

DEFINING AN ORGANIZATION

One way of defining an organization's culture is through the success of its activities such as an annual meeting and convention. At this year's 126th Annual Meeting and Convention it was quite clear that the MDA's culture is not only healthy but a melting pot for the profession. Basically, organizational culture is the personality of the organization. Culture is comprised of the assumptions, values, and norms of members and their behaviors.

An organization's culture can have a profound effect on the success of an organization to create a desire and interest among its members to volunteer. The MDA's success in attracting volunteers can be attributable to the present and past leaders of the Association. They have been continually building a culture that promotes respect, pride, commitment, openness and professionalism.

This openness allows for the sharing of information; aligning purpose, values, and goals of committees; frontline decision making responsibility; and celebration of successes.

In this culture members understand their roles and obligations to their profession and accept the responsibility and expectation with pride of serving on committees of the MDA.



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MDA ELECTS NEW PRESIDENT

Dr. Elizabeth Dunsmore (Betty) was elected as the 83rd President of the Manitoba Dental Association at the 126th Annual Meeting of the Association on Thursday, January 28, 2010.

Dr. Dunsmore is a 1983 graduate of the University of Manitoba, Faculty of Dentistry, and has practiced in Dauphin since that time. From 1983 to 1997 she also had a satellite practice in Grandview.

She has been an active member of the dental community serving in the Volunteer Dentistry with Kindness in Action, travelling to Peru in 2004, and Venezuela in 2006. She was first elected to the MDA Board in January, 2005 and served as Vice-President in 2009-2010.

Dr. Dunsmore has also been very involved with her community with such activities as serving on the Board of the Parkland Women's Crisis Center for 8 years serving as President for 1 year; Active on school parent councils for 12 years; President of Ecole McNeill Parent Council; President of Henderson School Parent Council; she was also active in the School Band Parents Association, on the Executive for 4 years,

serving as president for 1 year; and active on the Executive of the Dauphin Figure Skating Club.

Dr. Dunsmore was born and grew up on a farm in Dauphin, Manitoba. In 1973 she married Allen Dunsmore and they have 2 grown daughters.

When not in her dental office, Dr. Dunsmore enjoys spending time with her husband recreational biking and taking bicycle touring holidays; in the winter she enjoys cross country skiing and downhill skiing.

Others on the MDA Board for 2010/11 are:

Dr. Joel Antel, Vice President

Dr. Sandy Mutchmor, Past President

Dr. Nancy Auyeung, Winnipeg, MB

Dr. Allan Cogan, Winnipeg, MB

Dr. Amarjit Rihal, Winnipeg, MB

Dr. Michael Sullivan, Portage La Prairie MB

Ms. Kari Enns, Dental Assistant Rep

Ms. Barbara Borsch, Public Rep

Ms. Cheryse LaRocque, Public Rep

Mr. Wayne Novak, Public Rep

Manitoba Dental Association's Annual Convention

2010



MANITOBA DENTAL ASSOCIATION ANNUAL CONVENTION

Gold Medal Awarded to the MDA Winter Games organizing Committee

The 126th MDA Annual Meeting and Convention proved to be another huge success. New MDA Convention Chair, Dr. Tim Dumore and his organizing committee delivered a first rate event in all aspects: the MDA Board Dinner, Educational Program, Exhibitor program and social program.

The MDA Business Meeting was very well attended by dentists. MDA out-going President, Dr. Sandy Mutchmor thanked the members for their continued contribution to organized dentistry. He indicated that his year as President was a very fulfilling one which saw him gain a tremendous amount of respect for the hard work and time past presidents have had to put into their term of office. He was also greatly appreciative of the MDA Board Members who continually supported him in his role as President.

At the Business Meeting the following individuals were recognized as MDA Life Members (35 years of licensure and 65 years of age and over): Drs. Jerry Boyko, Norman Ip, Michael Lasko, Dan Morrow, and Wilf Schellenberg.

Also, the following members were recognized by receiving a Certificate of Merit at the Business Meeting or Gold Medal Gala for their significant and valued services to the profession and the public as a committee volunteer:

- Dr. Tom Colina, volunteer service and Peer Review Committee
- Dr. Robert Fraser, volunteer service and Task Force on Office Assessment
- Dr. Sheldon Glow, volunteer service and Peer Review Committee
- Dr. Sukhi Johal, Peer Review Committee
- Dr. Joan MacLellan, volunteer service and Peer Review Committee
- Dr. Charles Morris, volunteer service and Peer Review Committee
- Dr. Amarij Rihal, volunteer service and Mentorship Program
- Dr. Lawrence Stockton, Open Wide Events
- Dr. Cory Sul, volunteer service and Mentorship Program
- Andrea Moore O'Connor – Open Wide Event

The clinical program was hugely successful as close to 2000 dentists and oral health team members attended the lectures. The Friday lectures consisted of presentations by Dr. Ken Malament on implants, Dr. Anthony Iacopino on periodontal systemic connections, Dr. Patrick Wahl on better patient communications, and Ms. Betsy Reynolds on

strategies in periodontal therapy. On Saturday, Dr. August Meredith lectured on oral surgery for general dentists, Mr. James Robbins lectured on motivation and reaching new personal heights. New to this year's convention was a series of research and clinical presentation (20 minutes) by Manitoba's dentists. The clinical presenters were: Drs. Americo Fernandes, Marshall Hoffer, Terry Koltek, Marc Mollot, and Bruce McFarlane. The research presentations were given by Drs. Reda Elgazzar, Robert Kaufmann, Frank Hechter, and Jay Winburn.

What's the MDA Convention without a great social program? The Friday night social proved to be another great hit. The Olympic trivia competition generated some fierce competition. Manitoba's own all dentist band "Mandibular Black" provided the dancing entertainment.

Close to 150 people attended the Gold Medal Gala Dinner on Saturday. Prior to the evening's entertainment, incoming MDA President, Dr. Betty Dunsmore, thanked Dr. Sandy Mutchmor for his dedication and hard work on behalf of the dental profession this past year.

Dr. Sandy Mutchmor presented Dr. Marcel Van Woensel with the President's Award of Merit in recognition of his personal significant contribution of the welfare of his fellow dentists. Dr. Van Woensel served as President of the MDA in 2007-2008. Currently, as Registrar, he has been instrumental in representing the interests of the MDA and public in national and provincial arenas.

At this time, a big thank you goes out to the annual meeting and convention organizing committee for all their planning and hard work in making this Annual Meeting and Convention a truly great experience. They were: Drs. Tim Dumore, Sandy Mutchmor, Carla Cohn, Tony Krawat, Rob McIntosh, Danielle Jobb, Getulio Nogueira, Sheldon Glow; Ms. Mary Bertone and Edna Johnson.

In closing, remember to mark you calendar for the 127th MDA Annual Meeting and Convention, January 27-29, 2011 @ The Winnipeg Convention Center.

Sponsors of the 126th MDA Annual Convention and Meeting

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Rafi Mohammed
Membership Services Director
Manitoba Dental Association



DR. BETTY DUNSMORE
PRESIDENT, MDA

President's Message...

My term as the President began at the 126th Annual Meeting and Convention of the Manitoba Dental Association from January 28th to 30th, 2010. I am proud to have been given the honour of serving our Association for the coming year. I have the good fortunate and difficult task of following in the footsteps of last year's President, Dr. Sandy Mutchmor. His calm manner under stress and his ability to maintain his sense of humour at all times epitomized his approach to the role. He certainly represented the MDA well at the Board, Provincial, and National level and the Association owes him a debt of gratitude for his efforts.

