

# DENTAL INSIGHTS

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*This month*

HR Advisory  
Review Committee Report



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## Welcome New Members

Dr Zara Adryana Abdul Aziz  
Dr Kimberley Adkins  
Dr Linus Armstrong  
Dr Jason Bae  
Dr Ammy Barnes  
Dr Paul Burnett  
Dr Christine Chew  
Dr Zoe Haralampopoulos  
Dr Ludhara Hettiarachchy  
Dr Eric Hsiao  
Dr Melissa Innis  
Dr Andreas Ktoris

Dr Xin Er Lai  
Dr Emily Lightfoot  
Dr Megan Lu  
Dr Sze Ming Lum  
Dr Jayneen Orwa  
Dr Julia Potezny  
Dr Lucy Ryan  
Dr Surbhi Sehgal  
Dr Akash Sivam  
Dr Zoe Stuckings  
Dr Penny Teo  
Dr Breanna Zaccardo

# From the President

'Mad March' has come round once again and despite the worldwide impact that COVID-19 has had in dampening such hype in South Australia, the festivities are nevertheless carrying on at a local level as we continue to revel in our virus free community.

*"It is the mark of an educated mind to be able to entertain a thought without accepting it"*

Aristotle



**Dr Angelo Papageorgiou**  
ADASA President

## COVID-19 and Periodontal Disease Risk

From early on, the medical profession has known that COVID-19 is especially susceptible and dangerous for high-risk groups including the elderly and those with underlying health conditions such as heart disease, asthma and cancer. However research is still uncovering new risk factors which now may include periodontal disease.

According to the Australian Oral Health Tracker 2020 report, 28.8% of the adult Australian population (aged 15+) have periodontal pockets (>4mm) and sadly this is not trending positively towards the 2025 target of 16.8%. The Dental Guide Australia further confirms that people over 65 have rates approximating 53% and Indigenous people have significantly more periodontal problems than the average population.

Alarmingly, gum disease appears to be linked to a higher COVID-19 death rate as reported in a new study published earlier this month in the Journal of Clinical Periodontology authored by Marouf et al. <https://www.onlinelibrary.wiley.com/doi/epdf/10.1111/jcpe.13435>

In this study, researchers from Qatar University followed 568 patients between February and July 2020 who were infected with novel coronavirus and divided them into two groups: those with major issues (mild symptoms) and those who faced complications like ICU admission and ventilation or eventually, death.

Of the 258 individuals with periodontitis, 33 experienced severe ill health, compared to 7 of the 310 participants without advanced gum disease. Overall the study's results link periodontitis to a 3.6

times higher risk of COVID-19. The study reported that COVID-19 patients with periodontal disease were nine times more likely to die, 4.5 times more likely to require a ventilator, and 3.5 times more likely to be admitted to the ICU than patients without any signs of dental issues.

Also of interest is that they found that the patients with severe gum disease had significantly higher levels of so-called C-reactive protein, a marker of inflammation and shown to be associated with worse COVID-19 outcomes. These results remained unchanged after they were adjusted for other factors that can influence an individual's COVID-19 risk, such as old-age, being male, obesity, smoking and other medical conditions.

It is important to bear in mind that it was stressed that this study did not prove cause and effect leading to "clear limitations" and the need to interpret the results "with caution". Furthermore, periodontitis was also defined as "interdental bone loss which may limit the diagnostic accuracy".

Should a causal link between periodontitis and coronavirus complications be confirmed, "then establishing and maintaining periodontal health may become an important part of the care of these patients" wrote the authors.

Periodontitis-related bacteria may be inhaled into the lungs "aggravating" the coronavirus by inducing expression of ACE2; the receptor the virus binds to in order to enter cells. Additionally, the theory exists that the ACE2 receptors could become overactive in those with gum disease potentially offering reduced resistance to the virus.

This inhalation may also trigger excessive release of inflammatory proteins in the lower airways known as a 'cytokine storm'- an over reactive immune response to COVID-19 thought to cause potentially deadly inflammation throughout the body. <https://doi.org/10.1016/j.mehy.2020.109908>.

Periodontal disease may not cause a cytokine storm but it might set the stage for one especially for an unfamiliar illness like COVID-19 that is still being studied.

Untreated periodontitis may also cause small spaces to open up between the teeth and gums which may act as "viral reservoirs" contributing to the deterioration of patients with COVID-19 and increase the risk of death.

Other science reports have linked the coronavirus and gum health such as research from Mexico [https://pubmed.ncbi.nlm.nih.gov/32592918/2020\\_Jun\\_19](https://pubmed.ncbi.nlm.nih.gov/32592918/2020_Jun_19) and United Kingdom <https://www.frontiersin.org/articles/10.3389/fmed.2020.604980/full>. Released in June and November last year, these also identified periodontal disease as a significant risk factor of severe SARS-CoV-2 infection and death.

A study published in October 2020 Journal of the California Dental Association by Oral Surgeon Dr Shervin Molayen et al [https://issuu.com/cdapublications/docs/cdapubs\\_journal\\_2020\\_october/s/11067174](https://issuu.com/cdapublications/docs/cdapubs_journal_2020_october/s/11067174) suggests that hospitalised coronavirus patients with prior underlying gum disease may be at high risk for respiratory failure (by the dysregulation of the host immune response and increase IL-6 protein). This study also indicates that symptoms of chronic periodontitis such as bone loss may lead to more severe COVID-19 complications. While this research is in its early stages it is clear that periodontal health is connected to overall systemic health.

Newly discovered oral symptoms like "COVID tongue" which causes bumps, inflammation and discolouration on the tongue further drive home the connection between the virus and the mouth.

