

# MDA Bulletin

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Tuesday January 10th – GPSC ZOOM Lecture  
Wednesday February 15th – GPSC ZOOM Lecture  
Friday March 24th – GPSC In-Person Lecture  
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# MDA Bulletin



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# PRESIDENT'S MESSAGE

## National Dental Care Update

On September 12, 2022, as part of the Liberal government's affordability plan and to partially fulfil the Supply and Confidence Agreement with the NDP, the government announced the first phase of its national dental care program. The Government of Canada estimates that 500,000 Canadian children under age 12 would have access to this program and would benefit from this targeted investment of \$938 million. Bill C-31, which was tabled on September 20, 2022, if granted royal assent, would provide qualifying families with children under the age of 12 with up to \$650 per child each year to pay for dental care services, depending on their household income. The Canada Dental Benefit breaks down the following way:

- \$650 would be provided for each eligible child if the family's adjusted net income is under \$70,000.
- \$390 would be provided for each eligible child if the family's adjusted net income is between \$70,000 and \$79,999
- \$260 would be provided for each eligible child if the family's adjusted net income is between \$80,000 and \$89,999.

To access the benefit, qualifying families need to attest that their child does not have access to private dental coverage, they will have out-of-pocket dental expenses they plan to use the money for, and they will be able to show receipts of the expenses.

The government states that they consider the new dental benefit as an interim measure and a more robust solution is pending. This staged introduction of the dental plan is encouraging and favourable in several aspects. First, there

is movement forward in this initiative of improving access to care for Canadians. Second, there is realization by the federal government that work remains in formulating the details in design and implementation of the plan. This affords the MDA the opportunity to continue advocating for its members and Manitobans to achieve the best outcome. The key principles with respect to national dental care plan from the MDA perspective include:

1. The MDA is supportive of any programs that provide access to dental care for the disadvantaged. We support efforts to improve access to dental care for those who need it most, such as seniors, children, those with disabilities, Indigenous Peoples, racialized Canadians, and low-income families.
2. Oral health is a vital part of overall health, and all Manitobans have a right to good oral health. The provinces and territories administer and deliver most of Canada's health care services, with all provincial and territorial health insurance plans expected to meet national principles set out under the Canada Health Act.
3. The single best way to quickly improve oral health and increase access to dental care is to invest in, enhance, and expand our existing community and provincial dental programs.
4. It will be important to ensure that any new initiatives do not disrupt access to dental care for the large majority of Manitobans who already have dental coverage through employer-provided health benefits. A concern related to a program for the middle class is that it may have the negative effect of seeing employers drop their existing employee insurance plans, particularly if the

proposed program is less comprehensive than existing private plans.

5. Dentists have been leaders in the preventative concept of care for many decades. A greater emphasis and a more generous approach to coverage for preventative services is critical to establishing long term positive oral health outcomes.

During the series of discussions with the Canadian Dental Association and other provincial and territorial dental associations, due to the unique situations faced by the different regions, it was recognized that there were varying and at times opposing opinions on the necessary components in the design and implementation of the dental care program. These discussions also did yield principles that are common to the dental associations. In addition to the common point that is already being stressed by the MDA that the dental plan must avoid disrupting existing employer sponsored dental coverage provided to Canadians, the dental associations generally agreed to the following principles that the dental plan must:

- provide appropriate remuneration, recognizing current provincial and territorial fee guides which reflect the cost of providing care.
- not create an additional administrative burden for dental offices, through arbitrary limits and unnecessary pre-authorizations.
- make use of existing national standards, namely the Uniform System of Coding and List of Services, the iTrans electronic claims service, and the standard dental claim form.

Going forward, MDA will include these additional principles in its advocacy efforts.


### Miscellaneous Updates

As part of the consultation process for the MDA proposed Bylaw for the use of Neuromodulators and Dermal Fillers, the MDA hosted a townhall forum for Members to ask questions related to the bylaw this past September 1, 2022. Interest in this upcoming bylaw was high as the forum was well attended by over 50 members. The completed bylaw and

associated guidelines are expected to be presented to the MDA Board shortly after which a ratification process for the bylaw will commence.

The MDA strategic plan is being finalized. The process started in May 2022 and the strategic plan is intended to align members of the MDA along a common vision. I am looking forward to the completion of this phase of the strategic plan and sharing this guiding document with the various committees that will collaborate to formulate and execute the action plan. To the members

of the MDA working committees, thank you for choosing to share your talent and spend your truly precious resource—your time in advancing our profession of dentistry.

The Manitoba Dental Foundation Snowball Gala occurs on November 5, 2022. The event should prove to be an enjoyable one with entertainment provided by comedian and TV personality Rick Mercer. Beyond that, it is an opportunity to support the worthwhile mission of the MDF – to provide funding to improve the oral health of the underserved of all ages. 

**TRINA BOURGEOIS, RDA III**  
PRESIDENT, MDAA



## MDAA PRESIDENT'S MESSAGE

Although the threat of fall is getting more obvious with cooler evening temperatures and misty morning dog walks, I was still able to enjoy some beautiful weather at the lake this past weekend. The change of season still holds space for great fireside chats with friends and even a little beach time.

For our MDAA board members, fall not only brings cool weather — it's supposed to be another frigid Manitoba winter — but also meetings and planning is back in full swing. The MDAA has many things on the go, including encouraging camaraderie amongst our members with a family fun day in November to support our RDAs!

We are also finishing up with the survey responses we sent out to our members in the MDA license package. Our goal was to reach as many members as we

could, hence a paper survey. As we are collecting and analyzing the data, it clearly indicates one thing: there is a very large percentage of RDAs who are quite unhappy in their environments. They feel frustrated, which is why many are leaving the industry and we are seeing such a shortage.

The relationship with our RDAs should be of one of respect and support on both sides. RDAs are almost like being a “day spouse,” as I like to call it. We hope to improve these relationships by continuing our Executive meetings and conversations with the MDA.

Our back-to-work plans and meetings for fall will continue to encourage all members of our registered dental assistants to engage in our Con-Ed sessions. The first session is October 1, 2022.

This event will be delivered by one of the association's favourites, Kathy Purves. She will review the new Infections Prevention and Control Practices document that will be in effect in January 2023. The humorous Dr. Robert Kaufmann will speak about x-rays and cbCT in Endodontics and General practice.

