



Dental Practice Board
of Victoria

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ANNUAL REPORT 2000 - 2001

MEMBERSHIP

With proclamation of the *Dental Practice Act 1999*, on 1st July 2000, the Dental Practice Board of Victoria came into existence, replacing both the Dental Board of Victoria and the Advanced Dental Technicians' Qualifications Board.

The Board consists of 11 members, all appointed by the Government of the day.

The Act specifies that the Board members must be drawn from certain categories, as follows (the names of the Board members appointed in a particular category appear in parentheses):

- One dental specialist (Dr Anthony Dickinson);
- Four dentists (Dr Deborah Cole, Dr Gerard Condon, Dr Ross Green and Dr Anthony Robertson);
- Two dental prosthetists (Mr Craig McCracken and Mr Ricky Robertson. (Mr Robertson resigned on 22 November 2000 and his replacement, Mr Antony Edwards, was not appointed until June 2001)
- One dental auxiliary (Ms Julie Satur);
- Two persons who are not dental care providers (Ms Gabrielle MacTiernan and Professor Loula Rodopoulos);
- One lawyer (Mr Jack Harty).

Dr Anthony Dickinson was appointed by the Governor to be President of the Board and Dr Gerard Condon to be Deputy President.

The Board itself chose Mr Jack Harty to be its Treasurer.

The Act provides for three statutory committees to advise the Board. They deal with:

- dental specialists;
- dental auxiliaries; and
- dental prosthetists "and other persons qualified as dental technicians".

It was decided that each of those committees would contain two Board members (one of whom would preside) and a number of co-opted non-members appropriate to the purpose of the particular committee.

The composition of the committees was as follows (presiding Board member listed first):

Dental Specialists Committee:

Dr Dickinson
Mr McCracken
Dr Stephen Chen
Dr Gerard Clausen
Dr Ted Crawford
Prof John Ferguson
Dr Paul Fitz-Walter
Dr Nicola Kilpatrick

Dental Auxiliaries Committee

Ms Satur
Dr Robertson
Ms Catherine Osbourne
Ms Denise Galuoppo
Ms Margaret Randles-Guzzardi
Mrs Margaret McCutcheon

Dental Prosthetists Committee

Mr Robertson (replaced, after his resignation, by Mr McCracken)

Dr Green

Mr Mark Clarke

Mr Ian Gibbs

Mr John Rogan

Mr Peter Vryonis

The Board's representative on the Faculty of Medicine, Dentistry and Health Sciences of Melbourne University was Dr Ross Green.

The Board's nominee as an examiner for the Diploma of Oral Health Therapy at Melbourne University was Dr Ross King.

The Board's nominee as a member of the Australian Dental Council was Dr Gerard Condon.

The Board's delegate to the Council of Regulatory Authorities for Dental Technicians and Dental Prosthetists (CORA) was Mr Craig McCracken. **STAFF**

At the Board's inception it inherited the staff of its predecessor, the Dental Board of Victoria, namely:

Dr Vincent Amerena;

Ms Elizabeth Bogdanovic; and

Mrs Faye Taylor.

In February 2001 Mr Peter Gardner was appointed as Chief Executive Officer of the Board and Dr Amerena moved to the role of Investigative Officer.

PRESIDENT'S COMMENTS

Issues, challenges, debates.

The Dental Practice Board of Victoria has now been administering the Dental Practice Act 1999 (DPA) for approximately twelve months. There have been several aspects that have emerged over this period which are worth reflecting upon. The overriding sense is one of recognition that the regulatory world (in the provision of dental care) is not one that we have inhabited before.

Obviously, because of the composition of the Board and the fact that the Dental Practice Act envisages a new regulatory framework, this board was bound to be a very different entity from the former Dental Board of Victoria, which had been created by a different statute with different ends in view.

The former board consisted only of dentists. The present board contains dentists, dental prosthetists, a dental auxiliary, a lawyer and two persons who are not registered dental care providers. The mix of dental health care providers has allowed a mature and practical understanding of the way that our community may require the provision of dental care. The three non-registered persons add a new dimension to debates which, in the past, were approached solely from the perspective of dentists.

The very concept of such a diverse board was a new one to most dental care providers, including those who happened to be Board members. Although all members were committed to the kinds of reform envisaged by the legislation, debate was vigorous and stresses arose from time to time. Change, and the desire to expedite change have needed to be encouraged and tempered.

These processes are a natural part of the initiation and development of a body like the Board within a changed regulatory environment. I have been encouraged by the fact that Board members have been willing to understand and learn in areas where others bring different expertise.

The Board has endeavoured to initiate new activities, while reviewing established protocols and procedures. I am pleased to have had the assistance of the new Chief Executive Officer, Mr. Peter Gardner. Peter comes to the Board with extensive experience, particularly, and most recently with the Psychologists registration Board. His administrative skills and considered opinions will be a great assistance to the Board.

A high priority was given to redefining professional relationships between the different occupational groups now falling within the Board's jurisdiction. The fact that such redefinition was inevitable did not lessen the apprehension evoked in some quarters by the prospect of its becoming a reality.

