

MDA Bulletin



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Manitoba
Dental
Association



MDA
Bulletin



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President's Message

DR. CORY B. SUL, D.M.D.
PRESIDENT, MDA

It was suggested at a recent President's Meeting that I should focus my next bulletin article on the topic of communication. Now, for those that know me well I'm sure you are thinking the suggestion was made so that I would do some research and pick up a tip or two! I have a good level of self awareness; I am not remotely an eloquent communicator. I would love to be known as a great writer like Abraham Lincoln or a gifted speaker like John F. Kennedy but that's just not me. What I strive to be is an effective communicator and in my mind, there are 3 components that are crucial to good communication.

Firstly, it's important to take the time to be clear on what it is that you are trying to communicate and why you are saying anything at all. In our fast-paced world of quick "likes" it's easy to get in the habit of forming an opinion before getting all of the available facts. One of my favorite JFK quotes talks about the challenges of truth and includes the line "We enjoy the comfort of opinion without the discomfort of thought". Taking the time to fully understand your own position before communicating it is often seen as inconvenient by others trying to rush things along but important to finding the right course.

Once you have formed what you want to communicate its crucial to have the courage to say it with a full commitment to clear honesty. Anyone who listens or reads to what I'm saying knows exactly what I am trying to communicate. A large part of my perspective on this was formulated during my first committee work with the MDA, the Ethics Committee. At one of our meetings our Registrar at the time, Dr. Mike Lasko, introduced the concepts of lying by omission and the dishonesty of equivocation. Both a profound impact on my understating of honesty and became central to my communication philosophies.

Lastly, the most important part of effective communication is being a good listener. Most people understand you need to listen before they speak but sometimes the key to communication comes in listening afterwards. There are few things I enjoy in a good discussion more than hearing a well thought out difference of opinion or even finding out how my own was wrong. We live in a world that can beat us up but having the confidence to be open-minded to being wrong helps get things right. We all love to be shown we are right but like Michael Jordan I believe we truly grow through our failures.

Good communication with our members has been a top priority for myself. Everyone knows the president serves as the official spokesperson of the MDA but I feel its most important role is serving as its chief "listening person". To help make that easier we

have created a new email (president@manitobadentist.ca) so that anyone can contact the president directly. I have held open forums in Brandon, Dauphin and Steinbach to hear what members outside the perimeter have to say. On Fridays, I've reserved time lunch to meet with any member who may want meet with myself to discuss an issue or express a perspective. I have enjoyed those conversations, discussions, debates and especially the differences of opinions that have been shared.

What I have heard has been clear and surprisingly consistent. The shortages of rural Registered Dental Assistants are increasingly having a negative impact on our ability to provide optimal care to patients. The progress that's been made building a positive working relationship with the profession and the College of Dentistry must continue to thrive despite losing a great ally in Dr. Iaccopino. Ways to cut down the administrative burdens and simplifying regulatory compliance are needed to help increase the attractiveness for Manitoba dentists to be the owners of Manitoba dental practices. A changing society is changing the challenges our profession face's to effectively processing disciplinary issues and we need to make modifications to make sure we are best fulfilling our mandate to protect the public interest.

Your Board has already been working hard to develop strategies to help the profession manage each of these issues. We cannot do it alone. By working together with good communication we will meet these challenges and continue to grow as a united profession best serving the people of Manitoba.

On a final note I would like to congratulate Dr. Marcel Van Woensel on being awarded the Alumni of Distinction recipient from the Dr. Gerald Niznick College of Dentistry. Dr. Van Woensel has served the profession in a wide number of capacities both locally and nationally, including serving as our Registrar from 2009 to 2017. I know many appreciated the work he did on our behalf but having watched and worked closely with Marcel for several of those years I know most are aware of only a small fraction of the great work he has done for the profession of dentistry in Manitoba. Tickets for the award dinner can be purchased through the Alumni website www.umdaa.ca. I strongly encourage all members to come out to support the University of Manitoba Dental Alumni Association and join your peers to celebrate this well-deserved honor! 🎉

Sincerely,
Cory B. Sul
President, Manitoba Dental Association
president@manitobadentist.ca



MDAA Board of Directors Message

LAURA CAMPBELL
PRESIDENT, MDAA

As our summer of 2018 comes to a close and fall is upon us, I am sad that it's over, but also happy to escape the heat that seemed to trap me indoors for close to 3 weeks! It's so bittersweet, really.

With the changing of the seasons, our Board of Directors will return to the table in early September to discuss many topics, including our upcoming CE Session. Our CE sessions are always a great reason to see our membership again and chat about our summer adventures! It will take place at Canad Inns Club Regent Event Centre on November 3rd, 2018. Kathy Purves will be presenting a lecture on the newest information regarding infection control protocol from major governing bodies, along with updates on what has been occurring across Canada by way of infection control issues. Dr. Amarjit Rihal will be providing a lecture relative to restorative dentistry. The focus of the lecture will be respective to the RDA and the role they play in the direct clinical applications. Our third speaker is yet to be determined so please refer to our website, as we will update any information as we receive it.

Speaking of our website! Heather Kinsman, our Association Administrator/Member Relations has been working hard on tweaking and updating the MDAA website. You can now get

answers to frequently asked questions, links to the MDA and MDAA bylaws, information on upcoming events, and tons more! Make sure you take the time to check it out!

At this time, I would like to say an enormous "Thank You" to our now Past President, Janet Neduzak. It has been a whirlwind of an adventure with you, and with everything that we endured together, and knowing that you are there to continue to guide me, you have left me feeling that I can accomplish anything! Like I said to you before, I hope I can fill your shoes, because they are large shoes to fill. You're the greatest!

I would also like to thank our MDAA Board of Directors for stepping up and volunteering their time and input, so that we can better the profession of all RDAs, not only locally, but realistically, internationally. I am honored to work along side each and everyone of you.

Wishing everyone a beautiful Autumn Season, and looking forward to seeing you at our upcoming events. Smile, stay safe, and live life to the fullest! Cheers!

