MDA Bulletin

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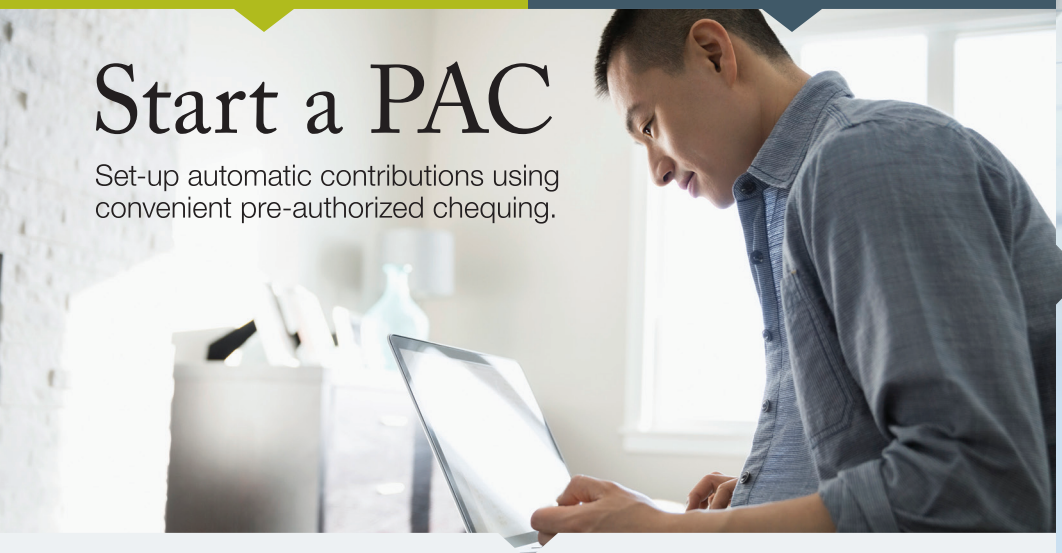

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Manitoba Dental Association

MDA Bulletin

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202 – 1735 Corydon Avenue,
Winnipeg, Manitoba R3N 0K4
Phone: (204) 988-5300
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Manitoba Dental Association

President's Message

DR. CARLA COHN, D.M.D.
PRESIDENT, MDA

As 2016 draws to an end and we begin a new year, I find myself in the bittersweet position of writing my last column for the MDA Bulletin. True to the word of those MDA Presidents who have come before me, this year has passed in the blink of an eye. I have attended many, many meetings, reviewed and revised innumerable documents, received and responded to a multitude of emails and phone calls, appeared at several events, and represented Manitoba Dentists to the best of my ability. It truly has been a whirlwind of activity. Dentistry is currently structured with the Manitoba Dental Association performing two major functions: (1) protection of the public, and (2) advancement of the interest of the members. In order to fulfill these two functions a great many details must be accomplished. From by-laws to government relations, fairness and human rights requirements, Manitoba Dental Foundation activities, annual convention planning, involvement with our Dental College and a multitude of community interest collaborations, the work is constant. I have come to realize this past year just how many issues are brought forward to the Manitoba Dental Association for input and action and how much effort is made to fulfill our obligations. The MDA executive and the board are a diverse and dedicated group who have been very supportive throughout my year as President and I thank you as you are "super-volunteers" sitting not only on the board but many committees and task forces as well. I have had the pleasure to work with many of our membership on committees and side by side at events, and I am truly impressed by the dedication of all of you and grateful for your involvement. I can appreciate that we all have busy lives, however the satisfaction of giving back to our community and the collegiality is unmeasurable.

In the last quarter of the year, Manitoba Dental Association held Open Wide with the partnership of the College of Dentistry and the Faculty of Dental Hygiene. Our dental community came together to provide a day of pro-bono dentistry to recent immigrants to Manitoba. The event was co-chaired by Dr. Jerry Baluta and Dr. Tom Colina who organized a huge gathering of dental professionals and support staff. The day was a great success and many people, mostly children, were taken care of at the College of Dentistry Clinic. It was a very satisfying experience. A heartfelt thank you to all who organized, volunteered, donated and participated.

