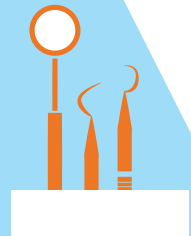
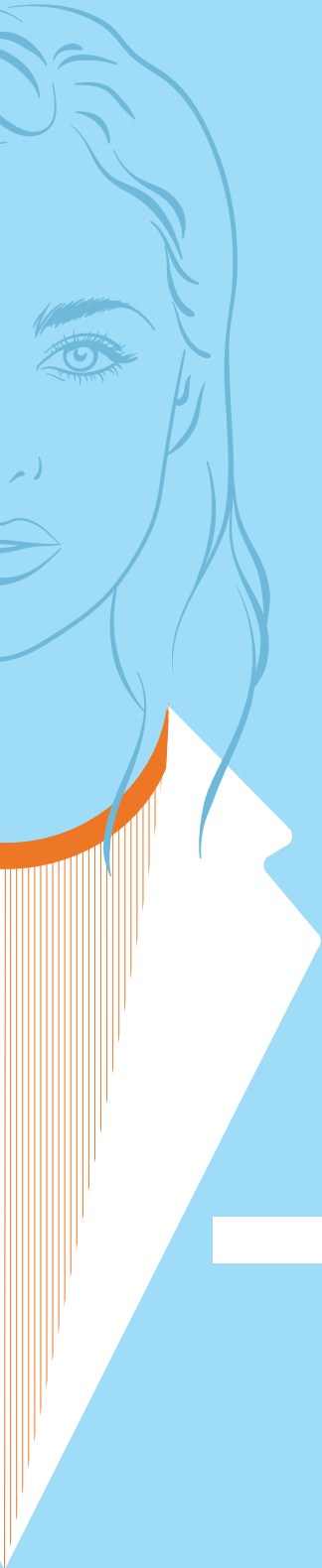


ANNUAL REPORT

2015



SUB COMMITTEES

Accreditation
Annual Conference
CED
CPD
JIDA
Membership
Public Relations
Quality & Patient Safety
Scientific

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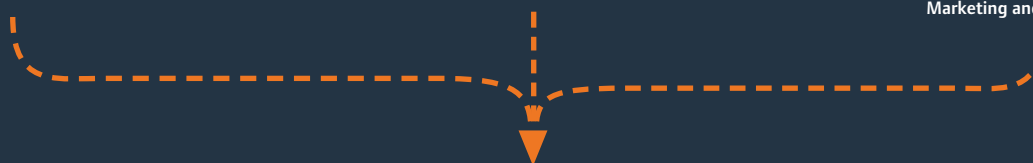
Mena Sherlock
Personal Assistant to CEO

Sinead Kelly
Accounts/Admin

Marie Walsh
Reception/Admin

Fionnuala O'Brien
JIDA Co-Ordinator and Admin Assistant

Kat Cameron
Marketing and Events Admin



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President: Dr Anne Twomey	GP Group Representative: Dr Ryan Hennessy	North Munster Branch Representative: Dr Eoin Mullane	HSE Dental Surgeons Group Rep: Vacant
Vice President: Dr Peter Gannon	HSE Dental Surgeons Group Rep: Dr Iseult Bouarroudj	Munster Branch Representative: Dr Mairéad Browne	GP Group Reps: Dr Clodagh McAllister Dr Andrew Kelly
President Elect: Dr PJ Byrne	JIDA Representative: Dr Dermot Canavan	Kerry Branch Representative: Dr Susan Crean	Limited Practice Rep: Dr Stephen Murray
Honorary Secretary: Dr Maher Kemmoona	Elected Members Dr Susan Kiely Dr Saoirse O'Toole Dr Liam Lynch	Metro Branch Representatives: Dr Michael Lavin Dr Laura Houlihan	CED Representative: Dr Robin Foyle
Honorary Treasurer: Dr Ronan Perry	South Eastern Branch Representative: Dr Barry Power	Western Branch Representative: Dr Paul Murphy	Co-opted Members: Dr Brendan Fanning Dr John Adye-Curran Dr Seamus Rogers
Honorary Membership Officer: Dr Frances O'Callaghan	North Eastern Branch Representative: Vacant	North Western Branch Representative: Dr Rory Fleming	

UNION BRANCHES

Kerry	Munster	North Munster	South Eastern
Metropolitan	North Eastern	North Western	Western

The IRISH DENTAL ASSOCIATION exists to promote the advancement of the interests of the dental profession and promote the wellbeing of our country's population through the attainment of optimum oral health.

CONTENTS

President's Report	4
Chief Executive's Report	6
Honorary Secretary's Report	16
Honorary Treasurer's Report	17
Group Report	18
Committee Members	19
Committee Reports	20
Branch Reports	27
Financial Report	29
Motions for AGM	49

Let me begin by thanking you all for the trust you have shown and the honour bestowed on me in serving as President of the Irish Dental Association. It truly was a wonderful privilege and I am grateful to everyone who has helped me over the past year.

I would like to congratulate all those who helped to make the Annual IDA Conference in Cork such a great success, including those members of the profession who attended, the dental trade, members of the other dental professions, our speakers and guests, but most particularly our organising committee, who played such a huge role in preparing and paving the way for such a well-received Conference.

A very positive feature of the Conference was the strong media interest shown in the concerns we voiced in regard to hidden sugars in sports drinks, and this is an area I feel needs to be prioritised in the year ahead. I am keen to promote links with the sports governing bodies, and all who have an interest in promoting oral health but who may not be fully aware of the extent of the hidden sugars in many so-called energy drinks. It was truly shocking to learn that as many as 54 alternatives to sugar are listed on labelling for sports drinks; clearly there needs to be a huge investment in education and awareness to prevent unnecessary erosion and decay.

The decision of the Irish National Teachers Organisation to publish good oral health advice and warnings on hidden sugars was a particularly important and valuable collaboration with a sister profession that I enjoyed during my presidency. Indeed, it was one of many similar initiatives I pursued, and which I hope will build a new platform beyond dentistry.

One of my first official engagements was to attend the WIDEN seminar, where Dr Michele Aerden was a compelling speaker who offered inspiration to us all. It was great to see so many colleagues in attendance, and to see that we have so many committed colleagues prepared to take the initiative in supporting these types of events.

Soon after, I was on the road again to attend the stakeholders' consultative conference organised by the Department of Health in Thomond Park, Limerick. It was a very stimulating and interesting day, and it was certainly encouraging and refreshing to see members of the dental profession from so many different backgrounds involved, and their views sought on the day. Obviously, we all want to see the fruits of the exercise, and will continue to engage with the Chief Dental Officer, Dr Kavanagh, and her advisers. We are very keen to seize every opportunity to promote the oral health agenda, and to play a meaningful part in shaping a long overdue new oral health policy.

Budgetary disappointment

I, like all dentists, was extremely disappointed that Budget 2016 failed to address any of the cutbacks in dentistry. This is despite some indications in the run-up to the Budget that serious consideration was being given to the restoration of some benefits. However, it is worth pointing out that dentists

do not simply want a restoration of the old scheme, but instead we are calling for an entirely new scheme to be negotiated with the IDA.

The hearing of the appeal to the Supreme Court was an extremely important landmark for the profession, and while we were bitterly disappointed at the outcome, I think it was vital that we stood up for the profession and our patients in the face of cynical and unprecedented cuts by the HSE. We will dust ourselves down and ready ourselves for more battles ahead, and also look to reduce the reliance of members on third-party schemes, which can be torn asunder without any engagement with the profession.

Advocacy

One area that unites our profession, and on which we must continue to campaign strongly, is the issue of children's oral health. It is an issue that the IDA highlighted with great success during the HSE Seminar, in many local and national radio interviews and in the print media.

Figures compiled by the IDA prior to the Seminar show that waiting times for young children with chronic dental infections are now up to 12 months, and that every year up to 10,000 children under the age of 15 in Ireland are being hospitalised for dental extractions under general anaesthetic.

As I stated in the interviews, 95% of these cases would have been avoided if they had been detected and treated earlier. The reason they weren't is because of Government cuts to family dental supports since 2010, the constant undermining of what had been a highly effective school screening service, and the fact that too many of our young people have a poor diet containing too much sugar.

I was shocked that in response to the IDA figures, Ministers and HSE spokespersons were more interested in scoring points over numbers rather than engaging with us and asking why a preventable disease is being managed in such a way. Their response reveals a failure to understand that these children endure immense pain, discomfort and sickness from a preventable disease that should be caught much earlier. Also, we as dentists know that this is not the best expenditure of taxpayers' money. The Ministers and their spokespeople do not appear to understand the emerging shape of DMFT in children. Although the overall average is down, we are now seeing 25% of children experiencing 80% of the decay.

Incidentally, the HSE Seminar was a great success and I would like to congratulate the Chair of the HSE Committee, Dr Frances O'Callaghan, and wish her well in the role, as she is continuing on as Chair in 2016.

Good governance

The IDA Board of Directors adopted the recommendations of an independent governance review at its January Board meeting.

The Board also agreed on an action plan to pursue a number of recommended changes arising from the review, which you can view on our website.

The governance review of the IDA/IDU was conducted over 12 months by an independent and expert consultancy, Better Boards, which focuses on increasing board effectiveness. A governance review is a key tool for boards in assessing the current practice of governance in their organisations and in identifying practices to retain and ones that can be improved.

The review was thorough, and included robust internal and external evidence of the IDA's current practice, comparisons with comparable organisations, and the literature on best practice and significant issues being addressed in other organisations. The independence of the consultants, and the comparisons with other organisations and the relevant codes, made this a challenging and credible review.

The evidence showed that the IDA/IDU governance practice is in the 'good to very good' range. Maintaining this standard will require the continued work of the Board/Council and the executive team. Some strengths include: the current governance structures; the commitment and dedication of officers, members and staff; the working relationships; and, the culture of commitment to the highest standards.

To increase governance standards further, but not from the perspective of needing remedial work, more work is needed on aspects such as: broadening representation on Council and committees; oversight and accountability of branches and sub-committees; the pipeline of member volunteers trained and willing to serve on the governance structures; some further clarity on the framework of delegations; communication; and, the sense of belonging among members, particularly outside Dublin.

The review also examined the area of remuneration for staff employed by the IDA, including our Chief Executive. It endorsed the structures in place, such as the Remuneration Committee, which obtains independent expert advice regularly in determining what it regards as appropriate remuneration to attract and retain the highest calibre of staff. Independent experts have verified that salary levels are appropriate (and are within the range for comparable organisations) for our organisation. Members can be assured that robust governance structures are in place in regard to remuneration, without any risk of legacy issues in terms of pension contributions or contract terms and conditions, and have been validated by the recent governance review.

Overall, the review was reassuring and encouraging. It is vital that current good practice is recognised and retained. A detailed work plan is in place and underway to address these areas for raising the bar in the IDA's governance practice. This is in the spirit of the IDA's ambition and standards.



A handwritten signature in black ink, reading "Anne Twomey". The signature is fluid and cursive, with a large, stylized 'y' at the end.

Dr Anne Twomey

IDA President

Advocacy

Oral health policy

In May 2015, the Department of Health organised a stakeholders' consultation day as part of its preparation of a national oral health policy. The Association was represented by Drs Ryan Hennessy, Frances O'Callaghan and Gerard Cleary, as well as Chief Executive Fintan Hourihan. Also present were IDA President Dr Anne Twomey, Dr Peter Gannon, Dr PJ Byrne, and representatives of a number of other stakeholders.

IDA representatives expressed concerns regarding the lack of information about both the needs assessment, understood to have been undertaken by the Department of Health, and any research that had been undertaken as part of the Oral Health Policy Review. The Association will make a formal submission to the Oral Health Policy Review Group at an appropriate stage.

Meeting with Minister for Health

In June 2015 IDA Chief Executive Fintan Hourihan and President Dr Anne Twomey attended a meeting with the Minister for Health, Dr Leo Varadkar. The discussions centred on restoration of dental benefits under the Dental Treatment Benefit Scheme (DTBS; PRSI scheme), as well as restoration of certain treatments under the Dental Treatment Service Scheme (DTSS; medical card scheme), and in particular, relaxation of the limit of two fillings per patient.

National Oral Health Forum

A meeting with Minister for Health Dr Leo Varadkar, and Minister of State for Primary Care Kathleen Lynch, took place in June, and was attended by the Deans of the Dublin and Cork Dental Schools and of the RSCI Faculty of Dentistry (Professors June Nunn and Martin Kinirons, and Dr John Walsh), and IDA Chief Executive Fintan Hourihan. The purpose of the meeting was to brief the Minister on the findings of the first ever report of the National Oral Health Forum. The focus was on two recommendations in particular, the need to introduce a new foundation training scheme for graduates, and the need to prioritise dental care for under sixes.

The National Oral Health Forum, which comprises representatives of the Dublin and Cork Dental Schools, the RSCI Faculty of Dentistry and the Irish Dental Association, was established in 2013 to seek to build a consensus among the dental professions on priorities for Government to address the current difficulties in oral health in Ireland.

The Report of the National Oral Health Forum included recommendations such as prioritising the introduction of a foundation training scheme for dental graduates, prioritisation of resources towards younger patients, and the need for a number of other initiatives that would address capacity and delivery deficits in both public and private settings.

European Parliament briefing on mouth cancer

The Association was represented at a briefing in the European Parliament in Brussels on the role dentists can play in saving lives, and in particular their role in relation to preventing, detecting and treating mouth cancer. Dr Conor McAlister made a presentation on the great success of Mouth Cancer Awareness Day in Ireland, while Lia Mills also offered testimony of her own experience in overcoming mouth cancer. Six Irish MEPs were in attendance at the briefing – Deputies Lynn Bolan, Matt Carty, Nessa Childers, Brian Hayes, Sean Kelly and Mairead McGuinness.

National Cancer Strategy Plan

Elaine Hughes, IDA Assistant Chief Executive, represented the Association as part of a delegation presenting Minister Leo Varadkar with the submission for the National Cancer Strategy Plan on behalf of Mouth Head & Neck Cancer Awareness Ireland.

Health Sector Consultation

The Second Annual Health Sector Consultation took place in September. At the consultation, IDA Chief Executive Fintan Hourihan pressed for investment in oral health and expressed regret that there was little attention paid to oral health at the meeting.

