

MDA Bulletin

Spring 2026 Volume 46, Issue 1



2026 Prairie Lights Dental Convention National Convention Comes to Winnipeg

- **Keynote Address:**
Steven Page on Promoting Mental Health Everywhere
- **Keynote Speaker:**
Niigaan Sinclair on Reconciliation and Leadership

April 16-18, 2026

**RBC Convention Centre Winnipeg
National Oral Health Convention**



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Manitoba Dental Association

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Manitoba Dental Association

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ON THE COVER:
Steven Page and Niigaan Sinclair to be Keynote Speakers at the 2026 Prairie Lights Dental Convention.



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Sept. 18, 9am-12pm | Dr. Julie Pfeffer

Oct. 23 | Dr. David Clark

Nov. 27 | Dr. Evan Shaw

Feb. 5 | Dr. Aisling Whitaker

Mar. 12 | To Be Confirmed

Register at: WinnipegDentalSociety.org



President's Message

Dr. Rodrigo Cunha
President, MDA

It is a profound honour and privilege to serve as President of the Manitoba Dental Association. To be entrusted with the leadership of our profession in this province is a responsibility I accept with great humility, gratitude, and a deep sense of purpose. I look forward to an exciting year ahead and am fully prepared to embrace the challenges that may arise, knowing that the true strength of our Association lies in the support, collaboration, and trust of our professional community.

As I step into this role, I am especially mindful of the remarkable individuals who have served as President before me. I am sincerely grateful for their dedication, vision, and leadership, which have shaped the Association into what it is today. I am humbled to follow in their footsteps. In particular, I would like to congratulate Dr. Jeff Hein on his exceptional service as President. I learned a great deal from him during his term, and I am keenly aware that I have very big shoes to fill.

This moment is also deeply personal. I immigrated to this beautiful country and province with my family 14 years ago, and it is with immense pride and emotion that I now serve as the President of the Manitoba Dental Association. This opportunity represents more than a professional

milestone; it is a powerful reflection of the inclusiveness, opportunity, and generosity of both our profession and our province. I am profoundly grateful for the trust you have placed in me.

As a long-time educator, one of my primary goals during my term is to highlight the importance of professional development as a cornerstone of excellence in dentistry. Manitoba is fortunate to have a strong culture of learning, supported by active study

“One of my goals during my term is to highlight the importance of professional development as a cornerstone of excellence in dentistry”

groups and dedicated professionals who continually strive to grow and improve. As we all know, we will never achieve perfection, but as health care providers, we have a moral and ethical

obligation to never stop pursuing what is best for our patients. I truly believe we have everything we need to help one another become the best clinicians we can be—ultimately enabling us to provide the highest standard of care to our patients. I would like to take this opportunity to warmly invite all our members to attend and support our Annual Convention this April. This event will be held together by the Canadian Dental Association and will be a unique and valuable opportunity to come together as a profession, learn from an outstanding group of speakers, and engage with colleagues from across Manitoba.

Our Convention and Speakers Committee has carefully selected an exceptional lineup of presenters who will inspire us, challenge us, and provide practical knowledge we can bring back to our practices. Let's join together to celebrate dentistry and Canada from Coast to Coast to Coast. I look forward to seeing you there.

Together, let us continue to support one another, elevate our profession, and work collaboratively toward an exceptional year for dentistry in Manitoba.

Respectfully,
Dr. Rodrigo Cunha
President, MDA



MDAA President's Report

Heather Brownlee
President, RDA, MDAA

I hope when you are reading this report that the weather is much warmer than the -25°C we are experiencing today here in Winnipeg.

The MDAA will be holding a virtual continuing education event on March 21, 2026, with Dr. Mo Kadhim presenting A Clinical Guide to Common Oral Lesions in General Practice. Our own Pauline Grouette will be presenting a talk titled Your Greatest Allie, where she is excited to share some of her challenges, how she was able to shift her mindset, and provide sustainable strategies that she still uses today, professionally and personally. We hope to see you all there.

The MDAA is also currently working on an initiative to have RDAs provide brushing and flossing support for residents in personal care homes across Manitoba. We are still in the planning stages but hope to have a working program within the next year. Having worked at CCOH for the past three years, I have seen the need for this program. Many of our seniors are sorely lacking personal dental care if they do not have family members who are able to assist them.

In late November, the MDAA participated in the CDI RDA graduation and continues to visit each graduating class to introduce students to the association and the work we do to support RDAs across the province.

I look forward to seeing many of you at the Prairie Lights Dental Convention in April. Be sure to visit the MDAA Lounge during the convention as well. It is a great opportunity to connect with fellow RDAs, share experiences, and stay informed about what is happening within our dental community. We will

“As I look back on my two-year term, I feel that the MDAA has accomplished many positive initiatives”

also be holding our Annual General Meeting on Saturday, April 18. We will be offering it as a hybrid event again this year so you can attend in person or virtually; stay tuned for registration details. I encourage all RDAs to participate and learn about the exciting plans and initiatives the MDAA has planned for 2026–27.

In closing, this will be my last submission to the MDA Bulletin. At our AGM in April, I will be handing the reins over to our Vice President, Navroop Randhawa, and stepping into the role as Past President.

I have enjoyed working with Nav over the past two years and feel confident that she will continue to advocate for all RDAs in Manitoba.

As I look back on my two-year term, I feel that the MDAA has accomplished many positive initiatives. I also feel that we have a great Executive Director in Tess Peter, who is leading our association with dedication, hard work, and forward-thinking initiatives. She was instrumental in getting our name on the many billboards around Winnipeg for Dental Assisting Week, as well as arranging for the Bridge Promenade, the Winnipeg sign, and the Selkirk water tower to all be lit purple during the week to recognize Registered Dental Assistants across Manitoba.

I want to thank all of you for your confidence and support over the past two years. While I will be stepping back from this role, I will continue to contribute to the MDAA and advocate for RDAs across Manitoba.

Respectfully,
Heather Brownlee, RDA
President, MDAA



Registrar's Message

Safeguarding Personal Health Information: Meeting Our Legal and Ethical Obligations

Dr. Arun Misra
Registrar, MDA

A

s Manitoba dental professionals, we are trustees under The Personal Health Information Act (PHIA).

That designation brings rigorous duties around the handling of personal health information (PHI). Since PHIA's initial proclamation in 1997, and particularly following the amendments that came into effect January 1, 2022, trustees have been required to implement enhanced technical, administrative, and physical safeguards, provide timely breach notifications, and ensure protections for whistleblowers who report PHIA violations.

1. Collection, Use & Disclosure: "minimum necessary"

PHIA mandates that collection, use, and disclosure of PHI be restricted strictly to what is necessary to fulfill care-related purposes. In practice, this means applying the "minimum need to know" rule: only gather essential data, and obtain informed, purposeful consent for any use or disclosure beyond direct patient care.

2. Consent:

Consent must be meaningful, informed, and appropriately documented. If your clinic relies on verbal consent, it must be clearly recorded in the patient record. For written or electronic consents—such as those related to third-party communication, research, or marketing—the forms must be explicit

about scope, duration, and the patient's right to revoke consent at any time.

3. Security & Breach Handling:

PHIA requires all trustees to maintain robust safeguards. These include: role-based access controls within your practice management software, encryption of all PHI shared electronically, secure disposal of physical and electronic records, regular privacy training, and audit logs. Under the 2022 amendments, if a breach of PHI is likely to cause significant harm or embarrassment,

"If your clinic relies on verbal consent, it must be clearly recorded in the patient record"

both the affected individual and the Manitoba Ombudsman must be notified. A breach response plan should already be in place in every clinic, incorporating identification, containment, risk evaluation, patient notification, and corrective measures.

4. Access & Corrections:

Patients have a right under PHIA to access and request corrections to their health records. Clinics must respond to access requests within prescribed

timeframes and have clear procedures to manage correction requests and disagreements. If a correction is refused, the patient is entitled to append a statement of disagreement to the record, and any other parties who received the original information must be notified.

5. Trusteeship & Third Parties:

Where PHI is shared with external providers—such as IT vendors, billing services, or cloud storage companies—written information manager agreements are required under PHIA. These must ensure compliance with all legal safeguards, clarify roles and responsibilities, and establish breach reporting expectations. Remember, the trustee remains legally accountable even when work is outsourced.

6. Oversight & Accountability: The Ombudsman's role

The Manitoba Ombudsman has statutory authority to conduct privacy audits, compel the production of documents, and make binding recommendations. Trustees should anticipate compliance reviews and be prepared with thorough documentation of clinic privacy policies, breach history, staff training records, and vendor agreements. Equally important is the cultivation of a culture where staff are encouraged—and feel safe—to identify privacy risks or report concerns, consistent with the whistleblower protections embedded in PHIA.

To align with both legal obligations and best practices, all dental clinics should take time each year to comprehensively review and update their privacy policies, consent forms, and breach response protocols. Annual staff privacy training should be a routine part of your practice. Access to patient records should be routinely audited, and one staff member should be clearly designated as the clinic's privacy officer. Regular team discussions about privacy risks and the importance of compliance can further reinforce a proactive and respectful culture of data stewardship.