In November, the MDA held an evening at the Canadian Museum for Human Rights Era Bistro to thank our volunteers. Our organization would not run without the commitment of our volunteers. We have more than two dozen committees within the MDA and hundreds of you volunteer your time to work these committees and the events that we put on. For those of you who already volunteer, you do so because of your dedication to the cause, to give back to the community with the added benefit to enrich your professional and personal lives. We appreciate your work and thank you for your time and expertise.

Our 133rd annual meeting and convention is upon us. This year's theme of Dentistry and All that Jazz is a fun musical journey with an educational line up that cannot be beat. The convention under guidance of chair, Dr. Pat Kmet, is a highlight of the year. A time to gain some knowledge, catch up with old friends, and enjoy the collegiality of our community.

I am pleased to be able to formally recognize and thank the excellent people at the Manitoba Dental Association offices. These folks make up the motherboard of our group. Our executive director, Rafi Mohammed is always calm, cool and collected. He is an encyclopedia of dental association information and is always willing and able to help guide the executive and membership effortlessly. Marcel van Woensel, our registrar, is our regulatory wizard. He is well educated, well versed and well spoken. Patti Ling is our deputy registrar and has the delicate task of receiving and responding to patient and community complaints and concerns. She is both diplomatic and patient. Pamela McFarlane our director of member and public relations, who joined us just over a year ago, wears many hats. She is always prepared with a suggestion or solution to any situation. Linda Berg, our Director of Facility Assessments and Continuing Competency, is busy making sure that our offices meet acceptable standards and our continuing education is up to date. She always has a smile on our face and is delightful to work with. Our administrative staff, Cheryl Duffy, Registration, Licensing and Dental Incorporations; Sarah Harvey, Peer Review and Licensing Support Services; and Diane McDonald, general secretary are all incredibly efficient and simply are the nicest people that you can meet. It has been a pleasure to work with everyone at the MDA office throughout the year. I thank you for your work, your patience and your kindness.

To our membership, thank you for this opportunity to act as President of the Manitoba Dental Association. I have learned so much and have gained much more than I have given. This has been an outstanding year. Keep smiling.

MDAA
Manitoba Dental Assistants Association

MDAA President's Message

JANET NEDUZAK
PRESIDENT, MDAA

The Manitoba Dental Assistants Association has continued to be actively engaged in advocating for the profession of dental assisting in Manitoba. The MDAA Board was pleased to host a successful CE session on November 12/16 at the Canad Inn with 120 registrants in attendance. Guest presenters were Dr. Robert Kaufmann and Kathy Purves.

Dr. Kaufmann, a practicing endodontist in Winnipeg, obtained his Certificate of Advanced Graduate Study and Master's Degree in 1986. His topic of "Endodontic Imaging" examined strategies and techniques for the dental assistant when imaging teeth for optimal diagnosis and endodontic treatment. Kathy Purves spent 17 years in the dental profession as a practicing dental assistant and has been with Germiphene for more than 20 years. Kathy has lectured to dental professionals in Africa, Southeast Asia, South Pacific and Europe. Her presentation on "Sterilization Monitoring Procedures" provided assistants with a review of safe protocols to ensure the safety of the dental team and the public. Both presentations were highly informative and the feedback from the membership was very positive.

The MDAA will be looking to schedule future CE sessions for 2017 once the AGM has been held and newly elected board members are chosen. Please continue to check the MDAA website for updated CE postings and other information pertinent to you, our valued members.

On the news front, the MDAA Board of Directors has been actively engaged in soliciting partnerships with various businesses and organizations throughout the province to offer our members discounts for products and services. Keep checking our website and Facebook for more details on this new venture.
In closing, the MDAA board would like to take this opportunity to extend their gratitude to those MDAA Directors whose terms have now come to an end. Your commitment to the MDAA board and our membership has been gratefully appreciated.