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Materials/Techniques



Marc Geissberger
Restorative/Operative



Tija Hunter
Dental Assisting



Peter Nkansah
Anaesthesia



Rodrigo Sanches Cunha
Endodontics



Michael Ignelzi
Pediatric Dentistry



College Corner

DR. ANTHONY IACOPINO
DEAN, COLLEGE OF DENTISTRY,
RADY FACULTY OF HEALTH SCIENCES,
UNIVERSITY OF MANITOBA

College of Dentistry Begins New Era With New Name


For those of you who may not have noticed, I'm still here! On June 30 of this year, having served as dean for two terms (the maximum that a dean can serve at the University of Manitoba), I officially concluded an 11-year tenure. However, my term as dean has now been extended for an additional year to June 30, 2019 as the search continues to find a successor making me the second-longest-serving dean in the school's history, after the founding dean, Dr. Jack Neilson.

Don't worry, I still have some things to do! Throughout my tenure, one of my main priorities has been building relationships with all alumni and stakeholders. That will surely continue. One of the highlights of my tenure as dean has been getting to know Dr. Gerald Niznick, a 1966 graduate who attained global success as the originator of modern implant dentistry. He is truly a giant in the dental implant industry and I admire his entrepreneurial spirit, creative mind and generosity. On May 29, 2018, Dr. Niznick and his wife Reesa made a landmark donation of \$7.5 million to the dental college and in recognition of their transformative gift (the largest in the college's history), the university has renamed the college the Dr. Gerald Niznick College of Dentistry.

Dr. Niznick's investment will support excellence in teaching, research and community engagement. It will enhance clinical training space, fund special initiatives and create reliable endowed

funding. At our college, what we've lacked in resources, we've made up for in talent, creativity and innovation. Now that we have additional resources, we're going to do even more and become even better. A portion of the Niznick funds will initially provide the college with \$250,000 per year to spend on additional innovations. The college leadership will identify strategic priorities that are in alignment with Dr. Niznick's vision and reputation. One of the biggest needs at the college right now is for academic positions and expertise in certain key areas such as simulation technology and dental implantology. I look forward to working with the college leadership and Dr. Niznick to address this need and take the college to the next elite level.

As we begin this new and exciting era in the history of our college, you can bet that Dr. Niznick will stay involved going forward. He has high standards/expectations and he believes in accountability. This will keep everyone at the college focused on meeting the goals we set for ourselves. For me, Dr. Niznick's naming gift symbolizes how proud the college's alumni are of their education. I believe his gesture will inspire others and that other alumni will become more involved and think about giving back in various ways, now that Dr. Niznick has set this extraordinary example.

As always, I thank everyone for their support and engagement in our dental college, now the Dr. Gerald Niznick College of Dentistry. I will be the dean for at least another year, so give me a shout and let's talk about what we can do together! 



Tax changes for professional corporations

In the past year, significant tax changes have been enacted that will impact the owners and families of professional corporations.

Presented by:

Jared Stephenson, CFP
Senior Wealth Advisor
ScotiaMcLeod,® a division
of Scotia Capital Inc.

Featured speaker:

Brad Bokhaut
Chartered Professional
Accountant
Bokhaut CPA Inc.

Brad and Jared will be discussing:

- < The impact of these changes on your current tax and investment plans
- < Tax strategies to consider in light of the new rules
- < Tax-efficient investment strategies to consider in light of the new rules

Thursday October 11, 2018

6:30 pm – Reception

Cocktails and hors d'oeuvres will be served

7:00 pm – Presentation

Manitoba Club

194 Broadway Winnipeg, MB

RSVP to Jared Stephenson at 204.946.9242 or
jared.stephenson@scotiawealth.com



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**53RD ANNUAL
MEMORIAL LECTURE**
DECEMBER 1ST, 2018



*The Manitoba Chapter of Alpha Omega
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DR. THOMAS E. DUDNEY



Dr. Dudney will be presenting his lectures:

To Smile or not To Smile:

*Why Truly Understanding Smile Design Principles
is so Important to You and Your Patient*

What's a Dentist to Do:

*Diagnosis, Treatment Options, and
Rehabilitation of Difficult and Unusual Cases*



Hilton Suites Winnipeg Airport
1800 Wellington Avenue
8:30 AM

Continental Breakfast & Lunch
to be provided by Alpha Omega Fraternity

There is no lecture fee, but donations
to the foundation are most welcome.

MANDATORY REGISTRATION OPENS

SEPTEMBER 14

<http://alphaomegamanitoba.ca/memorial-lecture>



Canadian Dental Association's Message

DR. JOEL ANTEL, D.M.D.
CDA BOARD REPRESENTATIVE



Welcome to my latest update on what's happening at the Canadian Dental Association. My intention is keeping the members of the Manitoba Dental Association in the loop on what activities are being carried out on their behalf and foster an appreciation for the benefits we derive from the MDA's membership in our national organization. I welcome your input and suggestions for future columns, so I can provide the information and insight you want.

The Canadian Dental Association has three priority areas: knowledge, advocacy and practice support.

Here are some of the current issues in the area of knowledge - to capture, organize and disseminate relevant knowledge and information to Corporate Members and key stakeholders.

1) The CDA is in the process of developing a position paper and information for dentists on Cannabis. The committee on clinical and scientific affairs is responsible for the development of this, among many, CDA position papers on relevant and current issues.

2) The Seal of the Canadian Dental Association is a program for the validation of oral health products. Experts review claims made by manufacturers and issue recognition under the Seal Program if the claims are valid according to established criteria.

3) The Oasis Discussions are a series of online postings to support the clinical work of dentists.

Here are some of the current advocacy projects the CDA is involved in to protect, promote and advance the dental profession.

1) Collaboration with other stakeholders and monitoring of developments on pharmacare.

2) Collaboration with national groups to develop a public education campaign on food labelling and advertising to children.

3) Media response, responding to all media inquiries. Media monitoring, developing a daily summary of media stories with an oral health component.

Here are some of the CDA activities in the area of practice support, supporting members in dealing with practice management issues.

1) Secure Send, a user-friendly, electronic, secure document transition system.

2) Engagement in discussions with the insurance industry on several issues of importance to our daily practice of dentistry.

3) Electronic claims transmission through CDAnet and iTrans 2.0.

4) Ensuring that the NIHB Guide for Providers is regularly updated as necessary.


Top of mind for the Canadian Dental Association at this time is review and implementation of the Future of the Profession report. This report, a significant achievement, is a starting point not the end of a process. The report makes many recommendations for CDA and the Corporate Members to foster the strategic adaption of the profession to a changing environment.

The report was developed by a group of leaders of our profession after consultation with a wide range of experts and thought leaders. The report was presented to and reviewed by the CDA Board of Directors as well as each Provincial Dental Association. The recent Presidents and CEOs meeting, facilitated by the CDA in Charlottetown Prince Edward Island, was an opportunity for the provincial association representatives to share their reviews of the report.

