

## Manitoba Dentist



Statement

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CDCP Update  
Ransomware  
CDA 2024 Award Winners





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**2024 Lecture Dates (For Grad Years 2020/21/22/23/24)**

**Watch For 2024/25 GPSS Lecture**

**Details In Our MDA Weekly Updates**

- Thursday September 19th – GPSC Meet & Greet Winnipeg Trans Canada Brewing
- Saturday September 21st – Endo Hands-On With Dr. Rodrigo Cunha In Dauphin MB
- Friday October 18th – Endo Lecture With Dr. Andy Dosanjh Winnipeg Location To Be Confirmed
- November date to be confirmed - Crown & Bridge Lecture Dr. Paresh Shah

**2025 Lecture Details Coming Soon**

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- Sept 27<sup>th</sup>, 2024 - Dr. Charlene Solomon - CMHR
- Oct 25<sup>th</sup>, 2024 - Dr. Gaurav Krishnamoorthy CMHR
- Nov 22<sup>nd</sup>, 2024 - Dr. Aviv Ouanounou Victoria Inn
- Feb 28<sup>th</sup>, 2025 - Dr. Sergio Quaresma CMHR
- March 28<sup>th</sup>, 2025 - To be confirmed

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Manitoba  
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# MDA Bulletin



The MDA Bulletin is published on a quarterly basis; submission deadlines are: February 20, May 20, August 25 and November 20.

Full colour, 8 1/2 x 11 published quarterly.

Circulation is approximately 1000 to Manitoba dentists and dental professionals.

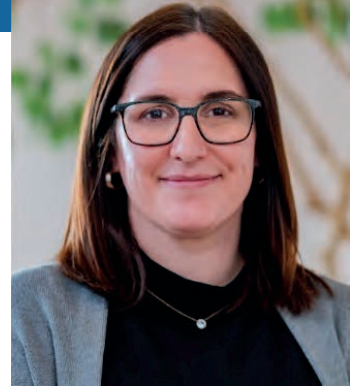
Published online at [ManitobaDentist.ca](http://ManitobaDentist.ca).

Advertisements may be submitted by email or CD accompanied by hard copy.

Please email submissions to: the Manitoba Dental Association by email:

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## PRESIDENT'S MESSAGE

The snow has moved on but we're still waiting for much of the province to dry out. As we look forward to warm Manitoba summer days there is still much to discuss about the last few months of the Manitoba Dental Association.

April saw another successful MDA convention. Special thanks to the tireless work of the Annual Convention committee, the MDA staff and volunteers for pulling together a wonderful event. This year saw the trade show and lectures being held in the bright space of the South building at RBC Convention Centre and was highlighted by a moving keynote address from Kevin Chief. Dr. Brent Roussin spoke about lessons learned from the pandemic with the Q+A hosted by Dr. Marc Mollot – the session almost felt like a bookend to that tumultuous time for the profession and the province.

I am happy to report that the MDA Task Force on Truth and Reconciliation has been working to develop its membership, including reaching out to First Nations, Metis and Inuit rights-holders and organizations to participate in developing the MDA Truth and Reconciliation Action Plan. The task force, under the direction of chair, Dr. Alan Grant, will begin the work of understanding the impacts of colonialism with respect to First Nations, Metis and Inuit peoples and their oral health. They will evaluate the impact of the TRC recommendations on the profession of dentistry in Canada and Manitoba. This resource aims to address gaps that exist in both care and career opportunities for First Nations, Metis and Inuit peoples and communities, and will seek to create

pathways to improve the delivery of oral healthcare for First Nations, Metis and Inuit peoples of Manitoba.

Recently, our membership received notice of the 2024 Economic Survey from the Economics Committee. As you will read in Dr. Jeff Hein's Economic Committee report, the data collected in this survey is used to establish each year's MDA suggested fee guide and is integral in developing changes that reflect current costs and expenses to operating private practice clinics while maintaining affordability for patients seeking care. This year brings extra scrutiny from the public, insurance companies and government trying to understand the cost of delivery of oral healthcare in the private practice setting. We understand that dentistry is one of the most efficient healthcare professions in delivering care compared to other models, but I encourage all members to take the time to complete this survey in order for our profession to continue to clearly communicate this to the wider community.

I want to take a moment to congratulate our very own Dr. Joel Antel on his appointment as CDA president. As past president of the MDA, CDA representative to the MDA Board and with his extensive experience in organized dentistry, Joel will serve as an excellent advocate for oral health and dentistry on the national stage. We saw Manitobans celebrated at the CDA Awards Luncheon in April with Dr. Craig Fedorowich and Dr. Huma Sharief jointly awarded the CDA Mentorship Advancement Award in honour of their contributions to the MDA Mentorship Program. Manitoba's

Never Alone Cancer Foundation was given the Oral Health Promotion Award to recognize their Oral Cancer Awareness Program. Along with important developments with the CDCP, the 2024 Federal Budget announced significant changes to the capital gains tax. I encourage you all to take time to read a detailed summary in Dr. Marc Mollot's CDA Report.

This month we are sad to share the news of the passing of Mr. Brian Fawkes, creative director of Fawkes Advertising. Brian was a long-time supporter of the Manitoba Dental Association and the Manitoba Dental Foundation through years of developing our media and communications with the Communications Committee. His creativity was evident in every aspect of his work and stood out with award winning commercials he spearheaded for the MDA multiple times over. Our condolences go out to his family and his mark on our association will be missed. Thank you to Brian on behalf of the Board of Directors and the staff at the MDA.

Of course, the Canadian Dental Care Program continues to be a hot topic for us all. Please take time to read a detailed description of the latest updates in this bulletin and view the recording of the most recent virtual Townhall held June 5th.

As the sun starts to peak behind the clouds...of mosquitoes we've harvested after all of this rain, I wish everyone a safe, restful and restoring summer. ▲

Dr. Daron Baxter



**HEATHER BROWNLEE, RDA**  
PRESIDENT MDAA

## BOARD OF DIRECTORS MESSAGE

Hello Manitoba RDA's

MDAA has been very busy the past few months.

At the end of March we had our virtual Annual General Meeting where we elected our new board of directors. Our AGM was combined with our spring CE with two very informative and engaging speakers. We have received many requests to bring the AGM back to the convention, so we will be doing a short survey in our newsletter in the near future to get an feel for what RDA's want. The new format would be a hybrid so members could attend both in person to meet each other or virtually for those of you who cannot attend in person.

In April we were present at the Annual MDA Convention which I felt was very well attended. Having everything in one space seemed to work well. Maybe a few things may have to be tweaked for next year but most people felt it was a great concept.

During the convention the MDAA had the pleasure of presenting Michaela Kissova-Bousha at the Gala on Saturday night with the 2024-25 Dental Assistant of the Year Award. She received a certificate and a gift card to a local spa.

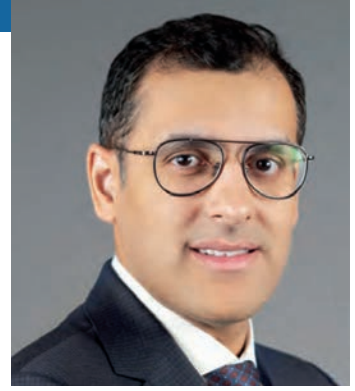
On April 22, 2024 Tess Peters and myself had the pleasure of attending the MDA Breakfast for the 2024 Dental Assisting Graduating Class at RRC Polytec where we presented the Annual MDAA Awards for Outstanding Professionalism to Juellmarie Reyes and Carl Latiza. It was very rewarding to meet the graduating class. I wish each one of you the best of luck in all your future goals.

The rolling out the CDCP May 1, 2024 seems to have created a lot of disruption in the Dental World. My hope is that over the next few months we can see the issues resolved to start treating the patients that really have a need for the plan to help with their overall general health.

During the last few months the MDAA Board of Directors have identified some issues that we feel are affecting all RDA's in Manitoba. We are in the process of approaching the MDA Executive to collaborate with them. We hope that these issues that we have identified are going to help strengthen our relationships with the MDA and create better relationships in our workplaces. As we get responses from the MDA we'll keep you all updated on our website.

MDAA over the next few months is working on our website so I ask each of you to visit it often to see all the updates and to keep informed of what MDAA and CDAA are doing for RDA's in Manitoba.

In closing I want to wish you all a wonderful summer and let you know that MDAA is always here advocating for RDA's in Manitoba! 📌



## REGISTRAR'S MESSAGE

### Trust in a Changing Society, the Place for Peer Review

As society changes, it is important for the profession of dentistry to continue to uphold the principles that have sustained its integrity in Manitoba for over 140 years. Institutions, including regulatory authorities like the MDA, are under increased scrutiny and skepticism by members of media, government, public and even our own members.

Peer review plays a key role in maintaining professional standards, promoting growth, and ensuring ethical conduct within the dental community, which enables our continued privilege of self-regulation. It is vital to work together to strengthen and improve the peer review system so that we can maintain our positions as highly respected members of our community. Ethical standards are the foundation of the dental profession, and peer review is an effective mechanism to uphold them. The MDA receives over 300 public inquiries of concern annually, underscoring the need for an effective peer review system.

The Dental Association Act mandates the MDA to provide a system for formal complaints regarding the conduct of dentists and dental assistants. Minor issues not related to the standard of care are often resolved through a voluntary alternative dispute resolution system. The Act outlines a process where more serious concerns about members (or former members) are reviewed by a

Complaints Committee, which includes two dental professionals and a public representative appointed by the Minister of Health. Any matter related to professional conduct or practice skills found during a review can also be investigated. If the Registrar deems a complaint particularly serious and urgent, it can be referred directly to the peer review chairperson to establish an inquiry panel.