We would also like to continue to encourage members of Dentistry to nominate an RDA for the “RDA of the month” on our website. All it takes to make someone's day is a short bio and a pic.

Respectfully submitted by Trina Bourgeois for the Manitoba Dental Assistants Association.



## REGISTRAR'S MESSAGE

### Avoiding Systemic Racism in Dentistry

As leaders in healthcare for all Manitobans, it is important for members of the MDA to recognize the reality that racism is endemic in Canadian healthcare. Despite the unhelpful political noise from all sides surrounding this issue, it is valuable for the rest of us all to take the time to reflect, educate, and challenge ourselves to bring conversations about racism into our spaces.

Moreso than any other identifiable group, Indigenous peoples face systemic racism and discrimination when trying to access health care in Canada. Numerous reports have highlighted its preponderance across Canada, where women have been coerced into sterilization and men have been ignored in emergency departments, left to suffer, or even die because of their race. Overt racism is relatively rare in dentistry; however, we do see occasions when both relational and systemic discrimination occurs.


Facing issues of systemic racism is often particularly difficult because it is hard to see and even harder to accept that well-intentioned, non-racist people are often playing key parts in its occurrence. It is commonly misunderstood that to allow systemic racism, you must be racist. That is simply not true. Saying that, as dedicated professionals are part of our obligation be aware that it exists and be proactive in ensuring all Manitobans have equitable access to opportunities for optimal oral health. Individually we should regularly take the time to reflect on our own clinic policies and procedures to ensure that they are not unintentionally causing systemic discrimination.

Recent media reports out of B.C. highlight the type of ways dental offices can contribute to the racism that Indigenous peoples face when trying to access oral health care. While the payment policies of the clinic involved were probably not designed to be discriminatory, the undeniable end result is that the children involved were denied access to needed care because of their race. Regardless of intent, this is racism and discrimination.

Often offices like these don't accept NIHB as a form of payment or expect Indigenous patients to pay upfront without considering the discriminatory result on the patients they serve. Government programs may not always be the easiest to deal with, but our administrative conveniences must be balanced with compassion for our patient's well-being. These types of policies may not contravene the letter of the law, but they do ignore the duty of care we all have for all Manitobans. Leaving this responsibility (and its undeniable challenges) for your colleagues is, in my opinion, below the obligation we ought to have for each other. Office rules are often put in place and rarely reviewed, so perhaps it's an excellent time to have a hard look at your office policies to ensure they do not have unintended consequences.

Many healthcare professionals fail to either show an understanding of or address the subset of health determinants that affect Indigenous patients and their ability to obtain healthcare. Studies have shown that providers often have significant gaps in understanding the Indigenous experience and believe they are solely responsible for their own health statuses. In Canada, Indigenous peoples carry the intergenerational trauma of

the residential school system and other failed government policies. Learning about the Indigenous experience and the unique health care requirements of the people they serve is valuable for all dentists in Manitoba. As we know, with all aspects of dentistry, continuing cultural competence requires an ongoing and conscientious effort by the practitioner. It has been said that educating yourself about cultural competence is much like brushing and flossing your teeth, even when you have no history of oral disease. Everyone needs ongoing maintenance to avoid racism in any form. The MDA and other health care regulators in Manitoba have been developing training programs to assist providers in identifying their own personal biases and other opportunities to advance the health and well-being of all our patients through better understanding. Other organizations like the University of Manitoba and the University of Winnipeg offer programs which educate Canadians about some of the history and culture and clarify commonly held misconceptions about Indigenous peoples.

As professionals, we have an obligation to advance the oral health and well-being of all Manitobans. If we won't, someone else will assume that role. We all have a role to play in ending all racism – as has been said before, it is not enough to be non-racist. I encourage you to take time for personal investigations on better serving your patients, your profession, and your province. 

Respectfully,  
Arun Misra DMD, LLB  
Registrar

**Synopsis of the Decision of Abra, J.**

In 2016, the MDA was in receipt of complaints about a member. Investigations were commenced, two Notices of Hearing had been issued and there were a number of other investigations also underway.

In late 2018, the MDA and the member engaged in negotiations through counsel towards a global resolution of all outstanding matters.

The MDA proposed terms of settlement, including that the member would pay costs to the MDA, voluntarily surrender his dental licence and provide a written undertaking to never re-apply for registration as a dentist in Manitoba.

By email dated January 17, 2019, counsel for the member advised that the member agreed to the settlement terms proposed by the MDA. Subsequently, the member took issue with the wording of the undertaking, specifically language providing that the member undertook to “permanently resign [his] membership and registration in the MDA”. The member also disputed the amount of costs that were to be paid, notwithstanding that this had been agreed upon by counsel.

As a result, the member refused to sign the undertaking. In November 2020, the member commenced Court proceedings claiming that no settlement agreement had been reached between the parties. The member’s argument was largely based on his assertion that he had never agreed to permanently surrender his licence and MDA membership. The position of the MDA was that a binding settlement agreement had been reached and that the member was bound by the settlement.

The matter was heard before the Court of Queen’s Bench in March 2022 over a three day trial. The Court found that the member had not unequivocally agreed to permanently surrender his licence and MDA registration; rather, the member had only intended to surrender his licence for a period of time and intended to re-obtain his licence in the future. The Court also found that the terms of the settlement were not clear, as they were not specifically outlined in the January 17th acceptance email. Therefore, the Court concluded that no binding settlement had been reached.



**Did You Know??**

Every dental office should be prepared to deal with medical emergencies. The contents of a basic emergency kit can be purchased from a pharmacy, and should be placed in a central location of the dental office.

The following items are customary in a basic emergency kit:

Oxygen \*  
Epinephrine \*\* {2 sources}  
Nitroglycerin  
Diphenhydramine  
Salbutamol inhalation aerosol  
ASA {non-enteric coated}

\* A portable E-sized cylinder is required, as well as an appropriate regulator and flowmeter, connectors, tubing and reservoir bag

\*\* At least 2 sources of 1:1,000 epinephrine are required, such as 2 ampoules, 2 auto-injectors or a combination of ampoules and auto-injectors.

In addition to having an emergency kit with the required drugs, it is advisable that a quick source of glucose also be available.

