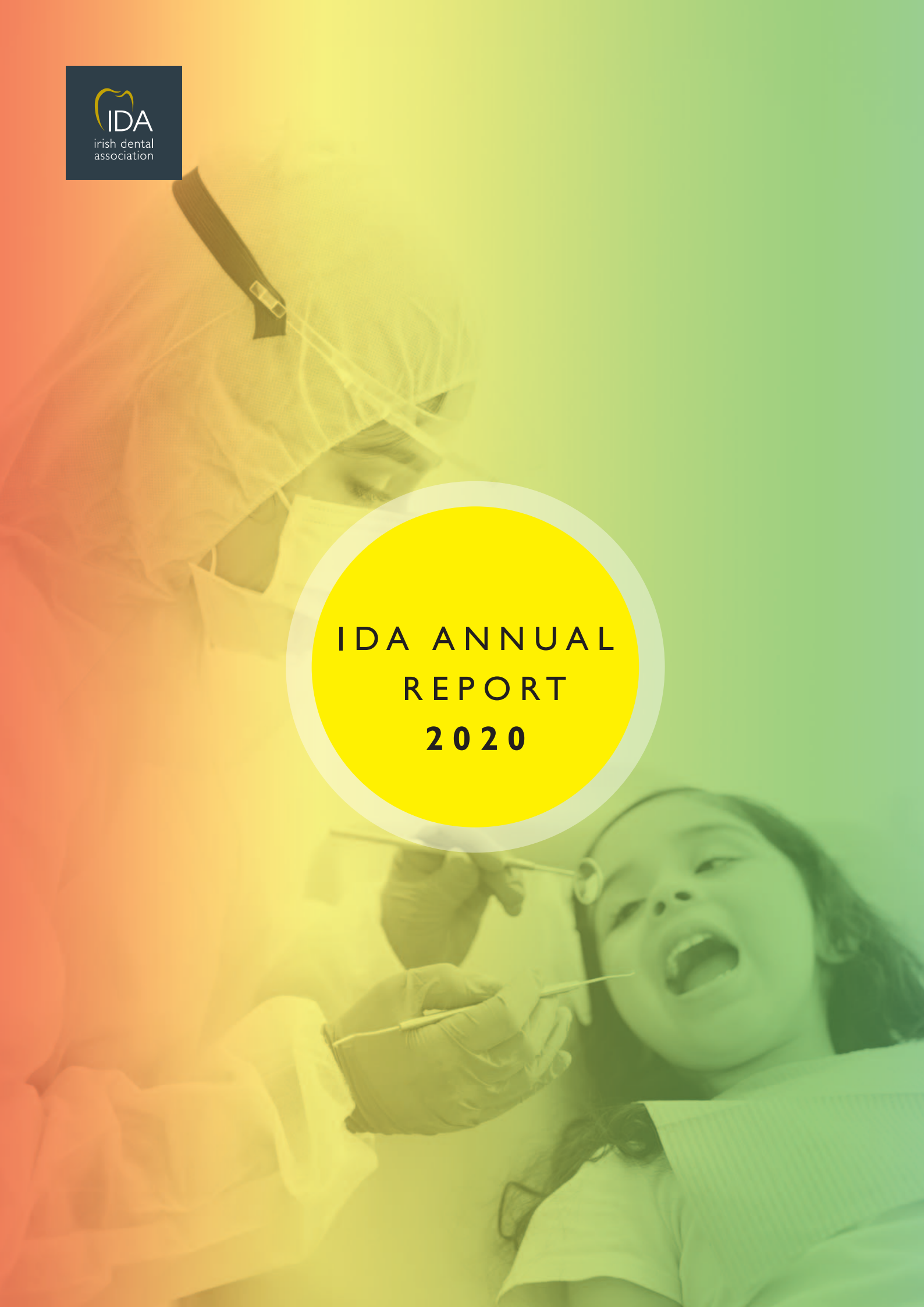




**IDA ANNUAL
REPORT
2020**



This report refers to the activities and finances of the trade union previously known as the Irish Dental Union and includes reports for the calendar year 2020. This Annual Report has been prepared for circulation to all IDA members and for presentation to the Annual General Meeting of the re-named Irish Dental Association (a registered trade union). The finances of the limited company, now known as the Boynevale Dental Property Company, are to be circulated under separate cover.

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

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HONORARY OFFICERS

President
Dr Anne O'Neill

Vice President
Prof. Leo Stassen

President Elect
Dr Clodagh McAllister

Honorary Treasurer
Dr Andrew Norris

Honorary Treasurer Designate
Dr Seamus Rogers

OTHERS

HSE Group Management Committee Nominee
Dr Siobhan Doherty

GP Group Management Committee Nominee
Dr Rosemarie Maguire

JIDA Representative
Dr Mirza Shahzad Baig

Quality and Patient Safety Committee Representative
Dr Gerald O'Connor

CPD Committee Representative
Dr Robin Foyle

REPRESENTATIVE MEMBERS

South Eastern Regional Committee Representative
Dr Bridget Fitzgerald

Eastern Regional Committee Representative
Dr Rory Boyd

Eastern Regional Committee Representative
Dr Aodh MacGráinne

Southern Regional Committee Representative
Dr Mairead Browne

Kerry Regional Committee Representative
Dr Divya Moorthy

Mid Western Regional Committee Representative
Dr Robert Bowe

North Western Regional Committee Representative
Dr Stephen Moore

HSE Dental Surgeons Group Rep
Dr Grainne Dumbleton

GP Group Rep 1
Dr Cormac McNamara

International Affairs
Dr Robin Foyle

MANAGEMENT COMMITTEE

President Dr Anne O'Neill	President Elect Dr Clodagh McAllister	Honorary Treasurer Designate Dr Seamus Rogers	GP Group Rep Dr Rosemarie Maguire	Non-Executive Director Ms Geraldine Kelly
Vice President Prof. Leo Stassen	Honorary Treasurer Dr Andrew Norris	HSE Group Rep Dr Siobhan Doherty	Non-Executive Director Mr Ronan King	

NATIONAL GROUP COMMITTEES

GP GROUP COMMITTEE

Chair Dr Caroline Robins	Mid Western Region Dr William Rymer
Vice Chair Dr Kieran O'Connor	North Eastern Region Dr Cormac McNamara
Honorary Secretary Dr Jennifer Collins	North Western Region Dr Stephen Moore
Eastern Region Dr Clodagh McAllister	South Eastern Region Dr Mairead O'Connor
Eastern Region Dr Rosemarie Maguire	Southern Region Dr Martin Holohan
Eastern Region Dr John Nolan	Elected member Dr Mairead Browne
Kerry Region Dr Divya Moorthy	Elected member Dr Eamon Croke

HSE DENTAL SURGEONS GROUP COMMITTEE

President Dr Philip Mulholland	Eastern Region Dr Jessica Rice
Vice President Dr Grainne Dumbleton	South Eastern Region Dr Aoife Kelleher
President Elect Dr Amalia Pahomi	Southern Region Dr Evelyn Crowley
Honorary Secretary Dr Maura Cuffe	Western Region Dr Bridget Harrington Barry
Orthodontist rep Dr Sharon O'Flynn	Elected member Dr Treasa Mulholland
Eastern Region Dr Lorraine McManus	Co-opted Dr Siobhan Doherty

SUBCOMMITTEES

Annual Conference	International Affairs	JIDA	Audit and Risk	Communications and Advocacy Working Group
Accreditation	CPD	Quality and Patient Safety	Finance	

HEAD OFFICE

Chief Executive Officer Fintan Hourihan	Manager of Communications and Advisory Services Roisín Farrelly	Accounts Assistant/ Membership Admin Cindy Flynn	Reception/Admin Marie Walsh/Una Doyle
Assistant Chief Executive Elaine Hughes	Finance Manager Irina Pochinkova	Office Manager/ Journal Co-ordinator Liz Dodd	Marketing and Events Admin Aoife Kavanagh

All listings above as of December 31, 2020

Living in interesting times

More than once in the past year have we heard the expression 'we live in interesting times'. For the Association, April/May is our usual time for the Annual Scientific Conference and our Annual General Meeting. For many years, members have gathered to hear many and varied speakers, enjoy the company of friends, classmates and colleagues, and to participate in the discussions that normally occur at the AGM.

As we enter the second year of this Covid-19 pandemic it is timely that, as President, I review and remind the membership of events during my short time in office.

Innovation and transformation

This AGM will be the second to be enabled by digital technology. March last year saw the commencement of formal committee meetings on digital platforms. Since last September we have had our first committee meetings with our non-executive Directors – Geraldine Kelly and Ronan King. The appointment of Geraldine and Ronan completes the transformative arrangements of the Irish Dental Association as a registered trade union, and the creation of Boynevale, which holds Irish Dental Association House as its key asset. These arrangements ensure that the Association is recognised throughout the oral health system as the organisation representing all dentists within the profession. Work has continued since the last AGM to review the internal structures of the Association to enable work to focus on our strategic objectives, which has been difficult due to the imposition of Covid-related representations. Since September, the Management Committee has formally recognised the revamped Regional Committees, which form key structures within the Association. Council meetings have been greatly enhanced by the broad range of views represented by Regional Committee representatives on behalf of local dentist members. The Association's strength continues to be its ability to represent the diversity of local dentists as well as the nationally representative HSE and GP groups. Digital accessibility has both expanded the communication resources available within the Association and increased the expectations of the membership for immediate information. Work is ongoing to acquire and implement a new internal digital management system to support the relationships between IDA staff and the members, which will allow the Association to better support and represent the interests of the membership.

The Quality and Patient Safety Committee led the membership through the white-water rapids of the initial phases of the pandemic. Its members continue, through their unceasing commitment to patient care

and safety, to lead the membership through the rigours of radiation safety auditing introduced by the most recent legislation.

The past year has seen significant increases in the provision of continuing professional development (CPD) on digital platforms. Digital access has enabled attendance for many members who may not be in a position to attend their local CPD lectures in person. One could consider that a single programme of CPD might be possible for all members, and indeed the series hosted by Elaine and Aoife from IDA House has proven to be both popular and complimented by those who attended. Despite the acceptance and availability of these events, local Regional Committees are anxious to resume hosting locally attended gatherings that include CPD presentations.

Covid-19

When I accepted the nomination as President, the Irish oral health system was (I thought) entering a period of transformation led by the publication of the oral health strategy, Smile agus Sláinte. No one could have predicted that the transformative period would be driven by a worldwide pandemic, which saw dental professionals review their infection prevention and control processes in minute detail. Since the AGM, dental services have resumed, albeit with altered patient attendance and enhanced infection prevention control processes. Throughout the first year of this pandemic, members have benefited from the support and leadership provided directly by IDA staff, who have shown tremendous dedication despite having to work remotely. Covid-19 has required the Association to innovate in order to continue to provide services to members and represent the profession within the oral health system. Some of these innovations (digital platform-hosted meetings and events, remote working for staff) have enabled new interactions with some members. Strategic decisions will be required to select those that continue after we regain our freedom to hold in-person meetings. Now that we have become more familiar with and accepting of technology-based meetings, I believe that the Association will be enhanced both operationally and financially by using both in-person and digital meetings and events.

The IDA as a representative body

Not all impacts of the pandemic can be viewed as opportunities. The pandemic has increased both the need for strong representation of dentists within the healthcare system, and the new areas of



representation to be undertaken. Rule 3.3 of the Irish Dental Association sets the objective of representing the dental profession in all dealings and negotiations with the Government, the Department of Health, the Health Service Executive and other relevant bodies. In the months since the AGM, this objective has been realised through representation on dentist prioritisation for Covid-19 vaccination programmes as healthcare workers, enabling identification of key pathways for registration for vaccinations, representation to the Irish Dental Council on updates of the codes of practice for the profession, and representation to HIQA and the Department on the implementation of radiation safety audits for dental practices.

While the Association has been strong and persistent in its representation of dentists, it has not been possible to achieve progress on all issues of concern. The continued decline of publicly funded dental care systems has been highlighted to the media by the Association many times over the past number of months. While the Department has reiterated its dedication to consultation under the umbrella of the oral health strategy, progress has not been achieved, much to the exasperation of the Association. Unfortunately, the ability to progress on an amended adult dental care system can only be achieved when the Department has the ability to be fully present in the conversation, not distracted by the many elements of Covid-19 public health, and willing to both discuss and implement change. In the interim, the Association will continue to maintain strong representation on behalf of patients and members.

While members expect the organisation to undertake representation of the profession, never before in my membership of the Association has it been so crucial to dentists to have a strong representative voice within the oral health system. Oscar Wilde defined a cynic as someone who knows the price of everything and the value of nothing. I believe that the work undertaken by the members through their activities on committees, in addition to the huge body of work undertaken by IDA staff, has proven the value of the Association through the price of membership.

Gratitude and nostalgia

On my own behalf, I thank those who nominated me to the position of President of the Association. While it has not been quite as expected, it has been an honour and a privilege, but nonetheless challenging. I offer my sincere thanks to the staff for supporting me in undertaking the duties of President, particularly as the usual events fell victim to the pandemic. In particular, I thank Fintan who supported, guided and trained me in undertaking the responsibilities with good humour, endless encouragement and patience.