Upon reviewing a case, the Complaints Committee can take various actions, such as referring the matter to the Peer Review Committee chairperson to establish an inquiry panel. Other measures include issuing formal cautions, accepting the voluntary surrender of a license, or requiring the completion of specified courses. Section 25.4(1) of the Act provides for an appeal of the Complaints Committee's decision, although no such recourse exists for the investigated member.

Inquiry panels are reserved for the most serious cases and can result in actions such as license suspension, orders for treatment or counselling, practice limitations, financial reimbursements, registration cancellation, supervised practice orders, and fines. These panels are infrequent but involve considerable time and expense for both the Association and the member. These quasi-judicial hearings are conducted by a panel of at least three Peer Review Committee members, one of whom must be a publicly appointed representative.

A common misconception among members concerns the standard of proof required in regulatory matters. In Canada, regulatory discipline operates under civil law, where decisions are based on a balance of probabilities, not proof beyond a reasonable doubt.

The importance of peer review lies in its role as the guardian of professional competence. A fair, effective, and vigilant process protects patients and helps maintain public trust in the dental profession. While the formal peer review system is rooted in legislated disciplinary requirements, it also emphasizes creating an environment that supports professional growth and learning. Despite the understandable stress associated with the process, many members appreciate the opportunity to improve their patient care and communication skills.

In Manitoba, both formal and informal peer review systems continue to thrive because of the commitment of its members to the highest standards of professionalism. Mentorship, peer-to-peer learning, and study clubs are integral parts of the dental culture in our province, fostering member development and helping to reduce the burden on the formal complaints system. All members benefit from a commitment to continual learning and professional growth while supporting a robust peer review system that protects the public interest. ▲





**ANASTASIA KELEKIS-CHOLAKIS**  
DEAN, COLLEGE OF DENTISTRY,  
RADY FACULTY OF HEALTH SCIENCES,  
UNIVERSITY OF MANITOBA

## DEAN'S MESSAGE

Dear Colleagues,

I wanted to dedicate this message to all of you, our alumni, and supporters of the Dr. Gerald Niznick College of Dentistry. In the last six months I have gotten a true appreciation of the meaning of the word “community” through my interactions with many of you. I know that for many, their personal experiences while receiving their dental hygiene or dental education training may not have been optimal but this has not stopped individuals from supporting the vision and mission of the college.

The support has not been provided only by our dental alumni; we have also received phenomenal engagement from the Manitoba Dental Hygiene Association who is sponsoring our new clinic dispensary; for that I personally wish to extend my thanks to our fellow oral healthcare providers.

Our alumni reunion at the Pacific Dental Conference in Vancouver allowed many of us to re-connect and I was able to share with many of you the progress we have made so far.

The Manitoba Dental Association Annual Convention also enabled our faculty to visit with our past students and it was wonderful to see their engagement and support of our school.

Today, I am thrilled to share with you some exciting news about the progress of our campaign and an update on the building of our new dental clinics!

Thanks to the remarkable generosity and support from our alumni across Canada, we have achieved significant milestones that bring us closer to realizing our vision.

Here are some exciting updates:

We have received contributions from **76** donors.

These generous individuals have made **92** gifts.

**16** operatories have already been named in recognition of their generosity.

This incredible show of support is just the beginning. The enthusiasm and commitment shown to our mission have set a strong foundation for the continued success of this campaign. We look forward keeping this momentum going as we engage in the start of construction in the upcoming months.

I am also deeply grateful for the dedication of our volunteer fundraisers. Thank you **Dr. Kmet, Dr. Dumore, Dr. Kim, Dr. Wiltshire, and Prof. Bertone.**

Your contributions are making a profound impact, and together, we are creating a legacy that will benefit generations to come. It takes a village to raise a building and all contributions matter!

I look forward welcoming the classes of 1984, 1999 and many others at the college on our

September 21st, 2024 Homecoming Day and sharing more news with you at our upcoming Alumni of Distinction Dinner on September 27th, 2024.

Wishing you all a healthy and happy summer,

With appreciation,

Anastasia Kelekis-Cholakis

To learn more about how you can get involved, please contact our dedicated fundraiser, Brooke Karlaftis. Brooke can be reached by email at [brooke.karlaftis@umanitoba](mailto:brooke.karlaftis@umanitoba) or by phone at 204-474-7835. Thank you! 🙏

## A NEW CLINIC A NEW FUTURE

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## OFFICIAL MEMO: 2024 Economic Surveys

This year, Finlayson and Associates Consulting will be conducting three main economics related surveys of Manitoba Dental Association (MDA) members.

1. The **Procedure Frequency Survey** (PFS) – completed in Winter 2024
2. An **expense survey\*** will be conducted in May 2024 when many dentists will begin to have their financial statements available.
3. **Staff Wage Survey** will be conducted in September 2024.
  - 3.1 And we will be doing at least one **State of Dentistry Survey**.

Each of these surveys provides important information to the MDA Economics Committee.

**\*The expense survey may be most important of all** – it provides critical information that helps the Economics Committee make annual fee increase recommendations that are fact-based. It is essential for the Committee to have current expense data with which to revise the fee guide. In this time of rapidly changing costs, the Committee must ensure that it is taking into account changes in **real costs** dentists are facing in operating a dental practice. Without data, we cannot justify our fee increase recommendations.

**If your MDA Economics Committee is forced to use estimated inflation rates as a basis for the 2025 Suggested Fee Guide Increase, given current projections, the MDA will have an increase of 2.1%. This will not reflect real operational cost increases. Further, and without Manitoba dentists' participation in future cost surveys, Manitoba dentists face the real risk of losing their autonomy in determining their own fees.**

The MDA knows that dentists are frequently asked for information. Rest assured your data is handled completely confidentially by a respected third party and is analyzed and aggregated by that third party. Your data is not identifiable by your name or practice name – members of the Economics Committee only ever see aggregations of data for purposes of evaluating, for example, overhead cost trends.



**I cannot overemphasize the critical importance of your participation in the upcoming Overhead Expense Survey. You will receive a link to complete this survey by email. If you are unable to find it, here's the link for the survey: [www.research.net/r/V2JKZF8](http://www.research.net/r/V2JKZF8) or scan the QR code. Current and relevant data is crucial in revising the Suggested Fee Guides for 2025.**

So, when you receive the request for data, **please prioritize it**. It is critical that the Economics Committee has aggregated, timely, accurate information on expenses, revenues and procedures.

Best Regards,

**Jeff Hein, DMD**  
MDA Vice President and Economics Committee Chair





**DR. MARC MOLLOT, D.M.D.**  
CDA BOARD REPRESENTATIVE

# CANADIAN DENTAL ASSOCIATION MESSAGE



Hello all. Spring marks a special time of year as we look forward to warmer weather and increased outdoor activities. It also marks that time of year that the CDA holds its Annual General Meeting (AGM). The AGM and related meetings we held in person from April 10–13, 2024, in Toronto, Ontario. In addition to discussing business matters, the meetings and events served as an opportunity to celebrate the achievements of the profession, recognize CDA's outgoing President, Dr. Heather Carr from Halifax, Nova Scotia, and welcome CDA's incoming President, Dr. Joel Antel from Winnipeg, Manitoba.

## **CDA Board of Directors Annual Report by the President**

Dr. Heather shared select highlights from the year with the assembly. She indicated that the most notable event over the past year was the federal government's launch of the Canadian Dental Care Plan (CDCP). This represented a generational opportunity to improve the oral health of millions of Canadians who do not have access to dental care. She noted the countless hours spent with the Corporate Members working to improve the federal plan and its stated outcomes for Canadians.

She highlighted CDA's extensive advocacy initiatives which led to increased federal investments in Budget 2023, and multiple meetings with federal officials including the Federal Minister of Health, the Honourable Mark Holland. She commented on activities related to CDA's Corporate Communications including the six published issues of CDA *Essentials*, as well as ninety-eight newsletters, numerous blogs, and video posts, and the over 1.4 million views on the CDA website.

She highlighted CDA's practice support services, namely, CDAnet, CDA Digital IDs, CDA ITRANS Claims Services, CDA Secure Send, and CDA's Practice Support Services website and their significant milestones over the past year. She made special note of CDA's communications with Sun Life to ensure that CDCP electronic claims are aligned with CDAnet Standards and the expectations of dentists. CDA's work with the Mental Health Commission of Canada to provide oral health care professionals with assistance in this area was mentioned as well as CDA's commitment to Equity Diversity and Inclusion and its partnership with the Canadian Centre for Diversity and Inclusion. She noted the growth of the CDA Seal Program, CDA's participation in the 2023 FDI World Dental Congress in Sydney, Australia, and work related to the implementation of the recommendations from CDA's governance review.

