

ANNUAL
IRISH DENTAL ASSOCIATION

ANNUAL REPORT

2019



This report refers to the activities and finances of the trade union previously known as the Irish Dental Union and includes reports for the calendar year 2019. This Annual Report has been prepared for circulation to all IDA members and for presentation to the Annual General Meeting of the re-named Irish Dental Association (a registered trade union). The finances of the limited company, now known as the Boynevale Dental Property Company, are to be circulated under separate cover.

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

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COUNCIL MEMBERSHIP 2019

HONORARY OFFICERS	OTHERS	REPRESENTATIVE MEMBERS	
President Prof. Leo Stassen	Honorary Secretary Elect Dr Caroline Robins	South Eastern Regional Committee Rep Dr Mary O'Keeffe	Western Regional Committee Rep Vacant
Vice President Dr Kieran O'Connor	HSE Group Representative Dr Niall Murphy	North Eastern Regional Committee Rep Vacant	North Western Regional Committee Rep Vacant
President Elect Dr Anne O'Neill	GP Group Representative Dr Rosemarie Maguire	Eastern Regional Committee Rep Dr Rory Boyd	HSE Dental Surgeons Group Rep Dr Christine Myers
Honorary Secretary Dr Clodagh McAllister	JIDA Representative Dr Deborah O'Reilly	Eastern Regional Committee Rep Dr Richard Lee Kin	GP Group Rep 1 Vacant
Honorary Treasurer Dr Andrew Norris	Elected Member Dr Dina Dabic	Southern Regional Committee Rep Dr Mairead Browne	GP Group Rep 2 Dr Tim Lynch
Honorary Membership Officer Dr Siobhan Doherty	Co-Opted Members None	Kerry Regional Committee Rep Dr Divya Moorthy	International Affairs Dr Nuala Carney
	Quality and Patient Safety Committee Representative Dr Gerald O'Connor	Mid-Western Regional Committee Rep Vacant	
	CPD Committee Representative Dr Robin Foyle		

MANAGEMENT COMMITTEE/EXECUTIVE COMMITTEE

President Prof. Leo Stassen	President Elect Dr Anne O'Neill	Honorary Treasurer Dr Andrew Norris	Honorary Secretary Elect Dr Caroline Robins	GP Group Rep Dr Rosemarie Maguire
Vice President Dr Kieran O'Connor	Honorary Secretary Dr Clodagh McAllister	Honorary Membership Officer Dr Siobhan Doherty	HSE Group Rep Dr Niall Murphy	

TRUSTEES

Dr Martin Holohan

Dr Garrett McGann

Dr Barney Murphy

GENERAL PRACTICE GROUP

Chair Dr Kieran O'Connor	North Eastern Dr Cormac McNamara
Vice Chair Dr John Nolan	Mid Western Dr William Rymer
Chairman Elect Vacant	North Western Dr Stephen Moore
Honorary Secretary Dr Jennifer Collins	South Eastern Dr James Turner
Kerry Dr Tim Lynch	Co-opted Drs Mairead Browne Eamon Croke
Eastern Dr Clodagh McAllister Dr Rosemarie Maguire Dr Gillian Smith	Ex-Officio – Hon. Secretary Designate Dr Caroline Robins
Southern Dr Martin Holohan	

HSE DENTAL SURGEONS GROUP

President Dr Grainne Dumbleton	Mid Western Branch Dr Josephine Landers
Vice-President Dr Christine Myers	North Western Branch Dr Padraig Halvey
President Elect Dr Philip Mulholland	South Eastern Branch Dr Aoife Kelleher
Honorary Secretary Dr Amalia Pahomi	Western Branch Dr Bridget Harrington-Barry
Kerry Branch Vacant	Orthodontic Representative Dr Sharon O'Flynn
Eastern Branch Drs Riikka Brennan Jessica Rice	Elected Representatives Drs Siobhan Doherty Treasa Mulholland
Southern Branch Dr Evelyn Crowley	Co-opted members Dr Maura Cuffe
North Eastern Branch Dr Carmel Parnell	

All listings above as of January 1, 2020.

Extraordinary times

Being president of an organisation brings considerable responsibilities and pressures, so I had some trepidation when I was asked by the Metropolitan Branch of the Association to put my name forward. It was very humbling and much appreciated when in April 2018 at the Annual General Meeting (AGM), the Board and the members at the AGM accepted my nomination to be President-Elect. There are not many Hospital Dental Consultants or Consultant Oral and Maxillofacial Surgeons who have had the opportunity to take on the role.

My term as President was supposed to be 13 months (April 2019 – May 2020) but due to circumstances beyond anybody's control became 17 months (April 4, 2019 – September 29, 2020).

Plenty of past-presidents gave me very good advice but the best advice was that “every President gets bowled a googly and to be ready for it”. Little did anybody expect the release of the National Oral Health Policy on the day before I became President; Covid-19 with its repercussions for dentistry, Ireland and the world; and, a complete breakdown in Irish political norms for months while our present coalition Government was being negotiated.

There is no such thing as an easy ride. It has been tough but with the support of great colleagues and others we are slowly working our way through things and going forward. “I am a slow walker, but I never walk backwards.” – Abraham Lincoln (1809-1865). Well done to the Association. We are bruised but not burnt.

Achievements

So what have we achieved? We have developed a strategy for the next three years, which hopefully you will have read before the AGM. This will need to be reviewed in view of Covid-19, and fortunately it was developed to be iterative. There is no doubt that having it in place helped us to deal with the problems as they arose, and helped staff know what is and will be expected of them. They never let us down and we owe them a lot for their work, particularly over the last six months with the Covid-19 crisis.

We believe it to be a workable strategy and its implementation is an essential part of what the Association must do next. This strategy must be implemented and not just be a “task that has been completed”.

Hard work by the last two Boards, the present Board/Management Committee and Council has developed strong governance, including risk management and (subject to members' agreement) a new structure to streamline how we manage the organisation, its assets, members and, most importantly, communication.

At the AGM, the Management Committee and Council are proposing two non-executive directors to be appointed to the Management Committee.

There was a review of the skills of the Management Committee and a consideration of the skills we felt the Board required and we look forward, subject to AGM's agreement, to welcoming them. The competition for these places on the Committee was very high and augurs well for the Association's future. This was part of Dr Robin Foyle's vision for the Association and we thank him for his direction.

The Regional Committees are set up and operating. This was an ambition of the Board, the President and the Chief Executive Officer (CEO), and we put great effort into this in 2019/2020, sometimes against a lot of opposition. Thanks to all who came to the meetings. We don't get everything right, but we try. Communication is an essential part of what we are about, and we need to be able to listen as well as act. We need to be able to represent our many members' needs in different parts of the country as well as ensuring that appropriate CPD is delivered to serve your regions. The Regional Committees and our CPD Committee with Elaine Hughes/Aoife Kavanagh will help us to do that. Please get involved.

It is essential that we embrace all dentists and encourage the younger dentists, new graduates and undergraduates to join, and the older dentists (including retired dentists) to stay involved.

Learning to change

Change is never easy but we need to adapt and move on. “In a world of change, you have to learn to change with the world!” Tony Dovale – founder of Life Masters.

The way CPD will be delivered in the future will have radically changed. Webinars, online CPD, how-to-do-it seminars, and small group teaching are the future. The webinars have been very well attended and received. We will lose out on the personal connectivity. We will win on the national availability of speakers. The Management, CPD and Regional Committees are working hard on this and there are great opportunities.

“Do what you can, with what you have, where you are.” – Theodore Roosevelt (1858-1919).

It is essential that we embrace all dentists and encourage the younger dentists, new graduates and undergraduates to join, and the older dentists

(including retired dentists) to stay involved. There is room for everybody, and different opinions are welcome – the new media platforms for communication such as Zoom make this easier, with less time commitment and less travel. There are drawbacks as it is hard to beat the personal connectivity, but it has a lot of positives especially enabling those with young families to participate in the Association's activities. We are still waiting for the Undergraduate School Committee to work out its role in our strategy. Our students are our future and every good team has a rich academy to ensure standards remain high.

The GP Committee under Dr Kieran O'Connor's Chairmanship, and the HSE Committee under Dr Grainne Dumbleton, have expanded to include a much broader spectrum of dentists with regional representation, and have particularly been instrumental in helping us to understand the implications of Covid-19, the medical card and PRSI issues, HSE difficulties and other difficulties for dentists. Kieran steps down from his role on the Management Committee at this AGM and his contribution has been extraordinary. His dedication, support to dentistry and ability to get his points across are a credit to the Association. His will be hard shoes to fill. The Quality and Patient Safety Committee has worked so hard under its taskmaster Dr Gerald O'Connor. The Committee members produced well worked out document after document to help us deal with the many important and sometimes brutal and practice-threatening issues that affect dentistry – amalgam, radiation, infection control and Covid-19. Well done and they deserve our thanks.

We are still waiting for the Undergraduate School Committee to work out its role in our strategy. Our students are our future and every good team has a rich academy to ensure standards remain high.

Covid-19

Dentistry has dramatically altered and mainly from a behavioural (how we do things) point of view. The IDA advice on practice, managing the environment, hand washing, footfall, appropriate use of PPE and dental care remains sound and safe advice. We needed to change, and we did. Again, we are very grateful to the Quality and Patient Safety Committee (and in particular Drs Gerald O'Connor and Eamon Croke) for their work in

keeping dentistry going. We are also grateful to Eamon and Dr Joe Green of the National Oral Health Office (NOHO) for representing us to the National Public Health Emergency Team (NPHET). Eamon and Joe represented our position to Prof. Cormican honestly, fairly, pragmatically and strongly. Dr Croke leaves the Board/Management Committee for a second time and there are few people who are as strong an advocate for dentistry as he is. His work ethic, intelligence, common sense, mentorship and friendship are an example of true professionalism and collegiality, which is the cornerstone of the Association.

The Association's position on Covid-19 has been one of precaution, and we think that was wise advice. There were calls for the Association to do this and that, set standards, and advise dentists what to do, and our Constitution does not allow us to do that.

We are subject (as is the NOHO for HSE dentists) to the statutory regulatory authorities (the Dental Council and the Health Protection Surveillance Centre (HSPC)). We may not agree completely but we are bound by those rules.

The Chief Medical Officer did an amazing job in keeping everybody informed and up to date, and the Association offered him our thanks and every good wish for his family. He showed the importance of good communication and deserves our appreciation.

National Oral Health Policy – our response

The Association's response to the National Oral Health Policy was well thought out and considered. Unfortunately, the Department of Health and now the HSE (since it has been adopted as Government policy), are not listening or working with us yet. It is hoped that common sense will prevail and that discussions can commence on how best to implement it.

What can we do? Dentistry is not really included in the Programme for Government and the National Oral Health Policy remains the Department of Health's vision for the future. The Medical Card Scheme and PRSI schemes are in serious trouble and there are no Government plans to open discussions. There are difficult conversations ahead. The Association is and always has been willing to have an open, constructive, listening and reflective conversation, but instead of the Department of Health and the Chief Dental Officer getting on and trying to do something, it is always somebody else's responsibility or problem, and nothing happens. Maybe we are at fault for not getting our message across more clearly. There is a serious problem building up for our public patients.

"Ninety-nine percent of failures come from people who make excuses," – George Washington (1732-1799). Let us not make excuses and start trying to resolve the problems. We are not enemies; we just have different interpretations of the facts and beliefs in how things should be done for oral health.

The Association will keep doing its best, keep trying and keep listening to our members for what is needed.

"Try and fail, but don't fail to try" – John Quincy Adams (1767-1848). Personally, I fear for the medical card/PRSI schemes and the lack of discussions on the future of public/Government-supported dentistry. The National Oral Health Policy, produced by academics, most without a real understanding of what was needed for the implementation of its advice at the coal face in dentistry, is history. If the Policy is going to have any chance of success, chances seriously damaged because of Covid-19, the difficult conversations need to commence with the one aim of producing sound oral and dental health for the Irish population in a viable and sustainable manner. The Association is not questioning the National Oral Health Group's motives but does worry about the wisdom of its proposals, now Government policy, and its effects on the dental and oral health of the Irish people.

I may sound like a dog with a bone but unless we stand up for what we believe is reasonable, sensible, and possible in the best interest of oral and dental health, and also financially viable, we will have let the whole of dentistry down for the next 10-15 years. "It's easier to do a job right, than to explain why you didn't." – Martin Van Buren (1782-1862).

Thank you

My term has come to an end. It has been a busy, thought-provoking, stressful and enjoyable Presidency. It is not possible to thank all the people for the effort they have put into dealing with the changes imposed on us and making sure we came out stronger, and I believe we have. My main thanks though is to our members because without you, the Association does not exist. Without our fantastic staff we could not function and without all the many committees and their chairpersons, none of the work would get done.

It is a huge team, with so many volunteering their time, effort and experience, and it is that collegiality that makes the Association a great organisation with which to be involved. Dr Andrew Norris, our Honorary Treasurer, probably had the hardest job of all, trying to steer us through an economic bombing. Without financial security, nothing can be achieved. The changes he and his committee introduced have gone some way to ensuring the future viability of the Association.