At the very beginning of its existence, the Board took over the policies of its predecessor and adopted them with the designation *interim codes of practice*. This was to ensure that there was no policy vacuum while all existing policies were reviewed. By 30 June 2001 work had begun on drafting a new Code of Practice for dental therapists and dental hygienists. It was apparent that this task would be central to the Board's efforts to give effect to the new legislation, since it involved a total re-examination of the relationship between dentists and dental auxiliaries.

The Dental Practice Act obliges the Board to consider recency of experience when assessing applications for registration or renewal. Clearly the Government's intention was that achieving professional status must be regarded as a dynamic, not a static, condition. Health care providers have a responsibility to extend their knowledge and understanding if they expect to continue as registered persons. An educational and clinical standard accepted at the time of initial registration can no longer be expected to suffice for a lifetime. I anticipate that the Board will soon consider establishing a standard for ongoing professional development as a condition of continuing registration.

Anthony J Dickinson
President

REGISTRATIONS

At 30 June 2001 the total numbers registered in the various divisions and subdivisions of the register were:

Dentists:	2,257
Dental specialists:	247
Dental prosthetists:	316
Dental hygienists:	123
Dental therapists:	195
Students:	276

There are some discrepancies between these figures and those published in earlier years by the former Dental Board. The Board's data have been collected over many years and in several different formats. Errors and duplications have crept in. The task of cleaning up the database to make it reliable and internally consistent is a large one and has not yet been completed. Future reports of the Dental Practice Board will be able to contain much more detailed information about the composition of the register than is possible this year.

In the year 2000-01 the names of 124 dentists, 21 dental therapists, 20 dental hygienists and 24 dental prosthetists were either registered for the first time or restored to the register after they had previously allowed their registrations to lapse.

Of the newly-registered dentists, 17 had qualified for registration by successfully completing the examination conducted by the Australian Dental Council.

Ten persons already registered in Victoria as dentists were registered in 2000-01 as dental specialists. The specialties in which they were registered were Orthodontics (5), Oral and Maxillofacial Surgery (2), Prosthodontics (1), Periodontics (1) and Endodontics (1).

Overwhelmingly the new registrants indicated that they would be practising in the Melbourne metropolitan area. The actual figures were: dental hygienists 70% (14 of 20), dental therapists 62% (13 of 21), dental prosthetists 71% (17 of 24) dentists 55.6% (69 of 124) and dental specialists 70% (7 of 10). It is interesting that, of all categories of new registrants, dentists were most likely to be working outside Melbourne.

COMPLAINTS

The board received 114 complaints in the year 2000-2001. A total of 7 complaints had been received by the Board's predecessor and were awaiting attention when the Board took up its functions on 1 July 2000. In the course of the year 48 complaints were finalised, leaving 73 files still open at 30 June 2001.

In this first year of the Dental Practice Board's existence, some potential complainants may not have known how or where to lodge a complaint against a dental care provider. Comparable figures for future years may reveal changing patterns of complaint.

Complaints received (by type of practitioner)	Type of practitioner	
	Dentist	86
	Dental Specialist	8
	Dental Prosthetist	12
	Dental Hygienist	nil
	Dental Therapist	nil
	Unregistered person	7
	Organisation	1
	TOTAL	114

Dentists and dental specialists together make up approximately 62% of registered persons, but account for 82% of the complaints. Dental prosthetists (7% of the register) account for 10.5% of complaints. One would expect dentists to generate a high percentage of complaints because the services they provide are more complex (and more expensive) than those provided by other registered persons.

Any explanation of the fact that no complaints against dental therapists or dental hygienists were received in 2000-2001 must be speculative. It may be that, since the majority of dental auxiliaries work in the public sector, complaints are more likely to be made about the institution than about the individual service provider. It may be that some dissatisfied patients are content to rely on institutional mechanisms for seeking redress, and do not complain to the Dental Practice Board. It is possible that private sector patients are more affluent, more conscious of their rights and less uncomfortable about complaining than public sector patients.

Complaints received (by Source)	Source	
	Patient	72
	Dentist	18
	Family of patient	1
	Dental Prosthetist	3
	Dental Nurse	3
	Professional Association	3
	Health Services Commissioner	2
	Other Statutory Authority	6
	Anonymous	3
	Health Insurance Company	1
	Medical Practitioner	1
	Initiated by Dental Practice Board	1
	TOTAL	114

The question of anonymous complaints is a very difficult one. While in principle any person who is the subject of a complaint ought to know the source of the allegations, there are some situations (mainly involving alleged breaches of infection control standards) in which the public interest demands at least a preliminary investigation, but the complainant may be someone (an employee, for instance) who might be disadvantaged by being identified. On the other hand, this situation obviously lends itself to the making of malicious and unjustified complaints. There is no simple solution to the dilemma. The Board relies on those of its staff who conduct preliminary inquiries to use a high degree of discretion and tact when looking into these matters.

Complaints (by Type of Complaint)	Type of Complaint	
	Quality of work	25
	Infection control	28
	Advertising	17
	Informed consent	9
	Fees	6
	Failure of communication	5
	Illegal practice	7
	Misrepresentation	3
	Financial deception	1
	Overservicing	2
	Finding of guilt in court proceedings	1
	Falsifying documents	1
	Sexual misconduct	1
	Intimidation	1
	Breach of confidence	1
	Miscellaneous	6
	TOTAL	114

The above table records the principal reason for each complaint, but some complaints are about more than one aspect of the service. A high proportion of complaints are about the quality of dental care provided by registered practitioners. Some of these indicate unrealistic expectations about outcomes. In only one of the matters actually finalised in 2000-2001 did the Board make an adverse finding against a practitioner for “quality of work”.