On behalf of the membership, I offer my sincere thanks to the staff for continuing their dedication to the objectives of the Association despite the impact of Covid-19 on the office and on their own personal circumstances. I also thank those members who undertake roles or tasks either locally or nationally on behalf of the Association. I am particularly grateful to the Management Committee for their tireless work. The Irish Dental Association has always relied on a significant level of volunteerism. During the past seven months, members have shown their desire to influence the decisions that map the path of the profession. It is not possible to adequately describe the amount of work undertaken by a small number of members on behalf of the many, from which we have all benefited. To them, I offer thanks from the membership. I hope that their numbers will be enhanced by members who may now volunteer to contribute to the importance and value of the Association.

A strong association needs active members, discussion and debate on topics of importance, diversity in opinions while formulating objectives and priorities for the organisation, and respectful interactive relationships with the Department of Health, Dental Council and HSE. I believe our position as a representative body has been consolidated in the past number of months by our activities on behalf of the profession during Covid-19. That being said, the Association needs active members who undertake tasks and roles within the various committees and groups to continue the work done to date.

I look with nostalgia on the lost social events when we might have discussed membership issues in person, but hope that we may regain these opportunities before too long. Our Association may have weathered the past number of months while still achieving our objectives, but meeting in person is one of the communication platforms that we will gladly reinstitute.

I would like to congratulate Dr Clodagh McAllister as she steps into the role of President. I wish her the very best for the coming year and know that she can count on the support of her colleagues, and of IDA Head Office staff.



A handwritten signature in black ink that reads 'Anne O'Neill'.

Dr Anne O'Neill
President, Irish Dental Association

INTRODUCTION

After a year of living with Covid, dentists and their Association have many reasons to be proud and to look ahead to a better future. Dentistry and the Association have more than risen to the challenge over the last year. Dentistry has been formally recognised as an essential service, but the extent to which dentistry has succeeded without much support from the State is a great testimony to the resolve and resolution of dental teams.

Private dentists have managed to keep their practices open and, apart from an initial two months when they were confined to providing emergency treatments, they have been able to provide the full range of dental care and treatments safely and successfully.

We have seen Health Protection Surveillance Centre (HPSC) guidance developed in the last year, which has added to the standard precautions that dentists employed for many years. This has been at the core of the strong vote of confidence patients have shown, whether anecdotally or as evidenced in the data in terms of attendance, visits and income.

With the Public Dental Service, we have seen the impact that the movement of dentists to contact tracing and testing has had on everyday services for children and special care patients.

The most dramatic change has been the virtual collapse of the Dental Treatment Services Scheme (DTSS). The Department of Health has said that there are legal impediments to the development of a new scheme. We have put forward solutions to deal with those concerns and we are waiting for an answer.

Keeping our members informed with regular communications has been one of the most appreciated services we have provided. The huge amount of work involved in advocating with politicians, the media, the HSE, the Department of Health and alongside other health unions has seen many significant achievements recorded for our members. Firstly, we successfully insisted that dentists and their staff be categorised as a priority group for vaccinations, secondly that they be afforded the opportunity to act as vaccinators, and thirdly we rolled up our sleeves to help our members overcome the huge logistical difficulties associated with the roll-out of vaccinations to dental teams.

The most vital services the Association has provided in the past year have been not only a listening ear provided by colleagues such as Roisín and Elaine (and indeed all members of our small office staff), but also invaluable advice and guidance that is tailored for dentists in a way that only your Association can offer, informed and developed by a small army of volunteer leaders who have given their time so generously. The Association's officers and Management Committee in particular expended

huge energies, and in the initial weeks were working on a seven-day basis in extremely stressful circumstances to lead the profession in uncharted, deep and treacherous waters.

Firstly, we successfully insisted that dentists and their staff be categorised as a priority group for vaccinations, secondly that they be afforded the opportunity to act as vaccinators, and thirdly we rolled up our sleeves to help our members overcome the huge logistical difficulties associated with the roll-out of vaccinations to dental teams.

Quality and Patient Safety

A perfect example of volunteer leadership can be found in our Quality and Patient Safety Committee (QPSC), established in 2009 following the publication of the Madden Report, which looked at the quality of patient safety. It was focused, as most of these reports are, on medical care and the acute hospital sector. At that time, we decided that we did not want medical solutions to be imposed on dentistry, and that we would try to shape the future and ensure that dentistry was leading in terms of any recommendations on patient safety and quality, so we set up the QPSC.

Over the past 12 months there has been a huge rise in the level of activity by the Committee. A significantly greater number of working documents have been produced in the past year and that reflects a huge amount of time and effort by all the members of the Committee. These documents were considered and approved by the Management Committee, which would normally meet five to six times per year, but which met 18 times in 2020, very often at weekends or late into the evening.

We have many different committees within the Association. In addition to the QPSC and the Management Committee, we also have committees for general practitioners and HSE dental surgeons, we have an editorial board, CPD Committee and an International Affairs Committee. They have all been exceptionally busy over the last year and showed real leadership at a time of considerable difficulty for the profession. Likewise, within the healthcare



system, we have built relationships with dentistry. We also have longstanding close connections with representatives of the trade, with hygienists and with nurses, and these are platforms that we intend to strengthen in the years ahead. We have strong relationships with other healthcare unions, which have been particularly helpful in more recent discussions around vaccinations. We also have international relations that are proving to be particularly helpful in sharing information and documentation.

It was particularly important that as an Association we reached out to the HPSC at an early stage, in particular to Prof. Martin Cormican. We said that we wanted to engage with him to reflect the views of dentistry, and we put forward credible and persuasive colleagues. To his credit, he was willing to listen. I think what we have now seen is that guidance for dentistry published by the HPSC is realistic and pragmatic. It has identified and verified risk without looking at hypothetical risk, and we have guidance here that is very different from guidance in neighbouring jurisdictions. One of the great successes has been the extent to which the Association has engaged positively and constructively with the HPSC in a credible and professional manner, with the result evident for everyone to see.

Clearly, communication is key and is a cornerstone to guiding and leading our members. As with every organisation, social media forms a part of the overall communications policy.

Teamwork

Heroes can be found in everyday places, and in our own office I am lucky to have a wonderful team of colleagues who rose to the challenge over the past year. I am sure that this has been the case in your own practices as well.

One of the great successes over the last year has been the response of the Association as the primary CPD provider, delivering online webinars. We have an excellent programme with more to come. I want to commend Elaine, Aoife and the CPD Committee for doing such a great job. We also have a really excellent Annual Conference coming up thanks to our Conference Committee. While we all look forward to meeting up in person again, virtual is here to stay.

This time next year I truly believe that dentistry will be firmly established in a newly secure position as not only an essential service, but one where the highest standards of care are not only delivered but are seen to be delivered, and where Irish dentists have the support of an Association that has surmounted the greatest challenge faced in its almost 100 years of existence.

ORGANISATIONAL MATTERS

New Strategic Plan

The Association adopted a new Strategic Plan to cover the period to 2025. The following participated and contributed to the process: Dr Eamon Croke; Dr Siobhan Doherty; Ms Roisín Farrelly; Dr Robin Foyle; Mr Fintan Hourihan; Ms Elaine Hughes; Dr Rosemarie Maguire; Dr Clodagh McAllister; Dr Niall Murphy; Dr John Nolan; Dr Andrew Norris; Dr Anne O'Neill; Dr Caroline Robins; Dr Kieran O'Connor; and, Prof. Leo Stassen.

During these meetings, the group utilised a variety of diagnostic approaches to identify the organisation's strategic goals, objectives and key actions for developing this Strategic Plan 2020-2025. This will enable the organisation to realise its mission and vision. In addition, the organisation conducted a survey of all members, and the feedback from this has been incorporated into the Strategic Plan 2020-2025.

The following seven Strategic Goals were identified as being critically important to the organisation's future success:

1. Membership recruitment and engagement.
2. Member services.
3. Communications.
4. Representation and advocacy.
5. CPD/education.
6. Governance.
7. Financial well-being of the organisation.

Constitutional changes

In January 2020, approval was received from both the Companies Office and the Registrar of Friendly Societies for important constitutional changes for the Association, as approved at two EGMs convened in 2019. Previously, the Irish Dental Association was a company limited by guarantee and had been in existence since 1922. In 2011 a trade union, known as the Irish Dental Union, was established to secure negotiating rights and to afford legal protections. A full negotiating licence was obtained for the Irish Dental Union. Because it was not possible to convert a company limited by guarantee to a trade union, the decision to establish the Irish Dental Union led to the significant duplication of structures and leadership.

The limited company has now been renamed and its focus is on managing the Association's property in Sandyford, while our trade union is now known as the Irish Dental Association and will discharge all of the activities and services we have provided to members in the past.

The main elements of the changes in the constitution of the Irish Dental Association include:

- provision for the appointment of two non-executive directors with specialist expertise to join seven dentists as members of the (renamed) Management Committee of the trade union;
- provision for the restyling of Branches as Regional Committees provided such Regional Committees meet minimum governance and operational requirements;
- delivery of services and benefits for members at regional level – this is to be discharged with the assistance of Regional Committees where they meet clearly defined criteria and operational codes of practice, failing which local CPD and education will be delivered directly in the regions by IDA House;
- changes in the arrangements for the appointment and election of candidates for the position of President-Elect, which broaden the base of potential candidates;
- changes extending the potential membership of our Council to provide for places for representatives of the CPD Committee, Quality and Patient Safety Committee, and International Affairs Committee;
- ending the confusion caused with the names of three of the existing branches so that the Metropolitan, Munster and North Munster branches would be known as the Eastern, Southern and Mid-Western Regional Committees, respectively;
- the provision of additional options for Trustees to obtain independent professional advice; and,
- the establishment of a contingency fund to be administered by the Management Committee and for use in funding disputes, including legal disputes, where determined by the Management Committee.

Subscription moratorium

In April, mindful of the particular challenges members in private practice were facing, the Management Committee decided to offer members in private practice a moratorium on their subscription fees equivalent to three months of their 2020 membership. Members who had paid their 2020 subscription in full were offered a credit to be applied to the 2021 subscription.

Non-Executive Directors appointed

The appointment of Ms Geraldine Kelly and Mr Ronan King to the Management Committee as independent directors from September

2020 was a historic development for the Association following constitutional changes agreed by the members and interviews with a strong field of candidates.

Geraldine and Ronan have already brought a huge wealth of wise and insightful contributions to decision-making within the Association, reflecting their vast experience in business and finance underpinned by strong governance. Their seamless integration into the leadership of the Association reflects their compatibility and a warm welcome from the rest of the team, but also reflects the obvious energy and commitment they have shown to the Association and to making positive contributions to developing a stronger organisation.

Preparing for our centenary

The first annual general meeting of the Association took place in January 1923 and to mark the forthcoming centenary of the Association, Dr Eoin Kinsella has been commissioned to produce a centenary history, which will be launched at our Annual Conference in 2023.

Dr Kinsella is Assistant Editor with the Royal Irish Academy's Documents on Irish Foreign Policy series. He has worked on several projects with the Royal Irish Academy since 2008, most notably as documents editor for *The Origins of the Irish Constitution*, as well as exhibitions marking Ireland's accession to the EEC, Ireland's diplomatic relations with Japan, and the history of Irish lighthouses during the revolutionary decade. He is Director of the Irish Association of Professional Historians, co-founder of the annual Tudor and Stuart Ireland Conference, and a committee member of the Eighteenth-Century Ireland Society. His books include *Leopardstown Park Hospital: a Home for Wounded Soldiers* (2017), *Catholic Survival in Protestant Ireland, 1660-1711* (2018), and *Dublin City University, 1980-2020: Designed to be Different* (2020). He is a graduate of University College Dublin (BA, PhD) where he held a doctoral scholarship with the Micheál Ó Cléirigh Institute, and is a former Irish Research Council Postdoctoral Fellow.

Further information on the plans behind our centenary history will be shared with members in due course and the project is to commence in earnest in late 2021. The assistance and contribution of members will be especially welcome, and further details on how you can assist will be publicised shortly.

A programme of events to mark the centenary is also in preparation and will be a busy and exciting period for all our members to savour.



REPRESENTATION AND ADVOCACY

Covid-19 supports for dentistry

Throughout the year, we campaigned for support for dentists towards their PPE costs and we made a number of representations to the Department of Health to secure delivery of the promise of support made by the then Minister for Health, Simon Harris TD, at the start of June. As early as March 5, we wrote jointly with the Irish Dental Trade Association to the Department of Health and the HSE, highlighting the shortage of PPE available to dental practices, and asking for assistance and support in making supplies available. The Association also wrote jointly with Dental Protection to the Minister for Health regarding PPE for dentists, and asking that the Government take all necessary steps to protect the health and safety of dentists and dental teams during this pandemic. Throughout the year we had a number of correspondences and meetings with the Department where we argued for PPE supports for the sector, but unfortunately the commitment was never delivered upon.

Early in the crisis, as dental practices were engaged in emergency-only treatment, the IDA also wrote to Paul Reid, Chief Executive of the HSE, asking for urgent assistance in dealing with the establishment of a network of dedicated regional dental emergency centres where dentists are provided with all the necessary PPE.

We also sought sectoral-specific supports from the Department of Finance and in May we launched an email lobbying campaign asking members to send an email directly to their local TD to ensure that every TD in the country understood the crisis that was facing patients and the dental profession.

The IDA also wrote to the Minister for Employment and Social Protection regarding an anomaly that deprived self-employed dentists of access to the Covid-19 Pandemic Unemployment Payment (PUP) arising from their ethical obligation to provide emergency care and the official insistence on full cessation of trading in order to qualify for this benefit. The Association also enlisted the support of the Small Firms Association, to which we are affiliated, in pressing for urgent change to enable dentists to access unemployment benefit while still being available to provide emergency cover. Subsequently, self-employed persons who are availing of the PUP were allowed to earn an average amount per month and still qualify.