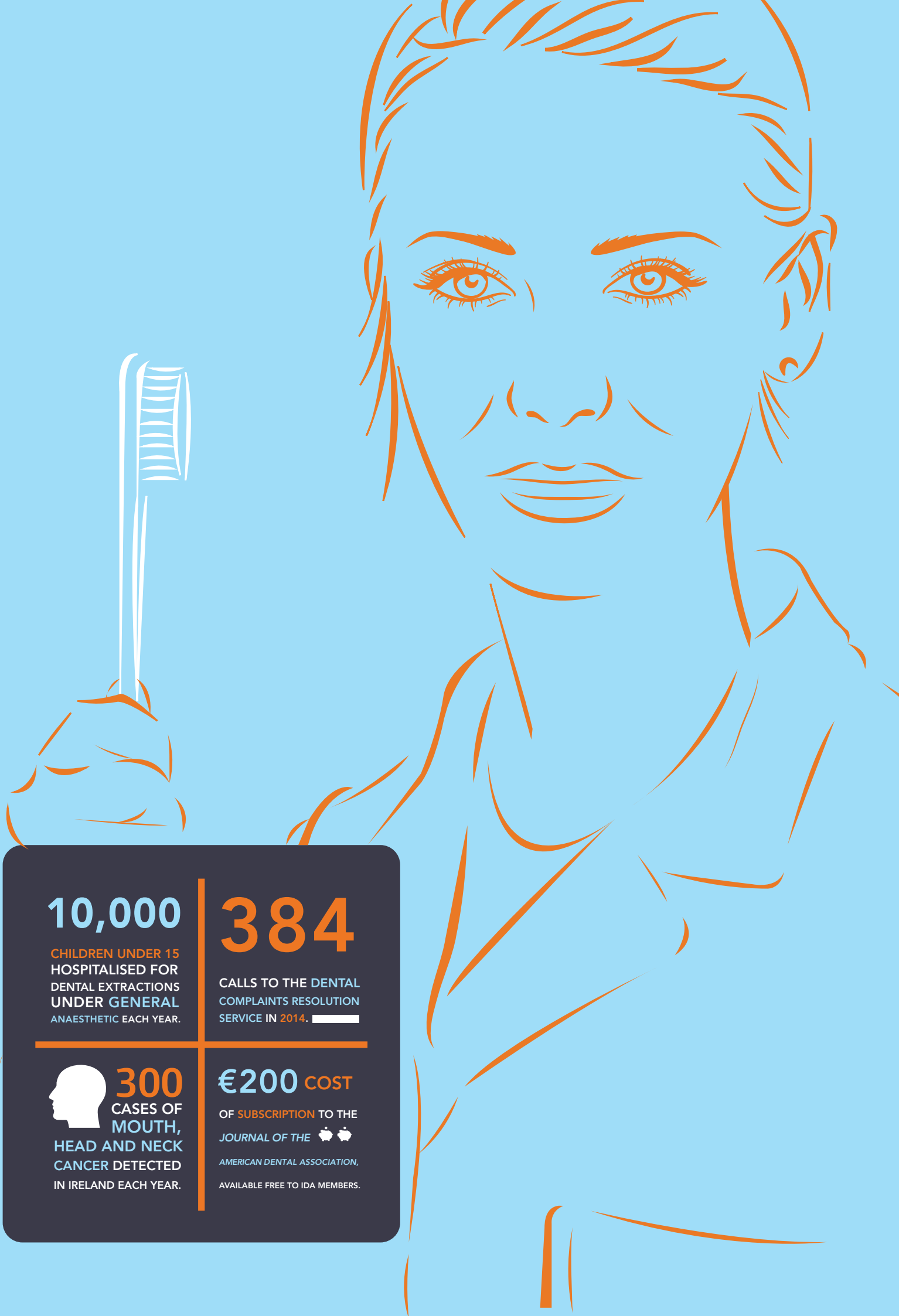
Building links between oral and general health

The Association prioritised the building of new connections with alliances and organisations where common interests exist as regards promoting better general and oral health. In 2015, the Association wrote articles for the Irish Kidney Association and Diabetes Ireland, the Irish National Teachers Organisation (INTO) and Age Action Ireland. Contact was also established with the Irish Nurses and Midwives Organisation, and it is hoped that further progress can be achieved in this area in the years ahead.

New infection control standards published

The Dental Council published new infection prevention and control standards in 2015 following an extensive consultation exercise in which the Association played a prominent part. The guidelines were launched at the Association's AGM in Cork. The Dental Council's new guidance regarding infection prevention and control, and separately, continuing professional development, deserve careful and critical examination by all dentists.

In our rush to judgment, we can often lose sight of the fact that this is guidance for the profession that is intended to reflect best practice and scientific progress. We can argue whether guidance ought to be evidence based or evidence informed,



10,000

CHILDREN UNDER 15
HOSPITALISED FOR
DENTAL EXTRACTIONS
UNDER GENERAL
ANAESTHETIC EACH YEAR.

384



CALLS TO THE DENTAL
COMPLAINTS RESOLUTION
SERVICE IN 2014. 



300

CASES OF
MOUTH,
HEAD AND NECK
CANCER DETECTED
IN IRELAND EACH YEAR.

€200 COST

OF SUBSCRIPTION TO THE
JOURNAL OF THE  

AMERICAN DENTAL ASSOCIATION,

AVAILABLE FREE TO IDA MEMBERS.

but at the very least dentists should be satisfied that regard has been had to known risk and, to a lesser extent, that there has been some anticipation of possible risk. This was very much the concern reflected in the searing and lengthy IDA critique of the initial November 2013 draft infection prevention and control code of practice circulated by the Dental Council. While reservations remain, we must acknowledge that the Dental Council has responded to many of our chief concerns. These include the provisions relating to decontamination units, the use of washer-disinfectors, autoclaves, and changes as regards infected staff receiving treatment. Setting out acceptable standards rather than unattainable doctrines will be shown to produce a better mitigation of risk in years to come, I have no doubt.

Highest standards

We make no apology for supporting regulation of the highest standards of dental care where such standards are appropriate, proportionate, and where due account is taken of the cost of implementation as against the likely level of risk.

It is also vital that the Dental Council takes seriously its responsibility to pursue those who seek to sell the profession and our patients short at the expense of the overwhelming majority of the profession who are committed to bearing the cost associated with regulation. That is why new legislation is required to give the Council powers to tackle the small number who tarnish the good name of dentistry in Ireland. Equally, the State must be brought to task for affording no assistance to dentists who comply with standards set by the Dental Council. Why, for example, will the HSE arrange to collect clinical waste from a doctor in general practice but not the dentist treating medical card patients next door? We will be seeking financial support towards the cost of implementation from the State in forthcoming discussions.

CPD imperative

As an Association, we will assist members through the dissemination of best practice and the provision of appropriate education and training. The new guidance on CPD from the Dental Council should also be studied closely, given that all dentists are obliged to engage in CPD, and this will be the subject of further new legislation shortly. The new core competencies are appropriate and, in fact, members who have been attending IDA programmes in recent years have been provided with support in most if not all of these areas prior to their formal recognition by the Council. Again, we will be redoubling our efforts to assist dentists to meet their CPD requirements, taking account of the new guidance from the Dental Council.

Fluoridation

The Association welcomed the findings of a review by the Health Research Board, which found that there is no definitive evidence that community water fluoridation has negative health effects. The HRB said that having examined the research available, and excluding dental health, it had found no definitive evidence that

community water fluoridation is associated with positive or negative systemic health effects.

IDA President Dr Anne Twomey said that the Association will study the findings carefully: "The review found no definitive evidence to link fluoridation to increased bone fractures, reduced IQ, cancer, heart disease, kidney disorders, Down Syndrome or increased mortality from all causes. In relation to an alleged link to bone cancer, it said the literature pointed to "mixed" effects and no link had been proven".

"The HRB review follows 15 major peer-reviewed studies of fluoridation undertaken across the world by recognised academic authorities in the past 20 years. None of these major reviews has concluded that community water fluoridation poses a known risk to general health or has suggested halting water fluoridation. These, and other reviews which dealt solely with oral health, show a significant benefit to dental health and through this to general health," Dr Twomey concluded.

Children's oral health

In October 2015, the IDA had a successful media campaign highlighting issues of children's oral health, and in particular the number of children requiring tooth extraction under general anaesthetic. In addition to articles in many newspapers, IDA Chief Executive Fintan Hourihan, President Dr Anne Twomey and other representatives were interviewed on local and national radio, and appeared on television news bulletins. The HSE disputed the IDA's figures, and said that it is planning a national audit on general anaesthetic waiting lists for children, and for those with special care and special needs.

Following this, the IDA Chief Executive wrote to the Minister for Health: "I refer to the recent public debate about the difficulties apparent in the oral health of our children and welcome a timely and comprehensive audit of the extent to which children are being admitted for dental treatments under general anaesthetic in our hospitals. The Association believes that the extent of this problem is greater than existing official statistics suggest, and we would be most anxious to be consulted on the administration and system of collection, the methodology and basis for calculation of such statistical recording systems in the future. We are acutely aware that persistent and complex discussion of statistical methods and information may on occasion deflect from the urgency of patient care and important clinical issues. It is commonly accepted that there has been a significant deterioration in the level of service provided, and particularly the extent to which preventive care and screening is taking place in schools, with the consequence that children are seeing their dentist for the first time at far too late a stage in their development".

Sugar Crash documentary

In October 2015, Dr Anne Twomey was interviewed for a television documentary on sugar. She highlighted the issue of hidden sugars in foods and drinks, and called for a better and simpler system of food labelling. The documentary, entitled *Sugar*



Minister for Health, Dr Leo Varadkar TD, with (from left) Elaine Hughes, Assistant Chief Executive of the Irish Dental Association; Professor Denise MacCarthy of the Dublin Dental University Hospital; and, Etain Kett of the Dental Health Foundation on Mouth Cancer Awareness Day 2015.



Dr Anne Twomey on RTÉ's Sugar Crash.

Crash, was aired in January 2016 and opened with a four-year-old child having tooth extractions under general anaesthetic in an operating theatre. Dr Anne O'Connell of the Dublin Dental University Hospital was also interviewed during the programme. The programme prompted widespread public discussion about sugar and tooth decay.

Mouth Cancer Awareness Day 2015

The sixth annual Mouth Cancer Awareness Day was held on September 16 and the focus of this year's campaign was on highlighting the dangers of the disease to the rural community. Organisers wanted everyone who lives in rural areas to become aware of the disease, to go to their dentist or doctor if they have any concerns, and to have a dental check-up on a regular basis.

A total of 300 cases of mouth, head and neck cancer are detected in Ireland each year, with over 100 deaths: that's almost two people every week. Although not as well known, mouth cancer kills more Irish people than skin melanoma. Farmers are generally viewed as poor attenders at doctors and dentists.

General Election campaign

In advance of the General Election campaign, the IDA contacted the main political parties and political groupings to seek their views on a number of critical issues relating to the nation's dental health. The questions sent to the political parties were as follows:

- What are your views on how best to address the dental health crisis arising from the huge increase in sugar intake – please indicate specifically your views in regard to a sugar tax and, separately, your position on legislation to increase greater transparency in labelling on food and beverages to indicate the level of sugar contained within, and curtailing advertising/promotion of those high sugar items, especially to children and young adults?
- Can you advise how you would propose to address the unacceptable increase

in the number of children requiring dental treatment under general anaesthesia?

- Please outline your policy in regard to dealing with the 20% reduction in the number of dentists employed by the HSE to treat children and special care patients, including severe restrictions in school screening and in providing routine dental treatments, against a backdrop of increased need and demand.
- Please set out how you would address the problems arising from the decision to impose savage cuts in dental benefits on those entitled to assistance under the medical card scheme (DTSS) and the PRSI dental scheme (DTBS) since 2010 and in each subsequent year?
- Please outline how you believe you could best assist dental practices throughout the country, which employ over 7,000 people directly and indirectly, and which still receive no State support, in contrast to the extensive supports provided to other primary care providers such as medical practices, other small businesses and large multinationals?
- Please advise on how you would propose to address the linked issues of early childhood caries and the extensive waiting lists for orthodontic care and treatment for children?

Members were also encouraged to put these questions to their local candidates, and to prioritise oral health issues during the run-up to the election.

Media coverage

The Association issued a number of press releases during the year that attracted significant media coverage at both national and local levels. All press releases can be viewed in the 'News' section of the IDA's website.

Spokespersons for the Association also participated in a number of radio and print interviews on a range of topics throughout the year. We are grateful to all who gave their time to take part in these interviews.

JANUARY



- A healthy mouth means healthy savings

FEBRUARY



- Every breath you take: dentists warn that halitosis can spoil Valentine's

MARCH



- IDA comments on shocking new orthodontic waiting lists

APRIL



- New research shows hospital admissions for severe dental infections up 38%
- Irish Dental Association highlights dangers of hidden sugars in 'healthy lifestyle' diet

MAY



- FDI President Michèle Arden addresses Women in Dentistry Network

JUNE



- Dentists welcome findings of new review on fluoridation

JULY



- 2014 Annual report for Dental Complaints Resolution Service published

AUGUST



- IDA welcomes launch of new mental health support programme for health practitioners

SEPTEMBER



- Mouth Cancer Awareness Day
- IDENTEX

OCTOBER



- International Council and European Section of the ICD meet in Dublin
- 10,000 children under 15 are being hospitalised every year for dental extractions under general anaesthetic

NOVEMBER



- Munster ASM
- IDA criticises breach of privacy protections for dentists

DECEMBER



- Dublin dentist wins Sensitive Dentist of the Year Award – Dr Karl Cassidy wins for his timely referral of a patient for further medical investigation, which saved his patient's life

Services and Benefits

Dental Complaints Resolution Service

The 2014 Annual Report for the Dental Complaints Resolution Service was published in June. It showed that in 2014 there was a record amount of activity for the Dental Complaints Resolution Service, meaning that patients and dentists benefitted from the resolution of complaints quickly, in an informal manner, and at no cost. They were not obliged to retain legal representation or to encounter lengthy and costly delays.

The level of activity for the service has been consistently high. In 2014, 384 calls were received and 1,250 emails, from which 158 complaints emerged. For the 12 months to March 2015, the website attracted 17,439 visits or just under 60,000 hits.

At the end of 2014, a review of the Service had been carried out for consideration by the Board of Directors of the Irish Dental Association and the Council of the Irish Dental Union, with the objective of reviewing the operation of the Dental Complaints Resolution Service and to propose recommendations for change and improvement in its operation.

The review reflected interviews with a small number of individuals intimately acquainted with the operation of the Dental Complaints Resolution Service, the findings of a survey of private practice dentists conducted by the Association, and a review of a sample of cases conducted with the kind assistance of two dentists, two DPL representatives and a senior official from the UK Dental Complaints Service. It was found that extra resources will be needed to enable the Service to cope with the increasing level of enquiries being received, lessons learned from the first-ever review, and also reflecting best practice and good governance.

In 2015, a dental adviser was brought on board to help the facilitator of the Service, Michael Kilcoyne. It is also expected that a part-time administrator will be hired in 2016.

Affinity schemes

Most of our valuable affinity schemes continued for 2015 and the suite of offerings was added to during the year. We continued to search for new service/product providers and to negotiate preferential rates on our members' behalf. As a result of savings made on certain services/products, IDA members can expect to save well in excess of their membership fee every year.

Most dental practitioners have their own credit card terminal machine, and savings through the AIB affinity scheme could be as much as €3,500 per annum.

