

# ANNUAL REPORT

2015



## IDU COUNCIL MEMBERSHIP 2015/2016

### HONORARY OFFICERS

**President:**  
Dr Anne Twomey

**Vice President:**  
Dr Peter Gannon

**President Elect:**  
Dr PJ Byrne

**Honorary Secretary:**  
Dr Maher Kemmoona

**Honorary Treasurer:**  
Dr Ronan Perry

**Honorary Membership Officer:**  
Dr Frances O'Callaghan

### OTHERS

**Honorary Secretary Elect:**  
Dr Gillian Smith

**GP Group Representative:**  
Dr Ryan Hennessy

**HSE Dental Surgeons Group Rep:**  
Dr Iseult Bouarroudj

**JIDA Representative:**  
Dr Dermot Canavan

**Elected Members**  
Dr Susan Kiely  
Dr Saoirse O'Toole  
Dr Liam Lynch

### REPRESENTATIVE MEMBERS

<p><b>South Eastern</b> Branch Representative: Dr Barry Power</p> <p><b>North Eastern</b> Branch Representative: Vacant</p> <p><b>North Munster</b> Branch Representative: Dr Eoin Mullane</p> <p><b>Munster</b> Branch Representative: Dr Mairéad Browne</p> <p><b>Kerry</b> Branch Representative: Dr Susan Crean</p> <p><b>Metro</b> Branch Representative: Dr Michael Lavin</p> <p><b>Metro</b> Branch Representative (2): Dr Laura Houlihan</p>	<p><b>Western</b> Branch Representative: Dr Paul Murphy</p> <p><b>North Western</b> Branch Representative: Dr Rory Fleming</p> <p><b>HSE Dental Surgeons</b> Group Rep: Vacant</p> <p><b>GP Group Rep:</b> Dr Clodagh McAllister</p> <p><b>GP Group Rep (2):</b> Dr Andrew Kelly</p> <p><b>Limited Practice Rep:</b> Dr Stephen Murray</p> <p><b>CED Representative:</b> Dr Robin Foyle</p> <p><b>Co-opted Members</b> Dr Brendan Fanning Dr John Adye-Curran Dr Seamus Rogers</p>
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## EXECUTIVE COMMITTEE

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

## TRUSTEES

Dr Garret McGann      Dr Martin Holohan      Dr Jane Renehan

### GENERAL PRACTICE GROUP

<b>Chair:</b> Dr Ryan Hennessy	<b>North Munster:</b> Dr Andrew Kelly
<b>Vice Chair:</b> Dr Peter Gannon	<b>North Western:</b> Dr Stephen Moore
<b>Kerry:</b> Dr Peter Moran	<b>South East:</b> Dr Ryan Hennessy
<b>Metro:</b> Dr Clodagh McAllister	<b>Western:</b> Dr Neysan Chah
<b>Munster:</b> Dr Kieran O'Connor	<b>Co-opted</b> Dr Eamon Croke Dr Neil Griseto Dr Neil Condon
<b>North Eastern:</b> Dr Tom Rodgers	

### HSE DENTAL SURGEONS GROUP

<b>President:</b> Dr Frances O'Callaghan	<b>North Eastern Branch:</b> Dr Rosarii McCafferty
<b>Vice-President:</b> Dr Iseult Bouarroudj	<b>North Munster Branch:</b> Dr Joseph Green
<b>President Elect:</b> Dr Michaela Dalton	<b>North Western Branch:</b> Dr Padraig Halvey
<b>Honorary Secretary:</b> Dr Evelyn Connolly	<b>South Eastern Branch:</b> Dr Niall Murphy
<b>Kerry Branch:</b> Vacant	<b>Western Branch:</b> Dr Bridget Harrington-Barry
<b>Metro Branch:</b> Dr Amalia Pahomi Dr Grainne Dumbleton	<b>Orthodontic Representative:</b> Dr Karen Bailly
<b>Munster Branch:</b> Dr Myra Herlihy	<b>Elected:</b> Dr Siobhan Doherty

All listings above as of December 31, 2015.

The IRISH DENTAL UNION exists to represent the honour and integrity of the profession. It represents dentists in all dealings and negotiations with government and other relevant bodies, and seeks to maintain just and reasonable terms of employment and proper remuneration for dentists.

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## State schemes

### Supreme Court appeal

A date for hearing the breach of contract challenge in the *Reid and Turner vs HSE* appeal was set in late 2015. Drs Martin Reid and James Turner claimed that unilateral alterations to their contracts, with regards to which treatments given to medical card holders could be funded, were a breach of contract. The appeal by Drs Reid and Turner against the HSE has been supported over the past six years by the Union.

In December 2015, members of the Executive Committee, Council, and GP Group met with Michael Cush SC and Bill Shipsey SC and, having considered the advices received from both senior counsel, there was unanimous support among all dentists present for the decision to continue to support the appeal to the Supreme Court in respect of the dentists' breach of contract case. The challenge followed the 2010 decision of the HSE to unilaterally impose severe restrictions on the DTSS scheme, with massive consequences for dentists and patients. It was felt that the issues at stake were fundamental to our profession, and it was not acceptable that the HSE could be allowed to simply cast aside contractual terms in the manner in which they have attempted. All present at the meeting in December 2015 resolved to remain united in this approach, regardless of the outcome and the potentially large legal costs.

In early 2016, the Supreme Court handed down its judgment and dismissed the appeal.

On April 26, 2010, the Health Service Executive distributed Circular No. 008/10, which noted the 2010 budget decision to limit expenditure under the Dental Treatment Services Scheme to €63 million, and the decision to prioritise emergency treatments, and limited additional treatments.

The Supreme Court first considered whether the collective contract was binding on the plaintiffs.

Noting that both had been members of the Irish Dental Association over many years, and that both of their contracts contained the 1999 revision to the contract, the Supreme Court found that it was difficult to see how it could be argued that they were not bound by it. It was noted that privity of contract can be a valid defence against the binding nature of a collective agreement entered into between an employer and a trade union. However, the "onus is on the party who asserts that no legal effect was intended and the onus is a heavy one".