Separately, we sought assistance for our members in private practice from the Minister of State with special responsibility for Financial Services and Insurance, Michael D'Arcy. In a letter sent to the Minister, the Association stated: "Insurance companies have confirmed with

many of our members that they will not be paying out on any policy with a 'business disruption' clause, including those that specify 'identifiable diseases'. Insurance companies are stressing that members must prove that Covid-19 was in fact contracted in the dental practice before even entertaining such a claim – this is entirely unreasonable as it would be impossible to prove where or how the virus was contracted".

Covid-19 vaccinations

Towards the end of 2020 and into 2021, the Association made a series of high-level representations to State authorities insisting that dentists should be recognised as a priority group for the programme of vaccinations. We reminded the authorities that "frontline healthcare workers in direct patient contact roles or who risk exposure to bodily fluids or aerosols and those providing services essential to the vaccination programme" should be prioritised in the Allocation Framework. We sought confirmation that as dentists meet this criterion, they would be prioritised for receipt of the vaccines. Dentists were subsequently designated as priority group 2c in the HSE's health worker allocation sequencing. The Association continued to advocate for dentists on this issue in early 2021, to assist members and to work to ensure that delays in registering dentists for vaccines were resolved. We also advised the Department of Health that dentists wished to assist the State authorities with the dispensing of Covid-19 vaccines. A statutory instrument was subsequently passed to allow dentists to administer the vaccines.

Covid-19 and HPSC dental guidance

Representatives of the IDA worked closely on behalf of the Association and the profession with Prof. Martin Cormican in refining HPSC guidance for the dental profession during Covid-19. We welcomed the opportunity afforded by the HPSC to allow the IDA to submit the views and concerns of the dental profession in discussions. The Association made a number of submissions to the HPSC and held positive engagements with Prof. Cormican, who also gave an interview to our *Journal*, and who gave an excellent webinar on Covid-19 exclusively for our members.

General election campaign 2020

In January, we asked our members to draw attention to the country's dental crisis during the general election campaign and to use the weeks

before the general election to discuss the Association's key campaign messages with patients. We also prepared a number of questions for members to ask politicians, and distributed posters to be downloaded and images to be used as part of a social media campaign.

The Association launched our election manifesto 'Patients Deserve a Better Deal for Oral Health', emphasising:

- a new deal for oral health with appropriate funding;
- reversing Government cuts and increasing the provision of public service dentistry;
- renewed focus on prevention;
- better access for patients; and,
- increased capacity.

Budget 2021

The Association produced a detailed pre-Budget submission, which was sent to all TDs and the Ministers for Health and Finance, as well as all national and regional print, broadcast and digital media outlets. We asked that the Budget for 2021 should focus on three main areas in order to improve oral health:

1. Improving access to oral and dental healthcare for adults by offering supports to patients.
2. Improving capacity within private practice dentistry.
3. Adequate resourcing for our collapsing Public Dental Service.

The Association also circulated to all IDA members an easy-to-use online tool, which enabled them, with two simple clicks, to write to their local TDs asking for their support for dentistry in the Budget. Over 300 letters were sent as part of this campaign.

Submission on Dental Council Code of Practice regarding Professional Behaviour and Ethical Conduct

The Association made a detailed submission to the Dental Council after it was invited to comment on a new draft Code of Practice regarding Professional Behaviour and Ethical Conduct. The Association's submission was based on feedback received from a number of our representative committees. Our submission included feedback on areas such as: insurance and indemnity; completion of treatment plans; continuing professional development; advertising; non-surgical cosmetic treatments; assisted capacity; and, remote consultations.

Nursing homes submission

In June, the Association made a submission on oral health in nursing homes to the Covid-19 Nursing Homes Expert Panel. We advocated for a number of oral health initiatives, including:

- examination for all residents in nursing homes on an annual basis at least;
- inclusion of dentists in the multidisciplinary team supporting healthcare for residents;
- documented oral healthcare plans for all residents devised by dentists in conjunction with care staff; and,
- appropriate training, equipment and remuneration for private dentists visiting nursing homes.

Free flu vaccine

Following extensive representations by the IDA, the HSE agreed that dentists who hold DTSS contracts could avail of the free flu vaccine in 2020. Staff members of these dentists were also able to qualify for the free vaccine. The Association had argued that, as essential healthcare workers, all dentists and their team members should be entitled to the free flu vaccination.

Healthmail

Following extensive lobbying and discussions by the Association on behalf of our members, the Healthmail system was expanded to include dentists. The IDA has partnered with Healthmail to provide a verification service for IDA members, which will speed up their application.

State schemes

Dental Treatment Services Scheme (DTSS)

Throughout the year we took every opportunity to highlight the continuing crisis in the medical card scheme for dental patients (DTSS). When we met with the Minister for Health in November, we told him that dentists do not want a short-term sticking plaster solution to the current DTSS crisis. Rather than tweaking a fundamentally flawed scheme, only a completely new approach will work. This problem can only be solved by establishing a new scheme (and we believe a significantly different model is required), which has real input from the IDA, and has the implicit and explicit support of the IDA. Dentists want to see access to dental care for all sections of the community and support the concept of State-funded assistance for those in lower income groups or deprived circumstances. However, a



scheme has to work for dentists, patients and the State, and the current arrangements don't work for anyone.

During 2020, the number of dentists participating in the Scheme fell to a record low, with just 1,250 dentists participating at the end of 2020. This is a drop from 1,650 in December 2019. Nearly one in five participating dentists left the Scheme over the course of the year (and we believe the published database is significantly overstated as a number of our members have contacted us to say that they and colleagues in their practice are listed as active participants in spite of having resigned in recent times).

While it is a matter for each dentist to consider individually whether to join, remain or leave any third-party scheme, the Association has told the Minister and the Department of Health that the Scheme "is in complete chaos and needs to be replaced as a matter of urgency". The many shortcomings in the Scheme have been further exacerbated by the Covid-19 crisis, and although the IDA has sought to engage with the Department regarding the DTSS over many years, our attempts have been continuously rebuffed and ignored.

Dentists are completely disillusioned with the Government's lack of action on the matter. We have sought to engage with the Department of Health to modify this scheme over many years to no avail. Increasingly, our members believe that the refusal to acknowledge this reality and the general approach of the Department of Health suggests a level of disrespect, if not contempt, for medical card patients and the dentists contracted to care for them. It also shows scant regard for or understanding of the impact of this crisis on vulnerable patients who are unable to afford vital dental care.

In the interests of patients and their dental health, we will continue to insist that the Department engages in substantive discussions with the Association to address the numerous outstanding issues regarding the DTSS, which we have highlighted over many years. We have also sought clarity on the matter of the need for a Framework Agreement of the type agreed between the Department of Health and the Irish Medical Organisation to apply to discussions on a new scheme covering dental care for medical card patients.

Separately, following objections raised by the IDA in the early part of the year, the HSE agreed to change the wording of a 'Declaration by Dentist' that must be ticked as part of the online DTSS claims system. As requested by the IDA, the wording of the online declaration now contains the same terminology as that which currently appears on the D form.

Dental Treatment Benefit Scheme (DTBS)

The Association held a number of meetings with the Department of

Social Protection in pursuit of a review of fees payable to dentists holding PRSI/Dental Treatment Benefit Scheme (DTBS) contracts. The DTBS contract provides that "the Minister (for Social Protection) undertakes to engage in an annual review of the scale of fees payable for dental treatment so as to provide the contracting dentist with fair and reasonable levels of remuneration for the services provided by the contracting dentist under this contract".

Public service members

Meeting with Minister for Health

At a meeting with the Minister for Health in November, the Association stated that the 17 local HSE dental services require at least three new dental teams (a dentist and nurse) to restore basic levels of care to eligible patients, primarily children and patients with special needs. Among the problems we highlighted in the Public Dental Service are the dire shortage of dental team members across the HSE and the failure to enable a new facility to replace the clinic closed in 2014 where up to 3,000 children were provided with dental treatment under general anaesthesia each year in Saint James's Hospital, Dublin.

HSE/union engagement

The Association represented public service members at weekly meetings with the HSE during the ongoing Covid-19 crisis. During the year, the IDA and other health service unions were involved in continued and generally positive discussions with HSE management. A new redeployment circular was agreed in response to the unprecedented crisis in healthcare, which saw dental grades redeployed to testing and tracing activities. The IDA represented public service members on issues of concern including childcare, PPE, working hours and redeployment. The Association also attended meetings of the Workplace Relations Commission (WRC), as part of a group of health unions, who referred a number of issues, including matters concerning members who worked excessive additional hours and who took annual leave due to childcare issues during Covid-19, to the WRC.

In the middle of the year, prior to the second and third waves of the pandemic, the IDA was involved in engagement with the HSE on rebuilding priority non-Covid health services, including the Public Dental Service, in an orderly and manageable way. We highlighted our concerns about the continuing redeployment of dental staff into areas such as swabbing and contact tracing, pointing out that in some areas up to 40% of dental staff were being redeployed at a time when the Public Dental Service was to be reopened with a huge backlog of appointments.

Public service pay talks

In December, we entered WRC talks with public service employers alongside other trade unions on a new public service pay agreement. Proposals emerged that would see pay rises for dentists employed by the public service of 1% from October 2021 and a further 1% increase from October 2022. The details of the proposals were to be considered by our HSE Dental Surgeons Group Committee and our Management Committee.

COMMUNICATIONS

Media coverage

The Association issued a number of press releases during the year that attracted significant media coverage at both national and local levels. Press releases and media coverage 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 grateful to all who gave up their time to take part in these interviews. Media coverage during the past year was dominated by the Covid-19 pandemic and the impact this has had on the dental profession. We used numerous press releases and worked to secure high-profile media opportunities that supported the IDA's stance on the pandemic and how it should be managed in relation to dentistry.

In 2020, we secured 620 mentions in broadcast media and over 120 mentions in print media, averaging 14 mentions in the media per week. The bulk of our media coverage was during March, April and May, as we sought to highlight the crisis facing the dental sector and the lack of sectoral-specific support from Government.

Notable national media coverage in the last 12 months included feature interviews on *RTÉ News*, *Virgin Media TV*, *Today With Claire Byrne*, *The Pat Kenny Show*, *The Last Word*, *Drivetime*, *Newstalk Breakfast* and *Today with Sarah McInerney*.

IDA press releases 2020

- Dentists to brief patients on Ireland's 'dental crisis' during general election campaign
- Private dentists warn of unworkable election policies for treating children
- Irish Dental Association warns that dental services severely impacted by Covid-19 crisis
- Irish Dental Association warns that dental profession on the brink of collapse

- Irish Dental Association calls on HSE to establish regional network of designated dental emergency centres
- Irish Dental Association urges Government to open emergency dental centres to all patients
- Irish Dental Association accuses Government of 'ignoring effective collapse of dental profession in Ireland'
- Survey of dentists highlights dramatic impact of Covid-19 on patients' oral health and on livelihood of dentists
- Irish Dental Association describes meeting with Minister for Health as 'constructive'
- Dental treatment for medical card holders under grave threat
- Government inaction on dental sector a 'dereliction of duty'
- Dentists criticise Department of Health for failure to deliver promised PPE three months after commitment to do so given by Minister
- Dentists: annual 'back to school' dental check-up has never been as important
- Irish Dental Association warns of 'full-blown resourcing crisis' in public service dentistry
- Patients reminded not to defer dental appointments in event of tighter Covid-19 restrictions

Surveys of members

We carried out a number of surveys of our members in 2020. In January, we sought the views, opinions and input of our members to inform a new strategic plan. The key priorities members identified were dealing with the new national oral health policy, representing members who hold State contracts, enhancing CPD, and protecting the Public Dental Service. Members said that engaging with members, providing a strong voice for dentistry and focussing on CPD are essential to meeting the needs of the profession into the future.

Almost four out of five members said they were very or fairly satisfied with the services offered by the IDA, practically the same percentage who expressed the same levels of satisfaction in the last comparable survey undertaken in 2013. Four out of five said that they rated the service provided by staff in IDA House as very good or good, again identical to the findings from 2013. In terms of specific services provided by the IDA, the highest approval ratings were achieved in regard to providing information through our weekly newsletters/flyers, our *Journal*, CPD events and dealing with members' problems.

The main reasons for dentists becoming members of the Association included being a member of a body that represents the dental profession, the representation it offers on contractual, industrial



relations and other matters, CPD, discounts available in professional indemnity to IDA members, and advice on HR issues.

We also surveyed members in April and July to assess the impact of the Covid-19 crisis on their practices.

A media statement was issued based on the results of our April survey, which showed:

- 87% of dentists say they are unlikely or very unlikely to return to pre-pandemic levels of service;
- nearly 80% report a high or very high risk to the sustainability of their practice;
- 93% predict a drop in income of at least 40% in the medium to long term, with over 50% predicting an income drop of over 80%;
- 67% can only maintain the viability of their practice for a maximum of three months;
- 86% believe there is a need for access to emergency centres for all patients; and,
- 86% of practices have laid off staff.

Podcast

The third episode of our *Whole Tooth* podcast was launched in January and featured an excellent interview with Dr Íde Delargy on stress and burnout in dentistry, and the supports available to dentists.

Weekly e-newsletter

In 2020, we also continued our e-newsletter for members. During the Covid-19 crisis the e-newsletters became an invaluable method of regularly providing up-to-date information and news to members. In the early months of March and April we sent multiple e-newsletters per week. In total, during 2020, 91 e-newsletters and fliers were sent to members.