DPL discount

Our preferential rate with DPL continued for 2015, with most IDA members availing of massive savings in their DPL fee. DPL offers significant discounts to dentists who can prove that they hold membership of the Irish Dental

Association. For dentists in general practice for at least three years post graduation, annual savings of up to €1,700 are available to IDA members who avail of the full 15% discount available for risk credits. For dentists working in the HSE, where indemnity is provided by the Clinical Indemnity Scheme, and in membership of the IDA, total savings can range from between €124 and €268 per annum (for dentists who work up to 150 hours privately) and up to €663 where they also work between 150 and 500 hours in settings not covered by the State's Clinical Indemnity Scheme.

Free access to ADA publications

IDA members have free, exclusive access to the *Journal of the American Dental Association (JADA)*, which publishes very worthwhile practical articles for all dental practitioners. The *JADA* would ordinarily cost a dentist \$225 or €200 per annual subscription.

Under a new feature, once IDA members have created an account on the *JADA* website, they can also use their username and password to access the *JADA* on the new Apple and Android apps, which launched in 2015. These apps can be downloaded from the app store.

Only IDA members can access the *JADA* and the Professional Product Review as a result of an agreement between the IDA and the American Dental Association.

Mentoring

The Irish Dental Association Professional Mentoring Programme continued in 2015. The Association approved the Professional Mentoring Programme in response to a clearly identified membership desire, and need, following a comprehensive membership survey. Accordingly, the IDA Professional Mentoring Programme has been designed to be rolled out on a pilot basis over 2014/2015 – subject to full evaluation, feedback and review. The Programme's core purpose is to enable the provision/sharing of informal guidance, insight and wisdom by trained IDA volunteer mentors to participating mentee colleagues, over a range of professional practice areas.

Practitioner Health Matters Programme

In September, the IDA supported the launch of a new mental health support programme for dentists, doctors and pharmacists. Under the programme, any doctor, dentist or pharmacist who has a concern about a mental health or a substance misuse problem can receive confidential help from experts at Practitioner Health Matters. The Practitioner Health Matters Programme has been designed to reflect international best practice in practitioner health, and aims to strike a balance between supporting practitioners confidentially and patient safety.

WiDEN

The WiDEN (Women in Dentistry) networking initiative went from strength to strength in 2015, holding a number of well-attended meetings and events. The aim of the group is to widen the network of female colleagues around the country through professional, social and educational events. In November 2015, IDA Council agreed to continue its financial and administrative support of WiDEN.

CPD/training

New Learning Management System

The IDA launched a new CPD Online Learning Management System at the AGM in Cork. This will mean that IDA members will be able to book and pay for CPD courses online, record their own CPD activities, and read and record *Journal of the Irish Dental Association* articles.

Non-IDA events can also be recorded by members onto the system. Users can search for courses that may be relevant, or search different locations. Once the dentist has paid for the course online, they will receive an automated email confirming the details of the course. When the course is completed, a certificate of attendance with the relevant CPD points on it will be available to download and/or print. Dentists also have the option of looking at their CPD history at any time on the system.

All *Journal of the Irish Dental Association* peer-reviewed articles going back to 2006 are also available for members to view and enable CPD credits. Once read, these can also be added to your CPD record.

To access the system, just log on to the members' section of www.dentist.ie and click on CPD. A detailed 'How to Use' instruction manual was posted to all members, and an instructional video was also posted on our website.

Annual Conference 2015

We were delighted to return to Cork for the Annual Conference in 2015, which took place in the Rochestown Park Hotel. The Pre-Conference Programme on Thursday featured Professor Ken Kurtz extolling the virtues of removable partial dentures in two half-day courses, while Drs PJ Byrne and Declan Corcoran offered advice on crown lengthening. Dr Tim Donley shared his expertise in periodontics in two half-day courses – one for dentists and one for hygienists – while Dr David Clarke presented a full-day course on anterior and posterior composites.

Professor Terry Donovan gave a fascinating full-day course looking at a number of controversial topics in restorative dentistry.

Friday was dental team day, with parallel lectures taking place on a wide range of topics. Clinical topics included presentations on successful strategies for tooth whitening from Linda Greenwall, diagnosis and management of dental erosion from Terry Donovan, and caring for patients with cancer from Eleanor O'Sullivan. Dr Michelle Murphy presented on dermatology for dentists, Jennifer Pinder on



Delegates attend the reception before the Annual Dinner.



Association Chief Executive Fintan Hourihan addresses the IDA AGM.

treating phobic patients, and Dr Eanna Falvey on head and facial trauma in sport. In the afternoon, both groups came together for the final two presentations.

Tim Newton presented the *Journal of the Irish Dental Association* lecture, 'Psychological approaches to dental anxiety: a proportionate approach', and Ben Goldacre made a presentation on 'Bad Science'.

For dentists, Saturday's speakers included Tara Renton on the painless management of the oral surgical patient, Hal Duncan on why we are failing in endodontic outcomes, and Ken Kurtz on post and core. In the alternative session, Stephe Fayle looked at dental caries in young children, Sean McCarthy examined veneers, and Andrew Bolas told us how to get the best diagnosis from radiographs.


Meanwhile, sessions for dental nurses, technicians and hygienists looked at communication, oral surgery, anterior aesthetic treatment, peri-implantitis and ultrasonic debridement.

Clinical workshops were very well supported, and a full trade show took place on Friday and Saturday. As always, gratitude is extended to all exhibitors.

The social programme was essential to the success of the Conference and we all look forward to returning to Cork very soon.



20%

INCREASE IN
ATTENDANCE
AT IDENTEX IN
2015 



PEOPLE ATTENDED THE
IDA CPD ROADSHOWS
OVER **THREE YEARS.**

1,700

CURRENT MEMBERSHIP
OF THE
IDA 

28% 

OVERALL
INCREASE IN IDA
MEMBERSHIP
SINCE **2008**



IDA CEO Fintan Hourihan; Dr Evelyn Connolly; and, HSE Group President Dr Frances O'Callaghan at the HSE Group AGM.

HSE Seminar 2015

For the second year running, the Mount Wolseley Hotel in Carlow was the location for the HSE Dental Surgeons Annual Seminar in October.

The seminar continued with its two-day format on Thursday and Friday only. A feature of the 2015 Seminar was the offer of free registration for IDA members with at least three years' continuous membership, and *pro-rata* discounts for those with lesser membership. We were delighted to welcome such distinguished speakers as Professor Helen Whelton, Dean of Leeds Dental School & Hospital, Dr Edward Cotter, prosthodontist and dental oncology expert, Dublin graduate Dr Ailbhe McDonald, Consultant in Restorative Dentistry in the Eastman Dental Institute, Dr Wendy Turner, Consultant in Periodontology and Restorative Dentistry from London School of Dentistry, and many others. We were particularly delighted to welcome back Dublin graduate Professor Colman McGrath from Hong Kong.

Dr Frances O'Callaghan will serve for a second year as President, while Dr Michaela Dalton was appointed as President-Elect. The meeting featured a very engaged debate at the Group AGM in the wake of very extensive media coverage around the gross deficiencies in the services for children requiring treatment under local anaesthesia.

Once again, the event was very enjoyable, educational and a great opportunity to meet with colleagues. We are indebted also to our trade show sponsors for their strong support for the Seminar.

IDENTEX 2015

The Association joined with the IDTA for a second time in the organisation of workshops at the IDENTEX exhibition, which took place on Friday and Saturday, September 19 and 20.

The Irish Dental Trade Association (IDTA) has partnered for two years now with the Irish Dental Association in presenting both the trade show and dental



IDTA President Peter Morris and IDA President Anne Twomey at this year's IDENTEX.

education events. The strategy seems to be paying off, as there was a 20% increase in numbers in 2015 – an increase on what was already a strong attendance in 2014. Needless to say, the organisers were pleased with the outcome.

Entry to IDENTEX was free, and again there was a strong display of the latest products and technology from the members of the IDTA.

The IDA organised a comprehensive lecture programme, with lecturers discussing employment law, communication, oral radiology and infection control. A full trade show was run on both days, with over 60 companies in attendance, a large rise on the previous year's total of 35 companies.

CPD Roadshow

The CPD Roadshow Programme finished in Spring 2015 after a very busy and successful three years. Over 500 delegates attended the workshops in six different locations nationwide.

We would like to extend sincere gratitude to all the speakers on the CPD Roadshow Programme, and to all those who availed of these CPD workshops, and participated in the many interesting discussions and debates.

We are also grateful to GSK Sensodyne for their generous sponsorship of the programme over the final two years, and to Colgate for their sponsorship of year one of the programme.

Governance

As the President reports elsewhere, the Board and Executive Committee commissioned a governance review in 2015. Jane Williams made a presentation on the corporate governance review to Council on December 4. Her report and

recommendations were approved by the Board and Council in January 2016.

In a related initiative, Bernie Gray met representatives of the Board, Council and other office holders, as well as with the Secretariat, in regard to the preparation of a new governance manual. Bernie identified a number of areas where clarity was required in regard to the operation of certain structures within both organisations. A proposal to have a second legal firm review the Memorandum and Articles for the Association, as well as the Union rules, with a view to resolving ambiguities and putting greater emphasis on the role of the Association while retaining the protections associated with the trade union licence, was endorsed by the Board.

Consequently, Bernie recommended that we seek the assistance of Arthur Cox solicitors, with whom she has worked on similar projects. I arranged to meet with two senior solicitors from Arthur Cox, who prepared a step plan on governance changes, which has received approval from the Board.

The analysis prepared by our external consultant shows that in overall terms there is a strong sense of commitment and good governance practice within both the Association and the Union.

One of the very striking themes to emerge has been the need to build up our representative structures, particularly at branch level within the Union. At a time when we can finally see some real prospect of negotiations commencing on a replacement of the schemes in place for medical card and PRSI eligible patients, now is a particularly opportune time to assess the extent to which we can campaign from a position of strength, ensure that members' voices are heard, and that there are appropriate channels of communication between elected leaders for general practice and the wider membership.

Strategic planning

A meeting of the oversight group charged with reviewing implementation of the Association's three-year Strategy Plan took place on December 9, 2015, and was attended by Drs Peter Gannon, Jane Renehan and Michael Crowe. In addition, a number of recommendations have been received from Prospectus with a view to enhancing capacity within the Association in implementing the strategy.

Dr Gannon gave members an update on the current level of implementation of the Strategic Plan for the Association at the Practice Management Seminar in Croke Park in January 2016. In doing so, he explained the six main areas covered by the Plan: services to members; the IDA as an authoritative voice on oral health; the primary provider of dental CPD; the development of successful practices; representation of and advice for members; and, quality and patient safety issues. He acknowledged the huge volume of work being carried out by members in all aspects of the implementation of the Plan. He noted the need to raise the profile of the Plan with members, and said that the Association would consider the appointment of a part-time dedicated project manager to manage and co-ordinate implementation.

Audit and Finance Committee

The Audit and Finance Committee, which comprises the Honorary Treasurer, Vice President, Honorary Secretary and the Treasurer/Secretary Designate, as well as two nominees of the membership, met on five occasions in 2015.

The purpose of the Committee is to review expenditure levels, to monitor income and expenditure against budgets, to overview savings and banking arrangements, to monitor monetary compensation payments, to review the risk register, and to advise the Board and Council as appropriate.

Organisational development

Last year saw more advances in membership numbers, which again reached record levels. We have exceeded total membership of over 1,700 dentists at this stage. In fact, since 2008 membership has increased by 28% overall. This reflects a very significant increase in membership among our general practitioner members, and the current membership stands at over 48% ahead of the numbers of general practitioner members in 2008.

Regrettably, we have also seen a haemorrhaging of membership among members employed in the Public Dental Service, and current figures are 43% below those which obtained in 2008.

Clearly, the overall rise in membership reflects the significant increase in benefits and services afforded to members, but it also reflects the strong leadership shown by successive Boards and Officers over the last decade. The adoption of an ambitious strategic plan in 2013 is predicated on further expansion of the membership, and I believe that it is now appropriate to set a clear membership target of 2,000 dentists and I feel that there is no reason why we cannot aspire to such a level of membership within the next three years.

Staff changes

The number of staff employed by the Association remained unchanged in 2013. There were two departures from IDA House as Dario Gioe and Sarah Gill took up new opportunities, to be replaced by Kat Cameron and Roisin Farrelly, respectively. I wish to put on record our appreciation and best wishes to Dario and Sarah, and to welcome and offer our best wishes to Kat and Roisin.



Fintan Hourihan

CEO

I have had the pleasure over the past two years to serve as Honorary Secretary to the Association. I surely did not know what to expect in taking over a role as a director. In this time I have come to appreciate the tireless and enthusiastic assistance offered by the staff at IDA House, which I am certain was not only aimed at me. All of us dentists involved in committees, task groups, councils and boards feel the support that is most obviously represented by Elaine Hughes and Fintan Hourihan, among all members of staff.

Before I recollect the events more relevant to dentistry in Ireland, I would like to highlight that 2015 has been a challenging year for Europe. Economic recovery, so we hear, is on the way, but our world is changing at a significant pace. With every new generation a society necessarily changes and the stability that Europe once stood for has clearly been shaken with the economic downturn of the last few years. In the last two years we have been asked to invite a significant number of people from very troubled areas of this world in to Europe. I hope that we find a kind way to integrate them, a task that is not easy, and which will take political courage, and a task for the residents of each and every member state of the European Union.

The challenge of change

I believe that we will see change in healthcare, including dentistry. We have experienced extraordinary restrictions to existing agreements between the State and dentists, and a significant number of us have learned to adapt to these. Dentists have been described to me as problem solvers, represented in an overwhelming part of our training. Suddenly we were asked to become lateral thinkers, and to find alternative routes to how we practised dentistry, and it appears to me that the task was mastered quite well.

Change is never easy or without a price, and I believe that a strong representative body such as the IDA/IDU can only aid us as individuals on this path. The business of dentistry can at times be isolating, just due to the nature of the profession. I hope that more and more dentists keep joining the IDA as the recent membership figures have suggested. The Association then becomes a forum for exchange, first of all for increasing knowledge, but not entirely forgetting the human element of working with each other, which can be very rewarding to the individual. An organisation like ours ought to take a pivotal role in communication, be a platform for discourse, a place for advice, education, discussion, planning and strategy development. I strongly believe that only as a united group will we be heard on a political level – understanding at the same time that we cannot always agree on everything. It is only through debate and diversity that we may learn from each other.

As the year went by we saw significant elements of the Association's Strategy Plan being implemented. With the assistance of Prospectus the IDA developed a three-year plan to facilitate a structure to our actions for the future. Part of this Strategy was to increase awareness of the IDA as the leading voice in

Irish dentistry. I feel we have come a step closer to that goal, and I am certain there is more to come.

Governance

The last year has seen a governance review being completed – a review of our internal organisational structures. The outcome is promising and it appears that we are very competitive all round in comparison to other organisations of our size or standing. I guess this only reflects the hard work by members and staff over the past years.

We were awaiting the elections in the hope of seeing positive changes for our profession and our patients. The next legislative cycle will hopefully see the implementation of a long overdue new Dental Act. Change here is the key once again. What have the parties that may come to power taken on board of the messages we attempted to convey to them? Let us be hopeful and involved in the future political discourse with the necessary courage.

