

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 is not well known, but the plan was never for me to be president of the Manitoba Dental Association this year. The personal circumstances of a Board member created a unique situation that led to the Board to consider many options - none of which included me taking on the position. In fact, I asked not to be considered for election as the president.

When I was asked to serve, I made it clear to the Board that if I was going to take on the role how I would lead and what I needed from them to support myself as the president. Having coached teams that won championships in 3 different sports, I know well that for success to occur, talent comes far behind the importance of a group working together towards shared goals.


I also identified that if I was to be the serve as the leader of the organization I had to be true to who I am as a person and would be committed to being open and transparent as the president. As leaders in our profession, I pointed out that ultimately we have been entrusted by our members with the responsibility of protecting our privilege of self-governance. That we would need to be willing to answer to our membership and the public so that they can hold us accountable, even when there were difficult questions that needed to be answered. Through my experience at the national level I know there is rapidly increasing scrutiny on regulators in how we serve and protect the public interest. Moving towards increased transparency is critical to maintaining the level of trust and confidence of the public and governments that we have enjoyed in the past.

I consulted with many friends and colleagues in organized dentistry. They warned me that the shift towards transparency would be very unsettling for some who prefer the comfort of mediocrity to the challenge of change. My family thought I was crazy for taking this on in such a tumultuous time for the Association.

The truth is I've never aspired to be President, I've always preferred working behind the scenes and have found ways to effectively give back to the public and our profession regardless of any title.

Three months into being president of the Manitoba Dental Association, I can honestly say I'm enjoying it more than I ever imagined. I've come to realize I am not nor ever will be a "dental politician" and I am more excited by policy and proper processes. For those that follow politics closely enough to understand it, you could say I am more like a Stephen Harper than Justin Trudeau in what drives my passion.

The messages of support I've received from members have been heartwarming and humbling. The chance to connect with colleagues and make new friendships across the country has spurred new initiatives for the MDA that will have a tremendous positive impact on both our profession and the public, and brought a lot of fun too!

I regularly get scolded for being too positive about our people and our organization but my time as President, so far, has only reinforced my deep respect for the profession of dentistry in Manitoba. I thank you for the opportunity to serve as your president. 



MDAA Board of Directors Message

LAURA CAMPBELL
PRESIDENT, MDAA

I would like to take this opportunity to introduce myself. My name is Laura Campbell, and I currently hold the position of President on the Board of Directors for the Manitoba Dental Assistants Association. I have been a RDA for 19 years, graduating from the Tec Voc Dental Assisting Program in 1999, and I can't imagine doing anything else! This is my 3rd year on the board, and each day I am amazed and proud of the dedication that each of my fellow directors give toward our association and membership. It's an honour to be a part of a group with so much heart and commitment!

The start of 2018 has proven to be a very challenging time for the Manitoba Dental Assistants Association. Operating with a skeleton crew for our Board of Directors, we were pushed to our limits. We broke through barriers and faced challenges that tried to break down our commitment to our board and our profession, but because of our dedication and loyalty to what we do and what we believe in, we proudly conquered all!

On April 7th, the MDAA hosted our spring CE session at the Best Western Plus with the much respected Dr's Marshall Hoffer, and Hoda Hosseini presenting. At this time, we also held our AGM, with our valued parliamentarian, Vera Chernecki, MDA Registrar, Dr. Patti Ling, and MDA President, Dr. Cory Sul, in attendance to answer any questions the membership brought forth. The CE session/AGM was well attended, and all seemed very satisfied with the material presented. As well, we are very happy to announce that 6 new board members were elected to share their valuable time, input, and wisdom to better the profession of our Manitoba Dental Assistants, and dental assisting as a whole. Our fall CE session planning is underway, and we can confirm that Kathy Purves will be presenting, once again, with her wealth of knowledge on sterilization. We'll be sure to keep you posted on our website (www.mdaa.ca), with any updated information.

The MDAA is extremely proud to announce that one of our Directors, Sina Allegro-Sacco, now holds the position as President of the CDAA! The CDAA AGM will be held in Ottawa, ON on June 22-24, 2018, with 3 representatives from Manitoba attending, including Mrs. Allegro-Sacco, as she will take the helm as president for the first time. With all of your knowledge, experience, and dedication to the dental profession, we know you will be amazing, Sina!

We would also like to introduce our new Association Administrator/Member Relations, Miss Heather Kinsman. Many of you have already either talked with her on the phone, or heard her speak at our AGM in April. She has proven to be a valuable asset to the MDAA, as she was our acting Executive Director for 8 months, excelling in all aspects of the position. We just couldn't let her go! We look forward to her enthusiasm and input to all she's done and all she will strive to achieve in her new position with the MDAA!

With the summer almost here, many of us will be starting to venture out to the beaches, lakes, cottages and summer retreats for some well needed holidays and vitamin D! On behalf of the MDAA Board of Directors, I would like to take this opportunity to wish everyone a fantastic summer full of family, friends, and relaxation. Stay safe and have fun!

Sincerely,
Laura Campbell
President, Manitoba Dental Assistants Association

EIA Facts



- If a social assistance participant is on their waiting period (which is 3 or 6 months) they are covered for emergency services only. This includes an extraction or a temporary filling. If more than one is required, the treatment must be preapproved.

- When treatment for a patient on social assistance requires dentures (complete or partial) always send in the full treatment plan with current radiographs, before commencing. This is to ensure that all services will be covered and that your patient is eligible for the denture (s).

Questions? Please call:
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Community Services Delivery
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College Corner

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

This message will be my last Dean's Message to you, as my second term as Dean is ending on June 30. We have shared many joys, disappointments and accomplishments together. You can be sure that times that are even more exciting lie ahead! Even if you know what is coming, you are never fully prepared for how it feels. How lucky I am to have something that makes saying goodbye so hard! It is funny how when you are engaged in things day by day, nothing seems to change but then, when you look back, everything is different!

I am often asked what I consider to be the most significant events and accomplishments at the College during my tenure as Dean. In my opinion, they would be as follows:

- Branding and awareness campaign to mark the 50th anniversary in 2008 including the development of our new logo and slogan
- Dean's office visit program that included over 500 locations in North America
- Two "Drive for Top Five" strategic plan cycles to modernize facilities and educational programs, increase alumni engagement/support, build on existing strengths and create new areas of excellence
- The most comprehensive array of electronic records, digital/CT Scan imaging, simulation and digital dentistry in North America
- Maintaining education/training programs rated superior by accreditation and international reputation
- Doubled the number of graduate programs
- Centre for Community Oral Health (CCOH) remains one of the most extensive outreach and community service programs in North America
- International Centre for Oral-Systemic Health (ICOSH) received international awards and recognitions
- CE portfolio internationally recognized with scope/quality of programs the best it has ever been
- Collaboration with the alumni association, MDA and corporate stakeholders is at an all-time high
- Student satisfaction is at an all-time high
- Levels of alumni giving and engagement is at an all-time high
- The College has merged with other units to form a strong Faculty of Health Sciences (FHS) guaranteeing our future and rapidly moving to a new era of clinical care where for each patient, there is one care plan and one health record

The state of your College has never been better, it is the best of times to be a student, an alum, or a stakeholder; it is the best of times for the dental community in Manitoba. My second term as Dean is ending and our relationship will change, as I will begin a one-year sabbatical on July 1 returning as an instructor/researcher after that. I will remain engaged in the school I have grown to love beyond all others, after 11 years I have so much invested in its well-being that I must remain permanently attached!