The American Dental Association press release just this last month confirms that it has been tracking developments of tongue and mouth issues COVID-19 patients experience since early on in the pandemic and examining the connection between oral health and general overall health. <https://www.ada.org/en/press-room/news-releases/2021-archives/february/covid-19-and-oral-health-conditions>. A research study, in the [British Journal of Dermatology](#) (BJD), reported on skin and tongue abnormalities found in some patients with COVID-19. According to the American Academy of Oral & Maxillofacial Pathology (AAOMP),

the tongue conditions depicted in the BJD article are very common conditions and may be unrelated to COVID-19. One condition, in which the side of the tongue has scalloped grooves, may be caused by the tongue rubbing against teeth and the other condition is identified as "geographic tongue". However, while such lesions may not be related to COVID-19, ADA researchers note they have received reports from colleagues of similar cases from patients who have had COVID-19.

The ADA, AAOMP and the American Academy of Periodontology agree there is value in additional research of oral health conditions that may be related to COVID-19 and that maintaining good oral hygiene and visiting the dentist regularly contributes to overall wellness.

There is a growing body of scientific evidence that supports gum disease may be associated with other health complications and this includes the 'bidirectional' relationship with diabetes. Diabetes has also been listed as an underlying health condition that might increase the risk of severe illness from COVID-19. Other evolving research has associated periodontal disease to other systemic diseases including cardiovascular disease, pulmonary disease, pregnancy with pre term delivery of babies with low birth weight babies, certain cancers (kidney and pancreatic) and Alzheimer's disease.

Out of all these theories however it is likely that inflammation is the driving factor of COVID-19 complications in people with signs of gum disease.

At this point in time there is no conclusive data on whether periodontal disease increases the likelihood of COVID-19 infection. "There was insufficient evidence to link periodontal disease with an increased risk of COVID-19 infection", the researchers of the United Kingdom study concluded, "However amongst the COVID-19 positive, it was significantly higher mortality for participants with periodontal disease".

Although there is a clear correlation between serious periodontal disease and a severe case of COVID-19, the true relationship is probably more complicated than simple cause-and-effect. The bacteria and inflammation already present with gum disease could aggregate an emerging SARS-CoV-2 infection or the gums might rather serve more as an indicator of overall health.

As mentioned, gum disease is also more prevalent in patients with hypertension, cardiovascular disease, diabetes, asthma, pregnancy and cancer, all known comorbidities of COVID-19. The exact relationship between these conditions in our health remains unknown but as reflected in the Mexico study it

certainly makes sense that COVID-19 will fit in with them.

Until more research is completed however there is no way to draw a clear association between the diseases and no way to tell if treatment of periodontal disease can also lessen the risk of COVID-19 complications.

These studies only reinforce the opportunity to remind people how absolutely critical oral health is both in normal times and especially during this pandemic.

Knowing periodontal disease is associated with severe COVID-19 could help identify risk groups and establish pertinent recommendations. Moreover, it may compel nursing homes to improve dental screening protocols since a significant (80%) of all COVID-19 deaths have been among the elderly, and also urge hospitals and emergency department medical staff to check and identify new patients for gum disease.

Working together with our dental teams and oral hygiene coaching of our patients may not only be a preventive measure in combating the onset and progression of periodontal disease in our day to day clinical practice but with further research may also play a role in lessening the development of severe symptoms and complications from COVID-19 infections.

### **Minister for Health and Wellbeing Hon Stephen Wade and Aged Care Round table meeting**

On Tuesday, 9 February 2021 both myself and CEO Bradley Abraham were invited to be part of an Aged Care Round table meeting chaired by the Minister for Health and Wellbeing Hon. Stephen Wade MLC.

This was a first for the ADASA and included attendees from various aged care industry and community associations and included the Council of the Aged Australia, the Aged Rights Advocacy Service, Leading Aged Service Australia, Aged Care Industry Association and Aged and Community Service SA.

The agenda for discussion included vaccinations, advanced care directives, workforce development, transitional arrangements between NDIS and aged care facilities and of course dental services.

ADASA put forward our position and concerns in relation to improving access and quality of oral health care for the elderly in age care facilities. This has been addressed in my President's reports over the last year and has been an ongoing agenda item raised with the Minister at our regular meetings.

We look forward to working with the Minister and his team on a range of proposals in this space.

The model for oral health care provision for the elderly will need to be further discussed and so will the funding model for oral health services for the aged. The ADA recommendation for a Senior Dental Benefits Scheme for eligible patients in nursing homes has been around for some time and needs to be considered as part of the solution to addressing this ongoing issue.

At the time of writing this report the Royal Commission into Aged Care Quality and Safety recommendations are expected to be released within days. It is promising to see the State Government is keen to consult with us again in the next month at a yet to be scheduled meeting to discuss this long overdue but timely and important issue. We will continue to advocate and work with the Government to meet the objectives of the SA and National Oral Health Plans and champion the oral health needs of the aged in residential aged care facilities.

### **TGA Custom – made medical device changes**

The Branch is well aware of the members' confusion and lack of understanding of the requirements and application for the transitional arrangements for custom made medical devices.

The strong advocacy and efforts of ADA with the support of the Branches has meant that the deadline has been postponed to 25 August 2021.

Please take advantage of the ADA information resources provided, review the requirements and there will be continual updates as we continue to actively campaign to reduce the red tape for dental devices that are low risk and where there is reasonable justification for this level of regulation.

*"It is impossible for a man to learn what he thinks he already knows."*

-Epictetus

# From the Chief Executive

**Bradley Abraham**



**A**t the end of week four I feel like I have worked here as your Chief Executive for a lot longer – and I think that is a good thing.

The fact is everybody has made me feel very welcome – have openly shared information – and been keen to engage on a wide range of issues. Whether it be the many members I have had the privilege to meet, or one of our many external government/commercial stakeholders – the respect people have for this Association is obvious.