Of the 48 complaints finalised in the year, adverse findings were made in 19. The issues involved were: infection control (7 cases), permitting illegal practice (5), advertising (4), illegal practice (2) and quality of work (1). These figures are unlikely to be typical. A single hearing involving a number of practitioners led to one finding of illegal practice and three findings of permitting illegal practice.

The average time that elapsed between receipt of a complaint and the Board’s final disposal of the matter was 4.3 months. This is, admittedly, a crude measure but it is interesting to note that exactly the same result was recorded for complaints that led to a hearing by the Board as for those where, as a result of preliminary investigation, it was decided that no further action was warranted.

HEARINGS

The *Dental Practice Act* provides for both formal and informal hearings into the conduct of dental health care providers. Each is conducted before a panel of three Board members (or, in certain circumstances, a mixture of Board members and specially-selected non-members). Full details of the differences between the two processes are set out in the Act itself, which can be obtained from Information Victoria, 356 Collins Street, Melbourne (telephone 1300 366 356). In summary, the differences are:

- Informal hearings are utilised when it appears that, if there has been misconduct, it was not of a serious nature. The hearings are not open to the public and the practitioner who is under scrutiny is not entitled to legal representation. If the panel finds the practitioner to have engaged in unprofessional conduct it may determine that the practitioner be cautioned, reprimanded, required to undergo counselling, required to undertake further education or any combination of those alternatives.
- Formal hearings inquire into more serious allegations. They are normally open to the public, and the practitioner is allowed legal representation. If the panel finds against the practitioner it may impose, (as well as any or all of the determinations available to an informal hearing) any or all of: conditions on the person’s registration, a fine of up to \$10,000, suspension or cancellation of the person’s registration.
- If, in the course of an informal hearing, the practitioner fails to attend without good reason, or the practitioner requests a formal hearing or the panel decides that an informal hearing is inappropriate, the informal hearing will be abandoned and a formal hearing take place instead.

In the year 2000-2001 the Board completed 15 informal hearings and 7 formal hearings into the conduct of dental care providers. One of the formal hearings involved allegations against 4 practitioners. In some cases the conduct under scrutiny had occurred before proclamation of the *Dental Practice Act 1999* and was therefore measured against the *Dentists Act 1972* and the Regulations in force at the time.

Informal Hearings

Practitioner	Issue	Finding	Determination
Dentist	Infection control	"...unprofessional conduct which is not of a serious nature."	Counselling; further education; reprimand.
Dentist	Infection control	"...unprofessional conduct which is not of a serious nature."	Counselling; further education; reprimand.
Dental Prosthetist	Practising dentistry contrary to law.	"...unprofessional conduct which is not of a serious nature."	Caution.
Dentist	Advertising	Informal hearing abandoned: matter referred to a formal hearing	None.
Dentist	Permitting non-dentist to practise dentistry	"...unprofessional conduct which is not of a serious nature."	Reprimand.
Dentist	Advertising	"...unprofessional conduct which is not of a serious nature."	Counselling; caution.
Dentist	Advertising	"...unprofessional conduct which is not of a serious nature."	Reprimand; caution.
Dentist	Advertising	"...has not engaged in unprofessional conduct."	None
Dentist	Infection control	"...unprofessional conduct which is not of a serious nature."	Counselling; reprimand; caution.
Dentist	Infection control	"...unprofessional conduct which is not of a serious nature."	Counselling; reprimand.
Dentist	Infection control	"... unprofessional conduct which is not of a serious nature"	Counselling; reprimand
Dentist	Advertising	Informal hearing abandoned: matter referred to a formal hearing	None.
Dentist	Infection control	"...unprofessional conduct which is not of a serious nature."	Counselling; further education; caution.
Dentist	Advertising	"...unprofessional conduct which is not of a serious nature."	Counselling; caution.
Dentist	Advertising	"... unprofessional conduct which is not of a serious nature"	Counselling, caution.

FORMAL HEARINGS

Drs Solomon Hofman, Daniel Levinson, Barry Lewin (Orthodontists) and Ms Rosalind Phelan (Dental Hygienist)

It was alleged against Drs Hoffman, Levinson and Lewin (“the orthodontists”) that they had breached section 33(1) of the Dentists Act 1972 (now repealed) by authorising or permitting a hygienist employed at their practice, Ms Rosalind Phelan, to practice dentistry.

It was alleged against Ms Phelan that she had also breached section 38(1) of the Dentists Act 1972 as she had practised as a dentist or held herself out as practising or as being entitled to practice dentistry by performing dentistry on a number of patients of the orthodontists.

The relevant conduct concerned Ms Phelan performing the following procedures:

- Attaching orthodontic bands and brackets by fixing them with a bonding material or cement
- Selecting and attaching orthodontic brackets
- Fitting archwires
- Removing orthodontic bands and brackets

The Board, having considered the evidence and submissions before it, was satisfied that the orthodontists had breached section 33(1) of the Dentists Act 1972 and Ms Phelan had breached section 38(1) of the Dentists Act 1972 when read with regulation 505. The Board determined that each of the practitioners be reprimanded, fined \$1000 and suspended for a period of one month.

