



Bulletin

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President's Message



Deputy Registrar's Column



The Dental Specialist



124th Annual Convention



MDA Website

MDA ELECTS NEW PRESIDENT

Dr. Pat Kmet was elected President of the Manitoba Dental Association during the 124th Annual Meeting held in Winnipeg on January 24, 2008. She is a 1987 graduate of the University of Manitoba, Faculty of Dentistry. After practising for two years in Brandon, Manitoba, she returned to Winnipeg where she has been in a group dental practice ever since.

Dr. Kmet was first elected to the MDA Board of Directors in 2004 and served as Vice President in 2007. She has served on the MDA Peer Review Committee and taught part-time at the Faculty of Dentistry in the Restorative and Paediatric Dentistry Sections.

Recently, she has been a member of a Canadian Dental Association Leadership Task Force and a member of the Search Committee to select a new Registrar for the MDA. Outside of dentistry she has been on a Credit Union Board. Pat enjoys family activities with her husband and 11-year old son.

Others who join her on the MDA Board are:

- | | |
|------------------------|---------------------------|
| Dr. Sandy Mutchmor | Vice President |
| Dr. Marcel Van Woensel | Past President |
| Dr. Joel Antel | District 1 Rep |
| Dr. A. Cogan | District 1 Rep |
| Dr. Robert Fraser | District 2 Rep |
| Dr. Betty Dunsmore | District 3 Rep |
| Ms. Maryanne Clark | Dental Asst Rep |
| Ms. Cheryse LaRocque | Appointee, Min. of Health |
| Ms. Barbara Borsch | Appointee, Min. of Health |
| Mr. Wayne Novak | Appointee, Min. of Health |

For more information contact:

Mr. Ross McIntyre
Executive Director
Manitoba Dental Association
(204) 988-5300 Ext. 4

Siloam Mission Says Thank You to The Manitoba Dental Association,

It has been about two and a half months since the dental program officially opened its doors. I wanted the MDA to be updated on how the

program is going.

We are very fortunate to have approximately 6-8 dentists volunteering their time, along with a periodontist and an oral surgeon. Along with the dentists, the School of Dental Hygiene brings two students in a week to provide cleanings to our patrons. The Health Centre operates Monday to Friday from 9 a.m. – 2 p.m. along with some Saturdays and we consistently have 2-3 days per week of dental services.

Almost every day I have people contacting me to volunteer. This is very exciting for us because we know that if we had five mornings open we would almost always have our chairs full. Our patients are very receptive and appreciative towards the program and it is exciting for me to see them want to come back to look after their oral health.

I wanted to personally thank you for your support. It was a great opportunity for Siloam Mission to be at the MDA Conference. My hopes were to bring awareness to our program. I felt as if those hopes were exceeded. I now have two hygienists working some Monday mornings along with another volunteer dentist. Not only were we able to bring awareness but, through that, are able to offer more days of dental care.

I wish you could hear the patrons' comments and how thankful they are. Many of our volunteers have been referred by you and the dental program would not be the same had you not supported us.

Thanks again,
Kari Enns

MDA Welcomes New Staff

With the recent retirement of Ms. Diane Troubridge some personnel changes and responsibilities have occurred in the MDA office.

Effective March 1, 2008, Ms. April Delaney assumes the role of Executive Secretary. April's main responsibilities are processing public complaints, dental licensing and incorporation.

We would also like to welcome, Ms. Donamae Hilton. Donamae will assume the role of general secretary with one of her main responsibilities being the administration of dental assistant's registration and certification protocol.

President's Message



Dr. Pat Kmet

My first duty as President is to thank all the organizers of the 124th annual convention. This year's theme "Showtime" was attended by a record number of registrants – 1800 people in total participated in the weekend. To Dr. Kettner, the "executive producer and director" and his team – the award for "Best Convention". To the continuing Education committee – the award for "Best Original Screenplay". To Mike, Ross, Rafi, Diane, April and Donamae – the awards for "Best Supporting Actors". We could not have done it without you. The weekend concluded with the President's Ball – with red carpet, paparazzi and Danny Kramer Band. Dr. Kettner and his team have given Hollywood a run for their money. Next year the MDA celebrates its 125th Convention. Please mark the dates of January 29 - 31, 2009 in your calendar. This will be a weekend for the whole dental team to celebrate.

My second obligation is to congratulate and welcome the new members of the Board. Dr. Robert Fraser represents District #2 and Ms. Cheryse LaRoque is our newest public representative. The Board looks forward to their input.

Thirdly, I would like to thank you for giving me the opportunity to serve as president this year. I look forward to the challenge and hope I can have a positive influence on organized dentistry

The weekend of the annual convention is also the time when the Board meets for the first time in the New Year. Our Board meeting was held on Wednesday, January 24, 2008 at the Convention Centre. Marcel Van Woensel presided as Chair for the last time. His leadership has proven to be exemplary and our association is fortunate to have Marcel transitioning into the position of registrar. The trend across the country is for registrars of the Provincial bodies to have legal backgrounds. Dr. Van Woensel has both a dental and law degree. This will serve the MDA well.

Below please find some of the topics discussed at the board meeting.

Dental Assistants

On Saturday January 19, 2008 a special meeting was held to discuss and vote on assistant bylaws.

After very positive discussions all the bylaws were passed. The MDAA is now in the process of establishing and structuring their various committees. All registered assistants in Manitoba will be informed by their association of upcoming events including continuing education.

Dental Hygiene

Dr. Lasko and Dr. Schroth continue their diligent work on the Transitional Council representing the dentist's position in matters of scope of practice. This council is formed of government, hygiene and dental representatives. Even though the Dental Hygiene Act has been proclaimed, the regulations have not been passed. Until that time, hygienists are unable to work unsupervised and the Transitional Council will be the representing body for hygiene.

Task Force on Better Relations

The mission of this Task Force is to develop a strategic plan to create positive, mutually beneficial, support relations between the faculty; the profession and the alumni. The initiation of this task force was discussed at the MDA Annual Meeting in 2006 relative to a license fee increase to support the Faculty. The goal of this task force is to work in harmony with the faculty and alumni which ultimately would result in a win-win for all. Drs. Lori Steven James and Joel Antel will be the MDA board representatives on this task force.

Denturists

With recent advertisements and questionable scope of practice, the denturist issue has resurfaced once again. The MDA is carefully assessing the approach it needs to take. It is our opinion that there are 3 possible approaches: (1) confrontational; (2) political; and (3) legal. Dr. Van Woensel will begin discussions with the MDA lawyer Mr. Rob Dewar to determine what action the MDA will take. The simplest way to maintain the dentists role in oral care is to interact with and inform your patients daily of what we do. It is the choices we make as individuals that will determine in which direction our profession heads.

Office Audits

The role of the MDA is to serve and protect the public while representing its membership. A motion was approved at the recent Board meeting that the MDA develop a Task Force to investigate the feasibility, protocol and costs of dental office audits in Manitoba. Currently 3 provincial regulatory authorities have review programs in place. Quebec's program has been in place for 15 years. New Brunswick has just completed its first run of reviews. Alberta has completed a pilot project and will begin a rotating practice review. The MDA Board felt that a system will help ensure a constant and reliable standard.

Continued on page 7



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Registrar's Column



Dr. Marcel Van Woensel, Deputy Registrar

In my first years of practice, the concept of a power imbalance in the relationship between me and my patients or staff seemed implausible. It changed the first time I made a staff member cry. It was unexpected and unintentional - I did not realize how personally she was taking my comments and criticisms. At the time, I apologized and spent time discussing her concerns and explaining the intentions of my comments. I clarified with her and all staff my criticism is not personal. I let them know if they are uncertain about my intent, I am open to discuss their concerns. Although it has not eliminated problems, awareness of an opportunity to address issues has reduced the stress and hard feelings.