This year we lose Dr Clodagh McAlister as our Honorary Secretary and it is fitting that she is being proposed as President-Elect, following her work as Honorary Secretary – she has been a strong advocate of common sense on the board and we look forward to her meeting next year.

We lose Dr Siobhan Doherty as Members' Secretary and Dr Caroline Robbins as Honorary Secretary Elect and Governance Lead, and I thank them on our behalf for their pragmatic, sensible, and considerable

contribution to our Committees. Dr Niall Murphy, HSE Representative, and Dr Rosemarie Maguire (GP Rep) stay with us and will ensure continuity and good communications between those they represent and the Management Committee.

It is a great pleasure to be able to pass on the mantle of Presidency to Dr Anne O'Neill. Anne is a great committee person, a great organiser, a doer, and importantly, is an excellent communicator. She has taken over the Chairmanship of the Management Committee and Council since May 2020 and has been impressive. Her role as President-Elect has been difficult with loss of her annual meeting and the HSE meeting, and as expected she was able to rise above it all and has put her heart into the organisation. I believe Anne O'Neill will be a great President and leader, making the Association stronger, more inclusive and progressive.

Take care and stay safe.



Prof. Leo Staasen

President, Irish Dental Association



Advocacy and public affairs

The publication by the Department of Health of its national oral health policy, *Smile agus Sláinte*, in April 2019 on the eve of our Annual Conference, was a milestone event for Irish dentistry. The policy contains some laudable ideas, including many proposals contained in the Association's own policy paper 'Towards a Vision for Oral Health in Ireland', which was published in 2018. These were broadly welcomed by the Association and its members but unfortunately the policy also outlined many changes that did not meet with popular support and ultimately reflected the lack of meaningful consultation with the Association and other key stakeholders.

There was very little opportunity to consider the policy at our Annual Conference but the leadership immediately decided to organise a series of regional meetings, beginning with a national meeting in Dublin in May, and an address to the Metro Branch in September, and later with meetings in Dundalk, Limerick, Sligo and Galway (and in Tralee in early 2020). Almost 300 dentists from all branches of the profession attended these meetings, which featured lively discussions of the issues. At the meetings, the IDA leadership gave a presentation that sought to set the Association's response to the policy, and its decision to focus on promoting independent practice, in the context of years of deeply unsatisfactory interactions with the HSE and the Department of Health.

The paper examined the history of various third-party schemes in Ireland, and the recent experiences in particular with State-funded schemes, and set out a way forward that would allow and facilitate greater independence for dentists and reduced reliance on third-party schemes.

Independent practice

In early 2019, prior to the publication of the new oral health policy, the Association's General Practice Committee published an important new policy paper entitled 'Promoting Independent Practice'. The paper examined the history of various third-party schemes in Ireland, and the recent experiences in particular with State-funded schemes, and set out a way forward that would allow and facilitate greater independence for dentists and reduced reliance on third-party schemes.

The GP Committee adopted the policy of promoting independent practice in recognition of the ethical and commercial considerations that apply in various models of practice. Promotion of independent practice also reflects the impact of the unilateral cuts imposed by the Government to State dental schemes in 2010. These cuts had a huge and lasting impact on the dental sector, particularly for those practices with a high dependency on State schemes. In the intervening period, dentists have built up their private practice and the IDA GP Committee wishes to encourage this. In particular, the Committee feels that patients' best interests are best served where there are:

- no restrictions by external parties on treatments that will be funded and provided as determined;
- no limitations as regards quality of materials to be used;
- no restrictions as regards clinical techniques to be employed;
- no limitations as regards definitions of clinical treatment that can be provided;
- no budgetary constraints that impact on the extent of care provided;
- no approvals required by a third party for treatments to be provided;
- no unreasonable time delays as regards the provision of care; and,
- no circumstances where a treatment plan is not discharged due to externally imposed constraints, and where no alternative arrangements are made by external parties for the provision of such treatments as are prescribed by the dentist and supported by the patient.

From a dentist's perspective, the Committee is also supportive of reducing dental practices' reliance on income generated from third-party schemes. The IDA wishes to ensure the greatest independence

for dental practice, and to enable a strong direct relationship between the dentist and their patient without the need or wish to have a third party come between the dentist and their patient. Promotion of independent practice is in response to feedback received from members regarding their participation in certain underfunded State dental schemes and the impact this has had on their practice, their patients, and on their own stress levels. The GP Committee also accepts that properly funded schemes with an emphasis on proper patient care and/or co-payment models can work.

Consultative meetings

At the briefing meetings for members following publication of the new oral health policy, members were reminded that in fact an oral health policy was drafted and ready to be launched in 2008, but this coincided with the collapse of the economy. There were also discussions with the Department of Health at that time on replacing the medical card scheme (the Dental Treatment Services Scheme/DTSS), which even then was unfit for purpose. However, the Department pulled out of those discussions, citing concerns about competition law.

Members were reminded of the radical and unilateral changes made to the State schemes in 2010, which moved the medical card scheme from a demand-led to a budget-led scheme, and which decimated the PRSI scheme, reducing it from a spend of between €60 and €70 million a year to €7 or €8 million a year when it was decided to restrict the scheme to an examination only. While there has been some restoration of benefits under the PRSI scheme in recent times, there has been no restoration of professional fees to dentists operating State schemes, and dentists have been told that it will be 2020 at the earliest before any restoration takes place as regards DTSS fees.

The public dental service has also suffered significantly in recent years. There has been a 30% reduction in the number of dentists working in the service, and a 20% increase in the number of eligible persons under the age of 16. The service has also seen an increase in patients who, because of the collapse in the economy, seek treatment from the public dental service as they cannot afford to be treated privately. This 'perfect storm' of circumstances has created the ideal environment for those who wanted to shrink the public dental service by stealth.

Taking all of these facts into account, it is perhaps unsurprising that the General Practice Committee of the Association has reviewed its approach, and decided to promote independent practice to members. This decision was very much born out of frustration with the abuse of

State schemes and State contracts by the Department of Health and the HSE in particular. Dentists who attended the IDA meetings were strongly supportive of the concept of independent practice. The Association arranged to explore this issue further at its Practice Management Seminar in the Convention Centre in Dublin on January 25, 2020.

Members were reminded of the radical and unilateral changes made to the State schemes in 2010, which moved the medical card scheme from a demand-led to a budget-led scheme, and which decimated the PRSI scheme, reducing it from a spend of between €60 and €70 million a year to €7 or €8 million a year when it was decided to restrict the scheme to an examination only.

Concerns for dentists and patients

The presentation went on to focus on the new oral health policy, and the serious concerns of the Association and its members with regard to it. Given the lack of any meaningful engagement with dentists or with the Association, it is difficult not to conclude that the policy was developed by a self-selecting group with a predetermined view of what should be included, who did not at any stage listen to the voices of those who are expected to provide care and treatment. None of what has been recommended, particularly in relation to children, could credibly be said to reflect the wishes or needs of dentists, evidence of similar models of care here or abroad, or the expertise within the public service.

There are particular concerns at the proposals in relation to moving the care of children out of the public service and into private dentistry. A feature of all of the meetings across the country was the very strong support from general practitioners for the work done by public dental

surgeons, and a strong sense of understanding and empathy with their current plight. There was also a strong sense that there is a hidden agenda, driven by economics and politics, to shift responsibility and accountability for treating children away from the State and onto general practice. Dentists feel that this is inappropriate and wrong, and it will not be tolerated by general practitioners.

For example, under the new policy, the Department of Health would expect that general practice dentists would also provide emergency cover, and would assume responsibility for the care of the patient until such time as they would be seen by a referral specialist if necessary. This is unworkable.

They asked the Minister if he would be prepared to consider alternative approaches to improving children's oral health, and his response at the time was positive. The Association was subsequently told that Smile agus Sláinte is regarded as settled Government policy, and there will be no consideration of alternative approaches.

Dentists are keen to point out that their concerns are not financial, as there have as yet been no discussions around fees. Dentists will always take care of patients who need them, but here is huge concern that the policy actually reduces the entitlements of those under 16. Currently, these patients have an entitlement to limited dental care from the public service, whereas under the policy they would merely have the option of going to see a general practitioner rather than being targeted for care. It was pointed out that dentists' experience with this type of model under the PRSI scheme, and in terms of international evidence from similar schemes, is that barely one in three people avail of it.

Effectively, what is being proposed is a reduction in benefits delivered for children, a reduction in benefits for medical card patients over 25, and nothing at all for the 60% of adults who do not qualify for a medical card. There was a very disappointed response from dentists to this examination of the policy.

IDA response

Since the policy was launched (and indeed before the launch, with the

document 'Towards a Vision for Oral Health in Ireland'), the IDA has taken a number of steps to formulate its response. Representatives attended the Oireachtas Health Committee in May, and the Association organised a national consultative conference for members. The Board set up a steering group within leadership to deal with the policy in a systematic way, and this group has commissioned research.

The Association's representatives met with Minister for Health Simon Harris TD in August 2019 to raise their significant concerns regarding the policy, and any process of negotiation. They asked the Minister if he would be prepared to consider alternative approaches to improving children's oral health, and his response at the time was positive. The Association was subsequently told that Smile agus Sláinte is regarded as settled Government policy, and there will be no consideration of alternative approaches. As a result of this u-turn on the part of the Minister, the IDA has decided to withdraw from the Department's working groups on the policy. The Association had also sought an assurance that the threat of criminal prosecution of the IDA and its representatives (because of issues with competition law) would be removed, and that a framework agreement along the lines of that in operation with the Irish Medical Organisation would be made available to dentists. It also asked for an undertaking that discussions on the medical card scheme, which were abandoned in 2008, would resume as part of any negotiations. As yet, the Association has not received a response to either of these requests. Further regional meetings also took place in early 2020 in Kerry and Cork. The Association also discussed how best to bring its concerns to the attention of candidates in the 2020 general election.

Lack of trust

There was a very strong and consistent message at the meetings that general practice dentists have learned the lessons of the last decade, and there is a serious issue of lack of trust in the Department of Health and the HSE. Dentists across the profession support the line being taken by the Association, and expect that all of the different bodies in dentistry should support the Association in insisting on proper consultation with the profession. The Association and its members are committed to protecting and defending the public service, and will take every step to defend it. Equally, the IDA will be vigilant in making members aware of what's involved from a general practice point of view.

The Association remains willing to consider alternatives, subject to the conditions it has set out being met, but clearly the onus is on the Department of Health to see that the road that they have set out is doomed to failure. Unless there is a reappraisal, this will be an oral health policy that will gather dust, and will have been a waste of time and effort over the last four years by those who drew it up.

Representation

Med 2 form

Following concerns raised by the Association, the Revenue Commissioners agreed to amend the Med 2 form to remove the requirement for the dentist's PPS number. An amended Med 2 form was launched in 2019 after the IDA raised the matter of dentists providing their PPS number on the form and the data protection implications of this.

After reviewing the form, the Revenue Commissioners confirmed to the IDA that dentists will no longer have to supply their PPS number on the Med 2 form. The new Med 2 form has no requirement for a dentist's PPS number and instead asks for their Dental Council number.

Radiological regulations

The IDA represented dentists to both the Health Information Quality Authority (HIQA) and the Environmental Protection Agency (EPA) on the introduction of new radiological regulations in 2019. Under new regulations, HIQA is responsible for the regulation of patient medical exposure to ionising radiation. IDA representatives met with HIQA over the course of 2019 and liaised with them on the issue of HIQA's definition of an undertaking in order to get clarity for our members. The IDA also has a nominee on the HIQA Expert Advisory Group on Ionising Radiation.

In 2019, the EPA started the process of moving all dentists from the old radiation licensing regime to a new radiation protection authorisation process.

The authorisation process takes the form of a once-off registration process for most dental practices.

The once-off registration fee of €300 is a welcome development when compared to the previous licence charge of over €1,200, about which the Association has been protesting over many years.

Professions (Health and Social Care) (Amendment) Bill 2019

In September the Association joined with other representative bodies in seeking a number of important amendments to the Regulated Professions (Health and Social care) (Amendment) Bill 2019. The legislation will bring changes to fitness to practise arrangements for the Dental Council and other regulatory bodies, including the Medical Council, the PSI and the Nursing and Midwifery Board. The IDA contacted TDs to suggest a number of changes to Part 2, which deals with amendment of the Dentists Act (1985).

Flat rate expenses

The IDA made a submission to a Revenue review of the tax reliefs that can be claimed by those working in certain professions who traditionally had incurred expense in the course of their jobs. We argued, on behalf of members who practise dentistry in employment, that the current flat rate expense of €376 for dentists in employment needs to be brought closer to the existing level allowed to doctors in employment (€695) owing to the similarities in the amount of qualifying expenses they incur, which are not reimbursed by their employer (the same employers in the main, i.e., the HSE and the medical/dental colleges). Furthermore, we noted that expenses must be incurred in the performance of the duties of the employment by the employee and be wholly, exclusively and necessarily so incurred.

After reviewing the form, the Revenue Commissioners confirmed to the IDA that dentists will no longer have to supply their PPS number on the Med 2 form. The new Med 2 form has no requirement for a dentist's PPS number and instead asks for their Dental Council number.