It is essential to keep in mind that every dentist is responsible for ensuring that the necessary emergency equipment, based on the treatment being provided, is available for use at the dental office they provide services.

## DEAN'S MESSAGE

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



It is with great excitement and anticipation that we are welcoming our dental hygiene and dental students on campus for a return to in person didactic and clinical teaching activities. While we are returning to pre-COVID-19 levels of occupancy both in our pre-clinical and clinical training facilities, masks, sanitization stations and individually packaged meals remind us that the pandemic is still with us and that continued safety measures are here to stay for a while.

September will bring our “in-person” opening assembly where for the first time, in a while, we will be able to greet students, their family and friends and welcome our new classes of Dental Hygiene and Dentistry students. We are also looking forward to our Homecoming Weekend, launched by our Alumni of Distinction evening organized by UMDAA, as well as our breakfast event in Brodie and tours of the college to celebrate our alumni class


reunions. I am looking forward re-connecting with many of you soon.

With the start of this new academic term, we are also actively engaging in our curriculum review, the first phases of which, will include consultation with focus groups including recent graduates, established practitioners and industry. MDA members will be receiving an invitation through the MDA e-newsletter to participate online in those focus groups. We hope to get broad representation in those discussions, so your participation would be much appreciated.

I also wish to personally thank the MDA committee chairs and the MDA executive that are working collaboratively with the college to assist us in gathering all this very important information. This process, will allow us to determine the attributes and tools needed of a newly graduated dentist in the 21st century. Following

this consultation phase, we will be reviewing our dentistry curriculum and identifying areas in need of review.

In the same way that form, influences function, so will our new curriculum inform us on the evolving physical needs of our infrastructure. We will be undergoing a series of consultations in the upcoming term, about the renovation of our clinical spaces and finalizing a budget for this renovation. As our new curriculum unfolds, we will thus be able to support its deployment with a newly renovated facility.

None of this, however, would be possible without dedicated staff and faculty. This year we have, more than ever, actively recruited many of you, to teach in our clinics and I am very grateful to all of you who have agreed to do so. We cannot have a thriving institution without the support of the dental community and your support has been amazing! 



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# CANADIAN DENTAL ASSOCIATION MESSAGE



## The Canadian Dental Association: Now, more than ever!

I hope this Bulletin find you all well and enjoying some of our beautiful prairie landscapes. Harvest time is certainly that time of year that highlights to me one of the many things that makes Manitoba so special.

The top agenda item at the national level continues to be the ongoing issue of the federal investment in dental care. This plan was borne of a minority government and a subsequent confidence and supply agreement between the federal Liberal and New Democratic Parties. Because the plan is still in the early stages of development, details are somewhat limited. The Canadian Dental Association (CDA) is working alongside the Provincial and Territorial Dental Associations (PTDAs) to help communicate with the government and remains focused on advocating for both improved access to oral health care for Canadians and for the well-being of dentists and the dental industry in general.

Recently, CDA President Dr. Lynn Tomkins hosted a meeting between the federal Minister of Health, Jean-Yves Duclos, and Presidents from each provincial and territorial dental association, including the Association des chirurgiens dentistes de Québec. Deputy Minister of Health Stephen Lucas, Chief Dental Officer of Canada Dr. James Taylor, and NDP Member of Parliament and Health critic Don Davies also participated.

The discussion enabled each provincial or territorial dental association to clearly

articulate the perspectives of dentists in their province on the proposed federal investments in enhancing access to dental care announced in the 2022 federal budget, now dubbed the “Canadian Dental Care Plan.” Key themes discussed included:

- the importance of not disrupting the existing system of third-party, employer-sponsored dental coverage;
- the need to consider interaction between any federally-funded initiatives and existing dental care programs funded by provincial or territorial governments;
- that publicly-funded dental care programs need to appropriately remunerate dentists for their services;
- the need to avoid an approach that creates an administrative burden on dentists and dental office staff;
- the necessity of validating the government’s current \$5.3 billion budget for this initiative;
- the existence of human resources and staffing challenges in the dental sector, particularly with respect to dental assistants as well as in rural, remote, and northern regions; and
- that publicly-funded program should ensure the patients get the oral health care they need (modern restorative materials, preventative services, accommodations for patients with complex needs, etc.)

Both Dr. Tomkins and Minister Duclos noted that the diverse regional views

were a clear example of confederation at work and noted that such discussions were important for the government’s work on this file.

With an increasing number of provinces separating regulatory and member services functions there is a critical need for provinces to support each other and work as one united team. Belonging to a Provincial or Territorial Dental Association is important for each individual dentist as the regulatory environment changes. PTDAs such as the MDA have open communication with provincial governments. At the same time, the federation of the CDA affords us all a strong and united voice in Ottawa. Navigating the proposed federal investment in dental care program will be challenging and will affect all Canadian dentists in all practises from coast to coast to coast.

In June, the CDA Board of Directors met in person for the first time in many months. At that meeting, the Board accepted the recommendations of the governance review committee. They also agreed on an implementation strategy with a goal to see a CDA that is better positioned for the future in serving the needs of dentists and our profession.

This meeting also saw Dr. Aaron Burry appointed to the position of Chief Executive Officer following an extensive search process. Dr. Burry joined the CDA in 2017, having served in the position of Deputy CEO and most recently Interim CEO. While at CDA, Dr. Burry was instrumental in leading CDA’s emergency response to the COVID 19 pandemic and

now most recently its response to the federal government announcement of investments in dental care.

Prior to joining CDA, Dr. Burry spent over 25 years at the City of Ottawa leading large departments and held a cross appointment with Ottawa Public Health as the Chief Dental Officer.

“The CDA Board of Directors is delighted to have an individual of Dr. Burry’s caliber and breadth of experience take on this position.” said Dr. Lynn Tomkins, CDA President. “He has had first-hand experience developing plans and leading teams through significant change and will be instrumental in assisting CDA as it transitions to meet the challenges ahead.”


Dr. Burry graduated from Dalhousie Dental School in 1986 and maintained a full-time practice until 1993. He currently practices one day per week in a community dental practice. He holds a Master of Business Administration (MBA) and a Master of Health Administration (MHA) and is a certified specialist in Dental Public Health.