Journal of the Irish Dental Association

In 2020, there were six editions of the *Journal of the Irish Dental Association*, including two online editions that were emailed to members.

Website and social media platforms

A major focus in 2021 was in making information available to dentists and the dental team, as well as members of the general public, via our website (www.dentist.ie). This was a very popular and effective platform for communicating with key stakeholders in addition to our presence on Twitter, Facebook and Instagram.

SERVICES AND BENEFITS

Advice and representation

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

- Covid-19;
- employment law;
- practice management;
- health and safety;
- Dental Council guidelines;
- infection prevention and control;
- probity;
- HSE inspections; and,
- data protection.

We estimate that we dealt with at least 3,000 queries from members in 2020.

Webinars

Reflecting the impact of the pandemic but also building on the start we had made in moving to digital platforms, the Association hosted 33 webinars between January 2020 and the end of February 2021.

As well as clinical topics, we held a number of webinars giving members HR information and advice regarding issues arising due to Covid-19. IDA representatives and senior staff from IDA House held live discussions and Q&As on important topics. We also held valuable webinars produced by the Quality and Patient Safety Committee regarding infection prevention and control, and returning to work during Covid-19.

Documents for members

Our Quality and Patient Safety Committee produced 11 documents/templates related to Covid-19 for use by members in their practices. These included: a patient flow chart; Covid-19 Dental Surgery Organisational Preparation; Covid-19 IPC: Cleaning and Disinfection and Covid-19; and, Covid-19 response plan and risk assessment template.

Professional indemnity

Irish Dental Association members continued to receive discounts worth 11.5% with Dental Protection arising from their membership of the Association in 2020. Members were also entitled to further discounts arising from the risk credits scheme operated by Dental Protection. The

Association has worked closely with Dental Protection over the past year in relation to the operation of the Dental Complaints Resolution Service, representation of members involved in disciplinary or probity cases, and lobbying on issues of common concern, and the assistance of Dr Martin Foster and Dr Noel Kavanagh is especially appreciated.

Mental health

Given the year that was in it, the Association launched a number of initiatives to support members' mental health. Early in the year we produced a podcast featuring Dr Íde Delargy on stress and burnout in dentistry, and the supports available to dentists. We also held a number of webinars on the topic of wellness and well-being. In the members' section of the IDA website we now have a page dedicated to wellness and well-being, with links to a number of resources.

Affinity schemes

The Association expanded the list of affinity schemes available exclusively to IDA members in the past year and they can be seen in full below:

Healthmail

The IDA has partnered with Healthmail to provide a verification service for IDA members. Healthmail is a secure clinical email, which allows healthcare providers to send and receive clinical patient information and prescriptions in a secure manner. Users are issued with @healthmail.ie email accounts and this will allow them to communicate patient-identifiable clinical information with clinicians in primary and secondary care. Importantly, Healthmail can be used to transfer prescriptions to pharmacies electronically without the need for a signed paper copy, for the duration of the Covid-19 crisis.

Dental Complaints Resolution Service

The Dental Complaints Resolution Service (DCRS) is a unique service offered free to IDA members and is a highly regarded model for resolving complaints in a voluntary, free, friendly and prompt manner, which avoids the need for legal representation. The Association is rightly proud of the Service, which is admired by so many but is also supported strongly by the dental profession while also enjoying very broad popular support. The Service handled its 1,000th complaint in 2020 and has established itself as an essential service for dentists and patients since it commenced in 2012.

In 2020, Mary Culliton was appointed as Facilitator with the DCRS. She succeeds Michael Kilcoyne, who acted as Facilitator with the Service since its inception. The Association is delighted to have attracted such a high-calibre candidate to take on the position and we look forward to working with Mary in building on the great success achieved with the Service over the past eight years. Mary has extensive experience in dealing with complaints and in working with health professionals. She has already shown that she can help to sustain the great progress we have achieved with the DCRS. We also want to salute the special contribution of our clinical adviser, Dr Maurice Fitzgerald, who has been an invaluable guide and source of wise counsel to Mary.

Free access to ADA publications

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



IDA HOUSE STAFF

Never has it been more appropriate to thank the staff in IDA House than the present, and following such a turbulent year when they succeeded beyond the most optimistic expectations in serving members while working from home. It may never be truly appreciated by the membership the nature of the challenges faced and overcome, or indeed the stress and difficulties faced by the staff, but I can testify to it on your behalf and accordingly I want to extend the most sincere gratitude to all of the staff in IDA House.

As our first point of contact with members, Marie and Una have been endlessly polite, cheerful and patient in dealing with worried members, frustrated members of the public and so many more who have contacted the Association. Cindy has been cheerful, attentive and patient in dealing with membership and payments, while Irina surmounted effortlessly the challenges of arriving into the external audit, expanding the range of reportage and information provided to our management and officers, and the many administrative changes associated with our corporate and governance changes.

87% of dentists say they are unlikely or very unlikely to return to pre-pandemic levels of service

Liz has been an invaluable support to myself and the President, as well as to the *Journal* Editor, while also managing our office and assisting greatly with our governance work and assisting the smooth functioning of so many Committees, as well as so many unforeseen tasks in the strange year that was 2020. Aoife's work was thrown into turmoil with the cancellation of our Annual Conference and all our other educational events. She not only dedicated herself to helping us deliver an unprecedented range of virtual events, but her newly acquired video editing skills were greatly appreciated by all of us and especially our officers and regional representatives, as well as the huge work she undertook in helping to organise and plan our first ever virtual Annual Conference in 2021.

Finally, I wish to thank Elaine and Roisín, my senior management colleagues, without whom it would simply not have been possible to keep the Association afloat over the past year and whose endless dedication, energy, good humour and willingness to work around the clock in the most stressful and challenging of circumstances meant that

we not only survived but managed to thrive and prosper as a team and for the Association to secure its position as the true leader and representative of Irish dentistry. Their many innovations and contributions are too many to list but they deserve a special tribute and an honoured place in the Association's pantheon for their endeavours over the past year.

Finally, I wish to thank all the officers and volunteer leaders who served this great Association, especially over the past year. The many challenging and robust discussions we enjoyed and endured over many days, nights and weekends seem less tiring from afar but your endless commitment, patience and good humour deserve special mention and to those who offered vital support and assistance to myself personally I am especially grateful.



Fintan Hourihan
CEO

INTERNATIONAL AFFAIRS COMMITTEE

As can be imagined, the past year has been a very quiet one for the International Affairs Committee when the total focus of attention shifted from March of last year to the evolving Covid-19 pandemic. As the crisis grew, there was continuous updating and feedback of the situation in other EU countries through our CED communication channels. Unfortunately, our experience of lack of reliable guidance from regulatory and government departments was a common one across many other dental associations in the early months, resulting in much frustration as dentists in countries like Spain and Denmark grappled with a very rapidly changing situation.

Dr Marco Landi, President of the CED, is a practising dentist and president of his local association in the Lodi region in Lombardy, north of Milan, where the outbreak started. He presented a webinar on the impact and learning from Italian dentists on March 19, 2021, which is available on the CED website. Their recommendation to suspend all routine treatment and only provide dental care in urgent cases was subsequently taken up by dental associations across the EU. The availability of suitable protective equipment was an issue for several months in all countries. As the summer progressed, dental practices reopened to varying extents all over Europe and we were able to benefit from sharing of information via a regular monthly Covid-19 update from the CED.

CED

The CED General Meeting, normally held in May, was cancelled and eventually took place online in November from Brussels. At the General Meeting, guidance statements were issued on the following topics:

- Education: safe and effective dental education during the pandemic;
- Patient safety: dentistry and patient safety during the Covid-19 epidemic;
- E-Health: CED resolution on artificial intelligence;
- Patient safety: CED update resolution on patient safety;
- Professional qualifications: revised CED update on the AnnexV3/5.3.1 of Directive 2005/36/EC; and,
- Medical devices: CED position on implant cards for dental implants.

These statements are available to read in full on the CED website.

CED working groups

Drs Jane Renehan, Robin Foyle and Nuala Carney attended their respective Working Group meetings virtually this year.

The WG on Professional Qualifications is following several different projects involved in assessing health promotion opportunities and the capacity of dentists to provide these, and inter-professional collaboration across the healthcare sphere. In collaboration with the Board Task Force, the Group is looking at dental workforce issues across the EU, specifically at the need to promote national associations, corporate dentistry and the need to adequately prepare and support young dentists in changing work environments and structures. The Group is also aware of the constantly changing challenges associated with partial access, advertising and dental tourism.

Jane Renehan, as Chair of the Working Group on Dental Materials and Medical Devices, reported that the Medical Devices Regulation (MDR), due to be enforceable on May 26, 2020, has been postponed until May 26, 2021. The final CED November 2020 report on the feasibility of phasing out dental amalgam has been prepared by the consultancy Deloitte, and a report has been issued by the European Commission, indicating a phase-out of dental amalgam by 2030.

On the matter of cobalt, the WG has been reaching out to external stakeholders (e.g., orthopaedic associations, doctors' associations) and has gathered scientific evidence internally. Preliminary results suggest that there is no evidence that cobalt causes cancer by routes of exposure other than by inhalation.

FDI

The FDI World Congress was cancelled last year and the FDI has announced that the 2021 Conference, due to be held in Sydney, will be held virtually.

Dr Nuala Carney

International Affairs Committee Representative



GP GROUP REPORT

When writing his contribution for the Annual Report 2019 in early 2020, then GP Group Chair Dr Kieran O'Connor could not have known how prophetic his concluding remarks would be when he said: "There are undoubtedly many challenges ahead next year and beyond".

At that point in the year he was referring primarily to the publication of the national oral health policy and the uncertainty that lay ahead for the profession, both in private practice and for our HSE colleagues.

I think it is fair to say that no one could have predicted how 2020 would evolve and how the SARS-CoV-2 or Covid-19 virus would not only turn our working lives upside down but would also have such a global impact.

Dr O'Connor steered the GP Group through the first tide of the pandemic and the members of the Committee and IDA House staff put in many hours discussing the ever-changing landscape. Adaptation was the key to success, and despite being unable to meet in person, meetings continued. New methods of communication quickly evolved, enabling the Committee to still provide support and implement policy virtually.

I succeeded Dr O'Connor as Chair in November and regretfully the pandemic still dominates our working days.

In November, at a meeting between the Association's representatives and the Minister for Health, Minister Stephen Donnelly agreed that oral health needed attention in Ireland. However, it was apparent that he had little understanding of the actual crisis and frustrations felt in the profession relating to the Dental Treatment Services Scheme (DTSS). In anticipation of future possible engagement, the GP Group has formulated a document titled 'A better alternative to the DTSS: A principle-centred approach to engaging with the State'.

While the DTSS scheme has in the past and continues to take up a considerable amount of any GP meeting, there is a feeling at this time that we may have momentum on our side. Numbers holding contracts have declined rapidly since December 2019 and the annual overall spend since 2017 has fallen by 30%. Media coverage is high and it would seem implausible that the Department of Health can continue to ignore the obvious departure of dentists from the Scheme this time around.

However, the success of such a drive needs the support of each participating DTSS member. No meaningful progress can happen unless all those involved can form a united front and work together for an improved scheme for dentists and patients alike.

Looking forward to 2021, one would need a crystal ball to predict what the coming months may hold and while the pandemic has sidelined other issues, such as the oral health policy, they have not gone away. We will need to be ready when it is brought back to the table.

Times are still challenging and the GP Group, with the support of Fintan Hourihan, Elaine Hughes, Roisín Farrelly and the team in IDA House, is committed to ensuring that the voices of IDA members continue to be heard.

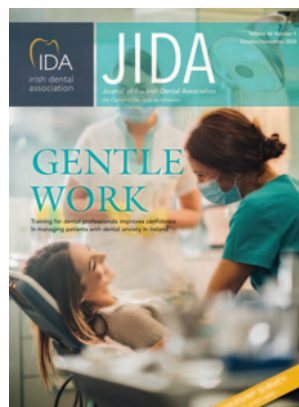
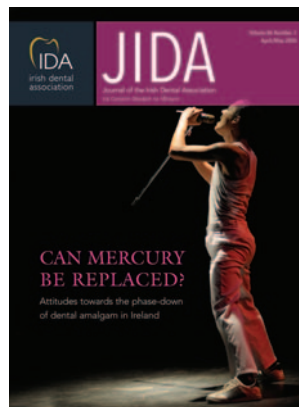
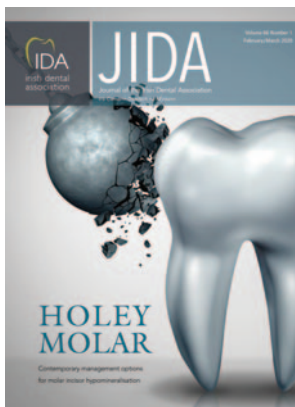
Dr Caroline Robins

Chairperson, GP Group

GP Group Committee

Dr Caroline Robins
Dr Kieran O'Connor
Dr Jennifer Collins
Dr Clodagh McAllister
Dr Rosemarie Maguire
Dr John Nolan
Dr Divya Moorthy
Dr William Rymer
Dr Cormac McNamara
Dr Stephen Moore
Dr Mairead O'Connor
Dr Martin Holohan
Dr Mairead Browne
Dr Eamon Croke

JOURNAL OF THE IRISH DENTAL ASSOCIATION



The *JIDA* Editorial Board has continued to meet three times a year during the pandemic. The virtual meetings have worked well and the benefit has been the full participation of Board members outside Dublin. The publication of the *JIDA* was not interrupted during the pandemic, but the decision was made to publish two of the six issues in soft copy only and distribute these electronically.