In many ways, I will always be your dean. Despite various perceptions, the true role of a dean is really one of service. It has been a privilege to serve the students/faculty/staff/alumni and patients of the College, the MDA, our corporate partners and our many other stakeholders in healthcare and government. We really have worked together to create a unique dental community in Manitoba.

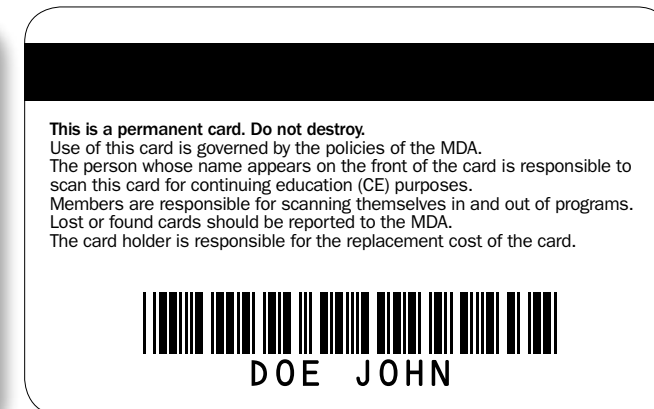
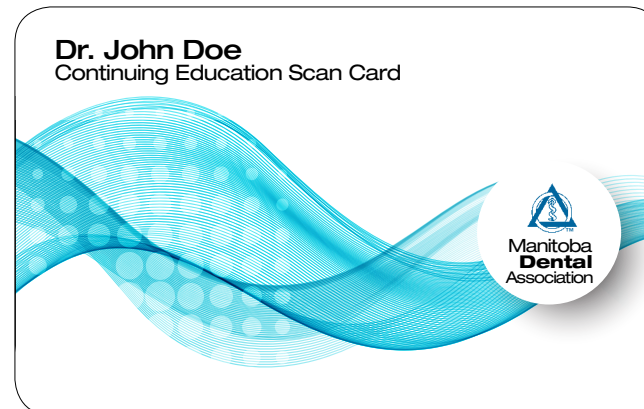
During my tenure here, the College has essentially been my entire life, it had to be. I have not left anything on the field and though we may not have always agreed, please know that all of the decisions and actions were made with the best intentions and always in the best interests of the College. If in some small way, I have helped you to feel pride in the College, to increase your engagement with the College or to strengthen the relationships within various parts of the dental community, then I leave my post with the satisfaction/fulfillment that I had hoped for when I arrived here 11 years ago.

Thank you for your encouragement and friendship over these years, please remain dedicated and connected to your College. We are currently trying to set a new record for alumni giving as we approach the 40% level of alumni contributions to the ongoing capital campaign. The next closest university unit currently sits at less than 25% and there has never been any dental school in North America to reach 40% participation by alumni donors. If you have not donated within the past five years, please consider giving some amount to the various College of Dentistry priorities. This will help us maintain the excellent facilities and programs we have all contributed to, especially as operating budgets continue to diminish.

God Bless you and our College of Dentistry. 



Continuing Education Scan Card



Using Your Scan Card at MDA Continuing Education Events

How do I use it?

Members must scan in prior to the scheduled start time of a CE event; if you arrive late you will only receive credit from the time you scanned in.

If you leave the session you must scan out; this includes leaving for any scheduled or non-scheduled breaks.

If you have scanned out of the event, before the end of session and plan on returning, you must scan in again.

When you leave the session for the day you will scan out; this is your last scan.

How are my hours calculated?

The maximum number of CE hours which can be obtained for any CE event will be the number of hours attended by a member, based on actual time scanned; regardless of how many CE hours the event has advertised to offer.

Scheduled breaks during the session will be deducted from maximum number of hours.

Personal breaks less than 15 minutes will not be deducted from your total daily CE hours.

The overall time recorded on the scanner for each individual member will be uploaded to your CE report, rounded up or down to the nearest quarter hour.

AN EXAMPLE OF WHAT YOUR CE SCAN WOULD LOOK LIKE:

John Doe - - (000000)

03/09/2018 - Medical Emergencies, Daniel Pompa scanned in: 09:00

03/09/2018 - Medical Emergencies, Daniel Pompa scanned out: 12:00

03/09/2018 - Medical Emergencies, Daniel Pompa scanned in: 13:32

03/09/2018 - Medical Emergencies, Daniel Pompa scanned out: 15:08

= Total 4.50 CE Hours

Any questions can be directed to the Chair, Continuing Competency Committee at: office@ManitobaDentist.ca



Canadian Dental Association's Message

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



I attended the Canadian Dental Association Annual General Meeting held in Ottawa in April. The annual meeting marked a full year since I joined the CDA board. There are two things that struck me as I became familiar with our national organization. The first is how fortunate we are to have the people at CDA working on our behalf. To a person they are quality people, exceptional at what they do and dedicated to the best interest of the dental profession and the public we serve. Then there are the intangible benefits to dentists of a strong, effective Canadian Dental Association. There is so much done behind the scenes with little fanfare that many may not see but all would miss if it wasn't there.

I have talked in some of my articles about the tangible things that we get from our national organization. I will discuss many more as time and column space permit in the future. For today allow me to fill you in on the annual general meeting.

The AGM is but one part of a larger annual group of events.

The week started off with a CDA board of directors meeting. As at each Board of Directors meeting, the board was brought up to date on activities at the CDA. Among a variety of many topics we review progress on key issues that are front and centre and look at projects currently underway. Reports are received and discussed from each of the strategic priority team. Each team: A String Profession, A Healthy Public, and A United Community is led by a board member with support from a dedicated CDA staff member. There was a report from the Finance and Administration committee with audited financial statements for the board's review.

The first evening there was a meet and greet for all participants in the AGM events. This was a welcome opportunity to bring people from across the country and from the many constituencies within the profession in an informal setting to get to know each other, to put faces to the names and foster the collegial relationships that can so positively affect the formal interactions that will follow.

Day two started with the meeting of the presidents and CEOs of the provincial dental associations and the annual general meeting of the Canadian Dental Specialists Association (who later met with the CDA board officers).

This was followed by the Canadian Oral Health Roundtable. The focus of this year's Symposium was to engage participants on one important topic: Implementing practical strategies for helping victims

of family violence. The Symposium was led by Ms. Jocelyn Coupal, a Vancouver-based lawyer and it highlighted the new federally-funded VEGA Project to prepare health professionals and others to recognize signs of family violence and intervene appropriately for the benefit of victims.