Submission on amalgam phase down

The IDA submitted a response to the Irish National Plan for Phase-down to Phase-out of Amalgam towards 2030. The National Plan was published by the Department of Health on July 1, 2019, as required under EU Regulation 2017/852. This Regulation ensures that EU member states uphold the goals of the Minamata Convention. The Minamata Convention on Mercury is a global treaty whose aim is to minimise, and where possible eliminate, the adverse effects of man-made emissions and releases of mercury and mercury compounds into the environment.

Ireland's National Plan supports a phase down towards phase out/ban of amalgam across all age groups by 2030. The IDA's

response stated that the Association, in common with the World Dental Federation (FDI) and the Council of European Dentists (CED), supports the phasing down of dental amalgam as outlined in the Minamata Convention. The Association also supports the continued use of amalgam when clinically indicated. The dentist should have clinical freedom to make this decision in patients' best interests, with the consent of an informed patient.

The Association has sought a meeting with the HSE to discuss the findings on behalf of our members employed in the public dental service.

Public Service Pay Commission

The report of the Public Service Pay Commission on recruitment and retention of health professional grades, including dentists, was published in October. The Association previously sought that dentists employed in the public service should be included among the groups whose remuneration and conditions of employment should be reviewed by the Pay Commission in view of the recruitment and retention difficulties being experienced within the service. In its findings, the Commission stated that "the recruitment process in the public health service warrants review and enhancement and that a more targeted, dynamic and contemporary approach should be applied, in what is a highly competitive and rapidly changing market".

The Association has sought a meeting with the HSE to discuss the findings on behalf of our members employed in the public dental service.

Incremental credit for dentists employed in the public service

Following continuing representation by the IDA throughout 2019, on behalf of dentists employed in the public service, the HSE confirmed that dentists will receive incremental credit for all time spent in private practice. A memo issued by the HSE in November advised that "periods of self-employment or private practice in Ireland or abroad may be reckoned for incremental credit purposes for dentists once it is verified".

State schemes

DTSS/FEMPI submission

In November, the Association made a submission to the Department of Health calling for the full restoration of the FEMPI cuts to the DTSS and asserting that fee levels must now be increased by at least a further 10%. The IDA was invited to make the submission by the Department of Health as part of a consultation process on fees payable to contracted health professionals under section 43 of the Public Service Pay and Pensions Act 2017.

The Public Service Pay and Pensions Act was enacted in December 2017 and was designed, in view of the economic recovery, to put in place a number of steps to restore public pay, including the repeal of the Financial Emergency Measures in the Public Interest (FEMPI) Act 2009. Our submission insisted that a review of fees should take place.

The Association further argued that any fair and reasonable review of the fees paid currently to dentists participating in the DTSS must conclude that the FEMPI cuts must be reversed, that account is taken of recent changes in the fees paid for certain treatment items covered by the analogous Dental Treatment Benefit Scheme (DTBS), and that fee levels must be increased by at least a further 10% to allow equity as regards salaried public servants, as contained in various public service pay agreements.

Dental Treatment Benefit Scheme

In February 2019 the Association wrote to the Minister for Social Protection regarding ongoing issues with the DTBS spousal approval system.

In October, we wrote to the Minister regarding the fees payable to dentists under the DTBS and requesting that, in line with the terms of the contract, the Minister would undertake an annual review of the scale fees.

In December 2019 IDA representatives met with officials from the Department of Social Protection to discuss the issues of fees and also the ongoing matter regarding spousal approvals. Following the meeting, it was agreed that the requirement for an annual review of fees was to be brought to the attention of the Minister for Social Protection.

In addition, clarity was to be provided regarding a protocol in cases where a spouse is unable to get written consent for benefit due to circumstances outside their control.

Communication with members

Website

In May, we launched a revamped IDA website with a new look and improved navigation. We hope members continue to take advantage of the huge wealth of information and advice on the members' section by logging in and taking a look.

Podcast

In 2019 we continued our very successful podcast series *The Whole Tooth*. The IDA podcast series was launched in December 2018 and examines a wide range of issues affecting dentists on a day-to-day basis. A podcast is essentially a radio show that you can get on the internet, so you can listen any time you want. You can listen to a podcast through a website, or you can download it, which means saving it on your phone, tablet or computer, and you can listen to it anytime, even without an internet connection. The episodes to date have looked at the challenges facing new dentists starting out in their career, as well as an excellent interview with Dr Ide Delargy on stress and burnout in dentistry and the supports available to dentists.

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Weekly e-newsletter

In 2019, we also continued our weekly e-newsletter for members. The newsletter is emailed to all members once a week (every Monday) and contains IDA news and updates, as well as valuable information and news relevant to the dental profession. We have found that this is an excellent way of keeping our members informed and up to date with developments in their sector, as well as with the work of their Association. The importance of this resource for members was apparent in a members' survey, which found that the e-newsletter topped the IDA services that members were most happy with.

Journal of the Irish Dental Association

In 2019, there were six editions of the *Journal of the Irish Dental Association*.

Media coverage

The Association issued a number of press releases during the year that attracted significant media coverage at both national and local levels. All press releases can be viewed in the News section of the IDA website. Spokespersons for the Association also participated in a number of radio and print interviews on a range of topics throughout the year. We are grateful to all who gave up their time to take part in these interviews.

IDA press releases 2019 February 2019

Dentists say Valentine's Day a timely reminder to avail of free annual dental check-up

May 2019

Dentists warn that new oral health policy will be judged on what it delivers, not what it promises.

Dentists say lack of funding means new oral health policy lacks credibility.

Dentists say new oral health policy has ignored the key role schools can play in oral health education

October 2019

IDA Budget reaction: 'Serious concerns' over plan to introduce free dental care for under-6s

Public dental service needs extra dentists urgently to address waiting lists

November 2019

Dental Complaints Resolution Service publishes 2018 Annual Report

December 2019

Dentist's compassionate treatment of victim of domestic violence leads to 'Dentist of the Year Award 2019'

Irish Dental Association warns that there is "no prospect" of free dental care for children under 6 next year

Services and benefits

Advice and representation

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

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

The provision of model agreements and contracts is a valued service for IDA members and is an extremely popular and valuable benefit of membership. Our staff are available to assist dentists whether they work in the public service or in private practice, whether they are self-employed or employees, and whether they are practice owners, associates, partners or employees

There was very strong attendance also at our showcase event, the Annual Conference, and a strong turnout at our retirement seminar and oral health policy meetings

Seminar for young dentists/dentists considering retirement

A highly informative one-day seminar featuring parallel programmes for young dentists and dentists contemplating retirement was organised by the Association and featured an extensive range of expert speakers.

Publications

The second edition of 'Starting Dentistry in Ireland' was published in 2019 and featured important updates and essential information for dentists arriving from abroad to commence practice here in Ireland, as well as for those embarking on a career in dentistry following graduation from our dental schools.

CPD, education and training

Journal of the Irish Dental Association

The first full year of the *Journal* under the Editorship of Dr Ciara Scott saw strong consolidation of the *Journal's* continued growth and appeal, as well as a number of innovations that have served to cement the *Journal's* reputation as the primary publication for dentists across Ireland. There were a number of changes to the membership of the Editorial Board in 2019 and we wish to thank all who have served on the Board and welcome all who have joined in recent times. Particular thanks is also offered to our publishers in Think Media and to our sponsors, many of whom joined us for a highly enjoyable lunch in 2019 where old acquaintances were renewed, new friendships made, and numerous new ideas were spawned.

There were a number of changes to the membership of the Editorial Board in 2019 and we wish to thank all who have served on the Board and welcome all who have joined in recent times.

CPD/educational events

Our position as the primary CPD provider for Irish dentists was firmly consolidated in 2019 when the Association organised 48 events, with 1,561 attendees overall. The total amount of verified CPD hours approved for these events came to 209. Branch events attracted 734 attendees, while we had a great attendance at our HSE Dental Surgeons Seminar, with 125 dentists present. There was very strong attendance also at our showcase event, the Annual Conference, and a strong turnout at our retirement seminar and oral health policy meetings, which were held around the country. We are lucky to have such a strong team in Elaine Hughes and Aoife Kavanagh in organising and managing our CPD, education and training events. Our CPD Committee saw some new members join under the new chair and recent IDA President, Dr Robin Foyle. The new Committee has already rolled its sleeves up and has ambitious plans to expand our offerings to dentists in the coming years.

Annual Conference

Our Annual Conference in 2019 took place for a second year in the Galmont Hotel, Galway, and attracted great numbers and engagement by the profession. The theme of the conference was 'Navigating our Future'.

Pre-conference programme

Dr Ian Cline of King's College London delivered his sold-out hands-on course and lecture on successful posterior composites. His course looked at the everyday problems associated with composites and offered practical solutions. Dr Pat Cleary presented an endodontic hands-on workshop, examining the art of endodontics and how to make a definitive endodontic diagnosis. Drs Eamon Croke and Nick Armstrong delivered 90-minute compliance seminars throughout the day, chaired by Dr Jane Renehan. Participants examined the topic of compliance while Drs Croke and Armstrong answered the most frequently asked questions. Drs Maurice Fitzgerald and Alastair Woods showed participants the world of digital dentistry. A detailed overview was given of the current landscape and the future of dental digital technologies. Dr Brian Franks brought a new topic to the conference, that of facial aesthetics. Participants were given a lecture on the use of botulinum toxin for treatments specific to dentistry, and were shown live demonstrations of its administration.

Main conference

In the main conference programme, there was the best of both international and homegrown talent. Dr Ian Cline spoke on aesthetic and functional direct restorations. Dr Paul Quinlan delivered a lecture on how to predictably restore and replace teeth. Ashley Byrne looked at advanced crown and bridge digital restorative solutions in one lecture, and also gave a lecture on advanced prosthetic and denture digital solutions. Dr Claire Healy spoke to attendees on oral mucosal disease and what to refer. A lively national GP meeting took place on the Friday, while Dr Brian Franks lectured on non-surgical facial aesthetics. Dr Martin Foster of Dental Protection spoke on avoiding complications of another type. Prof. Van Haywood of Augusta University, Georgia, gave two lectures over the course of the conference on pre-bleaching examinations and bleaching single dark teeth. Dr Shane White of the University of California also spoke on two separate occasions on the psychosocial value of root canal treatment and on tooth enamel. 'Avoiding complications during oral surgery' was the topic of Dr Seamus Rogers' lecture, while Dr Frank Lobbezoo of Academic Centre for Dentistry, Amsterdam, delivered two lectures, the first on dental sleep medicine and the second titled

'Bruxism: friend or foe?'. The Friday programme finished with two excellent lectures from Dr Ciara Doherty, who spoke on 'Approaches to challenging consultations', and Dr Niamh O'Sullivan, who broke up the academic programme with a moving talk on representing the Great Hunger.

Dr Daniel Flynn kicked off Saturday's programme with a lecture on endodontic microsurgery. 'Preparation design' was Dr Seamus Sharkey's lecture topic, while Dr Rachel Doody gave a periodontic update for daily practice. Dr Caoimhin MacGhiolla Phadraig spoke on tips for stress-free dental care for adults with disabilities. 'The ideal appliance for the individual patient' was the topic of Dr Kate Counihan's talk, followed by Mr Conor Barry discussing functional considerations in orofacial reconstruction after cancer. The programme was brought to a close by Prof. Avi Banerjee, who had two concurrent lectures on minimal intervention oral healthcare and minimally invasive operative management, along with Dr Chris Butterworth of the University of Liverpool, with his detailed lecture, 'Implant-based rehabilitation in the management of maxillary and mid-face malignancy: a classification-based approach'.

Dr Paul Quinlan delivered a lecture on how to predictably restore and replace teeth. Ashley Byrne looked at advanced crown and bridge digital restorative solutions in one lecture, and also gave a lecture on advanced prosthetic and denture digital solutions.

Nurses and hygienists

There were special sessions for dental nurses and hygienists on the Saturday. A full-day programme for nurses featured talks in the morning on enhancing the patient experience, which were open to dental nurses and practice managers. This lecture was given by Laura Horton from Horton Consulting. After lunch, there were lectures on managing dental records with the new GDPR regulations, given by Dr Thomas McCaffrey of Dental Protection, and Dr Jane Renehan spoke on infection prevention and control.

HSE Dental Surgeons' Seminar

The HSE Dental Surgeons Group held its Annual Seminar in Portlaoise in October, and there was an excellent turn out of members for an educational and social event. Dr Dympna Kavanagh, Chief Dental Officer at the Department of Health, spoke on the publication of the new oral health policy, *Smile agus Slainte*. Mary Godfrey looked at documentation in the clinical practice. She spoke on its importance in maximising patient safety and mitigating risk. Dr Richard Balmer spoke on the difficult but important topic of recognising abuse and neglect in children from the oral health perspective. He was followed by Dr Martin Foster of Dental Protection who spoke on consent and child patients. He outlined the principles involved, the importance of being aware of our obligations to protect patients' data and use it appropriately, and how this relates to child patients. Dr Rona Leith kicked off the lectures after lunch with her well-received lecture on current concepts in molar incisor hypomineralisation (MIH), which was followed by an hour of trade show time for attendees to interact with the members of the trade who supported the event. Prof. Wendy Turner finished the afternoon of lectures on the importance of healthy gums in children. She discussed key issues in the classification, diagnosis and management of periodontal problems for patients. Day one was brought to a close with the HSE Dental Surgeons Group AGM.