The Court noted the case of *Goulding Chemicals Ltd v Bolger*, in which a minority group of workers successfully dissented from a deal reached by their union.

That situation was contrasted with the current case, in which Martin Reid and James Turner worked this contract for over a decade and made no complaint as to the applicability of the 1999 terms.

The Court therefore concluded that the full terms of the 1994/1999 contract were accepted. Turning to the contract, the Court cited *UPM Kymmene Corporation v*

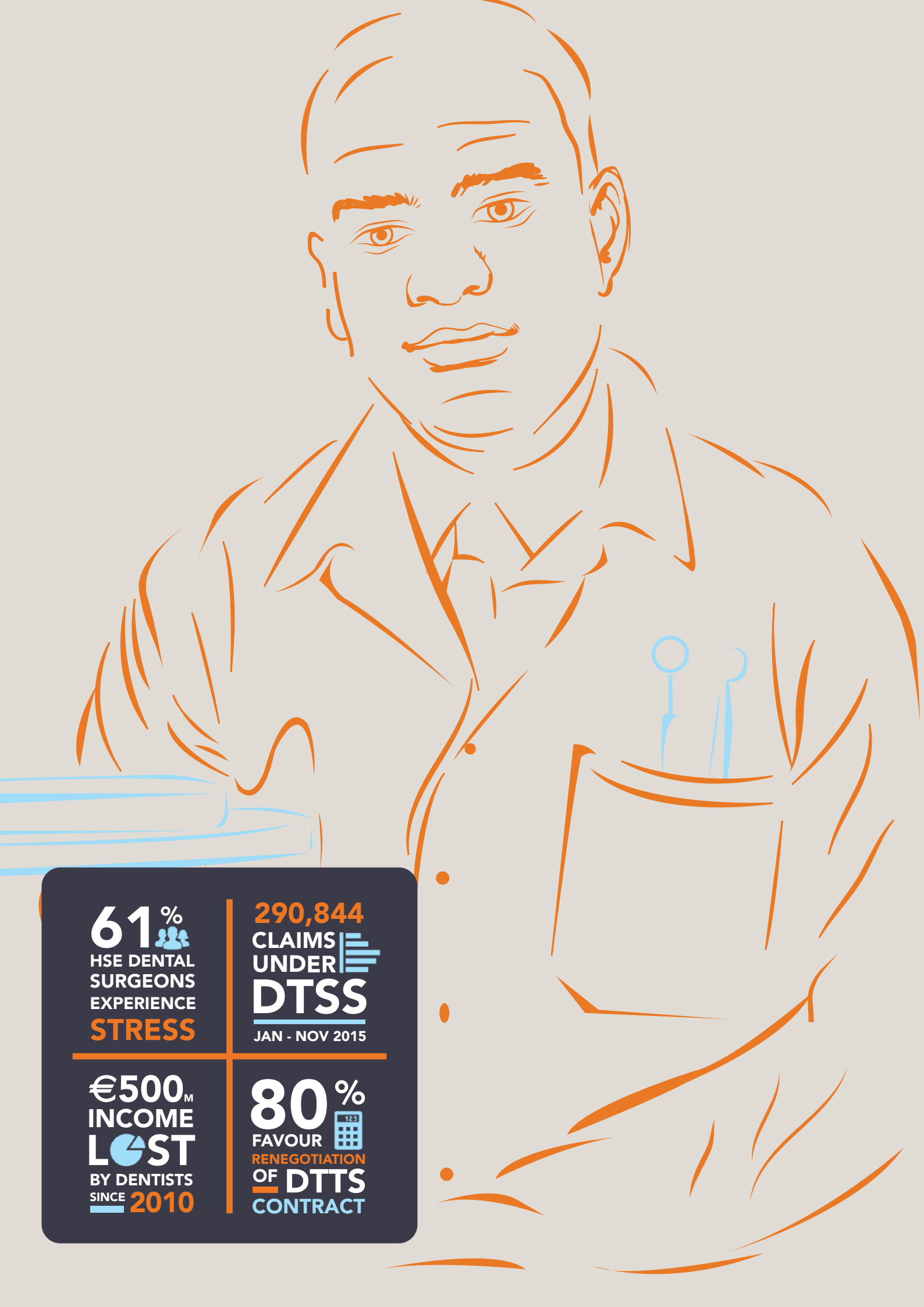
*BWG Limited* where it was stated that: "The Court's task is to ascertain the intention of the parties, and the intention must be ascertained from the language they have used, considered in the light of the surrounding circumstances and the object of the contract.

"Moreover, in attempting to ascertain the presumed intention of the parties, the Court should adopt an objective, rather than subjective approach and should consider what would have been the intention of the reasonable persons in the position of the parties." While the Court acknowledged that when interpreting the contract, the basic rule is that the Court's task is to ascertain the intention of the parties, in order to conduct this task, the Court placed significant emphasis on the background factual context.

The importance of the correspondence between the IDA and the HSE to the Court's interpretation was signalled early in the Judgment. The Court placed emphasis on the fact that there is no "entire agreement" clause in the contract, observing that:

"Sometimes a situation might arise whereby the contract specifically provides that the entirety of the bargain between the parties is expressed in the text, stating that the contract is excluding any prior oral representations or subsequent oral variations. That is not this contract. It is clear that this contract is within the category of one which may be renegotiated." Overall, the Court was clearly heavily persuaded by the negotiations that had taken place between the IDA and the HSE in 1999. The Court found that it was difficult to accept the plaintiffs' contention that the reference in the contract to the Health Service Executive having "the right to take whatever measures are necessary to live within budget and statutory obligation" were to be regarded as a recital of circumstance, which must be disregarded. It was found that the new agreement in 1999 would not have been entered into but for the acknowledgment by the Irish Dental Association of this right to take whatever measures necessary. The Court noted that the Acknowledgment "gave the funding party virtually untrammelled choice in withdrawing funding from particular forms of dental treatments. The new agreement in 1999 would not have been entered into but for the acknowledgment by the Irish Dental Association in the letter of 17th September 1999, which replaced the wording of that old clause 7 from 1994, with an entitlement from 1999 onwards to act on the basis of budget constraints. **This clause was expressed in the widest possible form.**" (Emphasis added).


