

ANNUAL REPORT

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SUB COMMITTEES

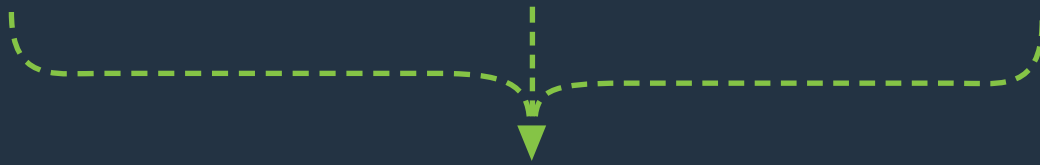
- Accreditation
- Annual Conference
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MISSION STATEMENT

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.

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It has been a busy year serving as President of the IDA and also continuing to run a single-handed dental practice. This has only been possible because of the work of the staff at IDA House, and the advice and support of the many IDA members who serve on various committees of the Association. I have had the pleasure of representing the Association at several gatherings over the year and have met many colleagues who work in Ireland and overseas. I have learned a lot and realise that I can continue to change and to improve as a dentist.

Dentists remain the biggest drivers of improving standards in their own work and in promoting good oral health among their own patients. We are trusted and well regarded by our patients. Thankfully, many private practices are becoming busier after a number of difficult years and have survived because of the loyalty of these patients and the value they place on their oral health.

It is important that we continue as an Association to put pressure on politicians, the Department of Health and the HSE to recognise their responsibilities and to improve access to dental care for those most in need. This often seems like a task without reward, but we must speak up for our patients. The Department of Health is preparing a new National Oral Health Policy, which will inform Government policy in the coming years. It is very important that all dentists give their views and input into any consultation process. Equally, the IDA needs to continue to hear the views of its members on the difficulties of providing care, in both public service dentistry and private practice, and more importantly, what changes may bring improvement.

The IDA is close to 100 years old. It has changed and will continue to change, and must remain relevant, effective and important to its members. A corporate governance review of the organisation is underway, to assess and improve the organisation, and to ensure that it meets corporate standards. The recently completed Strategy Plan is being implemented to improve services for members, and to raise the public profile and the public impact of the Association. We will get out what we put in and I would encourage any dentist to get involved in the organisation, something I myself have found to be very rewarding.

A recent initiative of the Association is our mentoring programme. A number of more experienced colleagues in different situations or areas of dentistry

have made themselves available to others who are seeking help or advice in their careers. Dentists have always been prepared to share their knowledge and experience, and this new programme will aid younger dentists in particular, to find a colleague for advice. Dentistry can be a lonely and difficult job at times and we rely on each other for support.

A review of the Dental Complaints Resolution Service is underway, and a survey seeking the experiences and views of IDA members has contributed to this. Similar services in New Zealand and Hong Kong have been effective in reducing the number and size of legal claims against dentists, and we hope that this will also be the case in Ireland. I hope that an efficient complaints service, and a tougher approach by indemnity organisations towards dentists who have regular legal claims against them, will help to reduce our insurance premiums.

A number of local councils have recently passed motions calling on the Government to end the fluoridation of public water supplies. This would be a retrograde step at a time when the Public Dental Service is understaffed and underfunded, and where patient entitlements under the State schemes have been drastically reduced. It is right that this policy has been and should be reviewed. Unfortunately, many councillors are poorly informed on the issue and are ignoring the available scientific evidence. Dentists should be prepared to inform and educate the public, and decision makers, about issues such as this.

Thanks again to all those who helped me over the course of the year. I will remain involved in the IDA and hopefully will continue to meet with those colleagues who have now become friends.



Peter Gannon
President

Advocacy



First report of National Oral Health Forum published

The first report of the National Oral Health Forum was published in 2014.

Entitled 'A vision for improved oral health in Ireland,' the report was the first to be published by the Forum, which represents almost 20 different dental stakeholders and was developed by the IDA, Dublin Dental School, Cork Dental School and the RCSI Faculty of Dentistry.

The report was circulated to all members of the Oireachtas, key decision makers in the Department of Health and the HSE, and to the print and broadcast media. It's the first time that a coalition of all the key stakeholders has come together to put forward their views on oral health issues. A copy of the report can be viewed by clicking on the following link: [National Oral Health Forum report](#).

This is a critical time for oral health development in Ireland. The Dental Bill is expected to be published shortly – the current Dentists Act has been in place since 1985 – while the reform of the general health system has been identified as an important aspect of Government policy.

The report contains many significant recommendations for legislative and policy changes, as well as a suite of actions aimed at arresting the decline in the oral health of our nation.

For example, the report has recommended prioritising treatment for children under six and says the intelligent use of patient co-payments should be explored as a way of managing demand and improving oral health.

It says the Government's decision to provide universal healthcare for all children provided an opportunity to extend dental cover to this age group, and this would facilitate earlier engagement with the dental services and allow for more disease prevention.

The Report says the dominant interest in dentistry relates to fluoridation and orthodontics and there has been little or no political representation about issues such as the prevalence and cost of, or suffering caused by, childhood caries, or the provision of specialist services for people with disabilities.

The Report also notes the impact of the economic crisis on oral health services. Spending on the PRSI scheme has fallen from over €70m per annum to barely €10m, while services available for medical card holders have been severely curtailed.

In light of the downward revision of State funding of dental services, the Report recommends that patient co-payment be examined as an option for medical card patients. Forum members felt that if the State cannot or will not fund dental treatment, a system whereby the patient and the State both make a contribution – similar to how the PRSI model previously operated – could ensure patients that received the appropriate treatment in a timely manner.

This is a critical time for oral health development in Ireland and the roles of the Department of Health and the HSE in the delivery of oral care need to be clearly defined as a matter of urgency:

"Delivery decisions in the HSE need to be matched to clinical needs and prioritised in line with the available resources. At the moment the delivery of services is considered to be patchy with no uniform patterns of delivery decision or priority setting."

"One of our key recommendations is that primary dental care should mirror the Primary Health Care Strategy and act as the hub of dental services."

"Directly related to this is the fundamental role of primary care in fostering a culture of self-care. Both of the dominant oral diseases (caries and periodontal diseases) are avoidable to a large degree with good self-care and health behaviours. Health professionals have a vital role to play in educating the public in how to maintain and manage its oral health," the report says.

The Report also recommends the introduction of a foundation or postgraduate training scheme in Ireland for dentists and says such training would provide a rapid return on the public investment.

Meeting with Minister for Health

A busy agenda reflected the many difficulties in Irish dentistry highlighted by the Association's delegation, which met with the new Minister for Health, Dr Leo Varadkar, in Leinster House in September 2014.

For the meeting with Dr Varadkar, the IDA delegation comprised Dr Peter Gannon (President), Dr Anne Twomey (President Elect), Dr Ryan Hennessy (General Practice Committee Chair), Dr Iseult Bouarroudj (Public Service Dentists Chair), Dr Maher Kemmoona (Honorary Secretary), Dr Ronan Perry (Honorary Treasurer Designate) plus chief executive Mr Fintan Hourihan and secretariat colleagues Ms Elaine Hughes and Ms Sarah Gill.

The meeting with Minister Varadkar covered the following agenda items:

1. Provision of dental care for adults and also dental care provided directly by the HSE.
2. The end for a new Dental Act and, separately, the need to address collective bargaining rights for dentists.
3. A number of oral health policy issues, including the Review of Oral Health, Chief Dental Officer position and fluoridation.
4. The need for a new foundation training scheme.

Dental care for adults

Dr Gannon explained that in 2009, the State severely cut the range of treatments available in both the PRSI and medical card schemes. Whereas the state spent



The IDA delegation which met Minister for Health Leo Varadkar TD (from left): Dr Anne Twomey, President Elect; Dr Ronan Perry, Honorary Treasurer Designate; Chief Executive Fintan Hourihan; Dr Maher Kemmoona, Honorary Secretary; Dr Iseult Bouarroudj, Public Service Dentists Chair; Dr Ryan Hennessy, General Practice Committee Chair; Dr Peter Gannon, IDA President; and, Deputy Chief Executive Elaine Hughes.

€149.5m on the two State schemes (PRSI and medical card schemes) in 2009, it has budgeted to spend just €85m in 2014. Taken with the decision in 2008 to restrict tax relief on complex dental treatments to the standard rate, depriving patients of an estimated €30m, we have seen an ongoing cut in State spending of over €100m – almost 50% per annum – for patients since 2009. We know of no other area of health that has been subject to such brutal cutbacks.

The burden of out-of-pocket spending can create barriers to healthcare access. Dental care accounted for 19% of out-of-pocket health expenditure in 2011 across the OECD. Without funding, low income groups are worst affected. The DTSS scheme had enabled a considerable reduction in unmet dental need in its first decade and it allowed more people to keep their teeth longer across all age groups, according to Department of Health reports. However, recent figures show that unmet dental need has risen sharply, with Ireland now considerably worse than the EU average.

The consequences for oral health and dental care have been devastating. Up until 2010 Medical Card holders were entitled to an annual examination of their teeth and twice yearly cleaning, and to have any teeth that needed fillings restored, along with other routine treatment. This was a tremendous help to people to maintain good oral health and to keep their teeth. Now cleaning is no longer accessible for the vast majority of medical card holders, even those who are suffering from gum disease. It is bizarre that this simple preventive treatment, which encourages regular attendance and with a relatively low cost to the State, has been denied.

In everyday terms dentists are seeing fewer patients present for preventive care and more attending in pain, often requiring extractions and subsequent dentures. There is no doubt that this failure to address periodontal disease will cost many people their teeth. The view of the dental profession is that it cannot support schemes that

are no longer fit for purpose, which are failing patients, which appear to fall short of the statutory entitlements promised, which are hopelessly under-resourced and, in the case of the DTSS, for which unacceptable and unnecessary layers of bureaucracy are rendering their operation impossible.

Finally, we believe that the terms of operation of the DTSS are seriously endangering, if not compromising, the professional ethical standards demanded of dentists in caring for their patients.

Therefore, we submitted a proposal for a new State-funded scheme to replace the DTSS (Medical Card scheme) and DTBS (PRSI scheme).

As an immediate and urgent measure the Minister was asked to support the restoration of treatments removed from both State schemes in 2009, as promised in the Fine Gael manifesto, and we particularly highlighted the importance of restoring scale and polish under both schemes. In 2009, before the cuts, the total annual cost for this treatment was €8m.

Even with the increase in patients attending, we estimate that the cost for 2014 will still be less than €10m and would be a very worthwhile and tangible benefit for 300,000 medical card holders. We will propose similar in regard to the PRSI dental scheme and will be making contact separately with the Tánaiste in her capacity as Minister for Social Protection.

Public service dentistry

With respect to the Public Dental Service we highlighted the chronic cuts in staffing in the Service and asked that the Minister would agree to the gradual restoration of appropriate levels of staffing, and in particular an increase to 300 dentists effective from early 2015.

Secondly, we asked that he would direct that the Special Delivery Unit would ensure that dental care requiring general anaesthetic provision in acute hospital theatres would be specifically recognised and would form part of the suite of medical treatments and interventions that are funded under the direction of the Special Delivery Unit.

Dental Bill

With respect to legislative matters, we asked that the Minister would direct that priority be given to the early publication of the new Dental Bill recognising the fact that the existing legislation has not been amended since 1985 and is badly in need of overhaul in a manner comparable to the changes introduced for the other health professions.

Collective bargaining

With respect to collective bargaining rights, we asked for receipt of proposals along the lines of those presented to the Irish Medical Organisation in relation to our representation of self-employed dentists with specific reference to State funded schemes.

