sheets which include injury

information relating to specific sports and what can be done to prevent injury.

- Write to the sporting club or hold a meeting to request a 'No mouthguard, no play' policy. Refer the club to the Australian Dental Association/ Sports Medicine Australia mouthguard policy to use as a template.
- Let other players or parents know how they can get custom-fitted mouthguards. For example, they can visit their regular dentist, or establish a relationship with a local dentist to "adopt" the sporting club. Some companies provide mouthguards via a postal service, or a school dental service may provide mouthguards.

Classifieds

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.
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- Dr L, Eastern suburbs Dentist

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ADASA
Welcomes new members

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Dr Thi Luu
Dr Frank Sergi
Dr Trinh Vu

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

I will be available on one day per week from mid-April until the end of June.

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Oral and Maxillofacial Surgery
and Specialist Implant Centre

**ORAL SURGERY AND ORAL
MEDICINE STUDY GROUP MEETING**
Monday 6th April 2020

Speaker: Dr James Badlani, Oral and Maxillofacial Surgeon

**Topic: Contemporary Management of Head and Neck
Malignancy**

**Venue: Thomas Cooper Room – The Original Coopers Alehouse,
316 Pulteney Street, Adelaide.**

Time: 6.30pm for 7.00pm start

The annual fee is **\$495.00** and the casual fee **\$125** per meeting.

Please deposit subscription fee or casual attendance fee to:

EFT: OSSG Account BSB: 085 375 Account No: 20 748 4786

Please include your name as the reference

<https://adelaidemaxfax.com.au/oss-g-2020-program/>

Due to COVID-19 this meeting may be cancelled



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SAY Ahh

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World Oral Health Day
20 March

fdi
FDI World Dental Federation



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PLEDGE

TO LOOK AFTER YOUR ORAL HEALTH AND INSPIRE OTHERS TO DO THE SAME

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www.w^ohd.org

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Dr Ross Stevenson Reid

The ADASA was saddened to learn of the recent passing of Dr Ross Reid. He will be missed by all.

Born: 28 August 1940

Died: 23 February 2020

Aged: 79 Years

Ross Stevenson Reid was born in Quorn, the second of four children to Ena and Steve Reid. His family moved to Adelaide in 1945 where he attended St Peter's Anglican College, then went on to study Dentistry at the University of Adelaide, graduating in 1964.

During his time at university he was involved in the University rifle team, as well as the Australian Army Cadets (Dental Reserve). He loved singing with his resonating bass voice and was tutored at the Elder Conservatorium of Music as well as being a member of the University Choral Society.

During his final year at University he was approached by one of the top orthodontists in Adelaide, Dr Begg, to study under him. Ross felt honoured but declined the offer on the basis that he was a country boy at heart and would rather live and work in the country rather than the city.

He met Irene in 1964 and was engaged to her by the end of that year. They were married a year later in Holy Trinity Church in Adelaide in December 1965.

After graduating, Ross worked for the Government Dental Service for three years to rural and remote primary schools and Aboriginal communities of South Australia. They were well aware of Ross' expertise in fixing things, as he had always been fascinated by anything mechanical and loved working with his hands, so they gave him the most run down dental van, knowing that he could and would fix it all up to the best condition. He spent time in Coober Pedy, Ernabella, Oodnadatta, Blinman, Pinnaroo, Lameroo, Hawker, Quorn, Wilmington and Peterborough before settling in Port Augusta in 1968, working for the local dentist, Dr Rob Klæbe. He purchased his own dental practice in 1970 and moved to Maitland on the Yorke Peninsula,

taking over the practice from Dr CW Heyne where he stayed until retirement in 2004.

Ross' dental career spanned almost 40 years, and to Maitland and the wider Yorke Peninsula community, Ross was affectionately known as the "Dentist with the classical music" as he always had a classical record playing over the speakers. He started the Mid Northern Dental Group to give country dentists the opportunity to share and learn and was one of 3 country dentists appointed annually to the Australian Dental Association of South Australia, a position which he held for 26 years, receiving their Distinguished Service Award in 2001. In 2003, he was inducted as a member to the Fellowship in the Academy of Dentistry International (FADI). The Central Yorke Peninsula Council hosted a farewell function following his retirement in June 2004, in recognition to his service to the community.