Thus, "The change introduced was unequivocal as to the effect which it might have, even though the nature of the change that was brought about thereby was as unexpected in 1999 as the economic crash through property inflation which necessitated these extreme measures by the Health Service Executive in 2010." The Court found that while it was clear that the power to unilaterally alter a



**61%**   
HSE DENTAL  
SURGEONS  
EXPERIENCE  
**STRESS**

**290,844**  
CLAIMS  
UNDER  
**DTSS**  
JAN - NOV 2015

**€500<sub>M</sub>**  
INCOME  
**LOST**  
BY DENTISTS  
SINCE **2010**

**80%**   
FAVOUR  
RENEGOTIATION  
OF **DTTS**  
CONTRACT

contract in the form agreed between parties was unusual, there was no basis upon which a court could change an unambiguous meaning through the application of any principle that contradicts express words. As a result, the appeal was dismissed.

#### *Commentary*

While undoubtedly the Supreme Court judgment makes for very difficult reading, it is important that we respond in a considered way.

Clearly this judgment confirms that the DTSS scheme and the contract as we know it contains a power for the HSE to make unilateral changes and, as such, in our view, is not fit for purpose. It will be a matter for individual members to decide whether to retain their contract or resign; the Association is precluded from making recommendations to members as regards retaining contracts or otherwise, and the decision to retain the contract or otherwise must be a decision for each dentist to make individually.

At our recent Council meeting, it was agreed that we should pause and examine the lessons to be learned to see how we can be better positioned for the future. There is no doubt in our minds that those who negotiated in good faith on behalf of the profession in 1999 could never have envisaged that the Supreme Court could ultimately decide that the HSE has been given the right to make unilateral changes to the DTSS contract.

In 2010, members will recall that overnight the State decided to take €60m a year from dentists' incomes annually under the DTBS scheme and at least another €40m per annum from those dentists holding DTSS contracts. Given that the State ultimately failed to restore benefits, it has effectively withheld payments to dentists of up to €500m since 2010, and clearly this has had a profound impact on dentists' incomes as well as on the oral health of the patients concerned.

In 2010 the Association engaged lawyers who examined carefully our options in regard to both schemes. The advice we received was that there were clear grounds to challenge the decision of the HSE to introduce changes unilaterally, and that advice remained unchanged even after the High Court judgment. In the context of a situation where up to €500m would ultimately be taken from the income of dentists over the following five years, a decision to simply leave this approach of the HSE unchallenged could not be countenanced where there was a clear possibility of reversing this decision through the courts.

Of course, it is regrettable that, along with doctors and pharmacists, dentists have been left with no option but to seek vindication of contractual rights through the courts. If nothing else, this latest development underlines the need for important reforms as regards resolving disputes between service providers holding contracts with the State, and particularly with the HSE.

Clearly the need to resource the Union to defend and protect the rights of its members has never been more important. The decision in 2011 to set up a trade union known as the Irish Dental Union and to divert the bulk of our funds to the Union in the intervening years while ensuring that significant surpluses were achieved, has been more than vindicated in the light of events, and given the

large financial bill that now remains to be settled. We would welcome feedback from members as we review and try to establish the lessons to be learned, a process in which nobody can be above scrutiny, whether internally within the Union or beyond. The Union is committed to defending the rights of our members and taking all appropriate steps to vindicate those rights. Clearly, we are at a crossroads as regards the future of the DTSS and in the coming months we will, in conjunction with our members and volunteer leaders, carefully review the options for members going forward.

#### **Dental Treatment Service Scheme (DTSS) spend 2015**

There were 290,844 claims made under the DTSS scheme in the period January to November 2015. The projected budget for the DTSS in 2015 was €76 million.

The IDU met with the HSE a number of times during 2015 to discuss a number of serious concerns about the operation of the DTSS and a number of new initiatives that had been introduced recently without any discussion, including: ongoing probity issues; inspections; refusal of claims and delays in payment; and, the online checker. We rejected proposals for major changes to the Form D used by dentists holding DTSS contracts, and changes to the online checker system, which would impose significant additional burdens as regards the operation of the DTSS scheme, and the claims process that is defined within the contract, and effectively seeks to set aside essential terms of the DTSS contract.

#### **Probity issues**

The IDU continues to assist members who have received requests for patient records for a sample of patients, and in particular a small number who have received notice of immediate suspension of their contract. Having consulted with legal advisers, a letter was sent to the HSE regarding their approach to audits, stating that the HSE is acting in breach of data protection legislation, and that the IDU will refer the HSE to the Data Protection Commissioner in the event that it does not cease to request such records in the absence of patient consent.

Over the summer, I met with Tony O'Brien, Director General of the HSE, outlining IDU concerns about the current inspection system, and suggesting that a system be put in place that all parties could subscribe to. Mr O'Brien subsequently sent a letter to John Hennessy (HSE National Director, Primary Care) and Pat O'Dowd (HSE Assistant National Director, Primary Care) stating that the approach should now have the same focus on compliance as on inspection and potential sanction. A series of seminars on probity and third-party schemes was planned for early 2016.

#### **Publication of payments to dentists**

In November 2015, the Union lodged a protest with the Office of the Information Commissioner following the publication by *The Irish Times* of the names of DTSS contract holders and the payments made by the HSE to these dentists for care provided to medical cardholders. The IDU had sought to prevent the release of the

information by the HSE in response to Freedom of Information requests submitted by *The Irish Times* seeking details of the highest levels of payment to doctors, dentists, pharmacists and optometrists providing professional services to medical card patients.

Previously, the Irish Dental Union had secured a ruling from the Office of the Data Protection Commissioner, which ended the practice by the HSE of publishing details of payments to dentists online.