Trust in the dental profession depends on more than clinical skill, it requires each of us to act as stewards of our patients' most sensitive information. The regulatory framework under PHIA has grown more sophisticated, and our professional obligations must grow alongside it. I encourage every member to take this opportunity to evaluate your privacy practices and ensure they reflect not only compliance, but also a genuine respect for patient dignity and trust.

Respectfully,
 Dr. Arun Misra
 Registrar

Prairie Lights Dental Convention & Trade Show

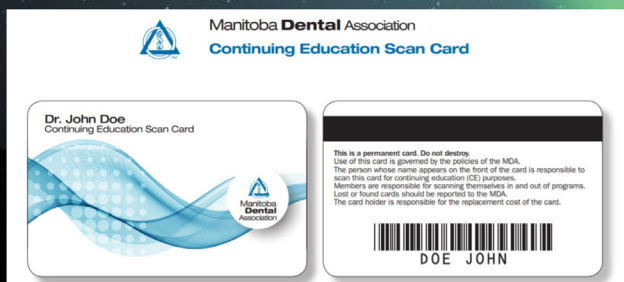
Don't forget to bring your CE Scan Card!

All live in-person sessions attended will qualify under the Seminars, Lectures and Participations Activities and Programmes (Synchronous – real time) credit hours category of the MDA's Bylaws for Continuing Education of Dentists and Dental Assistants.

*Please note that you can also take a picture or screenshot of your MDA CE Scan Card and use your phone to scan in and out of lecture sessions. There will be no pre-recorded or webcast lectures for the 2026 Convention.

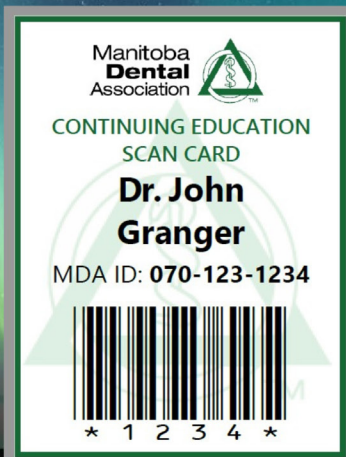
Trade Show Credit

- MDA dentists and dental assistants will be awarded 1 CE Credit per Day for Trade Show Attendance.
- You must visit the MDA Booth to have your CE Card Scanned.



CDHM Members CE Tracking

- CDHM Members will be provided with a scan code for tracking CE and will be emailed a record of attendance 2-3 weeks after the event.





College Corner

Dr. Anastasia Kelekis-Cholakis
Dean, College of Dentistry, Rady Faculty of Health Sciences,
University of Manitoba

The 2025 Shanghai Rankings once again placed the Dr. Gerald Niznick College of Dentistry among the top five dental schools in Canada- a remarkable achievement particularly given we are by far the smallest dental school amongst the top ranked. Our research momentum continues to build with year over year growth in research funding.

Research plays a critical role in educational institutions as it allows us to question assumptions, sharpen critical thinking skills and develop evidence-based decision making. It also allows us to innovate and apply the outcome of this knowledge in practical ways. Research in a dental school setting helps expose students to how scholarly activities can enhance the delivery of oral healthcare services, whether it is understanding oral diseases, materials or patient perceptions of treatment rendered.

At the Dr. Gerald Niznick College of Dentistry, we are dedicated to ensuring research and scholarly activities play a vital role in the education of our learners. Our vibrant BSc Dent program, our 5 postgraduate programs and our academics are committed to continuing the tradition of excellence in research.

This commitment was evident on our Research Day held on January 29, 2026. The day was an outstanding success with co-chairs Kathy Yerex and Ayesha Saleem organizing impactful speaker presentations ranging from “Holistic interventions to tackle early childhood caries and promote oral health equity” presented by Dr. Dorota

Kopycka-Kedzierawski, Professor of Dentistry, Eastman Institute for Oral Health (EIOH), Rochester (USA) to “Transcriptomic correlates of immune evasion in head and neck cancer” by Dr. Pinaki Bose, Associate Professor and Director of Tumour Biology and Translational Research for the Ohlson Research Initiative (ORI), University of Calgary.

More than 200 dental and dental hygiene students, graduate residents, faculty and staff attended the event. There was a total of 9 invited presentations from faculty, residents and PhD students. In addition, 34 poster exhibits were on display, covering a wide range of topics ranging from basic to clinical and translational research in dentistry and oral sciences. Some examples of poster topics included the “Effects of Prenatal Alcohol Exposure and Wnt Signaling Disruption on Mineral Composition in Mexican Tetra (*Astyanax mexicanus*)”, “Enhancing Early Detection Through Community-Based Oral Cancer Screening Events: A Report on Two Pilot Initiatives” and “Enhancing Glass Ionomer Properties: The Impact of Lithium Disilicate Fillers”.

It is important to note, however, that none of this would be possible without the generosity of our sponsors. The Manitoba Dental Association has consistently supported research activities at the college, including funding one BSc (Dent) studentship every year, as well as monetary awards for the winners of the flash talk presentations in the PhD, Masters and BSc (Dent) categories. We were particularly pleased to welcome

Greg Guenther this year, representing the MDA, to present the awards to deserving recipients. I extend my deepest appreciation to the MDA for its enduring partnership and steadfast commitment to advancing our research enterprise. I look forward to celebrating the continued growth and future accomplishments with all of you, I look forward reconnecting with many of you in 2026!

Respectfully,
Dr. Anastasia Kelekis-Cholakis
Dean, College of Dentistry,
Rady Faculty of Health Sciences,
University of Manitoba

*Ref- <https://www.canada.ca/en/news/search.html?q=ohaf&sortCriteria=date%20descending>



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Economics Committee Report

Dr. Alex Pappas
Chair, MDA Economics Committee

Strengthening Our Economic Foundation: Why Your Participation in MDA Economic Surveys Matters

The Manitoba Dental Association (MDA) annually conducts comprehensive economic surveys conducted through the MDA Economic Consultant. These surveys are essential, evidence-based tools that directly influence fee advocacy, economic sustainability, and the long-term viability of dental practice in Manitoba.

Participation of practice owners and associates is critical to ensuring that our fee recommendations and advocacy efforts accurately reflect the real economics of dental practices in this province.

Why These Surveys Matter Now More Than Ever

- Dental practices across Manitoba continue to face mounting economic pressures:
- Escalating equipment and supply costs
- Increased facility and utility expenses
- Rising staff wages in a competitive labour market
- Technology investment requirements (CBCT etc)
- Regulatory and compliance costs (IPC requirements etc)
- And for some ongoing post-pandemic financial recovery challenges

Without accurate, Manitoba-

specific data, it becomes increasingly difficult to justify fee adjustments with government, insurers, and other stakeholders. Strong participation ensures we are advocating from a position of evidence, not anecdotally.

The Three Critical Survey Components

1. Frequency Survey – currently underway

The Frequency Survey documents procedure volumes across practices and establishes utilization patterns throughout Manitoba.

This data is critical for:

- Understanding service delivery trends
- Supporting fee schedule development
- Identifying shifts in patient demand
- Ensuring fee codes reflect actual practice realities

Frequency data provides the structural backbone of fee analysis. Without it, our fee model lacks context.

2. Overhead Survey – June 2026

The Overhead Survey captures the true cost of operating a dental practice, including:

- Equipment and technology investments
- Dental supplies and laboratory expenses
- Utilities and facility costs
- Insurance and regulatory expenses

- Administrative and operational overhead

Overhead is not static. It is dynamic and influenced by inflation, supply chain pressures, regulatory requirements, and evolving standards of care. If overhead costs rise and fees do not keep pace, practice sustainability is compromised. Reliable overhead data allows the MDA to demonstrate—with credibility—the financial realities faced by Manitoba dentists.

3. Wage & Salary Survey – Late August - September 2026

In today's competitive labour market, staffing costs represent the largest components of practice overhead.

The Winnipeg Dental Society Wage & Salary Survey tracks compensation trends for dental assistants, hygienists, administrative staff, and other support team members across the province.

This survey is particularly critical for practice owners because it:

- Provides market-based provincial averages for annual wage negotiations
- Supports fair and competitive compensation strategies
- Reduces guesswork in salary discussions
- Helps prevent both underpayment and unsustainable overpayment
- Strengthens retention strategies

Wage pressures directly affect overhead calculations and influence compensation structures within practices. A fee guide built on incomplete data may not reflect true economic conditions, potentially limiting income growth opportunities. Participation ensures that wage trends are accurately captured and fairly represented.

4. State of Dentistry Survey – September 2026

The annual State of Dentistry survey gauges issues dentists are dealing with in their everyday practice.

