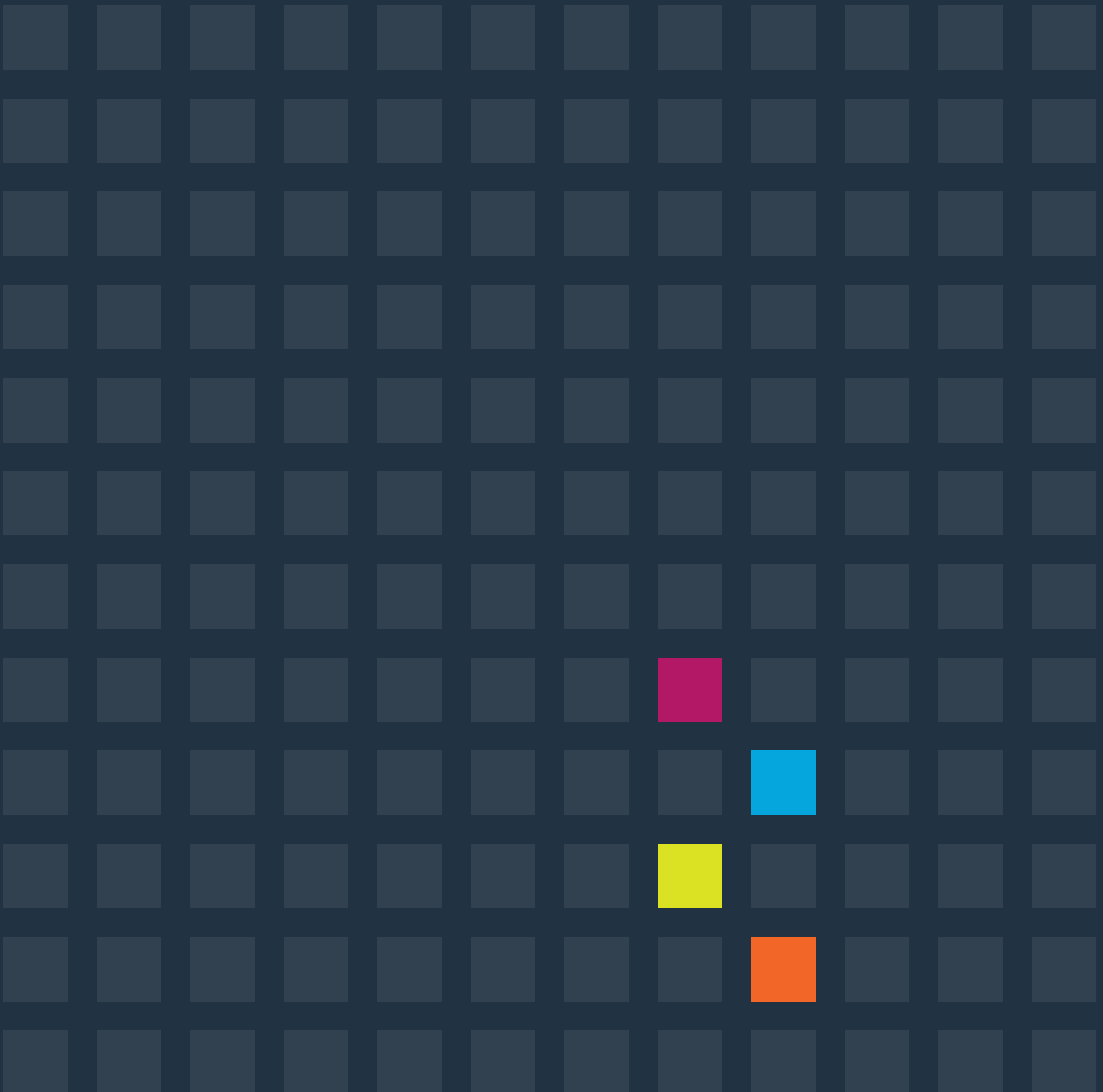




ANNUAL REPORT

2021



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Council

HONORARY OFFICERS	OTHERS	REPRESENTATIVE MEMBERS	
President Dr Clodagh McAllister	HSE Group Management Committee Nominee Dr Siobhan Doherty	South Eastern Regional Committee Representative Dr Bridget Fitzgerald	Mid Western Regional Committee Representative Dr Robert Bowe
Vice President Dr Anne O'Neill	GP Group Management Committee Nominee Dr Rosemarie Maguire	North Eastern Regional Committee Representative Vacant	North Western Regional Committee Representative Dr Stephen Moore
President Elect Dr Caroline Robins	JIDA Representative Dr Mirza Shahzad Baig	Eastern Regional Committee Representative Dr Rory Boyd	Western Regional Committee Representative Vacant
Honorary Treasurer Dr Seamus Rogers	Elected members None	Eastern Regional Committee Representative Dr Aodh MacGráinne	HSE Dental Surgeons Group Rep Dr Grainne Dumbleton
Honorary Treasurer Designate N/A	Co-opted members None	Southern Regional Committee Representative Dr Martin O'Sullivan	GP Group Rep 1 Dr Cormac McNamara
	Quality and Patient Safety Committee Representative Dr Gerald O'Connor	Kerry Regional Committee Representative Dr Aisling O'Sullivan	GP Group Rep 2 Dr Will Rymer
	CPD Committee Representative Dr Robin Foyle		International Affairs Dr Robin Foyle

Management Committee

President Dr Clodagh McAllister	Honorary Treasurer Dr Seamus Rogers	HSE Group Rep Dr Siobhan Doherty	Non-Executive Director Mr Ronan King
Vice President Dr Anne O'Neill	Honorary Treasurer Designate N/A	GP Group Rep Dr Rosemarie Maguire	Non-Executive Director Ms Geraldine Kelly
President Elect Dr Caroline Robins			

Subcommittees

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

Head Office

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

A busy year

Another year of living in unusual times. We are still living with a global pandemic and all that it entails. Let us not forget the many families who lost loved ones due to Covid-19.

Thankfully, this year we are having an in-person Annual Conference and Annual General Meeting, so we can enjoy meeting up in person with our friends and colleagues and get a welcome break from online meetings. A lot has happened during my year as President and now I get to reflect on it.

Covid-19

When I started my year as President of the Association, we were into our second year of the pandemic. At the start of the pandemic, the Association had to make many changes to how it operated. Staff continued to work from home and the majority of meetings were held with the use of a digital platform. Dare I say it, we seem to have gotten used to these new practices and now have embedded these new ways of communicating within the Association. In-person meetings have returned and we now have choices about how meetings are conducted, with some in-person, others online and, lastly, the option of hybrid meetings.

Members continued to successfully operate their practices in these difficult times despite the added costs of personal protective equipment (PPE) and other operational costs. Sadly, the Department of Health never honoured its commitment to the profession by providing PPE. One might draw the conclusion that the Department has neither respect nor interest in us as professionals.



President Clodagh McAllister addressing the audience at the Colgate Caring Dentist Awards 2021.

Representation of members

It has been an extremely busy year on the representation front. The Management Committee was tasked with interviewing various PR companies and ultimately, we selected Weare360. They have been extremely busy in helping the Association to enhance its profile by running various media campaigns. The dire state of the Dental Treatment Services Scheme (DTSS) continues despite repeated requests from the Association to the Department of Health to engage in meaningful discussions. Currently, there are approximately 750 practitioners operating the Scheme, which is equivalent to one dentist per 2,000 people. In fact, some counties have no dentists at all participating in the Scheme. The result of this is that the most vulnerable in society have no access to dental care. This is a pitiful situation for our country to be in. The issue of VAT on associate incomes came to the fore this year. Thankfully, meaningful discussions are ongoing with Revenue. A delegation from the Association has had two very productive meetings with Revenue and both sides are hopeful of a successful outcome.

No further discussions have taken place in relation to the national oral health policy, Smile agus Sláinte. The proposed new Dental Act seems to have been deprioritised by the Department of Health, so it would appear we are headed backwards in direction. Hopefully, we will be proven wrong, but the Dentists Act, 1985 is in need of total reform. Instead, the proposal is to amend some limited aspects of current legislation rather than reform the 1985 Act.

Last year, the Management Committee agreed to invest in a new customer relationship management (CRM) system for the Association. Its installation is almost completed. It will enhance the operational running of the Association and further enhance our interactions and communication with members.

The various committees within the Association have contributed greatly throughout the year with all their hard work and I would like to thank all committee members for volunteering their time. The Association as a representative body relies on the invaluable contribution of volunteers and its members to carry out its work. The Association remains strong and, with the help of its various committee members, has maintained its position as the representative voice of members and patients.

Thanks

It has been a real honour to be President of the Irish Dental Association for the past year. I would like to thank those who nominated me to the position and I hope that members feel that I served them well.

Thanks also go to my predecessor, Dr Anne O'Neill, who steered the Association admirably through the turbulent time that was the initial stages of the Covid-19 pandemic. I wish the incoming President, Dr Caroline Robins, great success for her term in office.

On behalf of the membership, I offer my sincere thanks to all the staff in IDA House who work so tirelessly on behalf of members. Also, they were an invaluable help to me throughout the year and I am very grateful for their help in my role as President.

A special word of thanks to Fintan Hourihan. He assisted me in every way possible as I came to grips with my role as President. His guidance and help were invaluable to me and with his personable nature it made my year a very enjoyable one.

Dr Clodagh McAllister

President, Irish Dental Association



Survive and thrive

Surviving and indeed thriving during a full year of the pandemic and the associated lockdowns represented a serious challenge to the Irish Dental Association in 2021. The challenges facing our members in everyday dental practice were unprecedented, but ultimately, the profession more than succeeded in overcoming those presented in the past year.

For the Association, the challenges were obviously reflective of the difficulties faced by our members, but our efforts were also impacted seriously by the restrictions on the everyday working patterns of our staff and representatives.

Through the whole of the year, all of the Association's staff worked remotely, and it is to their eternal credit that they not only managed to maintain the high level of service to members but exceeded those high standards to a frankly remarkable extent. The efforts of our staff were matched in their commitment by the huge time invested in serving their colleagues by our officers and dental leaders in a wide range of positions throughout the Association.

In this report, I will look at the capacity, governance, performance, and strategic planning of the Association for 2021.

Capacity

The difficulties presented by working exclusively on a remote basis were very significant for all concerned. It was important that sufficient resources were put in place to allow staff to work remotely and give all members access to services and staff without complication. The volume of phone calls and emails was unprecedented and placed huge pressure on staff members.

The finances of the Association needed to be in robust shape to ensure necessary capacity in our resources, and it is important that we recognise the prudent management of finances in a very difficult year.

The availability of strong finances meant that the

Association could invest heavily in a new customer relationship management (CRM) system, enhance our cybersecurity, ensure the hosting virtually of our Annual Conference, and enable a significant investment in the budget for public relations and advocacy.

In this regard, the decision to invite expressions of interest from up to six providers, and the interviewing of shortlisted candidates, meant that a widely supported new provider, Weare360, was appointed to work with the Association on its campaigns and advocacy.

Significant investment was also made in the training of representatives and in building up a new cohort of dental leaders.

Governance

The governance of the Association attracted considerable work in 2021 and saw, for example, the agreement of a new Governance Handbook, a Code of Conduct for our Management Committee, a Code of Practice for regional committees, the adoption of a new Membership Services Charter, and the introduction of new policies and procedures including dashboard metrics for each Management Committee meeting.

In total, ten Management Committee meetings took place in 2021. In addition, a number of subcommittees and working groups were formed by the Management Committee, covering areas such as advocacy and communications, and the establishment of the Remuneration Committee. There was also a restructuring, which saw the appointment of a new Audit and Risk Committee.

The Association also appointed a new Honorary Editor of its *Journal*, Dr Cristiane da Mata, to succeed Dr Ciara Scott, who performed an exceptional service as Honorary Editor, and as a member of the Editorial Board over many years previously.

Revisions to their rules were also adopted by the GP Group Committee and the HSE Dental Surgeons Group Committee in 2021.

Furthermore, a three-year agreement was concluded with the Medical Protection Society to support the Dental Complaints Resolution Service (DCRS), which saw the appointment of a new facilitator, Ms Mary Culliton, to replace the first-ever facilitator, Mr Michael Kilcoyne. The DCRS was remarkably busy in 2021 and it is a great

The finances of the Association needed to be in robust shape.

There has been an increase in membership over the past year.

pleasure to report that there has been no decline in the level of service provided by our new colleague Mary, who we welcome.

Performance

In terms of the Association's performance, the financial reports elsewhere show that there was a very prudent management of costs in 2021 and an increase in income generated. There has been a slight increase in membership over the past year reflective of the huge range of assistance and guidance provided by the Association and all its staff.