Ross was a very respected and motivated member of the community, involved in the Jaycees International club, Country Choral Association, his local church and the Maitland Auto Preservation Society (MAPS). He was often seen putting around the streets on his fully restored 1954 BSA Bantam. When he wasn't in his shed tinkering away with his car engines, or busy with wood, metal or leather work, he could be found fishing for whiting from Port Victoria.

Ross and Irene moved to the family farm in Victor Harbour in 2011 and was moved into care 5 years later due to Alzheimer's, passing peacefully in 2020.

He is survived by his wife, Irene, three daughters and five grandsons.

By Alice Reid

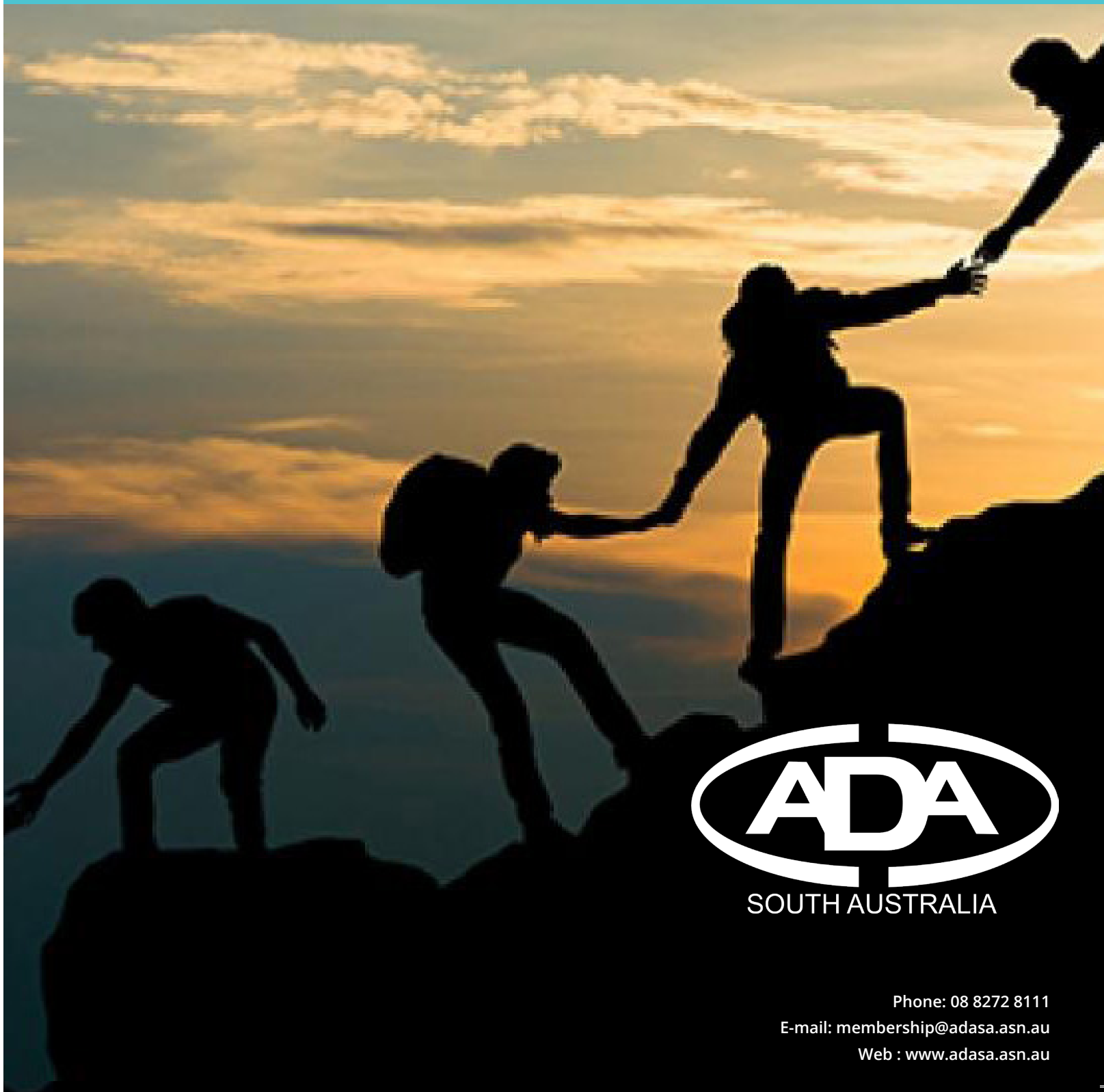
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