### Survey of GP members

A survey of IDA members in general practice was carried out in May/June 2015. It found that just fewer than seven out of ten dentists describe themselves as practice owners, while self-employed associates account for 23%, and almost 9% of dentists describe themselves as equity or expense-sharing partners. Almost all of the respondents hold a PRSI contract, while just over three-quarters hold a medical card or DTSS contract.

A complete renegotiation of the DTSS is favoured by 80% of respondents, while 74% want a renegotiation of the PRSI dental scheme. Two-thirds of dentists would consider changes in the basis of remuneration under the PRSI dental scheme to a mix of capitation and fee per item. More than four out of five dentists responding said that they would favour reintroduction of scale and polish under the PRSI dental scheme, while 75% were opposed to the reintroduction of the scale and polish at the previous fee of €31. On average, dentists stated that they charge an average of €60 for a scale and polish for private patients.

Dentists stated that ahead of a renegotiation of the scheme the treatments they would like to see restored to the PRSI dental scheme were as follows, in descending order: fillings; scale and polish; extractions; and, periodontal treatment.

### Dental Treatment Benefit Scheme (DTBS; PRSI dental scheme)

The Dental Treatment Benefit Scheme was availed of by 312,659 people during 2015. Total public expenditure on the scheme in 2015 was €10.3 million. The cost of the DTBS (in € millions) for the last six years and for 2009, the last year the scheme operated unrestricted, are as follows:

YEAR	DTBS COST
2009	62.3
2010	25
2011	9.1
2012	8.9
2013	9.9
2014	10.2
2015	10.3

In June 2015, the President, Dr Anne Twomey, and I were invited to attend a meeting with Minister for Health, Dr Leo Varadkar, to discuss the restoration of dental benefits under the PRSI scheme (DTBS). At the meeting, we pointed out that the State has deprived two million eligible DTBS beneficiaries of dental treatment worth €250m in the five years since the decision to restrict the scope of DTBS benefits to an annual examination from early 2010.

While we stated that we would wish to see benefits restored, we advised the Minister that 82% of members we surveyed would not favour a return of scale and polish at the fee that obtained previously. We advised the Minister that the average fee charged privately for a scale and polish stands at €60, according to our survey.

A grant in aid scheme would offer dentists leeway to set fees that cover their costs, while the Government could be assured of a fair fee because of the choice of dentist available to the patient. We advised the Minister that the other treatments dentists wanted to see restored as a priority included fillings, extractions and periodontal treatments.

In September, we prepared a briefing paper on the DTBS for the Tánaiste and Minister for Social Protection, Joan Burton, who has direct responsibility for the scheme.

### Promoting greater dental attendance and profitable practices

The Association's Annual Practice Management Seminar took place in Croke Park on Saturday, January 30, 2016. This year it was sponsored by Dental Care Ireland and DMI.

Following the national GP meeting and a presentation on the IDA Strategy Plan by Dr Peter Gannon, presentations were made on how dentists can move towards greater independence in their practice. I was pleased to be joined after my presentation by David McCaffrey of MedAccount and Dr Tom Feeney. Each of these presentations was packed with very well sourced facts and figures. It was followed by a lively question and answer session, in which Association President Anne Twomey explained her practical approach to local networking and business development for her own surgery.

Pharmacist Oonagh O'Hagan, who owns the Meaghers chain of six stores with two more in planning, addressed the afternoon session of the seminar. She explained how she managed to get a loan from AIB Bank so that she could buy the original Meagher's Pharmacy on Baggot Street, built that up to several shops and then faced the crash. The downturn was severe, and with jobs and income on the line, she turned to her team to develop a new strategy.

They agreed performance indicators for operations, dispensary, sales, finance and human resources. The company also placed an emphasis on gathering data from its own operations to use quickly enough to inform management decisions, and this was expanded to using industry data so that the company can compare its position against other pharmacy business figures (anonymised).

Presentations were also made at the meeting by Drs Harry Barry and Kevin Lewis.

# Representation and public affairs

## Oral health policy

In May 2015, representatives of the IDA attended a stakeholders' consultation day organised by the Department of Health as part of its preparation of a national oral health policy.

## 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.

# Collective negotiations

## Legal framework for discussions

The IDU has informed the Minister for Health of the need to agree a legal framework for discussions with the Government in regard to negotiations on the DTSS or the DTBS. We argued that a similar model to the "memorandum of understanding" that was concluded between the Department of Health and the IMO would be appropriate. The Minister indicated that he would favour such an approach.

## Public service agreement

The HSE Dental Surgeons Committee decided that the IDU should accept the terms of the new public sector pay agreement, known as the Lansdowne Road Agreement (LRA), on behalf of public dental surgeon members. The IDU participated in the discussions on the Agreement, which were facilitated by the Labour Relations Commission. In accepting the Agreement, the HSE Committee voiced serious concern at the refusal of the employer side to extend proposed pay increases to higher-paid grades such as those represented by the IDU. However, consideration was also given to commitments received by the Union in regard to issues such as engagement with the HSE in regard to dental reforms/staffing review, hours of work for dentists, job evaluation and oversight processes. The pay element of the agreement will restore a total of around €2,000 to most public servants over three payment phases between January 2016 and September 2017. The pay restoration will be achieved through a combination of adjustments to the public service pension levy and a partial reversal of the 2010 public service pay cuts. The phases of pay restoration will occur as follows:

## FOLLOWING THE ADJUDICATION FINDING, THE IDU WAS TO ENTER NATIONAL TALKS WITH THE HSE IN 2016 TO REACH AGREEMENT ON HOW ANY ADDITIONAL TIME SHOULD BE DISCHARGED.

### 2016

- **PHASE ONE:** January 1 – The pension levy threshold (the salary amount above which the levy is payable) increases to €24,750 (from the current threshold of €15,000).
- Annualised salaries up to €24,000 will increase by 2.5% through a partial reversal of the 2010 public service pay cut. Annualised salaries between €24,001 and €31,000 will increase by 1% via the same mechanism.
- **PHASE TWO:** September 1 – Pension levy threshold increases to €28,750.