On a much lighter note, I would like to point to a new online learning platform provided by the IDA to its members, which has come to life in the last few months. You will find access to it under www.dentist.ie and I would encourage all of you to start using it. It is likely that with the new Dental Act, CPD will become mandatory, and our platform is a promising starting point on this journey for everyone.

I would like to thank all of you who helped me in the last two years in being a Board member. At this stage all that is left for me is to ask you to further strengthen our association by giving your time, know-how and commitment, and I will promise you that it will repay you many times in experience. It is an association for members, but it only lives through change with its members' active participation.



A handwritten signature in blue ink, appearing to read 'Dr. Maher Kemmoona'.

Dr Maher Kemmoona

Honorary Secretary

Attached to this report you will find the audited accounts for the year ended December 31, 2015. Our auditors for the period were Grant Thornton, Chartered Accountants and Registered Auditors.

Income

The combined IDA/IDU income for 2015 has remained stable, with a modest increase from €1,295,081 to €1,315,036. Combined membership income showed an increase from €1,034,641 in 2014 to €1,051,389 in 2015, reflecting an increase of 2% in membership subscriptions. This accounts for approximately 80% of Association/Union income.

Accreditation increased from €110,417 to €130,000. The accreditation income increased again in 2015 as a result of successful negotiations on the part of the Assistant CEO.

THERE WAS A VERY SIGNIFICANT INCREASE IN INCOME FROM TRAINING COURSES THIS YEAR, TO APPROXIMATELY €30,000 – A 50% INCREASE ON THE 2014 FIGURE.

There was a very significant increase in income from training courses this year, to approximately €30,000 – a 50% increase on the 2014 figure. The surplus from the Annual Scientific Conference was similar to last year, at approximately €80,000. However, the income from the HSE Dental Surgeons Group Annual Seminar decreased. We are optimistic that the new CPD Learning Management System rolled out in 2015 will help to support a potential source of income for the Association in the coming years, and will represent further value to the membership.

We are pleased to see that the advertising revenue in the *Journal* is rising each period – hopefully a sign of renewed growth in the profession, reflecting what is happening in the wider economy.

Expenditure

There were significant legal and professional fees of €907,825 relating to the unsuccessful Supreme Court challenge.

The significant non-recurring expenses in 2015 were €67,516 for the CPD Learning Management System and €25,889 for the corporate governance review.

The combined cash balance at the end of the year was €590,932. This represents a significant increase from the 2014 figure of €392,402.

Members' compensation continues to rise – possibly partly due to members who are claiming compensation payments now making their claims in a more timely fashion. It is also a reflection of the very significant amount of time given by members, out of their practice time, to work for the Association. It does not replace income, but goes a small way towards covering running costs for the time taken out of practice by the member.

Summary

IDA House has a mortgage of €170,000. It was valued at €450,000 in 2014 and is due to be revalued in 2016.

The Association made an operating loss of €26,454. This largely related to the investment made in the Learning Management System.

The Union incurred a net loss of €715,438 for the year ended December 31, 2015. Legal and professional fees were €907,825. The union has liabilities in excess of assets, amounting to €386,287. The trustees have reviewed budgets, projected cash flows and all other relevant information and, on the basis of this review, can reasonably assume that the Union has adequate financial resources to continue in operational existence for the foreseeable future. Consequently, the directors consider it appropriate to prepare the financial statements on a going concern basis.



Ronan Perry

Dr Ronan Perry
Honorary Treasurer

Orthodontic Group

The Orthodontic Society of Ireland (OSI) celebrated its 25th anniversary in 2015. The OSI had one scientific meeting in March, in Powerscourt, Co. Wicklow, with guest speaker Stuart Frost from Mesa, Arizona, joining us to deliver a clinical programme on 'Passive self ligation orthodontics: theory and practice'. In addition to Dr Frost's clinical programme, Lina Craven from Dynamic Perceptions practice management consultancy delivered a one-day workshop for team members on delivering an excellent patient experience – 'From ordinary to great!' This was well attended and popular with delegates, and the OSI may run parallel sessions at its future meetings. Our trade exhibition was well serviced with local and international suppliers, including the return of some familiar faces from the USA that have looked after Irish orthodontists for many years.

As well as being the OSI's primary event, the spring meeting was also host to a delegation of visiting European orthodontists, as it was the location for a board meeting of the European Federation of Orthodontics (FEO), including Angel Alonso Torso (FEO President), Panagiotis Skoularikis, Odile Hutereau and Silvia Allegrini (FEO Vice President). Ireland is represented in the FEO and also the EFOSA (European Federation of Orthodontic Specialists Associations) by Dr Owen Crotty from Cork.

After the meeting, OSI President Sinead O'Hanrahan invited the FEO delegates and Dr Frost for a walk around Glendalough, in pleasant weather, which rounded off a successful trip to Ireland for them with some memorable photos.

At the American Association of Orthodontists meeting in San Francisco in May, Dr O'Hanrahan was represented at the World Federation of Orthodontists Annual Presidents' Breakfast by OSI Secretary Stephen Murray.

OSI Scientific Secretary Ronan Perry was interviewed on RTÉ later in May.

Two schemes to reduce HSE orthodontic waiting lists came to the OSI's attention during the year. One was a cross-border directive where the Government would pay for HSE patients to have their treatment conducted in EU countries outside

the State by private orthodontists – this was opposed by the OSI on various grounds, including postcode lottery distribution of benefit and spending taxpayers' money outside the State. The other initiative was a HSE tender for treatment of HSE patients by private orthodontists (again, anywhere in Europe, but ease of travel/access to a practice would be considered favourably). This was originally meant to be up and running with the first patients in treatment by October 2015, but the tender process had not been formally concluded by the end of the year.

The OSI did not have its normal autumn meeting, or its usual AGM, to avoid a conflict of priorities for members who wanted to attend the International Orthodontic Congress in London in September. This congress only convenes once every five years, and it was a great opportunity to attend it so close to home. A sizeable Irish delegation enjoyed the conference and had their own social programme there, including watching Ireland compete in the Rugby World Cup at Wembley Stadium and an evening event at the Royal Ocean Racing Club in St James's Place.

Long-time OSI member Dan Counihan from Kerry gave a talk on 'Second molar extraction' at the Congress in one of the main auditoria during a prime time slot and it was well attended.

The OSI rounded off the year with a 25th Anniversary Dinner at the Merrion Hotel in December (which unfortunately clashed with the IDA's Dinner and Awards Ceremony).

In 2016 we will resume our usual practice of two scientific conferences – this time in April and November. We will have an EGM in April and the AGM in November, which will see the election of a new Council.

Dr Stephen Murray

Orthodontic Group Representative

Board of Directors

Dr Anne Twomey	President
Dr Peter Gannon	Vice President
Dr PJ Byrne	President Elect
Dr Maher Kemmoona	Honorary Secretary
Dr Ronan Perry	Honorary Treasurer
Dr Gillian Smith	Honorary Secretary Designate
Dr Frances O'Callaghan	Honorary Membership Officer
Dr Ryan Hennessy	GP Group Rep
Dr Iseult Bouarroudj	HSE Dental Surgeons Rep

Accreditation

Dr Pat Cleary
Dr Anne O'Neill
Ms Elaine Hughes

Audit and Finance

Dr Gillian Smith
Dr Peter Gannon
Dr Jane Renehan
Dr Ronan Perry
Dr Kevin Dunne
Dr Maher Kemmoona
Mr Fintan Hourihan

CED

Dr Nuala Carney
Dr Robin Foyle
Dr Jane Renehan
Mr Fintan Hourihan

CPD

Dr Garry Heavey
Dr PJ Byrne
Dr Paddy Crotty
Dr Ciara Scott
Ms Elaine Hughes

Scientific

Dr Tiernan O'Brien
Professor Stephen Flint
Dr Frank Quinn
Dr Frank Burke

Journal of the IDA Editorial Board

Professor Leo Stassen	Editor
Dr Dermot Canavan	Deputy Editor
Dr Ciara Scott	
Dr Mark Kelly	
Dr Iseult Bouarroudj	
Ms Donna Patton	
Mr Paul O'Grady	
Mr Tom Cullen	
Mr Fintan Hourihan	
Ms Fionnuala O'Brien	
Ms Elaine Hughes	
Dr Seamus Sharkey	
Ms Ruth Moore	
Dr Simon Wolstencroft	
Dr Ioannis Polyzois	
Dr Chris Lynch	
Dr Michael Crowe	

Quality and Patient Safety

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Dr John Adye-Curran	
Dr Nick Armstrong	
Dr Daniel McIlgorm	
Dr Jane Renehan	
Dr James Tarpey	
Dr Nicola Zammit	
Dr Paul O'Dwyer	
Dr Cristina Taut	
Dr Niall Jennings	
Ms Roisin Farrelly	

Accreditation

In 2015, the IDA was delighted to retain accreditation contracts with our valued partners:

- Wrigley's Extra
- Wrigley's Complete
- Colgate Total
- GSK Sensodyne

Once again we thank the scientific committee – Drs Tiernan O'Brien, Frank Quinn and Frank Burke, and Professor Stephen Flint.

Dr Pat Cleary

Chairman, Accreditation Committee

CED

The voice of dentists and oral health in Europe for over 50 years

The Council of European Dentists (CED) is a European not-for-profit association, which represents over 340,000 practising dentists through 32 national dental associations and chambers from 30 European countries. Its key objectives are to promote high standards of oral healthcare and effective patient safety-centred professional practice across Europe, including through regular contacts with other European organisations and EU institutions.

General meetings

The CED held two general meetings in 2015. The first was in Riga, Latvia, in May, followed by a meeting in Brussels in November. At the November meeting Dr Marco Landi (Italy) was elected president of the CED for three years. He took over from Dr Wolfgang Doneus (Austria), who had served two consecutive terms.

Representation

The IDA was represented by Drs Robin Foyle, Nuala Carney and Jane Renehan, and Mr Fintan Hourihan.

Working groups and task forces

The CED currently has eight active working groups (WGs) made up of dentists and experts in the particular topic. The working groups are: Amalgam and Other Restorative Materials; Education and Professional Qualifications; E Health; Infection Control and Waste Management; Medical Devices; Oral

Health; Patient Safety; and, Tooth Whitening.

There are five task forces, which are responsible to the Board of Directors and are usually formed for a short period of time for a specific pressing issue. The current task forces are: Antibiotics in Dentistry; Ethics; Liberal Professions; Communications; and, Internal Market.

WG Amalgam and Other Restorative Materials advises on the safety of amalgam in respect of the health of patients and dental staff, and on the effectiveness of EU regulations in minimising the environmental impact of amalgam waste. It continues to discuss the implications of the Minamata Convention on Mercury and its effects on dental practice over the next few years. It is also looking into the safety of nanomaterials used in dentistry, Bisphenol A (BPA), and possible endocrine disruptors in dental materials.

WG Education and Professional Qualifications advises on the implementation and follows the developments of the Professional Qualifications Directive. It makes recommendations on basic dental training, vocational training, continuing dental education, specialisation in dentistry and revalidation of dental practitioners. It also advises on the potential impact of the Bologna Process on dentistry.

WG E Health follows the developments and prepares CED policy in areas related to e health, and monitors the development of common standards on information exchange between professionals with regard to patient records at EU and national level.

WG Infection control and waste management. Dr Jane Renehan is a member of this WG, which monitors national laws and practices in the area of infection control and waste management, e.g., sterilisation practices and methods of disposing of contaminated dental waste.

WG Medical Devices advises on CED policy on the implementation and recast of the Medical Devices Directives, particularly in respect of guaranteeing maximum quality and safety for patients. It also liaises with the CED Working Group Amalgam and Other Restorative Materials on issues related to nanomaterials and endocrine disruptors.

WG Oral Health. Fintan Hourihan is a member of this WG, which follows developments and prepares CED policy in areas related to oral health, such as: prevention and promotion; tobacco; alcohol; nutrition; diseases; health inequalities; children; and, ageing. The WG very successfully focused on the theme of oral cancer for the European Oral Health Day on September 12, 2015.

WG Patient safety advises on issues of patient safety and quality of care, particularly on the development of policy and exchange of best practices relevant to dentistry.

WG Tooth Whitening Products is dealing with the legislation resulting from EU Directive 2011/84/EU. Dr Robin Foyle is a member of this WG. The WG reported that a total ban on sodium perborate and all borates has

been enacted by the EU. They have been classified as toxic to reproduction (CMR1). The WG is currently working on overturning the ban on tooth whitening in under 18s. An expert group (including Dr Paddy Fleming, president of the European Academy of Paediatric Dentistry [EAPD]) has been advising the WG on the best way forward, regarding scientific literature, and progress is being made. However, the Scientific Committee on Consumer Safety of the EU will probably take some time before they revisit the original decision to ban use of tooth whitening products in under 18s. The WG has also released a statement discouraging the use of whitening lamps, as there is no evidence to suggest that they are effective.

BTF Antibiotics in Dentistry: This Task Force is responsible for preparing positions and planning activities related to the use of antibiotics in dentistry, specifically antimicrobial resistance. November 18, 2015, was European Antibiotic Awareness Day. The CED agreed a joint statement with European doctors and vets in advance of this on how to combat resistance.

BTF Internal Market: This Task Force is responsible for monitoring and advising on internal market-related issues that have an impact on dentistry. This covers issues like patient and professional mobility, competition policy, etc. The BTF Internal Market met in Brussels to discuss, among other issues, the Commission's transparency exercise on access to regulated professions, VAT in healthcare, general data protection regulation, the Joint Action on Health Workforce Planning & Forecasting, and current international agreements (TTIP and TISA).

BTF Communications: This Task Force is responsible for planning and evaluating communications activities in support of the CED's strategic goals.

BTF Ethics: This Task Force is preparing an update of the CED Code of Ethics.

BTF Liberal Professions: This Task Force prepared a European Charter of Liberal Professions, and is focusing on the interests of liberal professions at EU level.

Further information on the activities of the CED can be found at www.eudental.eu.

Dr Robin Foyle

Head of IDA CED Delegation

CPD Committee

2015 saw the conclusion of the three-year CPD Roadshow cycle. Over 500 dentists availed of these CPD-approved workshops in six different locations around the country. A massive thanks to all our presenters on the programme over the three years, who gave of their time and expertise for IDA members.

Our CPD programme continued, with more hands-on courses in subject areas such as endodontics, composites, placing an implant, composites and oral surgery.

We were delighted to bring a series of workshops on infection control to members in September at IDENTEX. Thanks to Drs Jane Renehan and Nick Armstrong and dental nurse Siobhan Carrigan, with the support of Henry Schein, we ran some very worthwhile, practical workshops highlighting the important aspects of the new Code of Practice in Infection Control. Due to popular demand, the workshops will run again at the Annual Conference in Galway in April 2016.