## **Election of the CDA Board of Directors for 2024-25**

The following individuals were elected to the CDA Board of Directors for 2024-25:

### Executive:

Dr. Joel Antel, (Manitoba), CDA President, nominated by the CDA Board

Dr. Bruce Ward (British Columbia), CDA President-Elect, nominated by the CDA Board

Dr. Kirk Preston (New Brunswick) CDA Vice-President, nominated by the CDA Board

### Board:

Dr. Brian Baker, nominated by the College of Dental Surgeons of Saskatchewan

Dr. Jerrold Diamond, nominated by the Alberta Dental Association

Dr. Mélissa Gagnon-Grenier, nominated by the NWT/Nunavut and Yukon Dental Associations

Dr. Raymon Grewal, nominated by the British Columbia Dental Association

Dr. Lesli Hapak, nominated by the Ontario Dental Association

Dr. Stuart MacDonald, nominated by the Nova Scotia Dental Association

Dr. Marc Mollot, nominated by the Manitoba Dental Association

Dr. Matthew Moore, nominated by the New Brunswick Dental Society

Dr. Jason Noel, nominated by the Newfoundland and Labrador Dental Association

Dr. Janice Stewart, nominated by the Dental Association of Prince Edward Island

## **Remarks by CDA's Incoming President – Dr. Joel Antel**

Dr. Antel expressed his gratitude for being able to serve as CDA's 105th President. He commended Dr. Carr for her leadership over the past year and for her commitment to the profession. He noted with pride what the profession was able to collectively accomplish over the past year through productive dialogue and a strong commitment to working together. He reflected on the importance of having meaningful dialogue on issues important to the profession. He noted the value of holding both in person and virtual meetings to facilitate the forging of personal connections and productive dialogue while at the same time taking advantage of the efficiencies that virtual meetings provide.

## Finances

The 2023 CDA Audited Financial Statements were approved as presented. For 2023, it was considered a clean audit with no outstanding issues. The 2023 year-end surplus was \$522,357 which was attributed to better-than-expected growth in revenue. Expenses remained close to budget. The 2025 membership fee rates remain unchanged from the 2024.

## CDA Strategic Plan

CDA updated the PTDA's on its new strategic plan and thanked them for their comments and input. The plan was formally approved by the CDA Board at its May meeting.

## Awards and Celebrations

The following individuals were honoured at the CDA Awards Luncheon and the President's Installation Dinner.

- CDA Medal of Honour – Dr. Bernard Dolansky (Ontario)
- CDA Honoured Member Award – Ms. Jocelyn Johnston (British Columbia)
- CDA Distinguished Service Award – Dr. Martin Gillis (Nova Scotia), Dr. Jennifer MacLellan (Nova Scotia), Dr. Nathalie Morin (Quebec).
- CDA Award of Merit – Dr. Izchak Barzilay (Ontario), Dr. Gregory Chang (British Columbia), Dr. Peter Kearney (British Columbia), Dr. LouAnn Visconti (Ontario)
- CDA Mentorship Advancement Award – Dr. Craig Fedorowich and Dr. Huma Sharief, jointly (Manitoba)
- Special Friend of Canadian Dentistry Award – Mr. Steve Jennex (Nova Scotia)
- Oral Health Promotion Award – Never Alone Cancer Foundation (Manitoba)

## Government Relations - Canadian Dental Care Plan (CDCP)

It was noted that Edelman Global Advisory continues to actively assist CDA and the PTDA's in CDCP- related advocacy and in the development of a national public relations campaign which is under consideration by the PTDA's. The goal of the campaign is to educate the Canadian public on CDCP's limitations and to advocate to government to fix the flaws in the plan. It was reported that the full CDCP fee grid would be released on April 11, seniors will begin accessing the program in May, and the alternate pathway for participation

on a claim-by-claim basis begins July 8. There are federal agreements with at least eight provinces on the coordination of benefits. All info is available on the Health Canada website. Pulse survey results were shared with the Board on dentists' views of the plan and their sign-up concerns and hesitations.

## Meeting of National Dental Associations

CDA received written reports from the following national dental organizations. A forum was held to discuss the reports. This was followed by a meeting to discuss national issues and solidify the formation of a National Council of the Dental Profession.

- Association of Canadian Faculties of Dentistry;
- Canadian Association for Dental Research;
- Commission on Dental Accreditation of Canada;
- Canadian Dental Specialties Association;
- Canadian Dental Regulatory Authorities Federation;
- CDSPI;
- The Federation of Canadian Dentistry Student Associations;
- The Indigenous Dental Association of Canada;
- The National Dental Examining Board of Canada;
- The Office of the Chief Dental Officer, Health Canada;
- The Royal College of Dentists of Canada; and
- The Royal Canadian Dental Corps.

## Canadian Dental Care Plan (CDCP) Workshop

A workshop was held with the Corporate Members to discuss the latest developments related to the CDCP and to determine a united path forward on various issues and concerns with the CDCP. The Federal Minister of Health, the Honourable Mark Holland, requested to meet with CDA and Corporate Members on April 11. He attended prior to the start of the workshop to provide an update on the plan and, in particular, some details around an alternative pathway to provider sign up. This was in response to concerns that PTDA's raised around the requirement for dentists to register under the CDCP. Following the meeting with the Minister, Corporate Members discussed concerns and a path forward related to the CDCP. This included the misconception by the public that the program provides free dental care, the idea that the government can make unilateral changes to the terms and conditions, the administrative burden for dentists related to the plan, among other concerns. Further, key messages were also developed for use in updating and advising members on the CDCP.

Attendees approved a national communications and public relations campaign proposal from Edelman Global Advisory (EGA). This proposal and its related cost sharing outline were previously shared with Corporate Members and CDA's Board of Directors. A working group was created to meet with EGA on the implementation of the campaign and its related elements. Working group members include CEOs from British Columbia, Alberta, Manitoba, Ontario and Nova Scotia.

Workshop attendees included members of the CDA Board of Directors, PTDA representatives and representatives from the Canadian Dental Specialties Association. ▲







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- Dr. Shima Amelgharib  
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- Dr. Amanda Huminicki  
DMD, M.Sc., B.Sc. (Dent), FRCD(c), Diplomate American Board of Pediatric Dentistry
- Dr. Nida Amir  
DDS, M.Sc., FRCD(c), Diplomate American Board of Pediatric Dentistry
- Dr. Amir Shah  
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## Navigating Dental Malpractice Claims: Insights from Industry Experts

In dentistry, providing quality care to patients is not just a commitment but also a cornerstone of the profession. Despite the best efforts and intentions of dental professionals, malpractice claims can arise, leading to significant financial and reputational consequences.

To shed light on this crucial topic, CDSPI recently convened a panel of dental malpractice experts. Drawing from their insights and experiences, they offered valuable information on typical instances of malpractice, the claims procedure, and strategies for risk mitigation.

### Understanding policy coverages

William Cole, a Senior Claims Adjustor with Crawford & Company, began his presentation with a high-level overview of his role which encompasses investigation, evaluation, and negotiation, while emphasizing the collaborative nature of his interactions with dentists to help resolve malpractice claims. Crawford & Company manages the initial claims process on behalf of Zurich Insurance Company of Canada for CDSPI's Malpractice Insurance.

### When there is a claim

"First, the incident that occurred actually has to involve the practice of dentistry, and we have seen cases where that's not the case," explains Cole. Incidents that are not covered under the policy include, but are not limited to, criminal acts, practicing without a license, prohibited treatments, unauthorized acts by employees while knowingly acting outside their scope of supervision, and abuse.

Drawing from his experiences, Cole shared examples of common claims encountered in dental malpractice. From instances of procedural errors to challenges in obtaining informed consent, he also emphasized the importance of meticulous documentation, effective communication, and proactive risk management strategies.

### The claims process

Upon receiving a claim, Cole's role involves investigating the situation, clarifying details with the dentist and the patient, and evaluating the evidence to determine liability.

"Sometimes we get into situations where we're not sure whether there's malpractice or not, and we will sometimes hire independent dentists to review the case and give us their expert opinion, which is more of a tiebreaker." But in all cases, there must be evidence of substandard care.



"Once we've decided to accept the claim at my level prior to litigation, I discuss everything with the dentist, and I seek their agreement," says Cole.

If litigation has been commenced, the decision to settle rests with the insurance company, although insurance companies prefer a collaborative decision among the defence counsel and the insured.

Cole's role also involves advising patients and dentists on claims, determining claim validity, and assessing settlement amounts based on investigation documentation. During the panel discussion, he clarified that although malpractice may necessitate additional treatment like implants, coverage doesn't extend to pre-existing needs, like crowns. Cole highlighted instances of extracting the wrong tooth, noting reimbursement for updated treatment plans, not ongoing care. Pain and suffering settlements in dental cases are generally lower than in other accidents. Legal costs are subject to the insurance company's discretion. Negotiating with patients, Cole finalizes agreements and facilitates payment issuance, followed by requesting the dentist's deductible. Cases unresolved through negotiation proceed to litigation.

Cole's storytelling abilities are impressive as he recounted a case where the wrong tooth was removed because the dentist had looked at the X-ray backwards, or the time a dental assistant taking an X-ray tripped over a cord pulling the mouthpiece from the patient's mouth, and the patient subsequently claimed a neck injury.

"The claims that I don't like to see are full mouth reconstructions from patients who have not looked after their teeth for years and are likely not going to start now," says Cole. This example highlights the need for informed consent, which is the process whereby a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. The patient must be competent to make a voluntary decision about whether or not to undergo the procedure or intervention.

Other claims include failure to diagnose oral cancer, infections after treatment, and even fatalities in the chair, generally from a heart attack. The latter is a reminder to have emergency protocols for dental office staff to handle emergency situations, which can also include managing irate patients at the front of office.

"If something's going sideways, stop and think about the potential claim and contact your insurer," says Cole. "I'd rather

get a claim that doesn't escalate rather than one that does. Just don't wait to report, because reporting a potential claim will not affect your premium."

Cole emphasized several strategies for dentists to mitigate risks and navigate malpractice claims effectively. Detailed documentation, including comprehensive notes and consent forms, is crucial in establishing the standard of care provided and obtaining informed consent from patients.