Janet Neduzak,
President, Manitoba Dental Assistants Association

"To advance the careers of dental assistants in Manitoba and to promote the dental assisting profession in matters of education and professional activities which enhance the delivery of quality dental health care to the public."

College Corner

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

Curriculum Update: Teaching Innovations at the College of Dentistry

Under the excellent leadership of Dr. Doug Brothwell, Associate Dean Academic, the College of Dentistry has made significant changes and improvements to the curriculum during the last 5 years. The following topics represent some key examples of change in four major areas that should be of particular interest to Manitoba dentists.

1. Policy/Procedure Changes:

Attendance Policy - The College has implemented a formal Attendance Policy stating that "students are required to attend all scheduled classes, seminars, examinations, small group sessions, laboratories, pre-clinical labs, and clinics." The policy is based on the premise that dental school is a program of study, and that students cannot pick and choose components for participation. The policy standardizes the approach used in all courses, allowing students to miss up to 5% of any given academic course without penalty, and defining increased academic consequences (up to 10% of the marks in any course) for increased absenteeism to a 15% maximum. Students who miss more than 15% of any course risk disbarment from that course. While unpopular at first, students now view mandatory attendance as the norm, and are demonstrating their professional responsibility through improved attendance.

3-week Mini-Term – In an effort to reduce academic load and maximize student performance, the College has implemented a "3-Week Mini-Term" that operates mainly in the month of August. Two entire courses for each year of dentistry are now taught within the mini term, thus reducing the number of final exams the students must study for and write during the final exam period. Student achievement is now a reflection of ability and effort rather than the result of an overly onerous exam schedule.

Inter-professional Education – Our students now participate in formal face-to-face events with students from the other health professions, where they learn "With, From, and About" each other. From communication and dispute resolution, to "shared treatment planning", our students are now better prepared to join Manitoba's community of health professionals.

Expanded Academic Year – Technological advances and higher professional expectations have expanded the number of topics that must now be taught in dental school. These increases have not been offset by topics that no longer need to be taught (although gold foil is an exception). The College has addressed this discrepancy by expanding the academic year. The current academic year saw 3rd and 4th year students start on August 8th, while 1st and 2nd year students were back at it on August 15th. Final exams and completion of clinic cases extend into mid-May.

2. Teaching Methods:

Going Digital – The College has placed a lot of emphasis on moving our teaching into the electronic age. As such, all of our courses are now incorporated into the University's on-line learning management system called UM Learn. Students are required to have and bring a laptop computer to class each day. Combined with our ongoing use of an electronic textbook system through Vital Source Technologies (VST), this allows students to securely access all of their learning resources and over 65 textbooks from any location that has internet access (including smart phones). Many of our courses have discontinued use of the traditional lecture approach, with students obtaining all new course information on-line in a self-directed manner. Students then attend group discussions and seminars where they are required to use and interact further with the newly acquired information. A small but growing number of courses even have their final examinations on-line. To fully support this digital movement, the College has expanded its IT infrastructure including both extensive wireless capability throughout the school, and wired internet and power connections at each classroom seat. Computers are also installed at all preclinical lab stations.

Simulation – Good educational practice includes providing students with low-risk opportunities to practice clinical skills, in realistic settings, before using the skills in clinic. The College has worked to expand the effective use of simulation, as demonstrated in the following three examples: preclinical labs are now treated as "simulated clinic" with students required to meet clinical infection control protocols while treating "Dexter"; "perio dentoforms" with supra and subgingival calculus are now used preclinically in periodontics to instruct students in proper scaling and root planning techniques; and, students learn to measure blood pressure using BP simulators and must demonstrate accuracy to within 5mmHG for both systolic and diastolic pressures.