In 2020, the *JIDA* ran a readership survey. The goal of this was to gain insight from the readership on their preferences for both the contents and the electronic delivery of the *JIDA*. We published some outcomes of the readership survey in the December 2020/January 2021 issue, and discussed the broader findings as a Board. Readers perceive the *JIDA*'s strength as being developed by and for dental practitioners in Ireland, and value the mix of regulatory updates, news and clinical content. The Board noted the appetite among respondents for more practical clinical features and has taken this into consideration in both the peer review process and in commissioning features.

Revenue from advertising had dropped by 35% compared to the same period last year. In January 2021, all readers were advised that they

can choose a digital version instead of a hard copy, with different options for members versus non-members. This process may take several months to complete. We also discussed that sharing a hard copy of the *JIDA* in a practice among team members is not practical during the pandemic and have agreed some strategies to maintain our readership and direct more readers to digital subscriptions and our open access resource of current and archived editions of the *JIDA*.

The *JIDA* has not been an indexed journal since 2017, when PubMed changed the requirements for this. In 2020, the Editorial Board agreed to apply for indexing. This is a challenging process and the initial phase of this application has now been completed. I would like to acknowledge all the work that our publishers, Think Media, have done on our behalf in this process, and for their continued support and high standards during a challenging year.

Dr Ciara Scott
Honorary Editor



HSE GROUP

We shall never forget the year 2020. The global Covid-19 pandemic has significantly changed how we live and work. It has placed significant demands on the Public Dental Service and the Irish Dental Association, which have required great strength of character and perseverance in the face of huge uncertainty. Many members of the HSE Dental Service have shown great courage and determination in responding to the call of redeployment to aid in the national testing and tracing programme. This was especially remarkable during the early days of the pandemic, when so little was known in relation its virulence, mode of transmission and pathogenesis. Those remaining within the Dental Service were charged with continuing to provide a quality service for patients, maintaining emergency services and keeping the doors open.

Over the course of the last 12 months, the HSE Dental Surgeons Committee has continued to hold regular meetings via a digital platform and we continue to represent the views of our members. The HSE branch representatives have been actively involved in liaising with members locally. Any queries or issues raised on behalf of members, such as access to personal protective equipment, Covid-19-related policy, and vaccination prioritisation, have been discussed within the Committee, and with the help of Fintan and Roisín we have had many issues addressed with HSE management.

Annual Seminar

Regrettably, the annual HSE Seminar 2020 had to be cancelled due to the Covid-19 pandemic, and at the time of writing it is unfortunately very unlikely that the 2021 seminar will go ahead due to ongoing Government restrictions. I have listened to members over the last few months who have expressed their deep regret that the Annual Seminar could not take place. I share this regret, and rest assured, when public health advice allows, we will return to the annual HSE seminar format that we all very much look forward to and enjoy.

Smile agus Sláinte

The national oral health policy, Smile agus Sláinte, was launched on April 3, 2019, without meaningful consultation with the IDA or its members. In the many months since its publication, there has been little information on exactly when or how it is planned to be implemented. While Covid-19 will have undoubtedly slowed any progress on implementation of the oral health policy, the HSE Committee has continued to critically study the policy and has produced a position paper outlining its views on how best to provide a quality public service. Prior

to the outbreak of the Covid-19 pandemic, HSE Committee members and members of the GP Group attended a joint negotiation skills training session. This proved a very useful session, not only providing an opportunity to gain some very necessary negotiating skills, but also facilitating open discussion on matters that will affect both general practitioners and public dental surgeons, and help find common ground.

HSE AGM

The HSE dental surgeons’ AGM was held in October 2020 via a digital platform. There was a great attendance for the meeting and many motions were adopted via online poll. While I did miss our usual lively debate around motions’ wordings, the digital platform and format of the AGM was a great success and I would like again to thank the staff of IDA House for making it possible.

On behalf of all HSE members I would like to thank the staff of IDA House for their tireless work on our behalf throughout the year. I would like to thank all committee members, who have given of their time to represent HSE members. A special thanks to Dr Grainne Dumbleton, the outgoing President, for all her hard work and dedication to the work of the Committee. I would also like to congratulate Dr Amalia Pahomi, President Elect, and wish her every success. I would like to acknowledge Dr Anne O’Neill for her continued support to the Committee, and to congratulate her on the many successes of her presidency to date. Anne has been a stalwart of the Public Dental Service for many years and I have no doubt whatsoever that she will continue to passionately advocate for the public service and the profession as a whole.

Dr Philip Mulholland

President, HSE Group

HSE Dental Surgeons Committee

Dr Philip Mulholland	Dr Jessica Rice
Dr Grainne Dumbleton	Dr Aoife Kelleher
Dr Amalia Pahomi	Dr Evelyn Crowley
Dr Maura Cuffe	Dr Bridget Harrington Barry
Dr Sharon O’Flynn	Dr Treasa Mulholland
Dr Lorraine McManus	Dr Siobhan Doherty

QUALITY AND PATIENT SAFETY COMMITTEE

It is fair to say that 2020 has been a monumental year for the Quality and Patient Safety Committee (QPSC). Last year, we covered diverse areas ranging from Legionella to risk assessments, safety statements, radiology and, of course, Covid-19.

The Committee responded to the pandemic and the documentary requirements with professionalism and speed. We hope that the documents, information and webinars related to Covid-19 that were produced by the Committee are of value to IDA members in navigating their way through the pandemic. Members of the Committee also volunteered significant time to engage with the Health Protection Surveillance Centre (HPSC) in refining its guidance on managing Covid-19 in dentistry. As Chair, I would like to thank the sitting members for their dedication and hard work throughout 2020.

Work of the Committee

The QPSC met nine times during 2020, with Covid-19 and radiation sub-committees meeting an additional five times.

Work completed

In 2020, the Committee produced documents and information on the following areas:

- amalgam and Minamata;
- eco-dentistry;
- safety statement;
- waste policy;
- Covid-19:
 - Ventilation and SARS-CoV-2 in dentistry
 - Return-to-Work – Covid-19 Response Plan
 - Covid-19 Return to Dental Practice: Risk Assessment Example
 - Covid-19 Dental Surgery Organisational Preparation
 - Covid-19 IPC: Cleaning and Disinfection
 - Teledentistry Triage
 - IDA Patient Flowchart
 - Patient Information Leaflet
 - Closure Poster
 - Oxygen Cylinder Decontamination
 - Correspondence to Undertakings;

- ventilation systems; and,
- amalgam inspections.

Work in progress

The Committee is also developing advice on a number of other priority areas, including:

- radiation and dental practice inspections;
- risk assessment template;
- Legionella;
- eco-dentistry; and,
- well-being.

Evolution of the Committee

Throughout the QPSC's history our members have participated in HSA steering groups, contributed to publications for the Irish Medicines Board, and met frequently with HIQA, councils' environmental agencies, the Department of Health and the HSE to discuss and mitigate compliance issues. Members continue to engage in these roles along with producing infection prevention roadshows on behalf of the IDA. In addition, many of our members have lectured on a multitude of governance issues, and most recently produced webinars to explain Covid-19 protocols and demonstrate best practice and compliance. Historically, this committee has always adapted and expanded its roles and will continue to do so.

Membership of the Committee

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

Communication with other committees

The Committee is in regular communication with the GP and CPD Committees and, of course, Council of the IDA. The Committee also works with the Conference and CPD Committee.

Dr Gerald O'Connor

Chair, Quality and Patient Safety Committee



CPD COMMITTEE



The CPD Committee is comprised of Drs Robin Foyle (chair), Maurice Fitzgerald, Alistair Woods, Emma Rose McMahon, PJ Byrne and Garry Heavey, and Ms Elaine Hughes (IDA). Dr Jane Renehan was also a very valued member of the Committee for most of 2020, but resigned due to work commitments at the end of 2020.

In common with every aspect of our lives, Covid-19 caused a rapid rethink on how we could conduct our business during the crisis. The Committee met several times, via Zoom, to plot the way forward through the pandemic and deliver CPD to our members. The infrastructure to produce webinars and record lectures was approved by the Management Committee and purchased on behalf of the IDA. Thanks to the technical skills of Maurice, Alastair and Elaine, our webinar programme got off the ground last year.

Online CPD is managed via IDA HQ, which also looks after branch online CPD events. Currently, we are producing a webinar every Wednesday night at 8.00pm. These have been both clinical and non-clinical events. We have also hosted many Covid-19-related topics to guide members through the pandemic and give guidance on reopening practices, new protocols, etc.

Members can watch most of these after they have been aired. These have proven to be very popular, with large numbers either watching live or catching up after the event. Members can log on via the members' section of the IDA website, and can keep track of their CPD as well as print off CPD certs for online courses completed. This year's Annual Conference will also be a virtual event. It is also worth noting that IDA membership gives access to the *Journal of the American Dental Association*.

It is hoped that once Covid-19 restrictions are lifted, face-to-face lectures and hands-on courses will recommence. We should also be able to broadcast some of these through the website for members. We expect to continue with both online and in-person CPD into the future when restrictions allow.

I would like to take this opportunity to thank Elaine and the Committee for all their work throughout the year.

Dr Robin Foyle

Chair, CPD Committee

REGIONAL COMMITTEE REPORTS

Eastern Regional Committee

The Eastern Region calendar, like many things, started 2020 with cancellations and postponements. Despite a quieter year in terms of events, the Regional Committee remained active, with all meetings taking place via Zoom.

Throughout the year, the Committee met to discuss the concerns of its members: practising dentistry safely; vaccination; and, switching CPD to a digital platform.

The transition of the AGM to an online format was completed and it took place in March. The goal will be easily accessible webinars/lectures for all Eastern Region members in 2021.

With the return to normality on the horizon, we look forward to welcoming members in person when it is safe to do so.

Dr Aodh MacGráinne

Eastern Regional Committee

Kerry Regional Committee

Our first meeting of the year was in January, when we welcomed IDA CEO Fintan Hourihan and Assistant CEO Elaine Hughes to Tralee for a discussion on the proposed new oral health policy. We had 40 members in attendance for a lively discussion. No one present could see themselves signing up to such a scheme. Instead, it was felt that if there was investment in the School Dental Scheme plus much-needed improvements to the DTSS and DTBS schemes, there would be dividends for patients and dentists alike.

Our next branch meeting was held via Zoom in October. Again, we had a good turnout of 35-40 dentists online to listen to Dr Catriona Ahern's superb presentation on the health and safety aspects to radiation in dentistry, which will be of great benefit ahead of any HIQA inspections.

During the year, the Covid-19 pandemic brought huge challenges. Our first concern was trying to make sure our practices were safe for both the public and for our dental teams. Sourcing PPE was difficult and expensive, and obviously we felt badly let down by the Health Minister's broken promises regarding supply. In the end we had to try and group together as best we could and bulk buy PPE to try and drive down costs.

Our most recent focus has been on the vaccination roll-out. In early January, through contact locally with the HSE, we managed to secure vaccinations for all general dental practitioners in Kerry. At the time of writing, all dental team members are registered on the HSE portal and are due to be vaccinated

very soon. This will be a great relief to all and hopefully will allow us to work safely into the future.

At Committee level we welcome Dr Aisling O'Sullivan on board as our new Rep to Council. Dr Divya Moorthy is our new GP Rep taking over from Dr Tim Lynch, who did huge work for us in that role in recent years. Dr Juliet O'Connor remains as Secretary and Dr Nick Nomikos is staying on as Treasurer.

We hope that 2021 will be the year when we can turn the corner and start to get back towards normality again.

Dr Maurice Lyons

President, Kerry Branch

Mid Western Regional Committee

The start

Our year started with a meeting in January 2020. I attended assuming that this was to be a CPD meeting but it was in fact a meeting to discuss the running of the Branch for the next year.

The meeting was only attended by five members. I was asked by the past President if I would help out in 2020. I said yes, thought nothing of it, went off skiing in January, Covid-19 hit in February and then I was surprised to receive a letter from the Chief Executive congratulating me on my election as President of the Branch!

I selected a Committee. I was conscious that there should be representation from the three counties that make up the Branch.

The new Committee members are:

Dr Rob Bowe (President), Limerick

Dr John Hennessy (Secretary), Limerick

Dr Michael Galvin, Limerick

Dr Pdraig McAuliffe, Limerick

Dr James Dodd, Tipperary

Dr William Rymer, Tipperary

Dr Barry Hillery, Clare

Unfortunately, I was unable to achieve any gender balance on the Committee.



Background

The Branch had been in stasis for a number of years. Members attending meetings were down and there was a decline in interaction between members. There was a sense that you didn't know who your colleagues were anymore. I took over during Covid-19 and there was some dissatisfaction with how IDA HQ was communicating to members and interacting with the media. This was fed back to HQ at the first council meeting.

Goals

My primary goal was to increase interaction between members and make sure that local dentists know each other. I felt this was very important as it is much easier to pick up the phone to a colleague when a relationship is already established. This is especially important if there is a problem.

Research

I set about canvassing members on what would interest them and what was of greatest concern. If we had shared, broad interests, I thought that this would more likely improve participation and interaction. The areas with the broadest appeal that came up again and again with members were:

1. HR issues.
2. Tax.
3. Medical emergencies.
4. Digital dentistry.

Meetings

These have all been over Zoom, which has proved very popular for CPD. Attendances are up significantly from last year where average attendance was circa 10.