The power discrepancy extends beyond staff criticism. The position of power in the dentist-patient relationship is inherently unequal. Our knowledge and professional status give us all an aura of authority and respect in our communities. For dental treatment, the patient must normally disclose personal private information and allow the dentist to enter their personal space. The transfer of information and the physical examination is one-sided making many patients vulnerable. This is especially so when patients are fearful or in pain. As professionals, patients must rely/trust we will respect their boundaries and protect them while in this vulnerable situation. Any conduct – intentional or not - that breaches the trust of the patient leaves the dentist open to claims of conduct unbecoming a professional.

Commonsense is important in your communications and conduct with patients. Know your patients and be respectful of their boundaries, preferences and culture. You must err on the side of prudence in what you say and do. Miscommunication and misunderstanding of intent are significant when it comes to sexual impropriety in the office. The issue arises in both patient and employee relations. As professionals and employers, we are responsible to ensure our conduct is not perceived as crossing the line.

Sexual impropriety by a professional may be verbal, physical contact, gestures, suggestions or other behaviours that may be reasonably construed as sexual in nature by the patient or patient's guardian. Direct sexual contact, actions demeaning to the patient, inappropriate references to the patient's health information, comments, innuendo or gestures

disrespectful to the patient's privacy and bodily integrity may all amount to professional misconduct.

From a regulatory perspective, comments and conduct will be assessed on their face value. Your actual intent is a limited factor for consideration. You may be intending to put the patient at ease, be funny, casual or laid back with a patient but if the patient perceives it as a violation and on the evidence it can be reasonably perceived as such it will amount to misconduct.

Caution must also be taken in personal relationships with patients – current or past. As a general rule it is inappropriate for a dentist to initiate a personal relationship or make sexual advances to a patient because of the very real potential for exploitation of patient vulnerabilities and the power differential. If a patient initiates a relationship, the dentist must be careful to ensure the professional relationship is not an influencing factor in the process. It is prudent to terminate the doctor-patient relationship – if circumstances permit - before entering a personal relationship that may conflict with your professional duties. Personal relationships entered prior to the doctor - patient one will have few issues but it is your obligation to ensure the person or third party payers are not being taken advantage of through your personal relationship.

The office should have a policy on managing inappropriate conduct by patients. Employees should not be in a position where they feel vulnerable and are uncertain how to respond. Dentists as employers and professionals are responsible to ensure a safe work environment for their staff.

Although not comprehensive, an office policy should ensure:

1. that you maintain a high level of professionalism throughout your office, so regardless of the patient's or staff member's background that you may or may not be aware, your conduct is appropriate and respectful to all;
2. everyone in the office must be aware and educated about sexually inappropriate behaviours - both obvious and subtle - and the need to respect the boundaries and avoid conduct that demeans the patient or other staff. Boundary issues include not only respecting a person's personal physical space, but also take into account verbal, emotional and cultural matters;
3. office must have a policy and opportunities to address concerns of patients and staff members about behaviours they perceive as inappropriate. Open communication is key to managing issues and avoiding inadvertent offense before they become disciplinary issues.

Enjoy the spring,
Marcel Van Woensel
Deputy Registrar,
Manitoba Dental Association

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The Congress features a world-class program of speakers targeted at the entire dental community: dentists, dental hygienists, dental assistants and dental specialists.

To complete your sixteen hour day, there is a roster and recreational activities that allow you to experience everything that Jasper National Park and our host hotel, the Fairmont Jasper Park Lodge, have to offer.

SPEAKERS

Dr. George Zarb

- Dental Implants for Seniors

Dr. Sreenivas Koka

- The Evidence For and Against Evidence-Based Dentistry
- Oral Health and Systemic Health - What is one without the Other?

Dr. Harinder Sandhu

- Periodontal Risk Assessment and Multi-Disciplinary Treatment
- Periodontal Plastic Surgical Procedure

Dr. Cathia Bergeron

- Anterior Direct Composite Restorations - A Predictable Approach for Improved Esthetics, Parts 1 and 2

Dr. Fred Eckhaus

- Record Keeping in the Dental Office
- Ethics in Dental Advertising

Dr. Trey Petty

- Alberta Infection Prevention and Control Strategies and Standards
- Medical Emergencies in the Dental Office

Major Terry Ratkowski

- Afghanistan, as Seen Through the Eyes of an Oral and Maxillofacial Surgeon

Dr. Geoffrey Tagg

- Not JUST a Dental Assistant: Taking Pride in Professional Service

Ms. Dianne Drummond

- Eating Disorders and the Oral Health Care Professional

Ms. June Parham

- Preceptorship: The Rewards and the Challenges

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SOCIAL EVENTS

Delegates will enjoy:

- Aurum Ceramic Golf Tournament
- ADA+C Welcome Event
- CADA Friday Vegas Night
- Friday Evening Event — A Mexican Fiesta
- Exhibitors Welcome Reception in Technology Fair
- Saturday Finale: Under the Big Top... A Night at the Circus!
- Fun Run/Walk
- War Canoe Races

ADDITIONAL ACTIVITIES

For delegates, spouses, partners and family:

- Technology Fair with a wide variety of exhibitors
- Golf Clinic
- Chocolate and Wine Class
- White Water Rafting Trip
- Maligne Wildlife Tour
- Photography
- Trail Rides
- Youth Day Camp



JASPER
DENTAL
CONGRESS 08



The Dental Specialist

"The Dental Specialist" is written by Manitoba Dental Specialists. Each issue features one of the dental specialty groups (on a rotational basis). In this month's issue, the article is submitted on behalf of the Prosthodontists.

Management of Dental Infections: The Basics

During a recent visit with a colleague, he recounted his past week to me. Early on a Tuesday morning, the emergency room at the local hospital had called at 6:30 with an urgent consult. A 24 year old diabetic female had been followed by her general dentist for an infected tooth, but had not responded to 48 hours of oral antibiotic therapy. The patient presented to the hospital with increasing pain, swelling, and finally dysphagia. By the time she was seen by the oral surgeon, she was placed on IV antibiotics and was taken emergently to the operating room, where she underwent removal of an upper premolar and an incision and drainage of a buccal space infection. The next evening, my colleague was again called by the emergency room, where a 63 year old male had presented with a left submandibular space infection of odontogenic origin. Again, the patient had been treated with 48 hours of oral antibiotics before being referred to the ER. When he failed to respond to 24 more hours of IV antibiotics, the surgeon was consulted and the patient was brought emergently to the OR at 1:00 a.m., for extraction of the offending tooth as well as an incision and drainage. To top it off, the following morning, my colleague was contacted by a referring dentist for "urgent management" of two grossly decayed teeth on a patient who had been on oral antibiotics for the prior nine days. These teeth were removed under local anesthetic in the office. A busy few days for my colleague! Certainly, two of the three patients required hospital based management, typically beyond the scope or practice for a general dentist. However, it begs the question: could these scenarios have been managed any differently, to affect a different outcome?

For the purposes of this brief discussion, I have chosen to focus on oral and maxillofacial infections of odontogenic origin. Specifically, these infections result from microbial growth within the dental pulp, periodontal sulcus, or pericoronal sulcus. Microbial invasion of teeth and related structures can then spread to involve adjacent tissues and/or the bloodstream. Of course, during routine dental treatment, microbial invasion of tissues can occur also, and as such an infection could also develop as a post-treatment consequence. Whether the infection is of soft or hard tissues, a periodontal abscess, a dental abscess, a pericoronitis, a post-injection infection, or a post-operative infection, the basic premise for management remains the same, and relies upon three treatment objectives:

- 1) ELIMINATE MICROORGANISMS
- 2) IMPROVE PATIENT HEALTH
- 3) MANAGE ANATOMICAL FACTORS

1) ELIMINATE CAUSATIVE MICROORGANISMS:

Removing the source is of fundamental importance to overall management of the infection. While typical body defense mechanisms in a healthy individual have the potential to remove/eliminate microorganisms, normal defense mechanisms can be overwhelmed by large numbers of microorganisms. As such, treatment options directed at reducing the numbers of microorganisms enable an immunocompetent individual to better eradicate the remaining organisms. The following modalities should be considered, to aid in elimination of causative microorganisms:

- Irrigation
- Curettage
- Endodontic therapy
- Extraction of involved tooth
- Incision & drainage
- Debridement (sequestrectomy)
- Antibiotic therapy

An important note with respect to antibiotic therapy is that **ANTIBIOTICS WILL NOT REMOVE PUS!!!** Rather, an antibiotic can help to control non-localized infections until drainage can be obtained. Ideally, if an antibiotic is used, it should be employed in conjunction with another method of microorganism reduction, such as incision and drainage or removal of the offending tooth.