So far – I have met members and stakeholders to discuss broad topics including (but not limited to):

- State and Federal Government oral health policies;
  - CPD requirements and planning;
  - RTWSA opioid addiction campaign;
  - VET training for Dental Assistants;
  - rural and remote support;
  - insurance;
  - corporate governance;
  - financial process and procedures;
  - private health insurers;
  - historical archiving;
  - audit and risk;
  - sponsorship; and
- the list goes on and on.....

From my initial discussions with the ADA Federal, and my counterparts in the other State

Branches, it is clear that the exchange of ideas and information is an important part of growing and servicing the profession as a whole.

The TGA issue recently highlighted the important and unique role we as an Association plays in the lives of our members. Whilst we can always improve our information flow to members and their teams, the fact that ADA Federal was able to negotiate such an extension for our members should not be understated.

Communications has been a very common thread through most if not all of the discussions I have had with members and stakeholders to date. Information is only valuable if it is shared. Resources are only valuable if members are aware of them. High quality member service provision can only occur where our communication platforms and methods are optimised – and this is something that will no doubt be a focus of the Branch Team in the coming months.

Since 1927 this professional Association has played an important role in the lives of its members – in their careers – their continuing education – and in their business. The continuation and progression of these services is again something that we will no doubt be spending time focussing on as a Branch Team.

As part of my first four weeks – we have done some digging into the basic demographics of our membership. It may be worth noting that:

- 51% of our members are under 45 years of age;
- 44% of our members are female; and
- 6% of our members are based in regional South Australia.

We have a lot more detail to work through – and this data will be used when we consider how we continue to best service our diverse membership in the coming years.

I look forward to meeting many members and their teams at the upcoming Tennis Night and Infection Control Seminar. Make sure you come and make yourself known.

If you as a Member have any feedback you wish to provide – please don't hesitate to drop me an email at [babraham@adasa.asn.au](mailto:babraham@adasa.asn.au)

I look forward to meeting you soon.



# MOUTHGUARD AWARENESS

As pre-season training begins for winter sports, it is timely to remind patients of the benefits of having a custom-made mouthguard fitted by a dentist.

ADASA is urging members to help promote this campaign to end serious oral injuries during sporting activities.

Highlighting how to obtain and wear an appropriate, custom-fitted mouthguard from their dentist, rather than buying cheap alternatives, is one way members can assist the campaign.

## Key messages for patients

- 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.
- A single case of dental trauma can lead to a lifetime of treatment.
- Dental trauma from sporting injury can result in damage to the tooth nerve, fractured, cracked or knocked-out teeth, a broken jaw, damage to the tongue and cut lips.

## Benefits of a custom-fitted mouthguard

- Minimises risk of injury to teeth, gums and jaw
- Makes breathing and speaking a lot easier
- A lot more comfortable than 'boil and bite' mouthguards
- Expert fitting from qualified professionals
- Long lasting, durable and available in a variety of designs

## Play it safe

ADA recommends wearing a custom-made mouthguard fitted by a dentist. Over the counter 'boil and bite' mouthguards can offer less protection to your teeth and mouth.

Download ADA's patient information sheet on mouthguards [here](#).

# REVIEW COMMITTEE REPORT

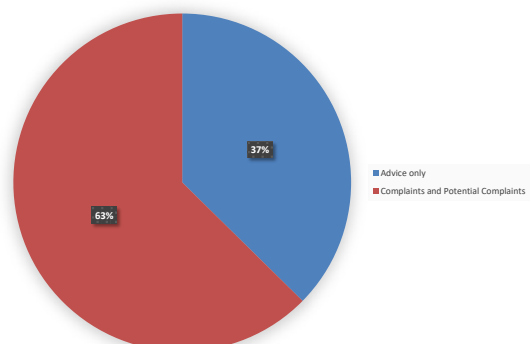
Report Written by: Dr Janet Scott

Last year at this time, I wrote an article about the different types of complaints and enquiries that come into the ADASA office, and then had a look at national registration data. I thought I would do the same this year, as part of my role on the Review Committee is to analyse the data that is collected in the office. This year, it has mainly been done by Nicola Khouri, who hit the ground running, when I asked her for the information! Obviously during the COVID lockdown, the ADASA staff were mainly working from home and it was the first time that I had asked Nicola for the information.

At the Review Committee, we prefer to try and keep complaints away from the legal system, and Ahpra, and by looking at trends arising, we hope to be able to advise you on what is happening out there so that you can take steps if necessary to prevent it happening to you! Sometimes though, stuff happens, and you just happen to be in the wrong place with the wrong patient at the wrong time.

In 2020, there was a total of 99 enquiries, down from over 166 in the previous year. 62 were complaints and potential complaints and 37 calls for advice only. The number of complaints and potential complaints was the same as in 2019. The number of enquiries was increasing slightly till last year, and the vast majority of them are solved by the staff at ADASA including the Community Relations Officer, Dr Jim Ball. It is unknown if the impact of COVID was the cause of fewer enquiries. If the matter is immediately recognised as a potential legal case, Dr Ball will suggest liaising with the indemnity provider directly or indirectly, depending on the provider. In less clear cut cases, he will try and suggest outcomes satisfactory to all parties and ask the Review Committee for advice and suggestion on occasions. He also presents a brief synopsis to the Review Committee prior to the opening of each meeting, so that any trends can be seen, and the Review Committee can write timely articles on what we as practitioners can do to lessen the likelihood of an incident or complaint. Any matter with which the Review Committee is involved is usually completely anonymous, unless it is of a fairly serious matter. So rest assured, we have no idea who is doing what out there! Likewise, we don't know if a handful of dentists are responsible for all the complaints, or if 62 dentists each had one complaint.