Those who attended will know that the Annual Meeting and Convention Committee consisting of chairman Dr. Tim Dumore and Drs. Carla Cohn, Sheldon Glow, Danielle Jobb, Tony Krawat, Rob McIntosh, Sandy Mutchmor, Ms. Mary Bertone, Ms. Edna Johnson, Mr. Ross McIntyre and Mr. Rafi Mohammed did a terrific job of organizing a first rate AGM and Winter Games event. The caliber of the speakers was excellent. There was positive feedback on the talent of the local presenters with the Case and Research Presentations and Dean Iacopino's lecture receiving good reviews. Dr. Carla Cohn organized the outstanding social events. The entire committee should be proud of the convention and the weekend in general. A Gold Medal performance on their part! Once again this year, a new record for attendance was established.

I believe the Annual Meeting and the heated discussion which took place demonstrates that the Board operates in an open and democratic manner. The discussion was lively and respectful and everyone had a chance to speak to the matters under discussion and express their varied opinions.

This annual meeting saw Drs. Pat Kmet and Robert Fraser leaving the Board. Both Pat and Robert have contributed immensely to the Board and I know that both of you are continuing to serve the MDA on the Task Force on the Future of Dentistry. Dr. Fraser also continues as the chairman of the Task Force on Office Assessment Committee. It has been a pleasure serving on the Board with both of them. I would like to welcome two new Board members; Dr. Nancy Auyeung of Winnipeg representing District 1 and Dr. Michael Sullivan of Portage La Prairie representing District 2. I'm looking forward to working with both of them on the Board. I hope they find being on the Board as interesting as I do.

Congratulations to Dr. Marcel Van Woensel on being the recipient of the President's Award of Merit. He certainly deserves the award for all his hard work and dedication during his transition from past President to Registrar of our Association. I would also like to offer my congratulations and thanks to Mr. Rafi

Mohammed, MDA Membership Services Director on the recognition of his 10 years of dedicated service to our association.

The Convention was the forum for a news conference to announce the First Free Dental Visit program and I would like to commend the committee for a job well done in their work in preparing this initiative. The committee was co-chaired by Drs. Robert Diamond and Charles Lekic with the able assistance of Drs. Lanny Jacob, Robert Schroth, and Leon Stein.

The office of Manitoba Dental Association continues to be very busy with many issues under consideration and requiring action. One of the issues that will continue to take up a lot of time and energy by the staff and board members is Bill 18, passed by the Manitoba Legislature, the Regulated Health Professions Act. A Task Force on the Future of Organized Dentistry was struck to deal with the implications of this legislation and is made up of more than 20 dentists as well as representatives of the public. The Task Force has been working hard to understand the details of how the regulatory and the non-regulatory aspects of the MDA will function in the future so as to satisfy the intent of this legislation. Consultation with the general membership is being planned to explain the impact of the legislation and obtain input from members as the work of the Task Force goes forward.

A meeting with the Minister of Health, the Honourable Theresa Oswald, has been scheduled in April to deal with the issue of patients having barriers to accessing dental care, specifically physical, mental and economic challenges. Mr. Ross McIntyre, Executive Director and I will represent the MDA and there will also be representation from the CCOH and the Dean of the Faculty of Dentistry, Dr. Anthony Iacopino, will also be attending this meeting.

On another matter, discussions with the Denturist Association of Manitoba have resulted in an agreement whereby denturists will cease and desist from calling themselves "Denture Specialists". Their website has removed this designation and their members are to follow suit in their advertising.

As this year unfolds I'm sure there will be many more issues to be addressed and through this bulletin we will try to keep the membership informed and up to date. If you have any questions or concerns please do not hesitate to get in touch with me or any of the Board members or staff at the MDA office. The MDA Board has an open door policy and we will try to answer or address your concerns.

Betty Dunsmore, D.M.D.
President
Manitoba Dental Association

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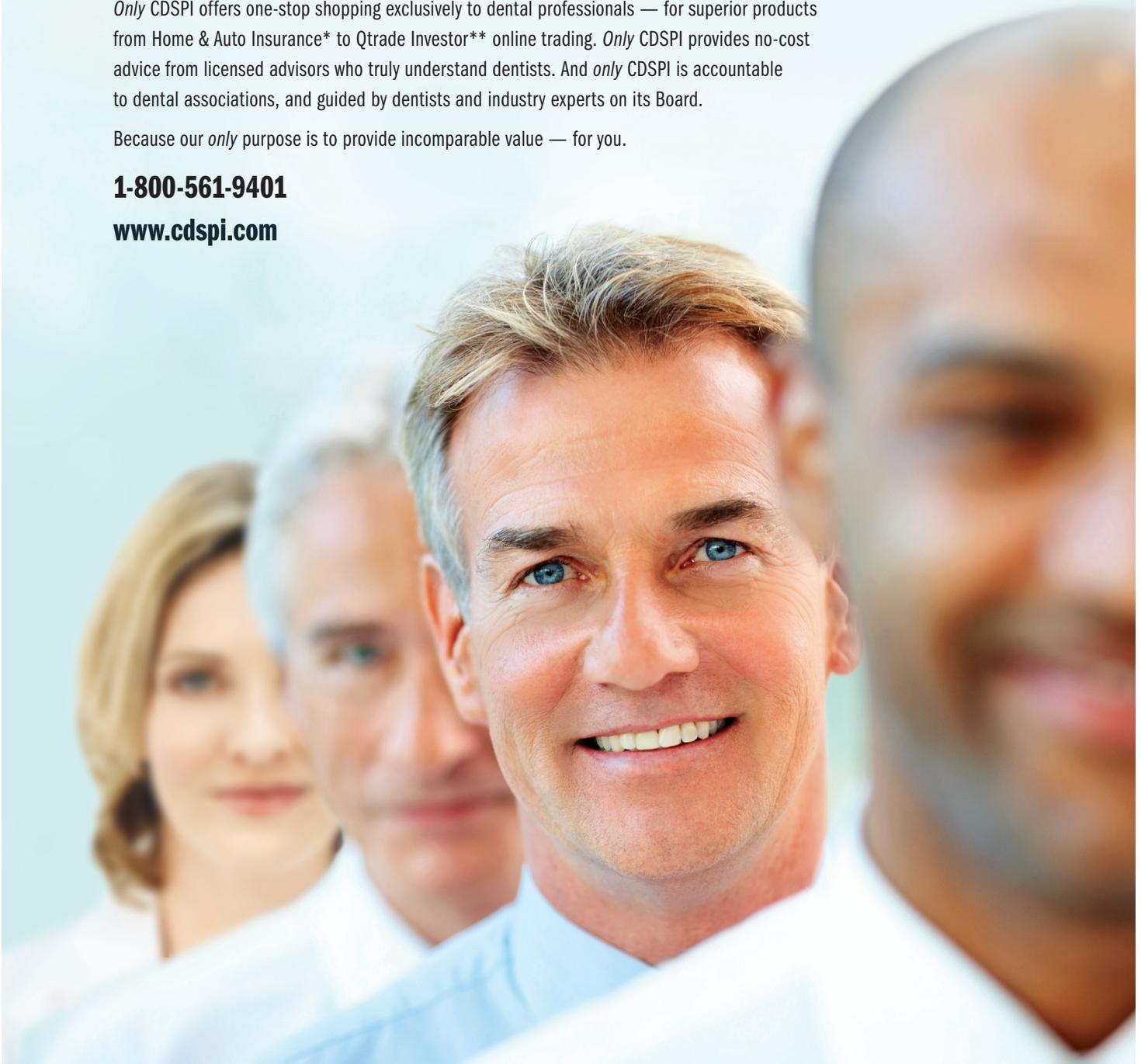
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DR. MARCEL VAN WOENSEL
REGISTRAR, MDA

Registrar's Column...