Fluoridation

We stated in regard to fluoridation that it would be essential that the Chief Medical Officer and the Chief Dental Officer be directed to proactively address many of the unfounded scares being propagated by opponents of water fluoridation.

Chief Dental Officer

We reiterated our welcome for the filling of the Chief Dental Officer post but said we wished to see this position filled on a full time basis and independently of the HSE.

Review of Oral Health

With respect to the Review of Oral Health, which is currently underway, we asked that children would be prioritised on an equal basis as adults, and that the Association would be consulted and engaged with regarding the composition of the Practitioners Group and the Independent Panel.

Foundation training

Finally, in regard to foundation training for dentists, we asked for the Minister's support for the enactment of a very positive initiative, which has the support of the Association, the Dental Schools and, indeed, all the key stakeholders in Irish dentistry.

Promoting fluoridation

The Association played an active role in defending fluoridation against an energetic campaign by a small but vocal group seeking to have universal water

70 YEARS OF RESEARCH HAS SHOWN THAT WATER FLUORIDATION IS AN EFFECTIVE PUBLIC HEALTH MEASURE.

fluoridation ended in Ireland. The Association published a significant amount of material on its website, while also circulating similar information to county councillors across the country who have been subjected to a campaign of scaremongering and misleading claims by opponents of fluoridation.

Also, the Deans of the three dental schools in Ireland joined with IDA President Dr Peter Gannon in promoting the benefits of water fluoridation in Ireland in a letter sent for publication to a number of national newspapers. Separately, the World Dental Federation (FDI) reaffirmed its strong support for water fluoridation at its latest annual conference, which took place in New Delhi, India. The letter, signed by IDA President Dr Peter Gannon and Professors June Nunn, Martin Kinirons and John Walsh, states as follows:

"Ireland has a considerable history of water fluoridation. It is fifty years since fluoridation of the water supplies commenced in this country. Time for the considerable advantages in terms of improvements in oral health to be demonstrated and, in parallel, time during which there has been no documented medical side effects of water fluoridation.

In the time since water fluoridation was introduced here in Ireland, the population has benefited from improved oral health services, greater access to fluoridated toothpastes and better nutrition. As a consequence, a decision was made, after scientific review, to reduce the level of fluorides in the water supply as in other countries. This is in recognition of these other sources of fluoride and to minimise the side effect (flecking of teeth), seen when small children eat fluoridated toothpaste whilst living in fluoride areas.

The benefits of fluoridation are not inconsiderable in terms of all costs. Whilst the population, both adults and children, have benefited from the consequent improvements in oral health that fluoride confers, the benefit to the health service in terms of a reduction in costs of the burden of dental disease and its management, not to say the considerable benefits to families in quality of life as a result of days free of dental pain and no loss of days at work/school in dealing with dental abscesses, are considerable.

Dental disease is one of the commonest preventable diseases, yet the country invests significant amounts of money in dealing with the consequences of that disease. Fluoridation has been proven to have

**THERE HAVE
BEEN NO
DOCUMENTED
MEDICAL SIDE
EFFECTS OF
WATER
FLUORIDATION**

50

**YEARS OF WATER
FLUORIDATION**



370

**MILLION PEOPLE
IN 27 COUNTRIES
RECEIVE THE BENEFITS**

70

**YEARS OF POSITIVE
RESEARCH AND REVIEW**

significantly benefited the population, thus allowing scarce health service resources to be directed towards acute life-threatening conditions.

No other health-promoting measure has been exposed to such scrutiny and been given an ongoing, clean bill of health. As a measure, water fluoridation has been recognised by the US Cancer Society, as well as the Royal College of Physicians, both here in Ireland and the UK, as being both safe and effective, as well as without side effects over decades of vigilance. We note that the most recently published expert peer-reviewed analysis by the Royal Society of New Zealand finds “there are no adverse effects of any significance arising from fluoridation at the levels used in New Zealand” (i.e., levels higher than in Ireland). “In particular, no effects on brain development, cancer risk or metabolic risk have been substantiated”. The American Dental Association “unreservedly endorses the fluoridation of community water supplies as safe, effective and necessary in preventing tooth decay.”

As parents as well as oral healthcare professionals, we acknowledge these endorsements and continue to advocate one of the few truly cost-effective public health measures this country has known, for the good of all, children and adults”.

The updated FDI statement explains that: “Water fluoridation is the adjustment of the fluoride concentration in fluoride-deficient water supplies to a level recommended for optimal oral health”. More than 370 million people in over 27 countries receive the benefits of water fluoridation.

In recognition of the importance of promoting oral health through water fluoridation, the FDI states that:

- Over 70 years of research and recent systematic reviews have shown that water fluoridation is an effective public health measure for the prevention of dental decay in children and adults.
- Water fluoridation is particularly appropriate for populations demonstrating moderate to high risk of dental decay.
- Water fluoridation confers positive health savings and contributes to reducing disparities in the rates of dental decay in communities.
- At the fluoride concentrations recommended for the prevention of dental decay, scientific research and reviews show that human general health is not adversely affected.
- The public health benefits of water fluoridation in the prevention of dental decay far outweigh the possible occurrence of very mild/mild dental fluorosis.
- In establishing the recommended level of fluoride to be used in water to prevent dental decay, public health authorities should be cognisant of the balance between the prevention of dental decay and dental fluorosis. To do so public health authorities should take into account the prevailing maximum ambient air temperature, the availability of other sources of fluoride and how they are used, as well as dietary and cultural practices in the community for individuals from infancy through childhood.

- Water supplies to be fluoridated should be reliable and should possess the necessary quality control measures, facilities and expertise available to implement and monitor water fluoridation.
- The dental profession, medical profession, health researchers and public health authorities should continue to research the effectiveness and safety of water fluoridation and other methods of delivering fluoride for the prevention of dental decay, and this information should be made available to the public in a transparent manner.
- Other sources of fluoride are fluoride toothpaste, salt fluoridation, milk fluoridation, fluoride mouth rinses and a range of professionally applied fluoride products.

The FDI recommends a comprehensive preventive approach as the most appropriate method of reducing the heavy burden of dental decay worldwide and, together with World Health Organisation (WHO), supports the use of water fluoridation as an important public health measure.

Meanwhile, Irish dentists were commended for their patriotism in a Seanad debate on fluoridation in late 2014.

Trinity College Senator Sean Barrett told the Seanad “I commend the dental profession on being in favour of a public health measure which reduces the demand for the services of dentists. I would like other professions in the country to be as patriotic as dentists. Usually, when professions come here, they want more money for themselves. Dentists are a noble exception, saying this public health measure reduces the demand for their services. This is a commendable difference between dentists and other professions.”

The Association had made contact with all senators prior to the debate and shared extensive peer-reviewed research, which shows the benefits of fluoridation and shows no evidence to support many of the scares cited by opponents.

The motion received little support and Senator Mary Ann O’Brien, who proposed the motion with Senators Katherine Zappone and Feargal Quinn, asked that it would not be put to a vote, reflecting the limited support apparent during the Seanad debate.

The policy of fluoridation was supported by Fine Gael, Labour and Fianna Fail Senators as well as Senator Sean Barrett, while it was opposed by Sinn Fein and some independent senators. A transcript of the Seanad debate is available on request to IDA House.

Media coverage

The Association issued a number of press releases during the year that attracted significant media coverage. All of these press releases can be viewed in the 'News' section of the IDA 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 very grateful to all who gave up their time to take part in these interviews.



January 2014

- New dental health survey shows 80% of Irish adults believe their gums are healthy; however, 80% of Irish people have some form of gum disease.



July 2014

- Urgent plea for assistance on behalf of 2014 dental graduates.
- HSE decision to cease publication of payments welcomed.
- Dentists call on Government to deliver on commitments.



February 2014

- Survey of dentists finds Gaelic football is the sport that results in most dental injuries for children.
- Dentists warn that halitosis may blow Valentine's Day love away.



August 2014

- IDA response to survey on dental fees.
- Establishing good dental habits is key for school starters.



March 2014

- Dentists say WHO directive on sugar is a wake-up call for young Irish people – and their parents. IDA reiterates call for public health warnings on soft drinks and food products.



September 2014

- Free mouth cancer examinations available at over 500 dental surgeries nationwide and at Cork Dental University Hospital.
- Leaders of 1m+ dentists across 134 countries endorse fluoridation in promoting oral health.



April 2014

- IDA and IDU 2013 Annual Reports published.



October 2014

- Dental professor says combination of fluoridated water and fluoride toothpaste works best in tackling dental decay.
- Public Dental Service under intolerable pressure.
- Dentists outraged at HSE's sudden closure of St James's Hospital Dental Clinic.



May 2014

- Dental Complaints Resolution Service Annual Report 2013.
- HSE is exposing medical card patients to health risks.
- 1.7m Irish people fail to avail of free dental examination.
- Public dental services at crisis point.



November 2014

- Major rental report recommends prioritising treatment for the under 6s.
- New HSE Service Plan = same old dental cutbacks.



June 2014

- The dangers of dental tourism.



December 2014

- Wicklow dentist wins Sensitive Dentist of the Year award – Dr James Turner detected patient had throat cancer.

Scientific/education/ Mouth Cancer Awareness Day

Journal

A survey of members of the Irish Dental Association proved the dominance of the Journal of the Irish Dental Association in the Irish market for dental publications.

A total of 64% chose the Journal as their preferred dental publication: of the other publications the next closest was Dental Update, which is the preference of 9%, while 7.5% prefer the British Dental Journal. A similar number (7.5%) chose Irish Dentistry, while 1.5% chose Ireland's Dental. When excluding Dental Update and the BDJ, the Journal is the choice of approximately 85% of Irish dentists. The Journal of the Irish Dental Association is the overwhelming favourite of Irish dentists.

A SURVEY OF MEMBERS OF THE IRISH DENTAL ASSOCIATION PROVED THE DOMINANCE OF THE JOURNAL OF THE IRISH DENTAL ASSOCIATION IN THE IRISH MARKET FOR DENTAL PUBLICATIONS. A TOTAL OF 64% CHOSE THE JOURNAL AS THEIR PREFERRED DENTAL PUBLICATION.

Getting the message

The dominance of the Journal was confirmed by the question: which title do you prefer specifically for peer-reviewed articles; news; interviews/features; practice management; editorials; CPD; HR advice; social news/events; obituaries; and, classifieds? The Journal was the first preference of the majority of readers for every category.

Interestingly, the majority of dentists not only chose the Journal as the best place for peer-reviewed articles of relevance to them, but more than 50% also said that they would like to see more peer-reviewed content in the Journal. A whopping 90% said that they would use the Journal to gain verifiable CPD points for answering questions based on articles in the Journal of the Irish Dental Association – if that were made available.

Online vs print

The majority of readers prefer to read the Journal in printed format but other findings suggest that some readers would prefer to receive soft copies. We are also aware that meeting CPD demands will also require greater online access to the Journal and demand further innovations, which the Association is committed to deliver to help IDA members exclusively.

Sensitive dentist awards

A terrific night celebrating a huge number of dentists being nominated by their patients for outstanding dental care was held at the Royal Hospital Kilmainham in Dublin in early December, when the finalists and winners in this year's Sensitive Dentist of the Year Awards were announced.

Well over 500 attended in what was a new format for the presentation of the awards organised by the Journal in association with GSK.

After dinner, each of the finalists in the four regions were called on stage to receive their certificates, and then the regional winner was announced before the Association President, Dr Peter Gannon, declared the overall winner, Dr James Turner.