Our members have been served by the Association in 2021, which saw the first-ever virtual Annual Conference, the return of the Colgate Caring Dentist Awards and many other educational events, which are detailed elsewhere in this Report. Elaine Hughes' report on the education, events and operations of the Association, which follows, illustrates the huge breadth and depth of services provided to our members and this deserves our sincere thanks and appreciation.

The role of the Association as a representative body has been discharged very successfully, with extensive work undertaken in regard to highlighting the concerns around the medical card scheme, significant representation made with the Revenue Commissioners in response to the suggested VAT liability where associates are engaged, in making a submission in regard to dental legislation, and in representing members employed in the public dental service.

The intervention of the Association to secure the recognition of dentistry as an essential service and the prioritisation of dental teams for vaccination presented a huge challenge, when it became apparent how peripherally dentistry stands within the health service infrastructure. Only the round-the-clock efforts of the Association in advocating at a regional and national level for private practices ensured that dentists were vaccinated as early as they were, albeit not without many delays being encountered, which required the IDA to make repeated representations on behalf of our members, including media campaigning where necessary. The Association also took a leadership role in ensuring that clinical guidance published by the Health Protection Surveillance Centre (HPSC) properly reflected the unique

challenges faced by dental practices and we should acknowledge those senior officials in the HPSC and HSE who worked in a collaborative and supportive role in aiding our efforts. That assistance only throws into sharp contrast the damning lack of support offered by the Department of Health, which is best illustrated by the personal protective equipment (PPE) controversy. Roisín Farrelly has prepared a comprehensive report on the representation, advisory and advocacy services provided by the Association and again, this illustrates how busy and effective the Association has been in acting as the voice of the dental profession in 2021. The huge range of assistance and information provided for members in relation to the pandemic reflects the unique role played by the Association in offering practical assistance to its members at a time when so many other organisations were unable to offer the kind of practical and timely information required by practising dentists.

The entirety of the pandemic has illustrated the invaluable role of members volunteering to participate in taskforces and committees, which have put huge effort into producing information for the benefit of our members and their practice staff. The invaluable work of the Quality and Patient Safety Committee and our CPD Committee, as well as my colleagues in IDA House, who have assisted these committees, deserves particular recognition and gratitude.

The last year has shown without doubt that the Association has a unique and vital role in assisting and representing members of the dental profession. All our volunteer representatives and leaders deserve the strongest endorsement and gratitude for their exemplary and untiring efforts since March 2020.

Strategy

The Association is midway through its current Strategy Plan and in 2021, a Strategy Review Group (SRG) was set up comprising our President Dr Clodagh McAllister, Dr Seamus Rogers, Ms Geraldine Kelly, Mr Ronan King, and myself.

In its deliberations, the SRG proposed a revision to the Association's mission statement, which was subsequently approved by the Management Committee. The revised mission statement declares that: "Our mission is to

represent dentists in Ireland, to advocate for oral health, and to educate and support dentists in developing ethical, rewarding and sustainable practice on a life-long basis”.

The SRG agreed that it would be in order to engage in a medium-term review of the 2020-2025 IDA Strategy Plan in due course. The establishment of the SRG allowed proper assessment of the progress of the Strategy Plan and a summary of its key decisions is detailed as follows:

- ▶ a system of regularly surveying the IDA membership was agreed, as was the idea that the Association should produce demographic data and profiles of IDA members, and for the profession as a whole;
- ▶ it was agreed that public affairs/campaign messaging should be reviewed, greater emphasis placed on promoting the highest standards of quality and care, and with particular emphasis on the need for urgent publication of new dental legislation;
- ▶ it was agreed that campaigning on new funding options, such as a voucher-type system and/or expanding the scope of (Med 2) tax relief, to enable greater access to dental care for all sections of the community, should be an important focus for our public affairs work from here on, and that this should be highlighted for key sections of membership, including specialists as well as general practice members;
- ▶ a group of senior and newly established dentists should be convened to produce a discussion paper on how the future of dentistry (2040) might evolve, and the challenges for the profession and for the Association;
- ▶ proposals for a review of the rules that determine eligibility for membership of the Association are to be developed by the SRG;
- ▶ a scheme to allow newly established dentists to shadow established dentists should be developed by the Association;
- ▶ plans are to be developed to identify champions for the Association within the dental schools, with particular focus on clinical tutors; and,
- ▶ a review of member services provided by the Association is also underway. This is an important

piece of work as we review the demands of our members, the capacity of the Association, and the appropriate areas of expertise available, both those which can be provided by the Association, and those which will need to be sourced externally.

Finally

I wish to conclude by placing on record my personal thanks and appreciation to all our staff in IDA House – Aoife, Cindy, Elaine, Irina, Liz, Marie, Roisín and Una, as well as to both Michael Kilcoyne and Mary Culliton, who served the DCRS.

It has been an honour and a privilege to serve the membership and specifically our Management Committee and our officers in the first instance.

Our membership owes a great debt to our leadership for their perseverance, energy and commitment to serving the profession.

Fintan Hourihan

CEO



With travel restrictions in place, we took the opportunity to assemble the largest contingent of international speakers ever to present at our Annual Conference.



A year not to be forgotten

2021 continued to be a challenging and disruptive year for the dental profession in Ireland due to the global pandemic. We started the year in a very difficult and frustrating time, with the country experiencing full lockdown for the third time in just over a year. All scheduled face-to-face meetings and events were either postponed or immediately moved online. This in itself was a big challenge.

The dental profession can be very proud of its response to the many challenges set out before it as a result of Covid-19. I hope members were confident that the IDA was there supporting and assisting them at every step of the way on this often-difficult path.

The last two years have taught us many lessons, both good and bad, and I am confident that the IDA as a membership organisation has come out better and stronger for members.

Great credit is due to the team in IDA House, but in particular to my colleague Aoife Kavanagh, for making many online events/learning happen over the last two years, especially with our online conference in April. Ironically, a virtual conference takes a lot longer to arrange and organise than a real live one. Well done Aoife and thank you.

Annual Conference 2021

The IDA saw a first in 2021 by holding its inaugural fully virtual Annual Conference. In 2020, plans were well underway to hold an in-person conference in April 2021, but due to ongoing Covid restrictions in early 2021, it was obvious that this was not going to proceed. Thanks to the great work of the Annual Conference Committee, the event was swiftly moved online to a fully virtual event. We invested in professional conference management software and in April, a fully functional Annual Conference was streamed to over 300 delegates over two days.

Ironically, as a result of the Covid restrictions and our Conference going virtual, it opened up opportunities to have certain international speakers present who would not otherwise have been available to us here in Ireland. Certain speakers had never addressed an Irish audience before and it was great to have access to such talent. Speakers such as Dr Francesca Vailiti, Prof. Anton Sculean, Dr Celine Higton, Prof. Bob Khanna, Dr Chris Orr and Dr Monik Vasant were just some of the world-renowned experts who presented at the Conference. A full trade show took place online, and while it took both delegates and trade sponsors a while to understand how it actually worked, there was good interaction among delegates and trade over the two days. Huge thanks to all our trade sponsors for taking the dive into the unknown for this event and helping us to make it work for all.

We even managed to fit in a bit of online socialising and fun, including a relaxing yoga session to ease delegates into the day on Saturday and a very entertaining presentation from magician Jamie Skelton.



OUR FIRST VIRTUAL SCIENTIFIC CONFERENCE

Huge thanks and appreciation to our conference committee, including chair Dr PJ Byrne, and Drs Kieran O'Connor, Aoife Crotty, Helen Walsh and Maurice Fitzgerald. So much work goes on behind the scenes to bring an interesting, educational and fun event to members, but the extra challenges in bringing a fully online conference were immense. Great credit goes to all involved.

Education/CPD

For obvious reasons, the majority of CPD/education for 2021 took place virtually.

Safe Hands managed to run some face-to-face basic life support (BLS) training programmes in the regions throughout the year with limited numbers.

Throughout 2021, the IDA ran 34 webinars on both clinical and non-clinical topics. The IDA was delighted to bring relevant, up-to-date advice to members regarding Covid-19 and the changing working landscape for the dental profession.

Our webinars proved to be very popular, with the majority offered free of charge to members. The other positive attribute of the IDA webinars is that most are available in our CPD library on our website for members to view at a time and date that suits.

Laura Horton brought an interesting webinar in September, targeted at practice managers/dental nurses, on the topic of dealing with difficult patients and how to deal with queries on the Dental Treatment Services Scheme (DTSS), which was very well received. Other topics included tax and dentistry, Brexit and how it affects dentistry, social media, and an update on the General Data Protection Regulation (GDPR), as well as

many clinical/dental topics.

A sincere word of thanks to all speakers/presenters for our CPD programme in 2021. The time and effort put into presentations, recording them and, in some cases, being available for live Q&As on the night, is commendable. On behalf of all IDA members, thank you.

There were just over 4,000 unique views of IDA webinars in 2021. This is a cost- and time-effective way for dentists to avail of CPD/education.

Colgate Caring Dentist Awards 2021

After much toing and froing, the IDA eventually got the go ahead to host the annual Colgate Caring Dentist Awards on Saturday, November 20, at the luxurious surroundings of the InterContinental Hotel, Dublin. All HSE Covid-19 guidelines were adhered to and guests were to be commended for their co-operation in making it a fun and safe event for all.

Over 300 guests attended the gala dinner and it was uplifting to meet with so many colleagues and friends after such a long time. It was indeed encouraging to hear the many wonderful stories of how dentists and dental teams continued to look after their patients so well during the pandemic.

Once again, the judging panel did stellar work in deciding the winners, and our thanks go to Drs Barry Harrington, Seton Menton, Frances O'Callaghan and our newest judging panel member, Dr Divya Sweeney. Our President congratulated all winners and thanked so many for attending the event.

Dr Colm O'Loughlen, GDP in Tralee, was announced as

Our webinars proved to be very popular with members.



It has never made more financial sense to be an IDA member.

overall winner after assisting a young teenager who fell over a weekend and knocked out his two front teeth. Regional winners were: Dr Irene Lavin, Dublin; Dr Bernie Fee, Monaghan; and, Dr Lisa Lucey, Greystones. A special judges' award was given to Dr Fionn Murphy, Cavan, for giving outstanding care to a special care patient. Ballina Dental Practice, under the direction of Dr Paul Murphy, was the worthy winner of the Colgate Caring Dental Practice of the Year. Thank you to Colgate for their continued sponsorship of this popular awards scheme.

Practice Management Seminar 2021

What an appropriate title for our Practice Management Seminar 2021 – 'A new future awaits – rebuilding and growing your practice'.

A packed but shortened programme of interesting speakers and topics to assist members in building their practices after the pandemic went online for the first time ever.

Presentations on tax, social media, an update from the Dental Council, and guidance on growing your practice in 2021, were all very well received on the day by delegates. Dental Protection was on hand with solid helpful advice from Dr Martin Foster and, of course, delegates availed of Risk Credits by attending the event. Much thanks to our loyal sponsors, Dental Care Ireland.

Regions/branches

Special mention is to be given to the presidents and committees of our regions who held successful online

AGMs in spring 2021. It was not an easy feat with dental practices extremely busy dealing with patients during the pandemic, but hosting AGMs in all the regions in March/April was a great achievement. A small number of CPD courses were arranged in certain regions, both online and one or two even managed to meet in person during the year also. Here's to better times in 2022!

Mars/Wrigley Oral Healthcare Grants 2021

Our 2020 oral healthcare grant programme fell victim to Covid-19 but made a welcome return in 2021. Since 2015, the Irish Dental Association has partnered with the Mars Wrigley Company Foundation to provide grant money to IDA member dentists to provide oral health treatment and education to address socioeconomically disadvantaged groups with oral healthcare needs around the country. In 2021 there were three recipients: Dr Brendan Fanning, Capuchin Day Care Centre – offering day-to-day oral healthcare needs to the homeless community at the dental clinic at the Centre; Dr Kev MacGhiolla Phadraig, brushmyteeth.ie – an online resource for families of special care patients; and, Dr Bernie Fee, mouthguards for GAA – an education programme for a local GAA club and provision of purpose-fit mouth guards for underage teams.

Being an IDA member makes financial sense

It has never made more financial sense to be an IDA member. The IDA is delighted to continue with and add to our financial savings for members. Along with our



usual suite of offerings, 2021 saw us add improved deals from AIB Merchant Card Services and 3 mobile. We were also delighted to welcome Oxygen Ireland with their exclusive offering to IDA members of 20% savings on the purchase of medical oxygen tanks/refillings for your dental practice.