- Staffing issues including shortages and plans for hiring
- Busyness including short notice cancellations and unfilled appointments
- Year-over-year changes in revenue
- Other current topics that will assist the Economics Committee in developing the fee guide for the next year

Confidentiality and Data Protection

We recognize that financial information is sensitive. Members can be assured:

- All survey responses remain strictly confidential
- Data is aggregated and anonymized
- Individual practices are never identified
- Results are reported only in statistical summary form
- Information is used exclusively for fee guide development and economic advocacy

Confidentiality is fundamental to the integrity of this process. The goal is collective accuracy—not individual exposure.

Participation Threshold: A Board Mandate

The MDA Board has established a minimum participation rate of 50% to ensure statistical validity and credible

advocacy. Current participation levels fall short of this benchmark.

Insufficient participation weakens the Board justification in accepting recommended fee increases from the Economics Committee, negotiating position with insurers and government but comprehensive participation strengthens it.

When participation is low:

- Data lacks statistical strength
- Advocacy credibility is diminished
- Fee justifications become vulnerable to challenge
- Market realities may be underrepresented

When participation is strong:

- Our economic arguments are evidence-based
- Fee guide adjustments are better supported
- Manitoba-specific data carries strength
- The profession speaks with one voice

A Collective Responsibility

The economic sustainability of dental practice in Manitoba depends on accurate data collection. These surveys are not optional exercises in data gathering—they are foundational to protecting the profession's financial health.

Practice owners who participate also receive comparative analysis of their own practice numbers against provincial averages. This provides meaningful insight into operational performance, overhead positioning, and compensation alignment.

Participation benefits:

- Individual practices
- Associates
- Staff teams
- The broader profession

Most importantly, it ensures that Manitoba dentistry remains economically viable in an evolving healthcare environment.

In summarizing, prompt completion of the Frequency, Overhead, and Wage & Salary Surveys strengthens our collective bargaining position and ensures fee guides accurately reflect Manitoba's practice economics.

- Accurate data protects your practice.
- Accurate data supports fair compensation.
- Accurate data strengthens advocacy.
- Your participation is not just helpful—it is essential.

Let's ensure Manitoba dentistry is represented by facts, not assumptions.

Respectfully,
Dr. Alex Pappas
Chair, MDA Economics Committee



CDA Report

Dr. Marc Mollot
CDA Board Representative

Greetings to all of you across this great province. I hope you have all had opportunity to enjoy some winter activities or maybe enjoy a warm weather get-away!

The CDA Board (the Board) held its winter meeting on February 13, 2026. The following report highlights discussions and outcomes from this meeting.

Government Relations and Policy

CDA Days on the Hill

CDA conducted a successful Days on the Hill event in late November. I had opportunity to participate in the event led by CDA President Dr. Bruce Ward. Meetings were held with Members of Parliament and senior officials to discuss oral health workforce shortages, dental school capacity and training, and ensuring the Canadian Dental Care Plan (CDCP) works effectively for patients and providers.

During this event, CDA highlighted ongoing workforce challenges across the country and called for targeted measures to improve recruitment, retention and workforce mobility. Concerns were also raised about the impact of CDCP preauthorization requirements on dental school clinical training and patient access to care. CDA advocated for streamlined preauthorization processes, improved government communications regarding coverage and co-payments, and additional support for dental school clinics. CDA also partnered with the Royal Canadian Dental Corps during the event to underscore the connection between oral health, overall health and operational readiness.

Canadian Dental Care Plan

Ongoing advocacy issues relating to the CDCP include, but are not limited to:

- Program sustainability and adequacy of program funding and reimbursement fees over time (including alignment with costs and inflation).
- De-insurance monitoring and mitigation
- Dental school advocacy: ensuring adequate clinical training for new dentists.
- Preauthorization process, number of denials, and criteria clarity. There was a win for dentists with improvements around processing times.
- Sun Life audits and clawbacks: ensuring fair processes for dentists.
- Delisting of dentists: separation between SL private business and the CDCP and clear appeal process.
- Commercial lab fee caps: major advocacy win for dentists and their patients. Health Canada has advised CDA in a meeting in January 2026 that they will implement a substantial fee increase effective April 1.
- CDCP data transparency and ongoing data-sharing to support evidence-based refinement.

An update was provided on the CDCP Engagement Network, including meetings held in October and December, which serve as an

information-sharing table and forum for advocacy discussions.

Task Force Updates

The CDA Public Policy Committee continues its work reviewing and updating outdated position statements, including development of a new statement on pain management and prescribing. In addition, CDA's Dental Assisting scan has been completed and shared, identifying challenges and solutions across Canada. The CDA-NIHB Sub-Committee continues efforts to improve service coverage and promote the NIHB program to dentists.

Programs and Digital Services

Work continues on CDA's digital modernization initiatives to enhance claims processing, strengthen security, and ensure compliance with evolving regulatory requirements. The following updates are underway:

- ITRANS 2.0 Implementation: The CDA continues to work closely with software vendors to have dental offices transition to using ITRANS 2.0 to send electronic dental claims.
- CDAnet Modernization: Some dental offices are sending electronic dental claims using an outdated version of the CDAnet standard (v2). CDA is working with dental offices and software vendors towards eliminating these outdated configurations.

Usage has now been reduced to less than 3% of total claims, with full elimination targeted for Q2 2026.

- **Security Enhancements:** Security updates are being implemented for the CDA Practice Support Services website and Secure Send, including the introduction of Multi-Factor Authentication to strengthen system protection.
- **Collaboration with CDAnet stakeholders:** Discussions are ongoing with the Canadian Life and Health Insurance Association (CLHIA), claims processors and software vendors on several initiatives including: introducing new usage scenarios for CDAnet functionality, modernizing patient and plan member consent processes, updating the paper claim form, and ensuring service alignment with evolving privacy legislation.



- **Secure Send Privacy Impact Assessment:** Phase 1 of the Secure Send Privacy Impact Assessment (PIA) has been completed, and the remediation phase is underway. This work includes updating the CDA Services Subscriber Agreement; enhancing documentation related to coordination of processes with CSI and instream; and revising other agreements and documents to ensure alignment with federal and provincial privacy requirements.

Finances

2025 Financial Year-End Forecast

CDA is projecting a slight year-end surplus of \$212,200. Revenue is 0.9% higher than forecast, and expenses are 0.6% lower than forecast. Markets continue to fluctuate due to tariffs and

global events; however, the performance continues to be monitored closely.

2027 Fee Rate Recommendation

At their October meeting, the Board approved the 2027 membership tiered fee increase, noting that CDA deferred fee increases for the past two years. The proposed increase is expected to generate approximately \$100,000 in additional revenue and will help limit the projected 2027 budget deficit to \$246,400. Considering the objectives of the Memorandum of Understanding (MOU), continued high inflation, instability in international markets, and a required cash withdrawal related to building renovations, the Board determined that a modest tiered fee increase is necessary to maintain CDA's financial stability. The following 2027 fee rates will be presented to Corporate Member Voting Representatives for approval at the 2026 AGM:

- \$499.50 for Tier 1 provinces (\$2 or 0.4% increase from the current rate of \$497.50)
- \$454.00 for Tier 2 provinces (\$4 or 0.9% increase from the current rate of \$450.00)
- \$368.50 for Tier 3 provinces (\$6 or 1.7% increase from the current rate of \$362.50)
- \$549.45 for Affiliate Members (\$2.20 or 0.4% increase from the current rate of \$547.25) Plus applicable taxes.

CDA Building

The Committee was updated on the status of the renovations, noting that they are on budget and on schedule. The project completion date is April 29, 2026.

Governance

Selection of the CDA VP and Appointment of the CDA Officers for 2026-27:

The Board selected CDA Board member, Dr. Marc Mollot from Manitoba, as CDA Vice-President for 2026-27, subject to his election as a Director at the CDA AGM on April 24, 2026. The Board also appointed Dr. Kirk Preston to the position of CDA President and Dr. Jason Noel to the position of CDA President-Elect for 2026-27, subject to their election as Directors at the CDA AGM on April 24, 2026.

CDA Meetings/ Joint Conventions

Please note the dates of future CDA joint annual conventions including:

- 2026 CDA AGM April 24 in Toronto



- 2026 Joint Convention with the Manitoba Dental Association – April 16-18, 2026, in Winnipeg, MB
- 2027 Joint Convention with the Ontario Dental Association Annual Spring Meeting – May 6-8, 2027, in Toronto, ON. Note that in 2027, CDA will also celebrate its 125th anniversary and the ODA its 160th anniversary.
- 2028 Joint Convention with the Dental Association of Prince Edward Island – August 9-12, 2028, in Charlottetown, PEI

Because the MDA is a corporate member of the CDA, as MDA members we all together benefit from the work of the CDA. Why an Association? In addition to the many products, services, and practise supports offered by the CDA, the simpler answer is, 'We are always better together than alone.' I have observed that in Manitoba we understand this very well.

If you have any questions related to the CDA, or just want to chat, please feel to reach out to me anytime.