### 2017

- **PHASE THREE:** September 1 – Annualised salaries up to €65,000 increase by €1,000 per annum.

Pay restoration for staff earning more than €65,000 negotiated as part of the Haddington Road Agreement (HRA) will apply on April 1, 2017, and January 1, 2018.

## Working hours

The IDU referred the issue of increased working hours to the Health Sector Adjudication Process under the Public Service Agreement. This issue had also gone before a meeting of the Health Service Oversight Body under the HRA, but there was no consensus view reached.

Following the adjudication finding, the IDU was to enter national talks with the HSE in 2016 to reach agreement on how any additional time should be discharged. The view of the IDU is that any additional time should be spent in discharging audit, CPD, study and administrative duties.



### Public service dental reforms

In November 2015, the IDU secured the backing of the Labour Court in a row with the HSE over promotional posts. The Labour Court upheld the IDU's assertion that a 2011 agreement on promotional posts remains in place, and has recommended that the agreement should be observed by both sides. The Court further noted that the HSE has not fully satisfied the terms of the agreement. We had notified the Court that as many as five promotional posts currently remain to be filled.

At the Labour Court hearing, the HSE argued that the terms of the agreement had been superseded by the reorganisation of the health sector and by Government policy. The Court also recommended that the HSE and IDU/IMPACT enter "time-bound discussions" on all issues in dispute. As part of the discussions and subsequent to the Court's recommendation, the IDU will insist that the HSE implement the terms of the 2011 agreement, which provides for the appointment of up to 26 dentists at Principal Dental Surgeon level, encompassing 17 as ISA Principals, five in the National Oral Health Office and four in the PCRS Inspectorate.

Talks on the matters in dispute began in early 2016.

## Benefits and services

### HR/employment law advisory service

Throughout 2015, the IDA continued to provide comprehensive advice and assistance to members on HR and employment law issues.

Staff members in IDA House provided advice and representation to GP members on the following issues:

- employment law;
- practice management;
- health and safety;
- Dental Council guidelines;
- infection control;
- probity;
- HSE Inspections; and,
- data protection.

Members are reminded of the importance of having contracts for all staff members, and for the terms and conditions of employment to be accurately reflected in any contract issued. A number of public sector members availed of the advocacy services offered by the IDA, and were represented throughout grievance, disciplinary and dignity at work procedures during the year. Queries on working terms and conditions for public sector members were also addressed. We encourage members to utilise this service in the first instance, and to avoid incurring the cost of consulting external lawyers/HR consultants.

## WE WERE DELIGHTED TO ANNOUNCE THE EXTENSION, IN 2015, OF THE INSURANCE POLICY FOR IRISH DENTAL UNION MEMBERS SUBJECT TO AN AUDIT BY THE REVENUE COMMISSIONERS.

### Tax audit and helpline services for IDU members

We were delighted to announce the extension, in 2015, of the insurance policy for Irish Dental Union members subject to an audit by the Revenue Commissioners. The IDU Tax Protection Policy meets up to €4,000 in reasonable professional costs incurred by dentists who are subject to an audit of their business accounts by the Revenue Commissioners, as well as for appeals regarding PAYE or PRSI compliance following an audit by the Revenue Commissioners or the Department of Social, Community and Family Affairs, or in relation to any appeal proceedings following an audit carried out by the Revenue Commissioners in respect of any VAT liabilities. The cost of this insurance-based policy is borne by the IDU (the policy holder is the IDU and the insured persons are members of the IDU). In 2015, seven dentists in membership of the IDA benefitted from the Tax Assist policy, with estimated payments of over €25,400 by the insurers. A total of 47 helpline calls were received from IDA members and other eligible persons in 2015.

To avail of the service, you or your accountant should contact DAS, Europe's leading tax and legal expenses insurer, at 1850 670 747, as soon as you are notified of a Revenue Commissioners audit of your business accounts. When the appropriate information is received, an accountant will be appointed to act for you – this can be your own accountant if that is agreeable to both DAS and your accountant. Please note that this policy only covers costs incurred after DAS has been authorised, so please ensure that you call as soon as you are made aware of an audit. The policy is subject to terms and conditions, which are available on request to IDU members.



Fintan Hourihan  
CEO

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Orthodontic Representative:	Dr Karen Bailly
Elected:	Dr Siobhan Doherty

## HSE Dental Surgeons Group

We were delighted to welcome Dr Anne Twomey, President of the IDA, to our Annual Seminar in Carlow in October. Dr Twomey has advocated very strongly on behalf of patients throughout her term in office, and on this occasion she highlighted the demand for general anaesthetic services for dental treatment, and the failure of the HSE to provide adequate services for these vulnerable patients.

Dr Twomey's contribution to the recent RTÉ *Sugar Crash* programme has been widely quoted by patients attending our surgeries, and she is to be congratulated for bringing the issue of oral healthcare to the attention of the general public.

In the year since the last IDA AGM in Cork, I regret to report that there has been very little improvement in the Public Dental Service. While the moratorium on public service recruitment has been lifted, in reality the numbers of additional dental staff are not significant enough to begin to address the chronic understaffing in the service. This means that thousands of eligible children and patients with special needs are not receiving the basic care to which they are entitled. International guidelines suggest that children should have their first dental examination by their first birthday. For most children in Ireland, their first scheduled encounter with the public dental service is at age seven to eight, and for many it is age 11-12. This absence of a preventive strategy in the critical early years means that for many children their first encounter with a dentist is in pain at an emergency visit. In 2015, the Department of Health introduced a free GP card for under sixes. At the AGM of the HSE Dental Surgeons Group on October, we called on the Minister for Health to put in place comprehensive oral healthcare

**AT THE AGM OF THE HSE DENTAL SURGEONS GROUP ON OCTOBER, WE CALLED ON THE MINISTER FOR HEALTH TO PUT IN PLACE COMPREHENSIVE ORAL HEALTH CARE PROGRAMMES FOR CHILDREN UNDER 6 SUPPORTED BY THE REQUIRED FUNDING.**

programmes for children under six, supported by the required funding. The Committee commissioned a survey of HSE members in advance of the AGM, focussing on stress and working conditions. Some 61% of dentists reported that they were suffering stress at work and that they are working under a great deal of pressure. One in five of the respondents reported missing work due to stress, and the greatest causes of stress were a lack of secondary care services for patients, e.g., GA appointments, inadequate resources, and staff shortages. Also of concern is that over half of respondents do not have confidence in the HSE's ability to implement employee support policies. Of those members who had raised issues under the Dignity at Work or Grievance Procedures, most were dissatisfied with the actual process and further stated that the HSE failed to implement the agreed outcome. The IDA will bring the results of this survey to the attention of senior management within the HSE.