"A period of transition which must always necessarily be one of uncertainty, confusion and error"

John Calhoun

The Taskforce on Office Assessment is reviewing opportunities and methods to assist members in practice decision-making. Along with the Guidelines distributed last year for comment, the Taskforce is considering developing Critical Thinking Documents (CTD) as an option. A CTD is a concise summary of information and analysis of an issue. The intent is to give members knowledge for making decisions appropriate to their practice situation. I am including an example in this report. Please feel free to send any comments to the Taskforce chairman, Dr. Robert Fraser.

CRITICAL THINKING DOCUMENT DRAFT VERSION

ISSUE:

PRACTICE TRANSITION - SALE - USE, TRANSFER AND DISPOSITION OF PATIENT RECORDS

APPLICABLE RULES:

The Personal Health Information Act:

5(1) Subject to this Act, an individual has a right, on request, to examine and receive a copy of his or her personal health information maintained by a trustee.

27(1) No trustee shall sell or otherwise dispose of or disclose for consideration personal health information unless

(a) it is essential to facilitate the sale or disposition of the practice of a health professional or the business of a health care facility or health services agency as a going concern; and
(b) subject to subsection (2), the sale or disposition is to another trustee.

Personal Information Protection and Electronic Documents Act

4.3.2 Principle 3 - Consent - Reasonable Efforts

4.3.6 Principle 3 - Consent - Options

4.5.2 Principle 5 - Limiting Retention

4.9 Principle 9 - Individual Access

MDA Code of Ethics: Principle 1 - Patient Autonomy and Informed Consent

MDA Code of Ethics: Part 1, Article 7 - Confidentiality and release of Patient Information

MDA Code of Ethics: Part 1, Article 11 - Arrangements for Alternative Care

MDA Guideline for Office Assessment:

2. Records are disposed of in a secure manner to maintain patient confidentiality.

6. Patient communication confidentiality is maintained appropriately for the circumstances.

Common Law

McInerney v. MacDonald, 1992 CanLII 57 (S.C.C.)

Axelrod (Re) (In Bankruptcy), 1994 CanLII 3446 (ON C.A.)

ANALYSIS:

Dentists should always acquire professional advice - including legal counsel - as they deem appropriate when considering any practice transition.

Whether selling or retiring from practice, dentists must take in to account the various principles and laws which apply to patient records. Issues of patient privacy, autonomy and abandonment need to be balanced with the practical realities of transferring large numbers of documents and communicating with patients during a practice transition.

Relevant legislation in Manitoba specifically allows for the sale or disposition from one trustee (primarily a health professional) to another if it is "essential" for the sale of a "practice...as a going concern." The ability to sell or otherwise dispose of patient records does not alter the legal and ethical obligations of dentists to ensure patient choice, confidentiality, and continuity of care.

All dental offices should:

1. have an alternative care plan for patients with emergencies when the office is closed in place. The plan should indicate how patients are notified (i.e. answering machine message; office introductory package);
2. have a written policy for the retention, storage and disposal of inactive patient records. In accordance with applicable laws or contractual obligations, this may include:
 - a. minimum and maximum retention periods for inactive patient records;
 - b. secure method of disposal to ensure confidentiality of patient information;
 - c. method to notify patient of planned disposal and offer to transfer records.

A written policy should be in place and patients informed of it prior to the disposal of any records.

3. have a written plan for the office in the event unexpected circumstances (death or disability) require the sale or closure of the dental office. Relevant to patient records the written plan should include:
 - a. name of a licensed colleague maintaining care and control of the patient records during the transition if the owner dentist is incapable;
 - b. notification to regulatory body. The written notification should include contact information for the person managing the practice and dentist managing the records;
 - c. notification to patients. The notification should include alternative care arrangements; contact and availability information if patients have questions about their treatment or records; and process to request a transfer of their records to another dental office.

A dentist selling a practice with patient records should:

1. notify regulatory body of any change to their licensure/membership status; practice location (intra- or extra-provincially) and mailing address. The notification should be within 30 days of the change and must be in writing to be retained with your file. *The Dental Association Act* requires the MDA to investigate complaints for five years after last licensed in the Province. The timeline begins when the MDA has received written notice or you fail to renew. A corollary is you should update your mailing address with the MDA for five years after leaving practice in Manitoba to avoid the Peer Review Committee contacting your current regulatory jurisdiction for your address if a complaint does arise.

CDSPI requires information from the MDA to change your malpractice insurance. This is especially important if you are retiring or changing jurisdictions. The MDA requires written notification before informing CDSPI of any changes in your practice circumstances.

2. provide reasonable notice to your patients in the circumstances. While the buying dentist may perform this task, it is more appropriate for the selling dentist to notify the patients. He or she has the existing relationship and responsibility to the patient. The notice should happen before the transfer to the buying dentist. The majority of patients will stay with a dental office and appreciate the continuity, but should have an opportunity to opt out before the transition is complete. Specifying a date patients have to opt out and inform you of where they want their records transferred will minimize patient procrastination.

If you are planning to leave the practice, the notification should inform the patients of:

- a. your last day of practice;
- b. the name of the incoming dentist or dentists responsible for the records; and
- c. process to request a transfer of their records to another dental office.

A release form signed by the patient expressly consenting to transferring their records to the buying dentist is ideal but in most situations not required or practical.

There are three major options for managing the original records during a sale:

- a. the dentist may choose to keep the original patient records and provide the buyer with a copy. This method would provide the selling dentist with the best access in the event of a future malpractice claim. Copying and secure storage may be time consuming and expensive;
- b. the dentist may choose to keep copies of all the patient charts and provide the original records to the buyer. Issues of copying and storage are same as in (a);
- c. the dentist could obligate the buyer, in the sales contract, to allow the seller access to the records in the event of need. The buyer is typically required to maintain these records for a set period of time after the sale. Further contract language regarding liability for records not maintained could be included. This is the most common method in Manitoba. The disadvantage of such a transfer is inadvertent loss or destruction of the records. Cooperation is required for access.

Continued on Page 8...

Original records should only be transferred to dentists you have an agreement for retention, access and storage (i.e. the buying dentist). If the receiving dentist does not consent to an agreement, only copies should be provided and the specific patient records returned to the selling dentist and placed in storage.

The method of communicating the transition should be reasonable considering of the characteristics of your patient base. An e-mail or letter to their mailing address is a preferred method to reach your patient. A notice in a community newspaper is appropriate if your patient base has access to it.

3. Initiate procedures only if they can reasonably be completed before the transition. This includes extensive or complex restorative treatment plans. There are contractual and ethical obligations for a dentist to complete treatment once commenced.

If circumstances prevent you from completing a procedure or treatment plan, there is an onus on the initiating dentist to help the patient find a new dentist willing and able to complete the treatment. It is expected both as a compassionate professional and avoid any allegation of patient abandonment. Patient consent to the transfer should be clear and express. To avoid a future complaint, it may be useful to assist in making the appointment or confirm with your colleague the patient is attending and compliant.

A proper patient transfer from a dentist who must discontinue treatment prior to completion should include:

- a. identifying a skilled practitioner who will accept the unfinished case;
- b. provide new dentist with necessary clinical information to allow continuity of care and if necessary alter treatment;
- c. the patient agreeing to the referral; and
- d. the patient actually submitting to the treatment in a cooperative fashion.

4. Prior to transfer of records ensure compliance with dental office's written policy on disposal of inactive patient records.
5. The sale agreement with the buying dentist must also preserve patient choice, confidentiality and continuity of care. In addition to the already mentioned issues, the agreement must allow you access to the records for regulatory or other legal purposes. They need to be retained and stored for a reasonable amount of time by the buying dentist. Any records transferred by you or the buying dentist to another dentist should be documented with their agreement to retain and allow you access to the records for regulatory or legal purposes.

