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We hope to see you in-person for the 2021/22 GPSC Year of sessions, however we will also be prepared to deliver our lectures on-line should this be required.

Facilitators – GPSC is looking for any seasoned MDA Members that may wish to become involved as a Facilitator with our GPSC Sessions. Please email Greg Guenther at gguenther@manitobadentist.ca expressing your interest and to find out more about your role as a Facilitator.

Planned 2021 - 22 Dates and Topics:

Wednesday, September 22nd - Veneers & Esthetics – **Dr. Paresh Shah**
Thursday, October 28th - Endodontics - **Dr. Andy Dosanjh**
Monday, December 6th - Clear Aligner Therapy - **Dr. William Wieler**
Friday, February 4th - Pediatric - **Dr. Carla Cohn**
Saturday, March 12th - Implant Restoration - **Ken Chizik**

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MDA Bulletin



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DR. CHRIS COTTICK, D.M.D.
PRESIDENT, MDA



PRESIDENT'S MESSAGE

As the Chairman of the Board and spokesperson of the MDA it is the responsibility of the President to direct communication with our MDA members and with any outside media outlets. The quarterly report of this Bulletin is, of course, a foundation of that responsibility. That responsibility comes with the firm but strident reminders from Greg Guenther our Director of Member Services and Public Events. This issue is no different.



Typically, these messages mention the improving weather and the hopes for a nice summer etc etc. Certainly, the first round Jets sweep of the “beloved” longtime rivals from Edmonton has

brightened my recent days despite the weather. By the time this message is released, I hope that there is more good news on that front. Having confidently predicted unfulfilled Jet Stanley Cups in years past including 1981, I will just close my eyes and wait for the cheering that I fervently hope will be in our city and province’s future. As with so much in our world recently, it is a shame that the fans can’t (at least in late May) enjoy in-person playoff games in Winnipeg. We all just wait and try to do our parts to make a semblance of our old usual social world possible sometime in the future.

Dentists have been doing their parts by providing safe care for their patients and safe workspaces for their staff. This and the work done by many members in the vaccination efforts continues to be inspiring to me and a beacon of good news in these difficult times. As the COVID pandemic seems to continue forever, I applaud the patience and perseverance of our members and remind everyone that one day we will look back and know that we did what we needed to do and survived through these unprecedented times.

Throughout all the excitement of Jet playoff runs and improving weather as well as the difficulties in the health world our Association continues in the

quiet but critical work of regulating dentistry in the public interest. That work is squarely on the shoulders of our MDA permanent staff. Whether it is license registration with Cheryl, regulatory committees with Linda and Holly, membership services with Greg, the Registrar’s office with Arun, Cory and Ron, keeping everything running with Diane and Courtney and all of it circles around the desk of Rafi. The dentists and dental assistants of Manitoba are lucky to have a good team at the MDA and I am lucky to be able for my short term as President to work with such a devoted group.

The spring brings flowers and new life in an endless cycle just as the yearly cycle at the MDA brings Committee work and meetings to continue the regulation of dentistry, provision of public protection and the enhancement of our Members knowledge, skills, and judgement.

As our Members start to bloom in the spring sun in hopes of better times in the Summer and Fall, be well assured that the work of the MDA continues and is in good hands of the staff and Committee Members. As the superhero sagas always say- “with great power comes great responsibility”, self-regulation is a gift and we as members must never take it for granted. I encourage motivated and caring Members to participate in the work of the MDA for their own benefit and that of the profession. The MDA is always happy to include more Members in our needed work. To this end, there will be a survey sent out in the very near future

to identify Member's interest to help the MDA's Governance and Nominating committee to fill MDA Committee vacancies. I encourage everyone to complete the survey and identify their area of interest and skills. This information will enable the Governance and Nominating Committee to identify Members with the appropriate skill set to serve on the various Committees. In addition, another short survey on the employment needs of our province wide

dentist led teams for dental assistants and dental hygienists will be sent out too. This data is critical for the MDA in order to develop a human resource plan to address the personnel shortages. So please take the short time it takes to complete the survey.

Finally, there are many communications from the MDA. Be assured that there are constant discussions to make sure that the communications remain

relevant and useful to Members while trying to minimize communication overload. This is a delicate balance which is always a work in progress. Remember the website provides up to date and historical information and resources which Members may wish to access, especially in regards COVID-19, but as always, I remain at your service as needed at; president@manitobadentist.ca. 