Respectfully Submitted,
Dr. Marc Mollot



Saying It Like It Is: A Lighthearted Look at Dental Reality

By Timothy A. Brown

**A humorous yet poignant commentary
on the modern dental profession**

I recently started following a lawyer on LinkedIn whose biography proudly reads, ‘Writing from the security of retirement.’ This man writes like he has nothing to lose—because, frankly, he does not.

Meanwhile, I also do a lot of writing, connected (and hopefully respected) in senior circles of banking, accounting, legal, and of course, the dental profession. So naturally, I had to ask myself: ‘Tim, are you holding back for political reasons?’

Spoiler: Yes. Political correctness in Canada is strong enough to make even a Broker like me feel guilty.

1. Your landlord does not give a... well, you know.

Let’s be honest: your landlord isn’t losing sleep over your dental practice. They want rent. They want control. They want to upgrade their property so they can charge even more rent. You? You’re simply the pleasant dental-themed wallpaper in their financial strategy.

2. Your staff don’t dream of working in dental practice.

Dental staff often feel they’re working under pressure for not enough pay.

This isn’t new; this isn’t shocking. If private surveys were a person, they’d shrug and say, ‘Yeah, sounds about right.’

3. Dentists don’t always speak kindly about each other.

It’s practically a competitive sport: criticizing the neighboring dentist’s treatment plan. Some dentists talk so much smack you’d think there were championship belts involved.

4. Sales reps see dollar signs (and maybe a target).

Some reps walk into dental practices the way cartoon characters walk into a room when they smell a pie. Pupils replaced by dollar signs, floating toward you on a cloud of commission potential.

5. Many people selling to dentists start with your ego.

They stroke the ego, sprinkle compliments like confetti, then gently slide the order form over the desk. Use caution – the Grifter is always lurking in the shadows.

6. Corporate dentistry is in it for money.

Dental service corporations want profits. It does not make them evil, just predictable. If you are going to drink the company Kool-Aide, sign on knowing this - it will hurt less.

So, there it is, the reality of dental practice ownership today.

This is the condensed version of the ever-expanding list of pain points that joyfully fill my working days.

I’m not writing from the safety of retirement; I’m writing from the front lines.

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Why do our implants and implant restorations fail?

PART THREE

By Dr. Jack Lipkin Bsc. D.M.D. Cert. Pros. F.I.C.D.



In our second article, I discussed a number of restorative techniques for dealing with complex dental situations involving teeth that may have furcations, craze ('crack') lines or teeth requiring root amputations. This is not to suggest that we are ignoring or discounting the incredible role that implants play in our treatment planning, but it is to remind us that age related treatment planning is of paramount importance. Patients in their 40's, 50's or perhaps early 60's require a rigid or very stable dentition to take them into their 'golden years' which Canadian statistics show to be mid 80's and often into their 90's. Expecting a single implant restoring a maxillary first molar in a 45 year old patient to last 40 years or so is most likely unrealistic. Restoring the existing tooth if reasonable – which to me would involve a positive prognosis for endodontic and periodontal therapy, could probably yield a decades long result following which implant therapy may be instituted if the aforementioned tooth eventually failed.

Herewith are the guidelines I use routinely in my practice when talking to patients about proposed implant therapy. These guidelines have been created based on the most credible research as well as a large dose of common sense when discussing the complex arena of implant therapies that are available to anyone who has access to the internet. In addition, they have helped me organize my approach in talking to patients so they can understand as best as possible the complexities of their particular dental situation.

IMPLANT TREATMENT GUIDELINES

- 1. The Mandibular arch takes precedence over the maxillary arch when treatment planning implant restorations.** This guideline is based on the basic fact that biologically and functionally, patients cannot chew properly with poor or no mandibular teeth when the maxillary arch is dentate either quantitatively or qualitatively superior to the mandible. Every effort should be made to focus on the mandible when it is under duress as compared to the maxilla.
- 2. One must not overload the mandibular arch with stronger force vectors emanating from the maxillary arch.** There are many permutations and combinations of what this may look like. Same biology issues as number 1. Example: A patient with a failing dentition in both arches wants a beautiful set of maxillary teeth (implant fixed; three or four implant bar overdenture; crown and bridge) occluding against for example 3 mandibular incisors and a transitional acrylic partial. The mandibular arch will not survive this.

- 3. Do not cherry pick implant sites. That is to say, everytime a tooth fails the space is plugged with an implant without doing a complete dental exam to determine if there is more going on than that local problem of tooth loss.** This haphazard approach to treatment planning does a tremendous disservice to the patient in both the short and long haul.
- 4. Do not place implants adjacent to teeth that have a significantly poorer long term prognosis.** There are times when it is more expedient for the long term prognosis of the treatment area, to remove badly broken down teeth that have a tenuous long term prognosis and incorporate more implants into the plan.
- 5. Do not place implants into an arch where the final prognosis is reliant on a group of teeth where the group, which has a fundamental role in maintaining the treatment, has a significantly poorer prognosis as a group as compared to the group of implants.** This is the same as number 4 above but expanded to include multiple teeth and implants.
- 6. Inter-implant distance should be 3.0mm to preserve interproximal bone and tissue. Distance between an implant and a tooth should be 2.0 mm but many surgeons are quite fine with a variable amount less.**
- 7. When faced with having to choose a shorter implant height due to bone restrictions, attempt to use a wider implant which will give you approximately 30% more surface area.**

DR. JACK LIPKIN has taught at the Dental School, U of M, for 48 years and currently is a clinical instructor and lecturer in the Graduate Prosthodontic program at the University of Manitoba. He also has a full time private practice, limited to Prosthodontics.

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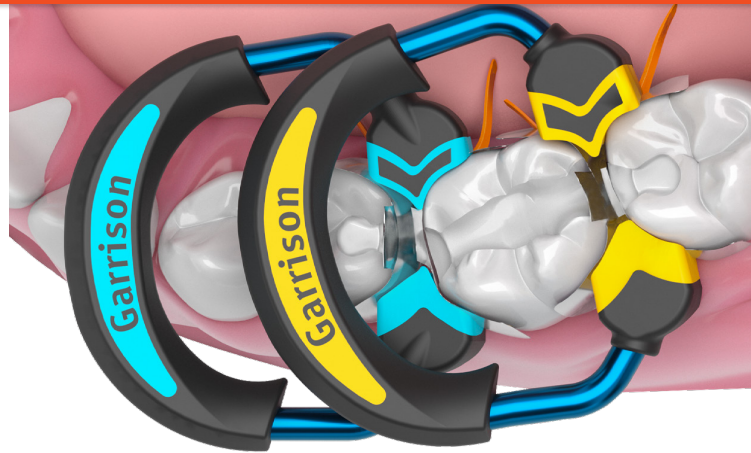
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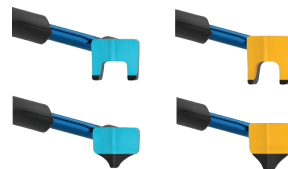


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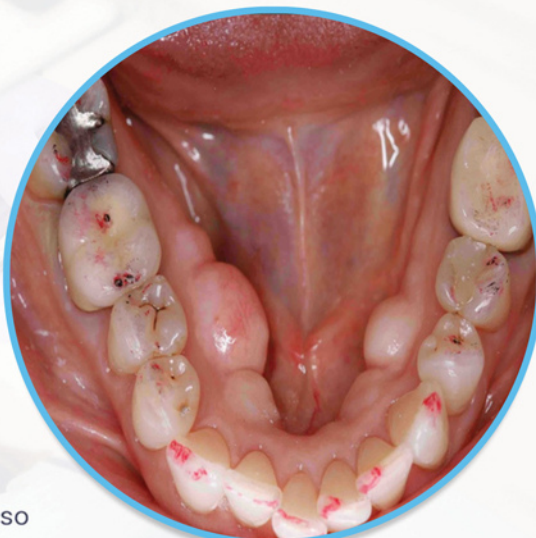
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Dr. Marshall Hoffer, DMD, obtained his dental degree from the University of Manitoba in 1972. In 1978, Dr. Hoffer completed his training in Fixed Prosthodontics at the State University of New York to Buffalo. He returned to Winnipeg to begin his private practice limited to Prosthodontics and adult restorative dentistry. Dr. Hoffer has been restoring dental implants since 1985 and participated in the initial implant Placement training program offered by Nobel Biocare dating back to 1983.



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Know The Law: Social Media and Your Dental Team

From off-duty posts to on-the-clock scrolling, discover how social media use by your dental office staff could put your practice at risk and what employers need to know to stay protected.



Inna Koldorf

is a partner at Miller Thomson LLP in Toronto. Her work includes helping employers to manage their workforce, provide advice, represent employers in litigation and conduct workplace investigations.

“Over the last ten years, the separation between work life and home life has been blurred by social media,” says Inna Koldorf. “Employees assume that because they’re online outside of working hours, they can say whatever they want, but that’s not the case.”

From posting confidential information to criticizing office managers or even patients, the risks of inappropriate social media use by staff can range from reputational harm to breaches of privacy. For dental practice leaders, it’s important to know how to prevent problems and what to do if they occur.