The buying dentist may not want some of the patient files. Any agreement should require these records be returned to the selling dentist to be stored or disposed as appropriate in the circumstance.

I hope you have found the information helpful. Please feel free to comment on the benefits and disadvantages of the concept of Critical Thinking Documents and the content. On a related matter, it is important for all dentists and dental assistants to provide written notice of any changes to your mailing address; your licensure status or plans to move to a different province. With over 1700 members, it is no longer practical to make changes with simply a phone call. A written notice ensures your intention is clear, appropriately recorded and retained in your file.

Best regards,
Marcel Van Woensel
Registrar, Manitoba Dental Association

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The Safeway Select February 10 - 14, 2010 Steinbach, Manitoba

Drs. Kevin Friesen and Jim Koepke represented the MDA during the week the curling provincials were held in Steinbach. The MDA offers corporate sponsorship in support of the curling. This sponsorship results in a presence acknowledged by both curlers and spectators as the boards in the rink had a "Trust Your Dentist" banner. There was a definite value obtained by this sponsorship as many comments were received during our attendance at the event.

All in all the curling was exciting and competitive down to the last rock and attracted spectators from all over Manitoba.

Submitted by Dr. James Koepke



All Alumni are invited to attend!

UMDAA Notice
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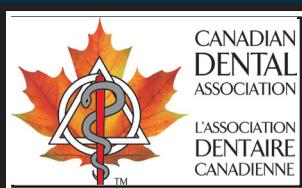
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D E N T I S T S F I R S T



DR. PETER DOIG
BOARD OF DIRECTORS, CDA



CANADIAN DENTAL ASSOCIATION

The Board of Directors of the Canadian Dental Association met February 19 – 21, 2010 in Ottawa and reviewed the strategies and business of the CDA. The CDA has undertaken to streamline its activities to be ready for the reduced budgetary reality which will result from the new membership model.

The BOD approved a knowledge strategy that will allow the CDA to transition from an information provider to a knowledge broker. The CDA recently adopted a new National Policy Formulation and Implementation Process which will allow a process for knowledge development allowing for formal stakeholder input.

The BOD received an update on the work of the Branding Working Group (BWG). The first phase of the public opinion research by Ipsos Reid has been completed and phase 2 qualitative research on the interaction of dentists with patients has begun. The BOD was presented with a budget of current and planned expenditures. The BWG will make presentations at the next meetings of the Dentistry Leader's Forum (DLF) and the Dental Issues Group (DIG).

The BOD discussed the formation of a joint CDA/CDRAF Ideas Committee as a forum for discussion of issues of mutual interest. The first task of this committee will be a high level discussion of the roles of the two organisations.

The BOD reviewed the initial data from the Canadian Health Measures Survey. The CHMS will be the topic of the Consultative Forum at the April, 2010, AGM of the CDA.

The BOD received an update on the activities of the CSI Advisory Group. This group was formed to give advice to the BOD on the strategic direction of CSI and management's implementation of a business plan.

The CDA BOD received an update on the development of draft new CDA Bylaws for presentation and approval at the April, 2010, CDA AGM. The new Bylaws, if approved, will be effective in April, 2011.

The BOD received an update on the closing of the DCF charity. Consultations have been held with donor groups to assist the DCF BOD in transferring funds to other like-minded charities and foundations.

As always the BOD of the CDA is active in making the CDA the prime advocates for dentists and oral health at the National level.

Peter J. Doig, DMD
CDA Board Representative

WINNIPEG DENTAL SOCIETY BLUE CROSS GROUP PROGRAM REPORTING CHANGES

You must notify the Winnipeg Dental Society and Manitoba Blue Cross within 60 days of change in your own or your dependents' status resulting from marriage, divorce, separation, termination of conjugal relationship, death, change of residence, birth or legal adoption.

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THE DENTAL SPECIALIST

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

NON-PLAQUE GINGIVITIS

The classification of periodontal diseases by the American Academy of Periodontology (AAP) in the 1960s was organised by age and plaque and subsequently by the host response in the 1980s. These historical concepts are reflected in the awkward diagnostic terminology of juvenile, adult, rapidly progressive and refractory periodontitis. The category of gingivitis was first introduced by the AAP in 1999 and sub-divided into (a) plaque-related gingivitis (PG) which sometimes progressed to periodontitis and (b) non-plaque related gingivitis (NPG).

The fundamental distinction of NPG from PG is non-responsiveness to plaque removal rather than any other test. This serves as a useful guide for the general dentist regarding referral or additional diagnostic testing. Patients with NPG are sometimes labelled as being non-compliant or as having ineffective oral hygiene measures leading to frustratingly frequent recalls with partial success. Many of the conditions listed as NPG resemble PG but have specific or subtle clinical and histologic diagnostic criteria and the biopsy is probably the single most useful initial test. The causes are multiple and the treatments can be quite variable. The treatment of these entities are beyond the scope of this article but involve major or minor surgery, warfarin, observation only, antimicrobials, immunosuppressive drugs, identification and avoidance of triggers, dietary manipulation and dialysis.

Clues to NPG are (1) Non-responsiveness to plaque control by debridement and/or chlorhexidine (2) Extension beyond the attached gingiva and/or involvement of other mucosal sites (gingivostomatitis) (3) Surface desquamation upon vertical or lateral pressure (4) Little or no bleeding on probing, especially in the absence of plaque (5) No erythema of the marginal gingiva. (6) Little or no bone loss (7) Pain or discomfort. Most NPG cases are due to physical and chemical injuries or immunopathological conditions.

Biopsy hints

1. Harvest sufficient tissue (4 x 8 mm minimum) from one or more sites by vertical incisions in the inter-radicular area but do not include the papilla or marginal gingiva.
2. Fix tissue in 10% neutral buffered formalin. If the differential includes immunological lesions then put part of the tissue into Michael's transport medium for immunofluorescence studies but harvest perilesional tissue rather than ulcerated tissue.
3. **AVOID** (a) reconstituting dried out formalin with saline or tap water to avoid a pemphigus-like artifact (b) sending biopsies in very cold weather but rather wait 8 hours or use a courier to avoid freezing artifact (c) crushing tissue excessively by using tissue forceps (d) the use of pre-biopsy steroids or harvesting marginal gingiva, especially if the differential includes lesions in the immunologic category, because it affects the characteristics of the inflammatory infiltrate

A pathology template organised by etiopathogenesis is used to classify the NPG subtypes.

DEVELOPMENTAL DYSPLASIAS

- a. Mucoepithelial dysplasia
- b. Hereditary hemorrhagic telangiectasia

NEOPLASTIC DISEASES

- a. Pre-malignant lesions (eg Epithelial dysplasia)
- b. Malignant lesions (eg Carcinoma, Wegener granulomatosis, Leukemias, Lymphomas, Kaposi sarcoma)

PHYSICAL AND CHEMICAL INJURIES

- a. Irritant mucositis (eg Foreign body gingivitis, chemical irritants, mouth breathing)
- b. Allergic mucositis (eg Foods, restorative materials or oral hygiene products)

INFECTIONS

- a. Viral (Herpetic > others)
- b. Fungal (Candida or HIV-associated linear gingival erythema > others)
- c. Bacterial (ANUG Fusospirochaetes > Streptococcal, Pneumococcal, Neisserial, Treponemal)
- d. Parasitic (Myiasis)

IMMUNOLOGICAL DISORDERS (Often clinically described as desquamative gingivitis)

- a. Lichen planus and lichenoid mucositis (see MDA Specialists Corner – Summer 2008)
- b. Pemphigoid and Pemphigus
- c. Plasma cell gingivitis or Reactive plasmacytosis
- d. Others (Erythema multiforme, Lupus erythematosus, Psoriasis, Stomatitis migrans, Dermatomyositis, Sarcoidosis, Orolfacial granulomatosis, Epithelioid angiomatosis)

METABOLIC DISORDERS

- a. Hormonal associated (Puberty, Pregnancy, Menopause, Birth Control Pills)
- b. Others (Hypovitaminosis C, Acatasia, Neutrophil defects, Uremia, Aspartylglucosaminuria)

IDIOPATHIC

- a. Spongiotic gingivitis
- b. Ligneous gingivitis
- c. Ulcerative gingivitis of Jacobsen

SUMMARY: Gingivitis which does not respond to mechanical plaque removal procedures and/or chlorhexidine within 3 weeks may represent non-plaque gingivitis with trivial to life threatening implications. The purpose of this article is to sensitize the profession to these possibilities and use appropriate initial strategies such as a biopsy or referral primarily to periodontists, oral and maxillofacial surgeons or specialists in oral medicine and pathology.