The failure of the HSE to honour the 2011 Agreement on Dental Reforms was challenged by a joint IDU/Impact submission to the Labour Court. In November the Labour Court issued a formal adjudication in favour of the unions, requiring the HSE to implement the 2011 agreement in full and fill five vacant Principal Dental Surgeon posts. This was a hard fought victory and we would like to thank the CEO and his team for their efforts on our behalf. Discussions on structures within the new Community Health Organisations should now proceed without further delay. The IDA has submitted a position paper proposing that the Dental Service should be developed as a national service, focussing on equitable access for all patients irrespective of location, operating under national standards, with formal linkages to the acute hospital service.

A drive to recruit new HSE members was launched in July, highlighting the many benefits of IDA membership and offering incentivised rates for members attending the Annual Seminar. This has led to an increase in HSE membership from 144 in March 2015 to 154 in November 2015. On behalf of all HSE members I would like to thank all the staff of IDA House for their efforts on our behalf throughout the year. Thanks also to the HSE Committee members for giving of their time to the organisation. I would like to wish Dr Michaela Dalton well in her role as President Elect of this Committee, and to congratulate Dr PJ Byrne as he begins his term of office as President of the Association.

**Frances O'Callaghan**  
President, HSE Dental Surgeons Group

## GP Group

The GP Group Committee has been busy this year trying to promote the work of general dentists and dealing with several issues affecting general practice. We have had very good attendance at most of our meetings. Dentists in general practice have had to become more efficient over the last few years, and our practices are now more independent than ever before. The dependency on State schemes is no longer an issue for many dentists, and while the restructuring of the State's interest in dentistry would be most welcome, the savage, unprecedented cuts inflicted by successive governments will leave a lasting scar on a generation of dentists. The Government needs to understand that general dentists will be far less trusting, and will be more cautious of any attempts to impose State-funded dentistry in future.

### Dental Treatment Services Scheme (medical card dental scheme)

The GP Group suspended all meetings with the HSE pending the Supreme Court decision. We are thoroughly satisfied that this case had to be fought to try to protect the contractual rights of dentists. The HSE has time and again displayed its ability to pick and choose the sections of the contract that suit its own ends. Unilateral probity systems with no agreed mechanism for appeal will not be accepted by Irish dentists. The negotiating team awaits an opportunity to modernise the scheme and negotiate a new contract.

### Dental Treatment Benefit Scheme (PRSI dental scheme)

There has been no change to the cutbacks previously imposed on the DTBS. The GP Committee has had several debates regarding what the future of this scheme might look like. A preference for co-payment has emerged, and the scheme would have to be adequately funded, with all the State supports available to our medical colleagues who operate State schemes.

THE NEGOTIATING TEAM AWAITS  
AN OPPORTUNITY TO MODERNISE  
THE SCHEME AND NEGOTIATE  
A NEW CONTRACT.

### Dental Complaints Resolution Service

The GP Committee received a report from Michael Kilcoyne at our meeting in November 2015. This gave members a chance to provide feedback and understand more about how the Service operates. The GP Committee is satisfied that the Service has the support of dentists, and will continue to monitor its operations.

### Professional indemnity

The GP Group is aware of several issues relating to professional indemnity, such as difficulty with risk credits and inadequate communication. We continue to make representations to DPL about the cost of cover, and recent cost increases to a small number of our colleagues.

### Dental Council cross infection control

The GP Committee welcomed the changes to the draft documents we had received after representations to the Dental Council by Committee members. We are satisfied that a number of the issues we highlighted were amended in our favour, and encourage all dentists to familiarise themselves with the new guidelines. It is incumbent on dentists to gain an understanding of these guidelines in order to be compliant and not to be at risk of various interpretations of these guidelines by third parties with vested interests.

### Private dental insurance schemes

The GP Group has had very little engagement with private dental insurance schemes, which seem to be having very little market penetration. We will continue to monitor these potentially troublesome schemes, and will try to inform members about the pros and cons of promoting these third-party schemes in our practices.

### Committee membership

The meetings are reasonably well attended and the Committee members are all very engaged.

I would like to take this opportunity to thank all the Committee members for their participation and time away from their own practices this year, and would call on any dentists who may be interested in volunteering to participate to come forward.

### Dr Ryan Hennessy

Chair, GP Committee

**€10.3m**  
TOTAL PUBLIC EXPENDITURE ON THE **DTBS** IN **2015**

**312,659**  
DENTAL TREATMENT **BENEFIT** SCHEME DURING 2015

**74%**  
FAVOUR RENEGOTIATION OF **DTBS** CONTRACT

**€76m**  
BUDGET FOR **DTSS** **2015**

2,450.10

1,198.30

756.25

3,690.66

The trustees are responsible for preparing the financial statements in accordance with applicable law and Generally Accepted Accounting Practice in Ireland, including accounting standards issued by the Accounting Standards Board and promulgated by the Institute of Chartered Accountants in Ireland.

The Trustees are required to prepare financial statements which give a true and fair view of the state of affairs of the Union at the end of each financial period and of the surplus or deficit for the period. They are responsible for keeping proper accounting records, for safeguarding assets and for preventing and detecting fraud and other irregularities.