TRINA BOURGEOIS, RDA III
PRESIDENT, MDAA



MDAA BOARD OF DIRECTORS MESSAGE

Good day fellow RDA'S!

I would like to say happy summer but it seems we are just in the beginning phase of this instead of enjoying some fun in the sun! It has been a tough long road dealing with all we have had in our lives. We have been stuck with not seeing family, limited access to sports, shopping and so many more things that are a usual in our lives. I know as a dance mom I am certainly missing the dance competitions and recitals, I love the glitz and glam! I would like to add that we are at a phase where some people may be feeling a little down and frustrated; hang in there, summer fun is just on the horizon! If anyone feels they need some resources for help, don't be shy; we can always offer suggestions for guidance. If we cannot we will find someone who can. Hopefully we are getting to a place where the vaccinations

are making a difference and we will see the Sunlight and end of Covid soon!

With that in mind a reminder to all that you can put some sunlight into a fellow RDA, with the RDA monthly nomination award. It's easy; see the MDAA website for details. (Single nominations only not groups) This can be a nomination by a dentist or staff or just a fellow RDA! The nominee has a chance to win a monthly, quarterly and yearly award once the RDA is nominated for the monthly award. Maxident has graciously offered the members to add to this as that is a quarterly award of \$100. Amazon prize!

Mark your calendars as we are in discussion to finalize details for our fall Continuing Education session; October 2, 2021 and our quarterly newsletter is not that far off. If anyone has any details

they would like to share or add to the newsletter; submit to mdaa@mdaa.ca We will be adding a section regarding details for our CDAA and MDAA membership details called; "Did you Know?" watch for new details.

I will say for now enjoy your families, keep purging and enjoying what we can as some families have lost people due to this difficult pandemic. We are privileged to work in this dentistry field, I know there are days it may not seem like it but we actually are.

Happy summer greetings- (soon!)

Kind regards,

Trina Bourgeois

President of the Manitoba Dental Assistants Association



REGISTRAR'S MESSAGE

Although the COVID crisis continues and requires ongoing attention, I am pleased, as Registrar, to have been able to focus on other important regulatory matters of the MDA.

In the next few weeks, you will hear more about our move to online self-submission of continuing education records for both Dentists and Registered Dental Assistants. This move will take a leap forward in streamlining the administration of CE within the MDA but more importantly, it will better enable members and registrants to manage their own professional development in the best interest of their patients. The privilege of professional status is rooted in ethics, skill, knowledge and judgment which can only be advanced through a commitment to continual learning. Your CE report is how your regulatory body assesses your fulfillment of your requirements under the bylaws – it is also crucial to planning your path to optimal professional development. More information on these exacting changes will be released by the MDA in the near future.

Several of our committees such as Scope of Practice, Pharmacological

Behavior Management, Registration and Licencing Bylaw Review, and Office Assessment are working diligently towards important updates to their respective bylaws. Perhaps of particular interest to some members, the Botox Committee is in the final stages of providing its report to myself on their recommendations related to its use of neuromodulators and other adjunctive therapeutics. Once submitted, I will review and make recommendations to the Board for their consideration of possibly passing a new bylaw by the years end.

While there has been a reduction in complaints directly related to COVID-19, we do continue to see elevated numbers and intensity of complaints indirectly related to the crisis. Dr. Ron Tough, Mediation Liaison Officer is working hard with all involved parties to find ways to resolve issues before they elevate. While the process is completely voluntary on the part of patients and dentists/dental assistants, it is important to remember the work he does benefits all parties involved. I would also like to highlight that the vast majority of cases he works on are initiated by members of the public. He is, however, available

to members who want to proactively seek help to avoid potential complaints or resolve conflicts with patients or colleagues.

On the national level, travel restrictions are still creating difficulties with the scheduling and demonstration of various national examinations including those related to the certification of dental assistants. All stakeholders are working diligently to find solutions, while still keeping everyone safe.

As many of you are aware, significant regulatory changes are continuing to occur in British Columbia and Alberta. Past history teaches us that it is only a matter of time before similar pressures for change arrive here in Manitoba. Thus, it is incumbent upon all of us to begin to prepare and plan for change. The MDA may not always be first, but it has always been a leader in doing things right - your MDA representatives are working hard to ensure that continues in the future. 