Calls received by CRO in 2020





84% of ADASA members are general practitioners, but only 78% of the complaints and potential complaints were against them, with the results being slightly biased towards the specialists, and in particular the orthodontists this year. General practitioners who perform orthodontic treatment are not included in this figure, and there have been articles in Insights by Guild Insurance about this. In previous years, those dentists who graduated in the 1980s were slightly more likely to be represented in the figures, but in 2020 it was the dentists from the 1990's who were more likely to appear pro rata. This is similar to last year, but there is no particular trend – some years it is a different decade of graduation which stands out.

In the reported areas of treatment, again it was the usual suspects coming up trumps; endodontics, prosthodontics and implants, along with adhesive restorations in anterior teeth. Most of these treatments are fairly costly for the patient, so anecdotally, it would seem that the more the patient needs to pay, the more likely he/she is to complain. To me, this would be particularly important in the field of cosmetic dentistry, where it is sometimes very hard to achieve what the patient is wanting. The category of 'patient expectations not met' is generally the largest number of complaints, potential complaints and requests for advice, but delving into this category further does not give any obvious trends. To me, however, it would suggest that we do need to pay particular attention to what the patient is wanting, taking time to make sure that you both understand. When talking to the patient about what can (or can't) be done, it helps if you ask them in open ended questions what their comprehension is. And, of course, as our regular articles always impress, keep good records about what has been discussed.

On dental records, our members are no doubt aware that Ahpra have made changes to their guidance on this subject, and if you haven't watched the ADA webinar, or been to the relevant page on the Ahpra website, it would behove you to do so. There is no longer a guidebook, rather there is now a factsheet dated September 2020 – follow the links on the AHPRA website. Likewise, advertising guidelines have recently changed.

I then looked at the [Ahpra Annual Report 2019-20](#). Last year, 1 in 17 of all employed people in Australia were registered with Ahpra; this year it has risen to 1 in 15 (this could have been a side effect of the COVID pandemic, as it could be imagined that few in the health services would have lost their jobs. The bulk of these are the various levels of nursing, however there are 24,462 in the dental practitioner category of whom 2,026 are in South Australia (up from 1,959 the previous year). Of this total, nationally there are 18,235 dentists with 1,266 in South Australia. This is

on par as a percentage of the population here in SA, as according to the Australian Bureau of Statistics, there is only 6.9% of Australia's population of 25.7 million in SA ([www.abs.gov.au](http://www.abs.gov.au) accessed 9th January 2021). Ahpra's data shows that 52.6% are female and 47.4% male, but this includes all categories of dental practitioner, including hygienists and therapists which do seem to be female orientated. In South Australia, there are 148 of us with general and specialist registration and four with just specialist registration. Nearly half of those are either orthodontists or prosthodontists. Overall, we are a fairly young profession with the bell curve indicating most of us are under 45. This would fit in with our ADASA membership data which shows that nearly 70% of members have graduated since 1990.

Nationally, there were 1010 notifications about dental practitioners to Ahpra, which is about 4% of the total, 62% of these related to clinical care, and 3.3% to communications. Whilst an email from Ahpra is a disconcerting sight in your 'in box' it is somewhat reassuring to know that of the practitioners called to account, 56.4% have no further action deemed necessary. Nearly 10% had conditions imposed on their registration and 5% received a caution or reprimand. There were 42 notifications about advertising breaches, so again, please check the updated guidance.

Over the past year, the Review Committee has written some columns about what we see as being of concern and we look at it from a dentist's point of view. This has sometimes closely followed the regular articles from Guild, but they will probably be looking at it from an insurance view. Much the same as going to the dentist, 'prevention is better than cure!' We will present at the ADASA Risk Management day in May and the Committee, comprising of Drs Rob Stewart, Steve Carapetis, Erika Vinczer, Josh Tirrell and myself are working on this at the moment. We will concentrate on how we can manage patients' expectations, which includes good communication with them.

The key take home message from this – listen, manage patient expectations, and communicate – both with your patient and the computer/paper records!



# ADA HR ADVISORY

## Redundancy: How to Manage the Process and What you Need to Know

It is an unfortunate reality of employment that at times there will be a need to undertake a redundancy process. Typically a redundancy process will be undertaken where there is a general down turn in business, or there is a change in the technical or operational requirements of a business, which results in a role(s) no longer being required within the business.

A redundancy process is difficult for all parties involved. Employers often have difficulty accepting the reduced or changing demands of the business, while naturally employees experience anxiety concerning the uncertainty arising from their termination and need to transition into alternative employment.

This article will provide an overview of the redundancy process for national system employees, except where it references Western Australian sole traders and partnerships.

### 1. What is a Redundancy?

Put simply, a genuine redundancy is where a role is no longer required to be performed by anyone due to factors including:

- the introduction of new technology (the employee's job can now be done by a machine);
- the business slowing down;
- the business is closing down altogether or relocating; or
- by the business restructuring its operations.

It is important to note that a redundancy concerns the **role** no longer being required within the business, as opposed to the **person** performing the role. A redundancy process should never be undertaken in order to remove an

underperforming employee which should be addressed either through a performance management or disciplinary process.

### 2. Which Employees are Covered by Redundancy?

All roles may be subject to redundancy.

Having said that, the redundancy process adopted and an employee's rights upon termination differs depending upon an employee's classification and whether the role is covered by a Modern Award.

#### i. Redundancy Pay:

The first thing to note is that not all employees are entitled to redundancy pay. Only permanent employees who work for a business with 15 or more employees will be entitled to redundancy pay.

Where an employer is part of a group of associated entities, all businesses will be consolidated for the purpose of determining whether there are fewer than 15 employees.

Employees of a large business are also required to have worked for a minimum of 12 months before being eligible for redundancy pay.

Casual employees and independent

contractors are not entitled to redundancy pay.

#### ii. Employment Protection:

Where an employee has been terminated unlawfully or unfairly they may be able to challenge the termination.

Typically an employee may challenge his/her termination by making an Unfair Dismissal Application with the Fair Work Commission. Any such application must be made within 21 days from the date of termination.