Irish Dental Association members continued to receive preferential discounted rates with Dental Protection Limited (DPL) arising from their membership of the Association in 2019. Members were also entitled to further discounts arising from the risk credits scheme operated by DPL.

Day two of the Seminar began with a lecture on 'Education and training in special care dentistry' from Dr Alison Dougall, followed by Dr Niamh Galvin, who gave a dental infection control update. Dr Andrew Bolas discussed compliance in dental radiography and had a detailed discussion on the regulations surrounding radiography.

'Luxation injuries' was the topic of Dr Jennifer Parry's lecture. She discussed post-traumatic management of displaced teeth. Dr Tim McSwiney kicked off the afternoon with his lecture on the role of orthodontic treatment in the management of cleft lip and palate. The day was brought to a close by an energetic lecture from Pat O'Hare and Kelly Doherty from Safe Hands Training. The pair gave their usual engaging and entertaining twist to the management of medical emergencies in the dental practice and how to deal with these unexpected scenarios.

Professional indemnity

Irish Dental Association members continued to receive preferential discounted rates with Dental Protection Limited (DPL) arising from their membership of the Association in 2019. Members were also entitled to further discounts arising from the risk credits scheme operated by DPL.

Colgate Caring Dentist Awards

Tipperary dentist Dr Padraig O'Reachtagain was named 'Colgate Caring Dentist of the Year 2019' for the compassionate treatment he provided to a woman who was injured in an incident of domestic violence. The woman, who wishes to remain anonymous, said Dr O'Reachtagain not only repaired her broken tooth, he also showed her and her children a way out of a violent situation. The woman, who travelled a considerable distance to Roscrea to receive treatment, was full of praise for the popular dentist: "Padraig opened up his practice on a Saturday morning just to treat me at much expense to himself I am sure. He was caring, compassionate and also advised me on the avenues I could go down to get myself and my children into a much safer environment. I can't express how thankful I am; he not only repaired my tooth but showed me a way to get out of a violent situation – myself and my children are now safe due to his care and understanding ... he truly deserves this award".

The awards, which were attended by over 360 people at the Clayton Hotel, Burlington Road, enable patients to nominate dentists who have provided them with dental care above and beyond their expectations. The IDA received over 1,000 nominations from dental patients all over the country for this year's awards.

Dr O'Reachtagain, who has been running his family-friendly Castle Street Dental Practice in the town for 30 years, said once the immediate dental issue had been addressed, the most important issue was the safety of the woman and her children.

The President of the Irish Dental Association, Prof. Leo Stassen, praised Dr O'Reachtagain for his generosity of spirit and professional

dedication in treating a woman who found herself in a violent situation: "Padraig displayed tremendous sensitivity and understanding of the physical and emotional needs of a patient in distress. After ensuring the patient had a secure and caring environment, he went on to provide her with excellent treatment and wise counsel. This enabled the mum and her children to escape from a dangerous situation. Her story – and indeed her own generosity in donating her prize to Women's Aid – will undoubtedly inspire others who find themselves in similar situations".

There were several other winners on the night, including Guiney Dental in Ballincollig in Cork, which was named Dental Team of the Year. Dr Freda Guiney's practice received the award for their outstanding kindness and the excellence of the care they provided to a patient struggling with severe mental health challenges over a prolonged period.

Colgate Caring Dental Team of the Year 2019

Guiney Dental

Runner Up Dental Team

Wrightville Dental Clinic

Regional winner – Connacht

Dr Dorcas Whitney, Orantown Dental Centre

Regional winner – Dublin

Dr Patrick Rooney, Clear Dental Care

Regional winner – Munster

Dr Claire O'Connor, Bantry Dental

Regional winner – Rest of Leinster

Dr Marcela Torres Leavy, Kinnegad Dental

Regional winner – Ulster

Dr Hannah Agnew, Colm Smith Dental

Colgate Caring Dentist of the Year 2019

Dr Padraig O'Reachtagain, Castle Street Dental

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

Free access to ADA publications

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

Dental Complaints Resolution Service

The seventh report of the Dental Complaints Resolution Service (DCRS), published in late 2019, showed that of the 123 complaints accepted by the DCRS in 2018, two-thirds were resolved.

The DCRS was launched in May 2012. It aims to assist dental patients and participating dentists to resolve complaints about dental services. Only patients of dentists who are members of the Irish Dental Association, or of those dentists who have specifically signed up to participate in the DCRS, may use this service. The Service is free of charge for IDA members. A charge applies for non-members.

Of the cases resolved in 2018, the most common outcome was a refund of fees, followed by payment for remedial treatment and apologies. The other methods of resolution were re-treatment, an explanation where there was no substance to the complaint, and some cases were closed without being resolved.

Failure of treatment was the most common subject of complaints, with 18 cases recorded. This was followed by root canal treatment at 14 cases. Failure to address a complaint was also given as the reason behind 14 complaints, showing the importance of dealing with problems when they arise. A total of 11 complaints also related to a failure to explain treatment costs and details.

Governance

Changes to Constitution

Significant changes were made to the constitutional and governance arrangements relating to the limited company (formerly the Irish Dental Association) and the associated trade union (formerly the Irish Dental Union), which necessitated an Extraordinary General Meeting for the Union in April 2019 and a special general meeting for the company in September 2019. The effect of the changes was to see the renamed company (now the Boynevale Dental Property Company) charged with safeguarding ownership of IDA House and all other representative, advocacy, education, scientific and publishing activities coming within the remit of the renamed trade union, i.e., the Irish Dental Association. These changes were approved at general meetings of the membership and subsequently by both the Companies Office and the Registrar of Friendly Societies.

The opportunity was also taken to introduce a number of significant governance changes to streamline arrangements and also to introduce elements of best governance practice, as follows:

- provision for the appointment of two non-executive directors with specialist expertise to join seven dentists as members of the (renamed) Management Committee of the trade union;
- provision for the restyling of Branches as Regional Committees provided such Regional Committees meet minimum governance and operational requirements;
- provision is now made for greater delivery of services and benefits for members at regional level – this is to be discharged with the assistance of Regional Committees where they meet clearly defined criteria and operational codes of practice, failing which local CPD and education will be delivered directly in the regions by IDA House;
- changes in the arrangements for the appointment and election of candidates for the position of President-Elect, which will see a broadening of the constituency for candidates and which would see Council propose candidates except for every third year, where this will be open to recognised Regional Committees to submit candidates for nomination;
- changes extending the potential membership of our Council to provide for places for representatives of the CPD Committee, Quality and Patient Safety Committee and International Affairs Committee;
- ending the confusion caused with the names of three of the

existing branches so that the Metropolitan, Munster and North Munster branches would be known as the Eastern, Southern and Mid-Western Regional Committees, respectively;

- the provision of additional options for Trustees to obtain independent professional advice; and,
- the establishment of a contingency fund to be administered by the Management Committee for use in funding disputes, including legal disputes, where determined by the Management Committee.

Strategy plan

Work commenced on preparing a new five-year strategy plan in 2019. As part of the strategic planning and development process, members of the Board of Directors and senior staff members of the Irish Dental Association met on a number of occasions during 2019.

The following participated and contributed to the process: Dr Eamon Croke, Dr Siobhan Doherty, Ms Roisin Farrelly, Dr Robin Foyle, Mr Fintan Hourihan, Ms Elaine Hughes, Dr Rosemarie Maguire, Dr Clodagh McAllister, Dr Niall Murphy, Dr John Nolan, Dr Andrew Norris, Dr Anne O'Neill, Dr Caroline Robins, Dr Kieran O'Connor, and Prof. Leo Stassen.

During these meetings, the group utilised a variety of diagnostic approaches to identify the organisation's strategic goals, objectives and key actions for developing this Strategic Plan for 2020 to 2025. This will enable the organisation to realise its mission and vision.

In addition, the organisation conducted a survey of all members, and the feedback from this has been incorporated into the Strategic Plan 2020-2025.

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

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

Board of Directors/Management Committee

The Management Committee met on six occasions in 2019 for scheduled meetings, in addition to participating in an induction day in June 2019 and a day-long strategy planning day. The Management Committee, chaired by Prof. Leo Stassen, assumed office in April 2019. At a time of considerable change, Management Committee members devoted immense time, energy and effort to managing the Association in 2019.

Finances

The finances of the Association benefitted considerably in 2019 from receipt of payments arising from a post-litigation settlement with the HSE, which saw over €320,000 paid to the Union. A detailed report on the finances from the Honorary Treasurer is available to view elsewhere in this Annual Report. A detailed Budget for 2020 was prepared and adopted by the Board of Directors. It was decided that membership subscription rates would remain unchanged for 2020 in recognition of the uncertainty associated with Brexit and the impact this would have on members' incomes in 2020.

Trustees

The Trustees met with the auditors to receive a copy of the draft financial report for 2018 prior to the 2019 AGM where the approved financial report was endorsed. It was agreed that the Trustees would be provided with further assistance and more regular meetings with the officers in future. Dr Jane Renehan completed her term as a Trustee and was replaced by Dr Barney Murphy, who joins Drs Garret McGann and Martin Holohan who have served as the inaugural Trustees along with Dr Renehan. On behalf of the officers and staff, I wish to thank the Trustees for their dedication and commitment to protecting the interests of the members.

Training for branch officers

The first ever dedicated training day for branch representatives took place on February 14, 2019, in Johnstown House, Enfield, where presentations and discussions were arranged to provide vital information and support to our branch representatives. Revised guidance for branch representatives was also published and approved by the Board, and circulated to designated branch representatives thereafter. The series of consultative meetings following publication of the oral health policy also allowed a chance

to rebuild and encourage the establishment of new regional representative structures, and it is hoped that this will allow stronger regional committee structures to grow in the years ahead.

Membership

The continued growth in membership that has been a feature of the past decade saw a further gain in overall numbers in 2019.

IDA membership numbers 2012-2018.		
Year	Total membership	
2012	1,339	
2013	1,561	
2014	1,642	
2015	1,701	
2016	1,765	
2017	1,829	
2018	1,855	
2019	1,849	
Increase 2012-2019		38%

Staffing in IDA House

I wish to place on record my sincere thanks to all the staff in IDA House who served with great dedication, efficiency and attentiveness in 2019. We thank Sinead Kelly and Claire Brennan for their service and welcome new staff members Una Doyle and Irina Pochkinova. We welcome the Board's recognition of the need to bolster our staffing numbers to allow the Association to continue to offer greater services to members, but also to address the risks associated with a relatively small cohort of staff for a busy and expanding representative body of our type.



Fintan Hourihan
CEO

Honorary Treasurer's Report

In presenting the Honorary Treasurer's Report 2019, I would like to advise you that the financial reports of the Irish Dental Association and the audited financial statements for the year ending December 31, 2019, are to be found in this IDA Annual Report 2019. The auditors for the period were Grant Thornton Ireland, Chartered Accountants and Registered Auditors.

Income

The total combined income of the Irish Dental Association and Boynevale Dental Property Limited in 2019 was €1,499,579, which saw an increase of €45,385 on the previous year (2018: €1,434,194). The IDA is a membership organisation and thus the membership subscriptions continue to be the primary source of income, and as a proportion of overall revenue this has remained relatively stable, reflecting the 2% increase applied to subscriptions and the relatively flat membership base (2019: €1,275,491; 2018: €1,218,868). Milestone 2 in the agreement between the HSE and IDU was reached by May 31, 2019, and the associated refund of €93,195 has been reflected in the income of 2019. Accreditation income has held up (2019: €40,000; 2018: €40,000) and event income increased marginally (2019: €117,502; 2018: €113,924). The *Journal of the Irish Dental Association* continues to perform well in a competitive market (2019: €66,585; 2018: €61,402).

Expenses

Payroll costs continue to remain at about 50% of turnover (2019: €720,785; 2018: €717,171). A review of staffing levels continues so that the organisation is best placed to provide the supports that members demand. Voltedge Management Ltd has been retained in an advisory role in relation to staff development and ensuring that remuneration is kept comparable with market values.

There has been a year over year reduction in legal and professional fees (2019: €59,479; 2018: €127,911) and in public relations and advertising fees (2019: €47,586; 2018: €55,772). There was a small increase in the cost of meetings, delegations and related expenses (2019: €33,240; 2018: €27,078).

Summary

The organisation is very much dependent upon membership numbers. The stability of the membership and the 2% increase in subscriptions allowed for normalised surplus income to increase year on year (2019: €184,308;

2018: €113,431) and cash reserves to increase too (2019: € 797,849; 2018: €383,281).

In achieving the Period 2 target of 70% of claims submitted via electronic transmission under the Dental Treatment Services Scheme (DTSS) the Union has realised the Milestone 2 payment of €93,195 from the HSE. All available information indicates that further milestones would not be achieved within their respective period targets, and thus it is very likely that additional milestone payments will not be made. Accordingly, they have not been realised as assets as of December 31, 2019.