Respectfully,

Dr. Arun Misra LLB, DMD
Registrar



SUMMARY OF MDA INQUIRY PANEL DECISION – DR. SUKAINA KHAN

On March 5, 2021, the Inquiry Panel of the Peer Review Committee of the MDA (“the Inquiry Panel”) convened a hearing into the conduct of MDA member, Dr. Sukaina Khan. Following the entering of a guilty plea by Dr. Khan and after, reviewing an Agreed Statement of Facts and hearing joint submissions from counsel for the MDA and for Dr. Khan, the Inquiry Panel found Dr. Khan guilty of the following as described in an Amended Notice of Inquiry:

- 1. Violated Principle 4 and Article A.1 of the Code of Ethics, by failing to deliver competent and appropriate care within the bounds of the clinical circumstances presented by the patients.
- 2. Violated Principle 4 and Article A.2 of the Code of Ethics, by having performed procedures and providing the associated dental services for both minor and adult patients, without maintaining a complete and accurate record of such procedures and services on each patient’s chart to the standard expected of a reasonably competent general dentist;
- 3. Violated Principle 1 and Article A.5 of the Code of Ethics by having performed procedures and provided services without obtaining each patient’s informed consent or the informed consent of the parent or guardian;
- 4. Violated Principle 5 and Article B.5 of the Code of Ethics by rendering claims for care of patients that did not contain accurate statements of the services rendered to those patients;
- 5. In contravention of the Manitoba Dental Association Act, the MDA By-laws and Code of Ethics Dr. Khan displayed a lack of knowledge of or lack of skill or judgment in the practice of dentistry and is thereby guilty of professional conduct.

The Inquiry Panel accepted the joint submission on penalty and made the following order:

- a. Dr. Khan will receive a reprimand.
- b. Dr. Khan will be suspended from practice for a period of four months, with two months to be remitted in the event that she has successfully completed the required Continuing Education courses.
- c. Prior to the Registrar re-issuing Dr. Khan’s practice license and prior to resuming practice, Dr. Khan will successfully complete, at her own cost required Continuing Education courses.
- d. Dr. Khan’s practice will be subject to periodic spot audits, at the discretion of and at the direction of the Registrar, or a designate, for a period of twenty four (24) months from the date of the issuance of her practicing license following the expiration of her suspension.
- e. The conditions referenced herein will apply to Dr. Khan’s practice personally or through any other dental corporation she owns.
- f. Dr. Khan will pay the costs of the investigation, prosecution and hearing of this matter in the amount of \$15,000.00.

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



DEAN'S MESSAGE

This month will see our dental and dental hygiene classes graduating during the COVID-19 pandemic for a second year in a row. We find ourselves unable to attend all the events that mark milestones in the students' lives such as their graduation formal, the MDA breakfast and the in-person convocation events. Despite this not

make the college as safe as possible, for both patients and students.

These graduating classes, more than any others, learned the lessons of adaptability, professionalism, forbearance and appreciation. They were able to navigate successive waves of the COVID-19 pandemic, infected

applauding the achievements of the classes of 2021, and celebrating these milestones at our first ever remote welcome-to-the-profession ceremony hosted by the MDA on June 10, 2021.

As we bid our graduating classes farewell, we will be embarking on our Strategic Plan that includes faculty retreats and consultation with important focus groups, such as our part time faculty members. These are aimed at identifying our goals and determining the paths towards their achievement. The MDA, Shared Health and Rady Faculty of Health Sciences stakeholders will all be consulted during this process. I look forward to collaborating with everyone in the coming months to help draft a map to continue our progress at the Dr. Gerald Niznick College of Dentistry.

In the news this week, I was very distressed to read about the discovery of the remains of 215 Indigenous children found at the site of the former Kamloops Indian Residential School.

I wish to acknowledge the tremendous suffering of the survivors of residential schools and their families and reinforce our commitment as a college, as part of Rady Faculty of Health Sciences and the University of Manitoba to change, disrupt all forms of racism, and support equitable health care for all Indigenous people. 

being the celebration that many of us had imagined, it was encouraging to hear that graduating students expressed tremendous appreciation for the efforts of the University, faculty and staff. It is important to acknowledge the work by our faculty, staff and administrators to

patients and colleagues, while still maintaining the level of care and diligence that was expected of them. While under extremely difficult circumstances, these life lessons will serve them well in their future endeavors. I look forward to virtually





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



CANADIAN DENTAL ASSOCIATION MESSAGE

Each April the CDA holds its annual general meeting and convenes a week long series of other meetings that include all stakeholders in Canadian dentistry. As a result of the COVID-19 pandemic, CDA did not hold its traditional in-person gathering of the dental community in April 2021. CDA held its Board of Directors meeting on April 24 and the Annual General Meeting on April 30 by videoconference.