While an employee has the right to challenge his/her termination, it will be a complete defence to the Unfair Dismissal Application where the termination amounts to a "genuine redundancy".

A "**genuine redundancy**" is where the following three conditions apply:

- the role is no longer required to be performed by anyone due to changes in the operational requirements of the business (that is, it is a bona fide redundancy);
- the employer has complied with any obligations to consult as contained within a Modern Award or Enterprise Agreement; and
- the employer has explored all reasonable options for redeployment.



The above three conditions highlight the minimum process which an employer should undertake, and the standards which an employee should enjoy. Where these conditions are not met the termination is susceptible to challenge.

### 3. Consultation and Redeployment Obligations?

As outlined above, technically an obligation to consult arises from a Modern Award or enterprise agreement. It follows that an employer is not required to formally consult with an employee who is award or agreement free.

Having said that, it remains best practice and highly advisable to consult with employees in all circumstances to ensure that employees are provided with an opportunity to actively participate in the process and contribute thoughts and ideas which may avoid the need for redundancy.

Earlier in December, the FWC announced that it had finalised its review into the list of common health professionals covered by the Health Professionals and Support Services Award (**HPSS Award**). Practices will now need to be aware that the following occupations will be covered by the HPSS Award:

- Dental Hygienist;
- Dental Prosthetist;
- Oral Health Therapist; and
- Support Staff.

Where any of those roles are to be made redundant, the employer must consult with the employee, meaning that the employer must give notice of the proposed redundancy as soon reasonably practicable after a definite decision has been made, discuss the likely impact of the change and measures to avoid or reduce the impact of the redundancy.

The nature and form of the exact consultation process will vary from business to business and so employers and employees are strongly encouraged to contact the HR Advisory Service to ensure that proper process is followed.

### Western Australia Sole Traders/ Partnerships?

Those operating a business, or employed by, a sole trader or partnership in Western Australia operate under the West Australian industrial relations system and as such differing rules and processes apply.

Generally speaking employees of a business with less than 15 employees are not entitled to redundancy pay. Having said that, employees covered by some awards, including the Dental Technicians' and Attendants/ Receptionists' Award do have an entitlement to redundancy pay regardless of the number of employees within that business.

Western Australian businesses are equally required to consult with employees as soon as reasonably practicable after a decision has been made.

Regrettably businesses are required to undertake redundancy processes from time to time which should be undertaken with a shared purpose of mutual respect in recognition of the difficult business discussion needing to be made and uncertainty faced by the employee. When approached with this understanding, the process will often be approached in an appropriate and measured way which ensures that the needs and expectations of all parties are met.



**For further information or assistance in relation to the updated Health Professional and Support Services Award 2020, please do not hesitate to contact the ADA HR Advisory Service on 1300 232 462.**



**AUSTRALIAN DENTAL ASSOCIATION INC.**

## Health Insights

# New and expanded AHPRA Advertising Guidelines: a welcome aid to compliance

Meridian Lawyers has published several Health Insights in the past about the importance of understanding and adhering to the advertising obligations set out under section 133 of the National Law. However, claims concerning advertising continue to be a recurring theme in our Health Law practice, indicating some persisting confusion about the boundaries of what is permitted.

At the end of last year, AHPRA and the National Boards published a revised set of advertising guidelines titled the 'Guidelines for Advertising a Regulated Health Service' (the 2020 Guidelines). The 2020 Guidelines aim to assist health practitioners and other relevant persons to better understand the way in which the National Law advertising provisions operate in practice, by expanding on guidance previously issued and equipping practitioners with concrete examples of real-life advertising scenarios. Changes to the guidelines include:

- more content about testimonials, protected titles and claims about registration, competence and qualifications.
- new content about the evidence required for claims about the effectiveness of a regulated health service and what is acceptable evidence.
- re-structuring of content so that information is easier to find, and
- new flowcharts to help assess when advertising needs to be supported by acceptable evidence and whether a review is considered a testimonial<sup>1</sup>.

Meridian Lawyers actively encourages all health practitioners to take the time to review the new 2020 Guidelines which can be found [here](#). The injection of depth and breadth into the guidelines, represents the welcome evolution of an area of regulation which has been a notorious source of inadvertent non-compliance to date. Although a number of advertising compliance tools have been published by AHPRA over the past few years, the 2020 Guidelines consolidate the guidance into one resource and elaborate further on some of the more pervasive issues.

Of note is the addition of two new sub-headings directed specifically to the manner in which scientific evidence may or may not be used to substantiate claims about the effectiveness of a regulated health service.

It has long been the case that persons who advertise a regulated health service must not advertise in a way that creates an unreasonable expectation of beneficial treatment by making claims which cannot be scientifically substantiated.<sup>2</sup> However, misunderstandings about the type and quality of scientific

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<sup>1</sup> <https://www.ahpra.gov.au/News/2020-11-17-Advertising-guidelines-and-strategy.aspx>, 17 November 2020.

<sup>2</sup> Section 133 (1)(d) of the National Law specifies that "a person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that creates an unreasonable expectation of beneficial treatment."

evidence required to sufficiently substantiate a claim about treatment have generated a string of AHPRA complaints and investigations in the past. The 2020 Guidelines provide much needed guidance on this issue, including statements such as the following:

- *Acceptable evidence mostly includes empirical data from formal research or systematic studies in the form of peer-reviewed publications*<sup>3</sup>
- *Primary sources of evidence should be used wherever possible. Advertisers should consult the AHPRA and National Boards' framework for assessing acceptable evidence for any claims made in their advertising. The framework is available on the [AHPRA website](#)*<sup>4</sup>
- *The evidence required to support a therapeutic claim will depend on the specific claim made in the advertisement. A well-conducted systematic review of relevant randomised controlled trials represents the highest level of evidence where it includes and identifies all studies on a given topic and the review is systematic, reproducible, and representative of the totality of evidence. Where a systematic review is unavailable, it is important that all relevant sources of evidence are considered (i.e. the research is not 'cherry picked').*<sup>5</sup>