Mouth Cancer Awareness Day

Mouth Cancer Awareness Day (MCAD) is not strictly an IDA initiative, but the IDA has played and continues to play an integral part in the success of this day. There are many stakeholders involved, including Cork Dental School & Hospital, Dublin Dental School & Hospital, the Irish Cancer Society, the Dental Health Foundation and many mouth cancer survivors.

2014 was the fifth MCAD and over 550 dentists signed up to participated on Wednesday, September 17 last. Almost 2,000 patients were seen on the day and six mouth cancers were detected in either the Cork or Dublin Dental Schools. A big thanks to all dentists who signed up to participate on the day.

Mouth Cancer Awareness Days (MCAD) in Ireland 2010-2014

	2010	2011 *	2012*	2013*	2014*	Total
Patients examined						
in CUDSH, DDUH, GDP*	3,000	7,767	4,761	4,162	1,709	21,399
Cancer cases diagnosed	6	13	2	1	4	26

After five years of great achievements on very limited budgets, the group is assessing where we now go with the day and deciding whether MCAD will continue in its current format.

550

DENTISTS SIGNED UP



2,000

PATIENTS SEEN

SIX MOUTH
CANCERS
DETECTED

**THE FIFTH MOUTH CANCER
AWARENESS DAY TOOK PLACE**

Services and benefits

New mentoring scheme Launched

The Irish Dental Association has introduced a new service for members – professional mentoring. To mark the introduction of the service, a booklet was produced and circulated to all members.

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 on out a pilot basis over 2014/15 – 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.

Key to the Programme’s success will be that the process is structured, safe and totally confidential.

The Programme will be entirely voluntary and within clear guidelines, with a focus on practical and helpful support. A careful matching process will be undertaken within the Programme to enable productive, useful and safe conversations. The design has been focused on best practice professional standards and the value of focused peer support.

While the priorities and content of the mentoring relationship will be mentee led, it is anticipated that issues in one or more of the following subject areas could be addressed:

- setting up a new practice, or taking over an existing practice;
- practice management/development;
- regulations and compliance;
- record keeping/financial management;
- patient care – patient management;
- team dynamics;
- managing conflict/stress management;
- managing clinical problems;
- buying/selling a practice; and,
- career planning/professional development.

Mentoring discussions are not limited to the topics listed above; however, topics should be related to issues that affect the mentee’s professional practice.

The IDA ‘Getting Started Guide and Checklist’, which was made available to prospective mentors and mentees, provides guidance and a framework for the initial mentoring meeting and conversation.

A key requirement for clear, mutual contracting and agreeing both roles and expectations is that both the mentee and mentor discuss and sign up to the IDA Mentoring Agreement.

**80% OF SURVEYED MEMBERS
AWARE THAT THE SERVICE IS
PROVIDED BY THE IDA.**

**40% OF SURVEYED MEMBERS
AWARE OF THE WEBSITE.**

**90% OF SURVEYED MEMBERS
AWARE OF THE SERVICE.**

WIDEN (women in dentistry)

The Association assisted with the launch of the WIDEN (women in dentistry) networking initiative, which commenced with a very successful evening in the Dublin Dental Hospital in April. The aim of the group is to widen the network of female colleagues around the country through professional, social and educational events. The topic for the meeting was ‘Networking – energising and enriching’ and Claire Mulligan, an occupational psychologist, and strong advocate of the benefits of networking, facilitated the evening. A reception was held at the IDA Annual Conference in Kilkenny. A further event featuring Clare Burge was organised in the autumn and a further series of events for 2015 was also agreed. The Association lent financial and logistical support to the group and I’m pleased to see that it is going from strength to strength in promoting engagement and networking by women in dentistry. Congratulations to Drs Nuala Carney, Jane Renehan, Lynda Elliott, Clodagh McAlister, Gillian Smith and Sarah Brody for their outstanding work.

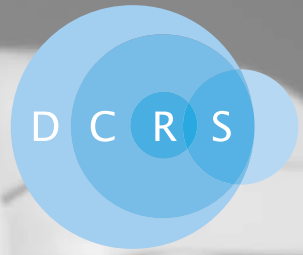
Dental Complaints Resolution Service

The Association’s Dental Complaints Resolution Service was busier than ever in 2014. New figures show that the service received 384 telephone calls and 1,250 emails/letters in 2014, which translated into 158 complaints being handled.

While some complaints were subsequently resolved directly between the dentist and patient, the complaints service directly assisted in the resolution of 36 cases, three cases were withdrawn and others are still under discussion. The service, which is free to use for IDA members and operates on an entirely voluntary basis, has managed to save hours of valuable time for dentists and avoided expensive legal bills, which may otherwise have been incurred.

I’m delighted at the great support for the service by the dental profession and the fact that dentists are now suggesting use of the service in those rare instances where

384 
PHONE CALLS



1,250 
LETTERS

36 
CASES RESOLVED

**THE DENTAL COMPLAINTS
RESOLUTION SERVICE HELPED
DENTISTS RESOLVE MORE ISSUES**

they receive complaints that cannot be resolved within the practice. This initiative was developed to remove a big headache for dentists and their patients, and is now receiving great plaudits from other professions who see the need to provide a free and easy to use alternative to having relatively minor complaints being heard by a regulator or the courts.

Disagreements over fees, or where concern has been expressed about clinical outcomes, accounts for four out of five complaints handled by the Service. Where complaints arose about treatments provided, the most common treatments mentioned were fillings, followed by crown/bridge, root canal treatments and surgical extractions. Where complaints did not refer to treatment per se, a dentist's failure to address a complaint was the most popular reason for referring a complaint to the Service, followed by alleged failure to explain treatment details/costs and postoperative pain.

While the Service is busier than ever, the Association decided to review its operation and has surveyed members in regard to the Service while, separately, reviews of randomly selected complaints will be examined by a panel of dentists and other experts and a separate survey of users is also planned.

The survey of IDA members in private practice elicited just under 200 responses. Over 90% said that they were aware of the Service, while over 80% are aware this is a service provided by the Irish Dental Association. Familiarity with the complaints service's website (www.dentalcomplaints.ie) was much lower, and only 40% of respondents were aware of the site. Almost three out of four dentists said they were aware that the Dental Council requires dentists to have a procedure in their practice to handle complaints.

Just 13% responded that they were very or extremely familiar with the operation of the complaints service, and 35% were not at all familiar with how the Service operates. An unprecedented 97% of respondents said they support the idea as a worthwhile initiative while 94% said they believed that dentists generally were supportive of the concept. Again 94% of dentist said they would use the Service where a complaint could not be resolved directly, while 93% said they thought dentists generally would avail of the Service.

Of those respondents who had actually used the Service (around 16% of those who replied), the majority (64%) were very or completely satisfied with the handling of their complaint, while 64% were very or completely satisfied with the timeliness of the response by the Service. Opinions were almost evenly divided between those who felt the settlement proposal they received was fair, about right or unfair.

I welcome the strong endorsement from dentists for the Service, while greater efforts will need to be made to explain how the service works and also promoting greater awareness of the service's website. A broader review of the service is underway involving dentists involved with the IDA, representatives of Dental Protection and also a manager from the Dental Complaints Service in the UK.

A full report will be prepared in due course for the leadership of the IDA and changes will be made where necessary. While the support of the general public is important, it is critical that the service continues to enjoy the strong support of

the dental profession, and where dentists have concerns or questions we need to address these positively and decisively.

Affinity schemes

Most of our valuable affinity schemes continued for 2014 and the suite of offerings was added during the year.

We continued to search for new service/product providers and 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.

Our preferential rate with DPL continued for 2014 with most IDA members availing of massive savings in their DPL fee.

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.

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.

Other schemes that were introduced this year included a 20% discounted rate on protecting your data with Data Sure, and reductions with Happy Threads clothing company for members.

Free access to ADA publications

One of the benefits of IDA membership is free access to the prestigious Journal of the American Dental Association. We were pleased to advise members in 2014 that they could also access the ADA's Professional Product Review (PPR) free of charge. The PPR launched in 2006 with the aim of providing ADA members with content compiled from the best available sources. The result is information that is user friendly, unbiased, clinically relevant and scientifically sound.

From 2006-2011, the ADA laboratories in Chicago conducted numerous product evaluations – from LED curing units and flowable composites to digital radiography systems, CAD/CAM and more than 70 types of restorative materials. The Review has published expert panel discussions, extensive product survey data, product category 'primers' and practitioner input. More recently, the Review has featured topics on dental therapeutics, clinical techniques and clinical collaborations with dental schools.

The Review's content is driven by the efforts of the ADA Clinical Evaluators (ACE) Panel dentists – a dedicated group of about 2,000 ADA members who provide feedback on products they currently use and on products they would like the ADA laboratories to evaluate.

Only IDA members can access the JADA and the PPR as a result of an agreement between the IDA and the American Dental Association. The IDA is committed to providing its members with access to the best CPD resources and we look forward to rolling out a number of exciting new CPD resources in the very near future.

CPD/training

Practice Management Seminar 2014

The National Convention Centre was the location for 2014's Annual Practice Management Seminar. A presentation from the Chief Dental Officer, Dr Dympna Kavanagh, started proceedings on the day followed by a lively Q & A session from delegates.

This was followed by John O'Mahony from Behaviour & Attitudes, who reported on very interesting findings from market research carried out on the IDA's behalf on people's attitudes to dentists and oral health habits.

A most useful and energetic session followed with a panel of three dentists from different parts of the country, all in private practice, who shared their experiences with day-to-day lives in their practices and how and why they set up their own practices, the pitfalls to owning your own practice, and the advantages to being your own boss were some of the areas covered. There were also sessions on marketing a dental practice and using social media in a practice.

All in all, it was a very worthwhile event for those interested in growing and developing their dental practices.

HSE Seminar 2014

The Mount Wolseley Hotel in Carlow was the location for the HSE Dental Surgeons Annual Seminar in October. The Seminar format changed to a much welcome two day format on Thursday and Friday only. Some 130 delegates were in attendance and had the privilege of listening to a top line-up of speakers over the two days. Topics covered included special care dentistry, orthodontics, fluoridation and managing caries. Dr Frances O'Callaghan took over the mantle of President of the group for the year. 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.

Annual Conference 2014

The beautiful Lyrath House Estate and Hotel in Kilkenny was the setting for the Annual Conference 2014. Delegates were offered an unprecedented amount of choice in terms of the array of courses and lectures available over the three days. We were delighted to have such a host of national and international speakers, and in particular delighted to welcome back old friends in Professor David Whittaker and Professor Stanley Malamed. A full trade show took place on Friday and Saturday and, as always, gratitude is extended to all exhibitors.

Identex

Last year also saw an innovation with the first ever involvement of the Association in the organisation of workshops at the Identex exhibition. A series of educational workshops were arranged alongside Identex in September at Citywest, Dublin, on Friday and Saturday, September 19 and 20.



The Presidents of the IDA, Dr Peter Gannon (left), and IDTA, Gerard Lavery, at the opening of Identex.



The Association's Annual Conference was held in Kilkenny in May where dentists had the chance to experience a wide range of CPD.

Subject areas at the workshops included: infection control; clinical audit in oral radiology; employment law; waste management; taxing and pension issues; communication skills; local anaesthesia; and, posterior composites. All workshops were CPD accredited and DPL risk credits were also available.

A full trade show (Identex) was run on both days with over 35 trade companies in attendance.