Budgetary forecasts for 2020 indicate a positive cash flow for the year end 2020. The organisation is assumed to be a going concern financially.

I wish to record my thanks to the Trustees for their invaluable help and would like to welcome Dr Barney Murphy to the role having replaced Dr Jane Renehan. Barney will work alongside Drs Garrett McGann and Martin Holohan, who will continue as Trustees.

We welcome publication of the Strategic Plan 2020-2025 and the key financial objectives therein, to ensure a robust level of contingency fund equivalent to six months' operating costs, to ensure effective cost controls, and to reduce reliance on membership subscriptions as the main income stream. In working towards achieving these objectives we will help to safeguard the financial well-being of the organisation and improve its financial resilience.

The commitment to further training of all members of both the Audit and Finance Committee and the Management Committee will only improve financial decision-making within the organisation. Continued update of the risk register will help to identify and mitigate financial and other risks. The restructuring of the organisation, including the addition of two non-executive directors to the Management Committee, will also further strengthen the organisation.



Dr Andrew Norris
Honorary Treasurer

Increased workload and structural change

The past year has been extremely busy. We have had to deal with an enormous increase in the workload of the Association, not least due to the current Covid-19 pandemic.

Without going any further, it is incumbent upon me to acknowledge the tireless work of all the staff of IDA House, the Management Committee, Council and the various members of all other committees. I am very grateful for all the people who have given so freely of their time and expertise, complementing the unstinting work done by the secretariat. This year many changes were afoot in the Association. The composition of the Board, now called the Management Committee, has been restructured. These changes will come into effect at the AGM. I am delighted to announce the appointment of two non-executive directors. This is in keeping with best practice and also good governance.

Notwithstanding all the work that has been done and continues to be done in relation to Covid-19, the other work done by the Association has continued alongside the demands of dealing with the pandemic. Plans were finalised in relation to the refurbishment of IDA House. Many thanks to Dr PJ Byrne for his input. The refurbishment has been postponed, which was a prudent step as it was essential to keep all non-essential costs to a minimum. Some of our income streams were diminished due to the pandemic and the Audit and Finance Committee was kept very busy.

At all times the Management Committee was kept abreast of the Association's finances in these difficult times.

Members benefited from a mortarium, which was very welcome. CPD delivery has been hindered; however, many webinars were streamed with plenty more in the pipeline. Unfortunately, our Annual Conference had to be cancelled. Plans are afoot for next year's conference, which we all hope will be possible.

I will be stepping down as Honorary Secretary of the Association at the AGM. I would like to thank all my colleagues in the Association and the secretariat who have helped me in the role.



Dr Clodagh McAllister
Honorary Secretary

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International Affairs Committee



Drs Robin Foyle and Jane Renehan represent the Irish profession at the CED.

2019 was an extremely busy year for the members of the IDA International Affairs Committee, both at the Council of European Dentists (CED) and the Federation Dentaire International (FDI).

The IDA is represented at the CED by Dr Robin Foyle, Dr Jane Renehan, Dr Nuala Carney and Fintan Hourihan. Within the CED Working Groups, the IDA is represented by Dr Jane Renehan (Chair, WG on Dental Materials and Medical Devices; member, WG on Patient Safety, Infection Prevention and Waste Water), Dr Robin Foyle (member, WG on Dental Materials/Medical Devices and Tooth Whitening Group), Dr Nuala Carney (member, WG Education and Professional Qualifications), and Fintan Hourihan (member, WG on Oral Health). In September 2019, Dr Nuala Carney and Fintan Hourihan represented the IDA at the FDI.

CED

There were two meetings of the CED in 2019 – the Annual General Meeting in May in Vienna, and the mid-year meeting in Brussels in November.

During these meetings several important resolutions and positions of the CED were debated and ratified.

1. CED statement on advertising

Although rather brief, this recognises the rights of member states to enforce their own rules/guidelines but condemns the promotion of financial benefits or incentives with no clinical benefit to the patient, and discourages the use of testimonies from recognisable public figures.

2. CED resolution on CPD

This is an update on a previous resolution, which now includes reference to digital workflow and training, and recognises the increasingly wide range of CPD opportunities and preferences. It recommends that some level of mutual recognition of CPD is established across the EU, and insists that CPD courses are regulated and evaluated using consistent criteria by the accreditation body of that country.

3. CED position on the implementation of the Medical Devices Regulation

The Medical Devices Regulation is an essential piece of legislation to ensure high-quality care and patient safety across the EU, due to be implemented in May 2020. Three main concerns exist:

1. Implementation of new classification rules for all medical devices may not be ready by May 2020, which could lead to delays in availability of medical devices.
2. Availability and capacity of Notified Bodies across the system, i.e., systems and personnel are inadequate at present and there is a need for appropriate updating and training if they are to be ready by 2020.
3. The CED wants full transparency of information on the safety of medical devices, and public access to the European Medical Devices Database.

4. CED resolution on online evaluation of dentists

Areas of concern that were identified:

1. Feedback on services – needs to be verifiable and accurate.
2. Transparency of feedback – that websites allowing comments should be moderated and allow the dentist to respond.
3. Accountability for content – that there should be a set of quality criteria recommended by the EU to ensure that such platforms are providing fair and accurate information.
4. The CED offered recommendations of quality criteria for online evaluation of dentists – these are available on the CED website.

5. CED White Paper on Prevention – ‘Oral care – prevention is better than cure’

This paper has a target group of policymakers, politicians and other healthcare groups. This proved to be the most hotly debated issue of the meeting. The draft paper had prompted feedback from several dental associations, including the IDA, revealing different approaches and priorities across the EU member associations. Surprisingly, the most contentious issue was that of fluoride, particularly water fluoridation. The IDA strongly protested the need to have this retained as a key recommendation in the document, which it eventually was. The Paper made eight recommendations, which are available on the CED website.

6. Resolution on corporate dentistry

This resolution reflected concerns that corporate structures are becoming increasingly prevalent across Europe, reaching levels of 25–35% in some countries and employing increasingly large teams, up to 1,000 in some clinics!

The resolution highlights the risk to patients, the workforce and the healthcare system, and bemoans the lack of oversight of these large

organisations. The CED made several recommendations to protect employees and patients, and maintain ethical and clinical standards.

7. Updated resolution on amalgam

This update highlights the need for further emphasis to be placed on prevention in oral health as amalgam is phased down. It sets out the environmental concerns around the disposal of amalgam and risks to the environment, and the need for separators to be installed in surgeries. It recognises the economic challenges posed to health systems as we shift to alternative materials, but accepts the right of clinicians to discuss the most appropriate treatment with their patient. Following the ratification of the Minamata Treaty, the guidelines in Europe have been clearly set out regarding restrictions around the use of amalgam since 2017. There is currently an EU feasibility study underway regarding the phase-out of amalgam by 2030 across Europe, following the distribution of a survey commissioned by the EU to assess what the likely impact might be in different countries. Members of the CED noted several flaws in the data collection analysis of the survey – this is being followed carefully by Dr Jane Renehan and her WG.

8. Resolution on e-health and dental data

Proposals have been made concerning access of dentists to the patient's medical data, particularly for reasons of screening/risk factors, oral cancer, relevant medical history, and allergies. The aim is that there would be access to data across borders and within countries where necessary, to prevent unnecessary duplication of tests, x-rays and medications. It would also be of value in dental forensics.

9. Resolution on the use of nitrous oxide sedation in dentistry

This covers the broad guidelines around the use of this technique – specific guidelines and regulations pertain to each country.

10. Resolution on professional standards and accreditation

The CED is now working with FEDCAR (European Association of Dental Regulators) to establish a system of accreditation across the EU, to ensure a minimum common standard in the quality of dental education. Both are calling for an update of the Annex of Directive 25/36, which requires curriculae in dental schools to be updated to reflect scientific and technological advances.

11. Resolution on vaccination

This resolution calls for dentists to become active in the advocacy and promotion of vaccines for both sexes and all age groups, particularly the HPV vaccine, to prevent oral cancer related to HPV.

Scaremongering and inaccurate information has led to vaccination rates dropping – our profession should be actively encouraging vaccination of young people against HPV before they become sexually active. Dr Nuala Carney and Fintan Hourihan met with Clare Daly MEP and her assistant at the European Parliament to bring them up to date with the issues facing the dental profession in both Ireland and Europe, and our vision for the provision of oral health services in the future.

FDI Meeting, San Francisco, September 2019

Dr Nuala Carney and Fintan Hourihan represented the IDA at the FDI this year, and Prof. Stassen joined us as a guest of the American Dental Association (ADA) at the concurrent ADA meeting. I was invited to speak about the implementation of policy statements (specifically the phasedown of amalgam) at the Membership Liaison Forum, attended by all the national liaison officers.

In my presentation I shared our experiences here in Ireland around the challenges of phasing down amalgam, the oral health policy, and the supporting documentation published by the IDA for dentists and patients on the topic. It is clear that phase down is causing headaches and challenges for many dental associations and practitioners around the world, and we are in a privileged position to be able to make the necessary changes.

Key hot topics around the world of dental politics at present are:

1. The role of auxiliary dental staff – dental hygienists, dental therapists and clinical dental technicians. In some countries (New Zealand, Canada, Australia and the US) they are seeking to establish their own regulatory authority and independent access, which is not welcomed by the profession.
2. Minamata and the amalgam phase down/phase out. We heard how some countries are struggling with the financial implications of this, both on practices and nationally in terms of waste disposal facilities.
3. Corporatisation of dentistry is becoming an increasing challenge across the developed world. Our colleagues in the Canadian Dental Association have shared excellent research on this and are extremely knowledgeable and proactive in the area.
4. The Oral Health Forum offered a great insight into how oral health programmes are being adapted to meet the needs of patients and policymakers around the world. Contact established with Dr Jane Grover of the ADA has led to the participation of the IDA in a

training programme for community dental health co-ordinators as a pilot study to evaluate if this approach might be of benefit in Ireland.

5. The Canadian Dental Association (CDA) is cognisant of the number of Canadian dental students in Cork and Dublin, and is keen to offer its support when they return to Canada – and also to Irish graduates who may wish to practise in Canada. There is an ongoing liaison in this regard between the IDA and the CDA.
6. Eight new policy statements were ratified by the General Assembly:
 - Access to Oral Healthcare Among Vulnerable and Underserved Populations;
 - Antibiotic Stewardship in Dentistry;
 - Carious Lesions and First Restorative Treatment;
 - Continuing Education via eLearning;
 - Ethical International Recruitment of Oral Health Professionals;
 - Infection Prevention and Control in Dental Practice;
 - Malocclusion in Orthodontics and Oral Health; and,
 - Repair of Restorations.

I would like to sincerely thank all the members of the IDA who gave considerable feedback during the input and editing process of the statements.

7. The FDI publishes several guidance resources, which may be of interest to members: sports dentistry and oral healthcare for older patients; chairside (professional) guides for endodontic care in general practice; continuity of care for partially dentate patients; and, managing older patients. Copies are available on request or via the FDI website – www.fdiworlddental.org) Members are also now able to access the *International Dental Journal* simply by contacting the IDA office.

The CED, FDI and ADA are excellent opportunities to meet the leadership of dental associations from around the world and exchange ideas and experience. The value of these human contacts, discussions and learnings should not be underestimated.

We were particularly appreciative of the networking opportunities offered by the ADA, CDA, German, Japanese and Moroccan Dental Associations – conversations in informal settings are where some of the most valuable insights are gained. We were consistently humbled by the generosity of other organisations and dentists to offer support and expertise in many areas.

Dr Nuala Carney

International Affairs Committee Representative

GP Group Report

It was a busy year for the GP Group. I succeeded Dr John Nolan as Chair in May 2019. The group has a broad representation and has been dealing with all aspects of general practice.

Early in the year the GP Group published an important policy paper, 'Promoting Independent Practice'.

This formalised the GP Group's focus on the benefits of independent practice. It discusses the problems regarding the State-funded schemes, with particular reflection on the unilateral cuts to the State schemes in 2010. Since the hard lessons learnt at that time dentists have expanded their private practices and the GP Group endorses the benefits of independence from third-party schemes.

The paper discusses the benefits of independent practice for dentists and patients. The GP Group strongly believes in the direct relationship between patient and dentist that independent practice nurtures. We have been very aware of the difficulties that underfunded schemes cause for dentists, their staff, and patients. The Group does recognise that properly funded schemes can have a role in patient care but the current experience, in particular with the DTSS, is extremely problematic.

The Department of Health published its national oral health policy, Smile agus Sláinte, in early April 2019. There is much overlap in broad strokes with the Association's policy paper, 'Towards a Vision for Oral Health', which was published in 2018. However, many of the proposals in Smile agus Sláinte are simply unworkable for general practice.

As the policy was published on the day of the Association's Annual Conference there was only a brief discussion regarding it at the GP Meeting at the Conference. The National Meeting in Dublin in May and the other regional meetings gave an opportunity for the Association to hear the views of members and deliver a response to the policy.

At a meeting between the Association's representatives and the Minister for Health, Simon Harris TD, in August, our concerns regarding many aspects of the policy were raised, in particular the proposals regarding children. The Minister indicated that he would be prepared to consider an alternative strategy.