The CPD Committee launched the new online Learning Management System in 2015. This user-friendly system will allow dentists to see a calendar of events, book and pay for IDA courses, and access peer-reviewed articles from the *Journal of the Irish Dental Association*. The system, developed by Dublin-based company LearnUpon, is accessible by logging on to the members' section of the IDA website and clicking on CPD. All IDA members will have easy access to their CPD record, and can print off certificates of attendance. Other features such as online videos will be added to the system in time. Thank you to Drs Mark Kelly, Michael Crowe and Maurice Fitzgerald for advising us on the design of the system.

Unfortunately, there still remain long delays in getting courses/lectures approved for CPD points by the Dental Council. All branches and groups looking for approval for courses should allow at least three months for a response from the Dental Council.

Dr Garry Heavey

Chairman, CPD Committee

Journal of the Irish Dental Association



Publishing progress

It was a good year for the *Journal of the Irish Dental Association*. 2015 was a year of steady progress, both editorially and commercially. Editorially, we built on the success of the clinical features commenced in 2014, and we were pleased to award the prize for the best clinical feature to Dr Abigail Moore for her feature on management of an anxious child in the dental setting. It was published in the February/March 2015 edition.

A popular innovation in 2015 was the introduction of the short interview-style feature called 'My IDA', in which an active member describes their reasons for getting involved and their experience of being a member of the Association. The series commenced with Dr Saoirse O'Toole in the August/September edition, and continued with Drs Andrew Kelly and Iseult Bouarroudj. It has received a strong positive reaction.

Once again, the Sensodyne Sensitive Dentist of the Year Awards proved highly successful. Dr Karl Cassidy's patient was told by her specialist that if she had delayed another 24 hours, he might not have been able to help her. Karl's prompt action in insisting she immediately go for a full blood count resulted in her diagnosis of acute myeloid leukaemia and the treatment necessary to save her life. Not all stories in the Awards are that dramatic. We hear wonderful testimony about acts of kindness as well as great clinical skill. The point, as ever, is that the patients are telling their stories about the good things that happen when they visit their dentist. We look forward to hearing more such stories this year.

Advertising support and competition

Commercially, we are happy to report that advertising revenue rose slightly again, continuing a pattern from the low point of 2012. The Association has established a good working relationship with the Irish Dental Trade Association (IDTA), and this has been reflected in the coverage of the IDENTEX show, which now includes the IDA Autumn Meeting.

Competition continues apace, with one of the two British-based publishers offering less than half our circulation in one instance, and the other offering what seems to be less again. By now, the vast majority of the companies selling to the Irish dental

profession recognise the importance and position of the *Journal* by supporting it commercially and editorially. However, there are a few exceptions. Dentists can note those absences themselves – marked especially by their presence in other publications.

To the very many companies that do support the *Journal*, we are most grateful, as they give us the resources to produce a scientific journal for our members, which can also carry news, views, features and interviews of great interest to dentists in Ireland.

Scientific papers

In 2015, the *Journal* received 27 scientific articles for consideration. Seven were published, six were rejected, one was withdrawn, and two are still in review, while seven are awaiting resubmission following review. Two articles accepted in 2015 were published in 2016 and a further two have been accepted and are awaiting publication. Of the 27 articles submitted, nine were international articles and 18 were Irish articles.

With each paper being sent to a number of reviewers, it is clear that we are dependent on the expertise of the many dental professionals we call on to review the papers. We are very grateful to all our reviewers and, happily, with the support of the Dental Council, each review now garners CPD points for the reviewer. We are working with the Dental Council on a system for achieving points for reading the articles.

Another important point is that the speed at which we get the reviews back allows us to make quick decisions on the papers. This is very helpful to our management of the *Journal*, and for the authors, who get clear direction without delay.

Editorial Board

This year we said our sincere thanks to Dr Alastair Woods and Tina Gorman for their service on the Editorial Board, and welcomed Dr Peter Harrison and Ruth Moore in their stead. We are grateful to all the members of the Editorial Board, who give their service freely for the improvement of the profession. As always,

WE HEAR WONDERFUL TESTIMONY ABOUT ACTS OF KINDNESS AS WELL AS GREAT CLINICAL SKILL. THE POINT, AS EVER, IS THAT THE PATIENTS ARE TELLING THEIR STORIES ABOUT THE GOOD THINGS THAT HAPPEN WHEN THEY VISIT THEIR DENTIST. WE LOOK FORWARD TO HEARING MORE SUCH STORIES THIS YEAR.

we also thank the Council of the Association for its continuing support, which is essential for our success.

Journal Co-ordinator Fionnuala O'Brien ensures that the *Journal* is run very effectively and efficiently, and the Board is most grateful to her for her very professional work on our behalf.

As a group, we seem to function very well and we are grateful to our publishers, Think Media, for their expertise. They work hard to ensure that the strategic direction provided by the Editorial Board is properly implemented.

I look forward to further developments in 2016, including the production of the supplement on dental education. It is a once every five years undertaking entailing the *Journal* going into the Cork and Dublin dental schools and hospitals. We photograph every student of dental science, making it a tremendous contribution to the record of dental study in Ireland.

Finally, every member of the Association is welcome to submit their ideas for the *Journal* and we welcome such contributions either verbally to me, or by correspondence to Fionnuala in IDA House.

Editorial Board

Joined the Board in 2015

Peter Harrison

Ruth Moore

Left the Board in 2015

Alastair Woods

Tina Gorman

Scientific articles for the *Journal of the Irish Dental Association* in 2015.

Total submitted in 2015	27
Received in 2015 and published in 2015	7
Still in review process	2
Awaiting resubmission following review	7
Accepted and awaiting publication	2
Rejected articles	6
Submitted in 2015 but published in 2016	2
Withdrawn	1

Professor Leo F.A. Stassen,

Honorary Editor.

Sub-Committee for Public Relations and Public Affairs

January to June 2015

Following efforts in 2014 and early 2015 to bring public relations and public affairs to the centre of the IDA organisation, Council met in March 2015 and accepted the proposal that the current Committee be reorganised, at least in the short term, as a Sub-Committee of the IDA, comprising the following officers and Council members: Drs Iseult Bouarroudj, Peter Gannon, Susan Kiely, Maher Kemmoona, Saoirse O'Toole and Anne Twomey, with the CEO undertaking to draft terms of reference for presentation and formal adoption by Council at the next meeting.

It was agreed that the Sub-Committee would convene before the next Board meeting. It was also agreed to arrange for Gordon MRM to present on all aspects of their current service to the IDA, including costs and fees. It was noted that public affairs was an important and increasing aspect of the responsibility of the organisation, which needs to be carried out alongside a number of PR projects throughout the year.

In May 2015, members of the Sub-Committee, joined by CEO Fintan Hourihan and President Dr Anne Twomey, met with public affairs consultants Hume Brophy at their offices for an immersion day. The objective was to inform the organisation on current practice in public affairs, particularly as it would relate to the IDA, and the Governmental and private interested party structures, which would provide opportunities for influencing policy around oral and general health issues. It was felt that the day was very worthwhile, and conveyed an optimism about the possibilities for the IDA to become engaged in broader and more effective lobbying on those issues that would benefit members and our patients.

This engagement with Hume Brophy was followed by a proposal from them to the IDA setting out services and costs for the public affairs remit discussed on the day. In June 2015, prior to the Council meeting, members of the Sub-Committee, joined by Fintan Hourihan and Dr Anne Twomey, met with Gordon MRM, represented by Kieran Garry and Ray Gordon, at IDA House. The instruction given by the IDA to our PR agents was to present an activity report and to include their sense of the public profile of the profession, and the opportunities and challenges going into the future. A comprehensive presentation followed, with IDA representatives engaging in lengthy discussion, which highlighted the strategic contacts the agency has with the various media in advancing the interests of the IDA, the ongoing challenge to keep oral health on the PR agenda and, finally, Gordon MRM's belief that it is currently over-servicing the IDA account, which would need to be addressed. Ray Gordon also alluded to the limited public affairs issues dealt with by them on behalf of the IDA in recent times and the scope for expanded service provision in that regard.

At the Council meeting that followed, there was further discussion regarding the Gordon MRM presentation. The proposal from Hume Brophy was also presented in brief to Council. The level of service and fees was felt to be such that it could not be prudently budgeted for at present, especially with the financial uncertainty as a result of the pending Supreme Court case.

September 2015 to January 2016

Efforts to arrange a meeting in September and October were complicated by Committee member availability, but informal communication in relation to Mouth Cancer Awareness Day, and assisting Dr Anne Twomey to consolidate links with the Diabetes Federation and Irish Kidney Association, continued.

In November 2015, Gordon MRM proposed a pre-Election suite of services to include liaising with the IMO on a health agenda platform. It was felt that the level of cost, and the likely challenge of getting oral health issues heard among the urgent emotive general health concerns, were such that this would not be worthwhile. Instead the IDA, through CEO Fintan Hourihan, wrote to all the main political parties with a series of six questions covering areas of current concern to the profession and general public, and inviting their replies. In the following weeks running up to the recent Election in February 2016, replies were received from Fianna Fáil, Fine Gael, The Green Party, Labour, Renua and Sinn Féin. The questions and replies were made available to members through direct mailing and the IDA website.

Members were encouraged to put these to their local candidates and patients to help bring oral health issues on to the agenda in the run-up to voting.

In December 2015, the IDA issued three months' notice to Gordon MRM of its intention to tender afresh for its public relations services. With imminent tendering in mind a draft document, which could be used as a basis for submissions, was prepared by Dr Susan Kiely, and was made available for consideration and comment at the December Council meeting.

January 2016 got off to a good very start with the RTÉ programme *Sugar Crash*, which included interviews with Dr Anne O'Connell of the DDUH and IDA President Dr Anne Twomey, and dealt with the increasing trends towards excessive sugar intake and the adverse impact of the diseases resulting as a consequence such as obesity, type 2 diabetes and, as featured prominently, tooth decay, especially in children. The programme prompted widespread discussion about sugar and dental disease, which was and continues to be evident in the media, and members' practices throughout the country.

Susan Kiely

Chairperson, Sub-Committee for Public Relations and Public Affairs

Quality and Patient Safety Committee

The Irish Dental Association's Quality and Patient Safety Committee was established in 2009. The function of the Committee is to assist IDA members to achieve compliance with the multiple and diverse regulations applicable to dental practice, and to promote quality and safety for patients.

The Committee aims to ensure that its advice is reasonable, practical and based on the best available evidence. The advice is prepared following a review of international and national standards, and is subject to in-depth assessment by the Committee. The litmus test is that the advice can be applied in a standard dental surgery without an unreasonable burden being placed on the practice, financial or otherwise. The advice is coupled with audit tools to allow self-assessment, and to support risk identification and management.

The need for easy access to best practice advice has come into sharper focus since the introduction of practice inspection by the HSE. It is expected that practice registration and inspection will be mandatory in the new Dental Act, but members are encouraged to avoid the stress of waiting for such an event. Use the 'Best Practice' section of the IDA's website (www.dentist.ie) to upgrade your practice protocols now. All information on the website is appropriate to Dental Council Codes of Practice and the law.

Work completed

So far, the Committee has developed advice in the following areas:

- decontamination in dentistry;
- hand hygiene;
- emergency drugs and equipment;
- amalgam separation;
- waste management;
- complaints procedure for dental practices; and,
- data collection, usage and protection.

Work in progress

Currently, the Committee is developing advice on the following topics:

- essentials of dental practice/dental practice inspections;
- prevention of infection from water systems in healthcare facilities; and,
- protocols in infection prevention and control (IPC).

The Committee has developed a 'Patient Advice on Tooth Whitening', which, if approved by the Council of the Association, will be available to the public on the Association's website.

The workshops at the Annual Conference on April 21-22, 2016, will address the issues of water quality and IPC protocols.

Review of the Association's 'Best Practice' website

The 'Best Practice' section of the IDA's website is regularly reviewed to ensure accuracy of information to members.

The Committee has started a review of the best practice advice on radiology, which was published in 2009. This is being done as part of the Committee's commitment to regularly review the content of the website in light of contemporary requirements. The radiology section has been removed from the website while this is done.

A thorough assessment of the section indicates that the information therein is still largely current, but that the procedures involved in establishing an audit, as is required by law, need further explanation and clarity.

The publication of the Dental Council's Code of Practice Relating to: Infection Prevention and Control (April 2015) will see a different format to the website in the coming year, as the sections on 'Decontamination in Dentistry', 'Hand Hygiene' and 'Waste Management' will be gathered, with a new section, 'Standard Operating Procedures', into an overarching title of 'Infection Prevention and Control Policy' to aid members in fulfilling their Dental Council obligations.

The Committee welcomes all enquiries or suggestions regarding the content of the 'Best Practice' section of the website.

Miscellaneous work

The Committee is regularly asked to review, for the membership, documents that may be in a consultative process. The Committee's work on 'The prevention of infection from water systems in healthcare facilities' is typical of that type of task. The Committee also reviews EU directives or legislative and work practice changes. The Committee reports to the Council of the IDU on all matters. At present, the Committee is examining what the UNEP Minamata Convention on Mercury may mean for Irish dentistry.

Future work

Advice for dentists setting up in practice

The Committee has finally got around to addressing Dr Barry Harrington's document, 'General facilities to be considered when setting up in dental practice'. This document contains a wealth of information. It is intended to use the experiences of new practice owners to test and expand the document prior to publication.

Infection prevention and control policy

This is a large task, but is aided by the fact that previous work by the Committee covers areas of IPC policy that each practice is obliged to have under the Dental Council Code of Practice. It is intended that this part of the website will be built steadily, with the Committee adding standard operating procedures over time.

THE COMMITTEE AIMS TO ENSURE THAT ITS ADVICE IS REASONABLE, PRACTICAL AND BASED ON THE BEST AVAILABLE EVIDENCE. THE ADVICE IS PREPARED FOLLOWING A REVIEW OF INTERNATIONAL AND NATIONAL STANDARDS, AND IS SUBJECT TO IN-DEPTH ASSESSMENT BY THE COMMITTEE.

The website will allow each practice to develop an IPC policy, with audit tools to support procedures and protocols. The inaugural launch of the new section on the website will take place by September 2016.

The workshops in this year's Annual Conference (April 21-22) will be an invaluable introduction to the topic and to understanding what is required by the Dental Council.

Membership of the Committee

The Committee endeavours to ensure that all sections and profiles of the profession are represented on the Committee. At present, there are 10 members of the Committee, with a good mix of public and private practitioners. The Committee regularly recruits members and welcomes all members who wish to join this vibrant Committee.

Link with Council of the IDU

Each year, the Committee invites the President of the Association to attend a Committee meeting to facilitate appraisal of the Committee's work. The Committee looks forward to welcoming Dr PJ Byrne in the near future.

The Council of the Association invited the Committee to nominate a representative to Council and Dr John Adye-Curran has been our representative on Council for the past year.

Communication with other committees

The Committee is in regular communication with the GP and CPD Committees and, of course, Council of the IDU. The Committee also works with the Conference Committee. Dr Nicola Zammit is the Committee's representative on the IDA Website Task Force. Dr Niall Jennings was nominated to the HSA Healthcare Steering Group, replacing Dr Barry Harrington. We are delighted that Dr Harrington remains a member of the Committee.