Stephen I. Ahing DDS, MSD, FRCD
Oral and Maxillofacial Pathologist
Sylvia Todescan DDS, MSc, PhD
Periodontist

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For more information, or to register, contact the **Alberta Dental Association and College** by calling **780-432-1012** (toll free at **1-800-843-3848**) or visiting www.abda.ab.ca

Speakers

Dr. Peter Cooney

- *Canadian Health Measures Survey*

Dr. David Donaldson, Dr. Fred Quarnstrom & Dr. Mark Donaldson

- *The Changing Field of Pain and Anxiety Control in Dentistry*

Dr. Michael Racich

- *Direct Tooth Coloured Restorations – Lecture and Hands-on session*

Dr. Gregory Austin

- *Crown Lengthening; Periodontal and Prosthodontic Considerations*

Dr. Arthur Conn

- *Dental Devices and Materials*

Ms. Adrian Currie

- *Professional Corporations*

Ms. Rita Bauer

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Ms. Rhonda Scharf

- *Stress Solutions*
- *Dealing With Difficult People*
- *Communication Skills for the Team*

Dr. Larry Filipow

- *Radiation Safety for Dental Workers – Basic Principles*
- *Radiation Safety for Dental Workers – Practical CT Devices Issues in the Workplace*

Social Events

Delegates will enjoy:

- Aurum Ceramic Golf Tournament
- Welcome Event – Thursday evening
- Experience Japan – Friday Evening
- Exhibitors Welcome Reception in Technology Fair – Friday
- A Night of Music Icons – Saturday Finale

Additional Activities

For delegates, spouses, partners and family:

- Spousal Peak Experiences
- Fun Run/Walk
- War Canoe Races



CAN DRUGS BE RECYCLED?

The [Manitoba Pharmaceutical Association] is supportive of responsible environmental and public safety practices with respect to the fate of unwanted medications.

However, the recycling of drugs is generally illegal. The risk associated with reusing medication outweighs any benefit that might be gained by recycling the medication. In Manitoba, drugs in sealed, unopened containers may only be recycled if they have been returned from a controlled environment such as a long-term care facility or a hospital.

Any medication that has been released to the public cannot be returned for re-use. The environmental strategy for drugs that cannot be re-used relate to reducing the dispensed quantities should there be any concern that the entire amount of the medication will not be used, re-use or recycling of the packaging, and appropriate disposal of the unwanted medications. The unnecessary waste of medication can be diminished through trial course of treatment or through smaller quantity amounts being dispensed for the first fill of prescribed medication. Equally important is the education of patients, prescribers, pharmacists, government and the pharmaceutical industry on the importance of reducing the cost and environment impact of waste medication.

Health professions are in an ideal position to assess and appropriately respond to the individual patient's reasons for returning medication and to assist in the safe disposal of unwanted drugs. However, patients should be informed that medications cannot be re-used and all unwanted medication should be properly disposed. Unnecessary medication kept in the home enhances the risk for accidental poisoning and/or inappropriate use.

Miller Environmental will take unwanted medication from the general public, for proper disposal at no charge at the following address:

Miller Environmental Corporation
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Pharmacies in Manitoba act as a collection depot for unwanted medications from the public and will forward the medication to Miller Environmental.



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FOR DENTISTS, LIFE INSURANCE ISN'T STRICTLY A FAMILY MATTER

Whether you're a dentist starting out, building your practice or looking to preserve what you've built — life insurance can be a valuable ally throughout your career. Here are some key reasons why.

Securing Financing for a Practice Purchase

If you are a younger dentist planning to borrow a significant amount of money to purchase a practice, there are two important things you need to know about life insurance.

The first is that you'll likely need it. Typically, lenders will require that you have a life insurance policy in place before approving the loan. The lender will want an interest in the policy's proceeds to cover any outstanding balance should you die before the loan is repaid.

Secondly, it's important to ensure this life coverage is properly structured in the event you die before the loan is paid back. If you name the lender as the policy's beneficiary, it will receive all of the insurance proceeds — even if a significant amount of the loan had been repaid. That's why it's advisable to "assign" the life policy to the lender. This way, the lender will only receive life insurance proceeds equal to the outstanding amount on the loan. Any remaining amount could then be paid to a beneficiary you specify — such as your spouse.

Funding a Buy-Sell Agreement

Dentists' partnership agreements commonly include a "buy-sell" provision. Basically, it states that each partner must hold a life insurance policy on the other, so that if one partner dies, the proceeds from the policy will make it financially easier for the surviving dentist to purchase the deceased's interest in the practice.

It's imperative that each partner ensure there's sufficient life insurance coverage to cover his or her own interest in the practice. It's also important to have this coverage periodically reviewed to make sure it keeps pace with the growth in the value of the practice over the years.

Insuring the Life of a Key Person

Many dental practices have at least one employee who is uniquely skilled and serves as the key to the success of the business. The death of that staff member could pose serious financial challenges for the practice.

That's why your partnership or professional corporation would insure the life of that key person — by using the policy's proceeds to help offset the financial loss. The insurance proceeds could go toward the cost of recruiting, hiring and training your key employee's replacement — processes which can be both expensive and time-consuming. When planning for this coverage, consider an amount that is at least equal to the employee's annual salary.

Estate Planning

Life insurance can play a vital role in a dentist's estate plan. It can establish a fund to provide income for individuals (or a charity) you wish to support. Life coverage can also provide liquidity in an estate to pay off liabilities such as taxes, mortgages and probate fees. This will ensure that non-liquid assets (such as your cottage) can be left to your beneficiaries instead of having to be sold.

When planning to incorporate life insurance into your estate plan, it's crucial to ensure you have the right type of life coverage. Term life insurance usually covers needs for a specific limited period (such as providing for your children's financial security before they begin working). Since term insurance will end at a specified age (e.g. age 80), the coverage is not best suited for estate planning. On the other hand, permanent life insurance is typically used by those who always have a need for life insurance throughout their life, even if they die at a very old age — making it especially appropriate for estate planning needs.

The Canadian Dentists' Insurance Program offers a range of different life insurance plans to fulfill a variety of personal and professional needs. Not only are these superior plans designed especially with dentists in mind, they offer distinct advantages — including access to AdvantEdge* premiums — which are among the most competitive life insurance rates available in Canada.

For no-cost assistance with your life insurance planning — from licensed advisors who work exclusively for dental professionals — contact CDSPI Advisory Services Inc. at 1-877-293-9455, ext. 5002. Online, click on "Plans" at www.cdspi.com/insurance.

CDSPI is the administrator of the Canadian Dentists' Insurance Program. The Insurance Program is a member benefit of the CDA and other participating provincial and territorial dental associations. The Program's life insurance plans are underwritten by The Manufacturers Life Insurance Company (Manulife Financial).