The CDA is the national voice for dentistry dedicated to the promotion of optimal oral health, an essential component of general health, and to the advancement and leadership of a unified profession. The main vision of the CDA includes a healthy public, a strong profession, and a united community.

The CDA is a federation of Canada’s provincial and territorial dental

associations (PDAs), representing over 21,000 practicing dentists. Three primary areas guide CDA’s scope of work, including knowledge, advocacy and practice support.

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

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

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## Featured Speakers



**Gary Glassman**  
Endodontics



**Amber Riley**  
Forensics



**Amarjit Rihal**  
Digital Imaging



**Pamela Maragliano-Muniz**  
Prevention/Diagnosis



**Nekky Jamal**  
Oral Surgery



**Penny Hatzimanolakis**  
Dental Hygiene





The background image shows a large iceberg floating in the ocean. The tip of the iceberg is visible above the water, while the much larger submerged part is covered in various types of plastic waste, including crumpled plastic bags and pieces of plastic. This visual metaphor represents the hidden environmental impact of the dental industry.

# FDI Consensus Statement on Sustainable Dentistry

On March 30, 2022, the FDI World Dental Federation (FDI) released its first *Consensus Statement on Environmentally Sustainable Oral Healthcare*, which presented an evidence-based framework for the profession to combat climate change and become more environmentally friendly.

**T**he statement begins with a discussion about how climate change and environmental pollution are among the greatest threats to human health. CO<sub>2</sub> emissions and plastic waste, especially packaging and end-user single-use plastics, are the main contributors to unsustainable practices in the oral health care system.

Health care systems account for about 5% of global greenhouse gas emissions and oral health is a significant contributor. “The delivery of general health care is currently not environmentally, socially or financially sustainable due to high amounts of carbon dioxide equivalent (CO<sub>2e</sub>) and waste generation,” according to the FDI statement. “It is paradoxical that health care, with the central tenet to support and protect health and life, contributes to climate change through unsustainable practices and, in doing so, to negative health impacts and inequalities.”

But there is optimism because the oral health care industry is highly motivated to address these challenges and engage in sustainable practices, as businesses, associations, and individuals throughout the supply chain. “Sustainable oral

health care would potentially not only result in substantial CO<sub>2e</sub> reductions but could lead to enhanced patient care, staff satisfaction, cost savings and improved quality of life,” according to the FDI statement.



**The single most effective route to sustainable dental care is through the provision of high-quality care with an emphasis on prevention.**

The single most effective route to sustainable dental care is through the provision of high-quality care with an emphasis on prevention. Successful preventative care results in fewer interventions and a reduced environmental impact. “This approach focuses on a reduction for the need of restorative consumables and interventional care appointments at the patient end-user level,” according to the FDI statement. “This reduced demand can be achieved through a promotion of better health focused on disease prevention coupled with the



provision of high-quality, less intense/severe interventions that last longer and do not require revising.” The whole supply chain benefits from a reduction in treatments with direct benefits of less waste and fewer CO<sub>2</sub> emissions.

A strong theme in the FDI statement is the need for a circular economy, which would decrease the negative environmental impacts of the oral health supply chain. In a circular economy, manufacturers design products to be reusable. Devices are designed in such a way that they are easier to repair. Raw materials are reused as much as possible, extending their life cycles. A circular economy not only decreases waste, it also makes logistical operations more efficient and resilient. The FDI statement highlights many opportunities for companies and organizations to work together to create more sustainable circular supply chains for oral health products, while recognizing the need to maintain high standards of infection prevention and control.



**Dental offices consume electricity, much of which is currently generated by technologies that emit CO<sub>2</sub> into the atmosphere. Green energy and energy conservation are strategies that make a big difference in creating greener dental practices.**

Dental offices consume electricity, much of which is currently generated by technologies that emit CO<sub>2</sub> into the atmosphere. Green energy and energy conservation are strategies that make a big difference in creating greener dental practices. Travel to and from dental appointments also contributes to CO<sub>2</sub> emissions, which makes tele-dentistry a greener option, when it is possible.

Appropriate legislation and regulation are necessary to create the circumstances in which sustainable dentistry can thrive. The statement suggests that legislation has been an impediment to change at times, but it has the potential to initiate positive change. There is also a need for research into sustainable practices in dentistry that considers every part of the supply chain including both sourcing raw materials and the final return of used products into the ecosystem.

Lastly, there is a need to educate people within the oral health system and patients about the environmental impacts of oral health care. “The greatest barrier to the implementation of sustainability is ‘set behaviours and attitudes’ within the profession,” according to FDI, but it also suggests that increasing knowledge and collaboration has the potential to drive change for the better. ♦

## Fact

- Packaging is the single largest contributor to plastics in the dental industry. More than 90% of it ends up as waste for incineration or in a landfill.

## Fact

- A UK study found that about 21 single-use plastic items were used in each routine adult primary care dental procedure. That plastic has a mean mass of 354 grams. This figure can be extrapolated to a conservative estimate of approximately 2 billion dental single-use plastic items used in the UK each year, or 14.4 tons. During the pandemic, increased PPE caused this figure to grow to about 2.4 billion items.

## Fact

- The estimated global water usage from teeth brushing equals 6,400 Olympic swimming pools per day.

**Read the full FDI consensus statement: [fdiworldddental.org/sustainability-consensus-statement](https://fdiworldddental.org/sustainability-consensus-statement)**



## SUSTAINABILITY

# WHY A VENDOR SHOULD USE A BROKER WHEN SELLING TO AN ASSOCIATE

Those who choose to sell to an associate, often do not see the need for the services of a broker. After all, you know each other, the associate knows the practice and the patients and more importantly, you have a good relationship so it should be easy to cross the finish line.

While we all wish things were that simple, the reality is that selling your practice is a process. It can take a significant amount of time to prepare, organize, and to ultimately close the transaction. Owners are also reluctant to engage the services of a broker at this point because there is always the fear of paying commission, as well as the concern that the broker will over complicate things.

Regardless of whether you are selling to an associate, partner, or colleague; selling a practice is a complex activity that requires another party to coordinate the activities of the buyer and seller. A practice broker has the expertise and training to do just that. When doing it yourself there is a higher possibility that the relationship between the two parties will be negatively impacted, because of the length of time the transaction is taking or the difficult conversations that occur during the process. Until you experience the actual sales process, parties are unaware of the amount of information required by the buyer and their advisors. Unfortunately, many transactions fail when the buyer and/or seller try to conduct the sale of a practice without the aid of an experienced practice broker.