Seven members attended the AGM in June (all Committee members). Approximately 19 members attended the HR talk in October 2020, 16 attended for the digital dentistry seminar in November 2020, and most recently 28 members were present at the tax seminar in February 2021.

Considering that the membership is approximately 70, attendance at the tax seminar represented a considerable attendance on a Tuesday evening. The strategy of hosting broad interest seminars and talks rather than specific interest events has increased attendance.

Challenges going forward

The main goal of the Branch is to communicate with local members and feed this back to HQ in order to inform policy. It is very difficult to do this without having the contact details of the Association membership in the branches.

For members I don't know, I can't even ring them up and introduce myself. This hamstrings the branch and I don't know whether it is an intentional or unintentional effect of policy from HQ.

Goals ahead

Our goals are to:

- continue to improve intra-member communication;
- organise intermediate life support training;
- form a database of members in the branch; and,
- encourage non-members to join.

Dr Robert Bowe

President, Mid Western Regional Committee

North Western Regional Committee

The Regional Committee for the North West was re-formed following a long period of absence from IDA affairs in February 2020. The committee members volunteered as follows:

Chairperson: Dr Stephen Moore

Vice Chairperson: Dr Peter Doyle

Treasurer: Dr Fionnuala Gannon

Council representative: Dr Stephen Moore

Committee: Dr Cathy Clyne, Dr Mark Alexander, Dr Deepak Thomas, Dr Niamh O'Grady and Dr Maria O'Grady

Our inaugural AGM was held by Zoom conference on September 23.

Given the situation nationally the agenda was monopolised by adaptive measures practices were taking to provide dental care in very challenging circumstances. As a profession we discussed our excellent record in cross-infection control and committed to double down in an effort to maintain the highest standards of oral healthcare in as safe an environment as is possible.

Several informal meetings have taken place in the interim, mainly concerning practices during Covid-19 and the procurement of adequate PPE.

Our next Committee meeting took place in February 2021.

Dr Stephen Moore

Chairperson, North Western Regional Committee

South Eastern Regional Committee

Our last Annual Scientific Meeting was held on Friday, March 6, 2020. Less than a fortnight later, the country was placed into lockdown, and local branch activities suspended in order to co-ordinate a national response to the Covid-19 pandemic.

I attended all six IDA House meetings thereafter via Zoom. A meeting of seven of our South Eastern Regional Committee members was also held via Zoom on November 26, 2020. It was decided to defer the Winter Series of CPD lectures until 2021, when all South Eastern Region members would have the opportunity to meet in a social, and safe, setting.

The weekly IDA House webinars have been an excellent addition.

The South Eastern Regional Committee Annual General Meeting was held at the end of March 2021. The region's Annual Scientific Meeting will be in Autumn 2021. In accordance with public health advice, this is likely to be held virtually. The Committee has agreed upon a list of speakers and topics, and very much looks forward to hosting the event in a new digital setting.

We would like to welcome Dr Mairead O'Connor, Gorey, as our new representative on the GP Committee.

Members report a seismic shift in the dental landscape:

- there is a continuing exodus of practitioners from the DTSS – cost and procurement of PPE, as well as static fees for more than a decade, have been cited as the main issues;
- living with Covid-19: currently, there are three variants – we will need to remain informed and vigilant as regards increased and changing clinical precautions and cross-infection control measures; and,
- as there can only be limited interaction between staff and with peers, there is increased social isolation for members working in a surgery setting.

Thank you to IDA President Dr Anne O'Neill, Mr Fintan Hourihan, Ms Elaine Hughes, Ms Roisín Farrelly, Ms Aoife Kavanagh, Ms Liz Dodd and IDA staff members for their continued support, communication and representation.

It is also an absolute credit to the dental profession that we have been at the forefront as regards providing safe and optimal healthcare for our patients throughout the pandemic.

Dr Brid Fitzgerald

President, South Eastern Regional Committee

Southern Regional Committee

The main news from us is that our name was formally changed from the Munster Branch to the Southern Regional Committee.

Due to Covid-19, all face-to-face events were cancelled, including our Annual Scientific Meeting on Friday, November 13, 2020, in Fota Island Hotel.

We hope the vaccine rolls out quickly to protect members and their teams.

I would like to thank the Committee members, with whom it is a pleasure to work: Drs Kieran O'Connor, Arthur O'Connor, Martin Holohan, and Lettice O'Leary.

Dr Mairead Browne served as Branch President in 2015, and served as Munster Branch Council Representative for five years, ending her term in January 2021. We would like to thank her for her service and dedication.

The Committee is always keen to welcome new members so, if interested, please email me: mj_osullivan@hotmail.com.

Dr Martin J. O'Sullivan

President, Southern Regional Committee



Council member	January 24	April 3	June 26	September 4	November 20	Total
Mirza Shahzad Baig	N/A	N/A	N/A	✓	✓	2/2
Rory Boyd	X	✓	✓	✓	X	3/5
Robert Bowe	N/A	X	✓	✓	X	2/4
Mairead Browne	✓	✓	X	✓	✓	4/5
Nuala Carney	✓	✓	✓	✓	N/A	4/4
Eamon Croke	N/A	✓	✓	X	N/A	2/3
Dina Dabic	✓	X	✓	N/A	N/A	2/3
Siobhan Doherty	X	✓	✓	✓	✓	4/5
Brid Fitzgerald	✓	✓	✓	✓	✓	5/5
Robin Foyle	X	✓	✓	X	X	2/5
Richard Lee Kin	✓	✓	N/A	N/A	N/A	2/2
Tim Lynch	X	X	X	X	N/A	0/4
Aodh MacGráinne	N/A	N/A	X	✓	X	1/3
Rosemarie Maguire	✓	X	✓	X	✓	3/5
Clodagh McAllister	✓	✓	X	✓	✓	4/5
Stephen Moore	N/A	✓	X	X	✓	2/4
Divya Moorthy	X	✓	X	X	✓	2/5
Niall Murphy	✓	X	✓	X	N/A	2/4
Christine Myers	✓	✓	✓	✓	N/A	4/4
Andrew Norris	✓	✓	X	✓	X	3/5
Gerald O'Connor	✓	✓	X	✓	X	3/5
Kieran O'Connor	✓	✓	X	✓	N/A	3/4
Anne O'Neill	✓	✓	✓	✓	✓	5/5
Deborah O'Reilly	X	✓	X	N/A	N/A	1/3
Caroline Robins	✓	X	X	X	N/A	1/4
Seamus Rogers	N/A	N/A	N/A	N/A	✓	1/1
Leo Stassen	✓	✓	✓	✓	X	4/5

Management Committee member	Jan. 14	Jan. 24	Mar. 13	Mar. 15	Mar. 20	Mar. 25	Apr. 3	Apr. 9	Apr. 16	May 12	May 19	June 2	June 23	Aug. 27	Oct. 23	Dec. 11	Total
Eamon Croke	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	8/8
Geraldine Kelly	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	2/2
Ronan King	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	2/2
Siobhan Doherty	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	X	13/15
Rosemarie Maguire	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X	14/16
Clodagh McAllister	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	14/16
Niall Murphy	✓	✓	X	X	X	✓	X	✓	✓	✓	✓	✓	✓	X	N/A	N/A	9/14
Andrew Norris	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15/16
Kieran O'Connor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	14/14
Anne O'Neill	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	v	15/16
Caroline Robins	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	14/14
Seamus Rogers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	2/2
Leo Stassen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	16/16



HSE Committee member	January 16	March 26	May 14	July 2	September 3	November 4	Total
Riikka Brennan	X	✓	✓	X	✓	N/A	3/5
Evelyn Crowley	✓	X	✓	✓	✓	✓	5/6
Maura Cuffe	X	✓	✓	X	✓	✓	4/6
Siobhan Doherty	X	✓	X	✓	✓	✓	4/6
Grainne Dumbleton	✓	✓	✓	✓	✓	✓	6/6
Padraig Halvey	✓	✓	✓	✓	X	N/A	4/5
Bridget Harrington Barry	X	X	✓	✓	✓	✓	4/6
Aoife Kelleher	✓	✓	✓	X	✓	✓	5/6
Josephine Landers	✓	X	X	X	✓	N/A	3/5
Lorraine McManus	N/A	N/A	N/A	N/A	N/A	✓	1/1
Philip Mulholland	✓	✓	✓	✓	✓	✓	6/6
Treasa Mulholland	✓	✓	✓	X	✓	✓	5/6
Christine Myers	✓	✓	✓	X	✓	N/A	4/5
Sharon O'Flynn	✓	X	X	✓	✓	X	3/6
Amalia Pahomi	✓	X	✓	✓	✓	✓	5/6
Carmel Parnell	✓	X	✓	✓	✓	N/A	4/5
Jessica Rice	✓	X	✓	✓	✓	✓	5/6

GP Committee member	January 17	March 27	April 15	May 22	July 3	September 18	November 27	Total
Mairead Browne	✓	✓	✓	✓	X	✓	✓	6/7
Jennifer Collins	✓	X	✓	✓	X	X	✓	4/7
Eamon Croke	✓	✓	✓	✓	✓	X	✓	6/7
Martin Holohan	✓	✓	✓	✓	✓	✓	✓	7/7
Tim Lynch	✓	✓	X	✓	X	X	N/A	3/6
Clodagh McAllister	✓	✓	X	✓	X	✓	X	4/7
Cormac McNamara	✓	✓	✓	X	✓	✓	✓	6/7
Stephen Moore	✓	✓	✓	✓	✓	X	X	5/7
Rosemarie Maguire	✓	X	✓	✓	✓	✓	✓	6/7
John Nolan	✓	✓	✓	X	✓	X	✓	5/7
Kieran O'Connor	✓	✓	✓	✓	✓	✓	✓	7/7
Caroline Robins	✓	✓	✓	✓	✓	✓	✓	7/7
Tom Rodgers	X	✓	✓	✓	X	X	N/A	3/6
Will Rymer	✓	✓	✓	X	✓	✓	X	5/7
Gillian Smith	✓	✓	✓	X	X	X	N/A	3/6
James Turner	X	X	✓	X	✓	X	N/A	2/6



HONORARY TREASURER'S REPORT

In presenting the Honorary Treasurer's Report 2020, I would like to advise you that the financial reports of the Irish Dental Association and Boynevale Dental Property Limited, and the audited financial statements for the year ending December 31, 2020, are to be found in the IDA and Boynevale Dental Property Limited Annual Reports 2020. The auditors for the period were Grant Thornton Ireland, Chartered Accountants and Registered Auditors.

Income

The total combined income of the Irish Dental Association and Boynevale Dental Property Limited in 2020 was €1,100,896, which saw a decrease of €398,682 on the previous year (2019: €1,499,578). Membership subscriptions continue to be the primary source of income and as a proportion of overall revenue, this has remained relatively stable at 85% for 2020 and 2019. The total income from subscriptions reduced (2020: €941,393; 2019: €1,275,491), mainly as a direct consequence of the three-month moratorium given to members during the Covid-19 pandemic, which equated to a discount on members' subscriptions of €324,000. The forced cancellation of the Annual Conference and other planned events during 2020 was the most significant other contributor to a reduction in overall income. Despite this, non-subscription income held up relatively well (2020: €159,503; 2019: €224,087). It was anticipated that there would be no further milestone payments from the HSE, such as that received in the prior year (2019: €93,195), and this proved to be the case.

Expenses

Effective cost control measures were put in place to help reduce expenses where possible to offset the reduction in income. Total expenses reduced by €67,538 (2020: €1,247,731; 2019: €1,315,270). Utilisation of State Covid-19 schemes where it was deemed appropriate, including the Temporary COVID-19 Wage Subsidy Scheme (TWSS), helped to reclaim some staff costs (€26,367). Staff costs remained the biggest expense (2020: €712,609; 2019: €705,147). There was a significant decrease in the cost of meetings, delegations and related expenses due to cancellation of most events (2020: €7,483; 2019: €29,660).

Summary

The organisation is still very much dependent upon membership numbers. There was a slight reduction in membership (2020: 1,745; 2019: 1,849), although numbers had started to recover by year end. Due to the uncertain

macroeconomic effects of Brexit in 2020, membership subscription rates had been held unchanged since 2019.

Allowing for the loss in income as a direct consequence of the moratorium, membership income only saw a 1% reduction. The relative stability of the membership helped to limit the deficit for the financial year 2020 (2020: -€39,782; 2019: €268,787).

Recent valuation of IDA House has indicated a positive fair value movement of €131,500. Budgetary forecasts indicate a return to positive cash flow for the year end 2021. The organisation is assumed to be a going concern financially.

I wish to record my thanks to the trustees, Drs Barney Murphy, Garrett McGann and Martin Holohan, for their continued support. The restructuring of the organisation and the addition of two non-executive directors in Mr Ronan King and Ms Geraldine Kelly has most definitely helped to strengthen the organisation, and their contributions to audit and finance have already been immeasurable.

The timely publication of the Strategic Plan 2020-2025 and the key financial objectives therein helped the development of a multi-annual budget and will help to ensure that a robust level of contingency fund equivalent to six months' operating costs is maintained, to ensure effective cost controls, and to reduce the reliance on membership subscriptions as the main income stream. The commitment to continued financial training of all members of both the Audit and Finance Committees and the Management Committee is essential and very welcome.