2) IMPROVE PATIENT HEALTH:

Identification of health problems or conditions which could adversely affect the patient's immunocompetence status is a key factor in infection management. Ideally, a patient with a systemic health problem should be as stable and well-controlled as possible, to ensure optimal body resistance to an infection. This may require consultation with the patient's primary health care provider. Other areas of consideration include ensuring optimal rest, nutrition and hydration, and avoiding alcohol or recreational drug use. Bacterial infections usually progress from a non-localized cellulitis to a localized, fluctuant abscess, which then drains, either extra- or intraorally. Heat can be applied (e.g. hot water mouth rinses) to promote localization, but should be done in conjunction with antibiotic therapy to prevent spread of infection. Incision and drainage can be performed once the abscess points.

3) MANAGE ANATOMICAL FACTORS:

This is where odontogenic infections can become very scary, very quickly. **Drainage (e.g. through an endo access or extraction socket) or incision and drainage to introduce oxygen to deep tissues and to remove pus (thereby decreasing the bacterial burden) is the cornerstone of infection management.** While a localized dental abscess typically responds to removal of the source and antibiotic therapy in an immunocompetent individual, if an infection spreads to surrounding tissues and fascial spaces become involved, things can become nasty quite quickly. For any patient demonstrating systemic toxicity and trismus or

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The Dental Specialist

Continued from page 6

dysphagia (indicating airway compromise), prompt referral to an oral and maxillofacial surgeon or hospital emergency room is critical. Securing an airway via intubation and undertaking fascial space decompression can be lifesaving for these patients, if their infection has progressed to this state. Oftentimes, early intervention and management of an infection of dental origin inhibits progression to a fascial space infection requiring management in a hospital setting.

Could the three examples at the beginning of this discussion have been averted? The answer lies in treating odontogenic infections promptly, ***giving consideration to all three treatment objectives as outlined above.*** Removal of the source, ensuring an immunocompetent patient as best as possible, and prompt referral if the infection does not appear to be responding could save the patient a lot of time and trouble associated with a "wait and see" line of reasoning.

Excerpted from *A Self-Instructional Guide: Diagnosis and Treatment of Odontogenic Infections*; James R. Hooley and Robert J. Whitacre, Eds., 1983, Stoma Press, Inc.

Catherine M. Dale, D.M.D., Dip. O.M.S.

Message from the President

Continued from Page 2

The Task Force will review the program in other provinces and the challenges they face. The Task Force will report to the Board and the membership will be updated.

The MDA Board meets again on May 29, 2008 in conjunction with the Graduation Breakfast for the Faculty of Dentistry and School of Dental Hygiene.

The year ahead will indeed be busy for the MDA and all its committees.

To discuss any concerns you may have please feel free to call me, any Board member or the MDA office.

"No matter how long the winter, spring is sure to follow". – Guinea Proverb.

Pat Kmet, D.M.D.
President
Manitoba Dental Association

Privacy Alert

It has been brought to the attention of the MDA that there is a potential for violation of a patient's rights to privacy when some co-ordination of benefits occur.

If you are submitting information from one third party to another to facilitate benefit payment, please assure that only the patient in question has their information presented and not other patients.

What happens is a third party may reimburse a dentist with many patients' names in a list and then one cheque for all of them combined. If there are co-ordination of benefit matters to be considered, please make sure that all patients' names, except the name in question, are removed from the list before you submit your information to another third party.

If you have any questions about this, please phone the MDA office.

Thank You.

Are your dental assistants currently registered and have they paid their annual certification fee?

The Manitoba Dental Association is the regulatory body for dental assistants in Manitoba. Bylaw A-06 describes the registration requirements and Bylaw B-07 describes the annual certification fee requirements.

Registered Dental Assistants must pay an annual certification fee on or before February 1st every year. The annual certification fee is effective from February 1st to January 31st the following year. Presently the annual fee is \$180.00 payable on February 1st or in two \$90.00 instalments (February 1 and post-dated June 1).

It is a requirement under the Dental Association Act that all dental assistants must be registered and have a valid certificate to work intraorally on a patient. Failure to do so could be result in disciplinary actions by the MDA and compromise the malpractice insurance of the employing dentist.

Anyone who does not hold a current Certification Permit, or using the title Registered Dental Assistant, and/or is practicing as a Dental Assistant performing intra-oral duties, is practicing illegally.

If you any questions about your Dental Assistant Registration and Certification status please contact the Manitoba Dental Association @ 988-5300.



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2007 MDA Board Survey Executive Summary

As leaders in oral health, the Manitoba Dental Association over the past decade has been involved in a number of programs dealing with oral health in the general population.

One notable area of involvement has been in access to care. Four areas identified by the Manitoba Dental Association as it relates to access to care are dental care institutional settings for adults and seniors, dental human resource shortages in rural and northern communities, socio-economic factors, and cultural and educational differences.

Past and present initiatives of the MDA involvement in improving access to care include: Open Wide 2000, 2003, & 2006; Senior Dentistry Committee work in progress to develop oral health care initiatives in long-term care institutions; Recruitment and Retention Committee program to create awareness of employment opportunities for new dental graduates in rural and northern Manitoba communities; and First Nations Panel Forum to build awareness of First Nations barriers in accessing oral care.

The purpose of 2007 Board Survey was to determine what role the Manitoba Dental Association can play in presenting the profession's role as it relates to access to care and serving the public.

The 2007 survey results indicate the following:

1. 66.6% support an expansion of the existing MDA public education prevention campaign to assist in reducing oral health disparities in the general population through a license fee increase;
2. 63.8% think that the MDA should facilitate the development of oral health care programs that will provide practice dentists with the opportunity to see segments of the population that currently do not have access to oral as a result of socio-economic barriers;
3. 55.5 % would be willing to participate in a program committed to improving access to care for all citizens operated by a social agency;
4. 91.6% think the MDA should partner with other community leaders/agencies in improving access to care for all citizens;
5. 77.7% did not see the profession's development of alternative care options to an underserved population as competing against private practice dentists.

For further information on the survey results you can contact Rafi Mohammed, Membership Services Director, @ (204) 988-5300 ext 3.

Manitoba Dental Association Directory Amendments

**For changes to the MDA Directory please contact:
April Delaney at the MDA office - (204) 988-5300 Ext. 2**

District #1

Dr. Brian Friesen
1305 Leila Ave
Winnipeg, MB R2P 2Z4
Phone: (204) 694-2040

Dr. Gurnimrat Grewal
1295 Leila Ave
Winnipeg, MB R2P 2E2
Phone: (204) 694-2042

Dr. Indira Kalia
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Phone: (204) 586-8331

Dr. Carolyn Robertson
Unit G – 730 St. Anne's Rd
Winnipeg, MB R2N 0A2
Phone: (204) 897 6453

Dr. Sherri Stoski
584 St. Mary's Rd
Winnipeg, MB R2M 3L5
Phone: (204) 233-5164

District #3

Dr. Pooran Ghai
205 – 83 Churchill Dr
Thompson, MB R8N 0L6
Phone: (204) 778-6266



The WDS is proud to announce
its **Spring Golf Classic** at the
Bridges Golf & Country Club
Friday, June 6, 2008

THE RED CARPET!

Every January, when the calendar turns to a new year, the attention of the dental community turns to the upcoming MDA Annual Meeting and Convention. Convention fever hits, building to a crescendo of the annual presentation of the MDA Annual Awards at the President's Dinner and Dance.