Make sure you are availing of all IDA deals – in particular the Dental Protection discount, which is a saving of at least 11% on your Dental Protection fee annually.

Discounts can be obtained in the purchase of an AED defibrillator, soon to become a compulsory piece of equipment for your dental practice under Dental Council guidelines, from Heart Safety.

Don't forget all IDA members get exclusive access to online learning (webinars) and discounted prices on all CPD and education programmes.

Customer management system

2021 was the year the IDA invested in a new customer relationship management (CRM) system. The old system was over 20 years old and incapable of integrating with other technologies. It is imperative that the IDA develops our communications with members and builds on our interactions with members on an ongoing basis.

Elaine Hughes

Chief Operating Officer



Following extensive IDA effort, most dentists received their first vaccination by mid-March 2021.

A renewed focus on advocacy and public affairs

The Irish Dental Association had a particularly busy year representing and advocating for our members on a wide range of issues from Covid-19 vaccinations to VAT and State schemes. We took a strategic decision in 2021 to bring communications, advocacy and public affairs to the centre of what we do, establishing a new communications and advocacy sub-committee and appointing new public affairs and PR advisors.

Our voluntary representatives and committee members have once again been central to the Association's advocacy and campaigning, working alongside Fintan Hourihan and myself to advocate for dentists and their patients. I would like to thank them for their hard work and commitment.

Representation and advocacy

Vaccination for dental teams

The beginning of 2021 was dominated by the issue of Covid-19 vaccinations for dentists and their team members. Due to problems with the HSE's vaccination portal for dentists in private practice, many dentists and dental team members experienced delays in receiving vaccination appointments, despite being a priority group. We carried out a survey of members at the beginning of March, which showed the majority had not received a vaccine or an appointment date at that point. The Association then insisted on the acceleration of vaccinations for dentists and their team members through discussions at the highest levels with Government and senior HSE officials, and worked at a local level with the administrative leads for the vaccination operations programme. Following this extensive effort, most dentists received their first vaccination by mid-March 2021.

DTSS

The Association continued its long-standing campaign

highlighting the inadequacies of the medical card scheme – the Dental Treatment Services Scheme (DTSS) – for dentists and their patients. With the continued exodus of dentists from the Scheme, medical card patients were faced with huge delays when seeking treatment. A historic low of just €39.6 million was spent on DTSS treatments in 2021, reflecting the continued exodus. By December, just 1,110 contractors remained in the Scheme with, we believe, barely 700 dentists actively seeing DTSS patients.

Throughout 2021, a significant and strategic political and media campaign, together with an increased social media presence, highlighted the unprecedented crisis. IDA representatives appeared on national and local radio, and the issue garnered considerable coverage in newspapers.

The Association met with health spokespersons from opposition parties and other Oireachtas members to explain why dentists were leaving the Scheme in such huge numbers, such as the lack of proper engagement from the Department of Health for over a decade, and our key demands for an independent chair and an agreed framework for talks.

In April, the IDA addressed the Oireachtas Health Committee and stated that priority should be given to greater access to dental care for those who face the greatest difficulty in meeting the cost of treatment, that any arrangement must be economically viable for dentists, and that there must be clarity as regards care pathways for eligible patients.

Addressing the Association's AGM, the Minister for Health, Stephen Donnelly TD, said that his officials should begin immediate discussions with the IDA on the DTSS crisis and said that he "is committed to a root and branch review of the Scheme". However, it was June before the Department of Health invited the Association to an exploratory meeting to discuss the crisis in providing dental care to medical card patients. Little progress was achieved at those talks.

Meanwhile, over 560 members responded to a survey on the operation of the current DTSS. Over 90% said they are in favour of a State-funded scheme to assist access for lower-income groups to dental care. However, nearly all of those currently engaged in the DTSS said they do not want to be operating it in two years' time, and 98%

do not believe that the DTSS enables dentists to provide the appropriate level of care to medical card patients. Virtual townhall meetings held in September heard from GP Committee Chair Dr Caroline Robins that any solution to the current DTSS crisis must be consistent with the IDA policy of promoting independent practice for dentists.

As part of the ongoing campaign, the Association also commissioned a review by Prof. Ciaran O'Neill on the provision of publicly funded dental services for adults in Ireland, which would also explore alternative models to those currently used.

In December, the Association held a further meeting with the Department of Health and the HSE, where we warned that trust among dentists in the State and its agencies is at an all-time low. We warned that tinkering with the existing Scheme has no prospect of success and a fundamentally new approach is needed. The Department proposed to review fees payable and the scope of treatments covered by the Scheme as an interim measure. Talks would then begin on an entirely new scheme in the second quarter of 2022. The Association warned that any increased funding should be used to bridge the gap between DTSS fee levels and private fees rather than reintroducing treatments, which would mean dentists would incur further losses.

Staffing shortages

The past year also saw the Association kick off a new campaign – which will continue to run into 2022 and beyond – focused on the severe staff shortages in Irish dental practices. The Association raised the issue of delays with registration applications with the Dental Council. We also carried out a survey of private practice members, which found that half of those who had tried to recruit a dentist in the past year were unable to find a suitable candidate. The main reasons cited were a shortage of suitable candidates, unwillingness of candidates to relocate, and not being able to meet the candidate's expectations in terms of salary.

VAT

The Association launched a lobbying campaign in the second half of the year to highlight the disastrous consequences that could follow the imposition of VAT on

income earned by dental associates. The Association met with a number of politicians and multiple questions were asked in the Dáil on the matter. We indicated to the Revenue Commissioners that the imposition of a VAT liability could conservatively amount to a €40m annual tax bill for dental associates, and that this threatens to undermine Ireland's dental services, causing serious problems for dental practices and, indeed, for patients, who will bear the cost of this new interpretation. The Association believes this VAT issue can be rectified through dialogue before it becomes a systemic problem.

DTBS

Over the course of 2021, we continued to engage with the Department of Social Protection on our claims for an increase in fees under the PRSI scheme – the Dental Treatment Benefit Scheme (DTBS). We raised the issue of rising costs for dental practices as a result of the Covid-19 pandemic, and pointed out that private fees for these treatments were in excess of the fees paid under the DTBS. We also highlighted the increased cost of x-rays due to compliance and other issues. A proposal received in June was rejected by our GP Committee as completely unreasonable and the Association has sought a meeting with the Minister for Social Protection, Heather Humphreys TD, to discuss the impasse following 18 months of talks.

Public service members

Throughout the year, the IDA represented its public service members in regular meetings with the HSE. In common with other health service unions, the Association made a claim on behalf of HSE dentists for some form of special recognition for their work during the Covid-19 pandemic.

The IDA highlighted the impact of large-scale redeployment on dental services, as well as industrial relations issues for the members concerned. In September, the Association wrote to the Minister for Health to outline its concern at the current resourcing crisis in the public dental service. We told the Minister that the service has been allowed to languish due to staff shortages, clinic closures, and a lack of policy and direction by the HSE. We asserted that the crisis in the service existed long before the Covid-19 pandemic and

The Association launched a lobbying campaign to highlight the consequences that could follow the imposition of VAT on income earned by dental associates.

Throughout the year, the IDA represented its public service members in regular meetings with the HSE.

must be addressed as a matter of urgency. Furthermore, the public dental service is not and cannot be the solution to the crisis for medical card holders. At a meeting with the HSE later in the year, we received commitments that a strategic workforce plan for HSE dental services will be developed in early 2022.

The Association also took part in sectoral bargaining, as provided for in the current public service pay agreement, Building Momentum. We served a claim for a 1% increase to be paid from March 2022 on behalf of HSE dental surgeons, specialist orthodontists employed by the HSE, dental consultants employed by the HSE and within the dental schools, house officers in the dental schools, and part-time clinical tutors employed in the dental schools in Cork and Dublin.

Our submission to the independent body tasked with examining additional working hours in the public service argued that additional working hours have had a huge impact on our members. In many cases, members have had their hours increased by up to four hours per week (or 12%) since 2013. In the main, the majority of dentists in the public service are female with caring responsibilities, and the additional hours have imposed an additional burden and stress upon them. We argued that the maximum working week for our members in the public dental service should be 35 hours, and should a 35-hour working week be reinstated, no member should have to forfeit salary in order to revert to this.

Phase down of dental amalgam

In June, we joined other European dental associations and the Council of European Dentists (CED) in campaigning against the phase-out of dental amalgam. In a letter to the Minister for Health, we stated that while the Association supports a phase down of dental amalgam, we are concerned about a phase out. We asserted that dental amalgam continues to be a well-established filling material for the restoration of decayed posterior teeth, and that environmental concerns are met by amalgam separators. Furthermore, there is an urgent need for increased research into alternative materials.

Pre-action protocol

We joined a coalition of leading healthcare organisations to welcome the Government's support for pre-action

protocols and to urge that the relevant regulations be introduced as soon as possible. The coalition believes pre-action protocols would reduce the delays that injured patients face before receiving compensation, reduce the stress that patients and healthcare professionals endure, and also reduce legal costs for all parties.

Consumer rights

As part of a consultation exercise regarding updating the consumer rights legislation, the Association argued that it is inappropriate and incorrect to seek to extend the scope of EU consumer legislation to healthcare professionals (and in particular the dental profession) in circumstances where they are, and have been, specifically excluded by EU legislation itself. In our detailed submission, we highlighted the invaluable role played by the Dental Complaints Resolution Service (DCRS), which has been of great assistance to dentists and patients in resolving disagreements. We also emphasised the fact that dentistry is a regulated profession and there are sufficient safeguards in place to protect patients' interests as a result.

Communications

Following a competitive tender process, the strategic communications agency Weare360 was appointed as the IDA's new communications advisor. We are excited to be working with the new firm and to embark on a number of ambitious communications campaigns that will be a step change from the Association's activity to date. Our goal will be to not only highlight the oral healthcare issues impacting on our profession, but to bring about the necessary political focus and action that will allow our members to continue to deliver the best quality of care to their patients.

We would like to thank our previous PR consultants Gordon MRM, with whom we worked closely for over a decade.

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 their time to take part in these interviews. Notable national media coverage in the last 12 months included articles in the *Irish Examiner*, *Irish Independent* and , as well as feature interviews on *Newstalk Breakfast*, *The Pat Kenny Show* on Newstalk, Raidió na Gaeltachta, RTÉ News, *Drivetime*, *This Week*, and *The Last Word*. We also secured many slots on local radio for our regional spokespersons.

Information and advice

In 2021, we continued our weekly e-newsletters, which have become an invaluable method of regularly providing up-to-date information and news to our members. There were six editions of the *Journal of the Irish Dental Association* over the course of the year. Colleagues and I provided information and assistance to members on a range of issues including:

- ▶ Covid-19 issues;
- ▶ employment law;
- ▶ practice management;
- ▶ Dental Council guidelines;
- ▶ compliance and regulation; and,
- ▶ State dental schemes.

Roisín Farrelly

Manager, Communications and Advisory Services



Raising dentists' concerns

A sample of the issues addressed by the Association in the national media in 2021.

'Covid crisis: No State aid for dentists causing concern in profession' – *The Irish Times*, January 6, 2021

"The pandemic has resulted in extra costs for private dentists 'who have received no State support whatsoever', said Irish Dental Association president Anne O'Neill ... Dr O'Neill said the lack of engagement with the sector on this issue 'will have hugely negative consequences for patients'."

'Dentists warn lack of Government support will affect patients' – *Irish Independent*, January 6, 2021

"Dr Anne O'Neill said: 'Dentists have done extraordinary work since the onset of the pandemic last March, yet despite this the obvious cracks in the oral health system are not being addressed'."

IDA President Dr Anne O'Neill interviewed on *Today* with Claire Byrne, January 12, 2021

"The Covid-19 pandemic has highlighted the lower priority that dentists feel oral health has in wider healthcare."

IDA Chief Executive Fintan Hourihan interviewed on *The Last Word* with Matt Cooper, January 21, 2021

"Dentists are rightly recognised at the higher end in terms of risk and are also towards the top of the list of priority [for Covid-19 vaccination] ... But we haven't seen any clear indications from the HSE as to when and how they will be vaccinated ... There has to be a proper plan and adherence to the prioritisation."

'Dental treatment for medical card holders "in complete chaos"' – *Irish Examiner*, February 22, 2021

"Chief executive Fintan Hourihan said: 'In 2020, almost one-quarter of participating dentists nationwide left this scheme, which is utterly unfit for purpose'. He said dentists had sought to engage with the Department of Health to modify the Dental Treatment Services Scheme over many years to no avail."

IDA Chief Executive Fintan Hourihan interviewed on *Breakfast Briefing* on Newstalk, February 22, 2021

"This is an unprecedented level of crisis. The Scheme is in chaos ... Spending on treatments for medical card patients is down 30%."