### **Malpractice from a legal perspective**

Colleen O'Neill, a senior associate at Dolden Wallace Folic LLP, has dedicated her legal career to defending dentists against allegations of professional negligence.

In her presentation, O'Neill delved into the intricacies of professional negligence in dentistry, offering valuable insights into the legal framework that governs such claims. Her presentation focussed on the foundational elements that constitute the basis of negligence claims against dental practitioners.

"At the core of professional negligence are three key elements," O'Neill explained. "Firstly, the dentist owes a duty of care to the patient. Secondly, there must be a failure to meet the requisite standard of care. And finally, this breach of care must result in actual harm or injury to the patient."

However, she cautioned against conflating all breaches of care with actionable negligence. "Not every deviation from the standard of care amounts to negligence," O'Neill emphasized. "For instance, while record-keeping lapses may occur, they do not necessarily lead to patient harm. However, they do complicate the defense of a case."

### **The standard of care benchmark**

Central to understanding dental malpractice claims is the concept of the standard of care—a benchmark against which a dentist's actions are evaluated. O'Neill explained that regardless of a dentist's experience or specialization, they are held to the same standard of care as their peers under similar circumstances.

"To establish the standard of care, expert testimony from another dentist of similar expertise is often required," O'Neill explained. "This underscores the technical nature of dentistry, which may be beyond the purview of a judge's expertise."

Highlighting a common strategy employed by patients' lawyers, O'Neill emphasized the significance of expert

opinions in shaping the trajectory of malpractice claims. "Patients often seek a free expert opinion from the dental college," she noted. "While this opinion cannot be used as evidence in court, it serves as a litmus test for the viability of a case and informs subsequent legal strategies."

### The importance of informed consent

Informed consent is a pivotal aspect of dental malpractice cases, with O'Neill shedding light on its legal underpinnings. "Informed consent hinges on the patient's right to make informed decisions about their health care," she explained. "It necessitates a comprehensive disclosure of material risks, tailored to the patient's perspective."

Drawing from precedent-setting cases, O'Neill underscored the multifaceted nature of informed consent. "The disclosure standard is contextual and relies on the materiality of risks to the patient," she said. "Factors such as the gravity of the patient's condition, the likelihood of risks, and the patient's unique circumstances all influence the disclosure process."

Moreover, O'Neill offered practical strategies for bolstering informed consent practices and fortifying defense against malpractice claims. From customized consent forms tailored to individual patients to meticulous documentation of treatment discussions, her recommendations underscored the importance of proactive risk management.

### Adopting a strategic approach

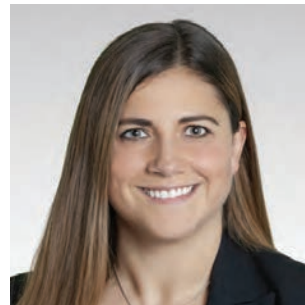
When faced with potential litigation, O'Neill urged dentists to adopt a strategic approach. "Practice management during a crisis is paramount," she advised. "From maintaining confidentiality to refraining from admitting liability prematurely, each step must be carefully orchestrated to safeguard against potential legal pitfalls."

As the dental profession continues to evolve, ongoing education and collaboration among dental professionals and insurance providers remain essential in ensuring the highest standards of care and accountability in dentistry. Through educational initiatives like the CDSPI Malpractice webinars, dentists can stay informed and equipped to meet the challenges of dental malpractice claims effectively.

To watch the full recording of the malpractice panel discussion, go to YouTube and search for and subscribe to CDSPI. [▶](#)



William Cole  
Senior Claims Adjustor  
Crawford & Company



Colleen O'Neill  
Senior Associate  
Dolden Wallace Folic LLP

**CDSPI** was created over 60 years ago by the dental community with the sole purpose of arranging programs for the benefit of dentists who are members of CDSPI's member associations. CDSPI is a not-for-profit organization that exclusively serves the dental community with expert advice and investment and insurance solutions.

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*This article originally appeared in CDA Essentials, Issue 2, 2024, p. 40-42. This article is reprinted with permission from the Canadian Dental Association.*

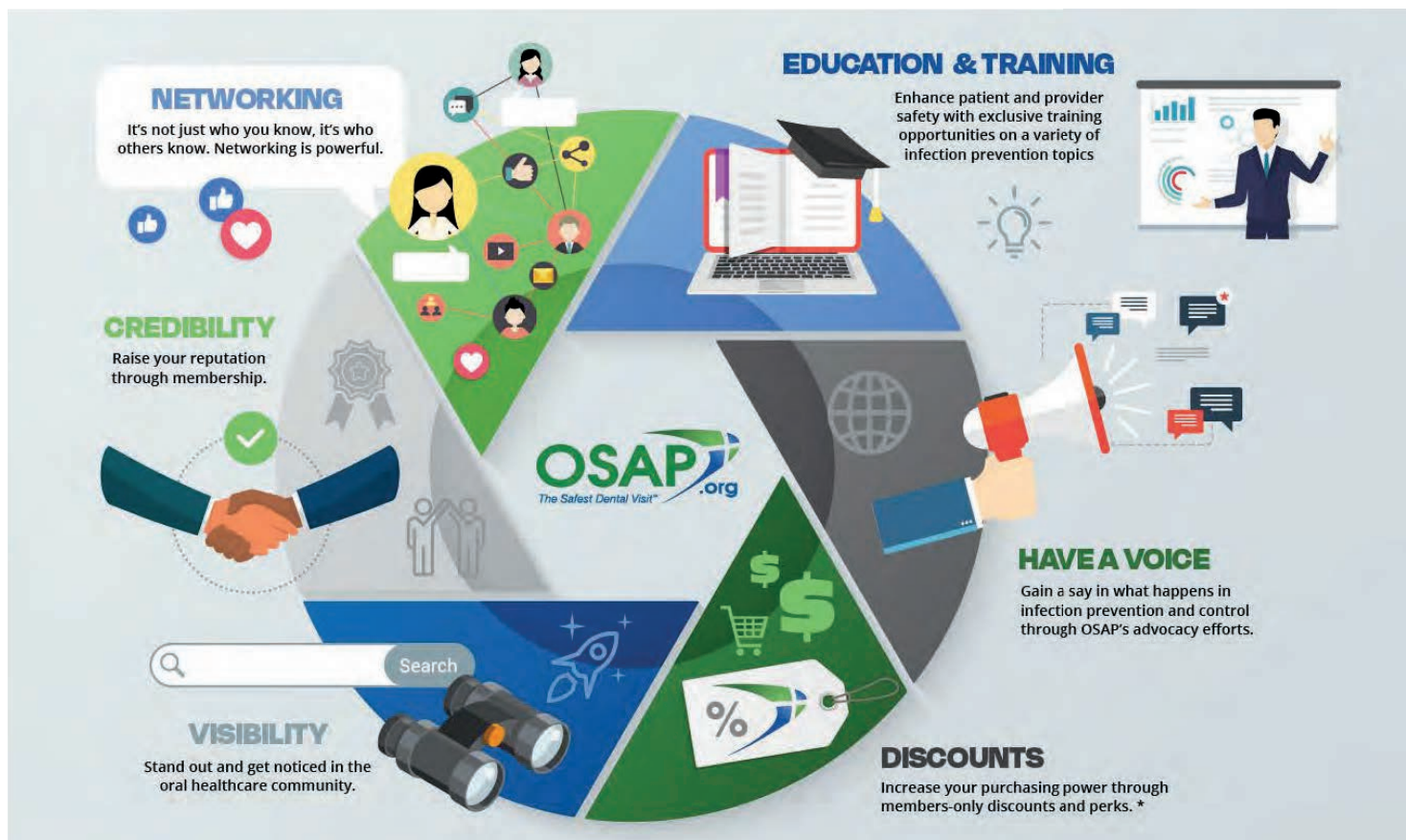


The Manitoba Dental Association, in partnership with the Organization for Safety, Asepsis and Prevention (OSAP), offers its members access to OSAP membership at a discounted rate starting January 2024:

- Individual annual membership: **\$32.50 + GST**
- Office annual membership (up to 10 staff\*): **\$275.00 + GST**

\* For more than 10 staff, please contact the MDA. Send an email to [lberg@manitobadentist.ca](mailto:lberg@manitobadentist.ca) to discuss a package that can work for you.

## OSAP Member Benefits



**InfoBites** - Each Monday, receive an email highlighting late-breaking infection prevention and safety news

**Infection Control in Practice (ICIP)** - Six times per year, receive an educational publication featuring real-life scenarios with checklists. ICIP is worth up to 6 CE credits per person annually

**The Safest Dental Visit™ Toolkit** - Utilize carefully assembled resources to help ensure the safe and infection-free delivery of oral healthcare to all

**Toolkits & Topics** - Access an expanding list of toolkits & topics available 24/7 addressing relevant infection prevention and safety issues

**Ask OSAP** - Submit infection control questions and receive a written response within 3-5 business days

**Webinars** - Participate in live and on-demand webinars on relevant and emerging issues and earn CE credits.

**Education & Training** - Receive discounts for Boot Camp, Annual Conference, workbooks, online courses, and products. Access past Annual Conference PowerPoint presentations

**Online Community** - Share problems & perspectives through OSAP's members-only online community and forum

**Member Certificate** - Download a printable certificate verifying your OSAP membership to display in your office

**Member Directory** - Search for OSAP Members located near you or who share similar interests

**Recognition** - Earn infection control awards and serve on OSAP committees

## CDCP UPDATE

**DR. DARON BAXTER, D.M.D.**

The question on everyone's minds this quarter is where are things at with the Canadian Dental Care Plan? Since my last bulletin, there have been countless meetings, discussions, updates, announcements, roll-outs and even changes to the CDCP. You've seen a level of e-alerts and video updates rivalling pandemic times and we've held Town-hall information sessions for the membership. We've had questions from the public and media and we've seen politicians take up the subject both locally and nationally. The work that has been done from the MDA, the CDA and the PTDA's has been in effort to influence a plan that improves access to care for Canadians and is sustainable long-term for private practices to deliver. The efforts of membership to support that advocacy has been integral in bringing the voices of dental professionals to the table with government.