Dr Andrew Norris
Honorary Treasurer

Balance sheet

	Combined		Boynevale (formerly IDA)		IDA (formerly IDU)	
	2020	2019	2020	2019	2020	2019
Non-current assets						
Tangible assets	31,255	596,404	-	596,404	31,255	-
Investment property	695,000	-	695,000	-	-	-
Amount owed to related party	193,830	-	-	-	193,830	-
Total fixed assets	920,085	596,404	695,000	596,404	225,085	-
Current assets						
Trade debtors	139,494	276,671	-	276,671	139,494	-
Cash at bank/in hand	627,161	797,849	115,732	274,315	511,429	523,534
Prepayments	57,302	40,880	786	37,935	56,516	2,945
Amount owed by others	-	213,787	-	-	-	213,787
Total current assets	823,957	1,329,187	116,518	588,921	707,439	740,266
Total assets	1,744,042	1,925,591	811,518	1,185,325	932,524	740,266
Liabilities						
Bank loan	86,944	105,671	86,944	105,671	-	-
Amount owed to related parties	193,830	213,787	193,830	213,787	-	-
Trade creditors	63,120	103,738	-	103,738	63,120	-
Accruals, taxation and creditors	123,989	134,234	44,328	108,699	79,661	25,535
Deferred income	197,194	249,414	-	249,414	197,194	-
Total liabilities	665,077	806,844	325,102	781,309	339,975	25,535
Net assets	1,078,965	1,118,747	486,416	404,016	592,549	714,731
Capital and reserves						
Share capital	1	1	1	-	-	-
Other reserves	257,988	257,988	257,988	257,988	-	-
Accumulated surplus/deficit	820,976	860,758	228,427	146,028	592,549	714,731
Funds	1,078,965	1,118,747	486,416	404,016	592,549	714,731

Profit and loss

	Combined		Boynevale (formerly IDA)		IDA (formerly IDU)	
	2020	2019	2020	2019	2020	2019
Income						
Member subscriptions	941,393	1,275,491	-	382,459	941,393	893,032
Others	159,503	224,087	32,000	224,087	127,503	-
Total income	1,100,896	1,499,578	32,000	606,546	1,068,896	893,032
Expenses						
Staff costs	712,609	705,147	123,518	282,059	589,091	423,088
Legal and professional	130,610	96,446	31,154	65,808	99,456	30,638
Meetings, delegates etc.	7,483	29,210	-	14,380	7,483	14,830
Public relations/advertising	52,222	47,585	-	23,793	52,222	23,792
Other admin exp.	344,807	436,882	1,309	227,186	343,498	209,696
Total expenses	1,247,731	1,315,270	155,981	613,226	1,091,750	702,044
Operating (loss/profit)	(146,835)	184,308	(123,981)	(6,680)	(22,854)	190,988
Fair value movement	131,500	-	131,500	-	-	-
HSE refund	-	93,195	-	-	-	93,195
Management charge	-	-	123,518	-	123,518	-
Interest payable	1,122	840	1,122	840	-	-
TWSS grant income	26,367	-	-	-	26,367	-
Profit/loss on ordinary activities before tax	9,910	276,663	129,915	7,520	120,005	284,183
Taxation	49,692	7,876	47,515	4,567	2,177	3,309
(Deficit)/surplus for financial year	(39,782)	268,787	82,400	(12,087)	(122,182)	280,874



IDA
FINANCIAL
REPORT
2020



Statement of Management Committee's responsibilities

FINANCIAL YEAR ENDED DECEMBER 31, 2020

The Management Committee presents herewith the audited financial statements for the financial year ended December 31, 2020.

Statement of responsibilities of the Management Committee

The Management Committee is required to prepare the annual report and financial statements for each financial year, which give a true and fair view of the state of affairs of Irish Dental Association ("the Association") and of the surplus or deficit of the Association for that financial year in accordance with Generally Accepted Accounting Practice in Ireland, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland', and promulgated by the Institute of Chartered Accountants in Ireland. In preparing these financial statements, the Management Committee is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent; and,
- prepare the financial statements on the going concern basis unless it is inappropriate to do so.

The Management Committee confirms that it has complied with the above requirements in preparing the financial statements.

The Management Committee is responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Association and to enable it to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland.

The Committee is also responsible for safeguarding the assets of the Association and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are obliged to nominate an external firm of auditors to the Association's Annual General Meeting. They indicated their satisfaction as regards the audit at a meeting on March 31, 2021, and will propose a nominee to carry out the audit of accounts for 2021 to the forthcoming AGM.

Accounting records

The measures taken by the Management Committee to secure compliance with the Association's obligation to keep proper books of account include the use of systems and procedures appropriate to the Association and the employment of competent and reliable persons. The books of account are kept at Irish Dental Association, Unit 2, Leopardstown Office Park, Sandyford, Dublin 18.

Signed by the President and Honorary Treasurer on behalf of the Management Committee:

Handwritten signature of Dr Anne O'Neill in black ink.

Dr Anne O'Neill
President

Handwritten signature of Dr Andrew Norris in black ink.

Dr Andrew Norris
Honorary Treasurer

Independent auditor's report

Independent auditor's report to the Management Committee and members of Irish Dental Association (formerly Irish Dental Union) for the financial year ended December 31, 2020

Opinion

We have audited the financial statements of Irish Dental Association (formerly Irish Dental Union), which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Funds and Statement of Cash Flows for the financial year ended December 31, 2020, and the related notes to the financial statements, including the summary of significant accounting policies.

The financial reporting framework that has been applied in the preparation of the financial statements is Irish law and accounting standards issued by the Financial Reporting Council including FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (Generally Accepted Accounting Practice in Ireland). In our opinion, Irish Dental Association financial statements:

- give a true and fair view in accordance with Generally Accepted Accounting Practice in Ireland of the assets, liabilities and financial position of the Association as at December 31, 2020, and of its financial performance and cash flows for the financial year then ended.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)). Our responsibilities under those standards are further described in the 'responsibilities of the auditor for the audit of the financial statements' section of our report. We are independent of the Association in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, namely the Irish Auditing and Accounting Supervisory Authority (IAASA) Ethical Standard concerning the integrity, objectivity and independence of the auditor, and the ethical pronouncements established by Chartered Accountants Ireland,

applied as determined to be appropriate in the circumstances for the entity. We have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) require us to report to you, where:

- the Management Committee's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or,
- the Management Committee has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Association's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from the date when the financial statements are authorised for issue.

Other information

Other information comprises information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Management Committee is responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance or conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent



with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies in the financial statements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Management Committee for the financial statements

The Management Committee is responsible for the preparation of the financial statements, which give a true and fair view in accordance with Generally Accepted Accounting Practice in Ireland, including FRS 102, and for such internal control as it determines necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The auditor's objectives are to obtain reasonable assurance about whether the financial statements are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes their opinion.

In preparing the financial statements, the Management Committee is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Management Committee either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so. The Management Committee is responsible for overseeing the Association's financial reporting process.

Responsibilities of the auditor for the audit of the financial statements

The auditor's objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes their opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error, and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with ISAs (Ireland), the auditor will exercise professional judgment and maintain professional scepticism throughout the audit. The auditor will also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for their opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- conclude on the appropriateness of the Management Committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If they conclude that a material uncertainty exists, they are required to draw attention in the auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify their opinion. Their conclusions are based on the audit evidence obtained up to the

date of the auditor’s report. However, future events or conditions may cause the Association to cease to continue as a going concern; and,

- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves a true and fair view.

The auditor communicates with the Management Committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that may be identified during the audit.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the Association’s members, as a body. Our audit work has been undertaken so that we might state to the Association’s members those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest

extent permitted by law, we do not accept or assume responsibility to anyone other than the Association and the Association’s members as a body, for our audit work, for this report, or for the opinions we have formed.

Dan Holland
For and on behalf of
Grant Thornton
Chartered Accountants and Statutory Audit Firm
13-18 City Quay
Dublin 2

Date:

Management Committee, Trustees and other information

Management Committee

Dr Anne O’Neill (President)
Prof. Leo Stassen (Vice President)
Dr Clodagh McAllister (President Elect)
Dr Andrew Norris (Honorary Treasurer)
Dr Seamus Rogers (Honorary Treasurer Designate)
Dr Rosemarie Maguire (GP Group Rep)
Dr Siobhan Doherty (HSE Dental Surgeons Group)
Geraldine Kelly (Independent Director)
Ronan King (Independent Director)

Trustees

Dr Martin Holohan
Dr Garret McGann
Dr Barney Murphy

Chief Executive Officer

Mr Fintan Hourihan

Bankers

Bank of Ireland
1 Main Street
Dundrum
Dublin 14

Solicitors

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

Auditors

Grant Thornton
Chartered Accountants and Statutory Audit Firm
City Quay
Dublin 2

Registered office

Unit 2
Leopardstown Office Park
Sandyford
D18 F588
Dublin 18



STATEMENT OF COMPREHENSIVE INCOME

FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2020

	Note	2020 €	2019 €
Income			
Member subscriptions		941,393	893,032
Journal sales		66,316	-
Accreditation		40,001	-
Event income		847	-
Dental awards		15,982	-
Other income		30,724	-
		1,095,263	893,032
Less: Expenditure			
Wages and salaries	4	488,447	348,149
Employer's PRSI	4	50,957	39,247
Staff pension contributions	4	49,687	35,692
Rates and water		2,903	4,014
Light and heat		5,248	2,628
Insurance		7,808	7,057
Repairs and maintenance		44,287	15,916
Cleaning		-	2,772
Estate service charge		-	1,301
Members' compensation		16,943	62,271
Travel and subsistence		12,566	23,239
Presidential expenses		503	1,790
Telephone		12,485	5,897
Equipment leasing charges		1,790	4,311
Printing, stationery and postage		64,447	26,316
Staff welfare		12,880	5,223
VHI		28,807	18,753
Meetings, delegations and courses		7,483	14,830
Office operating expenses		2,593	5,281
Subscriptions and affiliation fees		25,946	10,602
Public relations and advertising		52,222	23,792
Legal and professional fees		89,305	(62,558)
Auditors' remuneration		17,208	7,534
Bank charges		6,662	4,791
Young dentist expenses		2,019	-
Sundry		9,834	-
Recruitment		14,760	-
Computer software expenses		8,782	-
Bad debts written off		8,579	-
Depreciation	5	14,600	-
Premises – rent		32,000	-
Management recharge		123,518	-
		1,215,268	608,849
Deficit/surplus for the financial year		(120,005)	284,183
Tax for the financial year	6	(2,177)	(3,309)
Net (deficit)/surplus		(122,182)	280,874

All amounts relate to continuing operations.

There was no other comprehensive income in 2020 and 2019. The notes on pages 39 to 44 form part of these financial statements.

STATEMENT OF FINANCIAL POSITION

AS AT DECEMBER 31, 2020

	Note	2020 €	2019 €
Non-current assets			
Tangible fixed assets	5	31,255	-
Debtor: amounts falling due after more than one year	7	193,830	-
Current assets			
Debtors: amounts falling due within one year	8	196,010	216,732
Cash at bank and in hand	9	511,429	523,534
		<u>932,524</u>	<u>740,266</u>
Less: current liabilities			
Creditors: amounts falling due within one year	10	(339,975)	(25,535)
		<u>(339,975)</u>	<u>(25,235)</u>
Net assets		<u>592,549</u>	<u>714,731</u>
Accumulated funds			
Profit and loss account		592,549	714,731
Net funds		<u>592,549</u>	<u>714,731</u>

Signed by the President and Honorary Treasurer on behalf of the Management Committee:



Dr Anne O'Neill (President)
President



Dr Andrew Norris
Honorary Treasurer

The notes on pages 39 to 44 form part of these financial statements.



STATEMENT OF CHANGES IN FUNDS
FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2020

	2020 €	2019 €
Funds at the beginning of the financial year	714,731	208,874
(Deficit)/surplus for the financial year	(122,182)	433,857
	<hr/>	<hr/>
Funds at the end of the financial year	592,549	714,731
	<hr/> <hr/>	<hr/> <hr/>

STATEMENT OF CASH FLOWS
FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2020

	Notes	2020 €	2019 €
Cash flows from operating activities			
Net (deficit)/surplus		(122,182)	280,874
Adjustments for:			
Depreciation	5	14,600	-
Decrease in debtors		20,722	159,998
Increase in creditors		314,440	3,184
		<hr/>	
Net cash used in operating activities		227,580	444,056
		<hr/>	
Cash flows from investing activities			
Purchase of fixed assets	5	(24,710)	-
		<hr/>	
Net cash generated from investing activities		(24,710)	-
		<hr/>	
Cash flows from financing activities			
Loan due from related party		(214,975)	-
		<hr/>	
Net cash used in financing activities		(214,975)	-
(Decrease)/increase in cash and cash equivalents		(12,105)	444,056
Cash and cash equivalents at beginning of financial year		523,534	79,478
		<hr/>	<hr/>
Cash and cash equivalents at the end of financial year		511,429	523,534
		<hr/> <hr/>	<hr/> <hr/>
Cash at bank and in hand	9	511,429	523,534
		<hr/> <hr/>	<hr/> <hr/>

The notes on pages 39 to 44 form part of these financial statements.

NOTES ON THE FINANCIAL STATEMENTS

1. General information

Irish Dental Association (formerly Irish Dental Union) was established in 2011 in the Republic of Ireland and has its business address at Unit 2 Leopardstown Office Park, Sandyford, Dublin 18.

The Association's principal activity is to act as the representative body for the dental profession in the Republic of Ireland.