The annual General Meeting and the Dentistry Leaders' Forum were held on day three. The AGM consisted of the usual president's report, financial reports and election of the board of directors. There were reports from all of the constituencies within organized dentistry followed by remarks from the outgoing and incoming CDA presidents.


The Dentistry Leaders' Forum was dedicated to a presentation and discussion of the just released report of the CDA Task Force on the Future of the Profession. The task force was asked to consider changes that will affect our profession in the coming 15 years. The report details four Vision Statements and a series of recommendations to prepare the dental profession to meet expectations of society in 2032.

Day three was also the day of the CDA Awards Luncheon recognizing members of our profession for their service over the years and the president's installation dinner celebrating the new CDA president, Dr. Mitch Taillon from Saskatchewan, beginning his term of office.

On the final day there was a wellness conference. The morning discussion was on supporting dentists with addictions and other serious conditions that compromise the provision of safe oral health care. The afternoon discussion was means of preventing mental health-related problems and promoting wellness among dentists.

The days of meetings ended with a brief meeting of the CDA board of directors to review the events of the week, formally end the AGM activities and kick off the next year.

The next meeting of the CDA board of directors will be a planning session scheduled for June 2018. A primary focus will be the report of the Task Force on the Future of the Profession.

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



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

MICHAEL TAYLOR, CFP®, FMA
INVESTMENT PLANNING ADVISOR

Choosing the right financial planner is one of the most important decisions you can make in building your wealth. These are some of the critical questions you should ask before putting your financial future in a planner's hands.

What are your qualifications and experience?

The gold standard for professionals providing financial planning advice in Canada is the Certified Financial Planner® (CFP®) certification. It is issued by the Financial Planning Standards Council to "meet appropriate standards of competence and professionalism through rigorous requirements of education, examination, experience and ethics."

Experience is equally important. Look for an advisor who has helped clients navigate multiple market cycles.

- All financial planners at CDSPI Advisory Services Inc. (CASI) have earned the CFP® certification. Additionally, all CASI financial planners have at least 15 years of experience in the industry.

What types of clients do you serve?

Are they professionals? Do they have clients who are dentists? What is their average net worth?

Dentists have unique situations and needs. Make sure you work with a planner who understands the financial demands of buying, running and selling a practice, along with the insurance protection required to protect you and your practice.

- CDSPI works exclusively with the Canadian dental community, including dentists, their staff and immediate family. Thousands of dentists trust us with their financial wellbeing because we understand the intricacies of practice management, risk management and investing for your future.

What is your approach to financial planning?

Every practice and personal situation is unique. A good financial planner will make the effort to get to know you. He or she will understand your goals, your aspirations and your concerns, and create your plan with these in mind.

There should be a long-term strategy. Even if you are saving for a short-term goal like a practice or property purchase, it should be in the context of a long-term plan, extending through to your retirement and beyond.

Ongoing communication is key. Your planner should work with you to rebalance your portfolio when necessary, as goals, investment performance, life circumstances and other factors impact your plan.

- CASI planners take a comprehensive approach to financial planning, taking into consideration factors such as spousal income, taxes and estate planning. Your plan includes multiple scenarios to determine how it will perform with changing personal circumstances or market conditions. We also oversee your risk management needs to ensure you protect your future.

How do you charge for your services?

Financial planners are compensated through trailer commissions from the investment funds they sell (embedded in a fund's management expense ratio—MER), or by fees based on a percentage of assets they manage for their clients, or both. This can potentially cause a bias for planners to choose solutions based on the highest commission instead of the best fit for your needs.

Trailer commissions, which are split between planners and the companies they work for, typically range from 0.25% to 1.5% of the value of your investment each year. They can have a considerable negative impact on your returns over time.

- CASI financial planners earn a straight salary and no commissions or fees are paid for funds that are sold. This means we always provide objective, unbiased advice based on the solution that best fits your needs. The other benefit to you is lower MERs for you!

How do you go beyond the expected?

A good financial planner considers your goals, risk profile and time horizon to determine an appropriate asset allocation (ratio of stocks, bonds and cash) in your portfolio. But don't ignore the intangibles—the factors that go beyond number crunching and making investment recommendations.

A diligent planner stays current with the economy, world events, market trends and many other factors that may affect your portfolio. Uncertain markets make people nervous. One of a planner's most important roles is to help you see the big picture and keep your eye on the long term when markets go through periods of uncertainty and volatility. Ongoing communication through good times and bad is key.

Ask about service. What kind of team supports the advisor? Are they responsive and meticulous?

- A core part of our mission is to help dentists build and protect their wealth, and we strive to prove that every day, with every client interaction. We pride ourselves on having the expertise and experience that dentists depend on. Our team structure enables us to get you what you need, when you need it.

Beyond that, we're proud to serve the Canadian dental community through sponsorships, practice management events, your no-cost Members' Assistance Program (MAP), and much more. The goal of all these activities is to earn your trust, which is what we have been doing with Canadian dentists for over five decades.

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.

CDSPI provides insurance and investment services as member benefits of the CDA and participating provincial and territorial dental associations. Advisory services are provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.



Registrar's Message

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

As I sit here composing this article I reflect on my first six months as Registrar of an organization I have come to revere. While how I came to be Registrar was rather more happenstance than planned, I can say with certainty that I look forward to working collaboratively to meet the continued challenges of professional health regulation and protecting the public interest in Manitoba..

The Manitoba Dental Association (MDA) is first and foremost the regulator for the profession of Dentistry in our province. The Government of Manitoba has given us authority to regulate our profession through legislation (The Dental Act). With this comes an even greater responsibility to the public and our membership to carry out these duties ethically, morally, fairly and prudently.


In addition to this legislation we regulate with bylaws, governance structure and policies decided on by the voting members of the Board of the MDA, along with input from public representatives and other ex-officio members. The full and part-time staff of the MDA implement and monitor the compliance of our members with these requirements. Each member is responsible for reading and knowing these determinants and influencers of practice and comply with them. Every year we sign declarations on our licensing forms stating that we understand and agree to comply with a condition of licensing and then we get caught up in the details of day to day practice life. It is challenging at the best of times, and at the worst of times it can all be overwhelming. The vast majority of us do comply and do so willingly. These are the practitioners who put patient care ahead of all else and understand the privilege of working to improve the health of Manitobans.

I recall as a young dental student, one of my clinical instructors, Dr. Bruce Horde noticed I took a long time to explain a procedure I was about to do and used radiographs and diagrams to help my patient understand. He approached me at the end of our session once the patient had left and commended me on this. He said, if you put patient care, understanding and comfort first all else will follow. You will be an exemplary clinician and my job will be done. I have carried those words with me as an educator, as a clinician and now as Registrar. I hope you will find them useful. I am still striving to be that exemplary clinician. Like most of us, sometimes I succeed and sometimes not, but we should never stop trying.