On-Duty vs. Off-Duty Conduct

Koldorf stresses the importance of distinguishing between what staff do online during working hours and what they post on their own time. On-duty misconduct is often straightforward. Employees may spend time scrolling, posting or even running “side hustles” on social media platforms when they should be focused on their work and on patients. “The question for employers,” Koldorf says, “is whether that conduct breaches the employment agreement, workplace policies, or the basic obligations of the employment relationship. If it does, discipline is justified—just like with any other form of misconduct that takes place during work hours.”

Off-duty behaviour, however, is more complex. “We get asked quite often: Is there anything I can do about what my employee posts online in their personal time? The answer is actually yes,” Koldorf explains. “Sometimes off-duty behaviour on social media may justify discipline, when certain conditions are met. The central issue is whether there is a clear and meaningful connection between the off-duty conduct and the workplace, and whether it causes harm or potential harm to the business.”

Real-World Consequences

Koldorf has seen numerous examples where employees’ online activity outside of work hours had serious professional repercussions. Staff have vented about their frustrations on Facebook, thinking only their friends would see it, but employers and patients often come across such posts. Others have shared confidential financial

The views expressed are those of the author and do not necessarily represent the opinions and official policies of CDA.

This article originally appeared in CDA Essentials, 2026 – Volume 13 – Issue 1

or patient information, criticized managers or engaged in name-calling directed at their colleagues. Koldorf recalls cases where employees posted videos of violent or offensive behaviour while listing their employer in their profile, linking the practice's name to troubling conduct.

Even private group chats can cause fallout. In one recent case, five employees exchanged discriminatory comments about a colleague in a private WhatsApp group chat. When the messages reached the subject of the remarks (and the HR department), the situation was deemed a workplace issue, and the employees were reprimanded. "Even if the initial post was private or in a closed group, once it impacts the workplace, it becomes the employer's concern," Koldorf says.

Building Protection Through Policy

The best defense is prevention. Koldorf emphasizes that while employers cannot control what employees do outside of work, they can set clear rules and expectations through policies and training. She encourages practices to draft a formal social media policy and review it with staff during onboarding, followed by annual refreshers. "A policy is only as strong as its enforcement," she cautions. "If employees see others posting without consequences, they'll ask: Why is my post a problem?"

Training should not just focus on restrictions but also model positive online behaviour. Practice owners and managers can set an example by showing what kinds of posts reflect well on the business. Confidential reporting channels—such as a designated email address or a third-party "whistleblower" service—helps employees feel safe if they need to report inappropriate posts. Policies should be kept current and updated whenever new issues arise, so employees are clear on what is expected of them.

Responding When Problems Arise

When an inappropriate post surfaces, Koldorf advises that employers resist the temptation to act rashly. The first step is to assess the severity of the content. Some posts may be minor and pose little risk, while others could threaten the practice's reputation or patient relationships. Documentation is essential, including screenshots of the posts, comments and the employee's profile if it identifies the dental practice. Seeking legal advice is also wise, since certain cases may trigger reporting obligations or require formal investigations.

Employers should also speak directly with the employee to understand the context, as an explanation may change how the post is interpreted. And any response should be proportional to the severity of the misconduct. Coaching or a verbal warning may be enough in some cases, while others might call for formal actions. "Not every post requires a harsh response," Koldorf says. "But if the post threatens your reputation,



When an inappropriate post surfaces, Koldorf advises that employers resist the temptation to act rashly. The first step is to assess the severity of the content.

your patient relationships or your legal obligations, you are justified to act decisively."

Social media is deeply ingrained in our lives. It is part of a practice's brand and reputation. Setting expectations, enforcing policies and handling issues thoughtfully is not just about compliance, it is about protecting your patients, your staff and your practice. ➔

Social Media Checklist:

Proactively setting the ground rules

- Set clear rules
- Train and educate employees
- Promote positive online behaviour
- Offer confidential reporting channels
- Lead by example
- Keep policies current
- Onboard with clarity

Damage control: managing misconduct

- Assess the situation
- Document everything
- Check policies and employment agreements
- Consult with legal
- Speak directly with the employee
- Respond proportionally

Preventing future incidents: drafting an effective policy

- Define scope clearly
- Set expectations
- Protect confidentiality and data security
- Explain consequences
- Encourage positive use
- Train employees
- Review and update regularly
- Enforce the policy

The information provided is of a general nature only and should not be considered personalized legal, financial, accounting or tax advice.

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Presenter Overview

Featured Keynote Speakers



Steven Page

**Promoting Mental Health
Everywhere**

**Thursday, April 16
6:00 PM - 7:00 PM**



Niigaan Sinclair

**Ten Years since the TRC:
Why are Dentists the Key to
Reconciliation?**

**Friday, April 17
8:00 AM - 9:00 AM**

Friday - April 17

Dr. Philip Kim (British Columbia)
3D & Technological Trends

Dr. Camila Pereira (Alberta)
CBCT & Dentistry - When, Why & How

Dr. John Tsourounakis (Manitoba)
*Peri-implant Tissue Development
Success Beyond Osseointegration*

Dr. Sheri McKinstry (Saskatchewan)
*Integrating the Seven Grandfather
Teachings into Culturally Safe Practice*

Dr. Nikhil Sharma (Ontario)
*What's that? Oral and Dental
Anomalies in Children*

Dr. Céline Leduc, Prince (Edward Island)
3D & Technological Trends

Dr. Scott Kirby (New Brunswick)
Beyond Analog: Modern Implant Prosthetics

Dr. Philip Kim (British Columbia)
3D & Technological Trends

Dr. Berge Wazirian (Quebec)
*Understanding Dental Ceramics and
Their Clinical Application*

Dr. Scott MacLean (Nova Scotia)
Improving Your Dental Implant Skills

Dr. Codey Pilgrim (Newfoundland and Labrador)
*Interceptive Orthodontics
in the Pre-Adolescent: A Case Series*

Dental Assistant Lectures & Courses

Maxillo Winnipeg Oral Surgery Team (Manitoba)
Fundamental Skills for Assisting in Oral Surgical Procedures

Dr. Bruce McFarlane (Ontario)
The Absolute Latest in Clear Aligner Orthodontics

Shannon Gander (Manitoba)
Thriving People – Flourishing Teams: A Toolkit for Preventing Burnout, Managing Stress & Getting Along at Work

Kathy Purves (Manitoba)
Infection Prevention and Control in Dentistry

Dr. Chris Cottick (Manitoba)
Airways Course: Sedation Overview, Vital Signs, Emergencies Overview and PBM Bylaw Overview

Saturday - April 18

Dr. Celine Leduc (Prince Edward Island)
How Inflammation Links Dentistry to Cardiometabolic Health and How Collaborative Care Can Improve Outcomes

Dr. Parag Kachalia
Fact vs Fiction: Understanding AI's Role in Shaping Oral Healthcare

Manitoba's Got Talent: Interdisciplinary Case Presentations by U of MB Dental Residents
Abdul Alsaad - University of Manitoba
Madison Flamand - University of Manitoba
Derek Oryniak - University of Manitoba
Leslie Pesun - University of Manitoba

OTHER: Dentsply Sirona - National Poster Program Presentations

Dental Hygienist Lectures & Courses

Joe Siegfried (Ontario)
Sit Up Straight, Close Your Mouth and Chew Your Food: An Introduction to Orofacial Myofunctional Therapy

Dr. Laura MacDonald & Dr. Moni Fricke (Manitoba)
Beyond the Silos: Interprofessional Collaboration for Oral and Overall Health

Beth Parkes (Ontario)
Leveraging AI and Genetic Testing for the Ultimate Risk Assessment

Martha Szczepulski (British Columbia)
Revolutionizing Periodontal Therapy: Innovative Tools and a New Mindset

Dr. Anthony Iacopino (Nova Scotia)
Oral-Systemic Health and the Integration of Dentistry into Comprehensive Care

Jo-Anne Jones (Ontario)
Within Normal Limits or a Dangerous Assumption?

Office Managers Workshops

SESSION 1: HUMAN RIGHTS IN DENTISTRY
Dr. Arun Misra - Registrar, Manitoba Dental Association
Jeff Palamar - Partner, Taylor McCaffrey LLP
Alex Zlatin - CEO, MintOps

SESSION 2: BUILDING CULTURE AND RESILIENT TEAMS
Savannah Koran - Director of Operations, MintOps

SESSION 3: RESPECTFUL WORKPLACES: ADDRESSING BULLYING AND HARASSMENT
Rafi Mohammed - CEO, Manitoba Dental Association
Lee Hurton - Executive Director, Manitoba Dental Hygienists Association
Tess Peter - Executive Director, Manitoba Dental Assistants Association
Monica Trimble - Executive Director, Dental Office Managers Association of Canada

SESSION 4: RESPECTFUL WORKPLACES: CONSCIOUSLY OVERCOMING UNCONSCIOUS BIAS
Paul Pelletier

SESSION 5: CONFLICT AND CONNECTION: TURNING WORKPLACE TENSION INTO TEAM STRENGTH
Alex Zlatin
Pauline Grouette

Wellness Corner



Returning to Practice After Burnout: A Healthier Way Forward for Dentists and Teams

**By Dr. Kristin Yont
DMD**

Burnout in dentistry is not rare. It is also not a personal failure.