The first phase of the CDCP launched on May 1, 2024 with eligible seniors 77 years of age and above. Throughout the month of May, eligible seniors 65 years of age and over submitted their applications and received their CDCP cards. Within this current iteration of the CDCP, patients can only access their benefits through providers who have registered with the program. This restriction was an early point of advocacy of the dental community. In meetings with government, we voiced that this creates limitations on access to care, reduces patient health autonomy compared to non-CDCP patients and introduces a level of capitation program in Canadian dentistry unseen to date. For these reasons, we explained, the CDCP should function like existing plans and not require registration of providers. We saw movement from the government in creating what they refer

to as an alternate pathway. After July 8, 2024, providers can participate in the CDCP without registering and can file electronic claims as they would with other insurance providers (paper claims will not be eligible till Fall 2024).

This was positive progress but still faces hurdles that we continue to work on. The CDCP does not function as other plans in that patients cannot submit their own claims; assignment of benefits is the only system accepted under the CDCP. This puts strong focus on the terms and conditions of the Claims Processing and Payment Agreement that providers must adhere to file claims through either registration or non-registration pathways. Within these terms and conditions, the MDA, CDA and PTDA's have been working to see positive changes that facilitate dental practices' ability to administer the plan.

Unilateral changes – the terms and conditions of the CDCP directly affect dentists and their practices. We have advocated that wording to formally consult with providers before changes are made needs to be clearly stated.

Patient privacy – the release of personal health information is protected under the Personal Health Information Act (PHIA) in Manitoba, with similar legislation across the PTDA's. The CDCP needs to clearly stipulate what information patients are consenting to share and what amount of information release is consented to during individual claims verification processes in order for dentists to be compliant with existing protections.

Appeals processes – to date the appeals process for providers or patients on pre-determination or claims submission has not been shared. This puts patients and providers at a disadvantage when advocating for oral healthcare needs and coverage.

Claims verifications – advocacy surrounding structure to individual

claims verifications is an ongoing effort to limit and reduce administrative pressure on practices participating in the CDCP. In broader concerns, government-proposed changes to the terms and conditions highlight an intention for the CDCP to follow provincial regulatory processes when necessary but maintain the ability of Health Canada to initiate in-office audits subsequent to those systems. Further clarity on this potential escalation and what party would be conducting this type of verification is still required.

Non-registration pathway (claim-by-claim participation) – although the government has made clear that whether registered or not, providers will need to abide by the terms and conditions of the CDCP as they are laid out in the Claims Processing and Payment Agreement and the attached Annex A. What is not clear is the administrative process for the non-registration pathway. All providers will have access to submit claims through EDI and receive pre-determination and payments, we continue to ask if there are differences with the non-registration pathway. This information has not been provided. The non-registration pathway was not part of the government's initial plan but it does represent the best compromise for dentists to provide treatment to CDCP-eligible patients while steering the profession away from capitation via preferred provider networks (PPOs) or health managed organizations (HMOs). This has been a longstanding tenet of Canadian dentists to keep choice in the hands of patients and oral healthcare decisions primarily between patients and their trusted providers. The government has priorities and goals set out with the design of their plan. Our profession will have to decide as individuals and as a whole what system within that design they choose to support, and which supports the provision of quality oral healthcare in Canada – both for CDCP-eligible Canadians and non – into the future.



Leading up to July 8th we expect confirmation of some changes through direct consultation with government. Afterwards, our message will stay consistent – advocating on behalf of patients and providers and highlighting areas where improvements will result in better use of the program. As this evolves over the coming weeks, our goal is to provide our membership with the most up-to-date information available so that you all have what you need to continue to make informed decisions about the CDCP and how it relates to your patients and your practices.

June 27, 2024, those under 18 and persons with disabilities will be eligible to apply to the program. Until November 2024, only services and procedures listed under Schedule A are eligible for coverage. Services requiring pre-authorization, under Schedule B, will not be eligible until November 2024, including removable partial dentures, crowns, some sedation services and additional units of scale.

Communication remains an ongoing challenge of the CDCP with misconceptions in the public about coverage amounts and covered services. We continue to advocate for clear, consistent messaging to Canadians about their expectations. A recent pulse survey suggested dentists are spending up to 49 minutes per day answering questions about the CDCP with their patients. The MDA, along with the CDA and PTDA's are tackling this challenge head on by publicly addressing these misconceptions and stating the realities of the program. The MDA will continue to utilize print, radio, TV and social media both in ad campaigns and interviews to educate the public and patients, supported by a national public relations campaign from Edelman Global Advisory. The plan does not cover the full cost of care and not all services are covered. It will be important for dentists to continue to communicate treatment options that meet the oral healthcare needs of their patients, not the program, to ensure high quality care.

These past months have been an onslaught of information for our membership and the public. At times it's felt like nothing is changing and at others like the updates just wouldn't quit. There have been focus and highlights on different aspects at different times but the position has stayed consistent. The CDCP is an incredible opportunity to expand access to care for uninsured Canadians. For that to happen, the program needs to be sustainable and deliverable for dentists, their teams and private practice. Our advocacy efforts have seen progress on this front and we will continued to work with the government for additional changes.

Thank you to all of you for your support, patience and engagement over these last months. The MDA, CDA and PTDA's have taken that support to advocate on behalf of patients and providers. As summer begins, the MDA aims to provide the dental community with the most up-to-date information for MB dentists to fully understand their responsibilities with the program and begin to see patients, if they chose too, based on their participation. In closing, I would remind Members to be respectful of your peers regardless of whether they chose to participate or not in the CDCP. 🌱



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# Advocating for Children's Health

CDA is a steering committee member of the Stop Marketing to Kids Coalition and is committed to the coalition's mission to support the development of restrictions on the marketing of foods and beverages high in salt, sugar or saturated fats to children in Canada.

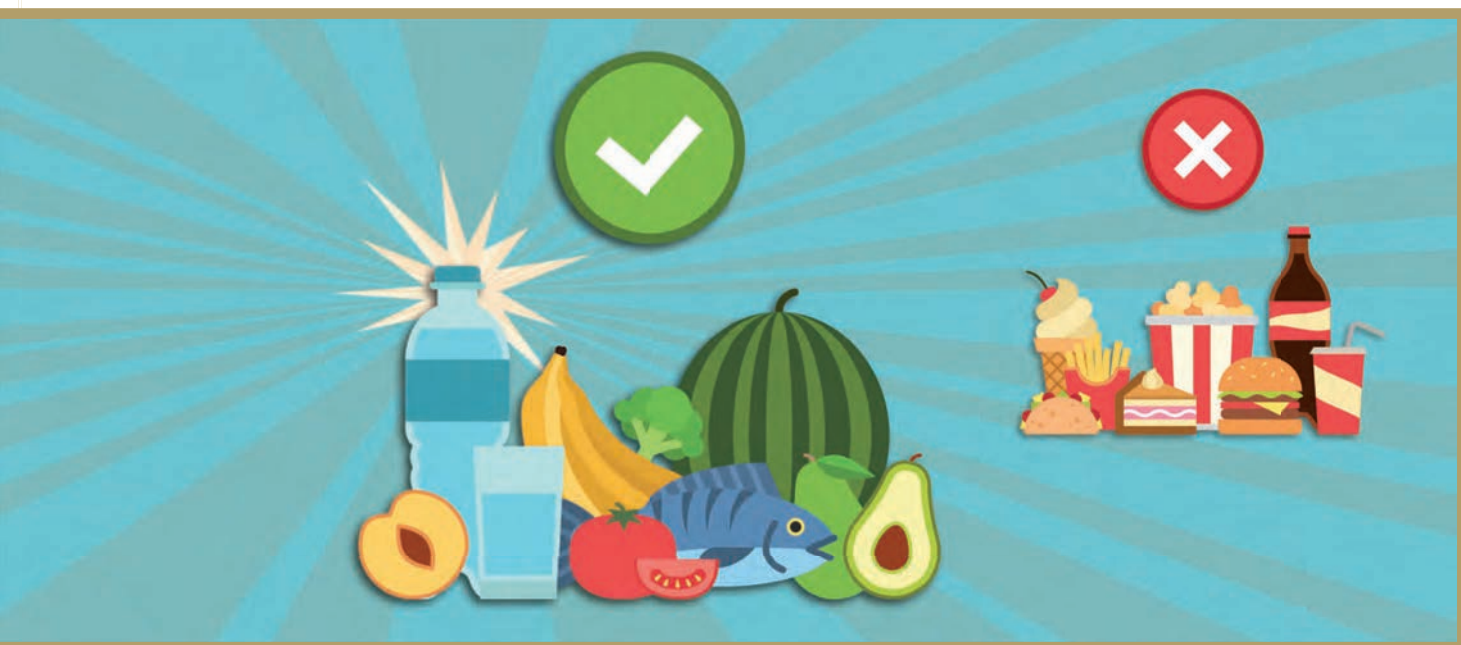
"The link between dietary sugar and tooth decay makes this effort a natural fit with the goals of dentistry to improve oral health in Canada," says Riti Bhandari, policy advisor at CDA. "We also know that good oral health in childhood leads to better oral health later in life. Oral health and general health are inextricably connected; working with a coalition of health care professions and stakeholders toward better nutrition through decreased marketing of unhealthy food and drinks to children, could make a big difference, not only for kids' teeth in the short term, but their health and well-being throughout their lives."