** Available through the Insurance Program's Basic Life and Family Life Insurance plans.*



By Renata Whiteman
Professional Insurance Advisor
CDSPI Advisory Services Inc.
rwhiteman@cdspiadvice.com

FREE FIRST VISIT

QUESTIONS & ANSWERS FOR THE DENTIST AND THE DENTAL TEAM

The Communications Committee of the Manitoba Dental Association is pleased to announce the re-introduction of the "Free First Visit" Program. Originally launched in 1993, this oral health program was developed to encourage dental visits for young children.

Q: WHO IS THE FREE FIRST VISIT PROGRAM AIMED AT?

A: The program targets children three years (36 months) of age and younger. Participating dental offices must offer this service free of charge regardless of the family's dental insurance status.

Q: WHAT DOES THE VISIT INCLUDE?

A: The Free First Dental Visit is an opportunity for parents/guardians to have their child introduced to a dental office and to have a first examination to determine the status of the child's oral health. The visit is a maximum 15 minute appointment that includes:

- an informal orientation to the dental office and to the staff in the office
- a check-up of the child's oral health
- review of medical history
- filling out tracking form
- a discussion with parents concerning their child's oral health care

Q: WHAT IS NOT INCLUDED IN THE VISIT?

A: The first checkup is provided at no charge to the patient, but does not include diagnostic procedures (including radiographs, fluoride, cleaning, etc) if required as a result of the examination. The need for such additional action should be discussed with the parent/guardian, and the cost for these services should be clearly explained.

Q: WHO IS ELIGIBLE FOR THE PROGRAM?

A: All children three years (36 months) of age and younger are eligible for the program.

Q: CAN I BILL A THIRD PARTY CARRIER OR GOVERNMENT AGENCY FOR THE INITIAL "FREE FIRST DENTAL VISIT"?

A: No. However you can bill for diagnostic procedures, such as x-rays, as a result of the free check-up.

Q: ARE ALL CHILDREN THREE YEARS (36 MONTHS) OF AGE AND YOUNGER ELIGIBLE FOR THE FREE INITIAL CHECK-UP WHETHER OR NOT THEY ARE COVERED BY AN INSURANCE PLAN OR BY GOVERNMENT PROGRAM (SOCIAL ALLOWANCE, MEDICAL SERVICES, ETC.)?

A: Yes. Neither private insurers nor government agencies are to be billed for the Free First Dental Visit.

Q: IS A MEDICAL HISTORY REQUIRED?

A: Yes

Q: IS THE FREE FIRST VISIT AVAILABLE TO THE SAME CHILD MORE THAN ONCE?

A: No

Q: IF I HAVE ALREADY SEEN THE CHILD FOR EMERGENCY TREATMENT, ARE THEY ELIGIBLE FOR THE FREE FIRST DENTAL VISIT?

A: No, but it is still at the discretion of the treating dentist whether to charge a fee.

Q: HOW WILL THE PROGRAM BE PROMOTED TO THE PUBLIC?

A: The program was announced at a news conference on January 29, 2010 during the MDA Annual Meeting and Convention and will be followed up by a multi-media advertising campaign that could include television, newspaper, in-office signage, website and more.

Q: ARE SPECIALISTS PARTICIPATING IN THIS PROGRAM?

A: Yes. Pediatric dentists have indicated an interest in participating in this program for non-referred patients.

Q: HOW LONG WILL THE PROGRAM RUN?

A: This program is planned to be in effect from April 1, 2010 to March 31, 2013. At the completion of year one, a review of the program will take place to identify any changes required to improve it.

Q: WHY SHOULD YOU GET INVOLVED IN THE PROGRAM?

A: There are numerous benefits from participating in the program including:

- Demonstrating social responsibility of the dental profession
- Appreciating the importance of getting children of all ethnic/cultural/social backgrounds to see a dentist to help prevent early childhood tooth decay
- Setting the foundation for lifelong dental health
- Providing a service to those who otherwise could not afford it
- Creating a long-term practice builder

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WILL YOUR SAVINGS LAST IN RETIREMENT?

Retiring well takes planning. A financial advisor can help you determine how much money you will need to accumulate in your nest egg at the start of your retirement in order to support the standard of living you desire. Your advisor can also assist you in devising an investment strategy to reach that goal. It's important to reexamine this strategy from time to time to see if adjustments are required in order to achieve your retirement savings goals.

As a general rule, you are told to estimate that, in retirement, you'll require only about 70 per cent of your pre-retirement income, and to save accordingly. This estimate is based on the assumption that certain expenses will end at retirement, such as mortgage payments, child-rearing costs, and work-related expenses. However, you may have to throw out this rule if you plan to maintain or even increase your spending in retirement, for example, to travel the world.

Traditionally, financial advisors have also recommended that, in order for your retirement nest egg to last for the duration of your retirement, you should save a lump sum amount large enough to allow for withdrawals averaging 4 per cent each year in retirement. More recently, some advisors have lowered the withdrawal rate to a conservative 3.5 per cent to avoid portfolio depletion in the event of a sharp or prolonged downturn during retirement. (If you use the lower withdrawal rate, you will need to save more money in total for retirement to obtain your desired level of annual retirement income.)

If you are close to retirement but far from your retirement savings goal, you may consider saving more aggressively or re-adjusting your expectations. If your choice is to ramp up your savings, adopting a more economic lifestyle now can allow you to set more money aside for retirement savings. To catch up, you should make the maximum RRSP contributions you're allowed each year. This includes using up contribution room you have left over from past years. Once you're putting the maximum in your RRSP, you'll want to consider other investment opportunities such as a tax-free savings account (TFSA) and non-registered investment account.

The types of investments you select for any of these investment plans will depend on the amount of time you have before the start of your retirement. You may choose riskier, but potentially higher returning investments, if you won't need to use your investment principal for 10 years or more. However, don't take unnecessary risks with your retirement funds.

If you operate your dental practice through a professional

corporation and have an annual income above \$125,000, you may be able to increase your retirement contributions — and your tax savings — with an individual pension plan (IPP). Your professional corporation makes the contributions to the IPP and it can deduct the amounts contributed against business income to obtain tax savings for the corporation. Periodic actuarial valuations help to ensure the plan is being funded properly to provide you with a pre-determined annual benefit at retirement.

Between ages 40 and 65, you will generally qualify for higher annual contributions to an IPP compared to an RRSP. For instance, for the 2010 tax year, the IPP contribution limit for a 55-year-old is \$30,100 versus \$22,000 for an RRSP. Additionally, if weak investment performance results in fewer IPP assets than are required to meet the corporation's pension income obligation, the corporation can increase the amount of its tax-deductible contributions to the plan. This catch-up provision is not available with RRSPs. You may also be eligible for past service contributions which could give an added boost to your pension plan.

An IPP can be established for your spouse (in jurisdictions where non-dentists are permitted to hold shares in professional dental corporations), which could allow for income splitting before and after age 65. Assets in an IPP are also exempt from the claims of creditors in most circumstances.

To obtain assistance investing for retirement, including information about strategies to help your savings last, contact a financial planner at CDSPI Advisory Services Inc. at **1-877-293-9455, ext. 5023**. (Restrictions may apply to advisory services in certain jurisdictions.)

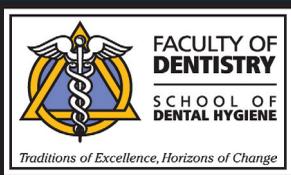
Evan Parubets is an investment planning advisor at CDSPI Advisory Services Inc. The Canadian Dentists' Investment Program is sponsored by the CDA.



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DR. ANTHONY IACOPINO
DEAN OF DENTISTRY
UNIVERSITY OF MANITOBA



THE COURAGE OF OUR CONVICTIONS PRACTITIONERS STAND UP FOR WHAT MATTERS

"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has." ~Margaret Mead

Each and every year, there are always many interesting takeaways as a result of the Manitoba Dental Association's Annual meeting and this year was no exception.