Communication with members

The Committee is concerned at what appears to be a low level of awareness among members of its work, and has sought Council's assistance to improve the dissemination of the advice available to members.

The Committee's primary method of communication with members has, so far, been by way of the 'Best Practice' section of the members' area of the IDA website – www.dentist.ie.

The *Journal of the Irish Dental Association* has also aided the Committee's work in highlighting new publications. It is intended that notice of the availability of the 'Patient Advice on Tooth Whitening' and the redesigned section in the 'Best Practice' section of the website on IPC policy will be highlighted in the *Journal*. Workshops on the various areas of advice have been presented at previous Annual Conferences. This year's workshops are pertinent to the present Dental Council Code of Practice relating to: Infection Prevention and Control.

The Committee has also asked that its work is regularly highlighted in emails sent to members by the Association, and in the members' section of the *Journal*.

Workshops

There were no workshops at the 2015 Annual Conference. Dr Nick Armstrong presented at last year's Annual Conference, at the CPD Roadshow and at the HSE Group's Annual Seminar. Drs Renehan and Armstrong presented five workshops on IPC practice at IDENTEX in September 2015. These proved very popular and booked out quickly. The Committee is very grateful to Jane and Nick for their continuing great work in the provision of continuing professional development to members.

Dr Eamon D. Croke

Chair, Quality and Patient Safety Committee

Kerry Branch

2015 was a quiet year in the Kerry Branch, but 2016 looks to be a busier one for us.

At our annual AGM in January 2016, the following people were elected:

President: Dr Peter Moran Secretary: Dr Thomas Quilter

Treasurer: Dr Paul Keogh GP Rep: Dr Tim Lynch

Council Rep: Dr Susan Crean

We have had two meetings this year so far. In January we had a very good presentation by Pete Gibbons regarding the new cross infection control guidelines that are now in place, and in March we had an excellent presentation by Dr Niamh McAuliffe and Dr Kate Counihan on 'Adult and aesthetic orthodontics: managing patient expectations'.

On the social side of things, two of our colleagues have announced their retirements: Dr Jim Gleeson of Killarney and Dr Paul Geaney of Castleisland. The Branch is planning a night out to mark the occasion and it promises to be a great event as always.

Peter Moran President, Kerry Branch

North Munster Branch

The North Munster Branch holds its meetings in the Strand Hotel, Limerick, at 8.00pm. All lectures are open to IDA members only, and all members in the area are encouraged to attend.

On Tuesday, February 24, the theme of the meeting was '10 top tips', with the top tips presented by members on the night. The meeting was sponsored by Henry Schein.

On Tuesday, March 31, Dr Pdraig McAuliffe was the guest speaker, addressing the topic of 'Fixed and removable options for partially dentate patients' in a meeting sponsored by DMI.

On Tuesday, April 28, Dr Aiden O'Brien spoke on 'Snoring and sleep apnoea: diagnosis, management and relevance to general practice'. The Branch AGM took place after Dr O'Brien's lecture, and sponsor for the night was Henry Schein. We would like to thank our sponsors for their support throughout the year.

Eoin Mullane President, North Munster Branch

Metropolitan Branch

On the occasion of our AGM in 2015, Dr Laura Houlihan passed over the chain of office to the new President, Dr Michael Lavin. The President Elect is Dr Una Lally. Honorary Treasurer is Dr Naomi Rahman and Honorary Secretary is Dr Richard Lee Kin. Drs Tom Canning and Nicola Zammit are continuing as committee members and are joined by Drs Aoibheann Wall and Elaine Shore.

During the course of the year Drs Jessica Rice, Karen Grealis and Martha Broszko resigned from the committee due to travel and other commitments. Drs Laura Houlihan and Michael Freedman indicated their intention to resign at our 2016 AGM in March, Laura having finished her time on the committee and Michael due to other commitments.

At our September meeting, Drs Ciaran O'Driscoll, Eddie O'Reilly and PJ Byrne gave presentations. In October we welcomed Drs Naomi Rahman, Andrew Norris and Brendan Grufferty, and in November Drs Rona Leith, Rachel Doody and Barry Dace were our speakers. In January we attended the Endodontic Society's meeting, where the speakers were Drs Francesco Mannocci and Domenico Riccucci. All of these meetings were very well attended and successful, and 1.5 to 2.5 CPD points were awarded for each.

The theme of our Annual Scientific Meeting in February was 'Practitioner health and wellbeing'. We had five excellent speakers in Garry Heavey, Tony Kerins, Eamonn O Muirheartaigh, Brid Hendron and Jim McGuinness. The meeting was very well received by those in attendance, particularly the outstanding talk by Jim McGuinness. We had delegates from as far away as Kerry, Cork, Athlone and Leitrim in attendance; however, the meeting was rather poorly supported by Metropolitan Branch members.

Our final meeting was in March, and Drs Rory Maguire and Mary Clarke were the speakers.

The committee met monthly during the year.

I would like to thank the committee for their hard work during the year, and also all the staff in IDA House for all their help, which was invaluable to the functioning of the Branch and is greatly appreciated.

Michael Lavin President, Metropolitan Branch (on behalf of the Hon. Sec.)

Munster Branch

Committee:

President: Dr Mairéad Browne **Vice-President:** Dr Patrick O'Connor

President-Elect: To be confirmed **Secretary:** Dr John Browne

Treasurer: Dr Kieran O'Connor

Other committee members: Dr Judith Phelan, Dr Jennifer McCafferty,

Dr Eamonn Murphy, Dr Arthur O'Connor, Dr Anne Twomey, Dr Patricia Shalloe, Dr Maeve O'Sullivan, Dr Sarah Tobin, Dr Emer O'Leary, Dr Maria Cashman.

Branch Representative on Council: Dr Mairéad Browne

Branch Representative on National GDP Committee: Dr Kieran O'Connor

There are approximately 250 members of Munster Branch.

Monthly meetings

2015 was another busy year for the Munster Branch, with six monthly meetings held at Maryborough House Hotel, Douglas, Cork. The evening lectures were very well

received and supported this year, and as with previous years there was an opportunity after each lecture for members to enjoy refreshments, socialise and network.

In September Dr Michael McAuliffe, oral surgeon, spoke on the topic of 'Management of medically compromised patients in general practice'. In November, Dr Eamonn Murphy, orofacial pain specialist, spoke on 'Temporomandibular disorders: understanding the complexities of TMD through case-based presentation'.

In January 2016, Dr Kirsten Fitzgerald, Consultant Paediatric Dental Surgeon, Dublin, in association with the European Association of Paediatric Dentists, spoke on the topic of 'Get it done in year one: first visit, first birthday'.

Dr Sue Boynton, Senior Dentolegal Adviser, Dental Protection, spoke on the topic of 'DPL subscription rates' and 'Avoiding pitfalls in dentistry – risk management for the dental team'. Two DPL risk credits were available to attendees at this meeting.

In February, a Q&A session on Irish Dental Council sterilisation requirements for dental practices was presented by Denis Doyle of QSC Medical. Dr Richard Lee Kin, specialist periodontist, in conjunction with the Irish Society of Periodontology, spoke on the topic of 'Non-surgical periodontal treatment in general practice', and Dr Ronan Allen, specialist periodontist, presented on 'Is periodontal surgery really necessary?'. The event was kindly sponsored by Omega Financial Management. Lunch, tea and coffee were provided, and a trade show ran concurrently with lectures.

At our March meeting, Dr Judith Phelan, specialist prosthodontist, spoke on the topic of 'Crowns – tips for avoiding pitfalls and trouble shooting'.

This meeting coincided with a presentation by Association CEO Fintan Hourihan and a Q&A session on probity and best practice for dentists.

In April, Dr Alastair MacDonald, a specialist endodontist in Glasgow, spoke on the topic of 'Endodontics – managing stinky wee holes'. At the April meeting the Branch sponsored dinner after the lecture. Fintan Hourihan, Dr Ryan Hennessy of the GDP Committee and other members of the GDP Committee attended, and this allowed members to chat with them in an informal setting.

Annual Scientific Meeting

Our Annual Scientific Meeting was held at Fota Island Spa and Resort on November 27. The topic for the meeting was 'Aesthetic and adhesive dentistry in general practice'. The main speaker for the event was Dr Christopher Orr of Advanced Dental Seminars. He presented three lectures on the topic of: 'Direct and indirect restorations for anterior teeth', 'Direct and indirect restorations for posterior teeth' and 'Resin bonded bridges'. The keynote speaker was Ashley Latter who spoke on the topic of 'Secrets to perfect communication in dental practice: help more patients say yes ethically to your treatment plans and discuss fees with more self-confidence'. The event proved to be hugely popular again this year, with around 150 delegates from all over the country in attendance. As in previous years, there was a good social and trade side to the event. There was an excellent trade show with over 20 exhibitors, which delegates could visit to see the latest clinical and financial products

on offer. Our annual Munster Branch dinner was held that evening in Fota hotel, with entertainment provided by Bravura String quartet.

On a personal level, I would like to thank the Munster Branch committee for all their hard work and support throughout the year, and all who attended our branch meetings throughout my time as President. The Munster Branch is continuing to grow in numbers, as seen by our attendance levels at both our Annual Scientific Meeting and evening lectures, and we hope that our numbers will continue to increase over the coming year.

Mairéad Browne President, Munster Branch

South Eastern Branch

Chairman: Dr Barry Power **Secretary:** Dr Ronan Fox

As of the close of 2015, there were 165 members of the South Eastern Branch, an increase of 31, or 23%, on the previous year.

Branch events

On May 20, 2015, an evening lecture was delivered by Dr Mary Egan at the Viking Hotel in Waterford, from 7.30pm to 9.00pm, entitled 'Challenging cases in endodontics'. As always, this was a popular event with an excellent speaker and a great turnout. The interaction between audience and speaker was a highlight and questions were encouraged.

On September 23, we had a double header of lectures by Drs John Buckley and Eimear Norton at the Minella Hotel in Clonmel, from 7.30pm to 9.15pm. Dr Buckley's lecture was entitled 'Lingual orthodontics – not just for simple cases', and Dr Norton's lecture was entitled 'Managing paediatric behaviour'. There was a strong turnout for this event in an excellent location. It has been a few years since the South Eastern Branch was in Clonmel, and it was well received.

The Southeast ASM and AGM took place at the Ormonde Hotel in Kilkenny on Friday, February 26, 2016. At the AGM Dr Maurice O'Brien was proposed for consideration as Branch Chairman, and Dr Ronan Fox was proposed for consideration as Branch Secretary. Lunch, tea and coffee were provided, and a trade show ran concurrently with lectures. The number of sponsors supporting the trade show was in line with numbers at our 2015 ASM.

Trends in dental practice in the south east region

Going on the minutes of last year's AGM, State funding of dentistry remains a concern, while members are reporting an upsurge in patients returning for routine care, albeit from a low base. Creating a more social setting around the evening meetings and ASM was also discussed, and to this end a return to a meal after the ASM was instituted for the 2016 ASM.

Barry Power Chairman, South Eastern Branch

FINANCIAL REPORT

2015

2,450.10

1,198.30

756.25

3,690.66

The Directors present their report and the financial statements for the year ended 31 December 2015.

Principal activities

The principal activity of the company during the year was the provision of support services and information for its dentist members and it is envisaged that this will continue to be the company's main activity.

The Irish Dental Association Limited is focused on professional advocacy, education and scientific publishing, and seeks to promote the education of the dental profession and the attainment of optimum oral health.

Business review

The directors are satisfied with the company's performance during the year and look forward to continued improvement in the future.

Results and dividends

The loss for the year, after taxation, amounted to €30,606 (2014 – loss €4,064).

The directors have not recommended a dividend.

Directors

The directors who served during the year were:

Dr Ryan Hennessy
 Dr Nuala Carney (resigned 16 April 2015)
 Dr Seán Malone (resigned 16 April 2015)
 Dr Maher Kemmoona
 Dr Peter Gannon
 Dr Iseult Bouarroudj
 Dr Anne Twomey
 Dr Ronan Perry
 Dr Gillian Smith (appointed 11 February 2015)
 Dr PJ Byrne (appointed 16 April 2015)
 Dr Frances O'Callaghan (appointed 16 April 2015)

Board of Directors

Dr Ryan Hennessy
 Dr Nuala Carney (resigned 16 April 2015)
 Dr Seán Malone (resigned 16 April 2015)
 Dr Maher Kemmoona
 Dr Peter Gannon
 Dr Iseult Bouarroudj
 Dr Anne Twomey
 Dr Ronan Perry
 Dr Gillian Smith (appointed 11 February 2015)
 Dr PJ Byrne (appointed 16 April 2015)
 Dr Frances O'Callaghan (appointed 16 April 2015)

Company secretary

Dr Maher Kemmoona

Registered number

146788

Registered office

Unit 2 Leopardstown Office Park, Sandyford, Dublin 18

Auditor

Grant Thornton, Chartered Accountants & Registered Auditor
 24 - 26 City Quay, Dublin 2

Bankers

Bank of Ireland, 1 Main Street, Dundrum, Dublin 14
 Allied Irish Bank, 33 Blackthorn Road, Sandyford, Dublin 18
 Permanent TSB, Main Street, Dundrum, Dublin 14

Solicitors

O'Connor & Co., 8 Clare Street, Dublin 2

Financial risk management objective policies

The company has budgetary and financial reporting procedures, supported by appropriate key performance indicators, to manage credit, liquidity and other financial risk. All key financial figures are monitored on an ongoing basis.

Accounting records

The measures taken by the Directors to ensure compliance with the requirements of Sections 281 to 285 of the Companies Act 2014 with regard to the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems. The company's accounting records are maintained at the company's registered office at Unit 2 Leopardstown Office Park, Sandyford, Dublin 18.

Important events since the year end

There have been no significant events affecting the company since the year end.

Going concern

The Directors have reviewed budgets, projected cash flows and all other relevant information and, on the basis of this review, can reasonably assume that the company has adequate financial resources to continue in operational existence for the foreseeable future. Consequently, the Directors consider it appropriate to prepare the financial statements on a going concern basis.

Auditors

The auditors, Grant Thornton, continue in office in accordance with section 383(2) of the Companies Act 2014.

This report was approved by the Board and signed on its behalf.



Dr Anne Twomey
Director



Dr Ronan Perry
Director

Approved by the Directors on March 11, 2016

The Directors are responsible for preparing the Directors' Report and the financial statements in accordance with Irish law and regulations.

Irish company law requires the Directors to prepare financial statements for each financial year giving a true and fair view of the state of affairs of the Company for each financial year. Under the law, the Directors have elected to prepare the financial statements in accordance with Generally Accepted Accounting Practice in Ireland, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and promulgated by the Institute of Chartered Accountants in Ireland and Irish law. Under company law, the Directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the Company for the financial year end date, of the profit or loss of the company for that financial year, and otherwise comply with the Companies Act 2014.