"Zoom has a lot to answer for" – cosmetic dental work "off the Richter scale" since onset of Covid" – *Irish Independent*, March 28, 2021

"Caroline Robins, Chair of the GP Committee of the Irish Dental Association, said people are 'spending more time staring at themselves and judging themselves', and added 'Zoom has a lot to answer for'. She said she has also noticed a 'substantial increase' in patients presenting with stress-related dental issues."

'Young medical card dental patients are losing teeth early in an "unequal system"' – *Irish Independent*, April 8, 2021

"Free unlimited extractions for medical card holders is seeing young people get their teeth removed instead of seeking preventive care, the Oireachtas Health Committee heard. Representatives from the Irish Dental Association (IDA) told the Committee how cuts to the Dental Treatment Services Scheme (DTSS) in 2010 have resulted in a 'bleak' situation for dentists participating in the scheme."

IDA Chief Executive Fintan Hourihan interviewed on RTÉ Radio One's *Drivetime*, April 9, 2021

"The DTSS is in a state of crisis because of the unprecedented exodus of dentists from the scheme over the last 12 months."



IDA Chief Executive Fintan Hourihan spoke to Newstalk's *The Pat Kenny Show* on April 9, 2021

"An extraction is very much a last resort ... Through blunt cuts made in 2009 [the Scheme] has changed entirely and it is no longer a preventive scheme. It is now an emergency pain relief scheme. It is no longer a scheme that's fit for purpose."

'Dentists report surge in teeth grinding and cracking due to pandemic stress' – *The Irish Times*, April 13, 2021

"The Irish Dental Association (IDA) said while there is a lack of hard data, conversations with patients relating to coronavirus anxiety and a rise in cases of damaged teeth point to a growing problem ... 'There is a lot of anxiety out there, a lot of stress,' said Dr Caroline Robins."

'Warning children will lose teeth for life as public dentists redeployed to Covid vaccine duties' – *Irish Independent*, May 8, 2021

"The redeployment of public sector dentists to Covid vaccination duties will have a lifelong negative impact on children and vulnerable adults, dentists have warned ... Outgoing president of the Irish Dental Association Dr Anne O'Neill said they have lost faith in the Department of Health to 'bring about real and substantive change for the good of patients'."

'Donnelly 'concerned' over drop in dentists in medical card scheme' – *Irish Times* May 8, 2021

"Dr Anne O'Neill, outgoing President of the Irish Dental Association, said the Dental Treatment Services Scheme was 'widening the gap' between those who can afford private dental care and those who cannot."



IDA Chief Executive Fintan Hourihan was interviewed on RTÉ Radio One's *This Week*, May 16, 2021

"Dentists have decided individually to leave the Scheme born out of utter frustration due to neglect from the State ... Dentists don't want this situation to continue, they want to be able to offer access to all members of their community but it's simply not sustainable."

Dr Caroline Robins, IDA President-Elect, spoke on *Newstalk Breakfast*, May 26, 2021

"DIY whiteners are a concern. In Ireland we're only allowed by law to apply a certain level of bleach. Patients can come with burns to their gums and lips [following DIY whitening]."

IDA Vice President Dr Anne O'Neill discusses the public dental service school screening programme on RTÉ Radio One's *Drivetime*, July 13, 2021

"A lot of the country are struggling to see those classes ... It's a background of not having had any investment so we're starting from a reduced resource level and Covid has had an impact ... We will miss the opportunity to identify early problems."

'Dentists 'astonished' by lack of detail in plan to improve access to care' – *The Irish Times*, October 14, 2021

"Irish Dental Association Chief Executive Fintan Hourihan said the group was 'astonished and gravely disappointed' that no further details were provided by Mr Donnelly. 'Although a €45 million budget was announced to increase access and affordability to medical and dental care, including expanding free dental care, we have yet to see how the Department plans to roll this out,' he said."





IDA Chief Executive Fintan Hourihan interviewed on RTÉ Radio One's *This Week*, October 17, 2021

"We're now seeing patients are having to travel very long distances to find a dentist because so many have left [the medical card scheme] ... The suggestion is that there is an ongoing engagement [between the Department of Health and the IDA]. Nothing could be further from the truth. It needs to be addressed as a matter of emergency."

'Tralee dentist is the most caring in Ireland' – *Irish Independent*, November 24, 2021

"A Tralee dentist has been named as the most caring in Ireland by the Irish Dental Association ... Dr Colm O'Loughlen was recognised for the compassionate treatment and exceptional clinical skills he provided to a traumatised teenager after the teen lost his two front teeth in a face-first fall from a wall."



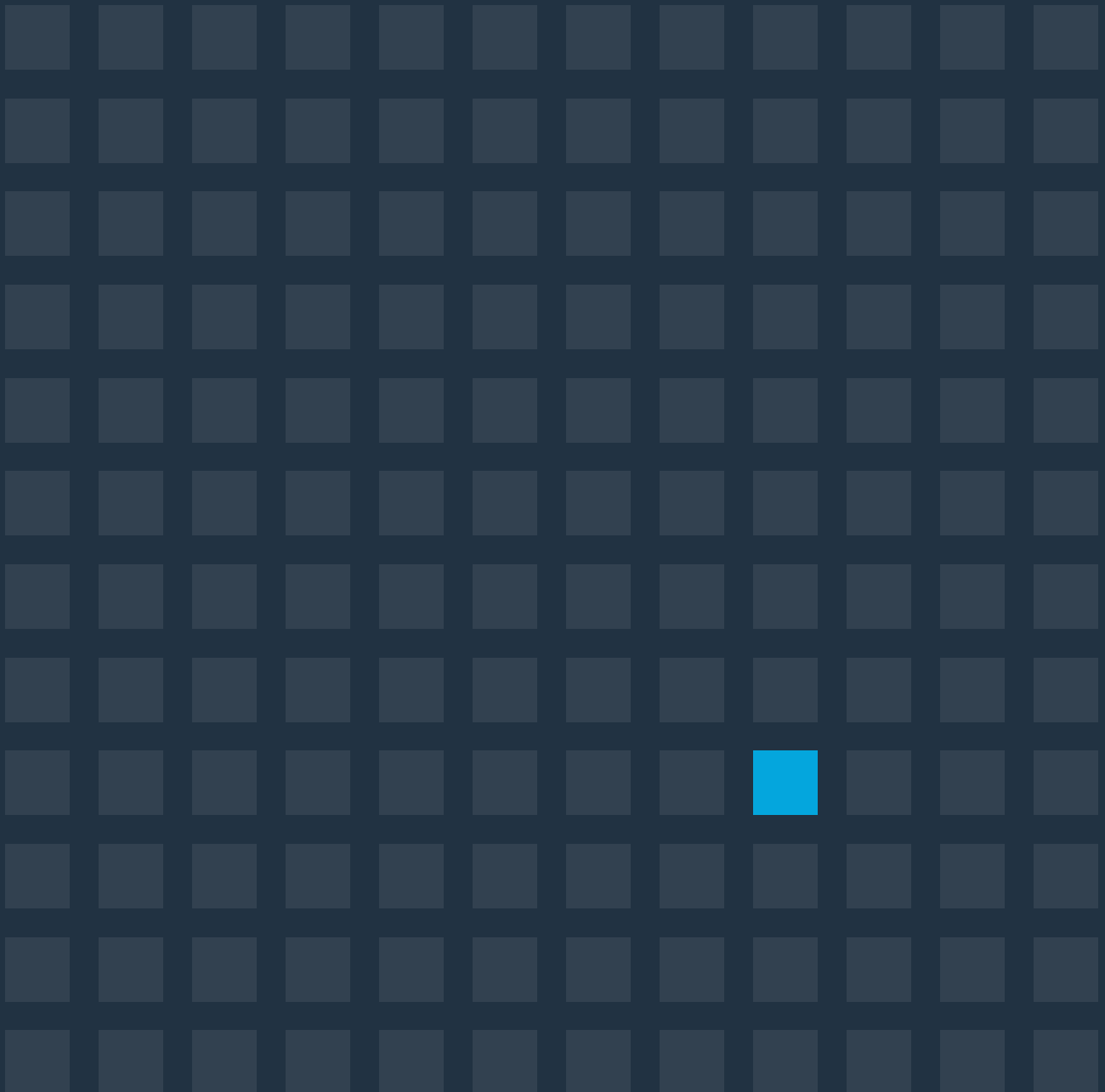
'Medical card holders travelling 'unprecedented distances' to access dental treatment' – *Irish Examiner*, December 4, 2021

"Irish Dental Association CEO Fintan Hourihan said members were 'at a complete loss' as to why indications that health officials would soon invite the organisation for talks had not yet been acted upon... 'We're absolutely open,' he said. 'We're at a complete loss. It's clear the scheme is unfit for purpose. It's inexplicable to us why there's a delay'."

'More than 13,200 children waiting for urgent orthodontic treatment' – *Irish Examiner*, December 8, 2021

"Fintan Hourihan, Chief Executive of the Irish Dental Association, said there is a 'sense of despair' among dentists at growing waiting lists for children ... 'The public dental service is grossly understaffed, the number of dental staff has fallen by 23% in the past decade, but the number of eligible patients, i.e., those under 16, has risen by 20%,' he said."

COMMITTEE REPORTS



Council

	January 15	March 5	June 11	October 1	December 17	Total
Dr Mirza Shahzad Baig	X	✓	X	X	✓	2/5
Dr Rory Boyd	✓	✓	✓	X	X	3/5
Dr Robert Bowe	✓	✓	✓	X	✓	4/5
Dr Mairead Browne	✓	✓	–	–	–	2/2
Dr Siobhan Doherty	✓	✓	X	✓	X	3/5
Dr Grainne Dumbleton	✓	✓	✓	✓	✓	5/5
Dr Brid Fitzgerald	✓	X	X	✓	X	2/5
Dr Robin Foyle	✓	✓	✓	X	X	3/5
Dr Aodh MacGráinne	✓	✓	X	X	X	2/5
Dr Rosemarie Maguire	✓	✓	X	✓	✓	4/5
Dr Clodagh McAllister	✓	✓	✓	✓	✓	5/5
Dr Stephen Moore	✓	✓	X	X	X	2/5
Dr Divya Moorthy	X	X	–	–	–	0/2
Dr Andrew Norris	X	✓	–	–	–	1/2
Dr Gerald O'Connor	✓	✓	X	X	X	2/5
Dr Anne O'Neill	✓	✓	✓	✓	✓	5/5
Dr Aisling O'Sullivan	–	–	✓	X	✓	2/3
Dr Martin O'Sullivan	–	–	✓	✓	✓	3/3
Dr Caroline Robins	–	–	X	✓	✓	2/3
Dr Seamus Rogers	✓	✓	✓	✓	X	4/5
Dr Will Rymer	–	✓	✓	✓	✓	4/4
Prof. Leo Stassen	✓	X	–	–	–	1/2
Dr Eamon Croke	For G. O'Connor					
Dr Ciara Scott	For S. Baig					

Management Committee

	Jan 22	Mar 12	June 25	Sept 10	Oct 13	Oct 14	Oct 28	Nov 16	Nov 26	Dec 15	Total
Geraldine Kelly	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	9/10
Ronan King	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10/10
Dr Siobhan Doherty	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	9/10
Dr Rosemarie Maguire	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	9/10
Dr Clodagh McAllister	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	9/10
Dr Andrew Norris	✓	✓	–	–	–	–	–	–	–	–	2/2
Dr Anne O'Neill	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	9/10
Dr Caroline Robins	–	–	✓	✓	✓	✓	✓	✓	✓	✓	8/8
Dr Seamus Rogers	✓	✓	✓	✓	✓	X	✓	X	✓	X	7/10
Prof. Leo Stassen	X	✓	–	–	–	–	–	–	–	–	1/2

GP Committee

	January 29	March 26	June 18	July 2	September 24	November 5	Total
Dr Mairead Browne	✓	✓	✗	✗	✓	✗	3/6
Dr Jennifer Collins	✓	✓	✓	✓	✗	✓	5/6
Dr Eamon Croke	✓	✓	✓	✓	✓	✓	6/6
Dr Martin Holohan	✓	✓	✓	✓	✗	✗	4/6
Dr Clodagh McAllister	✓	✓	✗	✗	✓	✓	4/6
Dr Cormac McNamara	✓	✓	✓	✓	✓	✓	6/6
Dr Stephen Moore	✗	✓	✓	✗	✓	✗	3/6
Dr Divya Moorthy	–	✓	✗	✗	✗	✗	1/5
Dr Rosemarie Maguire	✓	✓	✗	✗	✗	✓	3/6
Dr John Nolan	✓	✓	✓	✓	✓	✓	6/6
Dr Kieran O'Connor	✓	✓	✓	✓	✓	✓	6/6
Dr Mairead O'Connor	–	✓	✓	✓	✗	✓	4/5
Dr Caroline Robins	✓	✓	✓	✓	✓	✓	6/6
Dr Will Rymer	✓	✓	✓	✓	✓	✓	6/6

HSE Dental Surgeons Committee

	February 4	May 6	July 1	September 2	November 11	Total
Dr Evelyn Crowley	✓	✓	✓	✓	✓	5/5
Dr Maura Cuffe	✓	✓	✓	✓	✓	5/5
Dr Siobhan Doherty	–	–	✗	✗	✗	0/3
Dr Grainne Dumbleton	✓	✓	✓	✓	✓	5/5
Dr Bridget Harrington Barry	✗	✓	✗	✓	✓	3/5
Dr Aoife Kelleher	✗	✗	✗	✗	✓	1/5
Dr Lorraine McManus	✓	✓	✓	✗	✓	4/5
Dr Philip Mulholland	✓	✓	✓	✓	✓	5/5
Dr Treasa Mulholland	✓	✗	✓	✗	–	2/4
Dr Sharon O'Flynn	✓	✓	✓	✓	✗	4/5
Dr Adedeji Obikoya	–	–	–	–	✓	1/1
Dr Amalia Pahomi	✓	✓	✓	✓	✓	5/5
Dr Jessica Rice	✗	–	–	–	–	0/1
Dr Joanna Sikorska	–	–	–	–	✓	1/1
Dr Feleena Tiedt	–	–	–	–	✓	1/1



Dr Caroline Robins
Chairperson, GP Committee

One would need a crystal ball to predict what the coming months may hold.