Please remember, we are your Manitoba Dental Association. We are here as a resource also. This does not mean you don't have to read and know our legislation and bylaws. It means that if there is something you do not understand, please ask. We can usually help. If there is something you do not agree with, that does not mean you do not have to comply. The time to discuss/disagree is before a bylaw is ratified by you, the membership at large. Once it is passed we all must comply, our licensure is dependent on it. The message here is know your legislation, know what is expected of you. If you are concerned about compliance be prudent and seek help/guidance from your association.

Just as the profession is ever changing, so is professional regulation. Transparency, simplicity and fairness in regulation are global trends today. We will endeavour to keep pace.

The decision many years ago to add some membership services to the MDAs duties has been both beneficial and challenging. We are not alone. Most other provinces in Canada follow the same model (except Ontario and Quebec) and are faced with similar challenges. Our relatively small member numbers make it fiscally challenging to operate as 2 separate organizations, i.e. an Association and a College. This structure is coming to Manitoba in the form of the Regulatory Health Professions Act. Until then, your Association will continue to regulate the Profession of Dentistry in the public interest and provide some membership services where a need is identified. These services will be carried out with the public interest in mind.

The Board has seen a need for a Member Wellness Committee and its Terms of Reference have been drafted. This initiative was spearheaded by Dr. Carla Cohn in order to provide guidance and support for our members during a health crisis and to ensure our ability to protect the public during the delivery of dental care. Please watch for updates on this very timely and worthwhile Committee. 

Respectfully submitted,
Dr. Patricia (Patti) Ling
Registrar

Grad Mentor Dinner



Celebration of The Class of 2018 graduates of College of Dentistry, U of M – April 19, 2018.

Mentors, MDA board members, Mentorship co-chairs Dr. Jenny Gill and Dr. Betty Dunsmore, Dean Anthony Iacopino and Associate Dean Dr. Dieter Schonwetter and sponsors UMDAA and Scotiabank gathered to celebrate the graduation of the Class of 2018 from the College of Dentistry and the mentorship program they initiated for these graduate dentists into the Profession of Dentistry in September 2014.

Thank you to Unimor and Active Apparel for the embroidered lab coats presented to every graduate and to the Canadian Museum of Human Rights for a wonderful dinner and evening in the Garden of Contemplation.

College of Dentistry Senior Stick, Randy Mutchmor and MDA president, Dr. Cory Sul shared their reflections and best wishes for successful careers in dentistry. Our registrar, Dr. Patti Ling and executive director, Rafi Mohammed look forward to meeting and licensing the new dentists over the next few months. CONGRATULATIONS to the Class of 2018!



FEATURING
ILLUSIONIST



TO VIEW
DARCY OAKE'S
PERFORMANCES:
<http://darcyokane.com/videos/>



PRESENTS

MANITOBA DENTAL FOUNDATION
SMILE GALA
MASQUERADE BALL

SATURDAY, NOVEMBER 3RD, 2018

RBC CONVENTION CENTRE
TICKETS AND INFO AVAILABLE AT:
SMILEGALA.CA

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



2018 Federal Budget How it Affects You and Your Practice

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TAX ON SPLIT INCOME (A.K.A. "INCOME SPRINKLING")

The simplified rules surrounding the tax on split income (TOSI) were released on December 13, 2017, and took effect on January 1, 2018. Under these rules, income paid from a private corporation to a Canadian resident family member will be subject to the highest rate of tax, unless certain "bright-line" exclusions are met. This applies to dividends, interest and conferred benefits from a private corporation, but notably, not to salaries.

If a taxpayer qualifies for an exclusion, the new TOSI rules will not apply. Two exclusions that are most likely to apply to dentists are:

AGE TEST

If the practice owner is age 65 or older, they will generally be able to pay dividends to their spouse without the new TOSI rules applying. Excluded Business

Where a family member is actively engaged in the business on a regular and continuous basis, they will be able to continue to receive income from the private corporation without being subject to the new TOSI rules. Whether they are engaged on a regular and continuous basis will be a question of fact. The legislation includes a bright-line test that states family members will be deemed to be engaged on a regular and continuous basis if they work an average of 20 hours per week throughout the year or any prior five years. Holding Passive Investments Inside a Private Corporation Business Limit Reduction

Active business income earned by a Canadian controlled private corporation (CCPC) is generally eligible for the Small Business Deduction (SBD) and reduced rate of taxation. The first measure proposes to reduce the SBD limit for any associated group of companies that has annual passive income more than \$50,000. Under this measure, the business limit will be reduced by \$5 for every \$1 of investment income over \$50,000 and the SBD will be eliminated once investment income for the associated group exceeds \$150,000 per year.

Winnipeg (Garden City area) general dentistry practice for sale.

Excellent opportunity for young ambitious dentist with skills in all phases of dentistry and strong ethics.

Owner willing to assist in transition:
drgeorge@mts.net

REFUNDABILITY OF TAXES ON INVESTMENT INCOME

Passive investment income earned by a CCPC is subject to tax at approximately the top personal marginal tax rate. A portion of this tax is added to the CCPC's refundable dividend tax on hand (RDTOH) account and is refunded as taxable dividends are paid to shareholders.

Currently, a CCPC will receive a refund of its RDTOH regardless of what type of dividend ("eligible", or "non-eligible") is declared. Budget 2018 proposes that a dividend refund will only be available where non-eligible dividends are paid. One exception will be provided in respect of RDTOH that arises from the receipt of eligible dividends by a CCPC, in which case the corporation will still be able to obtain a refund of that RDTOH upon the payment of eligible dividends.

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Are Large Corporations Buying All the Good Practices?

DR. PETER DOIG, DMD

As a broker of dental practices, ROI Corporation Brokerage has contact with many dentists seeking to purchase a dental practice. I often hear comments from frustrated potential buyers like; "Large dental corporations are buying all the good practices—" also that "corporations are driving the price of practices up—" and lastly, "how is an independent dentist to compete?"

Most dentists, whether single practitioners or partnerships, now practice as professional corporations. Dental corporations come in all sizes; from a single practice, to small corporate—owning 2-15 practices; to the largest in Canada that owns over 250 practices.

The large corporates, usually referred to as Dental Service Organizations (DSOs) have advantages over individual practitioners in purchasing practices. They often employ direct marketing techniques to attract vendors without going through an open market approach. They are well-funded, and some have dedicated staff that deal specifically with practice acquisition. DSOs often purchase a practice without it ever coming onto the open market, providing no opportunity for an independent dentist to make an offer to purchase.

While purchasing techniques of DSOs have changed the dental practice market to some extent, most vendors choose to list their practices with dental practice brokers. A broker acts as the vendor's agent and protects the selling dentists interests while using the open market to sell the practice for the best possible price.

So, DSOs are not buying all the good practices. Many vendors have concerns about selling to DSOs and prefer to sell to independent practitioners if there is an individual who will pay them a similar price

as a DSO. It is true that DSOs aggressively purchasing practices has caused an increase in prices in the market; however, DSOs are not paying prices that are not supported by the financials of the practices they are buying. The return on investment must support the price paid regardless if the practice is purchased by an individual or a DSO. An individual dentist wanting to purchase a practice must have a strategic approach.