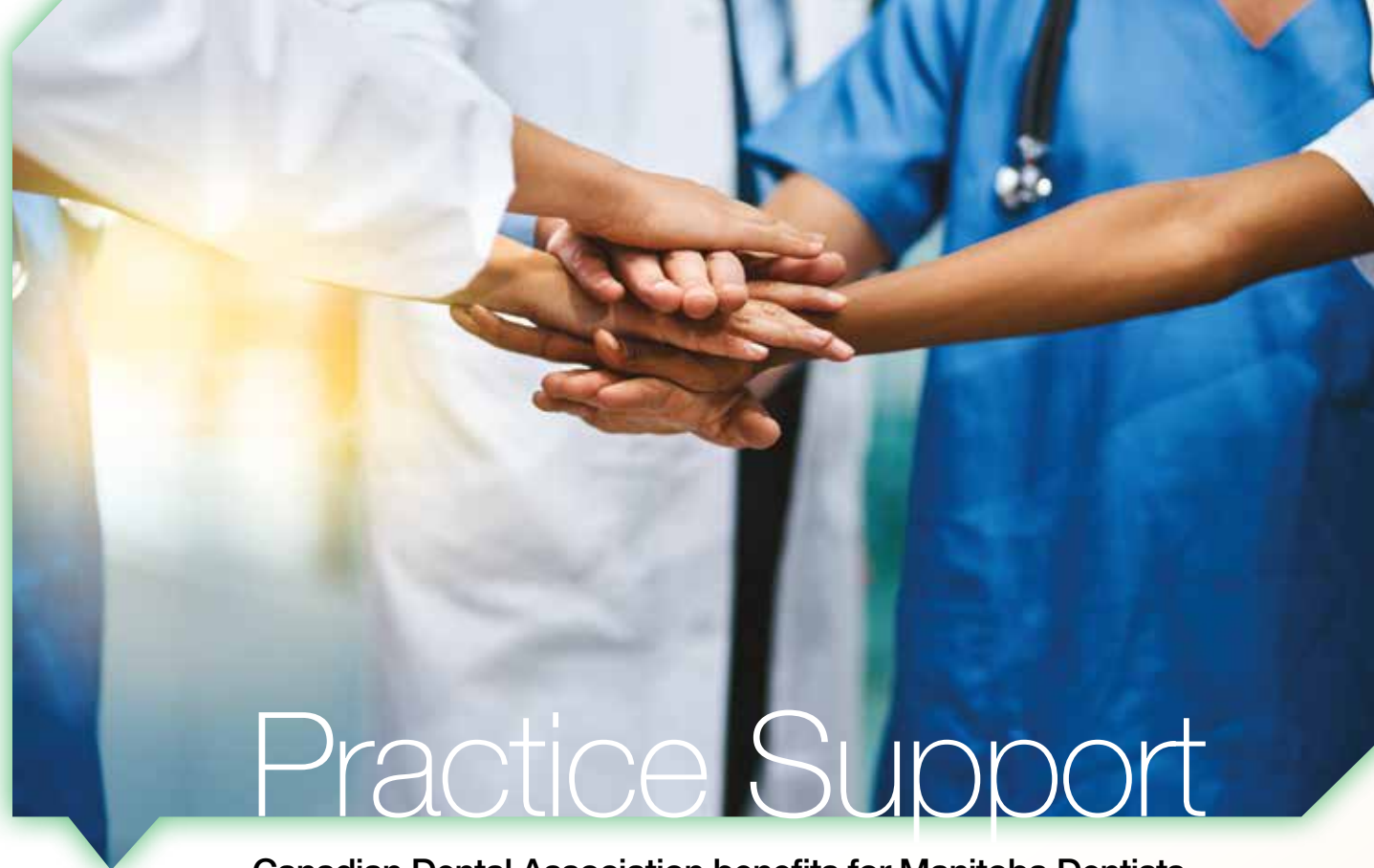
The CDA board of directors will consider its own and the provincial deliberations of the report recommendations. The goal for all involved to establish meaningful and manageable priorities so that implementation of the report can be efficient and timely. As this process develops I will provide ongoing updates in this column.

I am sure that those of you who attended the CDA Convention, hosted by the Dental Association of Prince Edward Island would agree with me that this was a particularly well organized and run convention. A first class educational program, great parties, great food and east coast hospitality that's hard to beat. Congratulations and thanks to the organizing committees for their hard work

I encourage those of you who missed out to consider joining the rest of us for the next CDA conventions. Next up will be the convention with the College of Dental Surgeons of Saskatchewan. Plan to be in Saskatoon, Saskatchewan September 12-14, 2019. Then it's in Winnipeg with the Manitoba Dental Association April 2-4, 2020.

As always, I want to express my gratitude for the opportunity to represent Manitoba Dentists on the Canadian Dental Association Board of Directors. 

Joel



Practice Support

Canadian Dental Association benefits for Manitoba Dentists

The Canadian Dental Association (CDA) helps dentists in Manitoba in four principal areas: *Practice Support, Advocacy, Non-Insured Health Benefits and Access to Care and Knowledge.* Over the years, CDA has been extremely effective in all four domains.

On the Practice Support front, CDA has developed several tools to support dentists and facilitate the workflow in their offices. These resources include:

CDAnet and ITRANS

CDAnet continues to be an enduring success of CDA and its Corporate Members for over 25 years now. More recently, the ITRANS Claims Service has led the way and set the standard for the secure transmission of dental benefit claims on the Internet. CDA is currently finalizing negotiations with insurance claims processors for a long-term continuation of the CDAnet service, ensuring that dentists will benefit from real-time claims processing, at no additional cost, for years to come. The ITRANS Claims Service is undergoing a significant update which will be launched later in 2018 as "ITRANS 2.0." This updated version will enhance the ITRANS services and provide opportunities for the automation of some routine insurance-related tasks.

CDA Secure Send

CDA Secure Send is a new member service providing an easy, simple-to-use system that allows

dentists to exchange patient documents and referrals in a secure fashion. CDA Secure Send meets the legal obligation to safeguard the confidentiality of patient data when sending patient information (such as X-rays) electronically. Connected to CDA's directory of dentists, senders can search for dentists by name, specialty, or location. It's as simple and as quick as sending an email.