On January 1, 2020, Irish Dental Association assumed the trade from the company now known as Boynevale Dental Property Limited associated with the provision of support services and information to its members in addition to focussing on professional advocacy, education and scientific publishing, and the promotion of the education of the dental profession and the attainment of optimum oral health.

On March 1, 2020, the employees of Boynevale Dental Property Limited formally transferred employment to Irish Dental Association. The individuals were fully engaged in activities on behalf of Irish Dental Association for the two-month period prior to March 1, 2021. As such, a management recharge for their employment costs during that period has been issued to Irish Dental Association by Boynevale Dental Property Limited.

2. Accounting policies

2.1 Basis of preparation of financial statements

The financial statements have been prepared in accordance with Financial Reporting Standard 102, the Financial Reporting Standard applicable in the United Kingdom and the Republic of Ireland.

The preparation of financial statements in compliance with FRS 102 requires the use of certain critical accounting estimates. It also requires management to exercise judgment in applying the Association's accounting policies (see note 3).

The financial statements are presented in Euro (€).

2.2 Going concern

The financial statements have been prepared on a going concern basis, which assumes the Association will continue in operation for the foreseeable future. The Association incurred a deficit of €115,615 for the financial year (2019 profit of €433,857) and at the end of the financial year had net assets of €599,116 (2019: €714,731). The deficit is directly attributed to the macroeconomic impact of the Covid-19 pandemic, which has affected the Association and its members. Certain

income-generating annual events were cancelled during the financial year; in the prior year these generated €117,502 of revenue, current year €847. The main reduction to income arose from the three-month membership subscription moratorium provided to members during the fiscal year 2020 (€324,784; 2019: €Nil). In spite of the reduced income during the financial year and the deficit incurred, the Association has very strong cash reserves. The Management Committee continues to monitor the impact of Covid-19 and will mitigate the associated risks. Based on detailed forecasts the Management Committee is satisfied the Association can continue to trade as a going concern.

2.3 Revenue

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Association and the revenue can be reliably measured. Revenue is measured as the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes. The following criteria must also be met before revenue is recognised:

Rendering of services

Revenue from a contract to provide services is recognised in the period in which the services are provided in accordance with the stage of completion of the contract when all of the following conditions are satisfied:

- the amount of revenue can be measured reliably;
- it is probable that the Association will receive the consideration due under the contract;
- the stage of completion of the contract at the end of the reporting period can be measured reliably; and,
- the costs incurred and the costs to complete the contract can be measured reliably.

2.4 Pensions

Defined contribution pension plan

The Association operates a defined contribution plan for its employees. A defined contribution plan is a pension plan under which the Association pays fixed contributions into a separate entity. Once the contributions



have been paid the Association has no further payment obligations. The contributions are recognised as an expense in the Statement of Income and Expenditure when they fall due. Amounts not paid are shown in accruals as a liability in the Statement of Financial Position. The assets of the plan are held separately from the Association in independently administered funds.

2.5 Taxation

The tax expense for the financial year comprises current and deferred tax. Tax is recognised in the Statement of income and retained earnings, except that a charge attributable to an item of income and expense recognised as other comprehensive income or to an item recognised directly in equity is also recognised in other comprehensive income or directly in equity, respectively.

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

Deferred tax balances are recognised in respect of all timing differences that have originated but not reversed by the Statement of financial position date, except that:

- the recognition of deferred tax assets is limited to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable profits; and,
- any deferred tax balances are reversed if and when all conditions for retaining associated tax allowances have been met.

Deferred tax balances are not recognised in respect of permanent differences except in respect of business contributions, when deferred tax is recognised on the differences between the fair values of assets acquired and the future tax deductions available for them and the differences between the fair values of liabilities acquitted and the amount that will be assessed for tax. Deferred tax is determined using tax rates and laws that have been enacted or substantively enacted by the reporting date.

2.6 Operating leases: the Association as lessee

Rentals paid under operating leases are charged to the statement of comprehensive income on straight line basis over the lease term.

2.7 Tangible fixed assets

Tangible fixed assets under the cost model are stated at historical cost less accumulated depreciation and any accumulated impairment losses.

Historical cost includes expenditure that is directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

Depreciation is charged so as to allocate the cost of assets less their residual value over their estimated useful lives, using the straight-line method. Depreciation is provided on the following basis:

Fixtures, fittings and equipment – 20% straight line

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

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount and are recognised in the Statement of income and retained earnings.

2.8 Debtors

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

2.9 Cash and cash equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

2.10 Financial instruments

The Association only enters into basic financial instruments transactions that result in the recognition of financial assets and liabilities like trade and other accounts receivable and payable and loans to related parties.

Debt instruments (other than those wholly repayable or receivable within one year), including loans and other accounts receivable and payable, are initially measured at present value of the future cash flows and subsequently at amortised cost using the effective interest method.

Debt instruments that are payable or receivable within one year, typically trade payables or receivables, are measured, initially and subsequently, at the undiscounted amount of the cash or other consideration, expected to be paid or received. However, if the

arrangements of a short-term instrument constitute a financing transaction, like the payment of a trade debt deferred beyond normal business terms or financed at a rate of interest that is not a market rate, or in case of an outright short-term loan not at market rate, the financial asset or liability is measured, initially, at the present value of the future cash flow discounted at a market rate of interest for a similar debt instrument and subsequently at amortised cost.

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

For financial assets measured at amortised cost, the impairment loss is measured as the difference between an asset's carrying amount and the present value of estimated cash flows discounted at the asset's original effective interest rate. If a financial asset has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate determined under the contract.

2.11 Creditors

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

2.12 Impairment

At each reporting date the Association assesses whether there is any indication of impairment. If such indication exists, the recoverable amount of the asset is determined, which is the higher of its fair value less costs to sell and its value in use. An impairment loss is recognised where the carrying amount exceeds the recoverable amount.

3. Judgements in applying accounting policies and key sources of estimation uncertainty

Preparation of the financial statements requires management to make significant judgements and estimates.

Judgements and estimates are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Actual results may ultimately differ from these estimates.

In the process of applying the Association's accounting policies, management has made the following judgments and estimates, which have the most significant effect on the amounts recognised in the financial statements:

(i) Estimating the useful lives of tangible fixed assets

The Association estimates the useful lives of tangible fixed assets based on the period over which the assets are expected to be available for use. The estimated useful lives are reviewed periodically and are updated if expectations differ from previous estimates due to physical wear and tear, technical or commercial obsolescence, and legal or other limits on the use of the assets. In addition, estimation of the useful lives of tangible fixed assets is based on collective assessment of industry practice, internal technical evaluation and experience with similar assets. Actual results, however, may vary due to changes in estimates brought about by changes in factors mentioned above.

(ii) Impairment of non-financial assets

In assessing impairment, management estimates the recoverable amount of each asset or a cash-generating unit based on expected future cash flows and uses an interest rate to calculate the present value of those cash flows. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate. Though management believes that the assumptions used in the estimation of fair values are appropriate and reasonable, significant changes in these assumptions may materially affect the assessment of recoverable values and any resulting impairment loss could have a material adverse effect on the results of operations.

(iii) Impairment of debtors

Adequate amount of allowance for impairment is provided for specific and groups of accounts, where objective evidence of impairment exists. The Association evaluates the amount of allowance for impairment based on available facts and circumstances affecting the collectibility of the accounts, including, but not limited to, the length of the Association's relationship with the customers, the customers' current credit status, average age of accounts, collection experience and historical loss experience. The methodology and assumptions used in estimating future cash flows are reviewed regularly by the Association to reduce any differences between loss estimates and actual loss experience.

(iv) Determination of realisable amount of deferred tax assets

The Association reviews its deferred tax assets at the end of each reporting period and reduces the carrying amount to the extent that it is no longer probable that sufficient taxable profit will be available to allow all or part of the deferred tax asset to be utilised.



4. Particulars of employees

The aggregate payroll costs were as follows:

	2020 €	2019 €
Wages and salaries	488,447	348,149
Social welfare costs	50,957	39,247
Other pension costs	49,687	35,692
	589,091	423,088

The average monthly number of persons employed by the Association during the financial year was as follows:

	2020 No	2019 No
Administrative staff	9	8
	9	8

5. Tangible fixed assets

Fixtures, fittings and equipment

	€
Cost	
At January 1, 2020	-
Transfer from related party	21,145
Additions	24,710
At December 31, 2020	45,855
Depreciation	
At January 1, 2020	-
Charge for the financial year	14,600
At December 31, 2020	14,600
Net book value at December 31, 2020	31,255
Net book value at December 31, 2019	-

6. Taxation on ordinary activities

(a) Analysis of charge in the financial year

	2020 €	2019 €
Current tax		
Irish income tax based on the results for the financial year	2,177	1,800
Adjustment in respect of previous periods	-	1,509
Total current income tax	2,177	3,309

(b) Factors affecting the current income tax charge

The tax assessed on the profit on ordinary activities for the financial year is lower than (2019: lower than) the standard rate of income tax in Ireland of 20% (2019 – 20%).

	2020 €	2019 €
(Deficit)/profit on ordinary activities before tax	(120,005)	284,183
(Deficit)/profit on ordinary activities by rate of tax	(15,001)	56,837
Mutual trading status	15,001	(53,856)
Expenses not deductible for tax purposes	2,177	1,800
Adjustments to tax charge in respect of prior periods	-	1,509
Total current income tax	2,177	3,309

Factors that may affect future tax charges

There were no factors that may affect future tax charges.

7. Debtors: falling due after more than one year

	2020 €	2019 €
Amount due from related party	193,830	-
	<u>193,830</u>	<u>-</u>

Amounts due from the related party pertains to advances that are unsecured, interest free, have no fixed date of repayment and are repayable in one year and one day. This amount due from the related party is valued at cost. The fair value and cost do not materially differ.

8. Debtors: falling due within one year

	2020 €	2019 €
Amount due from related party	-	213,787
Trade receivables	139,494	-
Corporation tax repayable	1,573	1,745
Other debtors	1,793	-
Prepayments	53,150	1,200
	<u>196,010</u>	<u>216,732</u>

Amounts due from the related party are unsecured, interest free and repayable on demand.

All amounts are recoverable within one year. Debtors are presented net of provision for bad debt.

9. Cash and cash equivalents

	2020 €	2019 €
Cash at bank and in hand	<u>511,429</u>	<u>523,534</u>

10. Creditors

	2020 €	2019 €
Trade payables	63,120	-
Other creditors	4,043	-
Accruals	37,015	25,535
Deferred income	197,194	-
PAYE/PRSI	23,681	-
Pension	7,893	-
VAT	7,029	-
	<u>339,975</u>	<u>25,535</u>

PAYE/PRSI, Corporation Tax and VAT is payable over the coming months in according with the statutory provisions.

Terms of accruals and deferred income are based on underlying contracts.

11. Financial instruments

	2020 €	2019 €
Financial assets		
Financial assets that are cash and cash equivalents	511,429	523,534
Financial assets measured at amortised cost	246,980	214,987
	<u>758,409</u>	<u>738,521</u>
Financial liabilities		
Financial liabilities measured at amortised cost	104,178	25,535

Financial assets measured at amortised cost comprise amounts due from related parties and prepayments.

Financial liabilities measured at amortised cost comprise of trade creditors, other creditors and accruals.



12. Related party transactions

The day-to-day operations of the organisation are controlled by the Management Committee. Irish Dental Association is related to Boynevale Dental Property Limited through common control via Management Committee and Trustee shareholder.

During the financial year, Boynevale Dental Property Limited collected subscription amounts totalling €Nil (2019: €893,032) on behalf of Irish Dental Association.

Boynevale Dental Property Limited also paid expenses totalling €Nil (2019: €176,475) on behalf of Irish Dental Association. During the year, Boynevale Dental Property Limited paid €19,957 (2019: €215,425) in respect of the outstanding balance owed to Irish Dental Association. At the year end, there was an amount of €193,830 (2019: €213,787) owed to the organisation.

There was a management recharge during the financial year from Boynevale Dental Property Limited of €123,518 (2019: €Nil).

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

13. Events since the end of the financial year

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

14. Approval of financial statements

The Management Committee approved these financial statements for issue on April 9, 2021.

MOTIONS FOR IDA AGM

Motion Number 1

“That the audited accounts for the Irish Dental Association and report thereon for the year ended December 31, 2020, be accepted.”

Proposed by: Dr Andrew Norris

Seconded by: Dr Anne O’Neill

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 Martin Holohan

Seconded by: Dr Garrett McGann

Motion Number 3

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

Proposed by: Dr Anne O’Neill

Seconded by: Dr Andrew Norris



AGM Agenda 2021

SATURDAY, MAY 8, 2021 AT 10.30AM

AGENDA

- Item 1:** Call to order and apologies
- Item 2:** Adoption of minutes of 2020 AGM
- Item 3:** Adoption of standing orders
- Item 4:** Report of Chief Executive Officer
- Item 5:** Address by Minister for Health, Mr Stephen Donnelly TD
- Item 6:** Reply to Minister's address by IDA President, Dr Anne O'Neill
- Item 7:** Officers' reports
Honorary Treasurer's report
- Item 8:** Consideration of motions
- Item 9:** Appointment of Officers
President-Elect 2021-2022 (Dr Caroline Robins)
- Item 10:** President's valedictory address
- Item 11:** Inauguration of President 2021-2022
- Item 12:** Admission of Honorary Member, Dr John O'Keefe
- Item 13:** Admission to Roll of Honour, Dr Sean Ó Seachnasaí
- Item 14:** Address re: IDA Conference 2021 – Dr Caroline Robins
- Item 15:** Adjournment



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