Here are some highlights of these meetings.

CDA President Dr. Jim Armstrong highlighted CDA's crisis management response to the pandemic including the creation of the COVID-19 Response Team, regular meetings with the provincial dental associations, regular discussions with Health Canada and the Public Health Agency of Canada and the development of resources and tools for the provincial dental associations to

of government scheduled for May, ensuring the continuation of CDA's practice support services without interruption, forming an AI Working Group, working on nine different Position Statements, proceeding with its access to care initiatives for patients with special needs, the healthy workplace initiative and adapting the Dental Aptitude Test (DAT) to meet the challenges posed by the pandemic. He provided an update on the status of the CDA governance review and on CDA's facilitation efforts in assisting provincial dental associations transitioning to voluntary membership.

The election of the CDA Board of Directors for 2021-22 was held confirming Dr. Richard Holden as CDA President, Dr. Lynn Tomkins as CDA President-Elect and Dr. Heather Carr as CDA Vice-President.

Some provincial governments are legislating the separation of regulatory functions and member services functions by provincial dental associations. The necessary bylaw amendments were approved to allow assignment of membership from one provincial dental association to another to facilitate seamless access to CDA services for dentists during the transition.

CDA received reports from the following groups and organizations within the Dental Community. Organization representatives reported on the impact of the pandemic and what they saw as their major challenges

In addition to discussing normal business matters, the AGM served as an opportunity to hear from stakeholder groups and to recognize CDA's outgoing President, Dr. James Armstrong of Vancouver, British Columbia and to welcome CDA's incoming President, Dr. Richard Holden of Charlottetown, Prince Edward Island.

adapt for the dentists in each province. He highlighted CDA's advocacy efforts related to the pandemic and its impact on the profession and current public opinion research data on visiting the dentist.

Dr. Armstrong noted that CDA remained active on several fronts including planning its Days on the Hill event meeting with members



in the year ahead. The Association of Canadian Faculties of Dentistry, Canadian Association for Dental Research, Canadian Association of Hospital Dentists, Canadian Dental Regulatory Authorities Federation, CDSPI, Canadian Dental Specialties Association, Commission on Dental Accreditation of Canada, Federation of Canadian Dentistry Student Associations, National Dental Examining Board of Canada, Public Health Agency of Canada, Royal Canadian Dental Corps, and the Royal College of Dentists of Canada.

The CDA Board of Directors meeting on April 24, 2021 addressed a number of pressing issues in Canadian dentistry.

Covid-19: The COVID-19 pandemic, its impact on the profession and assisting the profession in practice recovery continue to dominate CDA's agenda. The effectiveness of vaccines, and the impact of COVID variants are areas of uncertainty. COVID update meetings will continue to be held with the Corporate Members as the situation evolves.

Voluntary Membership: Assisting the Corporate Members as they transition to voluntary membership remains an ongoing CDA priority. Issues related to malpractice insurance, the communications and branding of CDA's products and services, and database management are areas of activity.

Essential Dental Care: Discussions on essential dental care and a National Dental Care Strategy are underway. A federal dental care plan for Canadian families earning less than \$90,000 per year who are not covered by a dental plan as an interim measure toward full inclusion of this plan into Canada's health care system is on the radar. A draft policy paper on essential dental

care will be discussed at the Board planning session in June.

CDA programs, products and services were discussed.

Advocacy: CDA continues to closely monitor government actions and has signaled the following areas for emphasis in the coming months: Public funding for oral health care, extension of the Canadian Emergency Business Account, a national PPE

strategy, preserving extended health care benefits, ensuring basic oral health care standards in LTC facilities, well-funded programming to ensure optimal oral health for Indigenous communities with an emphasis on clean water and the sustainability of a national universal pharmacare program.

Artificial Intelligence (AI): Research continues on this AI initiative with a literature review for AI services that currently exist, identify opportunities and developing tools and a framework for new products and services.

Dental Benefits: Work continues on management of the relationship between dentistry and the insurance industry. Work continues by the USC&LS Working Group on the development of a framework for the coding of services through tele-dentistry.