From the day you choose to list until the closing day, your number one priority should always be your practice and your patients. Negotiating and navigating your own sale takes time away from what you do best. You also must be aware that things will be changing within the practice. Staff may change, prices for supplies may increase or another event could affect the day-to-day operations. These are all material changes that must be communicated to the purchaser.

An experienced intermediary will bring organization, and even sometimes creativity to a transaction. The primary function of the broker is to get the deal closed. An experienced broker will earn the trust of the other professionals, i.e. accountants and make sure deadlines are met and tasks are completed, and maintain communication with all the principals in the transaction. A broker does not take the place of a lawyer, accountant, or other advisor. However, your broker can be a huge asset as the final details are being worked out. After all, the broker is familiar with the practice, the buyer, and all that led up to the sale, so they can help with final negotiations. More importantly, they can assist when two parties reach an impasse.

Vendors always need to remember 3 key points. The first is that the most important place to start the selling process is to have a formal valuation completed. Many owners really do not know the value of their practices. There are numerous factors that go into determining the value of an office. It is truly the best way to know you have been fairly paid for your years of ownership. The second key piece of advice is to keep an open mind and trust that the broker knows what they are doing, given that this person has facilitated the sale of many practices like yours. Finally, and perhaps most importantly, a vendor needs patience. A practice never sells overnight. Every practice is different, but with a professional guiding the process, the likelihood of success increases.

Written by:



Jackie Joachim



roicorp.com

**Jackie Joachim is Chief Operating Officer of ROI Corporation.**

**Please contact her at**

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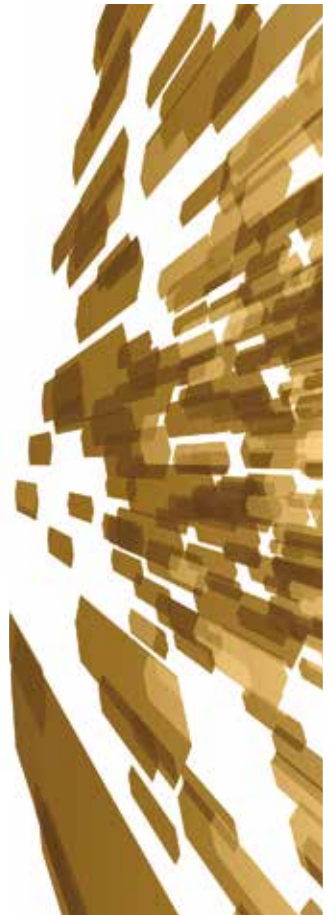


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## *Welcome to the Profession Dinner*

The Manitoba Dental Association was pleased to host the Class of 2026 Welcome to the Profession Dinner on Thursday August 18th.

It was a tremendous opportunity to bring together our Mentors and Students and welcome into the dental profession.

The evening was proudly supported by our program sponsors Scotiabank and CDSPI.

We look forward to 4 years of continuous growth for the class of 2026.









## Use the Correct Unique Identifier Number (UIN) on Insurance Claims

Dental benefits play an important role in contributing to patients visiting their dentist for oral health services. CDAnet was developed as an important value-added service for managing dental benefit claims. It provides nearly 90% of licensed dentists across Canada with the ability to assist patients with claiming dental benefits in an efficient and secure manner.

In Canada, our current dental benefit claim ecosystem has no contractual obligations between dentists and insurance carriers. However, it is important to closely follow the principles outlined in the CDAnet/ITRANS subscription agreement. To help keep your practice running smoothly, here are some important reminders when assisting patients with claiming dental benefits.

### Never combine claims by more than one dentist under a single UIN

Insurance carriers use the information contained in the claims they receive to establish profiles of the dentists identified in these claims. Grouping claims for work performed by more than one dentist under the UIN of just one dentist may seem to ease the administrative burden at your office. However, it distorts the profile of the dentist whose UIN appears on the claims in a way that could attract unwanted attention from insurance companies.

### Implications of using wrong UIN on claims

Misrepresenting the UIN of the providing dentist when using CDAnet to transmit patients' claims is serious. Key principles of the CDAnet/ITRANS subscription agreement states:

**3.4 (f)** You warrant that the electronic submission of any Dental Benefit Claim by You or any of your End Users constitutes a certification that the Claim contains an accurate and complete statement of:

- (i) the dental services performed;
- (ii) the date on which the services were performed;
- (iii) the provider who performed the services;
- (iv) the Office at which the services were performed;
- (v) all the services provided at the particular appointment; and
- (vi) the total fee payable, errors and omissions excepted.

Inaccurate representation of any of the above principles could lead to an accusation of fraud and/or being subject to administrative penalties as severe as being excluded from the approved provider list of one or more insurance companies.

Associate dentists can be easily set up to send CDAnet electronic claims in a matter of minutes.

- The office can sign in to the Practice Support Services (PSS) website at [services.cda-adc.ca](https://services.cda-adc.ca) and send an invite to the associate dentist to join the office; or
- The associate dentist can sign in to the PSS website and request to join the office. ➡

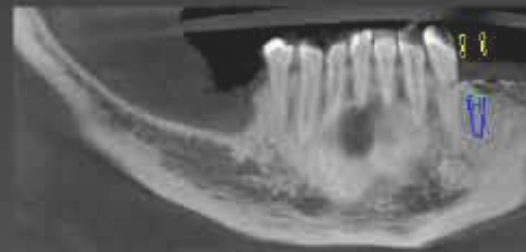
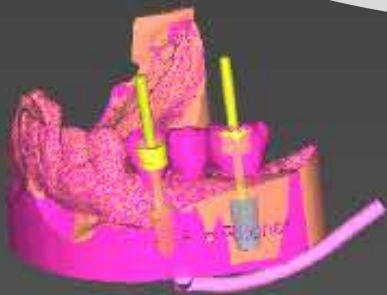
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# QUESTION AND ANSWER

## DISTINGUISHED ALUMNI DR. SANDY MUTCHMOR



The University of Manitoba announced Dr. Alexander (Sandy) Mutchmor as the 2022 recipient of the Alumni of Distinction Award from the UM Dental Alumni Association (UMDAA) for his contributions to the profession. Sandy is widely noted as a longstanding local, provincial and national leader in the dental community.