Always difficult to predict

GP Committee report

At the conclusion of last year's report, I wrote: "Looking forward to 2021, one would need a crystal ball to predict what the coming months may hold".

Perhaps Groundhog Day may be an apt description of 2021, when Covid-19 continued to headline our day-to-day activities, along with the continued medical card crisis, and as Zoom meetings became our new norm. Despite face-to-face meetings being still off the table, the GP Committee continued to meet regularly to discuss the issues dominating our day-to-day lives in private practice.

Covid-19 was never off the agenda. Each new variant or wave, and high daily numbers coupled with ever-changing policies, kept the think tank around the table full of conversation and debate.

Sincere thanks must be extended to the IDA and the Quality and Patient Safety Committee, who were tireless in their assistance and support throughout the year. I think it is testament to the profession as a whole how well each practice has navigated the Covid waters and maintained a business-as-usual ethos throughout 2021. Another item never off the agenda was the worsening Dental Treatment Services Scheme (DTSS) crisis. 2021 has seen a continued rapid exodus of dentists from the Scheme. Building on the 2018 GP Committee policy promoting independent practice and "A better alternative to the DTSS", the GP Committee, along with the IDA, launched a survey of members to seek views on the IDA's approach to negotiations and the DTSS contract. The survey attracted a huge response, solidifying our views and confirming that while the profession does support provision of a scheme to the most vulnerable in society, without substantial change, the numbers will continue to dwindle and the DTSS will be beyond salvage.

Unable to take the results on the road to regional committee meetings as we would have done previously, we had to get creative and the virtual townhall meetings ensued.

Held over two evenings in September, the results were presented to members of the Association virtually. Both evenings, while unique, were informative and stimulated extensive conversation and debate about the DTSS, and provided the Association with invaluable insight to the feelings among the profession.

The GP Committee and the IDA have continued to lobby the Department of Health and HSE on members' behalf to enter into meaningful talks about the future of the DTSS. Yet despite the Department of Health's acknowledgment that the situation needed to be addressed urgently, we only had two further meetings in 2021. Undeterred by the Department's tortoise-like approach to coming up with a new scheme, the GP Committee began looking at alternative models to deliver adult dental services.

Prof. Ciaran O'Neill, a health economist from Queen's University Belfast, was commissioned by the GP Committee to complete a study on the scheme. In his recently published report, he advocates a new dental credit or voucher system as an alternative to the existing fee-per-item model, which may go some small way in improving provision of modern dentistry to the individual rather than the current scheme's restrictive outdated model.

The Department of Health acknowledges that a problem exists and negotiations are due to begin on a new scheme in the second quarter of 2022. To this end, members of the GP Committee have been undertaking media and negotiation training to help ready the team for the months ahead.

Other issues that arose over the year were: discussions around the Dental Treatment Benefit Scheme (DTBS) (with the Department of Social Protection seeming no closer to finalising proposed fee increases); the suggested VAT liability for practices where associates are engaged (which is likely to be a hot topic over the coming months); issues pertaining to dentist shortages in Ireland and Dental Council delays with the registration process; discussions around the proposed updates to the Dental Council Codes of Practice; and, the reform of legislation covering the practice of dentistry.

Despite the continuing pandemic, 2021 was still a busy year for the profession.

Monday, February 28, 2021, marked the end of

restrictions as we knew them and we can look forward to a return to normal ... whatever that is now.

For me, it is the return to in-person meetings and the ability to attend courses and conferences and to reconnect. While Zoom has been a revolutionary tool, I can honestly say I have had my fill.

My hope for the coming year is that the GP Committee can turn its vision towards the future of dentistry in Ireland, a future that is going to see huge change in how we view dentistry both professionally and in its provision.

At this time, I would like to thank Fintan Hourihan, Elaine Hughes, Roisín Farrelly and all in IDA House for their invaluable support throughout the year, and express my gratitude to the GP Committee for their unwavering commitment throughout 2021.

Finally, I would like to wish Dr Will Rymer all the very best as he takes over the role of Chair for the coming year. Here's to 2022 and all that awaits us.

Dr Caroline Robins

Chairperson, GP Committee

Staff shortages still a major issue

HSE Dental Surgeons Group report

2021 was yet another very challenging and busy year for the public dental service. Amid the pandemic, HSE dental staff continued to provide care for their patients, faced staff shortages, Covid-19-related backlogs, and endured the long-lasting effects of the cyberattack on the HSE IT system.

HSE dentists and hygienists were involved in the National Vaccination Programme from May 2021 onwards, working extremely hard alongside other vaccinators in the effort to combat the pandemic. HSE dental staff also provided constant support to the testing centres last year whenever required. I am extremely proud of and very thankful to all public dental staff for their outstanding effort, sacrifice and hard work during the pandemic.

The chronic HSE staff shortages, redeployment, the cyberattack, and the impact of the Covid-19 pandemic have, unfortunately, impacted negatively on the capacity of our service and the cohort of patients seen. During these challenging times, the IDA and representatives of the HSE Dental Surgeons Group have been constantly in contact with HSE management regarding a vast range of issues faced by the public dental service, e.g., staffing shortages, redeployment, the impact of the DTSS crisis on the public dental service, CPD and training, involvement of the HSE dental service in Mouth Cancer Awareness Day, and many other areas of concern. The HSE Dental Surgeons Group held regular Zoom meetings over the year to discuss and try to support members with the many challenges that arose during the last year.

Unfortunately, there hasn't been any new information on the implementation of the new oral health policy, Smile Agus Sláinte, launched in 2019, and the position paper developed by the HSE Dental Surgeons Group with its own view on the policy still stands.

HSE AGM

As a result of the restrictions imposed by the Covid-19



Dr Amalia Pahomi
President, HSE Dental Surgeons Group

pandemic, the HSE Dental Surgeons Group's AGM 2021 was held online yet again. A great number of members joined the AGM, which was preceded by a very appreciated lecture given by Dr Paul Ashley on 'Treating children: how to prevent GA'.

There were four motions for consideration, addressing: staff shortages; access to services for children and adults alike; CPD and training; and, appropriate remuneration for redeployed staff who worked additional and unsocial hours. Each of the motions passed.

On a positive note, HSE Dental Surgeons Group members have unanimously voted to proceed with an in-person HSE Dental Seminar in 2022 and I hope to see everyone then!

I would like to thank Fintan Hourihan, Roisín Farrelly, Elaine Hughes and all staff in IDA House for their continuous support during this eventful year. Special thanks to Dr Philip Mulholland for his outstanding work during his presidency and many congratulations to Dr Joanna Sikorska on becoming the President Elect. I would like to thank Dr Clodagh McAllister for her work as President of the IDA and wish all success to our incoming President, Dr Caroline Robins.

Last, but by no means least, I would like to express my gratitude to all HSE Dental Surgeons Group members for their hard work and continuous support for the benefit of our members.

Dr Amalia Pahomi

President, HSE Dental Surgeons Group



Dr Gerald O'Connor
Chairperson, QPS Committee

Compliance documents updated

Quality and Patient Safety Committee report

The Quality and Patient Safety (QPS) Committee met on seven occasions during 2021. The Committee had another busy year, working on topics such as the radiation regulations, health and safety, amalgam and waste, as well as responding to new legislative changes and guidance on foot of the Covid-19 pandemic. Radiation continued to be an area of interest for the Committee throughout the year. It was decided that dental radiology and Health Information and Quality Authority (HIQA)/Environmental Protection Agency (EPA) compliance would become permanent items on the QPS Committee's agenda, with members bringing updates to the Committee for consideration on a regular basis.

The Committee has since produced the 'SI-256 Best Practice' document, along with an inventory document. It is the Committee's hope that they will be of use to the busy practitioner to help them prepare their practice without the encumbrance of excessive workload and paperwork. These documents are available on the members' section of the IDA website.

As part of our stewardship of compliance documents and advice sheets, the Committee began the process of reviewing every document previously produced by the QPS Committee, which are currently available on the

IDA's website. In total, there were circa 50 documents recovered. Since October 2021, members have been updating each item with a view to addressing accuracy and legislative change. This level of information governance on retrospective documents was arduous but it was deemed essential to protect members against any regulatory changes. The list of additional items covered by the QPS Committee over 2021 is as follows:

- ▶ Health Protection Surveillance Centre (HPSC) Covid guidelines;
- ▶ anticoagulants;
- ▶ amalgam inspections;
- ▶ radiology;
- ▶ Medical Device Directive;
- ▶ *Legionella*;
- ▶ assisted decision-making;
- ▶ sustainable dentistry;
- ▶ gypsum waste;
- ▶ HIQA inspections; and,
- ▶ new Committee protocols.

At present, there are 10 members on the Committee, with a good mix of HSE and private practitioners. The Committee was in regular communication with the GP and CPD Committees and, of course, the Council of the IDA throughout 2021.

Dr Gerald O'Connor

Chairperson, QPS Committee

Continuing developments with our professional journal

Journal of the Irish Dental Association report



Dr Ciara Scott
Honorary Editor, JIDA

2021 has seen a number of changes to the Editorial Board of the *Journal of the Irish Dental Association* (JIDA), in line with IDA governance. My three-year tenure as Honorary Editor drew to a close and the role was advertised in our August/September issue. Following an application and interview process, Dr Cristiane da Mata was appointed to commence the role in January 2022.

In 2017, The National Library of Medicine (NLM) changed its policy and processes for indexing journals and the JIDA was discontinued from indexing. In 2019, the Editorial Board agreed to re-apply for indexing and I would like to thank all the Editorial Board and in particular our publishers, for all the work that was done to update our editorial policies and to comply with the requirements of this very competitive process. There are a number of requirements and stages in the application process and unfortunately, the Editorial Board were informed in 2021 that the JIDA's application had not been successful.



The Editorial Board of the *JIDA* is mindful that in addition to our peer-reviewed content, our readers' survey in 2021 told us that readers value the practical clinical features, practice management articles, updates on regulatory change, and news about IDA events and the work the Association does on behalf of members. This is a strength of the *Journal* for our readers, but also a challenge in applying for indexing. The decision to reapply or to reframe the *Journal* now lies with the new Editor, the Editorial Board, and the Association.

All past issues of the *JIDA* are available as open-access content on the IDA website. In 2021, we also launched the *JIDA*.ie website. This indexes individual articles and allows readers to search by category. We have also considered opportunities to publish *JIDA* educational resources to create value for our authors by sharing their work more broadly. The peer-review process was also updated in 2021 to simplify this process for authors and for our reviewers.