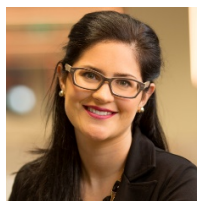
The 2020 Guidelines provide examples of evidence which generally will not be considered acceptable evidence for advertising claims, including studies involving no human subjects, before and after studies with few or no controls or anecdotal evidence based on observations in practice.<sup>6</sup>

By way of a reminder, a breach of the advertising obligations under section 133 of the National Law is an offence. Anyone advertising a regulated health service in contravention of the section may be prosecuted and ordered to pay fines ranging from \$5,000 penalty per offence (for an individual) or \$10,000 penalty per offence (for a body corporate). The availability of these severe penalties compounds the need for clear regulatory guidance in this area, to help health practitioners comply with their obligations. Hopefully, the 2020 Guidelines will go some way to achieving this.

**This article was written by Principal Kellie Dell'Oro and Associate Anna Martin. Please contact us if you have any questions or require further information.**



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Disclaimer: This information is current as of February 2021. 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>3</sup> Guidelines for advertising a regulated health service dated December 2020, paragraph 4.1.1.

<sup>4</sup> Ibid, paragraph 4.1.2.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

## Notice to the Profession



adelaide **CAD**  
Centre for Advanced Dentistry



ADELAIDE  
GUM  
DOCTOR



*DR SRAVAN CHUNDURU  
PROSTHODONTIST*



*DR LEO LANDER  
PERIODONTIST*

Dear Colleagues!

We hope that you had your well-deserved rest from the hectic 2020.

We are excited to announce that in 2021 we are joining forces to provide the full range of periodontal, surgical, restorative, and prosthodontic services under one roof.

Either of us separately, or both of us together will be happy to assist with treating your patients in our respective fields, including management of cases that require both periodontal and prosthodontic input.

**We would like to extend an invitation for a meet and greet with us, and to discuss topics of interest.**

Dr Sravan Chunduru- Removable Implant Overdenture

Dr Leo Lander- Alveolar Ridge Preservation

Location: ADASA Alexander Room, 62 King William Road, Goodwood

Time: 7<sup>th</sup> April, 6pm

RSVP: By Wednesday 31<sup>st</sup> March (attendance will be capped at 50 people) via phone or email.

2 hours of CPD will be provided for attendees

**Phone:** (08) 8212 5294

**Email addresses:** [reception@adelaidecad.com.au](mailto:reception@adelaidecad.com.au) (Dr Sravan Chunduru) or [reception@gumdr.com.au](mailto:reception@gumdr.com.au) (Dr Leo Lander)

**Address:** Suite 11, Level 6, 55 Gawler Place, Adelaide, SA 5000



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Business Advisory



**Adrian Zoppa\***  
Financial Planning



**Mark Mullins\***  
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Accounting

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**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.**

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



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AD-HealthTeam1120

## 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.**

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# EVENTS & CPD



All event details and registration are available on the  
ADASA website

For more information regarding any ADASA events  
please contact Sally Queale 08 8272 8111

[www.adasa.asn.au](http://www.adasa.asn.au)  
[events@adasa.asn.au](mailto:events@adasa.asn.au)



# EVENTS & CPD CALENDAR

## MARCH

- 12/03/21** Lawn Bowls Evening
- 19/03/21** Infection Control Seminar

## APRIL

- 21/04/21** Practice Managers Network #1
- 28/04/21** Study Club #2
- 30/04/21** Cardiopulmonary Resuscitation (CPR) Course

## MAY

- 10/05/21** Relative Analgesia Course
- 14/05/21** CPD Event - Risk Management
- 26/05/21** May Branch Meeting & CPD Presentation

## JUNE

- 10/06/21** Study Club #3
- 18/06/21** Cardiopulmonary Resuscitation (CPR) Course
- 23/06/21** Practice Managers Network #2

## AUGUST

- 13/08/21** Cardiopulmonary Resuscitation (CPR) Course
- 20/08/21** Hands on workshop - Prosthodontics
- 24/08/21 \*** Study Club #4

*\* Date subject to change*



## Recent Graduates Study Club #2

**Wednesday, 28 April 2021  
6.30pm - 8.00pm**

**Topic:** Rebuilding the Smile –  
Restoring the Maxillary Anterior Segment

**Speaker:** Dr Alister Dickson (Prosthodontist)

This Study Club will be a 1-hour lecture with 20 minutes for questions and discussion at the conclusion.

The Study Club will be delivered as both a seminar and webinar.

Study Clubs are for dentists who graduated within the last ten years but all ADASA member dentists are welcome to register.

BDS 5 Student members are also welcome to register.

Registration and refreshments will be available from 6pm for those attending in person.

This webinar will offer approximately 1.5 hours of CPD.

Queries please contact Sally Queale on 08 8272 8111 or email [events@adasa.asn.au](mailto:events@adasa.asn.au)



## Call for Mentors

*We are looking for new Mentors to join our Mentorship Scheme. If you would like to share your knowledge and experience with a dental student we would like to hear from you!*

*Mentoring is a rewarding way to share your expert knowledge with a new generation of students.*

*If you are interested in becoming a Mentor or would like more information please email Sally Queale at [events@adasa.asn.au](mailto:events@adasa.asn.au)*

## Practice Managers Network Wednesday, 21 April 2021

Sink your Teeth into a Marketing Strategy for Your Practice - Marketing 101 to Make You Smile!

Olwin Cole, Brand and Events Manager, Hood Sweeney will give a tailored presentation for practice managers on how you can build your brand awareness through digital marketing including understanding your brand, your digital footprint and tips on management.