All the voting of The Awards is conducted by secret ballot and tabulated by the auditing firm of Dentist & Dentist. Secrecy is maintained – the resulting ballots are not revealed until the now famous envelopes are opened on stage during a live television program.

And the 2008 Winners are:

President Award of Merit: Dr. Melanie Wood
"President of the National Dental Examining Board"

President Achievement Awards:

- Dr. Jean Bodnar – Peer Review
- Dr. Tana Gilmartin – Siloam Mission
- Dr. Randy Mazurat – Acting Dean 2006-2007
- Dr. Ron Peterson – Alumni Association
- Dr. Barry Rayer – Economics Committee
- Dr. Lori Stephen James – CDA iTrans Committee

Life Members:

- Dr. Les Allen
- Dr. Semih Berker
- Dr. Jack Braun
- Dr. Michael Helper
- Dr. Richard Konzelman
- Dr. Terry Mancer
- Dr. Ken Nielsen
- Dr. Preston Segal
- Dr. Gene Solmundson
- Dr. Harvey Spiegel
- Dr. Errol Wright

In addition to the regular awards the Annual Meeting and Convention Committee is empowered to deliver excellent clinical and oral health team programs. This year was no exception. The clinical and oral health program stars included: Dr. Gordon Christensen, Dr. Daniel Ward, Dr. Paul Belvedere, Ms. Karen Baker and the dynamic duo of Dr. Uche Odiatu and Kary Odiatu.

In between the clinical program the audience shopped and browsed at the sold-out exhibit trade show. Vendors were thrilled with the number of shoppers that walked through the trade show. Many purchases and deals were made throughout the weekend.

Photo Alley:



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President's Dinner and Dance



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Manitoba Dental Association Board Synopsis – January 24, 2008

The New Board of Directors for 2008-2009

President:	Dr. Patricia Kmet
Past President	Dr. Marcel Van Woensel
Vice President	Dr. Alexander Mutchmor
District 1 Reps	Dr. Joel Antel Dr. Alan Cogan Dr. Alexander Mutchmor
District 2 Rep	Dr. Robert Fraser
District 3 Rep	Dr. Elizabeth Dunsmore
Dental Asst	Ms. Maryanne Clark
Govt Reps	Mr. Wayne Novak Ms. Barbara Borsch Ms. Cheryse Larocque
Registrar	Dr. Michael Lasko
Sec. Treas.	Mr. Ross McIntyre

Dental Hygiene Transitional Council: The registration process was in place for dental hygienists to be self-regulating but, to this date, the Government had not passed the regulations. As a result, dental hygienists cannot work unsupervised until the regulations are passed. The Dental Hygienist Act does not allow for independent dental hygiene practices.

Special General Meeting – January 19, 2008: The Special Meeting to discuss and vote on dental assistant's bylaws held on January 19, 2008 had been very positive. All of the bylaws (Provisional Registration; Continuing Education; Professional Liability Insurance; Election of a Dental Assistant to the MDA Board; Election of a Dental Assistant to the Peer Review Committee) had passed.

Dental Assistants will now have their malpractice insurance included in their annual certification fee. The Continuing Education bylaw will require dental assistants to accumulate 36 continuing education hours in a 3 year cycle.

National Dental Examining Board Annual Meeting: NDEB President, Dr. Melanie Wood indicated that the NDEB had developed a draft plan to develop a mechanism to recognize foreign credentials through assessment and gap training.

Office Audits: Provincial dental regulatory bodies are involved or initiating office audit programs. Presently, Quebec and New Brunswick have ongoing office audit programs, Alberta is initiating one, and Ontario just completed a voluntary trial system. The MDA Board in its discussion determined that it was prudent to investigate the possibility of implementing such a system in Manitoba. As a result the Board developed a Task Force to investigate the feasibility, protocol, and costs of dental office audits in Manitoba.

Scaling Module for Dental Assistants: Dr. Carmine Scarpino, a member of the Preventive Dentistry Scaling Module Selection Committee, attended the Board Meeting. The Committee had evaluated a request from University

College of the North to present the scaling module as a sequential program for students in their current program. To date, the principle was that a dental assistant had to have been graduated for three years before being eligible for the program.

The Committee also reviewed and amended the basic module to allow for a better ratio of instructors to students, moving history taking and charting outside of chair time and increasing the number of clinical hours.

As a result, the MDA Board accepted the recommendation for the sequential program that will include the following clinical component:

- Clinical Patient Care: demonstrating and mastery skills on patients in a clinical setting. The allotted time frame is 100 hours minimum.
- Clinical Assessment: The students will be evaluated on 1-child patient and 6-adult patients. The allotted time frame is 21 hours.

CDSPI: Mr. Lyle Best, Chairman of the Board, and Mr. Jim Preece, President & CEO attended the Board Meeting. They highlighted the following activities of CDSPI:

- The movement of the Malpractice Program and Triple-Guard to Barbados had led to rate stabilization and a promising future;
- CDSPI would place a field representative in Halifax to serve Atlantic Canada. After a thorough evaluation other field representatives would be considered, with Manitoba likely to be the second one;
- Student programs were being enhanced and studied for such things as a line of credit;

Canadian Dental Association: Dr. Darryl Smith, CDA President and Mr. Joel Neal, Acting Executive Director attended the Board Meeting. They highlighted the following activities of the CDA:

- Dentistry Canada Fund and the need for dentistry to have a charity;
- iTrans and the decision about whether or not CDA should be doing it or can afford it;
- Corporate membership and how to develop a CDA/ODA model that will work in the rest of Canada;
- Specialty recognition and the ripple effect that has occurred because dental anaesthesia was not accepted as a dental specialty; and
- Regulatory bodies are concerned about CDA activities in areas that relate to licensing matters and want more defined roles and responsibilities.

Faculty of Dentistry Update: The MDA Board approved in principle that the MDA will support a B.Sc.(Dent.) studentship for \$4,500 for two years – but more information and specifics about MDA direct involvement in the selection of a project is required, as well as a report to the Board before a final decision is made.

Continued on Page 13

MDA Board Synopsis – January, 2008

Continued from page 12

Financial Support: The MDA Board approved the following financial support for 2008:

- Dean's Unencumbered Fund \$1000
- School of Dental Hygiene \$750
- Dental Hygiene 1st & 2nd Year \$450
- Faculty of Dentistry
Pathology and Bacteriology \$300
- Dentistry Canada Fund \$1000

Please contact the MDA office if you have any questions relating to the MDA Board Meeting or any other dental related issues.

Rafi Mohammed
Membership Services Director



UNIVERSITY OF MANITOBA

Seeking: Assistant Professor Division of Endodontics Department of Restorative Dentistry Faculty of Dentistry University of Manitoba

The University of Manitoba, Faculty of Dentistry, Department of Restorative Dentistry, invites applications and nominations for a tenure-track Assistant Professor in the Division of Endodontics. Position Number: 06083. The successful candidate will have experience and ability in computer-based instruction, virtual reality simulation, and rotary Endodontics. The Faculty of Dentistry has invested in staff, equipment, and facilities at unprecedented levels in order to capitalize on new methods for educating students, residents, and practicing dentists.

Primary responsibilities are didactic preclinical and clinical instruction in the undergraduate Endodontics programs. Further, duties include developing a research program in area of specialization and several related activities.

Opportunities for private practice are available in the Faculty's Private Practice Clinic.

The successful applicant must have a DDS/DMD degree or equivalent and advanced training in Endodontics by the time of hire. Preference will be given to candidates with a masters or PhD and experience in dental education information and/or simulation technology and have established a distinguished record in university teaching and research. Salary and academic rank are commensurate with experience and credentials. Expected date of appointment is July 15th, 2008 or soon thereafter.

The University of Manitoba is the largest and most comprehensive institution of higher learning in Manitoba. It serves all parts of the Province, including inner city and suburban areas, rural and northern regions and attracts students from all population groups and walks of life. Considered an area of strength within the University of Manitoba, the Faculty of Dentistry is dedicated to educating dental, dental hygiene and graduate students in a progressive learning environment, conducting research in oral health, and serving the oral health professions and community as a source of knowledge and expertise. Details about the Faculty appear at <http://www.umanitoba.ca/dentistry>

The University of Manitoba encourages applications from all qualified individuals, including women, members of visible minorities, Aboriginal peoples and persons with disabilities. All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. Applications and all materials including letters of reference will be handled in accordance with the *Freedom of Information and Protection of Privacy Act* (Manitoba).