Think Media, our publishers, attract and secure advertising in the *JIDA* on behalf of the Association. Commercially, the *JIDA* has continued to perform well during 2021, and we really value the positive relationships with industry who continue to support IDA members in this way. This financial support covers the publication costs of the *JIDA* without additional costs to members. In 2021, we sought to increase our digital subscribers to maintain this financial support from advertisers and to share our content with a wider audience of dental professionals and team members. I would like to thank Siobhan Davies and all the Editorial Board, Liz Dodd and all the team at IDA House, and Paul O'Grady, Tom Cullen and Ann-Marie Hardiman from Think Media, in addition to all the authors, reviewers, members and committee chairs who have contributed to the *JIDA* and supported me over the last three years. I am sure that the *JIDA* will continue to develop and progress under the direction of Dr Cristiane da Mata and that through good quality content, the *JIDA* will continue to be a valued resource by IDA members.

Dr Ciara Scott

Honorary Editor

Home thoughts from abroad

International Affairs Committee report

CED

The Council of European Dentists (CED) is a not-for-profit association comprised of 33 national dental associations, including the IDA, from 31 European countries. It represents over 340,000 dentists across the EU, EEA and the UK. Its mission is to promote the interests of the dental profession, and high standards of oral health, as well as monitoring, analysing and lobbying on all the political and legal developments in the EU that affect dentists and dental care.

The IDA representatives to the CED are Drs Nuala Carney and Robin Foyle, as well as Mr Fintan Hourihan. Dr Jane Renehan stepped down from the CED last November. Jane was a former chair of the Working Group on Dental Materials and Medical Devices, and was instrumental in setting up the CED's latest taskforce on radiation protection. She was highly regarded among her European colleagues, who greatly valued her unique expertise, as did her team members. We thank her for her significant contribution over the past eight years. Dr Kieran O'Connor, former IDA President, was appointed in February 2022 as Jane's replacement by the Council of the IDA.

The CED held two general meetings (GMs) in 2021. Due to Covid restrictions, the GM in June was held online. A full face-to-face meeting returned for the November GM in Brussels. November's GM was the last meeting with Dr Marco Landi as President. Marco, who represents Italy, stepped down after six years as President and was replaced by Dr Freddie Sloth-Lisbjerg from Denmark. In addition, four new members were elected to the board of directors. The board comprises eight directors from associations that are EU members. We are pleased to report that Dr Robin Foyle was elected in November to the CED board for a three-year term.

The CED comprises five working groups and three board task forces. The working groups comprise dentists and experts on specific issues and are responsible for drafting CED policy. The board task forces differ in that they are

created to be a time-limited response to specific and urgent issues.

The Working Group on Education and Professional Qualifications passed a resolution at the November meeting on CPD. Its chief focus is to monitor the regulations pertaining to the recognition and updating of dental degrees and training across the EU. It also continued to discuss the effects of the Covid pandemic on the training of dentists, and is collaborating with the European Dental Students' Association to get good EU-wide data on this.

The Working Group on Oral Health released an updated resolution encouraging dentists and dental teams to be vaccinated against Covid-19. It also continues to collaborate with other European stakeholders on the issue of antimicrobial resistance.

The Working Group on Dental Materials and Medical Devices recently made a submission on the phase down, as opposed to phase out, of amalgam. There is a push in the EU to totally phase out amalgam by or before 2030. The CED has lobbied strongly against this in the absence of prevention programmes and research into the environmental effects of the alternative materials. The Board Task Force on Radiation Protection is a newly formed task force to devise strategy and increase the visibility of the dental profession in the EU in the area of radiation protection, and establish collaborations with the Heads of European Radiological Protection Competent Authorities (HERCA) and the International Atomic Energy Agency (IAEA). It came into being as dentists across Europe struggled with the regulatory burden of complying with the EURATOM Directive at a national level.

In addition, the CED released a statement on dental tourism and cross-border healthcare. The statement seeks to clearly define the difference between the two. Cross-border healthcare is characterised by continuity of care co-ordinated across two or more political jurisdictions. Dental and medical tourism is normally associated with often aggressive advertising and patients travelling for specific procedures, with little or no continuity of care, and neglect of other pre-existing disease(s).

The CED also carried out a survey on behalf of the IDA on the issue of VAT on associates' fees. All member

states were surveyed to find out if this is an issue in other member countries and while it seems that the self-employed model is common across Europe, VAT arising is not an issue in other countries despite having similar VAT legislation.

The EU manual of dental practice, which is available on the CED website, will be updated in 2022. The manual details working practices and systems across all CED member countries. It is a very useful tool for any dentist thinking of working in another member state.

The EU manual and all the resolutions, press statements and newsletters can be found on the CED website: www.cedentists.eu.

Report from the FDI

All events over the past two years have been held online, which has been a significant challenge. The World Dental Congress was hosted by the Australian Dental Association, who defied time zones to hold a conference broadcast simultaneously around the world in September 2021. It was an incredible experience to partake in the parliamentary sessions, with colleagues from every country simultaneously participating in discussion and voting at their respective times of the day and night. Huge preparation took place in advance to make sure that the sessions all ran smoothly and were as effective as they would have been in person.

Currently, the biggest issue facing the FDI is the proposed amendment to the Minamata Convention put forward by certain African countries for the upcoming COP4 meeting, seeking a phase out of mercury-related products, including amalgam, by 2030. This would be potentially catastrophic for dental systems and patients in many parts of the world where dental care is far less developed than in Europe, with minimal focus or investment on prevention or alternative materials. Member organisations have been requested to actively lobby their governments to raise awareness of this potentially disastrous development for public health. The IDA has actively supported the FDI's stance and advocacy.

Drs Robin Foyle and Nuala Carney
International Affairs Committee Representatives

The CED
represents
340,000 dentists
across Europe.



Dr Robin Foyle



Dr Nuala Carney



Dr Robin Foyle
Chairperson, CPD Committee

Online CPD proves successful solution for many members

CPD Committee report

The CPD Committee comprises Drs Robin Foyle (Chair), Maurice Fitzgerald, Alastair Woods, Emma Rose McMahon, PJ Byrne and Garry Heavey, and Ms Elaine Hughes. In 2021, we were delighted to be joined by Dr Ahmed Kahatab.

2021 again saw almost the entirety of CPD provided by the IDA carried out online. Thanks to Safe Hands, some face-to-face basic life support (BLS) courses took place around the country. Online CPD provided through the IDA website has been very successful, and many people who in the past might have been unable to participate in person, got to partake in the regular Wednesday night online CPD programme. The programme during the year was comprised of both clinical and non-clinical webinars. It has been an amazing success. 2021 saw the IDA provide 35 webinars, with over 4,000 viewings in total. It is likely that this will become a permanent feature even as in-person meetings recommence in 2022. This will be most likely some form of hybrid events (in person and online). The CPD committee will be working on this in 2022 and will endeavour to produce at least one webinar per month. A big thanks to our sponsors, Pamex and DeCare Dental, for supporting us with this. I would also like to thank our speakers and presenters, without whom this would not have been possible.

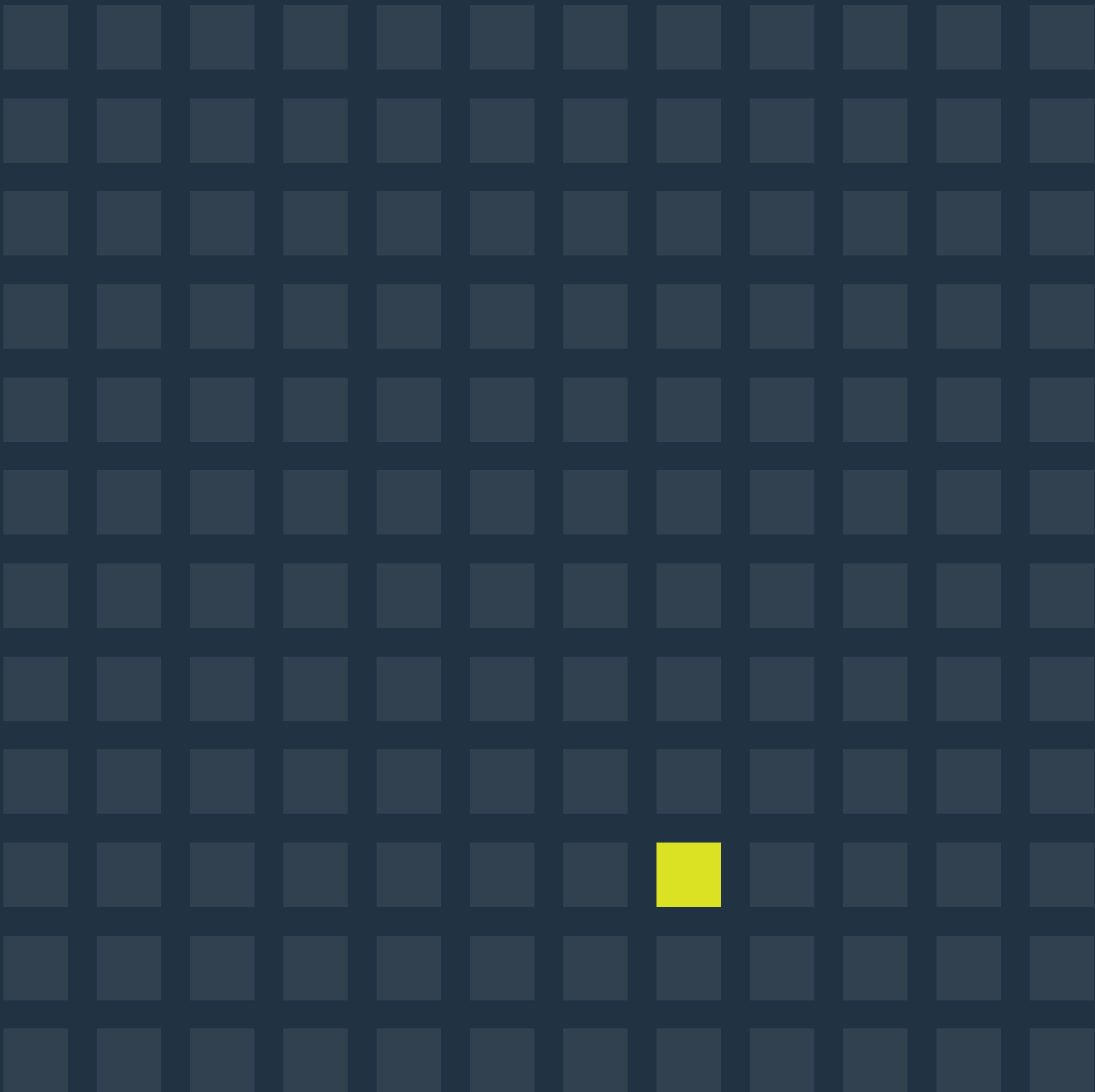
In 2021 the Moloney Award, which would normally be presented during our Annual Conference, was awarded to Dr Conor Barry as part of our webinar series.

The IDA has provided a dedicated booking section on the www.dentist.ie website, where members can book to watch online CPD, or book in-person lectures and conferences. A record is kept of each member's CPD hours in their account. The vast majority of online lectures can be viewed after the lecture has aired.

Dr Robin Foyle

Chairperson, CPD Committee

FINANCIAL REPORTS



Weathering the storm

The 2021 Honorary Treasurer's Report marks the first full accounting year where the Irish Dental Association and Boynevale Dental Property Limited are distinct entities. My predecessor Dr Andrew Norris and the Management Committee steered the IDA through this difficult process. This transition period often made the accounts difficult to read, but now the IDA and its members should see the benefits and clarity in the IDA accounts. The 2021 financial statements were prepared by Grant Thornton Ireland, Chartered Accountants and Registered Auditors.

IDA income

With the onset of Covid-19, the IDA made the decision to waive three months of membership fees in 2020. Since membership fees account for the majority of IDA income, this was a significant loss to incur.

The IDA and its members have weathered the storm of Covid-19 and IDA income returned to pre-pandemic levels in 2021 (€1,438,479 in 2021, €1,068,896 in 2020). This sees the IDA returning to a surplus for the year 2021 (€160,979 in 2021, in contrast to a deficit of €120,005 in 2020).

As in previous years, membership subscriptions account for the majority of IDA income (83% in 2021, 88% in 2020).

Non-subscription income recovered well this year (€251,064 in 2021, €127,503 in 2020). Included in this, *Journal* sales income increased significantly between 2020 and 2021 (€93,872 in 2021, €66,316 in 2020). Event income and IDA Annual Conference income also recovered well despite Covid-19 restrictions and the need for online meetings and events.

IDA expenditure

Expenditure in the IDA had reduced in 2020 with necessary cost control measures at that time. Expenses are higher in 2021 but still lower than 2019 levels (€1,277,500 in 2021, €1,091,750 in 2020).

Wages and salaries remain the IDA's biggest expense at

51% of gross income in 2021 (€729,418 in 2021, €712,609 in 2020). Further expenditure on customer relationship management (CRM) software and public relations and advocacy has been approved for the coming year in line with the IDA strategic plan.