However, we were subsequently informed that Smile agus Sláinte is "settled Government policy" and subsequently the Association decided to withdraw from participation in Department of Health working groups.

In anticipation of possible future engagement, the Board has decided that both the GP Group and the HSE Group should have a negotiation skills workshop early in 2020.



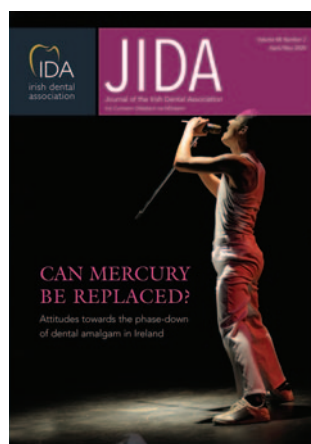
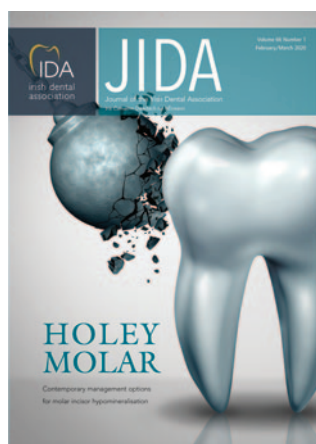
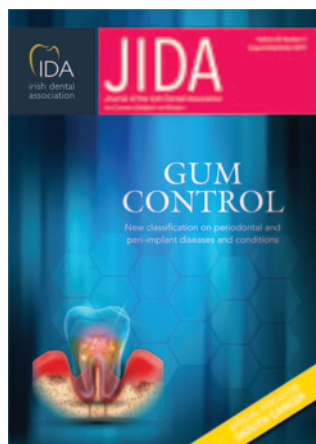
This is reflective of the lack of trust that members have in engagement with the Department of Health and the HSE. As has been commented on in the past, a considerable percentage of time at GP Group meetings is taken up with DTSS-related issues and we are conscious of getting the balance right in addressing the full range of interests and priorities for our members.

We had a constructive meeting with Department of Social Protection officials in December regarding various issues relating to the DTBS Scheme, and agreed to have a follow-up meeting early in the new year. It was decided that the Practice Management Seminar in January would have 'Promoting Independent Practice in Dentistry' as its theme. There are undoubtedly many challenges ahead next year and beyond, and the GP Group, supported by Fintan Hourihan, Elaine Hughes, Roisín Farrelly and the team in IDA House, is prepared to meet those challenges head on.

Dr Kieran O'Connor

Chairperson, GP Group

Journal of the Irish Dental Association



It has been a busy year for the *Journal of the Irish Dental Association*. Liz Dodd took over the helm as our Journal Administrator in May 2019 following the retirement of Fionnuala O'Brien. In the 12 months from April 2019 to March 2020, we received 27 new submissions for peer review. The volume of submissions encouraged us to update and improve the peer review process this year. Huge credit goes to Liz for her work on this and in creating a submission form and checklist for authors to standardise and simplify the submission and review processes. We have also updated the instructions for authors for both peer-reviewed articles and clinical features, to standardise submissions and simplify the peer review and editorial process. These are available on the IDA website. We benefit from the continued support of our Managing Editor Ann-Marie Hardiman and our publishers Think Media who bring a depth of understanding of our profession in addition to their own high professional standards to each issue, and from the continued support of our advertisers.

We publish six issues a year and in the last 12 months have published 22 peer-reviewed and commissioned articles over 95 pages of clinical content. This would not be possible without the support, patience and commitment of all our authors, our peer reviewers and the Editorial Board in continuing to strive to deliver high-quality content.

Many thanks go to Drs Derek Richards, Gerry McCarthy, Jeff O'Sullivan, John O'Keefe, Colman McGrath and Áine Carroll, who have all taken the time to be interviewed in the last 12 months, and to all the IDA members who have also shared their professional experiences and viewpoints in features, news items and in their letters. The *JIDA* has a circulation of about 4,000. We have some challenges ahead and hope to continue to create a Journal that both represents the views of the members and supports their continued best practice.

Dr Ciara Scott
Honorary Editor

HSE Group

2019 has been a busy and challenging year for the HSE Dental Surgeons Committee. The new national oral health policy, *Smile agus Sláinte*, was launched on April 3, 2019. While the publication of the new policy is welcomed, we would view it as a starting point for a long-overdue discussion on oral health and believe that the current proposals, if implemented, would not produce a good outcome for many patients; ultimately, an oral health policy that is good for patients will be good for dentists.

The HSE Committee has studied the policy in depth and is currently working to determine how the overall health objectives of the policy can be best achieved for patients while protecting the rights and livelihoods of all members.

HSE representatives are working with our GP colleagues to achieve an IDA position paper on the oral health policy that will achieve its goals while supporting and developing both the public dental service and independent private practice.

This is a significant challenge for both committees but the mutual respect and support for each other's position enables constructive discussion and debate.

At the time of writing, with the public health threat posed by Covid-19, it seems unlikely that any progress will be made in implementing *Smile agus Sláinte* in the short term. The prolonged period of uncertainty is unsettling for all dentists.

Annual Seminar

The HSE Annual Seminar took place in October in the Midlands Park Hotel in Portlaoise.

The opening address was delivered by Dr Dymphna Kavanagh, Chief Dental Officer at the Department of Health. Dr Kavanagh spoke about the new oral health policy, in particular the role of the public dental service in the provision of oral healthcare to vulnerable adults in nursing homes.

Unfortunately Dr Kavanagh was not in a position to take questions; however, the Seminar afforded delegates a timely opportunity to discuss with their colleagues the implications of the new policy for both patients and public dental surgeons.

The Seminar programme included many renowned speakers from Ireland and the UK, who presented on a wide range of topics of relevance to practice in the public dental service. Topics included: risk management; Children First; paediatric dentistry; education and training in special care dentistry; periodontology; and,

orthodontic treatment of cleft lip and palate. The seminar finished with a two-hour presentation on medical emergencies by Safe Hands. The programme received very positive feedback from delegates; particular mention was given to the presentation by Safe Hands. Once again I would like to thank our trade sponsors for their support.

HSE AGM

There were 10 motions at our AGM and areas covered included the proposed national oral health policy and the continuing lack of resources for the public dental service.

Our figures show that while there has been a 20% increase in the population eligible to access the public dental service in the last 10 years, during the same period there has been a 30% reduction in public dental surgeons.

It is nearly one year since the policy was launched, and to date there is no hard evidence of an implementation plan. Meanwhile, due to the non-filling of vacancies, there is a continued deterioration in the delivery of targeted developmental screenings, and oral health prevention and promotion programmes.

The lack of general anaesthetic (GA) services nationally for children and special needs patients is a continuing problem and an area of great concern for public dental surgeons.

On behalf of all HSE members I would like to thank all the staff of IDA House for their work on our behalf throughout the year. I would like to thank all committee members, who have given their time to represent HSE members.

A special thanks to Dr Christine Myers, the outgoing President, for all her work on both the Committee and Council.

I would like to congratulate Dr Philip Mulholland, President Elect, and wish him every success with organising the 2020 seminar. I would like to wish Dr Anne O'Neill a successful year as incoming President of the Association, and thank Prof. Leo Stassen for all his work as President, and for his support of the public dental service.

Dr Grainne Dumbleton

President, HSE Dental Surgeons Group

Quality and Patient Safety Committee

The Quality and Patient Safety Committee (QPSC) met on six occasions during 2019. The Committee had another busy year, working on topics such as the new radiation regulations, health and safety, amalgam and waste, and eco-dentistry.

The Committee has produced a sustainability audit for dental practices, as well as a list of 20 top tips to reduce your practice's carbon footprint and improve its green credentials, thereby benefitting your practice, your patients and your environment. We have also drafted a concise two-page audit on 'Slips, Trips and Falls'. The Committee intends to collate more of these 'Fast-Fact' templates on various health and safety issues. We hope they will be of use to the busy practitioner to help them risk assess their practice without the encumbrance of excessive workload and paperwork. These documents are available on the members' section of the IDA website.

Representatives from the QPSC met with HIQA, on behalf of the IDA, to discuss the new radiation regulations, and the inspections and compliance regime. A new radiation section of the IDA website is being prepared and Dr Jane Renehan gave the IDA's first webinar on the topic of oral radiology, the new regulations and the implications of these for dentists.

The Committee contributed to the IDA's written response to the Irish National Plan for Phase-Down to Phase-Out of Amalgam to 2030, with particular emphasis on a list of exemptions. Committee members also met with representatives from the Department of Communications, Climate Action and Environment and Dublin City Council to discuss the upcoming inspection of amalgam waste disposal in dental practices by local authorities. The Committee continues to work on this issue.

The compliance workshops at the 2019 Annual Conference were well attended by both dentists and dental team members. The workshops focused on a range of compliance topics and took an 'FAQ' approach. During 2019, members of the QPSC also worked on completing a final draft of a general dental waste policy.

In early 2019, Dr John Adye Curran stepped down as Chair of our committee. On behalf of the Committee I wish to thank him for all his work during his many years on the Committee and in particular for his dedication and commitment during his time as Chair.

Dr Gerald O'Connor

Chairperson, Quality and Patient Safety Committee

CPD Committee

A New CPD Committee was installed last year with Robin Foyle as Chair. Former committee members Drs PJ Byrne and Garry Heavey remained on the Committee, and Drs Jane Renehan, Emma Rose McMahon, Andrew Woods and Maurice Fitzgerald joined the Committee.

The Committee met five times face to face in IDA House to plot a course for the IDA's CPD offerings over the next couple of years. As well as continuing and expanding CPD nationally and in the regions, in 2019 we introduced webinars for the first time. This proved incredibly successful as over 300 members connected live to Dr Jane Renehan's first webinar on radiological compliance. Following that, we have recorded live lectures, such as the Metro Branch ASM and, with the permission of the speakers, these will be available online for members to view.

At the end of 2019 the Dental Council informed us that they would no

longer be attributing CPD points to content by CPD providers; therefore, it was decided that the IDA would attribute the hours that each member has completed on IDA content. The IDA has also been successful in continuing recognition of the ADA CERP programme. This allows US dentists to have their IDA courses recognised for CPD in the US. I would like to thank Elaine Hughes for this and for all the hard work that is done organising courses and speakers for our members. Without Elaine, who has been steering the IDA's CPD for many years, none of this would be possible. I would also like to take this opportunity to thank all of the CPD Committee for their very valuable contribution.

Dr Robin Foyle

Chair, CPD Committee

Regional branch reports

Eastern (formerly Metropolitan) Branch

Committee

President: Dr Rory Boyd
 Immediate Past President: Dr Richard Lee Kin
 President Elect: Dr Aodh MacGrainne
 Honorary Treasurer: Dr Suzanne Buckley
 Honorary Secretary: Dr Ambrish Roshan
 Dr Aoibhinn Wall (overseas)
 Dr Cloe O'Beirne
 Dr Geraldine Murray
 Dr Annie Hughes
 Dr Edward Madeley
 Dr Joshua Cheng

The Metro calendar was packed this year. The committee met monthly via Zoom to plan the lectures, and CPD points were awarded for lectures and case-based learning sessions. All events were held at the Hilton Hotel, Charlemont, Dublin. We kicked off in September with two lectures and a case-based learning session. Fintan Hourihan made a presentation explaining the oral health policy and the road ahead. Dr Anne O'Connell followed this with an excellent lecture on the clinical and biological aspects of root resorption. Dr David McReynolds presented a case-based learning session on managing dental tourism in general practice.

In October, Dr Rory Boyd lectured on the applications of intraoral scanning and chairside 3D printing. This was followed by Dr Pat Cleary's presentation on endodontic tooth isolation and access for endodontic treatment. A case-based learning session was given by Dr Mark McLoughlin entitled 'Diagnosis and treatment of mucogingival problems'. Our November meeting saw Dr Ronan Allen discuss soft tissue complications in implant dentistry. This was followed by Dr Neil Griseto who had made the trip from Harvard School of Dental Medicine. Dr Griseto spoke on smile diagnosis and design including design principles and techniques. Dr Susan O'Connell provided an orthodontic case-based learning session at this meeting. January saw the Metro delegates joining the Irish Endodontic Society. Delegates enjoyed talks from the international duo Dr Helena Fransson and Dr Maria Pigg. The lectures covered the emergency treatments of painful endodontic conditions and the differential diagnosis of tooth pain. We held our ASM in February 2020. The ASM was based around a speed lecturing concept. Delegates enjoyed lectures on a vast range of topics from Dr David McReynolds, Mr Conor Barry, Dr Eleanor McGovern, Mr Darren McCourt, Dr Claire Healy, Dr

Andrew Bolas, Dr Noel Kavanagh, Prof. Brian O'Connell, Dr Edward Madeley, Dr Jane Renehan and Dr Ciara Scott. The post-conference dinner and quiz were very well attended and enjoyed by all. The final event of the programme was unfortunately cancelled due to the restrictions in place to manage the Covid-19 pandemic. This has also caused the postponement of the Metropolitan Branch AGM. The support from our sponsors this year has been superb. This is something we wish to carry into the coming years to enable the Branch to grow and strengthen. I would like to thank all Committee members and all in IDA House for their help and support this year.