CPD

The CPD roadshow saw over 450 dentists in six regional locations around the country while workshops on a range of topics, including CPR training, were also organised throughout the year. The CPD committee introduced a number of hands-on courses covering:

- Endodontics – Dr Pat Cleary
- Clinical photography – Dr PJ Byrne
- Introduction to implants – Drs Ronan Allen and Ed O'Reilly
- Cone beam imaging – Drs John Lawlor and Spencer Woolfe
- Oral radiology – Dr Brendan Fanning

Governance

Strategy Plan

The new three-year Strategy Plan was launched in 2014 and a Strategy Oversight Committee, comprising Drs Peter Gannon, Michael Crowe and Jane Renehan, met with myself and Elaine Hughes to review progress and to drive progress on the actions set out in the Strategy Plan.

The vision for the IDA is to become the authoritative voice of Irish dentistry, focused on realising the full potential of our members. We aim to be recognised as innovative and progressive in achieving excellent oral health for Ireland. Therefore, our mission is to be dedicated to the advancement of the profession and its members, the promotion of oral health and the provision of a quality service to the public.

The Committee looked at progress in terms of services offered to members, establishing the IDA as a recognised oral health authority, securing our position as the primary CPD provider, promoting profitable practices, reviewing the representation and advice available to members, and promoting the quality and patient safety agenda.

One of the most successful innovations arising from the Oversight Committee was the decision to arrange the President's Dinner to which over eight Committee members, representatives and volunteers within the Association and Union were invited to meet in an informal setting and also as a small gesture of appreciation for the time they offer so generously on behalf of their colleagues and the profession.

Corporate governance

At the end of 2014, it was agreed to enlist assistance to review the corporate governance within the Association and Union. Ms Jane Williams and her colleagues in the Better Boards group were appointed to assist with an analysis of existing governance arrangements and also to make recommendations for consideration by the Council and Board and, where necessary, a general meeting of members.

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 2014.

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, and to advise the Board and Council as appropriate.

AGM

A total of six motions were passed at the 2014 AGM. A special presentation was made to Dr Barry Harrington on the occasion of his fiftieth attendance at an IDA

**THE VISION FOR THE IDA IS TO
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Annual Conference, and also to Ms Mary Graham to mark her retirement after many years of outstanding service to the dental profession.

As agreed at the 2013 AGM, entrance fees and annual subscriptions for 2014 were set by the Board of Directors at its final Board meeting in the calendar year following consultation and deliberation by Council.

Staff changes

The number of staff employed by the Association remained unchanged in 2014. Ms Mary Graham retired after many years of distinguished service and was replaced by Ms Marie Walsh. I wish to put on record our appreciation and best wishes to Mary and to welcome and offer our best wishes to Marie.



A handwritten signature in blue ink that reads "Fintan Hourihan". The signature is fluid and cursive.

Fintan Hourihan

CEO

As an Association, we can proudly record that the number of members has been stable and growing during 2014. This follows a trend of rising membership figures in the last few years. It clearly reflects the sentiment of dentists today that we can achieve progress only as a strong group facing a world of turbulent change. We are looking forward to engagement on developing a new Dental Act and hopefully this will also prompt action as regards State support for vulnerable patients, as well as recognising the needs of modern day dentistry. Surely improving oral health must be built on an increasing level of preventive care, and we remain insistent that oral health must be central to a new healthcare strategy.

Mentoring

A very interesting and important new addition to the services provided by the Association is the development of a pilot mentoring programme for IDA members. It offers members the chance to find a solution to the many problems that can be encountered in our daily work. Members can avail of advice on a range of topics, from career advice for the new graduate, or help in developing a plan if you are setting up a new practice, to retirement planning with all its financial and legal implications. Twelve mentors have been trained on a course provided by the Association under the guidance of Hannah Carney. The vision is to match a suitable mentor to the mentee in order to allow a fruitful engagement and resolution of the mentee's concern.

Practitioner health matters

Separately, I am pleased that with the participation of our chief executive, Fintan Hourihan, a new Programme will soon be launched to be known as the Practitioner Health Matters Programme.

Strategy

In the earlier part of the year, the Association signed off on a new Strategy Plan, which reflected the changes of the past few years and offers a vision for the future of the IDA/IDU. With the assistance of Prospectus, a three-year calendar of tasks was defined that should allow the Association to take its position as the voice of Irish dentistry and the primary provider of CPD, and to ensure its place as the main representative of dentists' needs in Ireland.

Dental Act

The Department of Health engaged with the Association in an afternoon of informative discussion on the development of a new Dental Act. This is the first re-writing of dental legislation since 1984, and with huge changes in society and the practice of dentistry, this may well be overdue. The President and the CEO, among others, represented us very effectively in these discussions, covering topics such as the inclusion of specialist registers, the task of reviewing the ban on incorporation in dentistry, the critical importance of dental

examinations where direct access is being considered, and significant changes in regard to CPD and the regulation of dentistry.

Meeting with the Minister

Later in the year a delegation from the Association met with the Minister for Health, Leo Varadkar, in Leinster House. Dr Varadkar listened attentively to the concerns raised by the President and our full delegation. Dr Iseult Bouarroudj outlined the shortages in the numbers of dentists employed by the HSE compared to earlier years, and explained the current difficulties in provision of adequate and fair services in the public dental sector. The President highlighted some critical issues facing general dental practice illustrating the lack of funding, especially concerning preventive care measures. He asked the Minister to consider reintroducing these elements, such as basic periodontal care, in the short term, with a view to minimising the drastic effects the cuts have had on provision of adequate care under both existing State-funded schemes in dentistry. The Minister stated that both the provision of a new Dental Act and engagement on the level of a new vision for dentistry would be prioritised in 2015.

Complaints service

The Dental Complaints Resolution Service appears to be growing out of its infancy, widely engaging with the public's concerns about the provision of dental care. Much has been learned, and we hope to see further improvement to this vital service, which seeks to protect both dentist and patient. I welcome this important initiative and hope that we learn to see it as a positive adjunct to dispute resolution in dentistry today and in the future.

As you can see, there is no shortage of engagement with topics that relate to everyday general practice and public dental health. We can only ask and seek your further support in allowing the IDA to fulfil the role it has set out in its vision statement.

At this stage I would like to thank all staff in IDA House for their ongoing commitment in propelling the profession into 2015 and onwards. This last but not least should include CEO Fintan Hourihan and Assistant CEO Elaine Hughes, who readily make themselves available to help with our concerns. Continuing the course that the IDA/IDU has taken over the past few years will hopefully assist us to lead dentistry into the future, finally assuming the pivotal role it ought to occupy in overall healthcare.



Dr Maher Kemmoona
Honorary Secretary



Attached to this report you will find the audited accounts for the year ended December 31, 2014. Our auditors for the period were Grant Thornton, Chartered Accountants and Registered Auditors.

Income

The combined IDA/IDU income for 2014 has remained stable, with a small increase from €1,293,005 to €1,295,081. Combined membership income showed an increase from €992,816 to €1,034,641, reflecting an increase of 4% in membership subscriptions. This accounts for 80% of Association/Union income.

Accreditation dropped from €119,138 to €110,000. This was partly due to invoices being paid at later dates in the calendar year. The accreditation income will be raised again in 2015 as the result of successful negotiations on the part of the Assistant CEO. There was a reduced income from training courses this year and the revenue from the Annual Scientific Conference was down slightly. However, the income from the PDS seminar was increased. We would be hopeful that the new CPD learning programme system to be rolled out in 2015 will help to support a potential source of income for the Association in the coming years. 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 has been a slight reduction in operational expenses over the past year, from €1,222,195 to €1,215,367, a reduction of €6,828. This has been achieved by careful attention to ongoing running costs.

In 2013, the IDA introduced insurance cover for members, including a helpline service, cover for tax audits and other legal and health issues – the cost of this was €14,049. Members have received benefits of almost €65,000 from this contract, resulting in a rise in the premium to €27,000. We will continue to monitor this carefully to ensure that we are getting value for money and that the service is showing uptake by members.

Although the income from courses was down, the expenditure was similarly reduced.

One of the significant developments for members of the Association this year was the mentoring programme. For a relatively small investment (€11,468) we hope that this scheme will prove to be of great benefit and support to members. 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.

The significant non-recurring expenses were €64,198 for the radio ad last

January and investment of €39,200 in the new online CPD management and learning tool to be introduced shortly.

WE ARE DELIGHTED TO RECORD ANOTHER SUCCESSFUL YEAR FOR THE ASSOCIATION AND THE UNION. MEMBERSHIP NUMBERS HAVE REMAINED STABLE, AND DESPITE ALL THE COMPETITION AND TIGHTENING OF BELTS AMONG THE ACCREDITORS AND TRADE, THEY HAVE REMAINED VERY SUPPORTIVE.

Overview of 2014

We are delighted to record another successful year for the Association and the Union. Membership numbers have remained stable, and despite all the competition and tightening of belts among the accreditors and trade, they have remained very supportive. We are delighted to see an increase in Journal advertising income, which hopefully is a sign of the new growth in the economy heralded by the media!

There has been enough financial stability over the past few years to allow investment in many new initiatives and services for members, which continues to make membership a valuable and worthwhile investment for practitioners.

We have been keeping our eyes firmly on keeping costs down at IDA House and with regard to the various necessary expenditures incurred by the Association.

This has resulted in an overall decrease in costs. There are review groups looking at costs associated with various significant cost centres so that we continue to ensure that we get the best value for members in providing all the activities and services of the Association and Union. Members will be aware that there have been huge improvements in terms of communication due to the ease of access to information online. We hope that the new CPD scheme will take this to another level in the near future – this has been a source of investment this year, and we hope will be a new source of potential significant income in the future.

The Audit and Finance group met on six occasions during the year. We are indebted to them for their time and commitment – given freely – and their continuing interest, wise advice and ideas in helping to monitor and guide the financial affairs of the Association and Union.

I would also like to thank Assistant CEO Elaine Hughes for not only retaining, but increasing the level of accreditation income for the coming year, which makes a huge difference to our ability to plan investment in new projects. Also, I would like to thank Elaine for all her hard work in running the Association's events – the ASMs and the Sensitive Dentist Awards – which were such a success this year.

As always, Fintan Hourihan, Association CEO, has been enormously helpful and supportive – a pleasure to work with at all times and most generous with his time and wise advice.

I could not have done this job without the expertise and backup of our financial administrator Sinead Kelly. Sinead has proved herself a huge asset to the Association – refining and updating the accounting systems, and managing the finances with precision and efficiency, and always with great good humour. Grateful thanks too to Kevin Foley and all at Grant Thornton, our auditors, for their excellent advice and service.

I am delighted to be able to pass on the Treasurer's responsibilities to the very able and enthusiastic Ronan Perry. I know Ronan will bring new energy and business acumen to the role, and that the Executive will benefit greatly from his input.



Dr Nuala Carney
Honorary Treasurer

Orthodontic Group

There were two meetings of the Orthodontic Society of Ireland (OSI) over the past year.

The title of the spring meeting was 'Interdisciplinary Treatment: The Future of Orthodontics'. The renowned Dr Domingo Martin was the guest speaker at this meeting, which was held in the Marker Hotel, Dublin. This meeting was awarded 8.5 verifiable CPD hours.

The autumn meeting was held at Dromoland Castle in Co.Clare. We were delighted to have Dr Antonio G. Secchi to deliver his lecture on 'Contemporary Clinical Orthodontics'. This meeting was also awarded 8.5 verifiable CPD points.

Both meetings were well attended by members and visiting orthodontists and provided, as always, the opportunity to interact with colleagues while keeping abreast of best practice in the field.

The AGM of the OSI was held in November 2014, when Dr Sinead O'Hanrahan was elected President to replace Dr Katherine Condren. Dr John Joe McCullagh was elected as Incoming President.