Canadian Life and Health Insurance Association CDA established a standard claim form with the Canadian Life and Health Insurance Association (CLHIA) and continues to work with CLHIA in determining the minimum acceptable information material that can be requested on all aspects of claims verification. CDA continues to represent dentists' interest when insurance companies introduce new services that impact the dental office workflow.






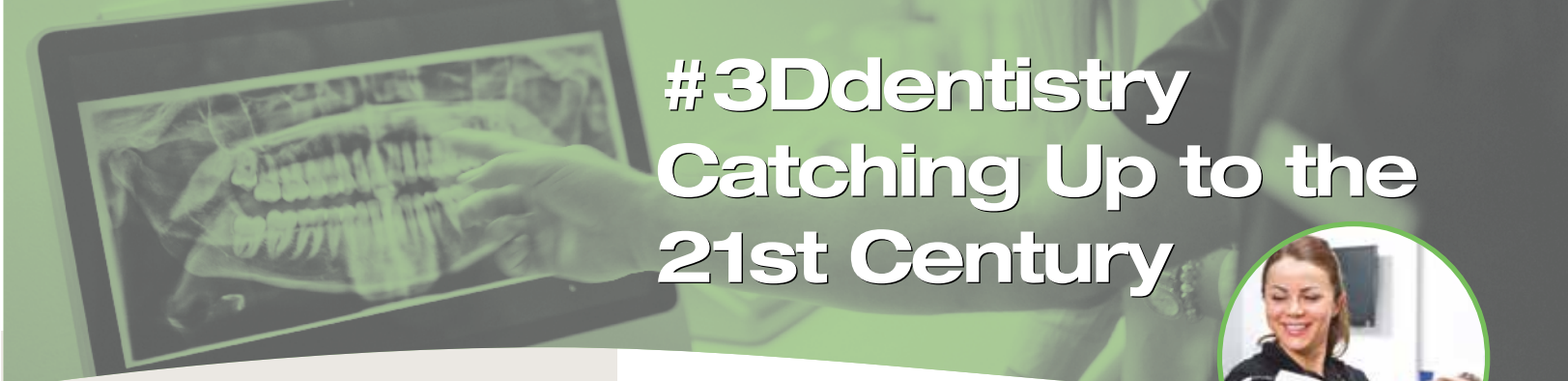
Registrar's Message

DR. PATRICIA (PATTI) LING, D.M.D
REGISTRAR, MDA

Fall.....my favourite time of year. It has always signaled a time to return to routine and productivity for me. It is a time of beautiful fall colours and of bountiful harvests. We slowly start to move activities inside as the weather cools and reconnect with our favourite television show or book in our quiet moments. For those of us that make service a large part of our lives, this is a busy time of year. The MDA is in full swing with committee work and meetings. Last evening, our small offices were abuzz with colleagues shaking hands, extending warm greetings and hunkering down to do regulatory work for our profession. To regulate our profession in the public interest is a noble and committed undertaking. It is also required by law. The Regulatory Health Professions Act (RHPA) in Manitoba was created in 2009, Ontario's in 1991, and Alberta's (HPA) in 1999. It has taken Alberta almost 20 years to bring all self regulated health professions under this umbrella legislation. Dentistry and Medical Lab Technologists were the first 2 professions to come under this legislation in Albert in 2001, with the Physicians following in 2009. In Manitoba, the Audiologists and Speech Language Pathologists were the first college to come under the RHP in 2014, with the Registered Nurses following in May 2018, and the Physicians will follow in early 2019. With the increase in human resources at the Ministry of Health, 2 to 3 professions have been earmarked to transition to the RHPA each year for the next 3 years. Massage Therapy and Paramedical Services have petitioned the government

for self-regulatory status and will come under the RHPA in the next year few years, along with Medical Lab Technologists. Dentistry has not been identified yet. We are continually preparing ourselves for this transition. We will be ready when called upon. With this new legislation will come a separation of Association functions, i.e. membership services and the addition of advocacy functions for the profession, and College functions, i.e. scope and standards of practice, competency, disciplines and professional corporations. The MDA is well poised for this, thanks to the dedication and direction of our past Registrar, Dr. Marcel Van Woensel, and this year's Alumni of Distinction Award Recipient, and the tireless advocacy work of our Executive Director, Mr. Rafi Mohammed, and recent international College of Dentists Honourary member. The Board, with support from our wonderful MDA Staff have worked tirelessly and with passion to bring responsible governance to our profession. I will continue to do my part as your Registrar by keeping the public interests first and foremost in our minds as professionals. If it is good for the public at large, it is good for the profession. Enjoy the last hints of summer at the lake, and revel in those beautiful fall colours and cool sweater evenings. If you find yourself feeling recharged and looking for an outlet for that energy and passion, volunteer, mentor, or join a committee. our profession needs you, we need you. 

Respectfully submitted,
Dr. Patricia (Patti) Ling, Registrar



#3Ddentistry Catching Up to the 21st Century



Dr. Paresh Shah maintains a private practice in Winnipeg with a focus on implant, cosmetic and interdisciplinary care. He graduated from the University of Manitoba in 1991. Dr. Shah has a proficiency certificate in Esthetic Dentistry from the University of Buffalo (SUNY) in 2007 and a Masters in Physiology from the University of Manitoba in 1987. He is also a graduate of the Misch Implant Institute Prosthetic Program and the Kois Center in Seattle.

Dr. Shah serves as a consultant for numerous dental manufacturers in product development and evaluations. He is an active member of the Seattle Study Club network and also a founder and co-director of a Seattle Study Club in Winnipeg. He has used digital technology in his practice for over 9 years and provided over 250 lectures globally on all aspects of restorative, interdisciplinary care and digital dentistry.



Dr. Marc Mollot maintains a private practice in Winnipeg enjoying all aspects of dentistry with a specific interest in digital restorative dentistry and dental implants. In addition to interdisciplinary dentistry, he is a co-owner of eNamel, a digital crown and bridge laboratory. Marc has been using digital technology in restorative dentistry for over 10 years.

After completing a Bachelor of Science, Dr. Mollot obtained his D.M.D. degree from the University of Manitoba in 1997. He is a Misch graduate, a Fellow of the International Congress of Oral Implantologists and member of the Pierre Fauchard Academy. Dr. Mollot is an Evaluator for the National Dental Examining Board and is an active member of the Seattle Study Club.

This **2-Day lecture and workshop** will take participants through a simplified journey of the digital dentistry world. We will cover many of the current digital scanners on the market as well as the peripheral devices such as milling machines and 3D printers.