Dr Rory Boyd

President, Metropolitan Branch

Kerry Branch

2019 was a busy year for the Kerry Branch with good attendances at our branch meetings in Tralee and Killarney. We had lectures during the year covering all the relevant topics of interest to the general dental practitioner. Dr Paul Keogh, Dr Stephen Cotter and Dr Jennifer McCafferty delivered talks on oral surgery, orthodontics and paediatric dentistry, respectively. The highlight of our year was our ASM, which was held in The Europe Hotel, Killarney. We had 55 dentists present for a conference where our speakers – Dr Norma O'Connor, Dr Conor Durack, Dr Seamus Sharkey, Dr Kate Counihan and Dr Niamh McAuliffe – gave presentations that were very well received by all delegates. Most of these stayed on for our dinner and drinks reception, which was enjoyed by all. I would like to thank all the sponsors who helped to make our ASM possible, and all Committee members for their support and hard work during the year.

Dr Maurice Lyons

President, Kerry Branch

South East Branch

The South East Branch calendar was busy this year with three evening meetings around the South East during the winter, ending with our Annual Scientific Meeting in March in Kilkenny. CPD points were awarded for all lectures and Dental Protection Limited awarded risk credits where appropriate. We commenced the year in October 2019 with two speakers in the Viking Ramada Hotel in Waterford. Dr Daphne Halley spoke about drug-induced complications in oral surgery and gave a very comprehensive presentation, which led to an excellent question and answer session. Dr Janice Brady gave an insightful presentation on facial aesthetics and

appropriate treatments. This was interesting and very fitting in current times. There was a very high attendance, which was a great start to the winter evening meetings.

In November the evening meeting took place at the beautiful Lyrath Hotel in Kilkenny where Dr Joe Hennessy delivered a lecture on orthodontics in general practice. Dr Joe Mahon covered sleep apnoea and the current thinking on this issue. Both speakers were very well received and again attendance was good despite horrific weather conditions on the evening. In January, we held our first evening meeting in the Brandon House Hotel in New Ross.

This proved to be a popular new venue with a great turnout on the night. We were delighted to have Dr Breandan O'Niadh deliver his first lecture for the IDA and the Harvard graduate did not disappoint. His lecture was titled 'The complete guide to extractions in dental practice'. Dr Melissa Lee presented on 'Lasers in periodontics', and we look forward to inviting her back soon to present her results using this treatment modality.

Annual Scientific Meeting and AGM

The ASM in Mount Juliet, Kilkenny, was a huge success with 53 delegates attending and a fantastic trade show. The speakers were very well received and Fintan Hourihan opened proceedings with an update on the new oral health policy, Smile agus Sláinte. Prof. Richard Ibbetson and Dr Kathryn Harley followed with entertaining and informative presentations in the morning and afternoon.

These two speakers provided us with information and tips that could be implemented in everyday practice. We also heard from Dr Noel Kavanagh of Dental Protection, who spoke about the importance of dental record keeping. This was an excellent presentation and again applied to all aspects of dentistry, and Dr Kavanagh gave helpful tips that could be implemented immediately to improve the quality of record keeping in practice.

The AGM took place immediately after the Annual Scientific Meeting. Later that evening we enjoyed a wonderful meal in the Lady Helen Restaurant in the Manor House at Mount Juliet.

New President

Our new President is Dr Brid Fitzgerald, while the President Elect role is yet to be decided. Dr Barbara O'Brien will remain as HSE Representative and Dr Mark Rogers will continue in his role as GP Representative. My tenure on the Committee is now over and I would like to thank all Committee members and all in IDA House for their help and support.

Dr Mary O'Keeffe

President, South East Branch

Southern (formerly Munster) Branch

The Southern Branch had two evening lectures prior to Christmas 2019 and had three scheduled from January to March 2020 at the Maryborough Hotel, Douglas, Cork. The evening lectures are very well attended with refreshments provided beforehand. This gives members a chance to socialise and network. Our first lecture after the summer break was on September 17, 2019. Dr Jane Renehan, Dental Compliance Consultant, spoke on 'HIQA, dental compliance with infection prevention and control, and radiology'. On October 22, Prof. Anthony Roberts, Professor of Restorative Dentistry (Periodontology), UCC, gave a very topical lecture on 'The new periodontal classification system'. On January 16, 2020, Dr Arthur O'Connor, prosthodontist, lectured on extraction techniques, timing of implant placement and implant restoration. On February 18, Dr Alun Rees, The Dental Business Coach, lectured on 'What they didn't teach you in dental school'. On March 10, 2020, Dr Jennifer Parry, Consultant/Senior Lecturer, Paediatric Dentistry, UCC, lectured on 'Dental care considerations for young children', followed by our AGM.

ASM

Our Annual Scientific Meeting was held in Fota Island Resort on Friday, November 15, 2019. Our theme this year was 'Periodontology and Pharmacology Update'. Dual-qualified periodontist and oral surgeon Dr Marilou Ciantar (Malta/Scotland) gave us a very comprehensive overview of assessment and treatment of the periodontal patient prior to implant placement. She described optimal implant placement to facilitate long-term patient maintenance, and also covered assessment and treatment of peri-implant diseases. Dr Hayley Wickens, Consultant Antimicrobial Pharmacist (Oxford), lectured about the growing threat of antibiotic resistance and impediments to discovery, antimicrobial stewardship in dentistry, and a review of recent rapid changes in genomic technology and how these will affect delivery of healthcare in the next five to 10 years. Dr Thomas McCaffrey, Dentolegal Consultant, Dental Protection, lectured on 'Record keeping for periodontal issues' and how to keep out of trouble (1 hour risk credit). The three speakers complemented each other nicely, resulting in a very cohesive ASM. The meeting had 29 delegates (compared to 60 in 2018). The trade show was bigger than ever and was very popular, giving delegates the opportunity to see the latest products on offer. The Southern Branch continues to thrive with consistently good attendance at both our evening lectures and our Annual Scientific Meeting. We hope this pattern will continue for the coming year. Thanks to all our invited speakers and valued committee members for keeping our Branch so active.

Dr Martin J. O'Sullivan

President, Southern Branch

Council Member	January 25	March 22	June 28	September 20	December 6	Total
John Adye-Curran	✓	X				1 / 2
Rory Boyd	✓	✓	X	✓	✓	4 / 5
Mairéad Browne	✓	✓	X	✓	✓	4 / 5
Nuala Carney			✓	X	✓	2 / 3
Susan Crean	✓	X				1 / 2
Eamon Croke	✓	✓				2 / 2
Dina Dabic	✓	✓	X	✓	X	3 / 5
Michaela Dalton	✓	✓				2 / 2
Siobhan Doherty	✓	✓	✓	✓	✓	5 / 5
Brid Fitzgerald					✓	1 / 1
Robin Foyle	✓	✓				2 / 2
Joe Hennessy	✓	X	X			1 / 3
Richard Lee Kin	✓	✓	✓	✓	✓	5 / 5
Tim Lynch	✓	X	X	✓	X	2 / 5
Rosemarie Maguire			✓	X	X	1 / 3
Clodagh McAllister	✓	X	✓	✓	✓	4 / 5
Divya Moorthy		X	✓	X	✓	2 / 4
Niall Murphy	✓	✓	✓	✓	✓	5 / 5
Paul Murphy	✓	✓				2 / 2
Christine Myers			✓	✓	✓	3 / 3
John Nolan	✓	✓				2 / 2
Andrew Norris	✓	✓	✓	✓	X	4 / 5
Gerald O'Connor			X	✓	✓	2 / 3
Kieran O'Connor	✓	✓	✓	✓	✓	5 / 5
Mary O'Keeffe	X	X	X	✓		1 / 4
Anne O'Neill					✓	1 / 1
Deborah O'Reilly				✓	✓	2 / 2
Caroline Robins		X	X	✓	X	1 / 4
Leo Stassen	✓	X	✓	✓	✓	4 / 5

Board Member	January 25	March 8	March 22	May 1	June 28	September 20	December 6	Total
Eamon Croke	✓	✓	✓					3/3
Michaela Dalton	✓	✓	✓					3/3
Siobhan Doherty	✓	✓	✓	✓	✓	✓	✓	7/7
Robin Foyle	X	✓	✓					2/3
Rosemarie Maguire					✓	X	✓	2/3
Clodagh McAllister	✓	✓	X	✓	✓	✓	✓	6/7
Niall Murphy				✓	✓	✓	✓	4/4
John Nolan	✓	✓	✓					3/3
Andrew Norris	✓	✓	✓	X	✓	✓	X	5/7
Kieran O'Connor	✓	X	✓	✓	✓	✓	✓	6/7
Anne O'Neill							✓	1/1
Seán Ó Seachnasáí				X				0/1
Caroline Robins				✓	X	✓	X	2/4
Leo Stassen	✓	✓	X	✓	✓	✓	✓	6/7

GP Committee Member	February 1	May 10	August 30	November 29	Total
Mairéad Browne	✓	✓	✓	X	3 / 4
Jennifer Collins	✓	✓	✓	✓	4 / 4
Eamon Croke	✓	X	X	✓	2 / 4
Martin Holohan		X	✓	✓	2 / 3
Andy Kelly	X				0 / 1
Tim Lynch	✓	✓	✓	X	3 / 4
Clodagh McAllister	X	X	X	✓	1 / 4
Cormac McNamara			✓	✓	2 / 2
Stephen Moore	✓	X	X	X	1 / 4
Rosemarie Maguire	✓	✓	X	X	2 / 4
John Nolan	✓	✓	✓	✓	4 / 4
Kieran O'Connor	X	✓	✓	✓	3 / 4
Seán Ó Seachnasaí	✓				1 / 1
Caroline Robins	✓	✓	✓	✓	4 / 4
Tom Rodgers	X	X	X	X	0 / 4
Will Rymer		✓	✓	X	2 / 3
Gillian Smith		✓	X	✓	2 / 3
James Turner		✓	X	✓	2 / 3

HSE Committee Member	February 13	April 4	June 20	September 11	November 7	Total
Riikka Brennan	✓	✓	✓	X	✓	4 / 5
Evelyn Connolly	X	X	✓	X		1 / 4
Evelyn Crowley	X	✓	✓	✓	✓	4 / 5
Maura Cuffe	✓	✓	X	✓	✓	4 / 5
Siobhan Doherty	✓	✓	✓	X	X	3 / 5
Grainne Dumbleton	✓	✓	✓	✓	✓	5 / 5
Padraig Halvey	✓	✓	✓	✓	X	4 / 5
Bridget Harrington-Barry	X	✓	X	✓	X	2 / 5
Joe Hennessy	X	X	X	X		0 / 4
Aoife Kelleher	✓	✓	✓	✓	✓	5 / 5
Josephine Landers	X	✓	✓	X	✓	3 / 5
Christine Myers	✓	✓	✓	✓	✓	5 / 5
Philip Mulholland	X	X	✓	✓	✓	3 / 5
Treasa Mulholland					X	0 / 1
Niall Murphy	✓	✓	✓	✓		4 / 4
Sharon O'Flynn					X	0 / 1
Amalia Pahomi	✓	✓	✓	✓	✓	5 / 5
Carmel Parnell					✓	1 / 1



IDA FINANCIAL REPORT 2019



Statement of Trustees' responsibilities

FINANCIAL YEAR ENDED DECEMBER 31, 2019

The Trustees present herewith the audited financial statements for the year ended December 31, 2019.

Statement of responsibilities of the Trustees

The Trustees are required to prepare their annual report and financial statements for each financial year, which give a true and fair view of the state of affairs of the Union and of the surplus or deficit of the Union for that 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 Trustees are 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.

Signed with the approval of the Executive Committee and the Trustees:



Professor Leo Stassen
President



Dr Garrett McGann
Trustee

The Trustees confirm that they have complied with the above requirements in preparing the financial statements. The Trustees are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Union, and to enable them to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland. They are also responsible for safeguarding the assets of the Union and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Accounting records

The measures taken by the Trustees to secure compliance with the Union's obligation to keep proper books of account include the use of systems and procedures appropriate to the Union, 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.



Dr Andrew Norris
Honorary Treasurer



Dr Barney Murphy
Trustee

Independent auditor's report

DATE: MARCH 18, 2020

Independent Auditor's Report to the Trustees and members of the Irish Dental Union for the financial year ended December 31, 2019

Opinion

We have audited the financial statements of Irish Dental Association (formerly Irish Dental Union), which comprise the Statement of Income and Expenditure, Statement of Financial Position and Statement of Cash Flows for the financial year ended December 31, 2019, 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 accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland including FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (Generally Accepted Accounting Practice in Ireland). In our opinion, the Irish Dental Union's 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 Union as at December 31, 2019, 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 Union 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.

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.

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 Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or,
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Union'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 Trustees are 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 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.

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.

Responsibilities of the Trustees for the financial statements

The Trustees are 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 Trustees are responsible for assessing the Union'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 Trustees either intend to liquidate the Union or to cease operations, or have no realistic alternative but to do so.

The Trustees are responsible for overseeing the Union's financial reporting process.