Jane Curtin delivered feedback on the Society's 2014 PR campaign, which was deemed a success, and it was noted that queries from members of the public increased over the time the campaign was being run. These queries included:

- advice on specific types of braces available;
- continuing treatment that had been started abroad;
- retreatment following relapse; and,
- the cost of treatment and eligibility for medical cards.

The development of the OSI website has made it easier for patients to access advice and the locator map is very useful when directing patients to find an orthodontist in their area. Updates and improvements will continue on the society website – www.orthodontics.ie.

Dr Sinead O'Hanrahan

President, OSI

Board of Directors

Dr Peter Gannon	President
Dr Sean Malone	Vice President
Dr Anne Twomey	President Elect
Dr Nuala Carney	Honorary Treasurer
Dr Ronan Perry	Honorary Treasurer Designate
Dr Maher Kemmoona	Honorary Secretary
Dr Ryan Hennessy	Honorary Membership Officer
Dr Iseult Bouarroudj	HSE Dental Surgeons Rep
Dr Gillian Smith	GP Rep

Accreditation

Dr Pat Cleary
Dr Anne O'Neill
Ms Elaine Hughes

Audit and Finance

Dr Nuala Carney
Dr Sean Malone
Dr Jane Renehan
Dr Ronan Perry
Dr Kevin Dunne
Dr Maher Kemmoona
Mr Fintan Hourihan

CED

Dr Nuala Carney
Dr Robin Foyle
Dr Bernard Murphy (replaced by 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 Alastair Woods	
Dr Iseult Bouarroudj	
Ms Donna Patton	
Mr Paul O'Grady	
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Ms Elaine Hughes	
Dr Seamus Sharkey	
Ms Tina Gorman	
Dr Simon Wolstencroft	
Dr Ioannis Polyzois	
Dr Chris Lynch	
Dr Michael Crowe	

Public Relations and Public Affairs Committee

Dr Rose-Marie Daly	Chair (resigned 2014)
Dr Susan Kiely	
Dr Andrew Bolas	
Dr Iseult Bouarroudj	
Ms Sarah Gill	

Quality and Patient Safety

Dr Eamon Croke	Chair
Dr John Adye-Curran	
Dr Nick Armstrong	
Dr Daniel McIlgorm	
Dr Barney Murphy	
Dr Jane Renehan	
Dr James Tarpey	
Dr Nicola Zammit	
Dr Paul O'Dwyer	
Dr Cristina Taut	
Dr Niall Jennings	
Ms Sarah Gill	

Accreditation

In 2014, the IDA was delighted to retain accreditation contracts with our valued partners:

- Wrigley's Extra Gum;
- Wrigley's Complete;
- Colgate Total; and,
- GSK Sensodyne.

Once again this year we offer a special word of thanks to the members of our Scientific Committee, who are regularly called upon to review applications for flavour variants, ingredient changes, etc. The committee members are Drs Tiernan O'Brien, Frank Quinn and Frank Burke, and Professor Stephen Flint.

Dr Pat Cleary

Chair, 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 in 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 2014. The first was in Athens in May, followed by one in Brussels in November.

Representation

The IDA was represented by Drs Barney Murphy, Robin Foyle and Nuala Carney, and Mr Fintan Hourihan. Dr Barney Murphy stood down as IDA Representative after the Athens meeting and Dr Jane Renehan was elected to replace him in November. Our thanks to Barney, who gave many years of hard work to the CED and to so many other dental bodies, including the Association.

Working groups and task forces

The CED currently has eight active working groups (WGs) made up of dentists and experts in each particular topic. The working groups are: Amalgam and other restorative materials; Education and Professional Qualifications; E Health;



IDA CEO Fintan Hourihan addressed the CED in Brussels in November.

Infection control and waste management; Medical Devices; Oral Health; Patient safety; and, Tooth Whitening Products.

There are five task forces that are responsible to the Board of Directors. These 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 continues to discuss the Minimata convention on mercury and its implications for dentists over the next few years. They are also looking into the safety of nanomaterials used in dentistry, bisphenol A and possible endocrine disruptors in dental materials.

WG Education and Professional Qualifications has been working on the proposed review to the Professional Qualifications Directive planned for later this year or early next year.

WG E Health follows developments and prepares CED policy in areas related to e-Health, and monitors 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 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. The November 2014 General Meeting unanimously adopted their resolution on infection control and waste management. This resolution can be viewed on the CED website – www.eudental.eu.

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.

WG Oral Health follows the developments and prepares CED policy in areas related to oral health: prevention and promotion, tobacco, alcohol, nutrition, diseases, health inequalities, children, ageing, etc. (Fintan Hourihan is a member of this working group).

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

WG Tooth Whitening Products is dealing with the legislation resulting from EU Directive 2011/84/EU. Currently, it is working with officials in the Commission to clarify the legality of whitening products outside the scope of the Directive, such as Sodium perborate- and chlorine-based products. It is also trying to find evidence as to the safety of peroxide products in higher concentrations for use by dentists to treat certain dental conditions. Also, literature reviews are being conducted to demonstrate safety of use in persons under 18 years for treatment of intrinsic tooth discolouration in order to relax the rigidity of the Directive (I am a member of this Working Group).

BTF Antibiotics in Dentistry: this task force is responsible for preparing positions and planning activities related to the use of antibiotics in dentistry and specifically to antimicrobial resistance. November 18, 2014, 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 IM 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, joint action on health workforce planning and forecasting, and current international agreements (TTIP and TISA).

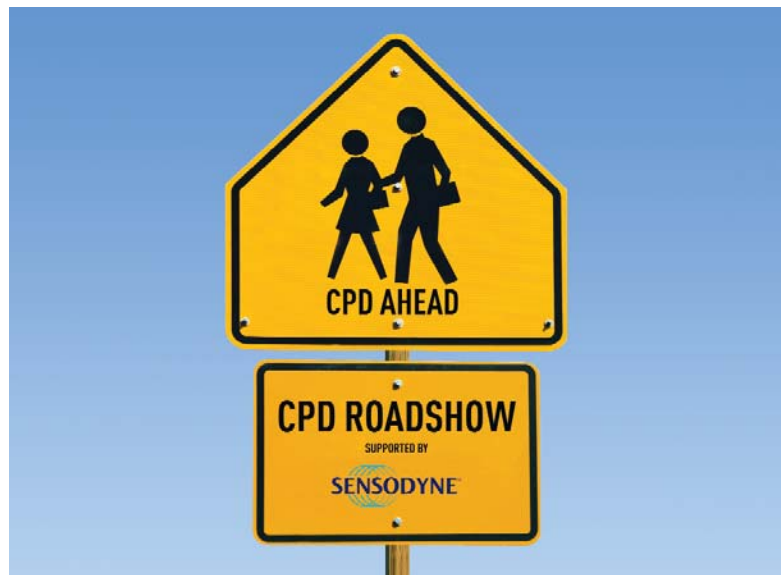
Meeting with Deirdre Clune MEP

Following the European Parliament elections, the IDA delegation met with Deirdre Clune (MEP, Ireland South) at her offices in Dublin. The meeting was informal to introduce ourselves and to tell her a bit about the CED. The meeting was felt to have been worthwhile and Ms Clune agreed to meet us again if she could help us with any issues.

The next CED General Meeting will be held in Riga on May 29 and 30, 2015. Further information on CED activities can be found on www.eudental.eu.

Dr Robin Foyle

Head of IDA CED Delegation



CPD Committee

2014 saw much increased activity in the IDA's CPD calendar.

The introduction of many new hands-on courses in various subjects such as local anaesthesia, cone beam imaging, oral radiology, crown lengthening and clinical photography proved very popular with members, with most courses selling out. September saw the continuation of our popular regional CPD Roadshows. All CPD Roadshows in the regions have now come to an end after three years on the road. Over 600 delegates have attended the workshops over the three years in six regions. None of these workshops would have been possible but for the very generous presenters who are so willing to give of their time and expertise, and who have travelled literally to all corners of the country over the last three years. Special thanks also to Elaine Hughes especially, to Dario and to all in IDA House for their help and support.

On behalf of the CPD committee – thank you.

Over the last 12 months, a special task force made up of Drs Michael Crowe, Mark Kelly and Maurice Fitzgerald have reviewed and chosen a learning management system for IDA members. This system will allow online access to CPD records for members, which will be invaluable once the introduction of mandatory CPD takes place. An online booking system for courses will also be available. Again, thank you to the task force assigned to review this new service for IDA members.

CPD Committee

Dr Garry Heavey (Chair), Dr PJ Byrne, Dr Paddy Crotty, Dr Ciara Scott and Ms Elaine Hughes

Dr Garry Heavey

Chair, CPD Committee

Journal of the Irish Dental Association

A year of major progress

The Journal of the Irish Dental Association continues to make great progress under the leadership of its Editorial Board, with the support of the Council and executives of the Association, and the assistance of its publishers, Think Media Ltd. In 2014, there were breakthrough achievements in gaining CPD points for reviewers, the addition of clinical features, the establishment of a Journal lecture, and the first staging of a major ceremony for the winners of our well-established Sensodyne Sensitive Dentist of the Year Awards. All this was on top of our normal busy workload of securing and publishing appropriate content for every edition.

CPD

This year we succeeded in getting formal CPD points for reviewing an article that has been submitted to the Journal. Each reviewer receives two CPD points from the Dental Council of Ireland for reviewing an article. Our intention is to proceed, with the CPD Committee of the Association, to the stage where members who correctly answer online multiple-choice questions about scientific and clinical articles in the Journal could obtain educational credit (CPD points) from the Dental Council.

Clinical features added

After several years of aspiration and some false starts, we have succeeded in publishing a series of clinical features. These have been well received and have proved to be practical and useful. A notable aspect of these articles is the strong use of photographs to illustrate the steps in the process being explained. We are grateful to all of the authors for their work on these articles as it represents a significant addition to the knowledge the Journal offers its readers.

Journal lecture

Another development is the establishment of a formal Journal of the Irish Dental Association lecture at the Association's Annual Conference. It was delivered in Kilkenny in 2014 for the first time by Dr Stanley Malamed, Professor of Anaesthesia and Medicine at the School of Dentistry in the University of Southern California. He spoke on dealing with life-threatening emergencies that can arise in dental surgeries.

Awards success

Since 2008, the Journal has partnered with GSK, the makers of Sensodyne, in an awards programme that allows patients to state how well their dentists have



care for them. When we started, we didn't know what response we would get. However, the awards have been a major success, both in terms of the quality of patient testimony about dentists and of the volume of entries. After several years of a modest lunchtime ceremony, we decided to provide a bigger stage for the winners. The outcome was a fantastic night in the Royal Hospital Kilmainham at which 19 dentists were publicly lauded for their work, with Dr James Turner winning the title of Sensitive Dentist of the Year for 2014. Such was the demand to attend the ceremony, we may have to move to a bigger venue in 2015. We look forward to continuing to profile the excellent work of dentists through this programme.

Peer-reviewed articles

The provision of high-quality scientific articles for our readership is the core of the Journal's purpose. In 2014, we received 38 scientific articles for consideration. Of the 38 articles submitted, 18 were of international origin and 20 were Irish articles. Seven of these were reviewed and published in 2014, with a further three since published in 2015. Eight are to be resubmitted after taking account of reviewers' comments, while 17 were rejected.

This process of reviewing can be time consuming, but it is essential to ensure that the quality of the papers published meets the highest international standards. In a sample of 15 papers received in 2014 that we examined, we found that reviewers tend to come back to us within three weeks, and authors get feedback on the papers in about a month. Our review process is relatively speedy and we will continue to audit it.