The Trustees confirm that suitable accounting policies have been consistently applied, that reasonable and prudent judgements and estimates have been used in the preparation of the financial statements and that it is appropriate to assume that the Union will continue in being and to prepare the financial statements on a going concern basis.

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



Dr Jane Renehan



Dr Garrett McGann

## Executive Committee

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

## Trustees

Dr Martin Holohan  
Dr Garrett McGann  
Dr Jane Renehan

## General secretary

Mr Fintan Hourihan

## Honorary treasurer

Dr Ronan Perry

## Bankers

Bank of Ireland, 1 Main Street, Dundrum, Dublin 14

## Solicitors

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

## Auditor

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

We have audited the financial statements of The Irish Dental Union for the year ended 31st December 2015 which comprise the Income and Expenditure Account, Balance Sheet, Cash Flow Statement, Accounting Policies and the related notes.

The financial reporting framework that has been applied in their preparation is the 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. Our audit work has been undertaken so that we might state to the Union's members those matters we are required to state to them in an auditor's 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 Union and the Union's members as a body, for our audit work, for this report, or for the opinions we have formed.

#### Respective responsibilities of Trustees and auditor

As explained more fully in the Trustees' Responsibilities Statement set out on page 14, the Union's Trustees are responsible for the preparation of the financial statements, giving a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable 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 Union's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and, the overall presentation of the financial statements. In addition, we read all the financial and non-

financial information in the annual 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 of 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 state of the Union's affairs as at 31st December 2015 and of its deficit for the year then ended.

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

#### Kevin Foley ACA

For and on behalf of **Grant Thornton**

Chartered Accountants & Registered Auditor

24 - 26 City Quay, Dublin 2

March 11 2016

## INCOME AND EXPENDITURE STATEMENT

YEAR ENDED DECEMBER 31, 2015

	Note	2015 €	2014 €
<b>INCOME</b>			
Member Subscriptions		787,349	776,058
<b>EXPENDITURE</b>			
Wages and salaries		315,611	303,312
Employers' PRSI		33,904	32,637
Staff pension contributions		27,376	27,234
Rates and water		4,750	4,854
Light and heat		3,361	3,340
Insurance		29,928	24,964
Repairs and maintenance		6,272	5,130
Cleaning		274	302
Estate service charge		2,114	2,909
Members' compensation		35,308	42,916
Travel and subsistence		20,586	24,200
Presidential expenses		3,780	1,272
Telephone		7,007	7,016
Equipment leasing charges		3,980	5,135
Printing, stationery and postage		27,930	33,119
Staff welfare		3,609	1,481
VHI		17,413	15,268
Meetings, delegations and courses		5,450	3,682
Sundry expenses		3,214	3,525
Research and strategy planning		-	61,740
Mentoring Programme		-	11,469
WIDEN Programme		1,467	1,780
Subscriptions and affiliation fees		9,303	7,898
Public relations and advertising		19,249	19,228
Website development		308	253
Legal and professional fees		907,825	40,907
Auditors' remuneration		6,780	6,545
Donations		4,708	-
Bank charges		3,860	4,759
		1,505,367	696,875
<b>EXCESS OF INCOME OVER (EXPENDITURE)</b>		(718,018)	79,183
Bank interest receivable	5	2,580	2,110
Tax on (deficit) / surplus	6	-	-
<b>NET (DEFICIT) / SURPLUS</b>		(715,438)	81,293

The Union had no recognised gains or losses in the year other than those stated in the Revenue Account.

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



Dr Jane Renehan



Dr Garrett McGann



## BALANCE SHEET

YEAR ENDED DECEMBER 31, 2015

	Note	2015 €	2014 €
<b>CURRENT ASSETS</b>			
Debtors	7	17,482	87,817
Cash at bank and in hand		496,967	277,866
		<u>514,449</u>	<u>365,683</u>
<b>Less: CURRENT LIABILITIES</b>			
Corporation Tax		(3,484)	(3,554)
Other creditors		(80)	(9,298)
Accruals		(896,172)	(22,680)
		<u>EXCESS OF CURRENT LIABILITIES OVER ASSETS</u>	<u>330,151</u>
		385,287	330,151
<b>Represented by:</b>			
<b>ACCUMULATED FUNDS ACCOUNT</b>			
Accumulated (deficit) / surplus	10	(385,287)	330,151
		<u>(385,287)</u>	<u>330,151</u>

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

Dr Jane Renehan

Dr Garrett McGann

## CASH FLOW STATEMENT

YEAR ENDED DECEMBER 31, 2015

	Note	2015 €	2014 €
<b>NET CASH INFLOW FROM OPERATING ACTIVITIES</b>	11	216,591	110,370
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE</b>			
Interest Received	5	2,580	2,110
Net Cash Inflow from Returns on Investments and Servicing of Finance		2,580	2,110
Taxation		(70)	(2,364)
<b>CASH FLOW BEFORE FINANCING</b>		219,101	110,117
<b>FINANCING</b>			
Net (outflow)/inflow from other short-term debtors		-	51,152
<b>NET CASH (OUTFLOW) FROM FINANCING</b>		-	51,152
<b>INCREASE IN CASH</b>	12	219,101	161,268

## NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2015

### 1. ACCOUNTING POLICIES

#### a) Valuation Policy

The accounts are prepared under the historical cost convention.

#### b) Income

Subscriptions to the general fund, union fund, are accounted on an accruals basis.

Subscriptions are stated net of branch levies, branch refunds and capitation grants.

### 2. GOING CONCERN

The union incurred a net loss of €715,438 for the year ended December 31, 2015. The Union has liabilities in excess of assets amounting to €385,287. 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 Trustees consider it appropriate to prepare the financial statements on a going concern basis.