BE READY: Develop a relationship with your banker, lawyer and accountant in advance and let them know your plans to purchase a practice.

BE REALISTIC: The ideal practice you wish to purchase may not come onto the market, and you should consider purchasing a practice that you can grow into your ideal practice. This may entail upgrading equipment, technology and location. Don't procrastinate and be prepared to make an offer. In a seller's market, practices often sell quickly.

BE KNOWLEDGABLE: Understand the market effect on prices. While prices may have peaked in some markets in Canada, they are still rising in many others. Practices in vibrant markets usually sell at or above the appraised value.

BE CAREFUL: Make sure you have competent professionals advising you, who understand the benefits of dealing with a broker.

DON'T GIVE UP: Owning a practice provides the best opportunity for long term success for a practising dentist. By doing all of the above, the individual dentist cannot go too far wrong in his/her practice purchase.



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Transitions: Musings About Legacy After 11 Years



It is hard to believe that 11 years have passed since I assumed the role of Dean for your College of Dentistry. Many have asked me what I think my legacy will be or what I would want it to be. I have not been able to answer this question,

as I believe it is not for me to decide. Each person's experiences, opinions or beliefs define legacies in their way. Thus, my best answer is that there may be many perceived legacies and that every individual can express the outcomes of my tenure as Dean based on their unique perspectives and experiences.

Some recent events have influenced the way in which I look back upon my two terms as Dean. I have been involved with many diverse duties and responsibilities. These have included more "mechanical" areas of focus (academic excellence, expanding the research/scholarly enterprise, developing/implementing new programs and innovating within resource-restricted environments) and those requiring a

"soul" (improving the student experience, respectful workplace, alumni relations, fundraising and community service/engagement).

I am sure there will be various listings of changes, innovations and accomplishments that many may refer to as a place to start. Rather than "counting beans", I prefer to take a more humanistic and philosophical approach that illustrates not only what I believe are the

most important things that have changed at the College but also the important ways that the College has changed me. I have found the Dean's journey to be a never-ending process of evolution and self-actualization where one must constantly improve their abilities to understand others fully, build trust/confidence, effectively communicate and inspire institutional pride/engagement. After 11 years, although I believe I have improved in these areas, I am still learning and still searching for ways to become even better. We have grown together in many ways, like dance partners, learning the basic steps and then learning new steps and routines when required by changes in the surrounding environment. As we danced together, we improved and learned to avoid "stepping on each other's toes" as the music changed.

I had expressed my passion and love for the College to you previously. This love and commitment has never wavered, has continued to grow over a period of 11 years and is stronger today than it has ever been. My love for the institution and its people is unconditional in the sense of John Legend's words from "All of Me" describing the love for "perfect imperfections". When one can look past the faults and flaws of systems and the individuals within them regarding these as "perfect imperfections", it contributes to a collegial community where everyone is valued for the positive contributions they make.

This past September 22, at the annual Alumni of Distinction Dinner, I received special recognition from the Manitoba Dental Alumni Association for my efforts to improve the student experience and increase the involvement of the alumni association in College activities and governance.

On January 27, I received the Manitoba Dental Association (MDA) Distinguished Service Award for the progress we have made improving the student experience, reinvigorating the alumni association, improving relationships with the MDA and Winnipeg Dental Society and developing one of the best student mentorship programs in North America. The introduction from the Alumni Association and MDA presidents as well as the warm reception and sincere thanks from those in attendance impressed upon me the enormity of what we had accomplished addressing what was arguably the largest problem existing at the College when I arrived 11 years ago. There are many remaining issues and challenges to be addressed going forward, but the fact that we were able to resolve the most difficult one through collaborative efforts provides a high level of confidence and enthusiasm for success to continue in the future.

On March 6, my wife Sharon and I affirmed our oaths of Canadian Citizenship. The Citizenship ceremony was emotional and inspiring. Although more than 80 individuals were participating, the ceremony was focused on the collective group and joining the collective "we" within Canada and Manitoba. The ceremony reminded me that I had fully made the transition into the "we" at the College of Dentistry



during my tenure as Dean. It has been very satisfying and enjoyable leading a "collective agenda" driven by the visions and desires of all stakeholders where "I, you, us, them and they all became we".

On March 8, I hosted the annual Manitoba Alumni Reception at the Pacific Dental Conference in Vancouver BC. The outpouring of support and appreciation for the things we have accomplished to engage the alumni and improve the student experience was evident. The tremendous sense of institutional pride was in complete contrast to what I initially experienced 11 years ago, and when I requested assistance to reach a record 40% level of Capital Campaign donations, every single donor form on the entry table outside the room disappeared within five minutes. To compare, the next closest university unit currently sits at less than 25%, and there has never been any dental school in North America to approach 40% participation by alumni donors. This transformation is something we have all contributed to and something we need to continue to build on as operating budgets continue to diminish.



On March 18, I hosted the annual Manitoba College of Dentistry Reception at the American Dental Education Association meeting in Orlando Florida. We initiated this event when I arrived 11 years ago and it remains the only dental school reception at this

premier international meeting. It has served as a valuable networking forum for our academics and has served as an effective promotional/marketing tool for our College concerning reputation and recruitment.



Our corporate stakeholders who have seen value in attaching their name to our "Manitoba Brand" have now fully sponsored the reception validating the wisdom of our initial investment. This was never more evident as record numbers of our Canadian and American colleagues filled the room, the excitement was powerful, and all of our corporate sponsors were present. This is now a major event at the annual meeting where our international colleagues look forward to hearing about our accomplishments/innovations and sharing fellowship. Additionally, for the first time, the Association of Canadian Faculties of Dentistry also sponsored and presented their ACFD Teaching Award at our reception. I felt an immense sense of pride and satisfaction that perhaps in some small way, I was able to lead and participate in this type of transformation effectively.

Throughout the past several weeks, I have been continuing to connect with students through personal meetings and with academics and support staff on my daily institutional "walk-about". During this time there have been so many sincere expressions of appreciation and a obvious dedication to the College. The best indicator of the mutual comfort level we have achieved is the look in people's eyes as I encounter them where they live in different parts of the institution. Many times, there is a palpable mutual thought without exchanging words "Yes, I am here. Thank you for noticing." My experiences as Dean reminded me of Hardy Greaves ending words in the "Legend of Bagger Vance" when he was lamenting about another bad golf shot and justifying why he continued to play "Golf is a game that can never be won, only played, and so I play on. I play for the moments yet to come, looking for my place in the field." In many ways, one can never perfect the role of Dean, one can only execute it, and so I played on continuing to share in the daily joys and disappointments and helping everyone to find their place in the College and larger dental community.