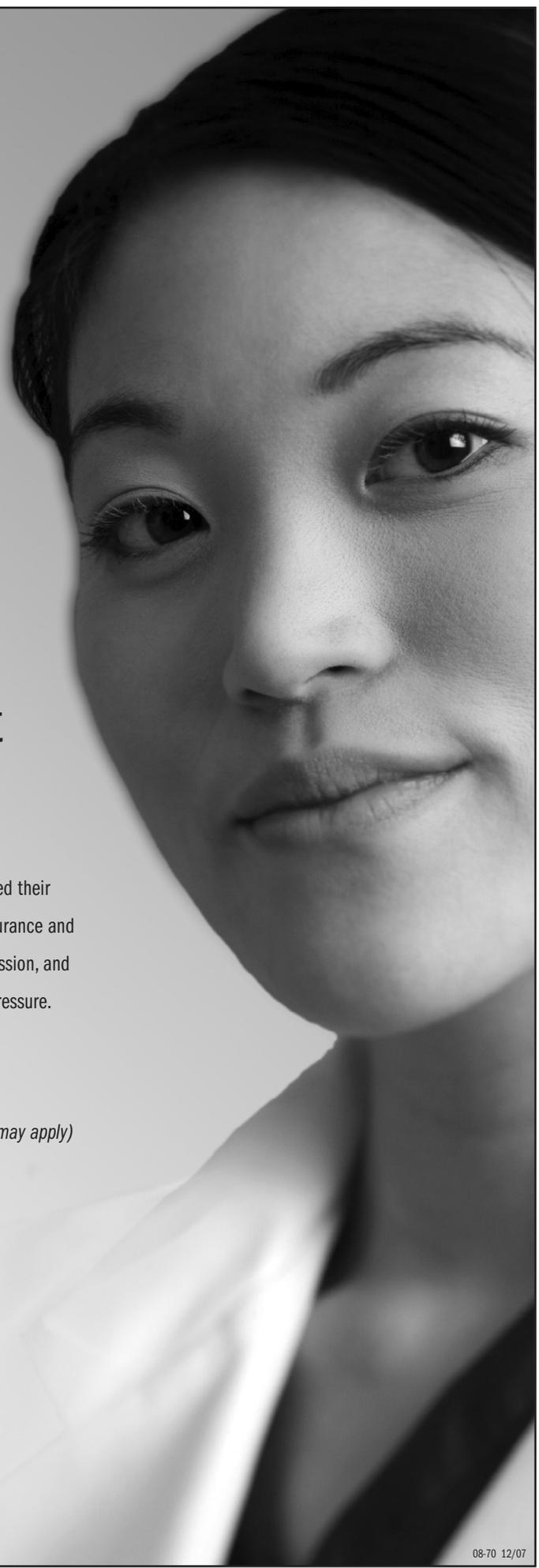
The closing date for applications is June 1, 2008. Review of applications will begin immediately and continue until the position is filled. Applicants for this position should submit a letter of interest, curriculum vitae and three professional references to: Dr. Igor Pesun, Endodontic Search Committee Chair, D227B-780 Bannatyne Ave Winnipeg MB R3E OW2. (Pesun@cc.umanitoba.ca)

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CDSPI

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Hiking in fall.

Skiing in winter.

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Newfoundland and Labrador's **only** paediatric dental specialist urgently seeks an energetic paediatric dentist to join him in this well established hospital based private practice emphasizing nitrous oxide sedation and general anesthesia. Demand is far exceeding what is manageable for one practitioner with 30-40 new referrals arriving weekly.

Generous compensation and future partnership possible. Newfoundland and Labrador provides universal dental coverage for children up to and including age 12, with a just revised, highly competitive fee schedule.

This practice is located in the capital city of St. John's in the province's only tertiary-care children's hospital, a six-year-old architecturally designed building connected to the main Health Sciences Centre and Memorial University Medical School.

Historic St. John's is friendly and safe and a wonderful place to raise a family. With an active off-shore oil industry, the city is enjoying an economic boom but still has the least expensive housing market in Canada. No long commutes! You can drive to work in 15 minutes or less from anywhere in the city. St. John's International Airport is just a 10 minute drive from downtown and has daily direct flights to major Canadian cities, the US and the UK.

Enjoy a unique cultural environment with fine dining, shopping, theatres and museums. You will also have ready access to hundreds of kilometres of developed coastal trails, hunting, fishing, golfing and winter sports.

If you have the capability, desire and energy to join a winning team, you don't want to miss this opportunity. Enjoy working with experienced staff in a bright spacious fully equipped dental clinic with a just installed Gendex direct digital imaging system and access to hospital resources including state of the art operating room facilities.

A practice visit can be arranged. Please contact Dr. Geoff Smith, practice owner, at geoff.smith@easternhealth.ca



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It was an interesting observation that came from Dr. Gene Solmundson at the Faculty of Dentistry's Alumni Luncheon on January 31. As most of you may know, Dr. Solmundson, along with Dr. Jan Brown, were named co-winners of the Alumni of Distinction award for 2008. Dr. Ellen Brownstone was similarly honoured by the School of Dental Hygiene.

All three practitioners are highly accomplished, decorated professionals within the field of dentistry here in Manitoba, having also achieved national recognition across Canada. Drs. Solmundson and Brown have also led very active and productive lives away from the operatory, each establishing a long and distinguished history of community service that has earned them well-deserved recognition and praise.

In accepting his share of the Alumni of Distinction award that one Friday afternoon, Dr. Solmundson noted a glaring commonality of those assembled. The vast majority of the estimated 1,200 persons who gathered for the event received their education and training and much of their practical experience through the University of Manitoba, he observed. Drawing from his considerable experience on the national stage of dental affairs, Dr. Solmundson noted that all practitioners should look upon their Bison background with a sense of pride and achievement.

He also encouraged those in attendance to become active in their professional associations – that the combination of a high quality education, professional expertise and the relatively small number of practitioners in the province creates an atmosphere of opportunity for all of us here today.

Dr. Solmundson notes correctly that Manitoba is unique in Canada and can boast the best of all things dental. That the input, guidance and expertise of the individual would be welcomed and embraced by those in the profession here at home and could also have an impact on the national stage as well.

History, both recent and distant, bears out the truth in Dr. Solmundson's remarks. We have, for example, no fewer than seven from Manitoba who served as president of the Canadian Dental Association.

In recent times, Dr. Keith Morley (Class of 1969) was named President of the American Academy of Pediatric Dentistry. Just a short time ago, Dr. Lorne Golub (Class of 1963) was named the 2006 American Dental Association gold medal winner of for excellence in dental research. In dental hygiene,

Ellen Brownstone earned a diploma from the U of M and shortly thereafter became school director, a position she would hold until 1996 when she would leave the university to join the Canadian Dental Hygienists Association as its associate executive director. Most recently, Carol Yakiwchuk, of the Faculty's Centre for Community Oral Health was elected president of CDHA national body.

This is just a sampling of the many outstanding accomplishments and the significant impact Manitoba practitioners have had upon the profession, but the underlying theme remains the same: Manitoba professionals have a great deal to offer and can have a significant impact on their profession.

As we move forward during our golden anniversary year, I welcome and encourage you all to take an active role in your profession. Be it as a member of our newly invigorated and active alumni association, or as a member of the Manitoba Dental Association, your participation will be acknowledged and appreciated.

This is particularly true during our 2008 Drive for Top Five. Our drive for this new level of excellence will be built on many first-of-its-kind programs and initiatives. We need your help to mobilize the community, to generate excitement and support for these many new ventures. We need you to carry the word forward to help us enlist the manpower and resources necessary to achieve our agenda. We need you to become ambassadors of our faculty, to spread word of our plans to those inside and outside of the dental profession in Canada. Your knowledge, skill and expertise will provide the credibility that is essential to our combined efforts. It will fuel the engine that drives us forward to this great new day.