The awards gala took place at Winnipeg's historic Fort Garry Hotel on Friday, September 23 to cap off his alma mater's homecoming week. MDA Bulletin caught up with Sandy on a lunch break to reflect on his journey from graduate of the class of 1983 to distinguished alumni.

***Dr. Mutchmor, Sandy – Congratulations on your award! It has been a while, almost 40 years, since you attended the dental college. Do you have any fond memories?***

Thank you. Where do I start? We had an excellent class and were a close-knit group of students. Our class – we worked hard together, and we played hard together. There were memorable educational experiences, too. In my fourth year, I spent the month of April in Churchill to assist with dental treatments. I really enjoyed that experience. I also became closer to Murray Fain, who is now a very dear friend and godfather to my son.

***Did you see polar bears?***

No, no. At that time of the year, the bears have already migrated, and there was still too much

ice for the beluga whales to appear. No one was scared of a bear attack. I had a broken leg at the time. The other students said they would be okay as they could all easily outrun me.

***In 1983, what did 2022 look like to the newly-minted young Dr. Mutchmor?***

I was relieved I was done and made it through dental college. I was also excited but could not think that far into the future. I have always been the kind of person who believes that things will work out the way they are supposed to in the end.

***You have spent many years giving back to organized dentistry in Manitoba and of course Canada as the CDA President. How was it you became so involved in organized dentistry?***

I always enjoyed working with others. You can sit alone in your little silo as a sole practitioner and not interact with other dentists. I chose involvement, so I can interact and share experiences. Being involved is also a way for me to give back to the profession. Participating in organized dentistry is keeping a bunch of little projects going behind the scenes and problem solving with others. I like puzzles and finding solutions in a team setting.

***Was there any specific individual that had an impact on your involvement in the profession?***

That's a tough one. There is no one person in particular. I just like being involved in

advocacy and being on a team. It is fun, yet challenging. I like putting people without personal agendas together to figure out what WE are trying to accomplish as a profession.

***Again, problem solving?***

Yes.

***Given your experience both provincially and nationally, what significant changes have you seen over the years that have impacted the oral health profession (could be good or challenging issues)?***

I have watched MDA and CDA go through membership model reform. I am proud that my signature is on that first memorandum of understanding for a new membership model for CDA, and again on the renewal after ten years.

Since becoming involved, access to dental care has been a priority for me and our national and provincial associations. My first practice was in the small town of Fort Frances, Ontario. It continues to be a challenge to create better access to oral health care. There is a significant amount of communities that are too small or remote to receive regular local access. In Canada, it is not really a question of the number of dental professionals, it is their distribution. Canada is vast and spread out with concentrated pockets with full access. For example, we have approximately 750 dentists in Manitoba and over half are located in Winnipeg. We are always brainstorming. How do we encourage dentists to practice in



underserved communities a couple of days each month to help fill the gap? Should we explore a federal student loan forgiveness program to encourage new grads? Of course, it's an issue we are always trying to solve.

A positive development in the profession is the integration of new technologies. What I learned at school are still excellent techniques, but there are new efficiency tools such as cone beam radiography, CAD-CAM and so on. Even business and accounting software can translate to a better practice. At school, we were training to be dentists and not really learning how to run a business. With today's software to help with accounting, billing and file management, I can concentrate on dentistry. I am not studying for an MBA at this point, I would rather be studying new dental procedures and learn how to make a better filling restoration.

*It is no secret you have more than one dentist in the family. How did that come about?*

I would love to take credit for my two sons going into dentistry, but they did not make their choices by watching dad. My older son originally wanted to be an orthopedic surgeon. Murray Fain, who is an oral surgeon, invited him to White Rock to shadow him for the summer. After that, he pursued dentistry.

My younger son wanted to do the same. He spent two summers with Murray in BC, and he chose to study to be a dentist.

*Why do you think that volunteerism is so important, and how has it shaped you as a person?*

I like collaboration and working alongside others in advancing the profession. It is learning and leading. It is challenging and rewarding. As CDA president, I was not pushing my own agenda, instead I like to say that I followed from the front. As a national association, one of our priorities is the public's safety helping our members practice safely. I had a month and a half left in my term as president when the pandemic hit. We were collectively monitoring the information release and science on the coronavirus on an hourly basis. The CDA became the repository of research material and the national information hub for the dental associations across the country. Each dental association had their own jurisdictions to make the appropriate decision in accordance to their own provincial guidelines. It was interesting behind the scenes and required volunteering from a dedicated team cooperation from all levels of organized dentistry as it would have been impossible to do alone. We all learned a lot from our experiences volunteering during dealing with the challenges of the pandemic.

*What advice would you give to new dentists entering the profession?*

Be patient-focused. If it serves your patients well, it will serve you well. Consider study groups and mentorships. You are always learning whether you are the mentor or mentee. You can learn by teaching.

*What is your favorite food and best book you have read?*

I am a meat and potatoes kind of guy, so I would say prime rib.

I enjoyed "Into Thin Air" by Jon Krakauer. It recounted the chronology of errors that led to the Mount Everest Disaster of 1996. It also took us on the author's journey back to safety. It was a story of tragedy but also involved problem solving.

*The class of 1983 is renowned for its leaders in dentistry. Why is that?*

It is a chicken or egg situation. Was it people who made the class or the class that made the people? I think we were a closer group than usual. It was like a family. We were not competing with each other but always supporting each other. We wanted everyone to succeed and helped each to succeed. Many of us are still close friends. We are currently planning on our 40 year celebration reunion.



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For more information about your Manitoba Dental Foundation, please visit our website: ([manitobadentalfoundation.ca](http://manitobadentalfoundation.ca)). You may also make your pledge by scanning the QR code to the right.

Sincerely,

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Written by Dr. Tricia Magsino Barnabe, *New Beginnings in a New World*, is the third installment of this musical series, always to fundraise for ANCOP's initiatives, to entertain the general public, and to educate audiences about the needs of the poorest of the poor. All proceeds (100%) of this musical concert series - live and on stage - will be directed towards ANCOP's child sponsorships, community development and humanitarian relief programs. An additional relief objective - specifically generated through this show - includes a future dual dental and vision health mission in the Philippines.