Boynevale Dental Property Limited

Boynevale Dental Property Ltd is a property holding company that owns IDA House and its sole purpose is to act as landlord to the IDA (rent €42,000/year in 2021). Boynevale Dental Property Ltd also owes a legacy debt to the IDA (€151,387 in 2021, €193,830 in 2020). This is now being paid down at a steady rate of €24,000/year. Currently, Boynevale Dental Property Ltd is profitable.

Summary

The IDA is still very much dependent on membership subscription numbers for its income. Membership numbers have stabilised somewhat after a decline during the Covid-19 pandemic (1,759 in December 2021, 1,745 in December 2020).

The Management Committee has made the decision to increase the membership rates by 10% for the coming year (2022). This increase reflects the increased cost of providing a range of services to our members, in particular PR and advocacy in line with our strategic plan.

It is encouraging to see an increase in non-subscription income, especially from IDA events, and we would expect this to continue with the re-opening of society and an enthusiastic return to in-person events, conferences and teaching.

The IDA and Boynevale Dental Property Ltd are profitable and are considered to be a going concern financially.

The multiannual budget continues to be an invaluable tool in planning and the Management Committee remains committed to cost control and to maintaining contingency funds for the benefit of the IDA and its membership.

I would like to express my thanks to all IDA staff, the Management Committee, the Audit and Risk Committee, our Trustees and to Grant Thornton for all of their time, effort and patience throughout the year.



Dr Seamus Rogers
Honorary Treasurer

PROFIT AND LOSS SUMMARY

	Combined		Boynevale		IDA	
	2021	2020	2021	2020	2021	2020
Income						
Member subscriptions	1,187,415	941,393	-	-	1,187,415	941,393
Others	293,064	159,503	42,000	32,000	251,064	127,503
Total income	1,480,479	1,100,896	42,000	32,000	1,438,479	1,068,896
Expenses						
Staff costs	(729,418)	(712,609)	-	(123,518)	(729,418)	(589,091)
Legal and professional fees	(87,352)	(130,610)	-	(31,154)	(87,352)	(99,456)
Meetings, delegations and related expenses	(3,549)	(7,483)	-	-	(3,549)	(7,483)
Public relations and advertising	(84,968)	(52,222)	-	-	(84,968)	(52,222)
Other administration expenses	(386,525)	(344,807)	(14,312)	(1,309)	(372,213)	(343,498)
Total expenses	(1,291,812)	(1,247,731)	(14,312)	(155,981)	(1,277,500)	(1,091,750)
Operating profit/(loss)	188,667	(146,835)	27,688	(123,981)	160,979	(22,854)
Fair value movement	30,000	131,500	30,000	131,500	-	-
Management charge	-	-	-	123,518	-	(123,518)
Interest payable	(604)	(1,122)	(604)	(1,122)	-	-
Other operating income – grant income (wage subsidy 2020)	-	26,367	-	-	-	26,367
Profit/(loss) on ordinary activities before tax	218,063	9,910	57,084	129,915	160,979	(120,005)
Taxation	(20,989)	(49,692)	(14,670)	(47,515)	(6,319)	(2,177)
Surplus/(deficit) for the financial year	197,074	(39,782)	42,414	82,400	154,660	(122,182)

Note:

- The number of members in 2021 totalled 1,759 (2020: 1,745).
- Membership subscriptions over total revenues remain relatively stable at 83% (2020: 88%).
- Revenue increase is due to a €324K discount/moratorium provided to members in the prior year, not provided in the current year, and return of a virtual Annual Conference, which also led to an increase in revenue for 2021.

BALANCE SHEET SUMMARY

	Combined		Boynevale		IDA	
	2021	2020	2021	2020	2021	2020
Non-current assets						
Tangible assets	41,873	31,255	-	-	41,873	31,255
Investment property	725,000	695,000	725,000	695,000	-	-
Amount owed to related party	151,387	193,830	-	-	151,387	193,830
Total fixed assets	918,260	920,085	725,000	695,000	193,260	225,085
Current assets						
Trade debtors	208,132	139,494	-	-	208,132	139,494
Cash at bank and in hand	723,124	627,161	81,315	115,732	641,809	511,429
Prepayments and other debtors	53,319	57,302	-	786	53,319	56,516
Amounts owed by related parties	-	-	-	-	-	-
Total current assets	984,575	823,957	81,315	116,518	903,260	707,439
Total assets	1,902,835	1,744,042	806,315	811,518	1,096,520	932,524
Liabilities						
Bank loan	(65,455)	(86,944)	(65,455)	(86,944)	-	-
Amounts owed to related parties	(151,387)	(193,830)	(151,387)	(193,830)	-	-
Trade creditors	(45,772)	(63,120)	-	-	(45,772)	(63,120)
Accruals, taxation and other creditors	(157,766)	(123,989)	(60,643)	(44,328)	(97,123)	(79,661)
Deferred income	(206,416)	(197,194)	-	-	(206,416)	(197,194)
Total liabilities	(626,796)	(665,077)	(277,485)	(325,102)	(349,311)	(339,975)
Net assets	1,276,039	1,078,965	528,830	486,416	747,209	592,549
Capital and reserves						
Share capital	1	1	1	1	-	-
Other reserves	257,988	257,988	257,988	257,988	-	-
Accumulated surplus/(deficit)	1,018,050	820,976	270,841	228,427	747,209	592,549
Funds	1,276,039	1,078,965	528,830	486,416	747,209	592,549

IRISH DENTAL ASSOCIATION FINANCIAL STATEMENTS
FINANCIAL YEAR ENDED DECEMBER 31, 2021

MANAGEMENT COMMITTEE, TRUSTEES AND OTHER INFORMATION

MANAGEMENT COMMITTEE	Dr Clodagh McAllister (President)
	Dr Seamus Rogers (Honorary Treasurer)
	Dr Rosemarie Maguire (GP Group Rep)
	Dr Siobhan Doherty (HSE Dental Surgeons Group)
	Dr Anne O'Neill (Vice President)
	Dr Caroline Robins (President Elect) appointed May 8, 2021
	Geraldine Kelly (Independent Director)
	Ronan King (Independent Director)
	Prof. Leo Stassen (Vice President) resigned May 12, 2021
	Dr Andrew Norris (Honorary Treasurer) resigned May 12, 2021

TRUSTEES	Dr Martin Holohan
	Dr Garret McGann
	Dr Barney Murphy

CHIEF EXECUTIVE OFFICER	Mr Fintan Hourihan
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HONORARY TREASURER	Dr Seamus Rogers
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BANKERS	Bank of Ireland, 1 Main Street, Dundrum, Dublin 14
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SOLICITORS	O'Connor & Co.
	8 Clare Street
	Dublin 2

AUDITORS	Grant Thornton Chartered Accountants & Statutory Audit Firm
	13-18 City Quay
	Dublin 2

REGISTERED OFFICE	Unit 2
	Leopardstown Office Park Sandyford
	D18 F588
	Dublin 18

Statement of responsibilities of the Management Committee

FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2021.

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 enable it to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland. It 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 ensure that a satisfactory audit of the Association's accounts are undertaken and to nominate an external firm of auditors to the Association's annual general meeting (AGM). The Committee indicated its satisfaction as regards the audit at a meeting on March 23, 2022, and will propose a nominee to carry out the audit of accounts for 2022 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:



Dr Clodagh McAllister
President

Dr Seamus Rogers
Honorary Treasurer

Date: April 7, 2022

Independent auditor's report

Independent auditor's report to the Management Committee and members of the Irish Dental Association for the financial year ended December 31, 2021.

Opinion

We have audited the financial statements of Irish Dental Association, 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, 2021, 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, the 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, 2021, 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 they determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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 judgement 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 & Statutory Audit Firm

Date: April 14, 2022

STATEMENT OF COMPREHENSIVE INCOME

FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2021

	Note	2021 €	2020 €
INCOME			
Member subscriptions		1,187,415	941,393
Journal sales		93,872	66,316
Accreditation		40,000	40,001
Event income		31,452	847
Dental awards		(3,138)	15,982
Other income		42,689	30,724
Conference income		46,189	-
		<u>1,438,479</u>	<u>1,095,263</u>
LESS: EXPENDITURE			
Wages and salaries	4	603,620	488,447
Employer's PRSI	4	66,218	50,957
Staff pension contributions	4	59,580	49,687
Rates and water		9,810	2,903
Light and heat		5,531	5,248
Insurance		10,409	7,808
Repairs and maintenance		58,850	44,287
Members' compensation		8,389	16,943
Travel and subsistence		7,893	12,566
Presidential expenses		1,176	503
Telephone		14,780	12,485
Equipment leasing charges		991	1,790
Printing, stationery and postage		68,425	64,447
Staff welfare		7,927	12,880
VHI		31,596	28,807
Meetings, delegations and courses		3,549	7,483
Office operating expenses		10,000	2,593
Subscriptions and affiliation fees		47,450	25,946
Public relations and advertising		84,968	52,222
Legal and professional fees		63,433	89,305
Auditor's remuneration		23,919	17,208
Bank charges		7,983	6,662
Young dentist expenses		1,200	2,019
Sundry		1,244	9,834
Recruitment		-	14,760
Computer software expenses		15,579	8,782
Bad debts written off		-	8,579
Depreciation	5	11,680	14,600
Premises – rent		42,000	32,000
Management recharge		-	123,518
Gifts and donations		9,300	-
		<u>1,277,500</u>	<u>1,215,268</u>
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		<u>160,979</u>	<u>(120,005)</u>
Tax for financial year	6	<u>(6,319)</u>	<u>(2,177)</u>
NET SURPLUS/(DEFICIT)		<u><u>154,660</u></u>	<u><u>(122,182)</u></u>

All amounts relate to continuing operations. There was no other comprehensive income in 2021 and 2020. The notes on pages 41 to 46 form part of these financial statements.

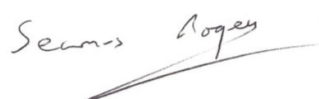
STATEMENT OF FINANCIAL POSITION AS AT DECEMBER 31, 2021

NON-CURRENT ASSETS	Note	2021€	2020€
Tangible fixed assets	5	41,873	31,255
Debtor: amounts falling due after more than one year	7	151,387	193,830
		<u>193,260</u>	<u>225,085</u>
CURRENT ASSETS			
Debtors: amounts falling due within one year	8	261,451	196,010
Cash at bank and in hand	9	641,809	511,429
		<u>903,260</u>	<u>707,439</u>
		<u>1,096,260</u>	<u>932,524</u>
LESS: CURRENT LIABILITIES			
Creditors: amounts falling due within one year	10	(349,311)	(339,975)
		<u>(349,311)</u>	<u>(339,975)</u>
NET ASSETS		<u>747,209</u>	<u>592,549</u>
ACCUMULATED FUNDS			
Profit and loss account		<u>747,209</u>	<u>592,549</u>
NET FUNDS		<u>747,209</u>	<u>592,549</u>

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



Dr Clodagh McAllister
(President)



Dr Seamus Rogers
(Honorary Treasurer)

The notes on pages 41 to 46 form part of these financial statements.

STATEMENT OF CHANGES IN FUNDS FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2021

	2021 €	2020 €
Funds at beginning of the financial year	592,549	714,731
Surplus/(deficit) for the financial year	154,660	(122,182)
	<u>747,209</u>	<u>592,549</u>
Funds at the end of the financial year	<u>747,209</u>	<u>592,549</u>

The notes on pages 41 to 46 form part of these financial statements.