The Dental Practice Board apologises to the orthodontists and to Ms Phelan for the initial publication of this decision on the website which stated that they had each been found guilty of professional misconduct. That was not the case. There was no finding of professional misconduct and the Board specifically concluded that there was no evidence that any of the patients of the orthodontists were put at risk.

Since determination of this hearing in August 2000, the regulations relating to the practice of dentistry by hygienists have changed. Hygienists are now permitted under the Code of Practice to perform, under supervision, the procedures listed above with the exception of the initial fixation of bands and brackets. The Code of Practice effective 1 August 2002 which regulates the practice of dentistry by Dental Hygienists and Dental Therapists is set out under the “Codes of Practice” section of the Dental Practice Board of Victoria website.

Dr James Benn Ramsay (Dentist)

It was alleged that Dr Ramsay had failed to comply with a condition previously imposed on his registration by the Board’s predecessor, the Dental Board of Victoria. That condition had required Dr Ramsay to completely abstain from alcohol.

The Board found that Dr Ramsay had failed to comply with the previously-imposed condition, and that his failure constituted unprofessional conduct of a serious nature.

The Board:

- a) suspended Dr Ramsay’s registration for three months;
- b) required him to undergo continued counselling with specialist physicians approved by the Board;
- c) required medical reports from the approved physicians to be submitted to the Board at regular intervals;
- d) stipulated that by agreement with Dr Ramsay it might, from time to time, request reports from other persons;
- e) required Dr Ramsay to submit to monthly Carbohydrate Deficient Transferrin tests, the results of which were to be maintained within normal limits;
- f) ordered Dr Ramsay to provide dental care only as an employee of another registered dental care provider, a government agency or a registered Friendly Society.

Dr Eric Ruggiero (Dentist)

In connection with Dr Ruggiero's treatment of a patient, Ms U, the following allegations were made:

- (a) He had not taken X-rays when it was clearly necessary and appropriate for him to have done so;
- (b) He had not established nor evaluated Ms U's medical history;
- (c) He failed to provide her with necessary and appropriate information about the benefits, risks and possible complications of the proposed treatment;
- (d) He failed to obtain her fully informed consent;
- (e) He failed to maintain proper dental and clinical records;
- (f) He failed to refer her to a specialist when it would have been appropriate to do so;
- (g) He failed to respond adequately when problems arose in the course of treatment;

The Board found that allegations (a), (b), (c), (d) and (e) were proven, and that Dr Ruggiero was guilty of professional misconduct. It reprimanded him and fined him \$750.

Dr Alan Fryday (Dentist)

It was alleged that Dr Fryday had authorised or permitted his dental nurse to practise dentistry on his patients. In detail the allegations were that Dr Fryday had permitted the nurse to clean the teeth of various patients over a period of at least five years. He had instructed the nurse in the use of an ultrasonic scaler and low-speed handpiece with polishing brush, rubber cap and polishing paste. He had also permitted her to take impressions of teeth.

The charges were admitted, and the Board found Dr Fryday guilty of professional misconduct. It fined Dr Fryday \$1,000 and suspended his registration for four weeks.

Dr Nashaat Michael (Dentist):

It was alleged that Dr Michael had:

- a) failed to use rubber dam when performing endodontic treatment on two patients;
- b) performed endodontic treatment on two patients without having taken appropriate X-rays;
- c) performed dental work on two patients that was of a standard falling substantially short of the standard observed or approved by dentists of good repute and competence;
- d) failed to properly record the administration of Schedule 4 poisons in the course of his dental practice;
- e) failed to maintain proper and appropriate dental records; and
- f) incorrectly listed his qualifications as "BDScM ADEC" when the correct form was "BDMS, Alexandria, 1986; ADEC Cert., 1993".

The Board found that allegations (a), (c), (d), (e) and (f) were proven, and that Dr Michael's conduct constituted unprofessional conduct of a serious nature.

The Board:

- a) reprimanded Dr Michael;
- b) fined him \$1,000
- c) ordered him to attend and satisfactorily complete an approved refresher course in endodontics
- d) ordered him to cease performing endodontic treatment (except for emergencies) until the Board accepted that he had completed the course described in (b);
- e) ordered him to participate in counselling on the subject of dental record keeping; and
- f) ordered that he allow his dental practices to be inspected by officers of the Board to ensure compliance with these determinations.

Dr Victor Selers (Dentist)

It was alleged that Dr Selers had, between November 1999 and January 2001 (spanning periods covered by the *Dentists Act 1972* and then the *Dental Practice Act 1999*) published various advertisements that were false, misleading or deceptive. It was also alleged that a letter Dr Selers had written to a magazine was false, misleading or deceptive.