You will be shown how to select the right system, train, schedule and work with your lab to make implementation as smooth as possible. **You will also learn the benefits of various digital workflows through clinical case examples including a thorough review of digital restorative materials and their application.** Participants will understand that the digital workflow is much more than replacing impression material.

Learning objectives:

- Learn the current digital systems on the market and how to select the appropriate one for your practice.
- **Gain hands-on experience scanning with multiple digital scanners – all of the industry leading scanners will be available for participants to try. Join us if you are curious to try different scanners in a no-pressure environment.**
- Treatment planning and case selection for various digital restorative materials for Crown and Bridge and Implants
- Learn about 3D model printers, mills and how to utilize them best.
- **Learn strategies to implement digital into practice in the least disruptive way**
- Gain hands-on experience with digital design and lab workflow to understand the process first hand
- Learn strategies to implement the next day for those already using a digital scanner
- Learn how a digital workflow can improve efficiencies, save time and help profitability

Location:

Manitoba Club - 194 Broadway, Winnipeg
Breakfast and Lunch served
Tuition \$1495 including 1 team member,
additional team members \$495
12 CE Hours

Schedule:

Friday, November 2, 2018
8:00 Registration and Breakfast
8:30 – 4:30pm – Lecture
Saturday, November 3, 2018
8:30 – 4:30pm – Lecture & Hands-on

Registration: Contact us directly, mail your completed registration, or talk to your local representative from our co-sponsor companies:



Dr. Paresh Shah - Westwood Dental Center:
204-837-4517 • Email: shahp@mymts.net

Dr. Marc Mollot - Tuxedo Dental Group:
204-488-4455 • Email: mmollot@tuxedodental.ca



Name _____ Email _____

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☐ Cheque Enclosed. \$ _____ (Please make cheque payable to: Comprehensive Dental Seminars)

Mail Cheque to: Westwood Dental Center, Unit 6-3421 Portage Ave Winnipeg, MB R3K 2C9

Cancellation Policy: Cancellations by the participant more than 14 days before the first session will be eligible for refund of tuition cost, otherwise no refunds. No shows will be charged the entire tuition price. If the program is cancelled, the participant will be reimbursed the full tuition amount.



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TICKETS \$250
HYPNOTIC (CORPORATE TABLES)
\$3,500

FOR MORE INFORMATION,
OR TO BE PART OF THIS EXCITING EVENT,
PLEASE CONTACT:

Pam McFarlane
E: pmcfarlane@ManitobaDentist.ca
P: 204-988-5300 EXT. 3



CDSPI: An Organization We Can Trust

DR. CORY B. SUL, D.M.D.
PRESIDENT, MDA

Some of you may be aware of the recent changes that have occurred at the Canadian Medical Association with the sale of their financial services company, MD Financial Management, to a major Canadian bank. They have seen a backlash from doctors who feel disappointed—and even betrayed—by this development.

Fortunately for the dental community, we have CDSPI in our corner, an organization that offers similar services but is different from MD Financial Management in a number of ways. The most important difference is that CDSPI is a true not-for-profit organization that is accountable to their members: dental associations like ours, and not to shareholders. This ensures their interests are aligned with ours.

On a personal level, I commend CDSPI for consistently striving to give back to the dental community. They operate with a high degree of transparency, and regularly share their insights, results, and future plans with us. As a result, I am confident that CDSPI is an organization we can trust to enhance the personal and professional lives of all of us. And it goes far beyond the excellent investment and insurance solutions they provide.* Additional benefits include:

- Educational presentations at forums and dental conventions

- The Members' Assistance Program (MAP) ~ for dentists, their staff and families
- A no-cost insurance program for Canadian dental students, as well as MAP
- Sponsorships and mentorship support to the dental profession

At the MDA, our trust in CDSPI is built on many years of collaboration to provide benefits to you, our members. We thank them for their enduring focus on helping dentists achieve both life and work goals, and I encourage you to take advantage of the many services they have to offer.

Dr. Cory B. Sul
President
Manitoba Dental Association

* Insurance advisory and financial planning services are provided by licensed advisors at CDSPI Advisory Services Inc.

~ MAP is operated by Shepell, the largest Canadian-based Employee and Family Assistance provider in the country. Available services vary by region. Use of MAP services is completely confidential within the limits of the law.

Part Time Associate Position

South Pointe Dental is looking for a motivated dentist with good communication skills to join our busy family practice. We are a paperless, digital office with an expanding patient base and a great team in place. To discuss this part time position further Dentists can contact our office via: 204-269-3472 and southpointedental.info@gmail.com.



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Am I Better Off Selling to a Corporation?

DR. PETER DOIG, DMD
SALES REPRESENTATIVE, ROI CORPORATION
204-638-1046, PETER@ROICORP.COM

A new model of dental practice ownership has arrived in Canada: corporate dentistry. When we speak of "corporate dentistry" we must define the term. Most dentists currently operate as a professional corporation whether they own one dental practice, a main and satellite office, or a small number of offices in which they actively practice dentistry. The term "corporate dentistry" is used to refer to corporations which own multiple dental offices in which the owners do not practice, hire contractor dentists to perform treatment (associates) and provide varying degrees of dental practice management support. Ownership of these corporations is restricted to dentists through provincial legislation and College by-laws; however, this ownership structure is no longer clear following investments by American venture capital firms into the corporate dentistry market in Canada. Estimates are that there are now over 350 offices owned by corporate dentistry and the number is growing.

Large corporations have vendor recruitment and marketing strategies that avoid the open marketplace for dental practices. Often, practices are sold to corporate interests without the dental community knowing they are for sale. Until recently, dentists would sell to corporations because they knew the corporations were willing to pay more than the current market value. But this situation has now changed. The high volume of purchases by dental corporations has lowered the supply of dental practices on the open market. A low supply creates demand and increasing demand results in higher prices. We are now seeing that individual dentists who wish to purchase a practice are willing to pay the same amount as any large corporation will pay.


How does this affect a seller? It provides choice. A traditional sale through a broker will now command a selling price equal to that offered by corporations. When using a broker for a sale there is a commission paid as a percentage of the sale to the selling brokerage. While there is usually no commission when selling to a corporation, the corporations may have other conditions on the sale. Often the vendor is required to remain with the practice as an associate for a defined amount of time (often measured in years) provide ongoing management support and guarantee financial performance, all at an associate's remuneration. Will it affect taxes? Canada Revenue Agency is particularly diligent in demanding their "fair" share of your income, whether from ongoing practice or the sale of your office. The sale of a dental practice can be structured as an asset and goodwill sale, a share sale or a hybrid sale. A sale can be structured in such a way as to give the vendor maximum tax advantages no matter who they are selling to.