The precision, pace, responsibility, and emotional demands of clinical care accumulate over time. When a dentist steps away from practice due to burnout, that decision often comes after months or even years of pushing through exhaustion. Taking time off is not weakness. It is insight.

The more important question becomes: What happens next?

Returning to the dental office after burnout requires intention, both from the dentist and from the team. Without thoughtful re-entry, old patterns can quietly resume. With the right skills, however, the return can become an opportunity to build a healthier and more sustainable culture.

This is where SMART, Stress Management and Resiliency Training, offers practical guidance. SMART is not about working less or caring less. It is about building the skills that allow dental professionals to manage stress more effectively so they can lead and practice with steadiness.

For the Dentist: Regulate Before You Accelerate

One of the most common mistakes after returning from burnout is attempting to prove you are “back” by filling the schedule, eliminating breaks, and resuming the same pace as before.

Sustainable momentum does not

come from intensity. It comes from regulation. Begin by taking more frequent mini breaks throughout the day. A breath between patients. A short pause while walking toward the next operator. Sixty seconds of intentional breathing can reset your nervous system and prevent cumulative overload. These small resets may feel insignificant, but physiologically they matter.

Avoid stacking your day with task after task without space to recover. Burnout often develops when the brain and body remain in prolonged stress activation. Recovery moments must be built into the schedule, not left to chance.

Equally important is filling your own battery outside the clinic. Protect sleep as a clinical priority. Seven to nine hours per night supports cognitive clarity, emotional regulation, and decision-making. Nutrition and regular exercise are not luxuries. They are foundational resilience tools.

Returning to work after burnout is not about returning to who you were. It is about returning differently.

For the Team: Understanding the Shift

When a dentist returns from time away, the perspective may be different. There is often a greater awareness of limits, energy, and sustainability. That shift can feel unfamiliar to a team accustomed to a certain pace or leadership style.

Support begins with recognizing that this perspective change is intentional

and necessary. Team members can play a significant role in preventing relapse into old patterns. One important step is working to resolve minor office conflicts among the team before escalating them. Lean on senior assistants, hygienists, or office managers to facilitate solutions. Shared leadership reduces the emotional burden on the dentist and strengthens the practice as a whole.

There is no “I” in team. Dentistry is interdependent work, I say that a dental office is like one big hill of ants. When every small issue funnels back to the dentist, stress accumulates quickly. Empowered teams protect both the practice and the practitioner.

Seeing the Bigger Picture

In many ways, a dental practice resembles a long-term partnership. Colleagues spend more waking hours together than with their spouses. Like any strong relationship, the practice environment requires communication, patience, and mutual accountability.

Approach the office as you would a marriage. Address tensions early. Speak directly but respectfully and with compassion. Offer appreciation frequently.

Appreciation is not superficial. It shifts culture. A simple acknowledgment of effort, adaptability, or teamwork can strengthen morale significantly.

A helpful guiding principle for any team member is this: Be the co-worker you want to work with.

Building a More Resilient Culture

Burnout is rarely caused by one difficult week. It develops when stress becomes chronic and unmanaged. Preventing recurrence requires shared responsibility.

Team building is not about occasional retreats. It is about daily micro-interactions. Listening deeply without just hearing – waiting to respond. Offering help before being asked. Clarifying expectations rather than assuming. Practice mindfulness.

SMART emphasizes that empathy, compassion, kindness, and understanding are not personality traits. They are skills that can be practiced and strengthened. When teams regulate their own stress responses, miscommunication decreases. Patients sense the steadiness. The office atmosphere shifts.

Patients are highly attuned to emotional climate. A calm, collaborative team improves not only staff well-being but also patient trust and experience.

A Shared Reset

Returning from burnout can be a turning point. It offers a chance to redesign how the practice functions.

For the dentist, that may mean protecting mini breaks, prioritizing sleep, scheduling exercise, and setting sustainable boundaries.

For the team, it may mean stepping into shared leadership, resolving conflicts collaboratively, and strengthening appreciation.

The goal is not perfection. It is sustainability.

Burnout recovery is not a solo journey. It is a team effort. When both dentist and staff commit to healthier patterns, the practice becomes stronger than it

was before.

If there is one place to begin, start with one intentional pause today. One mindful breath. One listening moment. One expression of appreciation.

Small skillful actions, repeated consistently, build resilient teams that thrive together.

Respectfully,
Dr. Kristin Yont DMD
Mindbodyteacher.com



Dr. Kristin Yont
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Why Dentists Benefit from Human Financial Guidance



If you've spent any time online recently, you'll be aware that there's no shortage of tech companies and talking heads

telling you how to manage your money. We've all seen the ads: low fees, slick apps, real-time dashboards. It's tempting to believe that technology alone can do the job. And yes, Artificial Intelligence (AI) can crunch the data. It can even recommend a model portfolio. But it can't ask how you feel about buying a practice versus joining one. It can't sense hesitation in your voice when you say you want to retire by age 55. It doesn't know what it's like to carry the weight of \$300,000 in student debt while trying to plan a wedding or start a family.

On the surface, it can feel like you should be able to do it all yourself. But when the stakes are high, and when

your decisions affect not only your finances but your future practice, your family and your peace of mind, it can really help to talk to someone who understands where you're at.

"One dentist I spoke with told me she felt like she should already know how to manage her own money" says Dana Scott, an Investment Advisor at CDSPI Advisory Services Inc. "But nobody had taught her how to balance student debt, saving for a home, and investing with confidence. Our conversation wasn't just about money. It was about what kind of life she wanted to build."

Technology is Helpful. But Human Advice Makes it Meaningful.

There's no question that AI and self-directed digital platforms offer speed, convenience, and access to information. In fact, these tools can be excellent for basic investing strategies. But they

can't read the emotions behind your questions or recognize when your goals are shifting (not yet at least). They can't help you weigh the emotional side of joining a practice versus building your own. And they won't call you back during a difficult market or when your life suddenly changes.

Advisors at CDSPI Advisory Services Inc., offer something different.

Their approach is built on long-term relationships and trust, not transactions or cookie-cutter plans. The advice they provide is always:

- **Complimentary:** There is no cost to meet with an advisor or receive advice.
- **Salaried and Unbiased:** Advisors are paid to provide advice not to sell products, so your best interests always come first.
- **Tailored to dentists:** They understand the financial challenges and

opportunities unique to your career. The goal at CDSPI is to help you make informed, confident decisions at every stage of your professional life. That could mean a simple investment plan to get started, or a broader conversation about insurance, incorporation, or preparing to buy a practice.

“In one meeting, I could see the relief in her face,” Dana recalled of a recent meeting with a general dentist. “She was trying to save, pay off debt, and decide whether to join a practice. We laid out a plan that prioritized the next six months for her and left room to adjust as things changed. To me, it was the first time she felt like she had some control over her financial future.”

The Long-Term Difference According to Canadian research, people who work with a financial advisor tend to build more wealth over time. In fact, over a 15-year period, investors who work with an advisor have been shown to accumulate nearly four times the assets of non-advised investors. Why is that?

Because good advice leads to consistent saving, smarter decisions, and better long-term habits.¹

“To me, it was the first time she felt like she had some control over her financial future”

It’s not only about returns (although CDSPI Funds consistently rate #1 for performance)². It’s often about reassurance or clarity. And sometimes it’s about knowing you’re not alone in figuring it all out. Since they work exclusively with dentists, their families, and staff, the investment advisors at CDSPI Advisory Services Inc. are deeply in tune with the unique needs

and challenges of those pursuing a career in dentistry, from dental school to practice exit.

Dana recalls another client who told her she was the first person who really listened to what they wanted their future to look like. “We didn’t even talk about investments until our second meeting,” she recalls. “First, I needed to understand what money meant to them.”

Advice That Understands Your Path

You’ve worked hard to build your career in a profession that demands a lot. You deserve a financial advisor that understands your journey, both the clinical and personal sides. Talk to an advisor today to get clarity, support, and a plan that grows with you.

¹ Royal Bank of Canada, The value of working with a financial advisor

² Best seg funds of 2024 leaned on Magnificent 7 | Investment Executive | Catherine Harris



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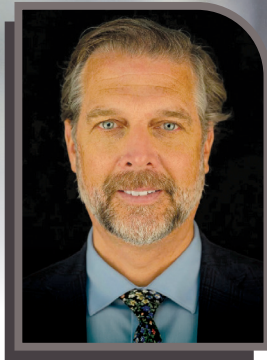
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A Benefit of Membership



Manitoba Dental Association



Dr. Scott Leckie

The NIHB Program and the Power of Compassionate Dentistry

When Dr. Scott Leckie reflects on his decades of practise in Winnipeg, one underlying theme emerges—service. “I’ve always had a strong sense of our profession’s social contract and helping people,” he says. “Oral health is a part of total health, and I’ve always wanted to give back to underserved communities here in Manitoba. I truly believe that everybody deserves the same level of care.”