One of the largest and most significant events of the year for our profession in the province, the MDA's winter meeting is always an event to remember. This year's event was all that and more. Personally, I had the pleasure of being one of the featured presenters at the Continuing Education portion of the weekend session, and of course, the President's Ball never fails to impress as we collectively acknowledge the efforts of those in the field who have realized significant accomplishments over the course of their professional careers.

But for me there was one event over the weekend that stood head and shoulders over all that was as memorable and significant as any other. On Thursday night, at the annual business meeting, members of the Manitoba Dental Association stood up and came forward with a tangible show of support for their community. MDA members approved the creation of a fund to provide up to \$300,000 over the next year to maintain services to Manitobas facing challenges to accessing dental health care. This essential care will be delivered by the Faculty of Dentistry's Centre for Community Oral Health here at the University of Manitoba.

This was a bold and courageous move and I want to take this opportunity to thank and applaud the Administrative Board and members of the association for their courage and conviction. And while the outcome is significant for many reasons, what impressed me most was the dignity and respect that was clearly on display throughout the process that led to the decision.

As most of you are likely aware, this issue is one that has been one that has been talked about for some time now and for good reason. Access to care is a major aspect of our profession; one that I believe we all agree must be taken seriously. As a profession, we realize and understand that care must be provided to all, including those with limited abilities or resources. And rather than adopt a piecemeal or short-term solution, we recognize that a sound, long-term strategy is required. This includes the involvement of policy makers at all levels as this issue is far beyond the ability of one single group to adequately address.

To that end, the Faculty engaged in a series of sessions designed to promote dialogue and

a thorough exchange of information with practitioners. Over the span of about two months, we devoted ourselves to full and frank discussion that were thoughtful and collegial; where opinions, thoughts and concerns were openly and fully shared and heard.

At the end of it all, the MDA was empowered by its members to establish a fund to help prevent the loss of dental care to these vulnerable groups in our community while we work together towards a new long-term funding arrangement. This result went a long way to addressing two important issues: access to care and the preservation of outreach services that touch the lives of so many in this province.

We have already begun the next phase and are well involved in the process of working with policy makers towards a comprehensive and long lasting solution. We are also reviewing and updating existing business models to ensure that these programs are in alignment with the current practice environment and community needs.

But these were hardly the only positive outcomes of this process. It showed how we can work together, in pursuit of a common goal that is for the benefit of the common good. We broadened our stakeholder coalition for combined and more powerful advocacy to government and industry. We demonstrated a show of strength – a clear display that practitioners in this province have the courage to stand behind their convictions. We showed that oral health professionals can and will be major players in shaping the design and delivery of health-care services in Manitoba. We demonstrated a sincere and genuine concern for our community and our citizens further improving goodwill for an already well-respected profession. Once again, I wish to thank and commend MDA members for their full and thoughtful participation in this process.

The short-term benefits are apparent and I firmly believe that long-term positive outcomes will manifest themselves as we move ahead. We are able to openly and honestly discuss the issues that matter to us all while demonstrating a collective strength, willingness and ability to step up and move forward as a group.

As Dr. Mead so accurately noted, by working together, we can achieve remarkable things.

Grazie
Dr. Anthony M. Iacopino
Dean of Dentistry
University of Manitoba

MDA DIRECTORY AMENDMENTS

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

Dr. Sercan Akyalcin
D342 - 780 Bannatyne Ave
Winnipeg, MB R3E 0W2
(204) 977-5676

Dr. Diala Chaaban
162 - 2025 Corydon Ave
Winnipeg, MB R3P 0R5
(204) 952-5054

Dr. Mariana D. Ciric
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Dr. Carmen R. Cymbalisky
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(204) 661-2614

Dr. Joanna I. Godlewski
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(204) 777-6463

Dr. Jeffrey J. Hein
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Ste. Anne, MB R5H 1C1
(204) 422-5510

Dr. Thi Thanh Thu Huynh
Health Canada
Manitoba

Dr. Sukaina Khan
PO Box 850
Swan River, MB R0L 1Z0
(204) 734-4571

Dr. Christie L.B. Laberge
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Dr. Keith J. Levin
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Winnipeg, MB R3M 2A8

Dr. Kevin J. Mark
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Dr. Ronald C. Witzke
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Dr. Domingo P. Zuniga
Unit D-05, 800 Rosser Ave
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The WDS is proud to announce its Spring Golf
Classic at the Quarry Oaks Golf & Country Club
Friday, June 11, 2010

VOLUNTEERS WANTED!

The Manitoba Dental Association is once again sponsoring **Tooth Fairy Saturday**, June 12, 2010 at The Forks.

WHAT IS TOOTH FAIRY SATURDAY?

It is the largest public event where dentistry is promoted. It 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

Volunteers Wanted:

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.

MANITOBA DENTAL ASSOCIATION

BOARD MEETING SYNOPSIS - JANUARY 28, 2010

Board of Directors for 2009-2010

President:	Dr. Alexander Mutchmor
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Government Reps	Mr. Wayne Novak Ms. Barbara Borsch Ms. Cheryse Larocque
Registrar	Dr. Marcel Van Woensel
Secretary/Treas	Mr. Ross McIntyre

Agreement on Internal Trade (AIT):

A meeting of representatives of the Canadian Dental Regulatory Authorities Federation and the MDA took place on January 23, 2010 to discuss the AIT Mutual Recognition Agreement (MRA) relating to specialties. A modification to the draft agreement allowed for the grandfathering of Manitoba Academic Affiliates who are currently in the process was added. Also of importance was an agreement with the Deans of Dentistry at Canadian Faculties about an affiliation process that would lead to a certificate of completion for academic affiliates.

The MDA representatives at the meeting recommended that the Board accept in principle that the MDA sign the MRA contingent on the MDA Licensing and Bylaw Committee and the MDA Specialists Committee review in relation to the MDA bylaws.

Continuing Education:

At the Continuing Education Committee meeting held on November 24, 2009 it was recommended that dentists must participate in CPR and Ethics and Jurisprudence programs to satisfy their CE requirement.

The Board requested that a broad based group consisting of representatives of the mentorship program, continuing education committee, licensing and bylaw committee, communications committee, Winnipeg Dental Society, Faculty and MDA staff meet to discuss this matter and bring recommendations to the June 3, 2010 Board meeting.

CDSPI Presentation:

CDSPI representatives provided for information the following update.

- the malpractice and triple guard programs where rates had become solidified because of sound financial experiences.
- Student coverage was increased with a premium reduction in the first three years of practice.
- On-line brokerage was introduced
- The Long Term Disability program will be analyzed to determine its competitiveness.
- More dental office staff programs will be considered.

Other than malpractice, which is available to all licensed dentists, you must be a member of a Provincial Dental Association to have access to the other insurance and investment programs of CDSPI.

Canadian Dental Association Presentation: Dr. Don Friedlander, CDA President indicated that dental leaders must meet the challenge by developing effective strategies to protect and promote the profession.

Under a new governance system starting in 2011, dentists who are in a Province with a Corporate Member will not be able to join CDA directly but must do so through that Corporate member. iTrans will be offered as a service to all dentists but at a fee that would at least equate to the membership fee for non members. Currently 42% of CDA net dentists are enrolled in iTrans.

Deans Update:

The Dean provided the Board with some of the highlights from 2009. They were:

- The quota of 25 Manitobans in the first year class starting in September 2010 was met;
- New leaders will be needed as Associate Deans and nominations will be sought;
- There will be internal improvements as input is being sought from students, alumni, faculty and MDA;
- Budget challenges face the University;
- Audits of some aspects of the Faculty are taking place, and best practices and accountability for CCOH and the clinics will be audited;

In order to formalize the link between the MDA Board and the Faculty, the Board appointed the MDA Past President as the MDA representative to Dental Faculty Council.