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# MONEY MATTERS: DEMYSTIFYING TRUSTS

BY CDSPI

For many high-income earners, trusts can provide long-term financial flexibility that creates many options for sharing and preserving wealth and optimizing tax savings.

As a dentist, it's common for your needs to change as your income increases, your practice matures, and your family grows. Starting a trust early can give you a more effective way to provide for your family and future generations.

## Trust basics

A trust is simply a structure that can hold assets on behalf of a person or group of people. The major advantage of creating one is that you get to decide how and when assets go into, and come out of, the trust and who receives them. You benefit from:

- The potential for lower taxes when you distribute your wealth
- Greater control over when and how your money is taxed
- Maximum flexibility to distribute your wealth over time

“Trusts have always been a good way for owners of Canadian Controlled Private Corporations

(CCPC) to control how assets and income get shared while you're alive and after your death,” says Nicholas Talarico, a chartered professional accountant and Edmonton-based partner with the tax services team of MNP, an accounting firm with offices across Canada. “Changes to the tax act in 2017 helped to shine a new light on trusts as owners paused to re-evaluate their plans for preserving wealth and ensuring their legacies.”

## Your options

As a dentist, and the owner of a CCPC you may be wondering whether a trust will allow even more financial flexibility. Although the Canada Revenue Agency recognizes almost three dozen types of trusts, they all fall into two main categories to choose from. Each one puts you in control of how your assets are shared and who will receive income.

## Inter-vivos

While you're alive, you can create and oversee an inter-vivos trust. This allows you to put assets into a trust and redirect it to beneficiaries in a tax-friendly way.

An advisor can help you determine the best way to achieve your goals and assist with navigating the rules around hiring family members to help run the business.

## Testamentary

A testamentary trust is created on and as a result of the death of a person and the terms are generally established by the will of the deceased individual. Your will provides direction on how assets get distributed and how the trust will be managed. As your circumstances change throughout your life, you can make adjustments to your will, such as adding new beneficiaries or charities.

## The gift you share

Once you decide that a trust is right for you, your family, and your practice, put time on your side. Starting a trust early in your career is a gift to everyone who stands to gain from your planning, including you, because it creates additional flexibility.



Let's take a look at how setting up a trust might work for a dentist in the prime of life:

#### A short tale

David, a practice owner, and his spouse decide to buy a cottage in their early 40s. They have two children, neither of them married. It's virtually impossible to foresee all the financial complications that could arise when their children get married and start their own families. For example, who inherits the cottage?

Owning the cottage within a family trust is one way to manage inheritance. This gives the owners a wide range of options when it comes to controlling who inherits it and how it should be valued at that time. In addition, the trust can also be adjusted from time to time, if, for example:

- The children get married
- The parents want to provide for their grandkids
- Adjustments need to be made because of divorce

The bottom line is that trusts give you and your loved ones the maximum amount of flexibility. By laying the groundwork in advance, you can head off tax complications and financial disputes.

#### Additional benefits of trusts

As a dental professional, and the owner of a

successful practice, you have many practical and compassionate reasons for considering the use of trusts to insulate your assets from certain kinds of taxes and spare your family a host of difficult choices.

#### Avoid probate

Probate is the legal process by which the value of your estate is added up and the amount of tax due is calculated. The process is fair and proven but it takes time, especially when your wealth is related to assets you might share with partners. When assets are held in trust, your beneficiaries can receive them faster.

#### Prevent family feuds

Trusts are respected documents in a court of law. So long as you've made your wishes clear, there should be little room for misinterpretation when it comes to how you want assets distributed.

#### Reduce legal challenges

A well-documented inter-vivos or testamentary trust leaves little room for dispute. It's less likely that third-parties intent on making financial claims will have success contesting your intentions.

#### Ensure your legacy

If there are charities, faith groups, or educational organizations that you want to assist, a trust can

ensure that they receive your gift in the most tax-effective way. An advisor can help you incorporate charitable giving into your overall financial plan to maximize the tax efficiency of your gifts.

#### Is setting up a trust right for you?

Trusts are one of many tools available to dentists and other high-income earners to increase and preserve wealth.

The experts at CDSPI can work with you and your trust advisors, such as lawyers, accountants and tax planners, to personalize a trust solution that's right for you. We're also here to help you monitor progress and make adjustments as needed. "Always be planning," says Talarico. "Financial success is an ongoing process and you should always be looking for new ideas."

To learn more about whether a trust is right for you, your family, and your practice, contact an Advisor at CDSPI Advisory Services Inc. Please book a meeting or contact us at 1.800.561.9401 or [cdspi@cdspi.com](mailto:cdspi@cdspi.com). We'll explain your options and guide you through the process to give you the maximum flexibility you need.

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### ABOUT LYLE BEST:

An entrepreneur and corporate leader, Lyle Best is a model of community spirit, social responsibility, and generosity.

He has served in leadership roles with charitable, sports and community organizations, including the Edmonton Oilers Hockey Club, Kids with Cancer, and the University of Alberta, among many others. Order of Canada recipient in 2008. For the past 23 years one way he's served the Canadian dental community has been as a member of the CDSPI Board-the past 15 years as Chair. In April 2021 he announced he would be leaving the Board.

### PURPOSE

The Lyle Best Humanitarian Award was established in 2018. Given to an individual(s), dental practice or organization in Canada who has had a profound impact on the dental health of impoverished populations nationally or internationally. \$15,000 awarded to aid in the continued effort of providing dental care to that population.

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# Knowledge

## Canadian Dental Association benefits for Manitoba Dentists

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

On the Knowledge front, CDA has been on the leading edge of highlighting key issues and challenges facing the profession. Some of these knowledge activities include:

### CDA Oasis and CDA Essentials

CDA Essentials magazine, the CDA Oasis Discussions website and app, and the CDA Oasis Bulletin email newsletter all combine to form a modern dental news outlet designed to keep Canadian dentists informed about matters important to their professional success. This “dental news hub” helps to facilitate the exchange of pertinent, accurate, concise and timely information related to the dental profession through a range of user-friendly platforms—all designed to reach dentists where they want to be reached.