In 2014, Heart and Stroke and Childhood Healthy Living Foundation coordinated consultations across Canada to develop evidence-based consensus policy recommendations to improve children's health through better nutrition. These recommendations, which were the foundation of the coalition, were informed by the World Health Organization's 2010 recommendation that called on countries to take action to reduce the uncontrolled volume and excessive power of food and beverage marketing to children.

This mission is driven by some alarming statistics:

- Ultra-processed food consumption in Canada is highest in children between 9 and 13, making up nearly 60% of calories in their diets.
- Diets high in ultra-processed foods or sugary drinks are linked to an increased risk of cardiovascular disease, stroke, diabetes, cancers, tooth decay and mortality later in life.
- In 2019 alone, dietary risk factors contributed to 36,000 deaths in Canada.
- Children in Canada are bombarded with marketing for food high in salt, sugar and/or saturated fat on a regular basis across a variety of media and settings.
- Children are uniquely vulnerable to marketing due to their still-developing brains.
- Canada is falling behind other countries that are introducing similar restrictions for children.





In 2016, the federal government published its Healthy Eating Strategy aimed at making the healthier choice the easier choice for people in Canada. This strategy includes four key pillars. Although three of the pillars have been completed, the commitment to adopt restrictions on the marketing of food to children is outstanding.

Industry self-regulation is not effective at protecting children from exposure to unhealthy food and beverage advertising. Companies participating in Canada's previous self-regulatory code were found, in some instances, to advertise more heavily in media intended for or preferred by children than non-participating companies and most of their advertising (>70%) promoted unhealthy foods.

The Stop Marketing to Kids Coalition is a strong supporter of Bill C-252, a Private Member's Bill co-sponsored by Senator Donna Dasko. This bill would amend the Food and Drugs Act by introducing statutory restrictions for unhealthy food and beverage marketing directed at children under 13.

Quebec has had legislation since the early 1980s to protect children from advertising. In that province, companies are not allowed to advertise to children under age 13. The impact has been significant. Children in Quebec see fewer food ads on television and in their schools than children in the rest of Canada. Quebec's restrictions on advertising to children have been shown to have a positive impact on nutrition by reducing fast food consumption in



Companies participating in Canada's previous self-regulatory code were found, in some instances, to advertise more heavily in media intended for or preferred by children than non-participating companies and most of their advertising (>70%) promoted unhealthy foods.

Quebec by 13%. This translates to 16.8 million fewer fast-food meals sold in the province. Quebec also has the lowest rates of obesity among 5- to 7-year-olds as well as the highest rates of vegetable and fruit consumption in Canada. ♦

**For more information on the Stop Marketing to Kids Coalition, see: [stopmarketingtokids.ca](http://stopmarketingtokids.ca)**

*This article originally appeared in CDA Essentials, Issue 3, 2024, p. 17-18.  
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## Pay Up or Else! The Rise of Ransomware

Ransomware is malicious software that is designed to block access to computer files, folders or a whole system. It typically encrypts the victim's data, rendering it inaccessible, and then displays a message demanding payment, often in cryptocurrency, in exchange for a decryption key that will release the data. Ransomware can infiltrate systems through phishing emails, software vulnerabilities, or downloads from malicious websites. All it takes is one wrong click and ransomware can be deployed to wreak havoc on individuals, businesses, and organizations of all sizes, causing significant disruption to operations, compromising sensitive data, and inflicting financial losses.

### We don't negotiate with terrorists

While widely attributed to U.S. President, Richard Nixon, the principle of "We do not negotiate with terrorists" has been ingrained in political rhetoric for decades. After falling prey to a ransomware attack, most organizations are faced with the decision of whether they're going to pay the ransom demand. Ultimately, the decision to pay is with the insurer (if you have cyber insurance) but most insurers will take into consideration the wishes of the policyholder.

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**60% of small to medium enterprises that experience a cyber attack and who do not have cyber insurance, will fail within 6 months.<sup>1</sup>**

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Paying the ransom doesn't necessarily mean that an organization will regain access to their encrypted data. This is often because the decryption utilities provided by those responsible for the attack simply don't work. Don't forget, these are criminals and there's nothing that says that they must satisfy their end of the agreement after receiving payment. That goes not only for handing over a functional ransomware decryption key, but also for deleting any stolen data.

The rising popularity of cryptocurrencies have further enabled cybercriminals and helped them evade law enforcement. Ransom payments in cryptocurrency are difficult to trace and can be easily converted into cash.

In a recently published report, titled Ransomware: The True Cost to Business, nearly half of respondents (46%) who fulfilled their attackers' demands regained access to their data following payment only to find that some if not all their data was corrupted. Just 51% said that they successfully recovered all their data after paying, with three percent admitting that they didn't get any of their data back after payment.<sup>2</sup>

Despite these statistics, negotiations with ransomware terrorists do occur. During a recent CDSPI webinar, Douglas Fast, Vice President and Client Executive at BFL Canada, recounted a scenario involving a client dealing with a ransomware attack. Hackers demanded \$400,000 for the release of data, which included sensitive client files. "The Beazley breach response team wasted no time; within hours, a team of experts, including forensics specialists, legal advisors, privacy experts, and negotiators, was mobilized to manage the situation. Through strategic negotiations, they managed to significantly reduce the ransom to \$185,000. Ultimately, the insurer covered the ransom amount, recovered the data, and effectively resolved the crisis."<sup>3</sup>

Ransom demands vary widely depending on the attacker's sophistication and their perception of how much their target can afford to pay — varying from thousands to tens of millions of dollars. However, Nicholas Hickey of Beazley Insurance cautions, "As a dentist and businessperson, you're not expected to, nor should you know the intricacies of negotiating with criminals. That's why we have professional negotiators on staff as part of the Breach Response Team."<sup>4</sup>



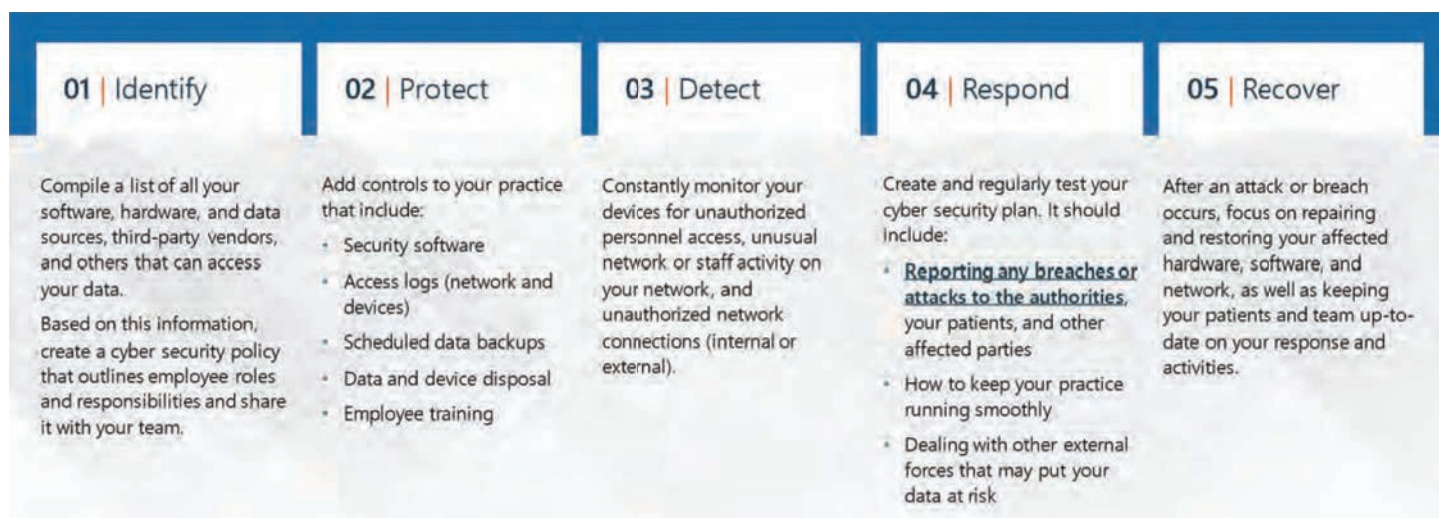
## Ransomware demands keep rising

According to a recent report, ransomware attacks have surged by 25% and that number keeps rising. However, by some estimates, the ransom payment only accounts for a small portion — often as little as 15% — of the overall costs associated with the ransomware attack. The cost of downtime (an average of 22 days to fully resume operations)<sup>5</sup> and recovery of lost data after a ransomware attack often exceeds the actual ransom.

Beyond the immediate damage caused by a breach, the reputational damage can be catastrophic in terms of how customers perceive a brand's commitment to data security. This loss of trust can lead to long-term reputational damage, loss of customers/patients, and potential legal and regulatory repercussions, all of which can far outweigh the initial cost of the ransom.