That is the legacy as I see it and I am thankful for having been a part of it. Our College and our dental community are strong and stable; they are ready to advance into the next great chapter in their history. Remember the words of Churchill "success is not final, failure is not fatal and it is the courage to continue that matters most". I sincerely thank everyone for their support during my two terms as Dean and wish only the best for our College and our people.



CDA AGM Week in Ottawa



From left, MDA President Dr. Cory Sul, CDA Representative from Manitoba, Dr. Joel Antel, MP Candice Bergen, Member of Parliament for Portage-Lisgar and the Conservative House Leader, MDA Vice President, Dr. David Goerz.



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What's a Practice Worth?

DR. TOM BRENEMAN, DR. ALF DEAN,
PRACTICE SALES & TRANSITION SPECIALISTS,
TIER THREE BROKERAGE

At a recent presentation about "What You Need To Know Before You Buy Or Sell A Dental Practice" the audience was asked, "How many of you have been approached to sell your practice by someone that you don't know?" One hundred percent of the sellers in the audience of 50 people raised their hands.

This might seem surprising if we forget that In many areas of Canada there is a big push by the multi-practice ownership corporations to acquire dental practices and the largest of these corporations have full- time staff who do "cold calling" to practices that meet a specific profile:

- They are general dental practices. The market for specialty practices is different.
- They are producing 1.5 million dollars of dentistry or more.
- The owner or owners are mid-career or have at least 5-10 years before retirement
- The practice location is conducive to recruiting and retaining associate dentists.

So, in these circumstances what is the best response if you are cold called to sell your practice?

As with any critical decision the more background knowledge that one has the more likely it is that the decision will be a good, informed one.

Here are some factors to consider:

- For the most part, multi-practice ownership corporations are well run, profitable businesses and as such, they seek to purchase their practices in a way that makes good business sense for them and usually the offer to the selling dentist is tailored to appear to be very attractive from both a financial and lifestyle perspective.
- Based on our own experience as brokers of dental practice sales as well as conversations with many of our competitors, these corporations very rarely buy on the open market. They very much prefer to deal directly with a purchaser. Does this then raise the question as to how competitive those offers might be?
- The norm for most sales of dental practices is that the full purchase price is paid by the vendor to the purchaser at the time that the transaction is closed.

- Conversely, the norm in sales to large multi-practice owners is that the offers to purchase will include provisions for the seller to retain partial ownership of their practice and or to have a portion of the purchase price paid with equity in the larger corporation.
- The good news is that in the past few years these ownership stakes have proved to be good investments and have increased in value; the bad news is that the original sellers' ability to cash in these ownership stakes is insufficient. They can be very illiquid investments.
- These corporate buyers state that they do not set production "quotas" on the holdback part of the purchase price. They do however agree that their purchase agreements do usually include production "goals", the difference being that the selling dentists have the choice as to whether or not they wish to meet these "goals". However, both parties understand that reaching these "goals" will, in turn, impact the payment of the hold back amount.

The decision to sell one's practice is as much a lifestyle decision as it is a financial decision. The fact is that dental practices are great businesses so that it seldom makes sense to sell them for economic reasons. However, for many practitioners who still enjoy doing dentistry and have grown tired of the administrative responsibilities of owning a practice, the prospect of continuing to practice without ownership responsibilities while selling for a fair price in the present strong seller's market can be very desirable.

But, as always, the key to any successful transition is to be informed. Canadian general dental practices are currently selling in a comprehensive range of 60-200% of gross revenues so, you need to know what your practice is really worth and what is really a fair price. You need to know what all your options are and you need to understand all of the consequences that flow from the possibility that you select.

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Conversation on Codes

DR. MIKE SULLIVAN
CHAIR, ECONOMICS COMMITTEE

Frequently the Manitoba Dental Association receives calls and emails from both the public and practitioners inquiring about codes and how procedures should be billed. To assist members and their staff, the Economics Committee is providing the fifth in a series of articles focusing on common questions related to specific codes and their suggested use.

Sometimes the wrong code is submitted because of a simple misunderstanding of the code descriptor in the fee guide. There are occasions when the descriptor is updated to match a new technology in order to avoid such confusion. Always ensure the procedure you are performing matches the code and its descriptor.

Laser Codes

Let's now address the issue of the correct codes to use when using a laser. We all know that at the present time there are no specific laser codes. In theory, when using a laser for a surgical procedure (for example a gingivoplasty), it shouldn't matter whether you are using a laser, a scalpel or rotary instruments. Nevertheless, it does bring up the question of whether the fee should be adjusted, and there are reasonable arguments for and against.

When a laser is used for soft tissue crown lengthening (Not for gingival troughing prior to taking impressions) the correct code would be 42341 (Soft tissue re-contouring for crown lengthening, limited re-contouring of tissue). If you feel that because of the expense and training needed to acquire and use the laser an additional fee is justified, then you would have to explain to the patient there will be an additional cost for which they will be responsible. If you are using a laser for the so-called 'closed' or 'flapless' crown lengthening technique where supporting bone is removed, don't be tempted to use code 42451 (Flap approach with osteoplasty/ostectomy for crown lengthening). If you haven't raised a flap, then the code doesn't apply. What code to use then? Probably 42341, and again, bill the patient an additional fee if you feel it is justified and explain this to the patient.

Lasers are increasingly being used in the treatment of periodontal disease to remove the 'infected' epithelial lining of the pocket. Some laser wavelengths are also able to remove calculus. As we know, the deliberate removal of the pocket lining is defined as curettage, but

this technique is somewhat contentious, despite there still being a code in the fee guide, 42111 (Gingival curettage, surgical curettage, to include definitive root planing). The debate about curettage is that in clinical studies using conventional instrumentation, there has not shown to be a significant difference in clinical outcome has not been shown from just root planing alone. Having said that, there are also studies using particular laser wavelengths, that appear to show an added effect of the laser during curettage due to the ability of certain laser wavelengths to kill certain plaque bacteria, speed healing (biostimulation) and gain reattachment of the periodontal tissues to the root surface. Just a reminder, however, that the curettage code includes definitive root planing.

Finally, some laser periodontal surgical procedures involve a technique similar to the ENAP (Excisional New Attachment Procedure) which was first introduced almost 40 years ago. The technique involves surgical removal of the pocket lining and creation of a 'miniflap' to allow better access and visualization of the root and also the bone surface is instrumented.

When the equivalent of this procedure is completed with the use of a laser, code 42421 (Flap approach with curettage of osseous defect) may be appropriate.

In summary, bill the code that matches the procedure you are providing. If the laser you are using is doing something for which there is no appropriate code, then you will have to bill the patient directly. However usually you will find a code and descriptor that explains the procedure you are performing, irregardless of the potential advancements of the equipment being used to accomplish that procedure.

The preambles and descriptors in the Manitoba Dental Association's Suggested Fee Guide offer additional guidance and support to help dentists bill appropriately. For further information contact Ms. Pamela McFarlane by email: pmcfarlane@manitobadentist.ca. Please provide a clear explanation on the specifics of your billing enquiry so that we can accurately assist you.