In preparing these financial statements, the Directors are required to:

- select suitable accounting policies and then apply them consistently;

- make judgments and accounting estimates that are reasonable and prudent; and,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Company will continue in business.

The Directors are responsible for ensuring that the Company keeps or causes to be kept adequate accounting records, which correctly explain and record the transactions of the Company, enable at any time the assets, liabilities, financial position and profit or loss of the Company to be determined with reasonable accuracy, enable them to ensure that the financial statements and Directors' Report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the board



Dr Anne Twomey
Director



Dr Ronan Perry
Director

Approved by the Directors on March 11, 2016

We have audited the financial statements of The Irish Dental Association Limited for the year ended 31 December 2015, which comprise the Profit and loss account, the Balance sheet, the Cash flow statement and the related notes.

The financial reporting framework that has been applied in their preparation is Irish Law and Accounting Standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland including FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

This report is made solely to the Company's members, as a body, in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the Company's members those matters we are required to state to them in an Auditors' Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Company and the Company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

As explained more fully in the Directors' Responsibilities Statement, the Directors are responsible for the preparation of the financial statements giving a true and fair view and otherwise complying with the Companies Act 2014. Our responsibility is to audit and express an opinion on the financial statements in accordance with Irish law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Directors' Report to identify material inconsistencies with the audited financial statements

and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view, in accordance with Generally Accepted Accounting Practice in Ireland, of the assets, liabilities and financial position of the Company as at 31 December 2015, and of its loss for the year then ended; and,
- have been properly prepared in accordance with the requirements of the Companies Act, 2014.

Matters on which we are required to report by the Companies Acts 1963 to 2013

- We have obtained all the information and explanations which we consider necessary for the purposes of our audit.
- In our opinion the accounting records of the Company were sufficient to permit the financial statements to be readily and properly audited.
- The financial statements are in agreement with the accounting records.

Matters on which we are required to report by exception

We have nothing to report in respect of the provisions in the Companies Acts 1963 to 2013 which require us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by law are not made.

Kevin Foley ACA

For and on behalf of **Grant Thornton**

Chartered Accountants & Registered Auditor

24 - 26 City Quay, Dublin 2

March 11, 2016

STATEMENT OF INCOME AND RETAINED EARNINGS

YEAR ENDED DECEMBER 31, 2015

	Note	2015 €	2014 €
Turnover		527,687	519,023
Gross Profit		527,687	519,023
Administrative expenses		(554,141)	(518,492)
Operating (loss) / profit		(26,454)	531
Staff pension contributions	6	601	249
Rates and water	7	(2,677)	(3,353)
Loss before tax		(28,530)	(2,573)
Tax on loss	8	(2,076)	(1,491)
Loss after tax		(30,606)	(4,064)
Retained earnings at the beginning of the year		(18,093)	(14,029)
		(18,093)	(14,029)
Loss for the year		(30,606)	(4,064)
Retained earnings at the end of the year		(48,699)	(18,093)

All amounts relate to continuing operations.

Signed on behalf of the Executive Committee on 11th March 2016 by



Dr Anne Twomey
Director



Dr Ronan Perry
Director


STATEMENT OF FINANCIAL POSITION

AS AT DECEMBER 31, 2015

	Note	2015 €	2015 €	2014 €	2014 €
FIXED ASSETS					
Tangible assets	9		468,800		482,083
			<u>468,800</u>		<u>482,083</u>
CURRENT ASSETS					
Debtors: amounts falling due within one year	10	294,288		249,017	
Cash at bank and in hand	11	93,965		115,536	
		<u>388,253</u>		<u>364,553</u>	
Creditors: amounts falling due within one year	12	(477,144)		(415,787)	
NET CURRENT ASSETS			(88,891)		(51,234)
TOTAL ASSETS LESS CURRENT LIABILITIES			<u>379,909</u>		<u>430,849</u>
Creditors: amounts falling due after more than one year	13		(170,620)		(190,954)
NET ASSETS			<u>209,289</u>		<u>239,895</u>
CAPITAL AND RESERVES					
Other reserves			257,988		257,988
Profit and loss account			(48,699)		(18,093)
SHAREHOLDERS' FUNDS			<u>209,289</u>		<u>239,895</u>

The financial statements were approved and authorised for issue by the board on 11th March 2016.

Signed on behalf of the board on 11th March 2016 by



Dr Anne Twomey
Director



Dr Ronan Perry
Director

The notes on pages 37 to 45 form part of these financial statements.

STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2015

	2015 €	2014 €
Cash flows from operating activities		
(Loss) for the financial year	(30,606)	(4,064)
Adjustments for:		
Depreciation of tangible assets	17,111	17,286
Interest paid	2,677	3,353
Interest received	(601)	(249)
Taxation	2,076	1,491
(Increase)/ Decrease in debtors	(45,271)	83,594
Increase / (Decrease) in creditors	130,711	(72,640)
(Decrease) in amounts owed to related parties	(70,406)	(51,152)
Corporation tax	(1,508)	(1,491)
	<u>4,183</u>	<u>(23,872)</u>
Net cash generated from operating activities		
Cash flows from investing activities		
Purchase of tangible fixed assets	(3,828)	(1,021)
Interest received	601	249
	<u>(3,227)</u>	<u>(772)</u>
Net cash from investing activities		
Cash flows from financing activities		
Repayment of loans	(19,850)	(19,382)
Interest paid	(2,677)	(3,353)
	<u>(22,527)</u>	<u>(22,735)</u>
Net cash used in financing activities		
Net (decrease) in cash and cash equivalents	<u>(21,571)</u>	<u>(47,379)</u>
Cash and cash equivalents at beginning of year	115,536	162,915
Cash and cash equivalents at the end of year	<u>93,965</u>	<u>115,536</u>
Cash at bank and in hand	<u>93,965</u>	<u>115,536</u>
	<u>93,965</u>	<u>115,536</u>

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2015

1. ACCOUNTING POLICIES

1.1 Company information

The Irish Dental Association Limited is a company limited by guarantee, which is registered and incorporated in the Republic of Ireland. The company's registered office is at Unit 2 Leopardstown Office Park, Sandyford, Dublin 18.

1.2 Basis of preparation of financial statements

The financial statements have been prepared in accordance with Financial Reporting Standard 102, the Financial Reporting Standard applicable in the United Kingdom and the Republic of Ireland and Irish statute comprising of the Companies Act 2014.

Information on the impact of first time adoption of FRS 102 is given in note 19. The preparation of financial statements in compliance with FRS 102 requires the use of certain critical accounting estimates. It also requires management to exercise judgment in applying the Company's accounting policies (see note 2). The following principal accounting policies have been applied:

1.3 Going concern

The directors have reviewed budgets, projected cash flows and all other relevant information and, on the basis of this review, can reasonably assume that the company has adequate financial resources to continue in operational existence for the foreseeable future. Consequently, the directors consider it appropriate to prepare the financial statements on a going concern basis.

1.4 Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Company and the revenue can be reliably measured. Revenue is measured as the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes.

1.5 Tangible fixed assets

Tangible fixed assets under the cost model are stated at historical cost less accumulated depreciation and any accumulated impairment losses. Historical cost includes expenditure that is directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

The Company adds to the carrying amount of an item of fixed assets the cost of replacing part of such an item when that cost is incurred, if the replacement part is expected to provide incremental future benefits to the Company. The carrying amount of the replaced part is derecognised. Repairs and maintenance are charged to profit or loss during the period in which they are incurred.

All borrowing costs are recognised in the Income Statement in the year in which they are incurred.

Depreciation is charged so as to allocate the cost of assets less their residual value over their estimated useful lives, using the straight line method. The estimated useful lives range as follows:

Depreciation is provided on the following bases:

Freehold Land & Buildings	2%	Straight Line
Fixtures, Fittings & Equipment	20%	Straight Line

The assets' residual values, useful lives and depreciation methods are reviewed, and adjusted prospectively if appropriate, or if there is an indication of a significant change since the last reporting date.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount and are recognised within 'other operating income' in the Statement of Income and Retained Earnings.

1.6 Operating leases: Lessee

Rentals paid under operating leases are charged to the profit or loss on a straight line basis over the period of the lease.

1.7 Post-retirement benefit

The company has agreed to provide certain additional post-retirement benefits to selected senior employees. The estimated cost of providing such benefits is charged against profits on a systematic basis over the employees' working lives within the company.

1.8 Debtors

Short-term debtors are measured at transaction price, less any impairment. Loans receivable are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method, less any impairment.

1.9 Financial instruments

The Company only enters into basic financial instruments transactions that result in the recognition of financial assets and liabilities like trade and other accounts receivable and payable, loans from banks and other third parties, loans to related parties and investments in non-puttable ordinary shares.

Debt instruments (other than those wholly repayable or receivable within one

year), including loans and other accounts receivable and payable, are initially measured at present value of the future cash flows and subsequently at amortised cost using the effective interest method. Debt instruments that are payable or receivable within one year, typically trade payables or receivables, are measured, initially and subsequently, at the undiscounted amount of the cash or other consideration, expected to be paid or received. However, if the arrangements of a short-term instrument constitute a financing transaction, like the payment of a trade debt deferred beyond normal business terms or financed at a rate of interest that is not a market rate, or in case of an outright short-term loan not at market rate, the financial asset or liability is measured, initially, at the present value of the future cash flow discounted at a market rate of interest for a similar debt instrument and subsequently at amortised cost.

Investments in non-convertible preference shares and in non-puttable ordinary and preference shares are measured:

- i) at fair value with changes recognised in the Income Statement if the shares are publicly traded or their fair value can otherwise be measured reliably;
- ii) at cost less impairment for all other investments.

Financial assets that are measured at cost and amortised cost are assessed at the end of each reporting period for objective evidence of impairment. If objective evidence of impairment is found, an impairment loss is recognised in the Income Statement.

For financial assets measured at amortised cost, the impairment loss is measured as the difference between an asset's carrying amount and the present value of estimated cash flows discounted at the asset's original effective interest rate. If a financial asset has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate determined under the contract. For financial assets measured at cost less impairment, the impairment loss is measured as the difference between an asset's carrying amount and best estimate, which is an approximation of the amount that the Company would receive for the asset if it were to be sold at the reporting date.

Financial assets and liabilities are offset and the net amount reported in the Statement of Financial Position when there is an enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

1.10 Creditors

Short-term creditors are measured at the transaction price. Other financial liabilities, including bank loans, are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

1.11 Finance costs

Finance costs are charged to the Income Statement over the term of the debt using

the effective interest method so that the amount charged is at a constant rate on the carrying amount. Issue costs are initially recognised as a reduction in the proceeds of the associated capital instrument.

1.12 Pensions

Defined contribution pension plan

The Company operates a defined contribution plan for its employees. A defined contribution plan is a pension plan under which the Company pays fixed contributions into a separate entity. Once the contributions have been paid the Company has no further payment obligations.

The contributions are recognised as an expense in the Income Statement when they fall due. Amounts not paid are shown in accruals as a liability in the Statement of Financial Position. The assets of the plan are held separately from the Company in independently administered funds.

1.13 Interest income

Interest income is recognised in the Income Statement using the effective interest method.

1.14 Borrowing costs

All borrowing costs are recognised in the Income Statement in the year in which they are incurred.

1.15 Taxation

Tax is recognised in the Income Statement, except that a change attributable to an item of income and expense recognised as other comprehensive income or to an item recognised directly in equity is also recognised in other comprehensive income or directly in equity, respectively.

The current income tax charge is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the reporting date in the countries where the Company operates and generates income.

Deferred tax is recognised in respect of all timing differences at the reporting date, except as otherwise indicated. Deferred tax assets are only recognised to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable profits. Deferred tax is calculated using the tax rates and laws that have been enacted or substantially enacted by the reporting date that are expected to apply to the reversal of the timing difference.

2. JUDGMENTS IN APPLYING ACCOUNTING POLICIES AND KEY SOURCES OF ESTIMATION UNCERTAINTY

When preparing the financial statements, management makes a number of judgements, estimates and assumptions about the recognition and measurement of assets, liabilities, income and expenses.

Significant management judgement

The following are significant management judgements in applying the accounting policies of the company that have the most significant effect on the financial statements.

Going concern

As described in the basis of preparation and going concern in Note 1 above, the validity of the going concern basis is dependent upon the company meeting the cashflows prepared to cover costs as they arise. After reviewing budgets, projected cash flows and all other relevant information and, on the basis of this review, the Directors have a reasonable expectation that the company will meet its liabilities as they arise and will have adequate resources to continue in operational existence for the foreseeable future. For these reasons the Directors continue to adopt the going concern basis of accounting in preparing the financial statements.

Estimation uncertainty

Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

Useful lives of depreciable assets

The annual depreciation charge depends primarily on the estimated lives of each type of asset and, in certain circumstances, estimates of fair values and residual values. The Directors annually review these asset lives and adjust them as necessary to reflect current thinking on remaining lives. Changes in asset lives can have significant impact on depreciation charges for the period. It is not practical to quantify the impact of changes in asset lives on an overall basis, as asset lives are individually determined. The impact of any change would vary significantly depending on the individual changes in assets and the classes of assets impacted.

3. ANALYSIS OF TURNOVER

An analysis of turnover by class of business is as follows:

	2015	2014
	€	€
Membership subscriptions	264,040	258,583
Journals and classified ads	44,744	34,199
Accreditation	130,000	110,417
Other	88,903	115,824
	<u>527,687</u>	<u>519,023</u>

An analysis of turnover by country of destination:

	2015	2014
	€	€
Ireland	527,687	519,023
	<u>527,687</u>	<u>519,023</u>

4. (LOSS)/PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION

The operating profit is stated after charging/(crediting):

	2015	2014
	€	€
Depreciation of tangible fixed assets	17,111	17,286
Fees payable to the company's auditor and its associates for the audit of the company's annual accounts	9,102	9,102
Defined contribution pension cost	<u>18,251</u>	<u>18,156</u>

5. EMPLOYEES

Staff costs were as follows:

	2015	2014
	€	€
Wages and salaries	210,479	202,209
Social security costs	22,603	21,758
Cost of defined contribution scheme	18,251	18,156
	<u>251,333</u>	<u>242,123</u>

Included in wages and salaries is an amount of €84,646 (2014: €84,386) in relation to remuneration to the Chief Executive.

Capitalised employee costs during the year amounted to €NIL (2014: €NIL).

The average monthly number of employees, including the directors, during the year was as follows:

	2015	2014
	€	€
Number of administrative staff	<u>4</u>	<u>4</u>

6. INTEREST RECEIVABLE

	2015	2014
	€	€
Other interest receivable	601	249
	<u>601</u>	<u>249</u>

7. INTEREST PAYABLE AND SIMILAR CHARGES

	2015	2014
	€	€
Bank interest payable	2,677	3,353
	<u>2,677</u>	<u>3,353</u>

8. TAXATION

	2015	2014
	€	€
Corporation tax		
Current tax on profits for the year	2,076	150
Adjustments in respect of previous periods	-	1,341
	<u>2,076</u>	<u>1,491</u>
Tax on loss on ordinary activities	<u>2,076</u>	<u>1,491</u>

Factors affecting tax charge for the year

The tax assessed for the year is the same as the standard rate of Corporation Tax in Ireland of 12.5% (2014 – 12.5%) as set out below..