Office Assessment:

The Task Force on Office Assessment continues to meet and is developing a guideline for a person to go through a dental office in a systematic way to consider best practice for dentists. The tool will be informative and educational and a positive adjunct to dental practice.

Task Force on Better Relations:

The Task Force is in the final stages of its report. The report will include a series of recommendations to be implemented to enhance the relationship amongst the Faculty, the Profession, and the Alumni.

Task Force on the Future of Dentistry:

The Task Force has had informative meetings of the main group as well the two sub-committees (regulatory and membership) are meeting to discuss aspects pertinent to their specific mandate. A plan to operationalize the principles developed for the administration and governance of a regulatory body and a membership organization will be prepared by a third sub-committee. That activity will begin shortly.

Board Nominations and Elections:

The following dentists were nominated to the Board and declared elected by acclamation:

- District #1 – Dr. Nancy Auyeung
- Dr. Amarjit Rihal
- District #2 – Dr. Michael Sullivan

Board Elections:

Dr. Betty Dunsmore was elected President, Dr. Joel Antel was elected Vice-President, Dr. Marcel Van Woensel appointed as Registrar, and Mr. Ross McIntyre as Secretary Treasurer

The next MDA Board meeting is scheduled for June 3, 2010.

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

**Dental Implant Study Club
Organizational Meeting**

Friday April 23
1:00 – 3:00 pm
Greenwood Inn

The study club will focus on building the knowledge base and experience required to integrate dental implants into everyday practice.

Through the course of the year, participants are encouraged to bring cases for discussion and treatment planning, and proceed with treatment when appropriate.

Familiarization with the number of different implant systems will be integrated throughout the year.

Educational content will be tailored to the needs of the participants, and with a focus on the patient treatments selected.

Meetings will be held on 6 to 8 selected Friday afternoons in the fall 2010 and winter of 2011.

Tuition: \$825.00 per person

CE Credits: 25 hours

Mentor: Dr. Marshall Hoffer

To register for the organizational meeting (no charge) please contact:

Cindy Smyth

Winnipeg: 477 0485

Toll free: 1 877 536 6736





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HOW TO ACCESS YOUR CE RECORDS ON THE MDA WEBSITE

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 licensed 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 is the public site.

Step 2: Click on "Members Login". Your MDA ID is your unique or license number, example "512-345" (Don't forget the hyphen!) Your generic password is: "password"

Step 3: At the top right 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. Once in this area of the website you can 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 contact Rafi Mohammed, Membership Services Director, 988-5300 ext 3.

DENTISTS SEEKING OPPORTUNITIES

Winnipeg, MB

Experienced dentist available for part-time associ- ateship or locums
Please contact Dr. D. Bachinsky (204) 233-1983

Winnipeg, MB

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

Winnipeg, MB

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

Winnipeg, MB

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

Winnipeg, MB

Dentist with 15 years experience available for long or short term locum positions in Winnipeg.
Please contact Dr. Wade Salchert (204) 999-8005

ASSOCIATE OPPORTUNITIES

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Greenwoods Dental Centres is looking for part-time dental specialists in various fields of dentistry esp. Periodontics, Oral Surgery, Endodontics, Oral Pa- thology and Endodontics. Location 693 McPhillips St. A sound referral base exists with patients from four locations. This is an excellent opportunity in a well managed environment with 15 ops at this location.

Remuneration and all other aspects of associate- ship will be negotiated to suit needs.

Please call Dr. D.K. Mittal: (204) 297-5344
Email: dmittal@shaw.ca
Website: www.greenwoodsdental.com

Winnipeg, MB

Part-time associate position available for weekdays in a well-established modern practice. If you are interested in joining a great team, please contact Dr. Manuel Resendes for more information:
Phone: (204) 294-3444
Email: manuel@resendes.ca

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Linden Market Dental Centre is looking for a part- time associate immediately
Please call (204) 487-2226

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MANITOBA DENTAL ASSOCIATION

ANNUAL MEETING SYNOPSIS – JANUARY 28, 2010

Call to order @ 7:07 p.m.

Tribute of Respect: A tribute of respect was paid to the late:

Dr. Scott Norquay Dr. Mark Johnston

Life Members: The following dentists were introduced as life members:

Dr. Jerry Boyko Dr. Dan Morrow
Dr. Norman Ip Dr. Wilf Schellenberg
Dr. Michael Lasko

Reports: 2009 Annual Report and 2009 Audited Financial Statements were accepted by the members present.

Registration and Licensing Bylaw 17-09a: The membership present voted and ratified bylaw 17-09a.

Annual License Fees Bylaw 31-09: The change in the bylaw was to add \$500 to the 2010 license fee to provide support for one year to programs administered by CCOH that provide dental care to patients with physical, mental or economic barriers in the St. Amant Centre, Health Action Centre and Manitoba Development Centre.

Budget reduction at the University made it unlikely that these programs could continue without additional funding. Although discussion with Government had been initiated, as of yet, long-term secure funding for these programs had not been identified. In order to allow a one year period to finalize those discussions, the MDA was asking the profession to provide the \$500 for a one year time frame only. Dr. Mutchmor assured the members that if not all the money, estimated to be \$300,000 was utilized that the remainder would be provided to the dentists who contributed.

After discussion, the membership requested a secret ballot. Drs. Michael Lasko and Craig Fedorowich were appointed as scrutineers.

On count, 153 people were present at the meeting. 142 members cast votes. Nine people could not vote: the President, two public representatives, the dental assistant representative, two directors, two CDA representatives and the Registrar. **The Members present voted and ratified bylaw 31-09.**

Presidents Report: Dr. Sandy Mutchmor presented the membership with his year in review. He said that the passing of the Regulated Health Profession Act in the spring of 2009 would bring many changes to organized dentistry.

After 126 years the MDA would become two organizations: a regulatory authority and a membership organization. How to separate was being considered by a Task Force that would bring reports and an opportunity for consultation to the membership. It was anticipated that dentistry would be operating under the Regulated Health Professions Act in three to five years.

He said that it will be important to have the profession act together through the changes that will occur. Dr. Mutchmor said that he would stay involved. He thanked the Board, staff and membership for the year he had had as President.

Installation of new MDA Board 2010-2011:

Dr. Sandy Mutchmor	Past - President
Dr. Betty Dunsmore	President & District 3
Dr. Joel Antel	Vice- President & District 1
Dr. Allan Cogan	District 1
Dr. Amarjit Rihal	District 1
Dr. Nancy Auyeung	District 1
Dr. Michael Sullivan	District 2
Ms. Kari Enns	Dental Assistant
Ms. Barbara Borsch	Public Representative
Ms. Cheryse Larocque	Public Representative
Mr. Wayne Novak	Public Representative

MDA Awards winners presented at the Gold Medal Gala on Saturday, January 30, 2010:

Achievement Awards:

- Dr. Tom Colina – Peer Review Committee
- Dr. Robert Fraser – Task Force on Office Assessment
- Dr. Sheldon Glow – Peer Review Committee
- Dr. Sukhi Johal – Peer Review Committee
- Dr. Joan MacLennan – Peer Review Committee
- Dr. Charles Morris – Peer Review Committee
- Dr. Amarjit Rihal – Mentorship Program
- Dr. Lawrence Stockton – Open Wide
- Dr. Cory Sul – Mentorship Program
- Andrea Moore O'Connor – Open Wide

President's Award of Merit:

- Dr. Marcel Van Woensel – Registrar

The next MDA Annual meeting is scheduled for January 27, 2011.

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

Rafi Mohammed
Membership Services Director

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Karl Popper (Austrian Philosopher)

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