Over the span of the next few months, you will be seeing and reading more of the Drive for Top Five during our 2008 anniversary year. It continues with Symposia 50, a series of special events that will celebrate and honour our school's history of achievement in teaching, community outreach and research. We would be thrilled with your participation in any and all of these events. I encourage you to get involved, either through the Faculty or the MDA, as I know it will be a tremendous help and will show everyone what we already know: Made in Manitoba is a good label and it's something we can all be proud of.

Grazie.
Anthony M. Iacopino DMD PhD
Dean, Faculty of Dentistry
University of Manitoba

<p align="center">WINNIPEG DENTAL SOCIETY Clinic Session</p> <p align="center">Friday, April 18, 2008 Victoria Inn, 1808 Wellington Avenue, Winnipeg, MB</p> <p align="center">“Diagnosis and Treatment for Predictable Advanced Restorative Dentistry”</p> <p align="center">Jeff Brucia, D.D.S.</p>
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It pays to seek expert advice.

Incorporating your dental practice provides flexibility on how you can receive your compensation, for example, through salary and/or dividends. At first glance, dividends may appear to be the more attractive choice, since you'll pay a lower rate of tax on dividends compared to salary, which is taxed at your highest or marginal tax rate. However, closer inspection and expert advice from a qualified lawyer or accountant are recommended before deciding about your compensation.

Dividends are considered investment income rather than earned income. Therefore, the income you receive in the form of dividends cannot be used to calculate your RRSP or registered pension plan contribution room. If you receive only dividends from your corporation and no salary, you won't be able to contribute to an RRSP or a registered pension plan such as an IPP (individual pension plan).

An IPP is a defined benefit pension plan available to dentists with professional corporations. Periodic actuarial valuations help to ensure that the plan is being funded properly so that, when you retire, the plan can provide you with a predetermined annual benefit. As well, your pension payments at retirement can be indexed to the Consumer Price Index to help protect your purchasing power in retirement.

An RRSP or IPP will be the main source of retirement income for many dentists. If you aren't able to contribute to either of these plans, you will need to explore alternate ways to fund your retirement.

Unlike salary, the dividend income you receive is not a deductible expense for the corporation. IPP contributions and the set-up and administration costs are deductible by the corporation. RRSP contributions are deductible against your income.

When you apply for long term disability (LTD) insurance, the insurer will look at your total annual earned income, rather than the dividends you receive, to determine the maximum coverage that you can purchase. Annual earned income is whatever you earn in all occupations, including businesses and your professional practice, after deducting business expenses but before income taxes. If your practice is incorporated, this includes the corporation's net income as well as salary and any other remuneration paid to you by the corporation, but not unearned income such as pensions.

If you purchased your LTD plan before you incorporated your practice, it's wise to update your coverage to reflect your corporation's net income as well as your current salary. Your income will then be adequately protected in the event of an LTD claim.

For help determining the maximum monthly LTD benefit amount for which you can apply or for information about the CDA RSP or CDA IPP, contact a non-commissioned, licensed advisor at CDSPI Advisory Services Inc. at **1-877-293-9455, ext. 5002** (insurance) or **ext. 5023** (investment). Insurance and investment plans are member benefits of the

MDA and CDA and the plans are administered by CDSPI.

Michael J. Holmes, CFP and Susan Roberts, BA



Michael J. Holmes, CFP, FMA, CIMA, FCSI, is the Vice President of Investment Services at CDSPI.



Susan Roberts, BA, FLMI, ACS, AIAA is the Service Supervisor, Insurance, at CDSPI Advisory Services Inc.

Please note that CDSPI, CDSPI Advisory Services Inc. and their representatives do not provide incorporation advice. The issues examined in this article are for general information only. For advice specific to your situation, consult a qualified lawyer, accountant or other tax advisor.

VOLUNTEERS WANTED!

The Manitoba Dental Association is once again sponsoring Toothfairy Saturday, June 7, 2008 at The Forks.



WHAT IS TOOTH FAIRY SATURDAY?

It is the largest public event where dentistry is promoted and is part of the Winnipeg International Children Festival. The Festival is a four day outdoor festival featuring over 120 of the best children's musicians, singers, dancers, storytellers and clowns in the world. It is the premier family event of the summer in Manitoba and recognized as a leader in the Canadian Children's Festival Community. The Festival attracts crowds in excess of 25,000 with the Saturday program attracting the largest single day attendance of over 12,000.

Activities include:

- Screening of kids by Dentists:
- Ortho Consults by Orthodontists
- Free dental care literature to parents
- Free toothbrushes and floss to kids

If you are interested in volunteering please contact Rafi Mohammed, Membership Services Director @ 988-5300 ext 3. The volunteer shifts are:

- Set-up 7:45 a.m. – 9:00 a.m.
- 9:00 a.m. – 12:30 p.m.
- 12:30 p.m. – 4:00 p.m.

ManitobaDentist.ca



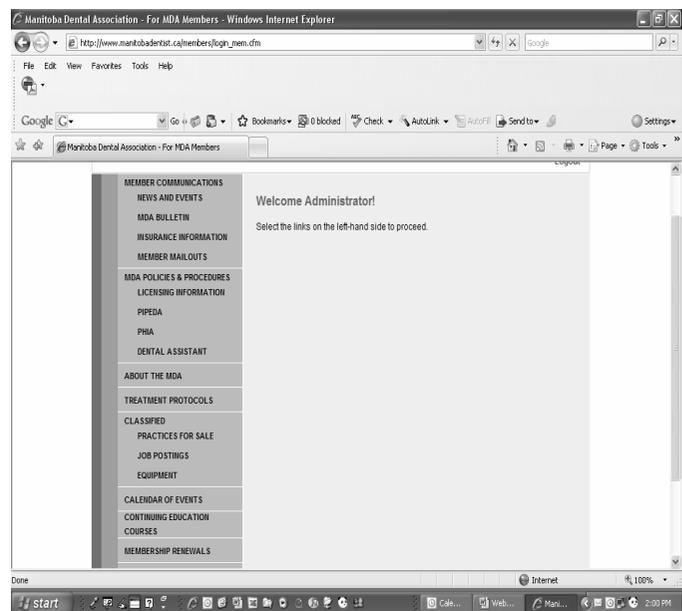
The Manitoba Dental Association website was developed to provide the public and the dental profession with information relating to all aspects of dentistry. The public site provides information on careers in dentistry, job opportunities, links to other provincial dental associations, dental health fact sheets, find a dentist, dental bylaws, and licensing requirements.

The members section is for dentists only. Any license dentist can access this portal and find information on their continuing education, member mailouts, MDA Bulletin, calendar of events, and other information. To access this portal please follow these steps:

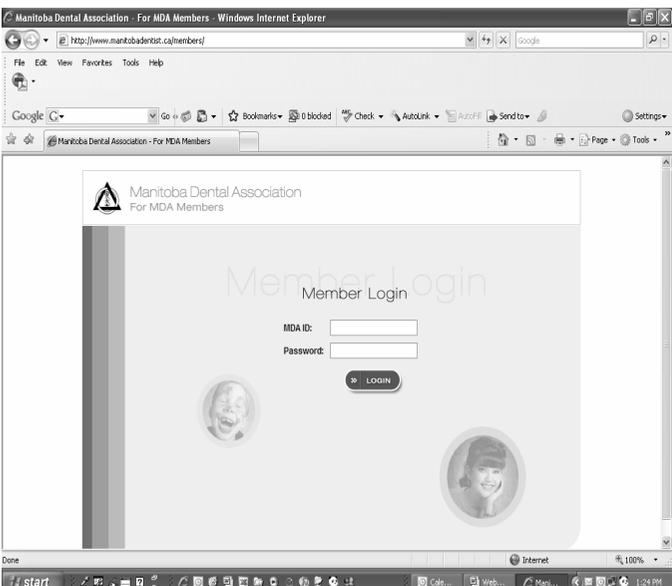
Step 1: Access site: www.ManitobaDentist.ca. This following screen will appear. This is the public site.