Governance Review: the CDA is undertaking a governance review to ensure effectiveness, efficiency, and best practices. A first meeting of the Governance Review Steering Committee was held on March 31, 2021. An external consultant is being sought

to conduct the review. The Board confirmed committee appointments for 2021-22 noting that it was an interim measure pending a full committee review in conjunction with the CDA

Governance Review.

“The CDA Board of Directors meeting on April 24, 2021 addressed a number of pressing issues in Canadian dentistry.”

Conventions: The CDA Board congratulated the Manitoba Dental Association on its successful virtual convention, co-hosted by CDA. CDA was pleased to partner with the MDA on this initiative and looks forward to partnering with other Corporate Members in 2022 and beyond on joint conventions.

It is an interesting time for CDA and the dental profession in Canada. Voluntary membership in our member service organizations is spreading across the country. For some it is underway and immediate, it will eventually involve all of us. This is an important time for dentists to be aware of both the visible and invisible tangible benefits they depend on from the CDA and the provincial dental associations. It is time to take advantage of the opportunities change provides and make our needs and wants known.

As always, I am grateful for the opportunity to serve as Manitoba's representative in the CDA Board of Directors and welcome your input. 

Joel.

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JACKIE JOACHIM
COO, ROI CORPORATION

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When the decision to sell is made, one is thinking from the logical, left-brain side of the mind. There are numerous practicalities to take care of and the owner knows that selling will help achieve personal goals. However, deciding to sell can be difficult and many cannot imagine things could become any more difficult. But they can.

Selling a practice is fraught with a myriad of emotions.

We know selling a practice is always emotional. We do remind our clients though, that there are two particularly challenging periods once the listing agreement is signed. The first is while we wait for offers to come in and the second is while we wait for conditions to be waived.

During the initial stage of waiting for an offer, one cannot help but feel exposed. After all, potential buyers are reviewing your information and deciding if this is a good opportunity for them. A vendor cannot help but feel as if he/she is being

judged. When an offer does not come quickly, the owner asks, “why is my clinic not good enough”. Of course, it is good enough. In fact, it is a good option, but it must be the right option for a particular buyer. Any time in life when we are waiting on someone else to make a decision that affects us, it is very difficult, it makes us doubt ourselves and why our practice has not been chosen. As a vendor, it is critical you remember that you cannot appeal to everyone. And that is truly okay. There is always the right buyer for your office, and it is impossible to appeal to

all. It may take time, but the key is not to second guess everything that is or is not happening. Your practice is unique, and the right buyer will have their own unique set of circumstances that make them the right fit.

For many owners, the first emotions experienced around the offer for the practice will be excitement, exhilaration, and pride. The fact that there is a buyer for your office validates that you have created something of value and your clinic is wanted. As such, once an offer has been placed, many start to celebrate.

We encourage owners to simply wait. Even with an offer being accepted, there are still hurdles that the purchaser must overcome. The toughest two are financing and assigning of the lease. Financing is certainly more difficult during this pandemic. Largely because bankers are scrutinizing the purchasers far more than pre-COVID days. They want to ensure when they grant a loan that they have confidence in the buyer. The assignment of the lease can be challenging for many reasons – for example if an owner has had a difficult relationship with the landlord over the years, the landlord may not be willing to be so co-operative. Perhaps during the assignment of the lease, the purchaser may use this opportunity to ask for things that may not be granted. Should any condition not be met, unfortunately, the offer becomes void, and deposit

is returned. This is difficult for the vendor as now things start over. This does happen but it does not mean your practice will not sell. You just need to be patient. The right buyer will be motivated and never stray from the motivation that drew them to your practice initially.

Another stress a vendor may not be prepared for is the actual transition once all the conditions have been removed and the closing date is in sight. It is normal to start to question the initial decision to sell. Is it right for your staff and patients? How will things run once it is in new hands? How will the owner really fill their time after the sale? A sale brings up strong emotions particularly when an owner has been owning and operating for many years. If the vendor stays on, the realization that new

management is now in place and that a say in the day-to-day decision making is no longer part of their responsibility. Many do not realize how a large part of the vendor's identity is tied to the clinic.

Rest assured that these thoughts and feelings are normal. Preparing ahead of time is the best way to handle the emotions connected to selling your practice. While some doubts and fears are normal, preparation and planning for what life will look like post sale, will help an owner navigate the transaction as smoothly as possible.