## The five-step process to protect your business<sup>7</sup>

Take time to put a plan in place so you're not left scrambling



## Is Cyber Insurance worth it?

Yes. Cyber insurance is a critical tool necessary to protect yourself and your practice from cybercrime, but it can't be your entire strategy. Your best approach is to build strong defenses against attacks regardless of whether or not you're insured. A ransomware attack can happen any time, to any organization. Immediately upon discovering that your systems have been compromised, contact your cyber insurance provider and a breach response team will be deployed to provide support and counsel to aid in the resumption of business operations.

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<sup>1</sup> 60 Percent of Small Companies Close Within 6 Months of Being Hacked (cybersecurityventures.com)

<sup>2</sup> Freed, Anthony M. Three Reasons Why You Should Never Pay Ransomware Attackers. Cyberreason.com

<sup>3</sup> CDSPi Webinar. March 2024.

<sup>4</sup> Ibid

<sup>5</sup> The cost of ransomware: Why every business pays, one way or another. March 2023

<sup>6</sup> Fodchuk, Phil. How to effectively protect your practice from cyber security threats. MNP Digital. December 2023.

<sup>7</sup> Cyber security basics for dentists. Presentation by MNP Digital. February 2024.



# CDSPI Cyber Insurance

Protect your practice from the devastating effects of **cybercrime.**

According to the Canadian Anti-Fraud Centre, there have been over 150,000 reports of fraud in Canada with over \$600 million stolen since January 2023.<sup>1</sup> Cybercrime is on the rise and it's no longer a question of **if** you'll be attacked but **when**.

Cyber security attacks are on the rise and dental practices are a tempting target for cyber criminals. Your patients expect you to safeguard their private medical and financial data. Are you ready?

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- Media liability

### Crisis management services

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- Legal representation
- Third party notification

### Coverage for direct costs

- Breach cost and ransom
- Business income loss
- Digital asset replacement

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<sup>1</sup> National Cyber Threat Assessment 2023-2024 - Canadian Centre for Cyber Security.



# Shining the Light of Hope

## Transformative Missions in the Dominican Republic with Shine the Light Initiative

In 2004, Dr. Aaron Kim extended an invitation to Dr. Brent Wong to join him and a small group of friends on a missions trip to Zambia, Africa. Over three weeks, they provided much needed dental care, attending to hundreds of patients requiring extractions and emergency fillings. Afterward, Brent ventured solo to Mozambique for an additional week, furthering his work by performing extractions and fillings.

This transformative experience ignited Brent's passion for missions. Following his marriage to Wendy, they co-founded Shine the Light Initiative (STLI), a project dedicated to bringing dental care to the world's underserved populations. Their journey began with dental missions to Mexico, where they provided services to communities in various regions of Tamaulipas and San Luis Potosí. As fate would have it, STLI was brought to the shores of Dominican Republic as a new location for their missions.

Over the past 16 years, STLI has organized 46 missions to the Dominican Republic, with groups averaging 30 participants. Each trip is unique, shaped by the talents and composition of its participants. The missions initially focused solely on dental work and by 2011, STLI expanded its scope to include housebuilding projects to accommodate the growing number of non-dental trip participants. To date, they have built 78 houses in two barrios in the Dominican Republic.

A typical one-week trip includes house building, medical and dental clinics and cultural immersion activities. The team's focus is on house construction, with tasks such as erecting walls, adding structural beams, smoothing walls, pouring floors, & painting houses. Volunteers engage in cultural activities such as cooking with local families in their homes where they get a deeper understanding of daily life in a barrio in a developing nation.

The medical and dental teams conduct clinics in the mornings and help with construction work in the afternoons. Dental clinics are set up and performed in STLI's community centre, where composite fillings, extractions, root canals, dentures and implants, when supplies allow, are carried out. The week culminates with the dedication of the newly built homes.

Their initiative has attracted a diverse group of volunteers over the years, with some returning up to 18 times. STLI is hosting their 1,300<sup>th</sup> volunteer in June 2024 to serve the community of Javillar, Puerto Plata. Many volunteers have experienced a deep sense of personal enrichment, reflecting sentiments such as, "We've come to build a house, only to realize that it's the house that was building us."

In April, STLI held its inaugural gala at The Met to raise funds for expanding its community and job training center in Javillar. Built in 2017, the center creates job opportunities for locals through



English classes for the tourism sector, upholstery classes, sewing classes and construction training. Brent also aims to establish a dedicated dental office in Puerto Plata to provide year-round care for patients who can't afford the dental services they desperately need. STLI believes that lifting people out of poverty begins with a helping hand and ends when you have the honour of letting go.

To learn more about STLI, please visit [www.shinethelight.ca](http://www.shinethelight.ca). If you or your dental office would like to contribute your talents and join their efforts in the Dominican Republic, please contact Brent at [brent@shinedental.ca](mailto:brent@shinedental.ca).



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## MDF to give 550 dozens Oral Health Kits to the underserved and vulnerable in Winnipeg and Manitoba in 2024

During these increasingly difficult times the cost of shelter, food & basic necessities continues to spiral unabatedly. When disposable income is limited, personal care items including preventive oral health items, are unaffordable.

The Dr. Tom Dobbs Oral Health Kit (OHK) program of our Manitoba Dental Foundation (MDF) has provided OHKs to organizations that support the underserved, homeless and vulnerable in Winnipeg and Manitoba since 2021. In 2023, our MDF provided 240 dozen children and 300 dozen adult OHKs.

This year, MDF has partnered with Harvest Manitoba, Harvest Winnipeg and the Manitoba Association of Women's Shelters (MAWS). Harvest Manitoba and Harvest Winnipeg will include OHKs to those with food insecurity in rural Manitoba and Winnipeg. MAWS will distribute OHKs to the 13 Women's Shelters in Winnipeg and Manitoba. School and community organizations throughout Manitoba will receive OHKs for the individuals and families they support.

*How would you feel if you were not able to start your cancer treatments because you have oral health issues that need to be addressed but you cannot afford the procedures? Most people feel more anxiety, hopelessness and often delay the start of treatment.*

*Thanks to the generous support of the MDF, the Never Alone Cancer Foundation is able to facilitate better outcomes for these clients.*

*Michael Schiefer  
Executive Director, Never Alone Cancer Foundation*

*The Foundation's thoughtful gesture and generosity is having a significant impact on the lives of countless clients who are always in need of these kind of products. It is difficult to put into word the importance and profound impact that the MDF's small act of kindness has had on those clients that we serve.*

*The Jewish Child and Family Service is truly grateful that you not only thought of us, but also took action to make a difference. The Foundation's compassion reminds us of the power of the community.*

*Al Benarroch  
Executive Director, Jewish Child and Family Service*

The plan is to distribute over 550 dozen OHKs within the next few weeks. Crest/Oral B continues to generously provide these OHKs to our MDF at the institutional price.

The cost for this year's OHK initiative is \$10,000.

**Would you please consider contributing to our MDF in support of the Dr. Tom Dobbs OHK initiative?**



You may make your pledge by scanning the QR code to the right. You will receive a tax deductible receipt for your donation.

To those of you who are monthly and annual donors, please know the significant impact of your contributions. Your continued support funds MDF grants to charitable organizations that support the underserved, homeless and vulnerable to improve their oral health.

To learn more about the Foundation, visit our website [www.ManitobaDentalFoundation.ca](http://www.ManitobaDentalFoundation.ca)







# CDA Awards Recipients for 2023-2024

Each year, the Canadian Dental Association (CDA) honours individuals across the country who have demonstrated unwavering passion and support for the dental profession in Canada and exhibited consistent commitment to the oral health of Canadians.

## CDA Mentorship Advancement Award Recipients

### Dr. Craig Fedorowich & Dr. Huma Sharief

Building a sense of community and creating a network of mentors to support dental students — that was (and still is) Dr. Craig Fedorowich and Dr. Huma Sharief's goal when they worked tirelessly to build the Manitoba Dental Association's (MDA) Mentorship Program. In partnership with the University of Manitoba Dr. Gerald Niznick College of Dentistry, it is one of the MDA's flagship programs.

Since 2019, the Mentorship Program have organized up to 200 mentors and students each year while, at the same time, overseeing an annual series of lectures, events and materials designed to provide professional development and ongoing mentor support to students. This program has built a network of supportive relationships as students prepare to enter the profession — and this support continues well beyond their student years. The program has also created an opportunity for a large cohort of MDA members to



make a contribution. There is a mix of rural and urban, general practitioners and specialists, and the diversity of the profession is represented in this program.

Following the recent end of their term as co-chairs of the program, both Dr. Fedorowich and Dr. Sharief have chosen to stay on as mentors.

## CDA Oral Health Promotion Award Recipient



### The Never Alone Cancer Foundation

The Never Alone Cancer Foundation has worked with the MDA in establishing the Oral Health Screening Program for Manitobans. The one-day program has been in place since 2015 and provides, on average, 120 people with a free screening examination. About 10% of those screened are referred immediately to a specialist. Foundation volunteers provide support and coordination for this program, and the MDA recruits volunteer dentists, assistants, hygienists and staff. The program has been an indispensable partner with the MDA in its mission to provide free oral cancer screenings to the community and is an integral part of MDA's public-facing initiatives.

CDA also recognized the Foundation's Executive Director, Michael Schiefer, for his exceptional leadership in this area.

# HOLD YOUR REAL ESTATE - DON'T SELL!

I avoid giving personal financial advice as I am not a financial advisor, and I prefer not to delve into managing others' finances.

Personally, my investments are in Canadian real estate and the Vanguard exchange-traded fund that tracks the S&P 500 in US\$.

I set it and I forget it – that's my style of investing.