Most dentists who are transitioning out of their practices would like to receive the maximum benefit from their years of hard work while enjoying their retirement. Selling to an individual purchaser allows a dentist the opportunity to have confidence in the treatment their patients will receive and potentially work at a reduced pace without managerial responsibilities after receiving the full value of their practice. It also provides them the peace of mind that they are supporting the practice model that allowed them a great career, in a wonderful profession, while providing exemplary care to their patients.



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We know and understand the business of buying and selling dental practices. As Canada's professional practice appraisal and sales leader since 1974, our record of proven results is second to none. With a dedicated team offering appraisal, consulting and brokerage services, we're here to make sure you end up smiling.



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Support for Digital Dental Office Made Easy with Proper Planning

DAVID GUBERMAN,
PRESIDENT, TELEXPERTS MANITOBA

Today's dental offices have evolved from the days of manual records and appointment reminder cards to full scale digital integration in all facets of the modern dental office. Digital technology is now an integral part of running an efficient practice for delivering the very best services for patients.

Telexperts has been providing telephone systems, digital technology services, and support to Manitoba dentists for over three decades. We are extremely knowledgeable in the unique technology needs of today's modern dental office.

Whether a dental office is retrofitting, or setting up a new practice, there are a number of unique challenges Dentists need to be mindful of when planning and budgeting for today's digital technology. One of the key areas we focus on is making sure servers, software and computers seamlessly integrate with both the existing and new technology.

An example of what can happen when there are problems with office technology was a situation at a dental office where a server crashed and the old backups weren't properly formatted and tested, and the dental office's scheduling system was compromised. Patients had to be telephoned and asked if they had an appointment in the next 3 weeks? The practice was also hit with the Ransom Virus and the effects were devastating and costly.

These types of attacks and disruptions occur all the time, as sophisticated hackers easily identify poorly protected networks and essentially can hold your practice at ransom.

Many dental offices still rely on old software and hardware that is patched together or outdated. Some even still use unqualified vendors with extremely limited recourses and staff. When we meet with the dental practice manager and Dentist, we create a new customized solution that not only supports older software, but also is scalable to grow with the practice.

Our company has developed over the years a thorough understanding of office technology's impact on patient records, data

storage, security and how to design implement and install modern phone systems. We specialize in developing a customized solution that prevents interruptions and hassles for both patients and staff and keeps the office's digital technology running smoothly at all times. Some of the dental offices we're pleased to have helped modernize includes, Images Dental Centre, Kildonan Orthodontics, Smiles on Portage, Creekside Dental, Maxillo Winnipeg, Aqua Dental and Assiniboine Dental Group.

Setting up a new dental office requires planning at the design stage to consider the digital needs for the office as there can be complexities when designing a new network and phone system that works with both existing and new technology.

Telexperts recently helped Images Dental Centre with their renovation and new office. Dr. Zdan Shulakewych wanted his new office to incorporate all the latest digital technology and to be able to continue working without interruption through the renovations and change overs. We worked closely with Zdan and his team and implemented a new phone system and network without disruption or any down time.

Dr. Shulakewych said "the Telexperts team were excellent. They reviewed our needs and set up a customized solution for our practice that works perfectly and their products, training and services have been outstanding. We really knew that our choice of vendor was critical and Telexperts has truly delivered. It is also very nice to only have one vendor to call for all our voice and data needs" Digital technology offers today's dental practice a number of exciting efficiencies for improved patient care and efficient practice management. With the proper planning, equipment, software and support, bringing the latest digital technology to your practice can be an exciting addition for today's modern dentist.

To discuss your voice and data needs for your current or new dental office, feel free to contact me at 204-786-7664 or david@telexperts.net

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"When our offices went digital, finding the best vendor was critical. We had to deal with all the complexities of designing and installing a new network that could support both our existing and new technology. The Telexperts team were excellent, they set up a customized solution for our practice that works perfectly! Their products, training and services have been outstanding!"

Dr. Zdan Shulakewych, Images Dental Centre, Winnipeg

If you are considering retrofitting an existing practice, or opening a new dental office, contact Telexperts today for a no obligation review.

(204) 786.4664 or sales@telexperts.net



Welcome To The Profession



The students of class of 2022 and the IDDP students in the class of 2020 were welcomed to the profession by the Mentorship chairs, Dr. Jenny Gill and Dr. Betty Dunsmore and the Manitoba Dental Association on Thursday, August 16 at the St. Charles Golf & Country Club. Dr. Jonathan Archer, the Dent 1 Lead mentor Introduced the students who were presented a MDA pin. These students will be paired with professional dentists as mentors who volunteer their time to guide the students, professionally, through the years of their dental program at the Dr. Gerald Niznick College of Dentistry at the Rady Faculty of Health Sciences at the U of M Bannatyne campus.



The two incoming vice chairs of Mentorship, Dr. Huma Rohan and Dr. Craig Fedorowich were also introduced to the students and mentors that evening. Following a year of mentorship with the current chairs, they will chair this program.

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check out our website www.mdaa.ca for more details





Five Key Questions To Ask A Financial Planner—And The Answers To Look For

MICHAEL TYLER, CFP®, FMA
INVESTMENT PLANNING ADVISOR

Does it Sound Too Good to be True?

Over the years, many dentists have been enticed by supposedly low risk/high return investment schemes. Some bit on the opportunity ... and ended up deeply regretting it.

It's not news to anyone that there are plenty of people out there who are looking to take advantage of investors. Their propositions run the gamut from speculative ventures that may not necessarily be crooked but offer little chance of return on investment, to outright frauds perpetrated by scam artists where there is no possibility of return on investment.

Long Shots

Offshore real estate deals, partial ownership of sailboats or golf courses, ostrich farms ... there are plenty of opportunities out there, but the risks can be extreme.

If you have a high risk tolerance and want to act on an investment opportunity with a potentially higher reward, we firmly suggest you only use capital you can afford to put in play. In other words, if the majority of your investments are within the framework of a financial plan that's been developed to meet your financial goals, then any excess you may have could theoretically be put at stake.