STATEMENT OF CASH FLOWS

FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2021

Notes		2021 €	2020 €
Cash flows from operating activities			
Net surplus/(deficit)		160,979	(122,182)
Adjustments for:			
Depreciation	5	11,680	14,600
(Decrease)/increase debtors		(9,317)	20,722
(Increase)/decrease in creditors		(10,664)	314,440
Net cash used in operating activities		<u>152,678</u>	<u>227,580</u>
Cash flows from investing activities			
Purchase of fixed assets	5	(22,298)	(24,710)
Net cash generated from investing activities		<u>(22,298)</u>	<u>(24,710)</u>
Net cash used in financing activities		<u>130,380</u>	<u>(214,975)</u>
Increase/(decrease) in cash and cash equivalents		<u>130,380</u>	<u>(12,105)</u>
Cash and cash equivalents at beginning of financial year		<u>511,429</u>	<u>523,534</u>
Cash and cash equivalents at the end of financial year		<u><u>641,809</u></u>	<u><u>511,429</u></u>
Cash at bank and in hand	9	<u><u>641,809</u></u>	<u><u>511,429</u></u>

The notes on pages 41 to 46 form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2021

1. GENERAL INFORMATION

The Irish Dental Association (the Association) 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, the 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 the Irish Dental Association. The individuals were fully engaged in activities on behalf of the Irish Dental Association for the two-month period prior to March 1, 2020. As such, a management recharge for their employment costs during that period has been issued to the 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 achieved a profit before tax of €160,979 for the financial year (2020 deficit of €120,005) and at the end of the financial year had net assets of €747,209 (2020: €592,549). 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 that 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 in but are 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

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2021

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 judgements and estimates, which have the most significant effect on the amounts recognised in the financial statements:

(i) Estimating 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 collectability 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:

	2021	2020
€	€	
Wages and salaries	603,620	488,447
Social welfare costs	66,218	50,957
Other pension costs	59,580	49,687
	<u>729,418</u>	<u>589,091</u>

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

	2021	2020
	No	No
Administrative staff	9	9
	<u>9</u>	<u>9</u>

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

5 TANGIBLE FIXED ASSETS

Fixtures, fittings and equipment

	€
Cost	
At January 1, 2021	45,855
Additions	22,298
At December 31, 2021	68,153
Depreciation	
At January 1, 2021	14,600
Charge for the financial year	11,680
At December 31, 2021	26,280
Net book value at December 31, 2021	41,873
Net book value at December 31, 2020	31,255

6 TAXATION ON ORDINARY ACTIVITIES

(a) Analysis of charge in the financial year

Current tax	2021	2020
	€	€
Irish income tax based on the results for the financial year	6,319	2,177
Total current income tax	6,319	2,177

(b) Factors affecting the current income tax charge

The tax assessed on the profit on ordinary activities for the financial year is lower than (2020: lower than) the standard rate of income tax in Ireland of 20% (2020: 20%).

	2021	2020
	€	€
(Deficit)/profit on ordinary activities before tax	160,979	(120,005)
(Deficit)/profit on ordinary activities by rate of tax	20,122	(15,001)
Mutual trading status	(20,122)	15,001
Expenses not deductible for tax purposes	6,319	2,177
Total current income tax	6,319	2,177

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

	2021	2020
	€	€
Amount due from related party	151,387	193,830
	<u>151,387</u>	<u>193,830</u>

Amounts due from related party pertains to advances that are unsecured, interest free and are repayable on any day during the month of January but no later than the 31st day of January of each year from 2021 to 2030, inclusive.

8 DEBTORS: FALLING DUE WITHIN ONE YEAR

	2021	2020
	€	€
Trade receivables	208,132	139,494
Corporation tax repayable	3,026	1,573
Other debtors	485	1,793
Prepayments	49,808	53,150
	<u>261,451</u>	<u>196,010</u>

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

9 CASH AND CASH EQUIVALENTS

	2021	2020
	€	€
Cash at bank and in hand	<u>641,809</u>	<u>511,429</u>

10 CREDITORS

	2021	2020
	€	€
Trade payables	45,772	63,120
Other payables	1,781	4,043
Accruals	56,292	37,015
Deferred income	206,416	197,194
PAYE/PRSI	24,017	23,681
Pension	-	7,893
VAT	15,033	7,029
	<u>349,311</u>	<u>339,975</u>

PAYE/PRSI, Corporation Tax and VAT are 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

	2021	2020
	€	€
Financial assets		
Financial assets that are cash and cash equivalents	641,809	511,429
Financial assets measured at amortised cost	201,195	246,980
	<u>844,966</u>	<u>758,409</u>
Financial liabilities		
Financial liabilities measured at amortised cost	<u>103,845</u>	<u>104,178</u>

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 Association are controlled by the Management Committee. The Association is related to Boynevale Dental Property Limited through common directors, Trustees and committee members. The balance owed to the Association by Boynevale Dental Property Limited at the year end was €151,387 (2020: owed to €193,830).

During the year, the Association was charged €42,000 (2020: €32,000) by Boynevale Dental Property Limited for rent of its premises. During the prior year, the Association incurred a management charge of €123,518 from Boynevale Dental Property Limited. No such management charge applied in the current year.

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

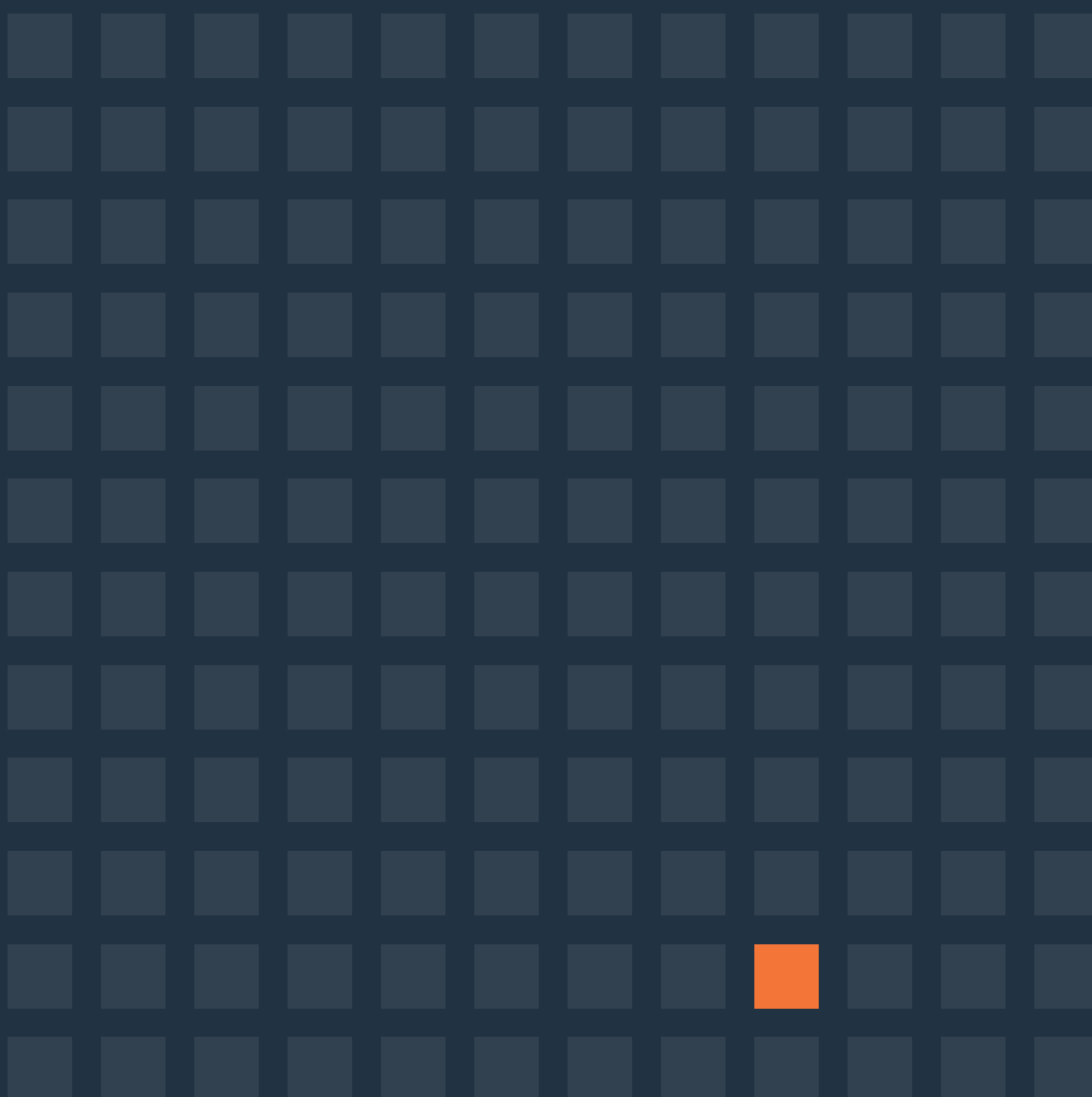
13 EVENTS SINCE THE END OF THE FINANCIAL YEAR

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

15 APPROVAL OF FINANCIAL STATEMENTS

The Management Committee approved these financial statements on April 1, 2022.

MOTIONS



Annual General Meeting 2022

Thursday, May 12, 2022, 6.00pm in the Galmont Hotel, Galway

Agenda

Agenda Item 1: Call to order and apologies

Agenda Item 2: Adoption of minutes of 2021
AGM and standing orders

Agenda Item 3: Report of Chief Executive Officer

Agenda Item 4: Report of Honorary Treasurer

Agenda Item 5: Election of Officers

Agenda Item 6: Consideration of motions

Agenda Item 7: President's valedictory address

Agenda Item 8: Inauguration of President 2022-2023

Agenda Item 9: Address re: IDA Conference 2023

Agenda Item 10: Adjournment

Motions for the IDA AGM 2022

May 12, 2022

Motion 1

"That the audited accounts for the Irish Dental Association and report thereon for the year ended December 31, 2021, be accepted."

Proposed by: Dr Seamus Rogers

Seconded by: Dr Clodagh McAllister

Motion 2

"That this meeting appoints Crowe, 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 Garret McGann

Motion 3

"That this Annual General Meeting authorises the Directors to fix the remuneration of the auditors."

Proposed by: Dr Anne O'Neill

Seconded by: Dr Caroline Robins

Motion 4

"That this meeting notes that Ireland is an outlier within the European Union, with no mandatory requirement for dentists and dental professionals to engage in continuing professional development (CPD).

"This meeting believes that the Irish Dental Association should lobby for and pursue a new Dentists' Act or amendment of the existing Act that mandates CPD for dentists and registered dental professionals."

Proposed by: Dr Will Rymer

Seconded by: Dr Kieran O'Connor

Motion 5

"That this meeting recognises that the Dentists' Act 1985 prohibition of corporate bodies to engage in the practice of dentistry is outdated and should be lifted.

"The meeting believes that the Irish Dental Association should lobby for the removal of the prohibition contained in Section 52 of the Dentists Act 1985 prohibiting any body corporate from engaging in the practice of dentistry (other than as provided for in s. 51 (2) (b)) and thus allowing corporate bodies to support dental service provision in Ireland."

Proposed by: Dr Will Rymer

Seconded by: Dr Kieran O'Connor

Motion 6

"That this AGM directs the appointed Irish Dental Association negotiating team not to participate or commit to any discussions, dialogue or meetings regarding any new Dental Programme or Scheme proposed by the Department of Health or Health Service Executive until such time as:

a) An agreed framework, consistent with that model presented by the Irish Dental Association to the Department of Health, is in place whereby the Department of Health and/or the Minister for Health acknowledge the Irish Dental Association's right to represent its members in the context of such talks and that such talks are in the public interest and will operate in compliance with competition law.

b) Where required, an independent Chairperson is appointed to the agreement and satisfaction of both parties to preside over and conduct proceedings in a fair and equitable manner."

Proposed by: Dr Martin Holohan

Seconded by: Dr Will Rymer

Motion 7

"That this AGM directs the Irish Dental Association negotiating team to desist from further discussions, dialogue or meetings which are suggested with a view to amending the existing Dental Treatment Services Scheme (DTSS), which has been widely acknowledged and accepted to be no longer fit for purpose, and given the Association's demand for an entirely new scheme to be negotiated addressing the inadequacies of the 1994 scheme."

Proposed by: Dr Martin Holohan

Seconded by: Dr Kieran O'Connor

Motion 8

"That this AGM believes that independent practice best serves patients in general practice to deliver contemporary, evidenced-based care to patients."

Proposed by: Dr Kieran O'Connor

Seconded by: Dr Martin Holohan

Motion 9

"This meeting calls on the HSE to adequately fund and develop the public dental service so that it can meet all the oral health needs of the children under the age of 16 and eligible special needs adults as envisaged in the Dental Health Action Plan of 1994 (the 1994 Plan) and to publish a recruitment plan with a clear timeline to realise the objectives of the 1994 Plan."

Proposed by: HSE Dental Surgeons Committee

Motion 10

"It is hereby resolved that Rule 5.8 be amended by the deletion of the first sentence thereof and its replacement by the following:

"5.8 In the event of non-payment by February 28th, the Member shall cease to be a Member of the Trade Union on March 1st, but shall be deemed to continue to be a Member thereof for one month after such cesser, and the Member shall forfeit and lose all rights and privileges of membership from April 1st (as required by Section 12(1)(d) of the Trade Union Act, 1941)."

Proposed by: IDA Management Committee

[illegible]



Unit 2 Leopardstown Office Park,
Sandyford, Dublin 18, D18 F588
Tel: +353 (0)1 295 0072
Fax: +353 (0)1 295 0092
Email: info@irishdentalassoc.ie
www.dentist.ie