I also refrain from advising on buying or selling shares in any Canadian or international corporations.

However, many clients ask me what to do with their money, especially after selling their dental and extracting the paid-up-capital (PUC) that sat idle for years....



My initial advice is straightforward: if you own the dental real estate, keep it. Canadian real estate is a robust long-term investment, and I recommend that you maintain control and ownership of the land.

## **Generational wealth is best earned, over time, in real estate**

Many clients, post-practice sale, are interested in freeing up the capital that has been tied up in their real estate and they wish to disassociate from the property housing the dental practice.

For some – it's emotional and for others they want the "clean-break" that I started writing about almost 30 years ago. Some of you may remember my **"Take the Money & RUN!"** seminars of the 1990's?

I understand the desire to separate from the real estate after selling your business. It's clean.

There are investors in the Canadian market looking to acquire properties housing dental practices. If you wish to sell and you own the real estate, I have potential buyers.

But let me say this again:

## **My advice is to HOLD your Canadian real estate investments**

Thank you for considering this significant financial decision.

Want a free opinion of the value of your dental real estate?

**Contact us at 905.829.4145**

Written by:



Timothy A. Brown,  
FRI, CEO & Broker of  
Record



roicorp.com





# Save the Date!!!

September 25-28, 2024

Saskatoon, Saskatchewan

WCDS 54<sup>th</sup> ANNUAL MEETING,  
CURLING BONSPIEL & GOLF

REGISTRATION OPENS  
MARCH 15



The Saskatoon  
2024 Organizing  
Committee invites  
you to our Annual  
Meeting which now  
includes Golf in  
addition to our  
usual lineup of CE,  
Curling and Fun!



[WCDSMeeting.org](http://WCDSMeeting.org)







Manitoba  
Dental  
Association



# Tooth Fairy Saturday

The Manitoba Dental Association held its annual Tooth Fairy Saturday during the KidsFest 2024 at The Forks, June 8th.

The kids were given visual oral exams by the volunteer dentists with dental hygienists and dental assistants taking turns assisting chair-side. They also went around the venue to encourage families to visit the Tooth Fairy tent and packed oral health care kits with the volunteer admin staff.

The event was a success. Many thanks to the volunteers, the Manitoba Dental Hygienists Association, the Manitoba Dental Assistants Association, and sponsors Central Dental Solutions, Henry Schein, Sinclair Dental, and the KMAC Group representing Crest + Oral B.



*Thank you to the  
volunteers!*

Tooth Fairies  
Celina Ghosh  
Nataliya Shevtsova

Dr. Hamideh Alai-Towfigh  
Dr. Katie Davidson  
Dr. Michael Porco  
Dr. Richa Sharma  
Dr. Richard Santos  
Dr. Saffana Jbara  
Dr. Tara Kennedy  
Dr. Ziad Al Baghdadi  
Anne Monzon  
Demi Quinto  
Ethel Ruiz  
Felonie Johnsonn  
Gurleen Kaur  
Julia Santos  
Lianne Lambert  
Lilly Koenig  
LiMing Huang  
Malveen St Vincent  
MaryJane Quigogue  
Natasha Remillard  
Omowunmi  
Kehinde  
Susan Regimbal  
Trisha Madrid  
Vicky Gouda





# OBITUARIES

## DR. COLIN DAWES (1935 – 2024)

Sadly, we announce the death of Dr. Colin Dawes, 88, on April 5, 2024 at Gimli Hospital.

He was the beloved husband of Margaret, and father of Roger (Sharon), Elizabeth, Martin (Jocelyn), Richard (Cindy), and Susan (Kevin), and grandfather of nine (Sydney, Mallory, Farley, Iris, Jim, Nicole, Gunther, Duncan and Angus). He was predeceased by his son-in-law, Norman Kehler, and his sister Gwyneth.

Colin studied dentistry at University of Manchester and took research training in Newcastle-upon-Tyne in England. He became a Professor of Oral Biology and taught dental students at the University of

Manitoba for over 40 years. His research focused on saliva and its importance for oral health.

We are grateful for the care he received over many years from Drs. Johnston and Banerji at CancerCare, and Dr. Silha, Dr. Hurst, Dr. Beldavs, and Dr. Fulmore, and also for the kind and skilled health care workers at Gimli Hospital.

Cremation has taken place and in keeping with Colin's wishes, there will be no service.

In lieu of flowers, please consider a donation to CancerCare Manitoba Foundation.



*The MDA is saddened to share the news of Brian Fawkes' passing. Brian was the principal for Fawkes Marketing & Communications and he was an integral part of the MDA's communications annual plan. Brian will be deeply missed by our staff and volunteers.*



It is with deep sadness that we announce the passing of Brian, son, brother, uncle, colleague, and friend, who died suddenly at age 52. He leaves to mourn his mother Sharon; brother Brent (Heidi); sister Brenda (Nancy); and nephews Eric, Matthew, Nathan, and Joel. He was predeceased by his father Jeffrey.

Brian was born in Winnipeg and attended schools in Charleswood, graduating from

both Oak Park High School and the Manitoba Institute of Trades and Technology (formerly Winnipeg Technical). After graduation, he entered the Graphic Design Program at Red River College, where he later worked as a Coordinator and Instructor.

Brian loved his work in graphic design, marketing, and advertising. He started his company very shortly after post-secondary education and won many international design awards. As his company expanded, he valued his new clients, many of whom became friends. As a colleague, friend, and family member, he was immensely creative, extremely funny, kind, generous, a perfectionist and hard working. He liked to surround himself with extremely talented people and collaborate on projects. He always strove to continue to grow and learn in his field.

Outside of work, he enjoyed entertaining friends and family with good food and

time by his pool. Having worked from an early age at his father's business, he developed exceptional skills in completing projects around the house or working on his cars in his shop. He enjoyed travel, particularly over the last few years, visiting Maui. There, he could combine sun, relaxation, and his favourite—seafood.

Brian offered his time to the CNIB Board of Directors, Manitoba Crime Stoppers, Manitoba Dental Foundation and often provided his creative work to non-profits pro bono (graphics and logos). He supported his family and friends with various projects. A time of remembrance and the interment of ashes will be held in early July.

Donations can be made to the CNIB Guide Dogs Foundation or The Manitoba Dental Foundation  
mdf.ed@manitobadentist.ca

## BRIAN CRAIG FAWKES (JUNE 23, 1971 – MAY 24, 2024)

Manitoba  
**Dental**  
Association



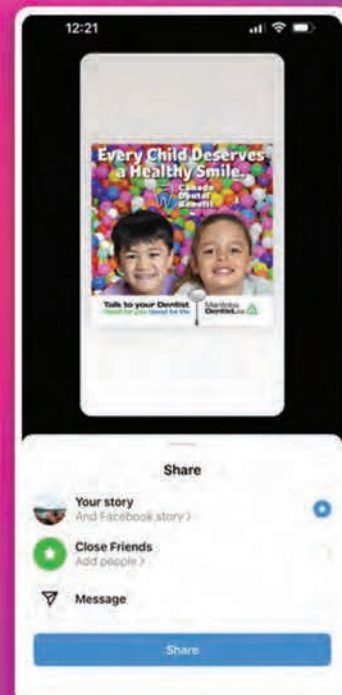
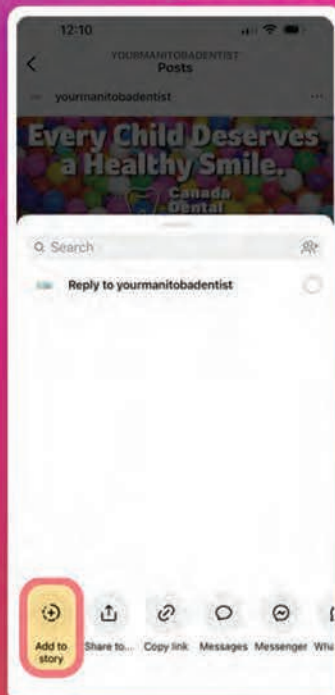
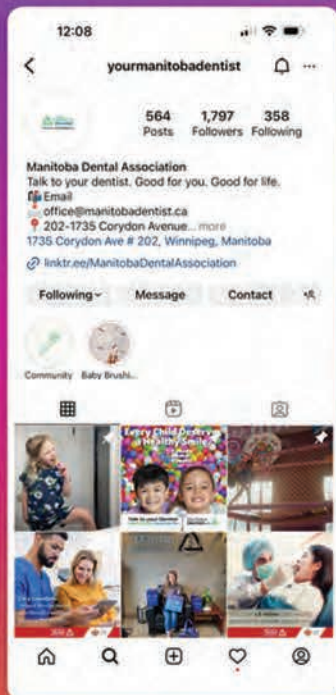
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


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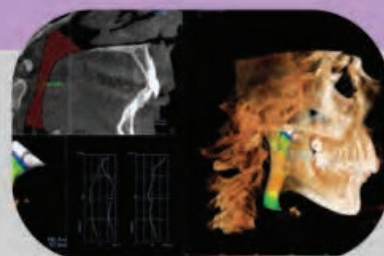
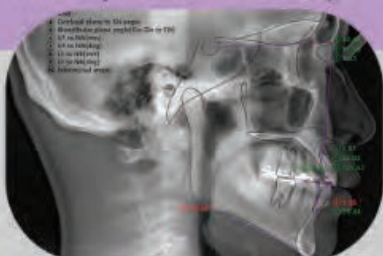
**Dr. Morvarid Poorsattar**  
Oral and maxillofacial radiologist  
DDS, CESC, DUODMF, FRCD(C)



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