Jackie Joachim is Chief Operating Officer of ROI Corporation. Please contact her at jackie.joachim@roicorp.com or 1-844-764-2020.

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MICHAEL TYLER, CFP®, FMA
INVESTMENT PLANNING ADVISOR

HOW CRITICAL ILLNESS COVERAGE HELPS PROTECT YOUR FUTURE. 3 THINGS YOU SHOULD KNOW.



Critical illness insurance is an important part of your overall insurance plan but is often overlooked. Michael Tyler, Investment Planning Advisor with CDSPI Advisory Services Inc. believes that many Canadian dentists feel they're already sufficiently covered.

“Most dental professionals don’t have critical illness coverage because they think it’s the same as disability – but in fact it’s very different,” he explains. While disability insurance coverage provides a monthly payment to help replace some of your income if you can’t work due to an injury or illness, critical illness provides a one-time lump sum provided you experience one of the illnesses defined in your coverage.

“Critical illness coverage usually covers 20 – 26 illnesses, such as cancer, stroke and heart attack. Because it pays out a lump sum, families have the flexibility to use it however they wish.” he adds.

But not all critical illness policies are created equal, and Tyler comes across many new clients who have purchased a product that doesn’t consider the unique needs and opportunities of dental professionals and their families.

Here are three key – yet relatively unknown – coverage options dental professionals should consider.

1. Understand Your Return of Premium Option

The return of premium option on a critical illness policy is when you – as the policyholder – get back all premiums paid at the end of the contract if you

never make a claim. This is a tax-free payout. For instance, a policyholder may have 35% of their premiums returned to them ten years after their coverage has begun. That percentage increases until you are paid 100% of premiums after 20 years when the contract ends. Different providers have different rules and guidelines on how returnable premiums are defined.

While a return of premium policy comes with slightly higher premiums, you may want to consider whether the return at the end is worth the investment up front. “I often meet new clients who have obtained critical illness coverage without the return of premium

rider because they're not aware of it," says Tyler. "While return of premium costs more, the client is guaranteed that money back if they're healthy."

“Most dental professionals don’t have critical illness coverage because they think it’s the same as disability – but in fact it’s very different.”

2. Split the Premiums with Your Corporation

A critical illness policy that is jointly owned with your corporation ensures that if you are diagnosed with a serious illness, your business has funds to continue to operate. And by using corporate dollars to fund the critical illness policy, you're using lower, after-tax dollars. While the premiums may not be tax deductible, paying for them through the corporation is typically more tax efficient.

Should you need to make a claim, the lump sum payment may be used in whatever way you choose – as income replacement, overhead expense coverage, additional staffing requirements, etc. If you choose the return of premium option and don't make a claim, all premiums paid by both you and the corporation may be returned to you tax-free. This provides you with valuable coverage if you become seriously ill, while knowing you can get your money back at the end of the term if you remain healthy.

3. Buying Critical Illness Coverage for Your Children

Another common unknown Tyler comes across is the benefit of buying critical illness coverage for children before they turn 16. "There are usually no medical criteria for kids within certain policy limits," he explains. "If there is a family history of genetic illnesses, it may be difficult for them to get insured once they're adults."

What's more, if a child becomes seriously ill and the parent(s) need to take time off from their dental practice to care for them, the payout may cover essential family expenses while the child's care can be the primary focus.

Critical illness coverage can help protect your practice, your lifestyle and your family. Choosing the right coverage could offer even greater peace of mind, by giving you financial stability and support – regardless of whether you need to make a claim. The key is to be informed about your options, and work with a professional to understand which one is right for you.

To find out if Critical Illness coverage is right for you, contact Michael Tyler, CFP®, FMA, Investment Planning Advisor, CDSPI Advisory Services Inc. at 1.800.561.9401 ext. 6847 or email mtyler@cdspi.com to discuss your situation.

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Why good **patient** communication is important

If you include your patients as fully informed partners in their care, they'll return the gesture by being loyal and continuing care with you. As an added bonus, you'll discover more satisfaction in your work, renewed motivation and increased productivity.

Considering patients will judge you by the way you interact with them, it is vital that you understand your own communication style and adjust to meet the needs of various patients. When patients have a positive experience in your practice, not only will they be more inclined to accept recommended treatment and return for ongoing care, they will also refer friends and family. This will help build your reputation and practice in the community as well as enhance the image of our profession overall.