### 3. OPERATING SURPLUS

Operating profit is stated after charging:

	2015	2014
	€	€
Trustees' remuneration	-	-
Auditors' fees	6,780	6,545
Operating lease costs		
Plant and equipment	3,980	5,135
	<u>          </u>	<u>          </u>

### 4. PARTICULARS OF EMPLOYEES

The aggregate payroll costs of the above were:

	2015	2014
	€	€
Wages and salaries	315,611	303,312
Social welfare costs	33,904	32,637
Other pension costs	27,376	27,234
	<u>          </u>	<u>          </u>
	<u>376,891</u>	<u>363,183</u>

The average number of staff employed by the company during the financial year amounted to:

	2015	2014
	No	No
Number of administrative staff	7	7
	<u>          </u>	<u>          </u>

### 5. INTEREST RECEIVABLE

	2015	2014
	€	€
Bank interest receivable	2,580	2,110
	<u>          </u>	<u>          </u>

## 6. TAXATION ON ORDINARY ACTIVITIES

### (a) Analysis of charge in the period

	2015 €	2014 €
Current tax		
Irish Corporation Tax based on the results for the period at 20%	-	-
	<u>          </u>	<u>          </u>

### (b) Factors affecting the current tax charge

The tax assessed on the profit on ordinary activities for the period is higher than the standard rate of Corporation Tax in Ireland of 20%.

	2015 €	2014 €
(Loss) / Profit on ordinary activities before taxation	(715,438)	81,293
	<u>          </u>	<u>          </u>
(Loss) / Profit on ordinary activities by rate of tax	(143,088)	16,259
Mutual Trading Status	143,088	(16,259)
	<u>          </u>	<u>          </u>
Total current tax	-	-
	<u>          </u>	<u>          </u>

## 7. DEBTORS

	2015 €	2014 €
Amount due from related party	11,855	82,261
Prepayments	5,627	5,556
	<u>          </u>	<u>          </u>
	17,482	87,817
	<u>          </u>	<u>          </u>

## 8. CREDITORS

The Union has accrued legal costs for both parties in relation to *Reid & Turner vs HSE*. Based on the final judgement of the Supreme Court on March 3, 2016, the court ruled in favour of the HSE and has awarded costs against the Irish Dental Union. The legal representatives for both the Irish Dental Union and the HSE are, at the time of signing the accounts, in negotiations to agree the final legal costs for the case. In the event that an agreement cannot be reached, the case will be referred to the Taxing Master to adjudicate on costs. The Trustees have provided for estimated legal costs for both parties based on the best estimate of the unions' legal advisers.

## 9. RELATED PARTY TRANSACTIONS

The day-to-day operations of the Union are controlled by the Executive Committee.

The Irish Dental Union is related to the Irish Dental Association Limited. During the year, the Irish Dental Association collected amounts totalling €787,349 (2014: €776,058) on behalf of the Irish Dental Union. The Irish Dental Association also 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 in respect of the outstanding balance owed to the Irish Dental Union (2014: €271,733). At the year end there was an amount of €11,855 due to the Irish Dental Union (2014: €82,261).

No other transactions with related parties were undertaken such as are required to be disclosed.

## 10. RECONCILIATION OF MOVEMENTS IN SHAREHOLDERS' FUNDS

	2015 €	2014 €
(Loss) / Profit for financial year	(715,438)	81,293
Opening shareholders' funds	330,151	248,858
	<u>          </u>	<u>          </u>
Closing shareholders' funds	(385,287)	330,151
	<u>          </u>	<u>          </u>

**11. RECONCILIATION OF OPERATING SURPLUS TO NET CASH INFLOW FROM OPERATING ACTIVITIES**

	2015	2014
	€	€
Operating (deficit) / surplus	(718,018)	79,183
Decrease in debtors	70,335	19,444
Increase in creditors	864,274	11,744
	<u>216,591</u>	<u>110,370</u>

**12. RECONCILIATION OF NET CASH FLOW TO MOVEMENT IN NET FUNDS**

	2015	2014
	€	€
Net funds at 1 January 2015	277,866	116,598
(Decrease) / Increase in cash and cash equivalents	219,101	161,268
	<u>496,967</u>	<u>277,866</u>

## Motion Number 1

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

**Proposed:** Dr Ronan Perry

**Seconded:** Dr Maher Kemmoona

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## 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:** Dr Ronan Perry

**Seconded:** Dr Maher Kemmoona

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## Motion Number 3

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

**Proposed:** Dr Ronan Perry

**Seconded:** Dr Maher Kemmoona

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## Motion Number 4

“That Rule 8.6 (xi) be amended, by the insertion of “with the assistance of a Remuneration Committee whose composition and terms of reference will be subject to ratification annually by the Executive Committee”, following the phrase, “from time to time”, in order that the amended Rule would read as follows:

“To determine, from time to time, with the assistance of a Remuneration Committee whose composition and terms of reference will be subject to ratification annually by the Executive Committee, the terms and conditions applicable to the Chief Executive Officer.”

**Proposed:** Dr Ronan Perry

**Seconded:** Dr PJ Byrne

## Motion Number 5

“That the Irish Dental Union condemns the closure of public dental clinics by the HSE over the past five years and the 20% reduction in the number of dentists employed with a resulting reduction in access to services for children, the elderly and others who are entitled to the service.”

**Proposed:** GP Committee

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## Motion Number 6

“That the Irish Dental Union should adopt a policy on behalf of its general dental practitioner members which would help dentists develop independent practice and reduce their reliance on third-party schemes.”

**Proposed:** GP Committee

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## Motion Number 7

“That the Irish Dental Union recognises that there are no satisfactory State-funded third-party schemes in place at this point in time.”

**Proposed:** GP Committee

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## Motion Number 8

“That the Irish Dental Union calls on the State to recognise its obligation to provide oral health care and treatment for medical card patients and believes this will necessitate discussion with our trade union on a new agreed approach to enhancing the oral health of medical card patients.”

**Proposed:** GP Committee

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## Motion Number 9

“That the Irish Dental Union applauds Drs Martin Reid and James Turner for their commitment and courage in challenging the savage cuts in benefits for patients and in the income for dentists, which were introduced unilaterally by the HSE in 2010 and retained for the following six years.”

**Proposed:** GP Committee





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