The Board found that the following elements of Dr Selers' advertisements were false, misleading or deceptive:

- claims that Dr. Selers had an "exclusive" art in cosmetic dentistry. The word "exclusive" suggests that Dr. Selers provides something that other dentists do not, or cannot, provide. This is not the case as all dentists are trained to perform cosmetic dentistry.
- use of the words "exclusive cosmetic dentistry". This phrase can have two meanings: one being as described in the previous point and the other that Dr. Selers only performs cosmetic dentistry. Neither is the case.
- use of the words "cosmetic dental surgeon". Dr. Selers does not hold any specific qualification as a "cosmetic" dental surgeon and is not registered as a "cosmetic dental surgeon", there being no such recognised area of specialty or division or subdivision on the Dentists' Register.
- use of statements such as "*as seen on Good Medicine*", "*as seen on Channel 7's Today Tonight Show*", "*as seen on Channel 9*" in connection with a bleaching system. The bleaching system Dr. Selers was using at the time of these advertisements was not the same as that shown in the television programs.
- Dr. Selers' claim that he was practicing "exclusively cosmetic dentistry". Dr. Selers does practice general dentistry at both his practices.
- the description of Dr. Selers as "*highly trained and experienced*". The advertisements prominently feature elements of cosmetic dentistry and so the public would have a reasonable expectation that any training would refer to cosmetic dentistry training. In evidence Dr Selers put forward two course attendances and two membership certificates relevant to cosmetic dentistry but those documents do not constitute evidence of a high degree of training or experience.
- the statement "*whitening can restore the original whiteness of your teeth*", proffered unconditionally. (This statement, as well as being false, misleading or deceptive, also created an unreasonable expectation of beneficial treatment.
- a statement that it is possible to remove all "*yellowness*" from teeth. Yellowness of teeth can be related to intrinsic or extrinsic staining, as well as the normal dentine colour and external events such as tetracycline staining.
- the statement "*a white smile that lasts for years*". This statement also creates an unreasonable expectation of beneficial treatment for the patient. The panel accepted contrary evidence that numerous factors would affect the length of time that the effects of bleaching would last.
- photographs showing "*crowning*" which were in fact composite resin restorations. The public would be unlikely to (or may be unable to) determine the difference between the two procedures in these photographs.
- the words "*straightening one visit*". While this procedure can be performed for some teeth, it is not suitable for all, and like all dental procedures, it requires ongoing maintenance. These facts were not clarified in the advertisement.

The panel considered a number statements made by Dr Selers in a letter he wrote to the magazine "*Good Medicine*" on 5/6/00 to be false, misleading or deceptive:

- Dr. Selers is not a "*Graduate of the Las Vegas Institute of Cosmetic Dentistry*;
- "*16 years experience in the field of cosmetic dentistry*" implied more than a particular interest in the field of cosmetic dentistry. In fact the panel concluded that Dr. Selers' significant interest in cosmetic dentistry appears to have commenced in 1998;
- Dr. Selers' statement that his surgery "*is fully equipped with the most recent equipment on the market for INSTANT WHITENING of teeth*". At the time of writing the letter, Dr. Selers had an Optilux visible light composite curing and bleaching system. Laser systems, which were newer, were to be featured on *Good Medicine*, and Dr. Selers did not have that system. Dr. Selers' statement that his "*surgery staff have been specifically trained by the manufacturer in this procedure*" was false;

- the statement “*Dr. Selers has the only surgery in Melbourne and probably nationally that ONLY DOES cosmetic dentistry*” was false;
- the statement “*has appeared on a regular basis with editorial comment in Harpers Bazaar and other national magazines*” was false, misleading or deceptive.

The Panel had misgivings about the use of the same apparently identical display photograph of his patient, Ms. “X”, throughout all the advertisements, for all the various “whitening” techniques used by Dr. Selers. The Panel did, however, view this type of photograph as an indicative result of any bleaching technique and made no finding against Dr. Selers in relation to that matter. The Panel had further misgivings over the use of this same display photograph with text referring to Dr. Selers, but could not be reasonably satisfied that this constituted a testimonial.

The Panel recorded its grave concerns about Dr. Selers’ endeavours to advertise in a false, misleading and deceptive manner over a long period of time. It found Dr Selers guilty of professional misconduct under the *Dentists Act 1972* and guilty of unprofessional conduct under the *Dental Practice Act 1999*. It reprimanded him, cautioned him that further breaches might lead to suspension or cancellation of his registration and fined him \$6,000.

Dr Adrian Marcu (Dentist)

It was alleged that Dr Marcu had:

- (a) failed to comply with the infection control standards imposed by the Board;
- (b) failed to properly store, secure and record Schedule 4 poisons;
- (c) failed to implement appropriate waste disposal practices;
- (d) routinely practised dentistry without the assistance of a dental nurse;
- (e) allowed an unqualified person to carry out sterilisation procedures at his practice; and
- (f) permitted an unregistered and unqualified person to practise dentistry.

Dr Marcu was registered as a dentist in Victoria in 1991. He did not renew his registration beyond 31 December 2000 and, as result, by the time the formal hearing into his conduct took place his name had been removed from the register. However the allegations against him related to times when he had been registered as a dentist in Victoria.