Frauds

The people who perpetrate frauds tend to be very good at what they do. Although scams tend to fall into the same categories that have been around for years—Ponzi or pyramid schemes, pump-and-dump stock plays, phoney foreign investment deals, real estate shams and the like—technology has opened new avenues to target and attract unsuspecting victims. A fake company might set up a “boiler room”, a phoney office with an address, toll-free number, website, email and messaging capabilities to make it seem completely legitimate.

What to Look Out For

The Financial Consumer Agency of Canada (FCAC), a federal regulatory body, provides these sensible warning signs to be aware of if you're approached with a “golden investment opportunity”:

- The offer is too good to be true. This should set off the loudest alarm. Risk and reward are indelibly linked—you simply cannot have one without the other. If someone guarantees you high return with little or no risk, don't walk, run the other way.
- You're urged to invest without being given much information about the investment. If someone isn't willing to give you the details, perhaps there are no details to give.
- You're pressured to make a decision quickly, or even on the spot. Some investments are time sensitive but a legitimate one doesn't need an immediate answer.

- You'll benefit from insider information that others don't know about. In investment circles, insider information usually means illegal.
- You're asked to keep matters secret. Sure, because they don't want authorities to find out.
- You're made to feel guilty if you refuse to buy in. It's your money, you have a right to be cautious.
- You're told it's “approved”. Regulatory organizations never give an opinion on the quality of an investment.

The FCAC strongly advises you to avoid a transaction if you experience any of these red flags, and they suggest you contact your local police, the RCMP, or the Canadian Anti-Fraud Centre (1-888-495-8501) if you have genuine suspicions about an investment offer.

My colleagues and I often get calls from dentists seeking our thoughts about investment offers they've received. As non-commissioned advisors, we don't have a horse in this race other than to make sure your best interests are served. We may be able to identify warning signs or suggest that you think about drawbacks you may not have considered. It's also a good idea to get your accountant's perspective about investment offers you're considering. If you're like most dentists, your biggest asset is your practice. Building that value didn't happen overnight. You invested in it, worked hard, built your business and its value increased. The same is true of building wealth. Yes, we know, a disciplined approach may not be exciting, but your investments shouldn't be keeping you up at night. Peace of mind is more valuable than most “can't miss” investment schemes.

Michael Tyler, CFP®, FMA
Investment Planning Advisor

As a Certified Financial Planner® professional with CDSPI Advisory Services Inc., I offer a combination of expertise with an exclusive focus on dental professionals. If you feel it is a good time to develop a financial plan, or revisit one that is already in place, please contact me in Winnipeg at 1-800-561-9401, ext. 6847 or send an email to mtyler@cdspi.com.

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Safety In The Dental Office

NITA MAZURAT, DDS, MSc

ASSOCIATE PROFESSOR, DIRECTOR REGULATORY COMPLIANCE
DIRECTOR INTERNATIONAL DENTAL DEGREE PROGRAM,
COLLEGE OF DENTISTRY, RADY FACULTY OF HEALTH SCIENCES

There have been reported cases of morbidity and mortality around the world following dental appointments and pathogens found in the dental unit water were deemed to be the source. The 2003 CDC guidelines recommend that the water in dental unit waterlines should harbor no more than 500 colony forming units/ml (cfu/ml), not surprisingly, the same bacteriological standard for public water supply in North America.

[The Government of Manitoba Drinking Water Safety Act: Drinking Water Quality Standards Regulation \(http://web2.gov.mb.ca/laws/reggs/current/_pdf-reggs.php?reg=41/2007\)](http://web2.gov.mb.ca/laws/reggs/current/_pdf-reggs.php?reg=41/2007).

Many factors combine to make dental unit water unsafe and because of this, dental unit water needs to be treated and monitored. The planktonic bacteria that live in water that is not sterile whether deionized, distilled, treated by reverse osmosis, or simple municipal, form a sticky matrix that attaches to surfaces that contact the water. (Demonstrate this to yourself by leaving water undisturbed in a stainless steel bowl for a day, empty the bowl, observe the film and swipe the inside of the bowl with your finger to sense how slippery this feels when you rub it between your finger and thumb.) These are generally harmless organisms. However, they form the substructure that other microorganisms use to attach to the edges of the waterline. Those other microorganisms come from various sources including our hands if we are not careful during water bottle filling or, most frequently, when they are drawn back into the waterline from our handpieces, air/water syringes, and ultrasonic scalers after contacting with the oral environment, also known as 'suckback'. There are other factors that favor growth of those microorganisms such as the small size of the waterlines combined with the low pressure of the water passing through those lines, especially with the protective nature of the biofilm matrix. There are also lines in the chair where the water becomes stagnant allowing slow growing organisms to thrive, for example, ultrasonic scaler lines in a chair that is used mostly for restorative and high speed lines in a chair used exclusively for hygiene. Additionally, there is the stop and start nature of most dental offices where water will remain undisturbed in lines overnight, over weekends and during holidays and vacations. This results in an ideal environment for growth of microorganisms. Flushing at the beginning of the day to replace the stagnant water in the lines provides that first patient with fresh water, however, it does little to remove biofilm. It also brings fresh disinfectant to the biofilm when a continuous disinfectant is used in the unit waterlines. Guidelines recommend flushing water from handpieces, air/water, and ultrasonic scaler lines for at least 20 seconds between patients to physically reduce the concentration of the microorganisms from the oral fluids that have been aspirated into the lines.

To make the water safe for use for non-surgical treatment*, it must be disinfected. This can be done in a dedicated system, meaning that the chair is not plumbed directly to a municipal water source and is totally independent through use of a water bottle. This water requires use of a continuous disinfectant that is sufficiently low in concentration that it can be used during patient care and is potable and causes no effect to dental materials. One form of continuous disinfection is in the form of tablets manufactured for this purpose

that are added to the water bottle with each filling. Because this form of disinfection is a very low concentration of disinfection, it generally does not adequately control the growth of biofilm in the waterlines and therefore almost always needs to be supplemented by use of "shocking" or intermittent disinfection whereby another disinfectant is placed into the water bottle, the lines flushed until they are saturated with the disinfectant and left to disinfect according to the manufacturer's instructions. Only use materials that are in accordance with written instructions for use from the manufacturer of the dental chair. During the time that the disinfectant for shocking is being used, the chair cannot be used for patient care.