Responsibilities of the auditor for the audit of the financial statements

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

As part of an audit in accordance with ISAs (Ireland), the auditor will exercise professional judgment and maintain professional scepticism throughout the audit. The auditor will also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for their opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Union'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 Trustees' 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 Union'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 Union 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 Trustees 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 Union's members, as a body. Our audit work has been undertaken so that we might state to the Union's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Union and the Union's members as a body, for our audit work, for this report, or for the opinions we have formed.

Kevin Foley FCA

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

Date: March 18, 2020

Executive Committee, Trustees and other information

Executive Committee

Professor Leo Stassen (President)
Dr Kieran O'Connor (Vice President)
Dr Anne O'Neill (President Elect)
Dr Clodagh McAllister (Honorary Secretary)
Dr Andrew Norris (Honorary Treasurer)
Dr Caroline Robins (Honorary Secretary Designate)
Dr Rosemarie Maguire (GP Group Rep)
Dr Niall Murphy (HSE Dental Surgeons Group)
Dr Siobhan Doherty (Honorary Membership Officer)

Trustees

Dr Martin Holohan
Dr Garret McGann
Dr Barney Murphy

General Secretary

Mr Fintan Hourihan

Bankers

Bank of Ireland
1 Main Street, Dundrum, Dublin 14

Solicitors

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

Auditors

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

STATEMENT OF INCOME AND EXPENDITURE

FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2019

	Note	2019 €	2018 €
Income			
Member subscriptions		893,032	835,137
		893,032	835,137
Expenditure			
Wages and salaries		348,149	347,333
Employer's PRSI		39,247	38,343
Staff pension contributions		35,692	34,570
Rates and water		4,014	5,473
Light and heat		2,628	2,531
Insurance		7,057	4,798
Repairs and maintenance		15,916	16,942
Cleaning		2,772	1,300
Estate service charge		1,301	1,277
Members' compensation		62,271	70,665
Travel and subsistence		23,239	31,227
Presidential expenses		1,790	1,246
Telephone		5,897	10,010
Equipment leasing charges		4,311	3,963
Printing, stationery and postage		26,316	27,404
Staff welfare		5,223	4,208
VHI		18,753	14,868
Meetings, delegations and courses		14,830	10,788
Office operating expenses		5,281	3,252
Subscriptions and affiliation fees		10,602	10,231
Public relations and advertising		23,793	27,697
Legal and professional fees	12	(62,558)	43,760
Auditors remuneration		7,534	9,554
Bank charges		4,791	4,660
		608,849	726,100
Excess of income over expenditure		284,183	109,037
Bank interest receivable	5	-	54
Tax on surplus	6	(3,309)	(2,994)
Net surplus		280,874	106,097

All amounts relate to continuing operations.

There was no other comprehensive income in 2019 and 2018.

The notes on pages 41 to 45 form part of these financial statements.

STATEMENT OF FINANCIAL POSITION

As at December 31, 2019

	Note	2019 €	2018 €
Current assets			
Debtors	7	216,732	376,730
Cash at bank and in hand	8	523,534	79,478
		<u>740,266</u>	<u>456,208</u>
Less: current liabilities			
Trade creditors		-	(1,491)
Accruals		(25,535)	(20,860)
		<u>(25,235)</u>	<u>(22,351)</u>
Net assets		<u><u>714,731</u></u>	<u><u>433,857</u></u>
Accumulated funds account			
Accumulated funds	11	<u>714,731</u>	<u>433,857</u>
Net surplus		<u><u>714,731</u></u>	<u><u>433,857</u></u>

Signed on behalf of the Executive Committee:



Professor Leo Stassen
President



Dr Andrew Norris
Honorary Treasurer

Date: March 18, 2020

The notes on pages 41 to 45 form part of these financial statements.

STATEMENT OF CASH FLOWS

FOR THE FINANCIAL YEAR ENDED DECEMBER 31, 2019

	2019 €	2018 €
Cash flows from operating activities		
Profit/(loss) for the financial year	280,874	106,097)
Adjustments for:		
Interest received	-	(54)
Decrease/(increase) in debtors	159,998	(127,154)
Increase/decrease) in creditors	3,184	(71,996)
Net cash used in operating activities	<u>444,056</u>	<u>(93,107)</u>
Cash flows from investing activities		
Interest received	-	54
Net cash generated from investing activities	<u>-</u>	<u>54</u>
Net increase in cash and cash equivalents	<u>444,056</u>	<u>(93,053)</u>
Cash and cash equivalents at beginning of financial year	<u>79,478</u>	<u>172,531</u>
Cash and cash equivalents at the end of financial year	<u><u>523,534</u></u>	<u><u>79,478</u></u>
Cash at bank and in hand	<u><u>523,534</u></u>	<u><u>79,478</u></u>

The notes on pages 41 to 45 form part of these financial statements.

NOTES ON THE FINANCIAL STATEMENTS

for the financial year ended December 31, 2019

1. General information

The Irish Dental Association (formerly Irish Dental Union) was established in 2011 in the Republic of Ireland and has its business address at Unit 2 Leopardstown Office Park, Sandyford, Dublin 18. The Union's principal activity is to act as the representative body for the dental profession in the Republic of Ireland.

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 Union's accounting policies (see note 3).

The financial statements are presented in Euro (€).

The following principal accounting policies have been applied:

2.2 Revenue

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

2.3 Pensions

Defined contribution pension plan

The Union operates a defined contribution plan for its employees. A defined contribution plan is a pension plan under which the Union pays fixed contributions into a separate entity. Once the contributions have been paid the Union 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 Union in independently administered funds.

2.4 Interest income

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

2.5 Taxation

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

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

2.6 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.

2.7 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.

2.8 Financial instruments

The Union 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.

2.9 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.

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

The preparation of the financial statements did not require significant judgement or estimates.

4. Particulars of employees

The aggregate payroll costs, including directors' remuneration, were as follows:

	2019 €	2018 €
Wages and salaries	348,149	347,333
Social welfare costs	39,247	38,343
Other pension costs	35,692	34,570
	<u>423,088</u>	<u>420,246</u>

The average monthly number of persons employed by the organisation, including directors and Executive Committee, during the financial year, was as follows:

	2019 No.	2018 No.
Administrative staff	6	6
Officers and committee members	8	9
	<u>14</u>	<u>15</u>

The amount paid to key management personnel during the financial year amounted to €117,993 (2018: €114,079). Key management personnel consists of The Honorary Officers, Executive Board and Senior Management of The Irish Dental Association (formerly The Irish Dental Union).

5. Interest receivable

	2019 €	2018 €
Bank interest receivable	-	54

6. Taxation on ordinary activities

(a) Analysis of charge in the financial year

	2019 €	2018 €
Current tax		
Irish income tax based on the results for the financial year	1,800	2,994
Adjustment in respect of previous periods	1,509	
	<u>3,309</u>	<u>2,994</u>
Total current income tax		

(b) Factors affecting the current income tax charge

The tax assessed on the profit on ordinary activities for the financial year is lower than (2018: lower than) the standard rate of income tax in Ireland of 20%.

	2019 €	2018 €
Profit on ordinary activities before tax	284,183	106,097
Profit on ordinary activities by rate of tax	56,837	21,219
Mutual trading status	(56,837)	(21,219)
Expenses not deductible for tax purposes	1,800	2,994
Adjustments to tax charge in respect of prior periods	1,509	
	<u>3,309</u>	<u>2,994</u>
Total current income tax		

7. Debtors

	2019 €	2018 €
Amount due from related party	213,787	129,254
Member loan	-	11,228
Corporation tax repayable	1,745	2,059
Other debtors	-	232,989
Prepayments	1,200	1,200
	<u>216,732</u>	<u>376,730</u>

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

8. Cash and cash equivalents

	2019 €	2018 €
Cash at bank and in hand	523,534	79,478

9. Financial instruments

	2019 €	2018 €
Financial assets		
Financial assets that are cash and cash equivalents	523,534	79,478
Financial assets measured at amortised cost	214,987	373,471
	<u>738,521</u>	<u>452,949</u>
Financial liabilities		
Financial liabilities measured at amortised cost	<u>25,535</u>	<u>22,351</u>

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

Financial liabilities measured at amortised cost comprise accruals.

10. Related party transactions

The day-to-day operations of the organisation are controlled by the Executive Committee. The Irish Dental Association is related to Boynevale Dental Property Limited through common directors, Trustees and committee members. During the year, Boynevale Dental Property Limited collected subscription amounts totalling €893,032 (2018: €835,137) on behalf of the organisation. Boynevale Dental Property Limited also paid expenses totalling €176,4753 (2018: €124,579) on behalf of the organisation. During the year, Boynevale Dental Property Limited paid €215,425 (2018: €38,680) in respect of the outstanding balance owed to the organisation. At the year end, there was an amount of €213,787 (2018: €129,254 owed by) owed to the organisation.

During the year Dr J. Turner repaid €11,228 to the organisation. At the year end, Dr J. Turner had paid the balance in full (2018: €11,228).

During the year, the organisation paid expenses totalling €62,271 (2018: €70,665) to members of the Executive Committee and Trustees. The balance receivable to the organisation by the members of the Executive Committee and Trustees at the year end was €NIL (2018: €NIL).

Wages and salaries paid to key management personnel are disclosed at Note 4.

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

11. Reconciliation of movements in accumulated funds

	2019 €	2018 €
Surplus for the financial year	280,874	106,097
Opening funds	433,857	327,760
	<hr/>	<hr/>
Closing funds	714,731	433,857
	<hr/>	<hr/>

12. Contingent asset

As a result of the *Reid and Turner v HSE* legal case, the Irish Dental Association has undertaken to discharge all costs in relation to this case. The Irish Dental Association has entered into a Deed of Settlement agreement with the HSE for legal fees and costs in relation to this case. As part of the Deed of Settlement, the Irish Dental Association has paid the agreed costs totalling €465,977 to the HSE. Subject to specific milestones being met, the Irish Dental Association could (over a period of time) earn a refund of some or all of the legal costs incurred in future financial periods. The HSE is responsible for the administration of the Dental Treatment Service Scheme (DTSS) and aims to progress from a manual to a digital system for processing claims. As part of the Deed of Settlement agreement, the Irish Dental Association aims to achieve specific milestones for use of the DTSS between November 24, 2017, and August 31, 2020. Should the Irish Dental Association achieve these milestones, it would be eligible to obtain a full refund of the legal costs. The details of the milestone targets are set out below:

Milestone	Period		Target overall claims in aggregate	Refund available to IDU €
Milestone 1	Nov 24, 2017, to Nov 30, 2018	Period 1 Target	50%	232,989
Milestone 2	Dec 1, 2018, to May 31, 2019	Period 2 Target	70%	93,195
Milestone 3	June 1, 2019, to Feb 28, 2020	Period 3 Target	90%	93,195
Milestone 4	Mar 1, 2020, to Aug 31, 2020	Period 4 Target	100%	46,598
Total				465,977

In January 2019, the HSE refunded an amount of €232,989 to the Union relating to Milestone 1. A further €93,195 was received in May 2019 regarding Milestone 2. The Trustees and Executive Committee have reviewed the targets for Milestones 3 and 4 at the date of signing the financial statements and believe they are unlikely to be achieved within the milestone date. To remain prudent, these have not been recognised as assets of the Irish Dental Association.

13. Events since the end of the year

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

14. Approval of financial statements

The Trustees approved these financial statements on behalf of the Executive Committee for issue on March 18, 2020.

Motion Number 1

“That the audited accounts and report thereon for the year ended December 31, 2019, be accepted.”

Proposed by: Dr Anne O’Neill

Seconded by: Dr Garrett McGann

Motion Number 2

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

Proposed by: Dr Kieran O’Connor

Seconded by: Dr Clodagh McAllister

Motion Number 3

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

Proposed by: Professor Leo Stassen

Seconded by: Dr Andrew Norris

Motion Number 4

“That Rule 11.17 be amended to read as follows: ‘Only members present in person and entitled to vote, or members who are entitled to vote and who are not present in one place but each of whom is able to participate by such technological means as may be determined by the Motions Committee, shall be entitled to exercise their right to vote at any General Meeting and no member may appoint any person as their proxy. A member taking part in the General Meeting by such technological means shall be deemed to be present in person or at the meeting and shall be entitled to vote and be counted in a quorum accordingly’.”

Proposed by: Professor Leo Stassen

Seconded by: Dr Caroline Robins

Motion Number 5

“That Rule 11.9 be amended to read as follows: ‘The Motions Committee shall develop and review Guidelines for members on Motions, including the preparation of standing orders to govern the conduct of the AGM to be presented for adoption by a quorate AGM at the commencement of the meeting (subject at all times to Rule 11.17 below and so that, for the avoidance of doubt, determinations of the Motions Committee concerning participation of members at General Meetings by technological means in accordance with Rule 11.17 shall not require prior adoption by a quorate AGM)’.”

Proposed by: Dr Anne O’Neill

Seconded by: Dr Clodagh McAllister

Motion Number 5

“That Rule 12.2 be amended to read as follows: ‘The property and investments and shareholding of the Union shall be held in the names of the Trustees for the time being of the Union’.”

Proposed by: Dr Anne O’Neill

Seconded by: Dr Garrett McGann



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