The Board found Dr Marcu guilty of unprofessional conduct of a serious nature. The following penalties were imposed:

- (a) He was reprimanded;
- (b) He was required to be counselled about infection control, storage and security of Schedule 4 poisons and dental record keeping;
- (c) He was required to attend a two-day training program in infection control and to have the coordinator of that course certify that he had attained a standard equal to that of a final year student in an accredited Australian dental school;
- (d) He was required to attend an educational program in dental examination, diagnosis and treatment planning and to have the coordinator of that course certify that he had attained a standard equal to that of a final year student in an accredited Australian dental school;
- (e) Any future application by Dr Marcu for registration as a dentist must be accompanied by evidence that he has complied with the above conditions;
- (f) Any future registration of Dr Marcu will be subject to the following conditions:
 - his practices will be inspected quarterly; and
 - he must work with a trained dental assistant who has satisfactorily completed a course in infection control.

CLAIMS FOR DAMAGES; ALLEGATIONS OF NEGLIGENCE

Under s.20 of the *Dental Practice Act*, practitioners are required to notify the Board if they are ordered by a court or if they otherwise agree to pay damages or other compensation for alleged negligence. This obligation arises if the amount involved is over a certain limit (fixed by the Board at \$10,000).

In 2000-01 the Board received 25 notifications of this kind. The amount of detail provided varied greatly between notifications (for instance some notifiers revealed the amount of settlement while in other cases all details were suppressed by the court). No notifications were received about dental prosthetists, dental hygienists or dental therapists. There were 19 about general dentists, 3 about Orthodontists, 2 about Oral and Maxillofacial surgeons and 1 about an endodontist. No individual was the subject of more than one report.

Another sub-section of section 20 requires practitioners to notify the Board if, in respect of an indictable offence, they have been committed for trial or found guilty. No such notification was received.

**DENTAL PRACTICE BOARD OF VICTORIA
STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE 2001**

	NOTE	30/06/01 (\$)
CURRENT ASSETS		
Cash Assets	10	572,383
Prepayments		4,547
Receivables		<u>19,201</u>
TOTAL CURRENT ASSETS		<u>596,131</u>
NON CURRENT ASSETS		
Plant & Equipment	4	47,741
Receivable		<u>14,216</u>
TOTAL NON CURRENT ASSETS		<u>61,957</u>
TOTAL ASSETS		<u>658,088</u>
CURRENT LIABILITIES		
Unearned Income - Dentists' fees in Advance	1(f)	393,679
Payables		87,740
Lease Liability	7	3,824
Provisions	5	<u>32,822</u>
TOTAL CURRENT LIABILITIES		<u>518,065</u>
NON CURRENT LIABILITIES		
Lease Liability	7	11,906
Provisions	5	<u>17,211</u>
TOTAL NON CURRENT LIABILITIES		<u>29,117</u>
TOTAL LIABILITIES		<u>547,182</u>
NET ASSETS		<u>110,906</u>
EQUITY		
Contributed Capital	6	176,401
Retained Profits		<u>(65,495)</u>
TOTAL EQUITY		<u>110,906</u>

**DENTAL PRACTICE BOARD OF VICTORIA
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30TH JUNE 2001**

	NOTE	30/6/01 (\$)
Revenue from Ordinary Activities	2	<u>659,964</u>
Employee costs		(246,267)
Depreciation and amortisation		(7,479)
Other expenses from ordinary activities	3	<u>(471,713)</u>
Total expenses from ordinary activities		<u>(725,459)</u>
Net Result from Ordinary Activities		<u>(65,495)</u>
Total Changes in Equity other than Transactions with Owners		<u>(65,495)</u>

**DENTAL PRACTICE BOARD OF VICTORIA
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30TH JUNE 2001**

	NOTE	30/6/01 (\$)
Cash flows from operating activities		
Receipts from Dentists		812,378
Interest Received		21,862
Other Receipts		31,183
Payments to Suppliers (Inclusive of GST) and Employees		<u>(666,537)</u>
Net cash inflow from operating activities	10(b)	<u>198,886</u>
Cash flows from investing activities		
Transfer from Antecedent Bodies		393,143
Plant and Equipment Purchases		(19,331)
Lease Payment		<u>(315)</u>
Net cash inflow from investing activities		<u>373,497</u>
Net increase in cash held		<u>572,383</u>
Cash at the end of the financial year	10(a)	<u>572,383</u>

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

This general purpose financial report has been prepared in accordance with Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group Consensus Views and the Financial Management Act 1994.

It is prepared in accordance with the historical cost convention.

The Dental Practice Board of Victoria was established on 1 July 2000 under the Dental Practice Act 1999 and assumed the operations of the Dental Board of Victoria, the Advanced Dental Technicians Qualifications Committee and the Dental Technicians Licensing Committee.

The net assets of the antecedent bodies were transferred to the Board and comprised:

Cash	393,142
Receivables	14,507
Plant & Equipment	19,233
Unearned Income	(183,698)
Payables	(26,474)
Provisions	<u>(40,309)</u>
Net Assets	<u>\$ 176,401</u>

(a) Rounding

All amounts shown in the financial statements are expressed to the nearest dollar.

(b) Leased Non-Current Assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased non-current assets, and operating leases under which the lessor effectively retains substantially all such risks and benefits.

Finance leases are capitalised. A lease asset and liability are established at the present value of minimum lease payments. Lease payments are allocated between the principal component of the lease liability and the interest expense.

The lease asset is amortised on a straight line basis over the term of the lease, or where it is likely that the entity will obtain ownership of the asset, the life of the asset. Lease assets held at the reporting date are being amortised over 5 years.