We are grateful to all our authors and reviewers, and very pleased that the reviewers will now also receive credit in the form of verifiable CPD points.

THE JOURNAL CONTINUES TO MAKE GREAT PROGRESS

2 CPD

POINTS AWARDED FOR
REVIEWING EACH ARTICLE



journal of the irish dental association
Iris Cumainn Déadach na hÉireann

38

SCIENTIFIC ARTICLES
RECEIVED IN 2014



19 DENTISTS
LAUDED AT THE
SENSITIVE DENTIST
OF THE YEAR AWARDS

Table 1: Articles for the *Journal of the Irish Dental Association* in 2014.

Received in 2014 and published in 2014	7
Total submitted in 2014	38
Still in review process	0
Awaiting resubmission following review	8
Accepted and awaiting publication	3
Rejected articles	17
Submitted in 2014 but published in 2015	3

Board membership

Under the normal rotation of membership of the Editorial Board, Professor Finbarr Allen and Jennifer O'Rourke stood down, while we welcomed Dr Iseult Bouarroudj, Dr Alastair Woods, Tina Gorman representing the dental nurses, and Donna Paton representing the dental hygienists. We are most grateful to Finbarr and Jennifer for their contributions, and enthusiastically welcome Iseult, Alastair, Tina and Donna who have already made excellent contributions to our meetings.

The members of the Board have been exemplary in their commitment to develop the Journal. It is well reflected in the number of significant developments reported above.

Commercial activity

After several very challenging years, there was a small but welcome lift in advertising revenue in 2014. The Journal continues to face competition from UK-based publishers, but over the last eight years has become the dominant publication for dentists in Ireland. This has been borne out by both IDA and independent readership surveys. The Board and the Association are very grateful to all advertisers in the Journal. It allows us to produce a high standard of Journal for Irish dentists, which is almost entirely cost neutral for the Association.

Collective effort

In order for the Journal to succeed as it does, it requires many elements to function effectively. On behalf of all involved, I want to thank the readers, the authors, the reviewers, the Board members, the advertisers, the publishers, the Council of the Association, the executives of the Association, and especially our highly efficient Journal Co-ordinator, Fionnuala O'Brien. It is a strong team and we look forward to working together into 2015.

Professor Leo F.A. Stassen,

Honorary Editor

Public Relations and Public Affairs Committee

January to June 2014

In March 2014, Committee Chair Dr Rose Marie Daly carried out a review of recent media activity as captured in the News Access media monitoring service. She noted that there had been significant activity, which reflected both activities initiated by the Association and other coverage generated by the media. It was agreed to re-circulate the access details for members of the Committee to monitor the print media coverage via the News Access service.

Following a discussion, it was agreed that a representative of the Association's public relations agency would be asked to attend a meeting of the Board or Council in September to set out trends, patterns and prospects for the Association and the profession as regards public relations. In the meantime it was also decided that the agency would be asked for an activity report to be circulated ahead of the Annual General Meeting.

It was agreed that Committee members would submit their comments regarding changes to the text of the IDA website aimed at the general public, and these in turn would be forwarded to the Board of Directors.

In April, the request made by the Committee for an activity report from our PR Company Gordon MRM was provided, and this report was forwarded to the Honorary Treasurer for consideration by the Board.

In May, the Committee was represented at a press briefing for the launch of the Dental Complaints Resolution Service.

In June, in line with the Strategy Plan, which included the need to make provision to deal with public policy, a submission was made to the Board in early April. The Committee sought confirmation that this submission would be considered by the Board and Council confirmed this.

The Chair of the Committee liaised with the Chair of the CPD Committee in relation to the early visits strategy. The initial focus of this initiative is to gather support internally within the Association. The perception among many members is that many GDPs are not very comfortable with early visits and are not sure how to charge for these. Therefore, this needs to be addressed through CPD.

The possibility of liaison with other professional groups has been given consideration. Given the topical nature of diabetes in Europe this year (it is the theme of European Oral Health Day, which is being organised through the CED), the Committee will explore how it can contribute to promoting awareness of the vital link between oral health and diabetes.

Following on from discussion with our President, Dr Gannon, consideration has been given to the idea of promoting the availability of the underused dental benefits available through the DTBS by channelling links through major employment groups.

July to October

At a Committee meeting on July 7, there was further discussion on plans for European Oral Health Day, concerns about cost control of the IDA account at Gordon MRM, and raising awareness of dental benefits through contact with employers and trade unions. Contact was made with the Diabetes Federation of Ireland with a view to providing oral healthcare advice on their website.

In November, Dr Rose Marie Daly resigned from the Committee, effective from January 2015. Her commitment, work and energy while in the role was appreciated by the CEO, Fintan Hourihan, and the Committee members.

January 2015

Following a meeting of IDA CEO Fintan Hourihan and Dr Susan Kiely, and in consultation with Drs Andrew Bolas and Iseult Bouarroudj, it was felt timely that there be a fresh look at the role of PR and public affairs in the IDA.

Key considerations are:

- Placing PR/public affairs at the centre of the IDA organisation.
- It was decided to convene a focus group, moderated by a trained facilitator, to gather a representative group of around a dozen dentists (including those not active in the Association). The task of this group will be to review member perceptions of the public image of the profession and Association, and formulate desired changes to the image, messages to be prioritised, and tactics to be used. This process would include a presentation on media perceptions as reflected by our PR advisers. Options around public affairs campaigning could also be discussed. The objective would be to produce a report capturing the perceptions among members of the current public image and sense of professional identity, preferences for messages to be conveyed, assessment of the resources and capacity to convey these messages and to respond to issues as they arise, and also to set out options and resource needs associated with greater public affairs campaigning.
- A re-energised relationship with our PR agents allowing closer and increased communication between the Secretariat and elected members of the IDA to influence key elements of activity and policy, and assess performance.

It was agreed that it was a good idea to form a focus group and perhaps engage an external facilitator for this purpose. Council approved the suggestion made by Dr Kiely.

February 2015

Following an introduction by a Committee member, the IDA, represented by Sarah Gill, agreed to join the Boyne Research Institute and CanCare4Life as a partner on their research project, which is currently underway.

Dr Susan Kiely

PR and PA Committee

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 advice, developed by the Committee, 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 instigation of practice inspection by the HSE.

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

The Committee is currently developing advice on the following topics:

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

Review of the Association's Best Practice website

The Best Practice website is regularly reviewed to ensure accuracy of information to members. The Committee will revise the website when the Dental Council publishes its updated Code on Infection Prevention and Control.

The Committee thanks Dental Protection Limited for allowing the Association to reproduce its excellent advice 'Sharps Regulation, 2014' both in the Journal and on the website. This is in addition to the information present already on the website ('Guidelines for the Emergency Management of Injuries, HSE/HPSC, 2012'). This reflects the policy of the Committee to seek the best advice for the

members on matters pertaining to daily practice. In that regard, the Committee is mindful that the HPSC is due to publish 'Guidelines on the Use of Antibiotics' and will bring them to members' attention.

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.

Future work

Advice for dentists setting up in practice

Dr Barry Harrington, a Committee member whose input is greatly valued by the Committee, has drafted a comprehensive document entitled 'General facilities to be considered when setting up in dental practice'. The Committee believes that this document contains a wealth of information and will work with Barry on its development.

Radiology

The Committee is working with Dr Andrew Bolas on a review of the Best Practice advice on Radiology, which was published in 2009.

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 12 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.

Link with Council of the IDU

In the past year, the Committee welcomed the President, Dr Peter Gannon, to one of its meetings. The Committee invites the President to attend a meeting each year to facilitate appraisal of the Committee's work. The Committee looks forward to welcoming Dr Anne Twomey in the near future.

The Council has invited the Committee to nominate a representative to Council and this shall be done at the Committee's next meeting.

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 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. The Journal (2014; 60 (5)) carried an article titled 'Best Practice – a vital new resource for Irish dentists', highlighting features of the Best Practice section.

Workshops on the various areas of advice have been presented at previous Annual Scientific Conferences. While the Committee will not present a workshop at this year's Conference, it is its intention that the workshops remain a feature of the Conference and plans are in place for 2016.

The workshops have been presented in various venues around the country at the behest of the local branch. The Committee is very grateful to Dr Jane Renehan and Dr Nick Armstrong for their continuing great work in that respect.

The Committee 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

The 2014 workshop in Kilkenny was again a collaborative effort as it was jointly presented by Mr Alan O'Grady, Senior Compliance Officer, Office of the Data Protection Commissioner, and Dr Eamon Croke. The topic was 'Data Collection, Usage and Protection' with an accompanying audit tool. The audit tool is, in reality, a series of eight audits covering each data protection rule. The attendees were advised to use the Practice Privacy Statement as a primary source in preparation for the audits.

Dr Eamon D. Croke,

Chair, Quality and Patient Safety Committee

Metropolitan Branch

On the occasion of our AGM in 2014, Dr Adrian Loomes passed over the chain of office to the new President, Dr Laura Houlihan. The President Elect is Dr Michael Lavin. Honorary Treasurer is Dr Mick Lavin and Honorary Secretary is Dr Nicola Zammit. Drs Una Lally and Rebecca Carville will continue as committee members and are being joined by Drs Jessica Rice, Michael Freedman and Naomi Rahman.

Our first meeting in September 2014 was very well attended. We invited Drs Patricia O'Connor, Dermot Canavan and Justin Moloney to speak. It was a very informative evening on pharmacology in dentistry, facial pain and biopsies in practice, generously sponsored by Menarini Pharmaceuticals.

For the October meeting we had presentations by Declan Egan of Omega Financial Management, along with Drs Rebecca Carville and John Lordan about appropriate crown cementation and irrigation in endodontics, respectively.

In November the first lecture was on 'Perio treatment in general practice' by Dr Maher Kemmoona, followed by two informative lectures on single tooth implant restorations by Dr Una Lally and Glenn McEvoy of Eurocast labs.

Our Christmas drinks event was a great opportunity to meet and socialise.

Our January meeting was a joint meeting with the Irish Endodontic Society at which Drs Bertrand Khayat and Marga Ree gave talks on 'Avoiding failures in making the proper diagnosis' and 'Searching for hidden canals'.

In February we had a very informative evening, with Dr Brendan Fanning talking about 'Incidental findings in radiographs'. Drs Frank Ormsby and Noel Henderson brought us all up to date with 'Infection prevention' and the evening concluded with Dr Anne Gundermann enlightening us all on 'Removable partial denture abutments'.

Our ASM was held over two days on Friday and Saturday, March 6 and 7. Hands-on courses were run on the Friday with a full day of lectures on the Saturday. Our AGM was held after lunch on the Saturday. After the ASM there was a drinks reception followed by the annual dinner, which incorporated the Retired Dentists' dinner.

At our September, October, November, January and February meetings, we also held 'Suppers for Learning', with specialists discussing topics in small groups in an informal setting before the lectures. These were very well attended.

We are very grateful to all of our speakers for their hard work. We are also especially grateful for the generosity of our sponsors, which allows us to hold these meetings.

The Committee met on several occasions throughout the year.

I would like to thank all the committee members for their hard work over the year. A final word of thanks to all the staff in IDA House for your courtesy, patience, hard work and help. It is greatly appreciated.

Laura Houlihan

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

Munster Branch

Committee:

President: Dr Patrick O'Connor

Vice-President: Dr Maire Brennan

President-Elect: Dr Mairead Browne

Secretary: Dr Maire Brennan

Treasurer: Dr Kieran O'Connor

Other Committee members:

Dr John Browne, Dr Judith Phelan, Dr Jennifer McCafferty, Dr Eamonn Murphy, Dr Arthur O'Connor, Dr Fiona Twohig, Dr Anne Twomey, Dr Patricia Shalloe, Dr Maeve O'Sullivan.