Step 3: This is the screen you should see at this time. At the top left hand corner you will see the following: My Account/Logout. If you click on My Account it will bring you to another screen to view your CE record and personal information.



Step 2: Click on “Members Login”. The following screen should appear. Your MDA ID is your unique or license number. i.e. “512-345”
Your generic password is: “password”



Once in this area of the website, you can then change your password.

The Members Only section is updated monthly. This will ensure that your CE record is current and that any other information on the website is always accurate.

If you have any questions about our website please contact Rafi Mohammed, Membership Services Director @ (204) 988-5300 ext. 3

Thank you.

CDSPI Supports U of M's Drive for Top Five

CDSPI — the administrator of the Canadian Dentists' Insurance Program and the Canadian Dentists' Investment Program — has partnered with the University of Manitoba, Faculty of Dentistry.

CDSPI co-sponsored the Faculty's *Drive for Top Five Gala and Celebration*, held February 1 in Winnipeg. During the event, dental faculty, alumni and community leaders learned of the University's exciting plans for the future — the *Nine Pillars for Innovation* initiative.

The goal of the University's *Nine Pillars for Innovation* is to enhance the academic standing of its dental faculty — with the aim of becoming among the top-five dental faculties in North America. One component of the initiative — the *Practice Management Pillar* — seeks to develop a comprehensive platform of educational modules and state-of-the-art, on-line learning environments designed to provide dental students, specialty residents and practitioners with practice management tools to enhance their practice success.

"CDSPI is proud to have co-sponsored the Gala," said CDSPI's President, Mr. Jim Preece. "It provided us with an opportunity to demonstrate our continued support of the dental profession in Manitoba — as well as our support of the University's *Practice Management Pillar*."

"We hope this co-sponsorship will be the first of many partnerships between CDSPI and the University of Manitoba in developing the *Practice Management Pillar* of the initiative," Mr. Preece added.

CDSPI (www.cdspi.com) provides wealth management solutions exclusively for dental professionals and their families. CDSPI's members are the CDA, the Manitoba Dental Association and eight other provincial dental associations.

Update on Early Childhood Oral Health

Two important meetings recently held in Canada focused on the oral health of young Canadians. The Canadian Academy of Pediatric Dentistry and the Calgary Health Region hosted the "Early Childhood Caries Conference – Partnering to Reverse the Trend" in September 2007 (www.ecc-calgary.ca/index.html), while the Manitoba Institute of Child Health co-hosted "Oral Health and the Aboriginal Child: a forum for community members, researchers & policy-makers" (www.mich.ca/).

Did you know that the Canadian Dental Association (CDA) has a Position Statement on the First Visit to the Dentist? The CDA recommends a first dental visit for all children by one year of age so that dentists can assess an infant's oral health and determine their risk for dental disease: (www.cda-adc.ca/_files/position_statements/first_visit.pdf).

Your office can serve as a "dental home" for infants and young children by providing care and prevention tailored to each child's unique needs. This includes the following^{1,2}:

- Determining a child's risk of dental disease including decay. A Caries-risk Assessment Tool (CAT) considers clinical findings (e.g. white spot lesions, plaque, enamel defects), environmental factors (e.g. infant feeding practices and diet, socioeconomic status, dental attendance, exposure to fluoridated water), and general health status (e.g. children with health problems, mothers with active decay).³
- Prevention can be tailored to each child (e.g. fluoride varnish, fluoride toothpaste, sealants on primary molars, and alternative restorative techniques (ART) using glass ionomer).⁴
- Anticipatory Guidance - Providing parents with timely and age specific dental advice corresponding to key stages of early childhood development (e.g. teething, "lift the lip", feeding practices, thumb-sucking).⁵ The following link contains useful early childhood oral health resources available in multiple languages: (www.wrha.mb.ca/healthinfo/preventill/oral_child.php)
- Emergency dental care and injury prevention.
- How to clean a child's teeth and mouth.
- Educating and counseling parents and caregivers of the importance of good dental health during childhood.
- Referral to other dental specialist when needed (e.g. pediatric dentist, orthodontist, etc.).

Although there does not appear to be a magic bullet for preventing early childhood caries (ECC), recent research indicates that applying fluoride varnish may help reduce caries rates and the overall incidence of ECC.^{6,7} This is especially true when combined with education and counseling.⁷ These results provide further justification of the need for early dental visits, especially among high-risk children.

Reference List

- 1) Hale KJ. Oral health risk assessment timing and establishment of the dental home. *Pediatrics* 2003; 111(5 Pt 1):1113-1116.
- 2) Crall JJ. Development and integration of oral health services for preschool-age children. *Pediatr Dent* 2005; 27(4):323-330.
- 3) American Academy of Pediatric Dentistry. Policy on use of a caries-risk assessment tool (CAT) for infants, children, and adolescents. *Pediatr Dent* 2006; 28(7):24-28.
- 4) American Academy of Pediatric Dentistry. Policy on Early Childhood Caries (ECC): unique challenges and treatment options. *Pediatr Dent* 2006; 28(suppl):37-38.
- 5) American Academy of Pediatric Dentistry. Guideline on periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for children. *Pediatr Dent* 2006; 28(7):89-91.
- 6) Holve S. An Observational Study of the Association of Fluoride Varnish Applied During Well Child Visits and the Prevention of Early Childhood Caries in American Indian Children. *Matern Child Health J* 2007.
- 7) Weintraub JA, Ramos-Gomez F, Jue B, Shain S, Hoover CI, Featherstone JD et al. Fluoride Varnish Efficacy in Preventing Early Childhood Caries. *Dent Res* 2006; 85(2):172-176. (<http://jdr.iadrjournals.org/cgi/reprint/85/2/172>)

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CDA Working on Your Behalf

Canadian Dental Association

The Canadian Dental Association (CDA) Board of Directors (BOD) met most recently on February 15 and 16, 2008 in Ottawa.

The BOD received reports from the four project teams established at the August BOD meeting to deal with the priority areas of the CDA.

1. Relationship and Communications

This project team has undertaken its work in two phases, first by verbally contacting corporate member CEOs to determine major areas of concern and secondly by developing a written survey which has been sent to Corporate members and other special interest groups. Responses are being received and once all are in a report will be produced for the BOD.

2. Roles and Responsibilities

Following the November interactive sessions the project team undertook an alignment of the activities of the CDA to the consultant's (John Whincup) report. Activities were also aligned to the CDA budget to measure how resources are currently being allocated. An initial review indicates a reasonable match between the activities of the CDA and the direction provided by the interactive sessions. More work will be done to establish priorities for resource allocation once work on a new focus for the CDA is finalized.

3. Finance

The Finance Project Team was originally tasked with ensuring that resources are properly allocated and, as a priority, identifying a process to rebuild the CDA's reserves. At the November BOD meeting the project team was also tasked with oversight for the development of a CSI Business Plan. The team developed a draft Request for Proposal (RFP) that was sent to the e-Business/ITRANS Steering Committee (eBISC) and two Corporate members for comment and then was circulated to prospective consultants. Dr. Vijay Jog, an Ottawa based consultant, was selected through this process. Dr. Jog has been actively engaged in the project and has presented a preliminary report to the BOD. Dr. Jog will expand his research and consultation in preparation for the meeting of Voting Members in April.

4. CEO Search and Selection Committee

The project team has met regularly and is moving forward on its mandate. An RFP was established and through that process Ray and Berndtson (R&B) was engaged to provide consulting services. R&B undertook wide consultations and compiled draft criteria for the position which were approved by the team. Advertisements were placed in the Globe and Mail and La Presse, and R&B is proactively contacting prospective candidates. The team is committed to

taking as much time as is necessary to find the best candidate. The team will conduct interviews and recommend a candidate to the BOD for approval.