Conversation on Codes is provided by the Manitoba Dental Association Economics Committee.

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Oral Cancer Screening Five Minutes Could Save Your Life!

106 patients were screened on Saturday, April 28th. 7 were referred to their medical doctor, 3 to their dentist and 8 were sent for follow-up at Health Sciences centre and C3 clinic.

Our new location, the Winnipeg Outlet Collection mall, was filled with volunteers from the Manitoba Dental Association including dental students, dentists and dental assistants and volunteers from the Never Alone Foundation for a free oral cancer screening sponsored by Sirius Benefit Plans.

Oral Cancer is on the rise and early detection is important! Everyone got to mingle with Blue Bomber Alumni Lyle Bauer

and Rod Black and have their pictures taken with Buzz and Boomer, Blue Bomber mascots, and also received a free dental care kit from the MDA and prizes from Never Alone. There was also a Winnipeg Blue Bomber ticket draw!

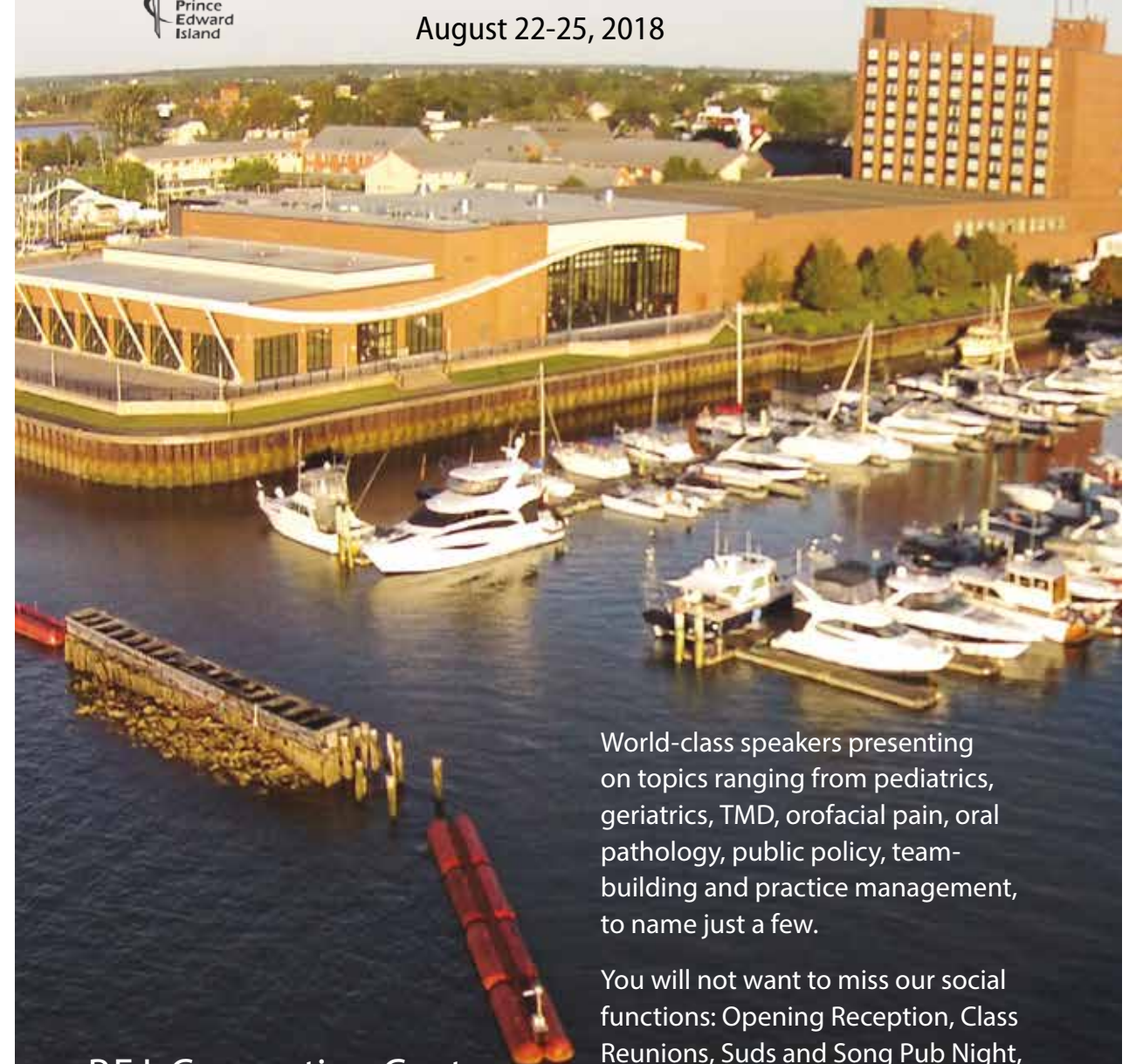
Oral Cancer Awareness Month – proudly supported by the Manitoba Dental Association and the Never Alone Foundation. Thanks go out to our dental suppliers of Central Dental, Henry Schein and Sinclair Dental for providing dental chairs and stools as well as set-up of the dental chairs. CCOH provided us with portable lights. The high demand will result in adding a fourth chair to the screening event in 2019 at the same location.



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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

In both of the last two articles, I've divided each article into three parts: published accounts of harm or near misses; using the CDC checklists to assist for improved compliance in our own offices and; issues of concern for the whole profession that require a shift in our professional culture. In this article I am also including news regarding a topic that was previously discussed.

At the 2016 OSAP Annual Symposium*, Dr John O'Keefe (Editor JCDA) addressed the attendees and stated: "there is always another Vegreville out there waiting to happen". As a reminder, "Vegreville" refers to the incident that elevated Infection Prevention and Control in North America because the Province of Alberta made changes to ensure patient safety. A lawsuit was filed in 2007 alleging that the hospital in Vegreville did not maintain the standard of care by properly maintaining and sterilizing equipment. Employees countered, saying that standards were unclear. The Provincial Government involved all the health professions and made standards very clear – and in so doing changed the face of infection prevention and control in all healthcare offices. Dental offices in Alberta were mandated, among other activities, to keep logs of their spore testing, to package instruments for sterilization, and to use sterilization labels stating minimally, the sterilizer used, the cycle, and the date of sterilization. The standard also changed how some instruments were reprocessed, including endodontic files, as well as the nature of training and continuing education for dental offices which now requires minimal points for infection prevention and control in the Continuing Education cycle. "Vegreville" changed the face of IPC in Alberta and started the trend for the rest of North America.

Subsequently, when headlines started to appear from Ontario in 2017 that Public Health Ontario was closing dental offices, Dr. O'Keefe's words of warning were chilling in their accuracy. The issue again was that correct practices were not being followed to clean, disinfect, sterilize, and store equipment and devices. The key word here is 'practices'. Much like writing examinations, if you didn't answer the question, there is nothing to grade and it is assumed that you don't have the answer. Document what you do and how you do it. Ensure that you have documentation that describes and records your practices.