Priority for content selection for CDA Essentials/Oasis Discussions is determined through consultation with dentists, association/organization leaders,

industry representatives and dental team members. CDA initiates such discussions, but the involvement and perspectives of general practitioner and specialist Canadian dentists in these conversations is crucial to its success.





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Healthcare & Professional Specialist  
[kehinde.luro@scotiabank.com](mailto:kehinde.luro@scotiabank.com)  
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# measure patient satisfaction

Satisfied patients become loyal patients and are more likely to refer friends and family. Patient satisfaction surveys are an easy tool you can use to answer this question and they can help you identify ways of improving your practice — which translates into better care, happy patients and happier staff.

It's important to move beyond 'gut feel' and systematically measure and monitor how your patients feel about their experiences so that you and your team receive honest feedback. This information can help boost morale as well as engage the team on areas for continuous improvement. Monitoring patient satisfaction over time will enable your practice to celebrate improvements and nip unwanted trends in the bud.

It's easy to carry out patient satisfaction surveys — it can be as simple as asking your patients to fill out a form. Most patients are happy to provide feedback — after all, their input allows you to improve the service you offer them.

**Survey tools:** You don't need to go to an outside consultant to create and conduct a survey

in your office. You can conduct an informal verbal survey by asking each patient about their experience at the conclusion of their visit — take a second to ask and take a minute to listen. Keep track of the issues and encourage your staff to do the same.

Another technique involves the use of a simple form. Carefully craft five or six multiple choice questions, provide a consistent 1 to 5 rating scale (from poor to excellent) pre-printed on a single piece of paper. Include at least one open-ended question with space for written comments.

Patients can complete the form at the conclusion of their visit. You can also consider using an online survey tool.

**Keeping score:** With the paper survey, the online survey, and even the informal verbal survey, tabulate the quantifiable scores and review what you find with your staff at least monthly. Take pride in areas of strength and work on raising the score over the following month. The measures of your efforts will include increased patient satisfaction, stronger patient retention and more patient referrals.







The Manitoba Dental Association gratefully acknowledges the contribution of the Alberta Dental Association + College in the preparation of this Guide.

# SAVE THE DATE

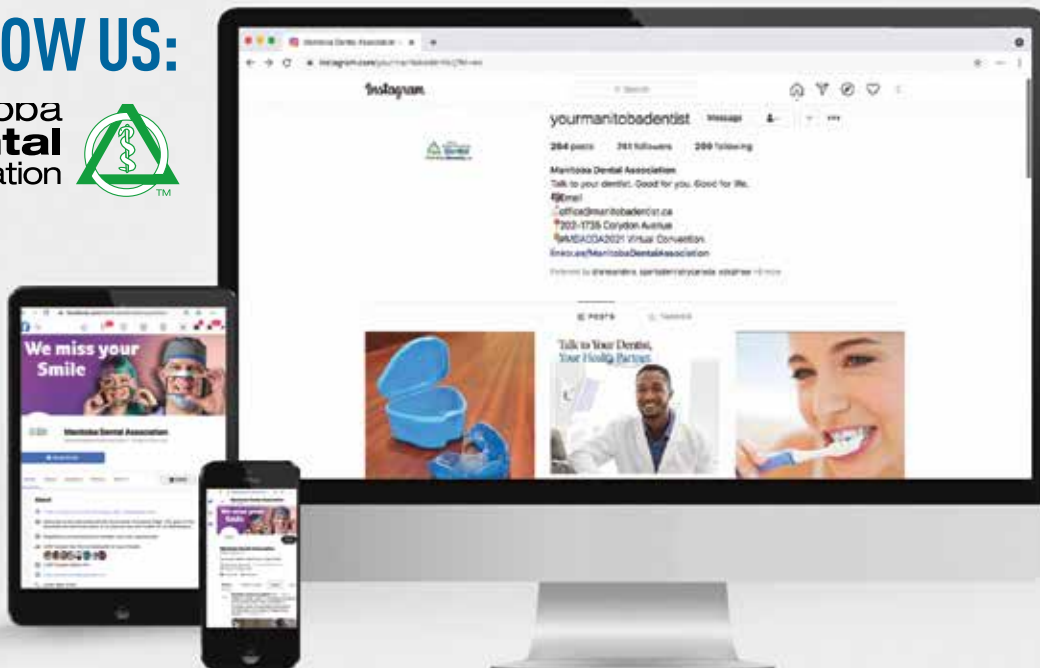
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# OBITUARIES



## DR. LAWRENCE PYRIH

January 20, 1957 - August 21, 2022

A gentle soul has left us. After suffering medical complications brought on by early onset dementia, Lawrence passed away quietly and peacefully at

the Health Sciences Centre (HSC) on August 21, 2022.

He is survived by his loving wife of 38 years, Lorna (nee Battey), his beloved daughter Elizabeth and husband Damian Grosso, precious grandsons, Isaac and Jonah of Calgary, sister Leslie, sisters-in-law, Linda (Bruce) Kirton and family, Diane (Garth) Panting and family, brother-in-law Paul Battey and family, and cousins, Rosemarie, Terry, and Michael Sawchuk, as well as many dear friends.

Lawrence was born and raised in Winnipeg to John and Stella Pyrih. He chose to pursue the career of dentistry and attended the University of Manitoba. After becoming a licensed dentist

in 1982, Lawrence chose to locate his practice in the North End of Winnipeg, where he could help those most in need. Lawrence was well known in his community for his integrity, honesty, and professionalism.

Lawrence's love of God showed forth in his professional life and in his personal life. As an elder of a fellowship meeting in his home for many years, Lawrence took care of his little flock who loved him very much. He demonstrated humility, kindness and love to all by following the example of Jesus.

We are forever grateful for the care Lawrence received from the staff at HSC through the ER, GB2, GB3 and GH7. You all are in a noble profession and we cannot express how much we appreciate your efforts in helping Lawrence.

A private graveside service will be held on Friday, August 26. A public service will be held on Saturday, August 27 at 10:30 a.m. at Neil Bardal Funeral Centre located at 3030 Notre Dame Ave., Winnipeg, MB.

The funeral service will be livestreamed, to view the webcast go to [www.neilbardalinc.com](http://www.neilbardalinc.com)



Dr. Kristin Yont



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