Other operating lease payments are charged to the statement of financial performance in the periods in which they are incurred, as this represents the pattern of benefits derived from the leased assets.

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

NOTE 1: STATEMENT OF ACCOUNTING POLICIES (Cont'd)

(c) **Plant and Equipment**

Fixed assets with a cost in excess of \$1,000 are capitalised and depreciated. The expected useful life of all fixed assets are reviewed on an annual basis. Plant & equipment have been transferred at their written down value which is deemed to be the fair value of the assets. The following straight line depreciation rates are expected to write-off the cost of each item of plant and equipment over its expected useful life to the board.

<u>Class of Asset</u>	<u>Depreciation Rate</u>
Furniture, Fixtures & Fittings	13%
Computer & Office Equip.	17 – 20%
Leased Plant & Equipment	20%

(d) **Income Tax**

As an exempt body of the State Government of Victoria, the Board is not subject to income tax under S23(d) of the Income Tax Assessment Act 1936.

(e) **Employee Benefits**

Provision is made for the Board's liability for employee entitlements arising from services rendered by employees to balance date in accordance with Australian Accounting Standard AAS 30 "Accounting for Employee Entitlements". Employee entitlements expected to be settled within one year have been treated as a current liability and have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements. On costs comprising workcover and superannuation have been included in the calculation of employee entitlements.

(f) **Unearned Income**

The fees charged for Dentist's Registrations cover the period 1 January 2001 to 31 December 2001. As a consequence, at 30 June 2001 six months fees have been received in advance and are treated as a liability, being unearned income. Other items of revenue are recognised as income upon receipt.

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

NOTE 1: STATEMENT OF ACCOUNTING POLICIES (Cont'd)

(g) Financial Instruments

The Dental Practice Board of Victoria's accounting policies and terms and conditions of each class of financial asset or liability recognised at 30th June 2001 are as follows:

Recognised Financial Instruments	Note	Accounting Policies	Terms and Conditions
Financial Assets			
(i) Cash	10	Cash at bank and on hand are carried at their nominal values	Cash at bank is at call and interest rate of 1.25%
		Cash surplus to the board's current needs is invested short term with Private Financial Institutions	Short term deposits may vary from 30 to 120 days with interest rates governed by the market varying from 2.75% to 4.5%
(ii) Receivables		Receivables are recognised for interest due on term deposits and other amounts refundable	Dependent upon period of term deposit
Financial Liabilities			
(iii) Payables		Payables are recognised for amounts payable in the future for goods and services received	Terms of settlement are generally 30 days from date of invoice

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

		30/6/01 (\$)
NOTE 2: REVENUE		
	Operating revenue	
	- Dentists registrations	599,595
	- Certificate fees and further particulars	2,802
	- Fines	12,803
	- Sale of address labels and lists of dentists	4,654
	- Other	<u>13,726</u>
		633,580
	Non-operating revenue	
	- interest received	<u>26,384</u>
		<u>26,384</u>
	Total Revenue from Ordinary Activities	<u>659,964</u>

NOTE 3: NET RESULT FROM ORDINARY ACTIVITIES

Net Result from Ordinary Activities before income tax expense has been determined after:

(a)	Expenses	
	Depreciation	
	- furniture, fixtures and fittings	1,828
	- Computer and office equipment	<u>5,484</u>
		<u>7,312</u>
	Amortisation	
	- Plant and equipment	<u>167</u>
	Total depreciation and amortisation	<u>7,479</u>
	Remuneration of Auditor General	
	- audit services	<u>8,500</u>
	Total remuneration	<u>8,500</u>
	Rental expense on operating leases	
	- minimum lease payments	<u>19,005</u>
	Investigation and law costs	141,946
	Attendance fees & meeting expenses	80,741
	Rent and utilities	63,982
	Printing and stationery	36,650
	Australian Dental Council per capita contribution	38,010
	Other	<u>68,088</u>
		<u>471,713</u>

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

		30/6/01 (\$)
NOTE 4:	PLANT & EQUIPMENT	
	Furniture, Fixtures & Fittings	8,343
	Less Accumulated Depreciation	<u>(1,828)</u>
		<u>6,515</u>
	Computer & Office Equipment	32,292
	Less Accumulated Depreciation	<u>(5,484)</u>
		<u>26,808</u>
	Leased Plant & Equipment	14,585
	Less Accumulated Amortisation	<u>(167)</u>
		<u>14,418</u>
	Total Plant & Equipment	<u>47,741</u>
NOTE 5:	PROVISIONS	
	Current	
	Annual Leave	<u>32,822</u>
	Non Current	
	Long Service Leave	<u>17,211</u>
NOTE 6:	EQUITY	
	Contributed Capital	
	- The Dental Board of Victoria	30,007
	- Advanced Dental Technicians Qualifications Committee and Dental Technicians Licensing Committee	<u>146,394</u>
		<u>176,401</u>
NOTE 7:	LEASE COMMITMENTS	
	(a) Finance Lease Commitments	
	Payable	
	- not later than 1 year	5,150
	- later than 1 year but not later than 5 years	<u>13,855</u>
	Minimum lease payments	19,005
	Less future finance charges	<u>(3,275)</u>
	Total Lease Liability	<u>15,730</u>
	Current	3,824
	Non Current	<u>11,906</u>
		<u>15,730</u>
	Finance leases are for a photocopier and ancillary software.	