	2015	2014
	€	€
(Loss) / profit on ordinary activities before tax	(28,530)	(2,573)
	<u>(28,530)</u>	<u>(2,573)</u>
(Loss) / profit on ordinary activities multiplied by standard rate of Corporation Tax in Ireland of 12.5% (2014 – 12.5%)	(3,566)	(322)
Effects of:		
Expenses not deductible for tax purposes, other than goodwill amortisation and impairment	143	878
Adjustments to tax charge in respect of prior periods	1,199	1,341
Short-term timing difference leading to an increase (decrease) in taxation	1,925	1,551
Unrelieved tax losses carried forward	2,300	(1,988)
Unrelieved loss on disposal of operation	75	31
	<u>2,076</u>	<u>1,491</u>
Total tax charge for the year	<u>2,076</u>	<u>1,491</u>

Factors that may affect future tax charges

There are unutilised tax losses forward of €121,752 to be set against future trading profits. An asset has not been recognised as it is uncertain as to when they will be utilised.

9. TANGIBLE FIXED ASSETS

	Land & Buildings Freehold €	Fixtures, Fittings & Equipment €	Total €
Cost or valuation			
At 1 January 2015	475,000	186,733	661,733
Additions	-	3,828	3,828
	<hr/>	<hr/>	<hr/>
At 31 December 2015	475,000	190,561	665,561
	<hr/>	<hr/>	<hr/>
Depreciation			
At 1 January 2015	7,125	172,525	179,650
Charge owed for the period	9,500	7,611	17,111
	<hr/>	<hr/>	<hr/>
At 31 December 2015	16,625	180,136	196,761
	<hr/>	<hr/>	<hr/>
Net book value			
At 31 December 2015	458,375	10,425	468,800
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
At 31 December 2014	467,875	14,208	482,083
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

On 31st March 2014 the directors reviewed the carrying value of the freehold land and buildings and obtained an independent valuation from Mr Jason Fielden and Mr Brian Gibson of Lisney. Given the current uncertainty in the Irish property market, they consider the property's recoverable amount to be €475,000 (original cost €1,500,588), which resulted in an impairment of €794,431 in the financial statement for the year ended 31 December 2013.

	Freehold Property €	Office Equipment €	Total €
Cost or valuation			
At 1 January 2014	475,000	185,712	660,712
Additions	-	1,021	1,021
	<hr/>	<hr/>	<hr/>
At 31 December 2014	475,000	186,733	661,733
	<hr/>	<hr/>	<hr/>
Depreciation			
At 1 January 2014	-	162,364	162,364
Charge owed for the period	7,125	10,161	17,286
	<hr/>	<hr/>	<hr/>
At 31 December 2014	7,125	172,525	179,650
	<hr/>	<hr/>	<hr/>
Net book value			
At 31 December 2014	467,875	14,208	482,083
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
At 31 December 2013	475,000	23,348	498,348
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

10. DEBTORS

	2015	2014
	€	€
Other debtors	256,609	211,247
Corporation tax repayable	-	2,453
Prepayments	37,679	35,317
	<u>294,288</u>	<u>249,017</u>

All amounts are receivable within one year.

11. CASH AND CASH EQUIVALENTS

	2015	2014
	€	€
Cash at bank and in hand	93,965	115,536
	<u>93,965</u>	<u>115,536</u>

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2015	2014
	€	€
Bank loans	20,395	19,911
Trade creditors	119,424	119,009
Amounts owed to related parties	11,855	82,261
Corporation Tax	568	-
Taxation and social security	26,706	21,468
Accruals	29,730	30,216
Deferred income	268,466	142,922
	<u>477,144</u>	<u>415,787</u>

Trade creditors are payable at various dates over the coming months in accordance with the suppliers' usual and customary credit terms. Corporation Tax and other taxes including social insurance are repayable at various dates over the coming months in accordance with the applicable statutory provisions.

Amounts owed to related undertakings are unsecured, interest free and are repayable on demand.

The terms of the accruals and deferred income are based on the underlying contracts.

	2015	2014
	€	€
Other taxation and social security		
PAYE control	26,706	21,468
	<u>26,706</u>	<u>21,468</u>
	<u><u>26,706</u></u>	<u><u>21,468</u></u>

Secured loans

The bank loans are secured on the property at Unit 2 Leopardstown Office Park, Sandyford, Dublin 18.

13. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR

	2015	2014
	€	€
Bank loans	170,620	190,954
	<u>170,620</u>	<u>190,954</u>
	<u><u>170,620</u></u>	<u><u>190,954</u></u>

Secured loans

The bank loans are secured on the property at Unit 2 Leopardstown Office Park, Sandyford, Dublin 18.

14. LOANS

Analysis of the maturity of loans is given below:

	2015	2014
	€	€
Amounts falling due within one year		
Bank loans	20,395	19,911
	<u>20,395</u>	<u>19,911</u>
Amounts falling due within one to two years		
Bank loans	170,620	190,954
	<u>170,620</u>	<u>190,954</u>
	<u><u>170,620</u></u>	<u><u>190,954</u></u>

15. FINANCIAL INSTRUMENTS

	2015	2014
	€	€
Financial assets		
Financial assets that are debt instruments measured at amortised cost	256,609	213,700
Financial liabilities		
Financial liabilities measured at amortised cost	<u>340,169</u>	<u>360,090</u>

16. RESERVES

Other reserves

Other reserves account includes all current and prior period movements in the capital reserve.

Profit and loss account

Profit and loss account includes all current and prior period retained profits and losses.

17. COMPANY STATUS

The Company is limited by guarantee and consequently does not have share capital. Each of the members is liable to contribute an amount not exceeding €1.27 towards the assets of the Company in the event of liquidation.

18. RELATED PARTY TRANSACTIONS

The Irish Dental Association Limited is related to the Irish Dental Union. During the year, the Irish Dental Association collected subscriptions on behalf of the Irish Dental Union of €787,349 (2014: €776,058). The Irish Dental Association Limited paid expenses totalling €508,456 (2014: €558,458) on behalf of the Irish Dental Union. During the year the Irish Dental Association paid €349,300 to the Irish Dental Union. The balance owing to the Irish Dental Union at the year end was €11,855 (2014: €82,261).

There are no further transactions with related parties during the year.

19. FIRST TIME ADOPTION OF FRS 102

The policies applied under the entity's previous accounting framework are not materially different to FRS 102 and have not impacted on equity or profit or loss.

20. APPROVAL OF FINANCIAL STATEMENTS

The Board of Directors approved these financial statements for issue on 11 March 2016.

DETAILED PROFIT AND LOSS ACCOUNT

YEAR ENDED DECEMBER 31, 2015

	2015 €	2014 €
Turnover	527,687	519,023
Gross profit	<u>527,687</u>	<u>519,023</u>
	<u>527,687</u>	<u>519,023</u>
Less: overheads		
Administration expenses	(554,141)	(518,492)
Operating (loss)/profit	<u>(26,454)</u>	531
Interest receivable	601	249
Interest payable	(2,677)	(3,353)
Tax on profit on ordinary activities	(2,076)	(1,491)
Loss for the year	<u>(30,606)</u>	<u>(4,064)</u>

SCHEDULE TO THE DETAILED ACCOUNTS

YEAR ENDED DECEMBER 31, 2015

	2015	2014
	€	€
Turnover		
Membership subscriptions	264,040	258,583
Journals and classified ads	44,744	34,199
Accreditation	130,000	110,417
Other	88,903	115,824
	<u>527,687</u>	<u>519,023</u>

	2015	2014
	€	€
Staff salaries	210,479	202,209
Staff private health insurance	9,287	10,828
Staff national insurance	22,603	21,758
Staff pension costs – defined contribution schemes	18,251	18,156
Staff training	2,406	987
Hotels, travel and subsistence	3,977	4,694
Printing and stationery	68,556	77,569
Telephone and fax	6,942	7,015
Trade subscriptions	8,300	7,082
Charity donations	4,708	1,300
Legal and professional	13,358	19,232
Auditors' remuneration	9,102	9,102
Equipment leasing (operational)	3,980	5,135
Bank charges	5,670	6,353
Sundry expenses	7,260	7,918
Rates	4,750	5,005
Light and heat	3,361	3,339
Insurances	2,567	2,458
Repairs and maintenance	8,363	8,391
Depreciation – freehold property	17,111	17,286
CPD assist software	8,487	8,241
Council of European Dentists meeting costs	18,202	10,860
Meetings, delegations and courses	4,560	3,682
Presidential expenses	3,780	1,524
Sub-total carried forward	<u>466,060</u>	<u>460,124</u>

SCHEDULE TO THE DETAILED ACCOUNTS CONTINUED

YEAR ENDED DECEMBER 31, 2015

	2015	2014
	€	€
Sub-total brought forward	466,060	460,124
Public relations and advertising	26,629	27,365
Learning management systems	61,452	31,003
	<u>554,141</u>	<u>518,492</u>
	<u><u>554,141</u></u>	<u><u>518,492</u></u>
	2015	2014
	€	€
Bank interest receivable	601	249
	<u>601</u>	<u>249</u>
	<u><u>601</u></u>	<u><u>249</u></u>
	2015	2014
	€	€
Bank loan interest payable	2,677	3,353
	<u>2,677</u>	<u>3,353</u>
	<u><u>2,677</u></u>	<u><u>3,353</u></u>

Motion Number 1

That the audited accounts and report thereon for the year ended December 31, 2015, be accepted.

Proposed by Dr Ronan Perry
Seconded Dr Maher Kemmoona

Motion Number 2

That this AGM appoints Grant Thornton, Chartered Accountants, as auditors to hold office until the conclusion of the next Annual General Meeting at which accounts are laid.

Proposed by Dr Ronan Perry
Seconded Dr Maher Kemmoona

Motion Number 3

That this AGM authorises the Directors to fix the remuneration of the auditors.

Proposed by Dr Ronan Perry
Seconded Dr Maher Kemmoona

Motion Number 4

That a presentation on the current state of governance practice shall be provided by the outgoing President to the IDA AGM annually.

Proposed by Dr PJ Byrne
Seconded Dr Anne Twomey

Motion Number 5

The Irish Dental Association calls on the Department of Health to urgently introduce an appropriate Foundation Training Scheme to meet the needs of new dental graduates.

Proposed by Dr PJ Byrne
Seconded Dr Frances O'Callaghan

Motion Number 6

That the Irish Dental Association calls on HSE senior management and the Assistant National Director for Oral Health to implement a permanent resolution to the existing national crisis in the provision of general anaesthetic services for dental patients. We also call on the Minister for Health to direct the HSE to ensure that children waiting for dental treatment under general anaesthesia are treated equally to children on waiting lists for other surgical procedures.

Proposed by Dr Frances O'Callaghan
Seconded Dr Michaela Dalton

Motion Number 7

That, in recognition of the Minister for Health's introduction of free GP care for children under 6, the Irish Dental Association now calls on the Minister to implement a policy, supported by the required funding, to put in place comprehensive oral health care programmes for children under 6.

Proposed by Dr Jane Renehan
Seconded Dr Frances O'Callaghan

Motion Number 4

That the Irish Dental Association calls on HSE senior management and the National Oral Health Lead to implement, as a matter of priority, a permanent resolution to the existing national crisis of access to emergency dental services for young children requiring extraction under general anaesthesia.

Proposed by Dr Ronan Perry
Seconded Dr Maher Kemmoona

Action

In October 2015, the IDA Chief Executive wrote to the Minister for Health, Dr Leo Varadkar, on the issue of access to dental services under general anaesthetic as follows:

“Dear Dr Varadkar

I refer to the recent public debate about the difficulties apparent in the oral health of our children and welcome a timely and comprehensive audit of the extent to which children are being admitted for dental treatments under general anaesthetic in our hospitals.

The Association believes that the extent of this problem is greater than existing official statistics suggest and we would be most anxious to be consulted on the administration and system of collection, the methodology and basis for calculation of such statistical recording systems in the future. We are acutely aware that persistent and complex discussion of statistical methods and information may on occasion deflect from the urgency of patient care and important clinical issues.

It is commonly accepted that there has been a significant deterioration in the level of service provided and particularly the extent to which preventive care and screening is taking place in schools, with the consequence that children are seeing their dentist for the first time at far too late a stage in their development. Furthermore, the HSE has accepted that the current staffing levels in the Public Dental Service of around 300 are well below levels of up to 387 that pertained in 2008 as confirmed last week. Increased dental employment levels and appropriately directed staff resource allocation are urgently required.

Difficulties in arranging access to secondary care emerged as the single greatest cause of stress to our members employed by the HSE and surveyed in the past month. The shocking nature of many of the individual case histories highlighted at our recent annual conference, which I would be happy to share with you, only served to illustrate and explain this anxiety among dentists trained to care for and to treat children.

We also note with concern the published information and ongoing clinical research in regard to the alarming number of adult patients attending the acute hospital service with serious head and neck infections as a consequence of untreated dental

Motion Number 5

That the Irish Dental Association calls on HSE senior management and the National Oral Health Lead to ensure timely access for special needs patient groups to dental services under general anaesthesia or sedation as appropriate.

Proposed by Dr PJ Byrne
Seconded Dr Anne Twomey

caries, and also acknowledge the serious burden that this places on patients and their families, and the acute hospital service in general.

We are aware that, while funding levels have been declared at headline level in the wake of the recent Budget for the health service, the 2016 service plan for the HSE is still in preparation. You will recall previous representations made by the Association and the National Oral Health Forum, which suggested urgent need for investment in systems of oral health care, particularly for under sixes, akin to the changes introduced for medical care, and we would commend this strongly once more.

We would also hope that the new HSE service plan will confirm an intention to increase the number of dental surgeons employed by the HSE and that favourable consideration would also be given to a number of other proposals including the introduction of a model similar to the Child Smile model, which has been very successful in Scotland, as well as our call for the re-introduction of a foundation training scheme for young dentists, which again will be of great benefit to public service dentistry.

Finally, it is our view that the alarming deterioration in oral health, for the worst affected quartile in particular, is also closely linked to the cuts in benefits available to adults under the medical card and PRSI dental schemes, and we would again plead for restoration of essential treatments as of right under the DTSS, given that the Government has failed again to restore PRSI dental benefits for 2016. We would welcome a meeting at your earliest convenience to assist in this important discussion.”

The letter followed a successful media campaign whereby the IDA highlighted issues of children’s oral health and, in particular, the number of children requiring tooth extraction under general anaesthetic. In addition to articles in many newspapers, IDA Chief Executive Fintan Hourihan, President Dr Anne Twomey and other representatives were interviewed on local and national radio, and appeared on television news bulletins. The HSE disputed IDA figures and said that it is planning a national audit on general anaesthetic waiting lists for children and for those with special care and special needs.



irish dental association

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