Increased patient satisfaction

Medical evidence has demonstrated a positive association between a patient's satisfaction with the care they receive and their provider's ability and willingness to communicate and empathize with them.

Reduced complaints

Open dialogue with patients results in better patient retention and a reduction in complaints. It is estimated that 70% of the complaints received by the Manitoba Dental Association could have been resolved through better communication between dentist and patient and never evolved into written complaints.

Improved efficiency

Improved communication with your patients will make your practice more efficient. For example, giving patients time to express their concerns doesn't take any longer but can significantly reduce the likelihood of late-arising concerns or missed opportunities to gather important data.



Developing a Diversity and Inclusion Program

Author: Treena Warnick – HR Consultant, People First HR Services

Is your organization in the midst of developing a Diversity and Inclusion (D&I) Program, or feel it's time to put one in place? There are many positive business reasons for implementing diversity and inclusive initiatives, but if not thought out properly or launched effectively, they can be a source of disappointment.

The key to a successful D&I Program is to carefully develop the program through the following 4 phases:

1. Collect and analyze current data to determine current state and where gaps may exist.
2. Identify business objectives and strategize an approach to meet them.
3. Implement changes and programs to increase representation and create a more inclusive environment.
4. Evaluate and review the program and review to measure and adjust outcomes.

Phase 1: Collect and Analyze Data

Before implementing a D&I Program, the organization must collect data, measuring the current state of their workforce to understand representation, identify gaps, and highlight opportunities. This can be done with an employee self-declaration survey. It can be complicated asking employees for self-identification information, and some employees may feel uncomfortable sharing private information. Transparency about how the data will be collected and used, along with encouraging (but not mandating) that employees participate will both be critical to your success. Another tool to gather data that will guide your efforts is to host focus groups and one on one conversations with employees to get their input and views on barriers and your program initiatives.

Once data has been collected, the leadership group should analyze the results to determine where the organization has gaps. Review overall identified characteristics such as age, sex, sexual orientation, gender expression, and race representation, and then continue to drill down by location, department, level, and position.

Some of the questions leadership needs to analyze before developing Phase 2 are:

- Do the results tell us that our gender numbers are imbalanced within the organization? How does the overall representation compare to that within the leadership team?
- Do we have a wide variety of different cultures within the organization that we can learn from and benefit from their experiences?
- Do we provide an inclusive environment for all individuals no matter what their gender identity is or sexual orientation?
- Do we provide an accommodating environment for people with disabilities?

Phase 2: Identify Business Objectives

When identifying business objectives for developing a D&I Program, organizations must understand why this program is so important:

- Studies show that the most diverse companies also tend to be the most innovative, giving them the capacity to market to a larger range of customers. Having employees from a range of backgrounds allows companies to both represent the diversity in the market as well as innovate in multidimensional ways.
- Diversity can help the bottom line. Research shows that companies that have gender and ethnic diversity, along with inclusive practices, enjoy positive effects on their financial results. It can also reduce turnover.
- Our newest employees demand diverse and inclusive workplaces. When considering a place of employment, job seekers and employees have expectations of the level of diversity and inclusion in the workplace and are actively considering it when deciding on their next role.

Phase 3: Implement Changes and Programs

Implementing a D&I Program can be difficult and has a high chance of failure if it is not launched properly. Human Resources cannot push through a D&I program; to succeed it must be a company-wide initiative. The following implementation strategies are important to meet the program's objectives:

- Involve the entire top management team. The senior leadership must be involved and visible throughout the entire launch of the program. The CEO and other senior leaders should be visible at workshops, training programs, through communications, and during Q&A sessions.
- Communicate the program initiative on continuous basis. Communicating about why diversity is crucial for the success of the organization, and how an inclusive environment will be better for all employees, is extremely important.
- Create a formal project plan. It is important to create a formal project plan to support the diversity strategy with measurable objectives that are integrated with the rest of the company's strategic objectives and operations.

Phase 4: Evaluate and Review the Program

Once the program has been implemented, it is paramount that consistent reviews are completed to measure the outcomes of the program and adjust where needed. Do not be disappointed if every change or attempt you make is not successful – change direction when you see that a component of the program wasn't successful and celebrate those changes or new programs that are successful. Communicating the results of diversity initiatives to all employees demonstrates the company's commitment to diversity in the workplace and can help to bridge the gap between implementation and impact. The ability to manage a D&I Program will only become more important as the workplace diversity continues to increase.



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