I'm going to stay on the topic of medical device reprocessing for Parts 2 and 3 this time because the issue of sterilization practices is current and resulting in a great deal of anxiety in Ontario. When an office is inspected, there is a request for documentation of 'practices'. Are your office procedures written and is there documentation? How do you know you are performing them correctly? How do you know that your sterilizer is working correctly: do you have policy in place to demonstrate that someone actually checks the physical parameters of time, temperature, and pressure; that you document spore testing; that you use and verify external and chemical indicators to demonstrate that the packages have been subjected to the parameters of sterilization and that steam has actually reached the instruments?

The CDC Infection Prevention Checklist for Dental Settings: Basic Expectations for Safe Care:

(<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf>) is a suggested tool to enhance compliance in your office. Section I:10 provides a checklist for Disinfection and Sterilization of Patient Care Items and Devices. Another excellent tool is The Public Health Ontario checklist for Infection Prevention and Control (IPAC) Core Elements in Dental Practice Settings: (https://www.publichealthontario.ca/en/eRepository/IPAC_Checklist_DENTAL_Core_Elements.pdf).

These two provide the 'what?'. For the 'how?' and 'what is right?', the newest CSA Z314-18 Standard "Canadian medical device reprocessing", (http://shop.csa.ca/Medical_Device_Reprocessing) was published this year. Because it is a very large document and appears to be only for hospital settings, purchasing it in pdf allows searching so that you can find what you need quickly and helps you to develop a manual tailored to your office. Using these resources will aid your office in the development of a needed and new chapter for your Office IPC Manual – not easily and not without learning curves, however, it is more readily accomplished using these resources than trying to do it without them.

One of the required practices for medical device reprocessing is to obtain good, validated instructions for cleaning and sterilization. If you have made attempts to do this and have been frustrated by it, you are not alone. "Sterilize as per the sterilizer manufacturer's instructions" does not qualify as validated instructions for cleaning and sterilization! There are two excellent Canadian resources for the requirements of manufacturers to comply with this Standard as well as an American publication since many of our instruments and devices are manufactured in the United States. The first Canadian document is the Health Canada publication titled "Guidance Document: Information to be Provided by Manufacturers for the Reprocessing and Sterilization of Reusable Medical Devices". (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/application-information/guidance-documents/guidance-document-information-manufacturers-sterilization-reusable-medical-devices.html>)

The second Canadian document is ISO 17664:2018 which protects your patients and you by requiring standards from the manufacturer for reprocessing.

The American publication is the FDA publication called "Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling Guidance for Industry and Food and Drug Administration Staff". (<https://www.fda.gov/downloads/medicaldevices/deviceregulationandguidance/guidancedocuments/ucm253010.pdf>)

When you are purchasing new equipment, new instruments, and new devices, THAT is the time when you should require manufacturers to provide detailed instructions (because that may be the only time when you will have their undivided attention). Insist on written, validated instructions on how to clean

including but not limited to: pH of the detergent required, what brushes should be used for manual cleaning, whether or not ultrasonics and washer/disinfectors can be used for cleaning, what water should be used for rinsing; packaging; and parameters for sterilization. Be careful. The parameters must fall within the parameters that your sterilizer is able to perform, otherwise, do not purchase the item. Following manufacturers' instructions or MIFUs is neither an option nor a convenience. If instructions state that you must disassemble the instrument or device (such as a mirror from its handle), then you must do so, (and use a closed channel brush to clean the lumen of the mirror handle before sterilization because the washer/disinfector is unable to reach this area properly while ultrasonics can although ultrasonics will require special rinsing). Do not allow yourself the option of using the salesperson's word for cleaning and sterilization – only written validated instructions constitute MIFUs.

When you are renovating or performing a new build, the CSA Z314-18 Standards specifically provide the code for what is required in a sterilization area including hand hygiene sinks that are different and separate from medical device reprocessing

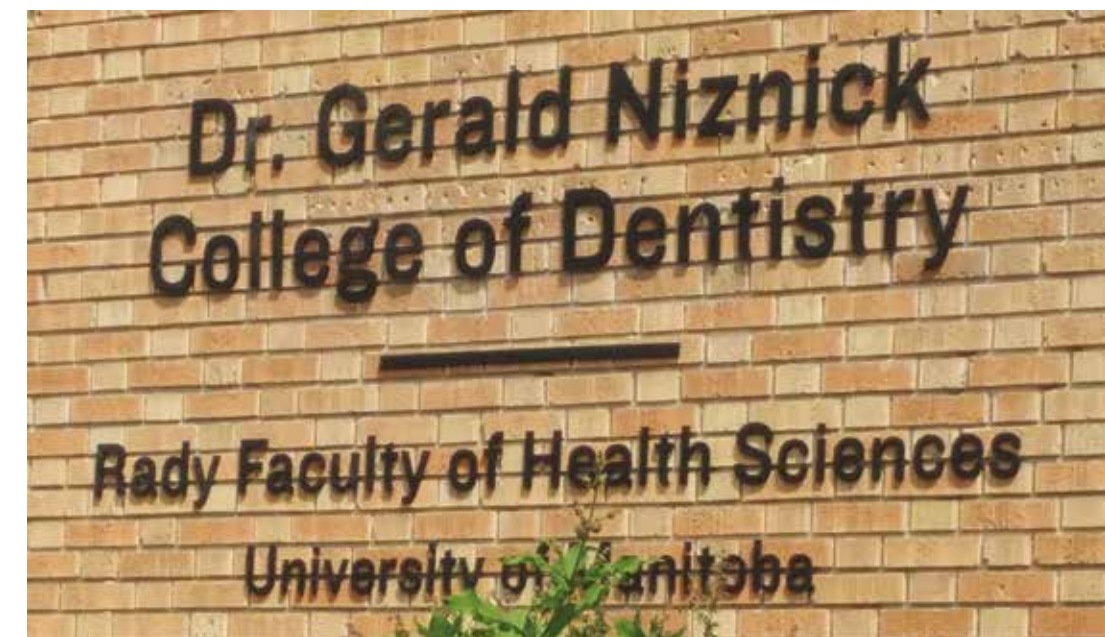
sinks, that a one way work flow must be developed and that instruments should be stored in a closed area and away from the reprocessing area and in storage that does not damage the packaging because instruments from compromised packages cannot be used for patients unless they are cleaned, repackaged, and processed again.

Finally, in previous articles, I have addressed drug stewardship. There is an excellent new article/resource from the Canadian Association of Hospital Dentists that discusses use of antibiotics and opioids for dental procedures. (<https://choosingwiselycanada.org/hospital-dentistry/>)

In this, the third of a continuing series of articles about patient safety, I have highlighted the issue of sterilization or medical device reprocessing (MDR), the importance of documentation in your office, and some resources, including a link for prescribing practices from the Canadian Association of Hospital Dentists. Such is our new reality.

*OSAP is the Organization for Safety, Asepsis, and Prevention is the only recognized organization in North America for infection prevention and control for oral healthcare workers.

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