For Dr. Leckie, participating in the Non-Insured Health Benefits (NIHB) program has been both a professional commitment and a personal mission. “It’s about equity,” he says. “With patients served by the NIHB program, there can be different challenges or barriers initially in accessing care, but I’ve always tried to reduce those barriers.”

A Program Transformed

Dentists who have been practising in Canada for some time may know that the NIHB program has carried a reputation for having a large administrative burden and slow feedback and communication. Dr. Leckie remembers that well, but notes how far things have come since then.

“When I first started in dental practice, it was a bit of a cumbersome program, to be fair,” he recalls. “But today, the new portal system makes it far easier and more convenient. You can check the patient’s eligibility and you can check when their next available date is for

treatment in real time. That makes the program a much smoother process.”

The new NIHB portal now allows dentists to manage claims, confirm coverage, and streamline patient scheduling without administrative bottlenecks.

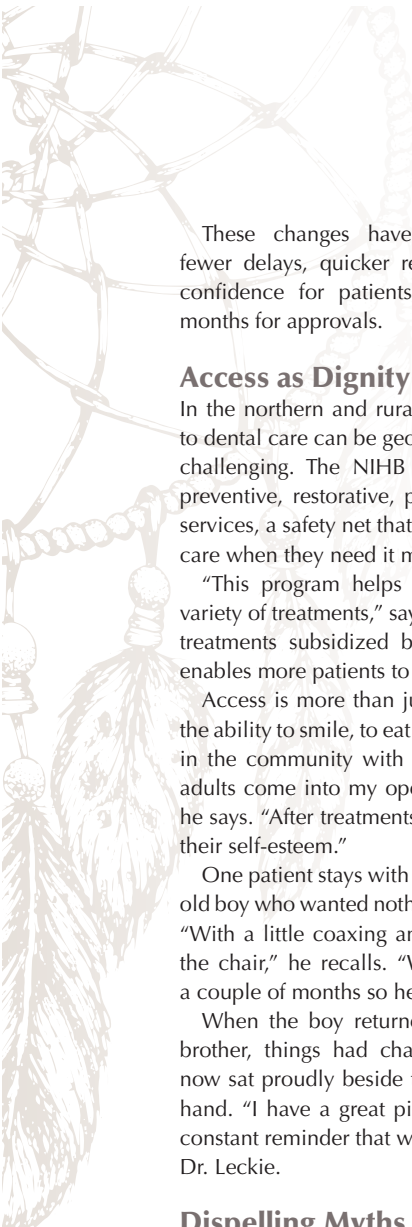


One of the biggest NIHB improvements is the removal of cost limits on restorative work and the elimination of predetermination requirements for some procedures.

Removing Barriers, Expanding Care

One of the biggest NIHB improvements is the removal of cost limits on restorative work and the elimination of predetermination requirements for some procedures, such as endodontic therapy and prefabricated posts. “These are treatments that we see on a day-to-day basis when treating our patients,” says Dr. Leckie, “And these improvements help increase the care we can provide for the NIHB-eligible population.”

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These changes have tangible benefits such as fewer delays, quicker relief from pain, and restored confidence for patients who might otherwise wait months for approvals.

Access as Dignity

In the northern and rural regions of Manitoba, access to dental care can be geographically and economically challenging. The NIHB program offers coverage for preventive, restorative, prosthodontic and endodontic services, a safety net that ensures that patients can seek care when they need it most.

“This program helps by providing coverage for a variety of treatments,” says Dr. Leckie. “By having these treatments subsidized by the federal government, it enables more patients to come to the dentist.”

Access is more than just logistics. It’s about dignity, the ability to smile, to eat comfortably and to participate in the community with confidence. “I’ve seen young adults come into my operatory with extensive decay,” he says. “After treatments, there’s a noticeable boost in their self-esteem.”

One patient stays with Dr. Leckie vividly. A four-year-old boy who wanted nothing to do with the dental chair. “With a little coaxing and nurturing, we got him into the chair,” he recalls. “We spread his treatment over a couple of months so he wouldn’t be overwhelmed.”

When the boy returned later on with his younger brother, things had changed. The once-fearful child now sat proudly beside the chair, holding his sibling’s hand. “I have a great picture of this on my wall as a constant reminder that we can make a difference,” says Dr. Leckie.

Dispelling Myths

Despite its evolution, misconceptions about the NIHB program still circulate among some Canadian dentists. “The biggest myth is that the NIHB is heavily burdened with paperwork, but that burden has decreased dramatically over my years of practice,” says Dr. Leckie.

Many treatments that previously required preapproval (under Schedule B) have been shifted to Schedule A, where they can be performed without administrative delays. These misunderstandings have practical consequences. “There are misconceptions amongst providers about how the program works, and there are also misconceptions among patients on how it works for them,” he says. “By providing a clear understanding of how the program works and the improvements that have been made, we can make it more efficient and convince more dentists to join.”

Dr. Leckie draws parallels between the NIHB program and the Canadian Dental Care Plan (CDCP). Although the eligibility criteria differ, both programs share a unifying philosophy of reducing inequities in access to oral health care.

“The more participation we can get in NIHB, the greater care we can provide to the underserved,” he says.



Equity in oral health cannot be achieved solely through policy. It requires participation from practitioners, dentists that step forward and serve patients covered under programs like NIHB.

The Dentist’s Role in Equity

Equity in oral health cannot be achieved solely through policy. It requires participation from practitioners, dentists that step forward and serve patients covered under programs like NIHB. For Dr. Leckie, participation is both ethical and practical. “We have to look at the fact that the First Nations and Inuit populations are one of the fastest growing in Canada right now,” he notes. “The more participation we can get, the greater the care that can be provided to the underserved.”

“Dentistry, at its best, is about improving health and restoring dignity,” he says. “The NIHB program gives us the opportunity to live that value.”

Understanding Indigenous Oral-Health Gaps

The oral health disparities facing First Nations and Inuit communities have been well documented. These populations have higher rates of early childhood caries (ECC), untreated decay and limited preventive care compared to non-Indigenous populations. Geographic isolation compounds these challenges, as patients in remote communities often have to travel hundreds of kilometres for treatment.

Programs like NIHB serve as a vital bridge, but the bridge is only as strong as the professionals who choose to cross it. Encouraging more dentists, especially younger practitioners, to see NIHB patients could help normalize inclusive care within the broader dental profession. “We need to communicate better with

our dentists to encourage them to participate in this program," says Dr. Leckie. "There's an opportunity to re-educate younger dentists."

What's Next for NIHB

Looking forward, Dr. Leckie has a clear vision for continued progress. "I'd like to see a broader scope of codes being implemented into the NIHB fee grid," he says. "There are several treatment options that are still not found in the NIHB program but are in most, if not all, of the provincial fee guides. Adding these procedures would elevate the dental care for NIHB populations closer to the non-NIHB programs."

His call for modernization echoes a broader pattern: as dental technology advances and treatment options expand, coverage frameworks must also keep pace to ensure equitable access. But for Dr. Leckie, the future is not just about codes and coverage, it's about collaboration. "A better collaboration between patients, communities, providers and governments will be crucial in improving access to care in Canada and to the patients we serve."

A Profession Rooted in Humanity

In his quiet way, Dr. Leckie embodies a form of dentistry grounded in purpose. The photograph on his clinic wall—of the young boy comforting his sibling—serves as a daily reminder of what compassion in dentistry looks like in practise. "We can make a difference one patient, one family, one community at a time," he says.

As Dr. Leckie's career demonstrates, when policy meets compassion, transformation follows. The barriers shrink and the smiles return. "The NIHB program gives us the opportunity to embody our professional values. The more participation we can get, the greater the care that can be provided to the underserved," he concludes. ➤



Hear more from Dr. Leckie on the NIHB Program on CDA Oasis at: bit.ly/4a9humu

Access the new NIHB Portal at: nihb-ssna.express-scripts.ca/en

NIHB Fast Facts

What is NIHB?

The Non-Insured Health Benefits (NIHB) Program provides eligible First Nations and Inuit patients with access to medically necessary health benefits, including dental care, vision care, medical supplies, and prescription drugs. It is funded by the federal government and administered through Indigenous Services Canada.

NIHB serves as a critical link in ensuring equitable access to oral care for Indigenous populations, particularly in northern and rural communities where private coverage is limited.

Who is Eligible?