This event will be held as a seminar and webinar.  
Where: The Alexander Room, 62 King William Road, Goodwood, SA  
Time: 6.30pm, refreshments available from 6pm.  
No cost to attend.



## 2021 Cardiopulmonary Resuscitation (CPR) Courses

All courses are held on a Friday afternoon:  
1.30pm - 4.30pm

The Alexander Room,  
62 King William Road,  
Goodwood.

The cost is \$60pp.

### 2021 dates

30 April	18 June
13 August	15 October
3 December	





# Clinic to Court - how to prevent the journey!

**FRIDAY, 14 MAY 2021**

**THE STAMFORD GRAND, GLENELG**

**10.00AM - 4.00PM**

To prevent the journey from even starting, members of the Review Committee will offer insights on how to manage patient expectations and also comment on the importance of communication.

It is hoped that this will be an interactive session, so please bring your questions.

Should the journey look like it might be taxiing to take off, Dr Jim Ball, ADASA Community Relations Officer, will talk about his role in trying to abort the take-off.

We will also have participation and input from Christie Boucher, Risk Services Manager, Guild Insurance and Kellie Dell'Oro, Principal, Meridian Lawyers.

The day will also look at informed consent, the importance of accurate records, advertising, and everything that plays a part when things don't go according to plan.

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For more event details and cost to attend visit the website or contact Sally Queale at [events@adasa.asn.au](mailto:events@adasa.asn.au)  
This event will offer 5 hours of CPD.





*Jointly hosted by ADASA - Recent Graduates Committee and the AUDSS.*

*Come and join us for a fun night of lawn bowls and get to know your fellow students, members of the dental profession and sponsors.  
No experience necessary!*

**Where: The Adelaide Bowling Club, Dequetteville Terrace, Kent Town**

**Time: 6.30pm - 10.30pm**

**See website: [www.adasa.asn.au](http://www.adasa.asn.au) for full details and cost to attend**

**Please login and register via the website or Sally at email [events@adasa.asn.au](mailto:events@adasa.asn.au)**



## ANZSPD SA/NT Branch

### Calendar of Events 2021

#### FULL PROGRAM COST

ANZSPD member  
\$500

ANZSPD non-member  
\$600

Postgraduate students  
\$0

#### INDIVIDUAL MEETINGS

See Eventbrite

#### ONLINE MEETINGS

See Eventbrite

#### TICKETS

Eventbrite

[www.anzspdsant2021program.  
eventbrite.com.au](http://www.anzspdsant2021program.eventbrite.com.au)

**BRUNCH MEETING: SUNDAY 28 FEBRUARY, 9:00 - 11:00**  
**(CPD 1 HR)**

Brushing without Fussing - Next Gen

**DINNER MEETING: TUESDAY 18 MAY, 6:00 - 8.30PM**  
**(CPD 1 HR)**

Molar-Incisor Hypomineralisation - Martini Ristorante

**FULL DAY SEMINAR & AGM: FRIDAY 13 AUGUST, 8:00 - 5:00PM**  
**(CPD 7 HRS)**

Back to Basics - Golding Wines

**DINNER MEETING: TUESDAY 19 OCTOBER, 6:00 - 8.30PM**  
**(CPD 1 HR)**

Postgraduate Case Presentation Night - Melt CBD

# Classifieds



## Adelaide MaxFax

Oral and Maxillofacial Surgery  
and Specialist Implant Centre

### Dr Zahi Khouri

76 Kensington Road, Rose Park, Adelaide SA 5067

Please be advised that Adelaide MaxFax will continue to provide our services to patients in the Southern region. We will commence consulting on Tuesday 9th February at our new location Southern Specialist Suites, 231/233 Main S Rd, Morphett Vale

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

You can contact our friendly front office staff on **8332 1566** or

email [reception@adelaidemaxfax.com.au](mailto:reception@adelaidemaxfax.com.au)

Our practice manager, Angela Benny, may be contacted at

[practicemanager@adelaidemaxfax.com.au](mailto:practicemanager@adelaidemaxfax.com.au)

## Selling or buying a practice?

RayWhite

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

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- Local who understands the market
- Fully confidential sales process
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- Exit strategies



"Wright Evans Partner's dental clients have worked with Brett over a number of dental practice transactions. Being specialists in the dental space, we have appreciated Brett's smooth and simple transactional process, that reduces stress for all those involved. He has consistently provided accurate appraisals, which assist in financing practices and makes budgeting and the advisory process easy to manage. We highly regard his professionalism and dedication

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)

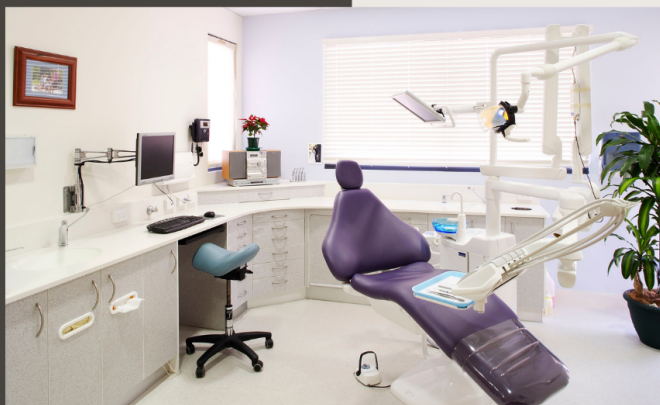
### FOR SALE

Planmeca Compact I dental unit for sale. Fully functional. Overhead light. Cuspidor. Electric motor. Fiberoptic high speed and EMS scaler. Bought in 2016. Selling due to updating. Stools not included. Buyer to pay for removal and transportation.

Please email [htdn99@yahoo.com.au](mailto:htdn99@yahoo.com.au) for photos. Phone: 08 8281 1122

Location: Salisbury 5108

**\$10,990 ono**



## MEMBERSHIP

ARE YOUR CONTACT DETAILS UP TO DATE?