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

**30/6/01
(\$)**

NOTE 7: LEASE COMMITMENTS (CONT'D)

(b) **Operating Lease Commitments**

Non cancellable operating leases on equipment and premises contracted for but not capitalised in the financial statements.

Payable

- not later than 1 year	50,073
- later than 1 year but not later than 5 years	<u>77,062</u>
	<u>127,135</u>

NOTE 8: CAPITAL AND OTHER COMMITMENTS

(a) At 30 June, 2001 the Board had no outstanding capital commitments.

(b) At 30 June, 2001 the Board had no outstanding other commitments.

NOTE 9: RESPONSIBLE PERSONS RELATED DISCLOSURE

(a) **Responsible Minister**

The Hon. John Thwaites - Minister for Health is the Responsible Minister.

(b) **Members of the Board**

The following Responsible persons held positions as Members of the Board during the year.

Anthony J Dickinson President
Deborah J Cole
Gerard D Condon
Ross P Green
Jack H Harty
Gabrielle Mac Tiernan
Craig J McCracken
Anthony D Robertson
Ricky A Robertson resigned 22/11/2000
Loula S Rodopoulos
Julie G Satur

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

**30/6/01
(\$)**

NOTE 9: RESPONSIBLE PERSONS RELATED DISCLOSURE (CONT'D)

(c) Remuneration of Responsible Persons

The total remuneration paid to Board Members of the Dental Practice Board of Victoria was \$75,917

Band of income of Board Members (\$)	No. of Board Members
1 - 10,000	2001 11

(d) Related Party Transaction

There were no related third party transactions during the year.

(e) Remuneration of Chief Executive Officer

The chief executive officer did not receive remuneration in excess of \$100,000.

(f) Superannuation

Superannuation contributions by the Board are as follows.

<u>Name of Scheme</u>	<u>Contribution for year</u>	<u>Contribution outstanding</u>
Anthony Dickinson Super. Fund	-	683
Local Authorities Superannuation	-	358
MacKenzie Fund Administrators	-	525
Ross Green Nominees P/L Super Fund	-	512
AMP Life Limited	-	487
Health Super Pty Ltd	-	410
Government Superannuation Office	-	535
Anthony D Robertson P/L Super Fund	-	709
MLC Limited	-	128
George Rodopoulos Super Fund	-	538
Unisuper Management Pty Ltd	-	589
Professional Provident Fund ADAVB	3,114	5,181
MLC Investments Limited	-	296
Norwich Union Life Australia Ltd	-	<u>2,778</u>
	<u>\$ 3,114</u>	<u>\$ 13,729</u>

Superannuation contributions are paid at the required rate of 8 %

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

NOTE 10:	STATEMENT OF CASH FLOWS	30/6/01
		(\$)
(a) Reconciliation of Cash		
For purposes of the statement of cash flows, cash includes cash on hand, at bank and on deposit.		
Cash on hand	328	
Cash at bank	32,781	
Cash on deposit	<u>539,274</u>	
	<u>572,383</u>	
(b) Reconciliation of results from ordinary activities to net cash inflow from operating activities		
Net result from ordinary activities	(65,495)	
- Depreciation and amortisation	7,480	
Changes in Assets and Liabilities:		
- (Increase)/Decrease in prepayments	(4,547)	
- (Increase)/Decrease in receivables	(17,450)	
- Increase/(Decrease) in payables	269,174	
- Increase/(Decrease) in provisions	<u>9,724</u>	
Net cash provided by operating activities	<u>198,886</u>	
(c)	The Board has no credit stand-by or financing facilities in place.	
(d)	There were no non-cash financing or investing activities during the period.	

**DENTAL PRACTICE BOARD OF VICTORIA
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2001**

NOTE 11: FINANCIAL INSTRUMENTS

The Board's accounting policies and terms and conditions for its financial instruments are contained in Note 1(i). The carrying amount of financial assets and liabilities contained within these financial statements is representative of the Net Fair Value of each financial asset or liability, due to either the short term nature of the financial asset or liability or legal terms of any contracts that are attached to the asset or liability.

Financial Instruments as at 30th June 2001	Floating Interest Rate	Fixed Interest Rate Maturing:- Within 1 to 5 1 year years	Non Interest Bearing	Total	Weighted Average Effective Interest Rate %
Financial Assets		-	-		
• Cash	33,109	-	-	33,109	1.25%
• Term Deposit	-	404,065-	-	404,065	3.6%
• Deposit at Call	135,209	-	-	135,209	3.9%
Total Financial Assets	168,318	404,065-	-	572,383	
Financial Liabilities					
• Unearned Income - Dentists Fees in Advance	-	-	393,679	393,679	n/a
• Payables	-	-	87,740	87,740	n/a
• Leases	-	3,824 11,906	-	15,730	9.6%
Total Financial Liabilities	-	3,824 11,906	481,419	497,149	n/a

NOTE 12: CONTINGENT LIABILITIES

As at 30 June 2001, the Board has five legal cases outstanding in relation to its role of administering The Dental Practice Act 1999. The Board does not expect to incur any significant additional legal costs in relation to its normal function of conducting these inquiries for the cases currently under review.