Branch representative on Council:

Dr Patrick O'Connor

Branch representative on National GDP Committee:

Dr Kieran O'Connor

Monthly meetings

Five evening lectures were held at Maryborough House Hotel, Douglas, Cork. They were well supported again this year and after each lecture there was an opportunity for people to network and enjoy some refreshments.

September 2014: Dr Alison Dougall (Assistant Professor/Consultant Dublin Dental University Hospital) spoke on 'Strategies for providing care for patients with Neurological Disorders'.

October 2014: Professor Gerard Bradley (Assoc. Dean for Research and Graduate Studies, Professor and Chair, Developmental Sciences, Diplomate of the American Board of Orthodontics, Marquette University Dental School, Milwaukee) spoke on 'New Generation Orthodontic Materials. What does the future hold?'

January 2015: Professor Anthony Roberts (Professor of Restorative Dentistry (Periodontology), University Dental School & Hospital, Wilton, Cork) spoke on 'Gums, Mums, Tums & the Sums'.

February 2015: Dr John Browne (practice limited to endodontics, Cork) spoke on 'Diagnosis in Endodontics'.

March 2015: Dr Paul King (Consultant and Senior Clinical Lecturer in Restorative Dentistry, Bristol Dental Hospital and School) spoke on 'MIND THE GAP!? – missing teeth and how to replace them'.

At the March meeting the Branch sponsored dinner after the lecture. Fintan Hourihan, Association CEO, Dr Ryan Hennessy (Chair, National 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

The Annual Scientific Meeting was held on November 21, 2014, at Fota Island Resort and Spa. The meeting was very successful and well attended. We are thankful to the dental trade for their continued support. Professor Trevor Burke (University of Birmingham Dental School) was the keynote speaker and provided a wealth of information on evidence-based adhesive dentistry. Dr Eva Orsmond concluded the day with a presentation on health and well-being.

Once again, we invited the final year students from Cork Dental School to attend the lectures on the day. We held the Annual Branch dinner in Fota on the evening of the Annual Scientific Meeting and it was a highly enjoyable evening.

UCC Dental School Outreach Project

We again contributed to the 2015 project in the Philippines. In January, the dental students gave us an informative presentation on the 2014 Project in Ghana, which we supported last year.

Dr Patrick O'Connor

President, Munster Branch

Southeast Branch

President: Dr Ronan Fox

Secretary: Dr Barry Power

As of December 31, 2014, there were 134 members of the Southeast Branch.

Branch events

On May 7, 2014, an evening lecture was delivered by Dr Donal Blackwell at The Ramada Viking Hotel, Waterford, on the topic of 'Preparing patients for implants in a general practice setting'. Dr Blackwell's well-received presentation also included an extensive discourse on resin-bonded bridges and atraumatic tooth extraction. Numbers attending were strong, and partial sponsorship of the evening was provided by Dentsply. On June 18, an evening lecture was delivered by Dr Naomi Richardson at The Brandon House Hotel, New Ross, on the endodontic topic of 'The WL: Working it out, Getting there and Staying there' (WL: working length). The lecture took place in New Ross to facilitate attendance by members of the Eastern Branch. This followed a motion at the IDA AGM in Kilkenny to put into effect a rule change to allow the process to begin of winding down the Eastern Branch. All Southeast and Eastern Branch members were invited to the meeting. The lecture was very well received, although numbers attending were disappointing.

On November 12, an evening lecture was delivered by Dr Michael McAuliffe on the topic of 'Management of medically compromised patients in general practice' at the Kilkenny Ormonde Hotel. The lecture was well attended, and was kindly sponsored by the Wrigley Oral Healthcare Programme. Wrigley's also provided a box of samples to all those in attendance. At the end of the meeting, members were canvassed as to their interest in staging an annual dinner as part of the programme for the February 2015 Southeast ASM. There was very little interest, so the Branch President and Secretary decided to proceed with the ASM and AGM without an annual dinner.

On February 4, 2015, an evening lecture was delivered by Dr Michael Ormond on the topic 'A review of developments in orthodontic treatment methods in the past decade: likes and dislikes', at the Kilkenny Ormonde Hotel.

The Southeast ASM and AGM were held at Faithlegg House Hotel, Waterford, on Friday, February 20. At the AGM Dr Barry Power was proposed as Branch President and Dr Ronan Fox as Branch Secretary. Lectures at the ASM included:

- Dr Padraig McAuliffe: 'The daily grind – bruxism in general practice';
- Dr Catherine McKinley: 'Possibilities in Paediatric Dentistry';
- Dr Justin Moloney: 'Minor Oral Surgery in Practice: an Overview';
- Dr Traelach Tuohy: 'Comprehensive Periodontal Treatment';
- Dr Arthur O'Connor: 'Managing challenging cases in implant and restorative dentistry'; and,
- Dr Joe Alcock: 'Six week smiles'.

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 the 2014 ASM.

Trends in dental practice in the Southeast Region

No formal discussion on this topic was canvassed among members. However, an informal discussion between the Branch President and Secretary highlighted the following points: i) although there is anecdotal evidence of an upturn in patient numbers attending for dental care, the continued chronic underfunding of primary dental care means that chair time cannot be used as efficiently as when the State schemes existed in their expanded form; and, ii) the continued State underfunding of dental care means that access to care for patients remains very uneven, with a great many patients attending for emergency work but forgoing necessary preventive care.

Dr Ronan Fox

President, Southeast Branch

FINANCIAL REPORT 2014

The directors present their report and the financial statements for the year ended 31 December 2014.

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 €4,064 (2013 loss €788,673).

The directors have not recommended a dividend.

Directors

The directors who served during the year were:

Dr Ryan Hennessy

Dr James Turner (resigned 15 May 2014)

Dr Andrew Bolas (resigned 15 May 2014)

Dr Mark Condon (resigned 15 May 2014)

Dr Nuala Carney

Dr Seán Malone

Dr Patrick Halvey (resigned 12 February 2014)

Dr Maher Kemmoona

The board of directors

Dr Ryan Hennessy

Dr James Turner (resigned 15 May 2014)

Dr Andrew Bolas (resigned 15 May 2014)

Dr Mark Condon (resigned 15 May 2014)

Dr Nuala Carney

Dr Seán Malone

Dr Patrick Halvey (resigned 12 February 2014)

Dr Maher Kemmoona

Dr Peter Gannon

Dr Iseult Bouarroudj (appointed 12 February 2014)

Dr Anne Twomey (appointed 15 May 2014)

Dr Ronan Perry (appointed 15 May 2014)

Dr Gillian Smith (appointed 11 February 2015)

Company secretary

Dr Maher Kemmoona

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

Dr. Peter Gannon

Dr. Iseult Bouarroudj (appointed 12 February 2014)

Dr. Anne Twomey (appointed 15 May 2014)

Dr. Ronan Perry (appointed 15 May 2014)

On 11th February 2015, Dr. Gillian Smith was appointed as a director.

On 15th May 2014 Dr. Mark Condon resigned as company secretary and Dr. Maher Kemmoona was appointed in his place.

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 Section 202 of the Companies Act 1990, regarding proper books of account are the implementation of necessary policies and procedures for recording transactions, the employment of competent accounting personnel with appropriate expertise and the provision of adequate resources to the financial function. The books of account of the company are maintained 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.

Auditors

The auditors, Grant Thornton, continue in office in accordance with section 160(2) of the Companies Act 1963.

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



Dr Nuala Carney, Director



Dr. Maher Kemmoona, Director

Approved by the directors on March 20, 2015

DIRECTORS' RESPONSIBILITIES STATEMENT

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 giving a true and fair view of the state of affairs of the company and of the profit or loss of the company for each financial year. Under that law, the directors have elected to prepare the financial statements in accordance with Irish Generally Accepted Accounting Practice (accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland and Irish law).

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;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- 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 keeping proper books of account that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Acts 1963 to 2013. 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.

Signed on behalf of the board



Dr Nuala Carney, Director



Dr. Maher Kemmoona, Director

Approved by the directors on March 20, 2015

We have audited the financial statements of The Irish Dental Association Limited for the year ended 31 December 2014, 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 (Generally Accepted Accounting Practice in Ireland).

This report is made solely to the company's members, as a body, in accordance with Section 193 of the Companies Act 1990. 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. 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 state of the company's affairs as at 31 December 2014 and of its loss for the year then ended; and
- have been properly prepared in accordance with the requirements of the Companies Acts 1963 to 2013.

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 proper books of account have been kept by the company.
- The financial statements are in agreement with the books of account.

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 20, 2014

PROFIT AND LOSS ACCOUNT

YEAR ENDED DECEMBER 31, 2014

	Note	2014 €	2013 €
INCOME	1	519,023	548,393
Administrative expenses		(518,492)	(540,934)
OPERATING PROFIT/(LOSS)	3	531	7,459
Interest receivable and similar income	5	249	1,708
Amounts written off investments		-	(794,431)
Interest payable and similar charges	6	(3,353)	(3,409)
LOSS ON ORDINARY ACTIVITIES BEFORE TAXATION		(2,573)	(788,673)
Tax on loss on ordinary activities	7	(1,491)	-
LOSS FOR THE FINANCIAL YEAR	13	(4,064)	(788,673)

All amounts relate to continuing operations.

There were no recognised gains and losses for 2014 or 2013 other than those included in the Profit and loss account.

Signed on behalf of the board



Dr Nuala Carney, Director



Dr. Maher Kemmoona, Director

Approved by the directors on March 20, 2015

BALANCE SHEET

YEAR ENDED DECEMBER 31, 2013

	Note	€	2014 €	€	2013 €
FIXED ASSETS					
Tangible assets	8		482,083		498,348
CURRENT ASSETS					
Debtors	9	249,017		332,611	
Cash at bank and in hand		115,536		162,915	
		<u>364,553</u>		<u>495,526</u>	
CREDITORS					
Amounts falling due within one year	10	<u>(415,787)</u>		<u>(539,087)</u>	
NET CURRENT LIABILITIES					
			<u>(51,234)</u>		<u>(43,561)</u>
TOTAL ASSETS LESS CURRENT LIABILITIES					
			430,849		454,787
CREDITORS					
Amounts falling due after more than one year	11		<u>(190,954)</u>		<u>(210,828)</u>
NET ASSETS					
			<u>239,895</u>		<u>243,959</u>
CAPITAL AND RESERVES					
Other reserves	13		257,988		257,988
Profit and loss account	13		<u>(18,093)</u>		<u>(14,029)</u>
	14		<u>239,895</u>		<u>243,959</u>

The notes on pages 9 to 15 form part of these financial statements.

Signed on behalf of the board



Dr Nuala Carney, Director

Dr. Maher Kemmoona, Director

Approved by the directors on March 20, 2015

CASH FLOW STATEMENT

YEAR ENDED DECEMBER 31, 2013

		2014	2013
	Note	€	€
NET CASH FLOW FROM OPERATING ACTIVITIES	15	(19,932)	5,919
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE	16	(3,104)	(1,701)
TAXATION		(3,940)	(312)
CAPITAL EXPENDITURE AND FINANCIAL INVESTMENT	16	(1,021)	(9,731)
Cash outflow before financing		(27,997)	(5,825)
FINANCING	16	(19,382)	(19,384)
DECREASE IN CASH IN THE YEAR		(47,379)	(25,209)

RECONCILIATION OF NET CASH FLOW TO MOVEMENT IN NET FUNDS/DEBT

YEAR ENDED DECEMBER 31, 2014

	2014	2013
	€	€
DECREASE IN CASH IN THE YEAR	(47,379)	(25,209)
Cash outflow from decrease in debt and lease financing	19,382	19,384
Movement in net debt in the year	(27,997)	(5,825)
NET DEBT AT 1 JANUARY 2014	(67,332)	(61,507)
NET DEBT AT 31 DECEMBER 2014	(95,329)	(67,332)

The notes on pages 9 to 15 form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2013

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

The financial statements are prepared in accordance with generally accepted accounting principles

under the historic cost convention and comply with the financial reporting standards of the Financial

Reporting Council, as promulgated by the Institute of Chartered Accountants in Ireland, and Irish

statute comprising the Companies Acts, 1963 to 2013.