Your Branch is here to support you on your journey through dentistry.

We encourage all members to ensure all contact and work details are current and correct.

Update your contact information by logging in to your profile [www.adasa.asn.au](http://www.adasa.asn.au) or call the office on 08 8272 8111.

*Stronger Together*

We'll look after you from start to finish, no matter the stage of your career.



# AUSTRALIAN SOCIETY OF PERIODONTOLOGY

## South Australian Branch

(08) 82638101

✉ [aspsa2@gmail.com](mailto:aspsa2@gmail.com)

### COMMITTEE:

GEOFF HARVEY, TAMARA WALTKE, SUSHIL KAUR, DANNY HO

## ASP SA BRANCH 2021 MEETINGS

### EVENTBRITE INVITATIONS 2021

You must RSVP via each individual invitation through Eventbrite even if you have indicated on your membership payment that you will be attending all four dinners. This is to allow for appropriate organisation and catering.

### IMPORTANT NOTE FOR MEMBERS

ASP SA Committee are working with ASP Federal to make ALL membership payments to be paid online in 2022.

More information will be provided to members

**MEETING 1: Wednesday March 31<sup>st</sup> Time: 6:30pm Speaker: Dr Amal Ibrahim**

**Topic:** Restorative challenges in managing periodontal patients

*Preceded by 2020 Annual General Meeting*

**Venue:** Noi Vietnamese Eatery **Address:** 306 Glen Osmond Rd, Fullarton SA 5063

**MEETING 2: Wednesday June 16<sup>th</sup> Time: 6:30pm Speaker: A/Prof Maurice Mead**

**Topic:** Ortho-Perio interface

**Venue:** TBA **Address:** TBA

**MEETING 3: Wednesday August 11<sup>th</sup> Time: 6:30pm Speakers: Drs Ying Guo and Peter Kim**

**Topics:** Periodontal microbiology studied over a century and the current paradigm

Role of biomarkers in the update of periodontal disease classification

**Venue:** Piccoli Piatti **Address:** 21 O'Connell Street, North Adelaide SA 5006

**MEETING 4: Wednesday November 10<sup>th</sup> Time: 6:30pm Speaker: Dr Geoff Harvey**

**Topic:** Ceramic implants *Followed by 2021 Annual General Meeting*

**Venue:** Jolleys Boathouse **Address:** 1 Jolleys Lane, Adelaide SA 5000

### **2021 MEMBERSHIP:** (Please tick set box below).

Full Memberships include 4 dinner meetings + Federal Membership

- Dentist: \$425**
- Dental Therapist, Hygienist: \$360**
- First/Second Year Graduates, Students: \$360**

### **2021 GUEST PAYMENT:**

Please indicate which meeting the payment is for: \_\_\_\_\_

- Guest for Individual Dinner Meeting: \$125**
- Current Student Guest: \$95**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

- **EFT Payment:** (Include name in reference details)

**Account name:** ASP SA Branch **Account BSB:** 105008 **Account Number:** 083533240 **BankSA**

**This application should be copied and sent via email or post mail. The original should be kept as a Tax Invoice (ABN 29 804 714 338) and Receipt. No GST is applicable.**



# Adelaide MaxFax

Oral and Maxillofacial Surgery  
and Specialist Implant Centre

## ORAL SURGERY AND ORAL MEDICINE STUDY GROUP

The Oral Surgery and Oral Medicine Study Group (OSSG) is a congenial group of General Practitioners and Specialists. The group's first meeting was on the 4<sup>th</sup> April 1955 and it has been in continuous existence for over sixty years.

The five meetings a year are relaxed and informal and we have a great selection of high calibre speakers planned for 2021. Attendance at meetings can be recorded as part of CPD.

The meetings are held over dinner on Monday evenings in the Thomas Cooper Room at The Original Coopers Alehouse.

The subscription fee for 2021 is **\$495. 00** and includes the five meetings, dinner and drinks. **Casuals** \$125 per meeting. New members are of course very welcome.

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

Time: 6.30pm for 7.00pm start

### 2021 PROGRAM

Date: Monday 22<sup>nd</sup> February 2021

**Speaker: Rowan Valentine, ENT Surgeon**

Topic: 3D Anatomical Anatomy

Date: Monday 12<sup>th</sup> April 2021

**Speaker: Dr James Badlani, Oral and Maxillofacial Surgeon**

Topic: Contemporary Management of Head and Neck Malignancy

Date: Monday 7<sup>th</sup> June 2021

**Speaker: Dr Alistair Varidel, Oral and Maxillofacial Surgery Registrar**

Topic: Contemporary Management of Facial Trauma

Date: Monday 2<sup>rd</sup> August 2021

**Speaker: Dr Peter Hell, Prosthodontist**

Topic: Immediate Loading of Dental Implants

Date: Monday 18<sup>th</sup> October 2021

**Speaker: Mr Walter Flapper, Craniofacial Surgeon**

Topic: TBA

**All Enquiries Welcome:**

**Dr Zahi Khouri, Specialist Oral and Maxillofacial Surgeon**

T: 8332 1566 E: [practicemanager@adelaidemaxfax.com.au](mailto:practicemanager@adelaidemaxfax.com.au)

Please send subscription fee to:

OSSG

C/o Dr Zahi Khouri, Oral and Maxillofacial Surgeon  
Adelaide MaxFax

76 Kensington Road, Rose Park 5067

T: 8332 1566 F: 8364 2890

E: [practicemanager@adelaidemaxfax.com.au](mailto:practicemanager@adelaidemaxfax.com.au)

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

**Please include your name as the reference if paying by EFT**





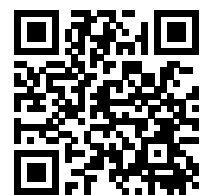
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