- Registered First Nations individuals
- Recognized Inuit under the federal Inuit Land Claim agreements

Dental Services Covered:

- Preventive care (e.g., examinations, cleanings, fluoride treatments)
- Restorative services (e.g., fillings, crowns)
- Endodontic and prosthodontic treatments
- Oral surgery and limited orthodontic care

Recent NIHB Improvements:

- Removal of cost limits for restorative work
- Simplified administrative process via online provider portal
- Elimination of predetermination for common treatments (e.g., root canals, prefabricated posts)



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Winnipeg Orofacial Health Centre:

A Collaborative Model Bringing Comprehensive Specialty Care Under One Roof

In a province where access to specialty care can be spread thin, Winnipeg Orofacial Health Centre is reshaping what comprehensive dental care looks like.

Founded by oral pathologist and orofacial pain specialist Dr. Mohamad Kadhim and joined by oral and maxillofacial surgeon Dr. Natasha Holder, the clinic brings

together three complementary disciplines: diagnostics, surgery, and pain management. This integrated model has rarely been seen in a private practice setting in Manitoba.



Their shared vision is simple: to deliver high quality, evidence based surgical, diagnostic, and therapeutic care while creating a collaborative and reliable resource for dentists across the province. By combining on site pathology consultation, advanced surgical planning, orofacial pain management, and a patient centered philosophy, they aim to make specialty care more accessible, efficient, and focused on our community. From routine extractions and implant reconstruction to the diagnosis of mucosal disease and management of complex orofacial pain, Winnipeg Orofacial Health Centre offers something unique: truly comprehensive surgical, diagnostic, and therapeutic support for dentists and their patients, all in one coordinated clinic.



Q: What inspired the two of you to create a joint practice?

Dr. Holder: After years of training, I really wanted to join a practice that felt collaborative, patient-centered, and accessible to the wider dental community. When the opportunity came up to join Mo in his practice, I knew that we'd be able to provide something unique to Winnipeg and the surrounding area.

Dr. Kadhim: My vision has always been to remove barriers for our patients. I was really excited for Natasha to join the practice because now we can truly bridge the gaps that can exist between surgical care, diagnosis, and pain management. By having both specialties in one place, we create a smooth, integrated journey from a patient's first concern all the way through to diagnosis and treatment.

Q: What makes your collaborative model unique in Manitoba?

Dr. Holder: Surgery and pathology really go hand-in-hand, and having these services under one roof is our biggest strength. A dentist can refer a patient for a surgical issue, a mucosal lesion, orofacial pain, or a combination, and know that we are consulting with each other in real time. It provides clarity and confidence for everyone involved.

Q: We hear you have some exciting news about technology in your clinic. Can you share?

Dr. Kadhim: We are very excited to be launching a new in-house digital lab, equipped with advanced 3D printing and planning software. This upgrade allows us to design and produce surgical guides for implants and bone grafting, as well as specialized oral appliances for pain and TMD, all right here in our Winnipeg office. For our patients and referring colleagues, this means faster turnaround times, more personalized treatment, and a higher level of precision in everything we do. It is a direct investment in better care for our community.

Q: How do your specialties work together day to day?

Dr. Holder: It is incredibly dynamic. If I see something unexpected during a consultation, it's easy for me to have Mo step in and provide his expertise. That instant collaboration allows us to adjust a treatment plan right away, providing certainty we would not have otherwise.

Dr. Kadhim: It creates a seamless loop. I provide the diagnostic roadmap, and Natasha executes the surgical plan. A recent example was a patient with a suspicious large white patch on the lateral tongue; I performed the initial biopsy, and it showed high grade dysplasia (pre-cancer). Understanding the critical timing, I was able to refer

the patient directly to Natasha within our practice for a complete excision with margins. This was handled seamlessly under one roof, ensuring the fastest possible care. I find collaboration within our clinic is the most rewarding part of our work!

Q: What specific services might the dental community not yet realize you offer?

Dr. Holder: We provide broad scope oral surgery, including dental extractions, implant placement and bone grafting, surgical management of pathologic lesions and TMJ care. This is all supported by in house CBCT imaging and IV sedation for comfort. We also prioritize urgent care for issues like infections or minor trauma.

Dr. Kadhim: Beyond pathology, we run dedicated clinics for diagnosing and managing complex orofacial pain and TMD, including therapeutic injections and specialized oral appliances. For mucosal disease, we offer consultation and an immediate biopsy on the same day. A great example of our integrated model is a patient with severe TMJ pain, where I can manage the non-surgical aspects and seamlessly refer them within our clinic to Natasha for a procedure like arthrocentesis. This continuity of care, with their history already established, leads to a faster, more cohesive treatment journey.

Q: How do you approach patients with high anxiety or complex medical histories?

Dr. Holder: These patients are central to our patient centered approach. We start with a detailed medical consultation, review their history

“We create a smooth, integrated journey from a patient’s first concern all the way through to diagnosis and treatment.”



“It is a genuine privilege to be home and serve the community I was raised in.”

thoroughly, and coordinate closely with their physicians. To ensure their experience is safe and comfortable, we offer pharmaceutical therapy to reduce anxiety, including both oral and IV sedation. Our goal is to create calm and positive experience for the patient.

Q: Do you provide emergency services for urgent dental issues?

Dr. Holder: Absolutely. We understand that dental emergencies like infections, trauma, or post-operative complications can't wait. We keep space available daily for urgent cases, and we work closely with referring dentists to ensure their patients are seen promptly. Whether it's managing a complex infection or addressing a surgical concern, our goal is to provide timely, effective care to relieve pain and stabilize the situation as quickly as possible.

Dr. Kadhim: We also see patients with urgent orofacial pain conditions, like trigeminal neuralgia flares, on an urgent basis. For patients managing complex pain from out of town, I often offer initial consultations via telemedicine to improve access and begin coordinating their care plan right away.

Q: What are your thoughts on the new Canadian Dental Care Plan (CDCP)?

Dr. Kadhim: It is a vital step forward for public health, especially for seniors who have faced barriers to care. In our practice, we regularly see the consequences of limited access, often as advanced disease or chronic pain. We are committed to supporting this

initiative by providing accessible specialty diagnostics, surgery, and pain management. Our aim is to enable early detection and intervention to improve long term health for this population. We are happy to accept all patients at our clinic, including those covered by CDCP.

Q: As new and young practitioners, what excites you most about building this practice in our community?

Dr. Holder: The overwhelming support and collegiality. Completing my dental school here, I quickly came to learn of the tight-knit dental community that is here in the province. After being away for my surgical training, I knew I wanted to return to the collaborative environment that is Manitoba. We are excited to work with you and become a reliable extension of your practices. It is a genuine privilege to be home and serve the community I was raised in.

Dr. Kadhim: The chance to give back and be a real resource for our community has been the most meaningful part of this journey. We've felt so supported by the warm welcome here, and it's clear we share the same dedication to excellent, patient-centered care. We're truly looking forward to building relationships that help support the dental community for years to come.

Q: When you are not in the office, what do you do you like to do in your free time?

Dr. Holder: I am a mom of two young kids so that keeps my hands pretty full! We love getting outdoors together as a

family when the weather permits. My husband and I enjoy checking out local restaurants in the city, watching the Jets play, and getting in some rounds of golf in the summer.

Dr. Kadhim: I'm a passionate foodie and traveler—exploring new places and cuisines is my favourite way to recharge. I also enjoy golf and staying active. And I'll admit to a quirky professional hobby: I've become slightly obsessed with sourcing the best supplies and gadgets for our office!

Q: Looking ahead, what is your shared vision for the future of the clinic?

Dr. Holder: I really see this practice becoming a place where dentists can trust that their patients will be cared for in a collaborative and multidisciplinary fashion. We look forward to working even more closely with the dental community through open communication and education.

Dr. Kadhim: We envision a centre that is truly integral to Manitoba's healthcare network, where our combined expertise removes uncertainty and provides unwavering support. We want to be the collaborative, go-to resource that helps our colleagues provide the best possible care for their patients. We are just getting started, and we are so thankful to be on this journey with you all.



Obituaries

RUSSELL M. LABA

Date of Passing: Oct 02, 2025

It is with great sadness that we announce the passing of Russell Michael Laba, who departed this life peacefully on October 2, 2025, at the age of 95, surrounded by his loving family. Born on the 23rd of July in Ituna Saskatchewan, to Michael and Dora Laba, Russell's journey was one of family, service and adventurous joy.

After graduating from the School of Dentistry at the University of Alberta, Russell served his country with distinction in the Royal Canadian Army and Airforce with the rank of Captain. Thereafter, he opened his dental practice in Winnipeg, where for generations he served his patients

with gentle care and commitment. He was known for transforming anxious smiles into confident ones, often sharing stories or a bad joke to put his patients at ease. When not with family or patients, Russell loved taking to the skies in his twin engine Cessna.

He is preceded in death by his parents, Michael and Dora, his beloved daughter Sherilyn and his dear brother Nicholas. He is survived by his cherished wife of 72 years, Susan, his sons Robert and Ronald, his grandchildren Joshua, Aleyna, and Alyssa , daughters-in-law Tami Laba and Rebecque Laba, and many dear friends and loving relatives.

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