Another mode for continuous disinfection is in the form of a cartridge placed directly on the line and containing iodine or silver particles. These cartridges are extremely convenient in that shocking is not required (due to the type of disinfection provided) and, once installed, only need to be changed occasionally. Some are rated for use up to a year, depending on usage. However, this form of continuous disinfection should be maintained using monitoring tools, as recommended by the manufacturer, that determine the concentration of iodine or silver and hence, the efficacy of the disinfection. Additionally, these cartridges are also formulated for units that are not dedicated/ plumbed directly to the municipal water. Offices choose to use these because there is no resource use for time spent on filling water bottles or water bottle maintenance. However, the standard procedures for testing disinfectant efficacy and quality maintain the same standards when using these cartridges for directly plumbed chairs.

Water testing for safety means that a sample is taken to check that the water being used meets the potable water standard. A 'sample' usually means that small equal amounts of water are taken from each line on the chair to make up the test sample. If the water quality continues to be >500cfu/ml even after shocking, the individual lines can be tested to determine the source of the problem. Unfortunately, dental unit water quality is variable and dependent on all the variables discussed above. Testing can be done using commercially available water tests or by sending water samples to laboratories that test water and can provide actual measurements of cfu counts rather than a binary 'yes' is safe, 'no' is not safe.

Source water should be tested. Start with good quality source water. Offices have found that a municipal water supply has a lower cfu/ml count than the water that was purchased for this purpose! On the other hand, the municipal water quality could demonstrate a low cfu count, however, the pipes carrying the water to an office or the plumbing in the building could be heavily contaminated – those are unknown parameters and cfu counts are known only when source water is tested.

Testing of the unit water can be done either by shocking first or testing without shocking. You need to base your decision based on how you wish to proceed with shocking and with testing. Testing is expensive. For testing immediately following shocking, with good results (as expected), it is sensible to simply continue shocking on a regular basis and, as always, according to manufacturers'

instructions, in this case, both the chair manufacturer and the manufacturer of the disinfectant used for shocking. The concern is what the term 'regular' means and that will vary with the office and with the chair. Provide random testing throughout the year. For testing prior to shocking, results that are near or over 500 cfu/ml and a continuous disinfectant is being used that is not in a cartridge, then the lines need to be shocked and the same protocol followed as would be performed above. When indwelling cartridges are used, test strips are used to monitor the concentration of the active disinfectant.

Upon testing, there should be a correlation between the concentration of the disinfectant and the safety of the water – if this is not the case, contact the manufacturer for troubleshooting advice.

Although the guidelines are clear that water quality must be monitored, developing that regimen to your own office requires a thoughtful plan. Water quality is very unique to every office and every chair. This, in turn, necessitates that testing also be tailored to be able to know how to treat each chair as required. This is especially true if a chair continues to demonstrate poor quality even after shocking. If this occurs, samples need to be taken from each line separately to find the offending lines.

Finally, have your dental technician clamp off any dead legs – any waterlines that may have been provided where water is not used (for example, low speed handpiece lines; ultrasonic lines in a restorative chair; high speed lines in a chair used exclusively for hygiene). Once a regime is developed, follow that regime unless there are changes to the use of that chair.

Here is a summary for maintaining non-surgical dental treatment water:

1. Test the source water. Reconsider the economics of purchasing water for this purpose if that water and the water from your municipal water supply are similar or equal. Neither distilled, deionized, nor reverse osmosis water is sterile.
2. Flush waterlines at the beginning of the day to ensure fresh water is being used for the first patient. (20-30 seconds for every unit line)
3. Flush waterlines between patients (20-30 seconds)
4. Use a continuous disinfectant. This material is either added with each water refill for dedicated systems or supplied in a cartridge that only requires changing once/month, once/six months, or once/annually.
5. Shock the waterlines with a disinfectant recommended by the chair manufacturer for systems that use a continuous disinfectant (non-cartridge type).
6. Test dental unit water. Each dental chair in the office must be tested because results from one chair cannot be extrapolated to another chair. Tailor water maintenance based on testing. Start by taking samples from the entire chair. If a chair demonstrates poor

quality even after shocking, individual lines need to be tested to find out where the line is contaminated.

7. Keep a record of the results of the testing as well as the process for maintaining the water quality.

8. State the office procedures for maintaining water quality in the office infection control manual.

*For surgical dental treatment procedures, only sterile water or sterile saline is used and only from a sterile container at chairside, delivered with a sterile device. Water from the dental unit waterline is not used during critical procedures.

i Peralta G, Tobin-D'Angelo M, Parham A, et al. Notes from the Field. Mycobacterium abscessus Infections Among Patients of a Pediatric Dentistry Practice — Georgia, 2015. MMWR Morb Mortal Wkly Rep 2016;65:355–356. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6513a5.htm>.
ii Ricci ML, Fontana S, Pinci F, et al. Pneumonia associated with a dental unit waterline. Lancet 2012; 379(9816):684.

In the first articles of this series, the importance of hand hygiene has been discussed. No amount of discussion on this topic is ever enough until such time that every dental team member washes their hands or appropriately uses an alcohol hand rub (ie. when hands have no visible soil) upon first entry to the operatory after an extended break, prior to gloving, upon removal of gloves, and before leaving the office; 100% of the time. Without audits that measure this behavior for every member of the team, there is no way to demonstrate that this is being performed. With audits, team members with less than 100% compliance should review their protocol as it is placing patients and the rest of their team at risk.

Finally, the Royal College of Dental Surgeons of Ontario has published the draft form of their newest guidelines. The CSA Technical Committee for Sterilization will be reviewing feedback on the CAN/CSA 3014-18 Standards that were published in March. One of the issues that I see that is inconsistent between medical and dental procedures is the use of Biological Indicators or spore tests when sterilizing implants as implants are not to be released until the results of the spore test are known. Orthopedic implants, for example, are available as huge sets that are sterilized repeatedly as the surgeon will not know, until the area is uncovered, as to the pin or other device they will need. On the other hand, dentists do not sterilize implants. Our implants come to us sterile and if that implant is opened but not used, it is sent back to the implant manufacturer. On the other hand, the burs used during implant placement, although received sterile, for convenience during the surgical technique, are frequently opened and made available to the surgeon in the surgical implant kit. The burs are critical devices and since they are used during delivery of the implants, could compromise the implant procedure and should only be released once the BI results are known. I would like to hear discussion about this issue from those that it affects so that guidelines for CSA and the MDA are developed that are practical for our members.

As we are gearing up for the January Manitoba Dental Association Annual Conference, we also need to hear from offices about topics that interest them for lecture topics for the IPAC (infection control) lecture. See you there!

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