1.2 Turnover

Turnover represents net sales to customers and excludes Value Added Tax.

Turnover is recognised upon delivery of the goods and services to the customer.

1.3 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost or revaluation less depreciation.

Depreciation is not charged on freehold land. Depreciation on other tangible fixed assets is provided at rates calculated to write off the cost or revaluation of those assets, less their estimated residual value, over their expected useful lives on the following bases:

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

1.4 Operating lease agreements

Where the company enters into a lease which entails taking substantially all the risks and rewards of ownership of an asset, the lease is treated as a finance lease.

The asset is recorded in the balance sheet as a tangible fixed asset and is depreciated in accordance with the above depreciation policies. Future instalments under such leases, net of finance charges, are included within creditors. Rentals payable are apportioned between the finance element, which is charged to the profit and loss account on a straight line basis, and the capital element which reduces the outstanding obligation for future installments.

1.5 Post retirement benefits

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 employee's working lives within the company.

1.6 Financial instruments

Financial instruments are classified and accounted for, according to the substance of the contractual arrangement, as either financial assets, financial liabilities or equity instruments. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

2. INCOME

The income and loss before tax are attributable to the one principal activity of the company.

An analysis of income is given below:

	2014	2013
	€	€
Republic of Ireland	519,023	548,393

3. OPERATING PROFIT/(LOSS)

Operating profit/(loss) is stated after charging:

	2014	2013
	€	€
Depreciation of tangible fixed assets:		
owned by the company	17,286	36,296
Auditors' remuneration	9,102	8,262
Operating lease rentals:		
plant and machinery	5,135	4,501
	<u> </u>	<u> </u>

During the year, no director received any emoluments (2013 €NIL).

4. PARTICULARS OF EMPLOYEES

Staff costs were as follows:

	2014	2013
	€	€
Wages and salaries	202,209	206,235
Social welfare costs	21,758	21,905
Other pension costs	18,156	16,972
	<u> </u>	<u> </u>
	242,123	245,112
	<u> </u>	<u> </u>

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

	No.	No.
Number of administration staff	4	4

5. INTEREST RECEIVABLE

Other interest receivable

	€	€
Other interest receivable	249	1,708
	<u> </u>	<u> </u>

6. INTEREST PAYABLE

On bank loans and overdrafts

	€	€
On bank loans and overdrafts	3,353	3,409
	<u> </u>	<u> </u>

7. TAXATION

	2014	2013
	€	€
ANALYSIS OF TAX CHARGE IN THE YEAR		
Irish corporation tax charge on loss for the year	150	-
Adjustments in respect of prior periods	1,341	-
	<hr/>	<hr/>
Tax on loss on ordinary activities	1,491	-
	<hr/>	<hr/>
FACTORS AFFECTING TAX CHARGE FOR THE YEAR		

The tax assessed for the year is the same as (2013 – the same as) the standard rate of corporation tax in Ireland of 12.5% (2013 – 12.5%) as set out below:

	2014	2013
	€	€
Loss on ordinary activities before tax	(2,573)	(788,673)
Loss on ordinary activities multiplied by standard rate of corporation tax in Ireland of 12.5% (2013 – 12.5%)	(322)	(98,584)
Effects of:		
Expenses not deductible for tax purposes, other than goodwill amortisation and impairment	878	99,929
Adjustments to tax charge in respect of prior periods	1,341	-
Short term timing difference leading to an increase (decrease) in taxation	1,551	3,609
Book profit on chargeable assets	-	227
Unrelieved tax losses carried forward	(1,988)	(5,181)
Income taxable at 25%	31	-
Current tax charge for the year (see note above)	1,491	-

Factors that may affect future tax charges

There are unutilised tax losses forward of €141,787 to be set against future trading profits. An asset has not been recognised as it is uncertain as to when they will be utilised.

8. TANGIBLE FIXED ASSETS

	Land & Buildings Freehold €	Fixtures, Fittings & Equipment €	Total €
COST OR REVALUATION			
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	62,364
Charge for the year	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	<u>467,875</u>	<u>14,208</u>	<u>482,083</u>
	<hr/>	<hr/>	<hr/>
At 31 December 2013	<u>475,000</u>	<u>23,348</u>	<u>498,348</u>

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 prior year.

9. DEBTORS

	2014 €	2013 €
Due within one year		
Corporation tax repayable	2,453	4
Other debtors	211,247	270,536
Prepayments and accrued income	35,317	62,071
	<u>249,017</u>	<u>332,611</u>

10. CREDITORS

	2014 €	2013 €
Amounts falling due within one year		
Bank loans and overdrafts	19,911	19,419
Trade creditors	119,009	150,112
Amounts owed to related party	82,261	133,413
Other taxes (see below)	21,468	24,733
Accruals and deferred income	173,138	211,410
	<hr/>	<hr/>
	415,787	539,087
	<hr/>	<hr/>
Other taxes PAYE/PRSI	<u>21,468</u>	<u>24,733</u>

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

11. CREDITORS

Amounts falling due after more than one year

	2014	2013
	€	€
Bank loans	190,954	210,828

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

12. COMPANY LIMITED BY GUARANTEE

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.

13. RESERVES

	Other reserves	Profit and loss account
	€	€
At 1 January 2014	257,988	(14,029)
Loss for the financial year		(4,064)
At 31 December 2014	257,988	(18,093)

14. RECONCILIATION OF MOVEMENT IN MEMBERS' FUNDS

	2014	2013
	€	€
Opening members' funds	243,959	1,032,632
Loss for the financial year	(4,064)	(788,673)
Closing members' funds	239,895	243,959

15. NET CASH FLOW FROM OPERATING ACTIVITIES

	2014	2013
	€	€
Operating profit	531	7,459
Depreciation of tangible fixed assets	17,286	36,296
Decrease/(increase) in debtors	86,043	(181,602)
(Decrease)/increase in creditors	(123,792)	143,766
Net cash (outflow)/inflow from operating activities	(19,932)	5,919

16. ANALYSIS OF CASH FLOWS FOR HEADINGS NETTED IN CASH FLOW STATEMENT

	2014 €	2013 €
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE		
Interest received	249	1,708
Interest paid	(3,353)	(3,409)
	<hr/>	<hr/>
Net cash outflow from returns on investments and servicing of finance	(3,104)	(1,701)
CAPITAL EXPENDITURE AND FINANCIAL INVESTMENT		
Purchase of tangible fixed assets	(1,021)	(9,731)
FINANCING		
Repayment of loans	(19,382)	(19,384)
	<hr/> <hr/>	<hr/> <hr/>

17. ANALYSIS OF CHANGES IN NET DEBT

	1 January 2014 €	Cash flow €	Other non cash changes €	31 December 2014 €
Cash at bank and in hand	162,915	(47,379)	-	115,536
DEBT:				
Debts due within one year	(19,419)	19,382	(19,874)	(19,911)
Debts falling due after more than one year	(210,828)	-	19,874	(190,954)
	<hr/>	<hr/>	<hr/>	<hr/>
NET DEBT	(67,332)	(27,997)	-	(95,329)
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

18. RELATED PARTY TRANSACTIONS

The Irish Dental Association Limited is related to the Irish Dental Union and during the year, The Irish Dental Association collected subscriptions on behalf of The Irish Dental Union of €776,058 (2013: €744,612). The Irish Dental Association Limited paid expenses totalling €558,458 (2013: €592,699) during the year. The balance owing to The Irish Dental Union at the year end was €82,261 (2013: €133,413).

No other transactions with related parties were undertaken such as are required to be disclosed under Financial Reporting Standard 8.

19. APPROVAL OF FINANCIAL STATEMENTS

The board of directors approved these financial statements for issue on 20 March 2015.

DETAILED PROFIT AND LOSS ACCOUNT

YEAR ENDED DECEMBER 31, 2014

	2014	2013
	€	€
INCOME	519,023	548,393
Less: Overheads		
Administration expenses	(518,492)	(540,934)
	<hr/>	<hr/>
OPERATING PROFIT	531	7,459
Interest receivable	249	1,708
Interest payable	(3,353)	(3,409)
Other provisions	-	(794,431)
	<hr/>	<hr/>
LOSS FOR THE YEAR	(2,573)	(788,673)
	<hr/> <hr/>	<hr/> <hr/>
TURNOVER		
Membership subscriptions	258,583	248,204
Journal/Ad sales	32,065	30,946
Accreditation	110,417	119,139
Other income	117,958	150,104
	<hr/>	<hr/>
	519,023	548,393
	<hr/> <hr/>	<hr/> <hr/>

DETAILED PROFIT AND LOSS ACCOUNT continued

YEAR ENDED DECEMBER 31, 2014

	2014	2013
	€	€
COST OF SALES		
ADMINISTRATION EXPENSES		
Wages and salaries	202,209	206,235
Staff private health insurance	10,828	18,061
Employers PRSI	21,758	21,905
Staff pension contributions	18,156	16,972
Staff training	987	3,845
Travel and subsistence	4,694	10,888
Printing, stationery and postage	77,569	81,623
Telephone	7,015	7,627
Trade subscriptions	7,082	7,898
Charity donations	1,300	-
Legal and professional	19,232	15,566
Auditors' remuneration	9,102	8,262
Equipment leasing charges	5,135	4,501
Bank charges	6,353	5,193
Sundry expenses	7,918	8,029
Rates and water	5,005	4,948
Light and heat	3,339	3,633
Cleaning	-	299
Insurances	2,458	2,399
Repairs and maintenance	8,391	11,109
Depreciation	17,286	36,296
CPD Assist Software	8,241	-
Council of European Dentists meeting costs	10,860	19,576
Meetings, delegations and courses	3,682	5,130
Presidential Expenses	1,524	3,946
Website Development	-	2,575
Estate Service Charge	-	858
Public relations and advertising	27,365	33,560
Learning management system	31,003	-
	<u>518,492</u>	<u>540,934</u>
INTEREST RECEIVABLE		
Bank interest receivable	<u>249</u>	<u>1,708</u>
INTEREST PAYABLE		
Bank loan interest payable	<u>3,353</u>	<u>3,409</u>
INVESTMENT INCOME		
Amounts written off investments	<u>-</u>	<u>(794,431)</u>

Motion Number 1

That the audited accounts and report thereon for the year ended December 31, 2014, be accepted.

Proposed by Dr Nuala Carney
Seconded Dr Ronan Perry

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 Nuala Carney
Seconded Dr Ronan Perry

Motion Number 3

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

Proposed by Dr Nuala Carney
Seconded Dr Ronan Perry

Motion Number 4

That all Affiliate Members will pay an annual subscription rate of €200 per annum from January 2015.

Proposed by Nuala Carney
Seconded Ronan Perry

Motion Number 5

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 Frances O'Callaghan
Seconded Dr Jane Renehan

Motion Number 6

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 Jane Renehan
Seconded Dr Frances O'Callaghan



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