New Membership Model

The BOD received information on the work of the CDA-ODA Membership Working Group and a possible new membership model. The BOD remains broadly supportive of the idea of conjoined membership but recognizes the many challenges related to the introduction of any new model.

CSI ITRANS

Dr. Jog outlined the method by which he intends to conduct his analysis and how he plans to present his report to the Voting Members.

Leadership Task Force

Dr. Zamarinuk informed the BOD of the Corporate Member support for the implementation of the first stage of the Task Force's communications plan. The CDA BOD has agreed to support the work of the Task Force and many Corporate Members have agreed to support financially the hiring of a consultant who will be tasked with creating the tools aimed at educating dentists about the need to promote the primacy of the dentist in oral health care.

Dentistry Canada Fund

The implementation of a go-forward strategy for the charity is underway. The property owned by DCF will be sold and the charity moved into the CDA building.

Specialty Recognition Process

The BOD confirmed that CDA would not accept any applications for new specialty recognition until a review of the process is completed.

FDI

Dr. Smith presented a report following his attendance at FDI's annual meeting assessing outcomes against the five goals the CDA had established in advance, and making a number of recommendations. The CDA staff presented an option paper weighing the pros and cons of continuing membership in FDI. The BOD supports continued membership in FDI, sending a delegation to the 2008 annual meeting in Stockholm and hosting a Canadian reception which Procter and Gamble has agreed to sponsor.

CDA Conventions

Planning for the joint meeting with the ODA is progressing well. Discussions are taking place with the BCDA to host a joint meeting in 2009. Saskatchewan has indicated an interest in hosting a joint convention in 2010 and Nova Scotia in 2011.

As always the CDA continues to work on your behalf.

Peter J. Doig, D.M.D.
CDA Board Member

Professional Classified

The Manitoba Dental Association offers a referral service for: **(I) Dentists with Opportunities:** (practices for sale, space to share and associateship/locums) and **(II) Dentists Seeking Opportunities:** (full or part-time associateships, short-term locums and practice purchases/buy-ins). To list with this service please contact April Delaney at the Manitoba Dental Association Office, Phone: (204) 988 5300, Ext 2.

Associate Opportunities

Winnipeg, MB

Whyte Ridge Dental Center is seeking part-time Associate starting Summer 2008. Current associate, unfortunately, is leaving the province. New Graduates welcome. Opportunity is available for future ownership transition. Please contact: Dr. Gary Yan (204) 489-3100 or Submit resume to: garymyan@hotmail.com

Winnipeg, MB

Due to health reasons, Winnipeg dental practice requires full-time Associate asap. Modern office and equipment. Above average remuneration. Confidentiality assured. Please phone: (204) 589-4400 or fax: (204) 582-7198

Winnipeg, MB

Thriving Winnipeg Practice with four locations requires two full-time Associates. Excellent opportunity to make an excellent income. New Graduates welcome. Your schedule will be fully booked. Please contact: D.K. Mittal: Cell: (204) 297-5344; Res: (204) 633-8280; Off: (204) 774-7774 or Email: dmittal@shaw.ca

Winnipeg, MB

FT/PT Associate position available to share in growing practice. Position available immediately with buy-in potential. New Grads welcome. Please contact: Dr. Lesia Kulbaba (204) 633-4488

Winnipeg, MB

Busy 11 Op. Clinic requires a full-time associate to take over large existing client base. Present associate is moving to be with fiancé. 45% remuneration, no evenings or weekends. Excellent opportunity for individual who wants to earn \$\$\$. Start date May 5, 2008. Please contact Robin (204) 586-8331 Email: rdc1@mts.net

Stonewall, MB

Fantastic full-time Associateship opportunity in Stonewall, a growing community 20 minutes north of Winnipeg. We are a busy, vibrant, newly renovated family practice providing all aspects of general dentistry. The Associate will step right into an established, high grossing patient base with 2000+ active patients to treat, and high new-patient flow. No weekends required. New Grads welcome. Please Phone: Dr. Stacey Benzick (204) 467-2177 or (204) 886-7337 after hours. Email: sbenzick@hotmail.com

Winnipeg, MB

Full-time Associate required. Please contact: Dr. Sheryl Kaptiz (204) 667-2038

Dentists Seeking Opportunities

Winnipeg, MB

Experienced dentist seeking either a locum (i.e. sick leave, vacation, etc.) or a regular 1 or 2 days per week basis. Please contact: Dr. Julius Wise (204) 489-2263

Winnipeg, MB

Experienced dentist available for short-term locums (i.e. Sick leave, vacations, etc.). References available upon request. Please contact: Dr. I. R. Battel (204) 489-4507

Winnipeg, MB

Experienced dentist available for part-time associateship. Please contact: (204) 489-7679

Winnipeg, MB

Experienced dentist available for locums (sick leave, vacations, etc.) Please contact: Dr. Neil Winestock (204) 269-4314

Winnipeg, MB

Experienced dentist available for locums and short term associate ships. 14 years experience. Please contact: Dr. Wade Salchert (204) 999-8005

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The Manitoba Dental Association offers a referral service for: **(I) Dentists with Opportunities:** (practices for sale, space to share and associateship/locums) and **(II) Dentists Seeking Opportunities:** (full or part-time associateships, short-term locums and practice purchases/buy-ins). To list with this service please contact April Delaney at the Manitoba Dental Association Office, Phone: (204) 988 5300, Ext 2.

Dental Technician Opportunities

Winnipeg, MB

Dental Technician required immediately. Must be proficient in complete and partial acrylic dentures. Excellent wages and benefits are offered to the right candidate. Laboratory is equipped with all the supplies and machines needed for fabrication.

Please contact: D.K. Mittal: Cell: (204) 297-5344 or Email: dmittal@shaw.ca

Practices for Sale

Winnipeg, MB

Busy, well-established 3-operatory dental practice for sale in North Winnipeg. Low overhead and high net earnings. Could easily be run as a satellite office if desired.

Please contact: (204) 997-3978 or write to: MDA, #103-698 Corydon Ave, Wpg, MB R3M 0X9

Southern Manitoba

**Professionally appraised, non-assignment, general dental office located in Southern Manitoba – 45 minutes from Winnipeg. \$800K in 2007 in 191 days. Low overhead, fully computerized, fantastic long-term staff. Practice located in a medical clinic with great exposure.

Please contact: (204) 745-2394 or aaron@drteeth.ca

Kimberley, BC

Take over my well established practice and let me work back for you or not. Stability and lifestyle are the major assets with extensive opportunities for those that wish. I am open to offers and arrangements.

Please contact: comish@cyberlink.bc.ca or Fax: 1-250-427-4611

The Manitoba Dental Association is looking for volunteer dentists in Winnipeg who would be willing to donate their time during weekday hours to speak about a career in dentistry at career symposiums for high school students or speak on dental care at elementary schools.

If you are interested please contact Rafi Mohammed, Membership Services Director at (204) 988-5300, ext. 3

Looking for a Dental Hygienist?

The Manitoba Dental Hygienists Association's job placement service is your connection to dental hygienists that are looking for full-time/part-time and temporary placement.

This service has no fees attached, so if you are looking please leave a message for Cindy.

Phone: (204) 981-7327

Email: mdhjobplacement@hotmail.com

ManitobaDentist.ca



Have you considered placing your classified job wanted ads on the MDA website?

The Manitoba Dental Association will place free of charge to Manitoba dentists job wanted ads for associates, dental hygienists and dental assistants on our website. We will also run ads for practice sales. The ad will run for two weeks. At the end of the two weeks if you want to run the ad again just contact the MDA office.

You can email you ad to: office@manitobadentist.ca

The MDA Communication Committee is investigating the cost to run an ad in the Winnipeg Free Press classified section directing dental job seekers to our website. If the cost is reasonable we will start this initiative in 2009.

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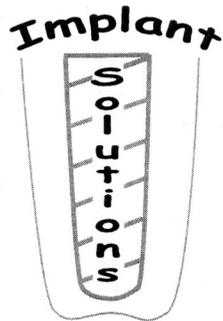
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