3. Tracking /Enhancing Student Performance:

Academic Standing System – The College has implemented a new Academic Standing System to identify students with academic troubles at an earlier date, thus allowing more effective remediation and support. Under the system, all students start the year in "Good Standing" but can be moved to "At Risk" or "Academic Probation" standing if their performance does not meet predetermined standards. Students with At-Risk or Probationary academic standing are provided with additional timely remediation and other academic supports to maximize their chances for success. Examples of academic support for At-Risk students include individualized assessment for underlying social/medical factors, monthly meetings with the class advisor, one-on-one sessions with the associated instructor/course coordinator, referral to the Academic Learning Centre for a learning-strategy assessment, and individualized classroom/preclinic/clinical supports as deemed appropriate.

In addition to these academic supports, students on Academic Probation are required to create and follow a Learning Contract, must meet with the Academic Dean every 2 weeks to monitor progress, and are provided with the services of a peer tutor in areas of reduced academic performance.

Peer Tutor Program – Implemented 3 years ago, this program identifies students who achieved a final grade of A or A+ in each dentistry course in the previous year. The College then pays these

tutor students an hourly rate to complete the University's Tutor-Training program, and then to tutor junior students experiencing academic difficulty in specific courses. The number of hours of tutor assistance is individualized to demonstrated student needs and desires.

4. Quality Improvement:

Teaching Evaluation – To support our instructors in obtaining and maintaining high quality instruction, the College obtains student feedback at both the course level and the individual instructor level. At the course level, every course is evaluated every year by 3 students nominated to represent their class in the evaluation. These 3 students meet with the Course Coordinator for each respective course to discuss the strengths and challenges of the course. A 1-2 page summary report is created for each course and is signed by the 3 students and the instructor. At the instructor level, individual instructors are evaluated a minimum of once every 3 years using anonymous SEEQ evaluations (Student's Evaluation of Educational Quality) where all students are encouraged to provide input to the instructor. Both the Course Evaluation Report and the SEEQ Evaluation results are now reviewed by the appropriate Department Head as part of each instructor's Annual Activity Report. These evaluations provide important input as instructors plan their Teaching Goals for the next academic year. Instructors experiencing teaching challenges are supported with one-on-one sessions with academic experts within the College, are eligible to attend dozens of different "how to" courses regarding teaching in the new Faculty of Health Sciences, or are targeted for financial support to attend the annual conference of the American Dental Education Association.

Voice of the Customer – An important part of our quality management strategy is ensuring that students have many opportunities to voice their academic concerns and ideas, and for these to be heard and acted upon. While students usually resolve problems directly with involved instructors, we have 3 other mechanisms for listening to our students. The first is our Student/Faculty Advisory Committee which allows monthly meetings between the Class Presidents, Class Advisors, and College Administration. Student concerns are discussed and added to a list of "action items". Our goal is resolution of 100% of these action items before the next meeting. The second mechanism is twice-yearly meetings between all the Deans and the entire class for each year in the program as well as annual individual meetings for each student with Dean Iacopino. A similar action item approach and resolution system is used. Another important mechanism we use for listening to our students is the "open-door" policy used by the Associate Deans for Clinics and Academics. Students do not need to have appointments to bring issues and ideas forward on a daily basis. Finally, our latest method for obtaining student feedback is a brief summary report of findings from the MDA licensing interviews of new graduates conducted by Executive Director Rafi Mohammed. This new formal feedback mechanism (independent exit interviews) will provide a unique perspective from new graduates in the community and no longer enrolled at College.

While the above examples are far from an exhaustive list of what the College has done to enhance our teaching effectiveness, they give a reasonable indication of the types of new initiatives that we have embraced in our efforts to maximize student success both within the program, and when entering professional practice upon graduation.

Canadian Dental Association's Message

DR. A. MUTCHMOR, D.M.D
CDA BOARD REPRESENTATIVE

Here it is, time again for an update on the activities of the CDA and a report on the CDA Board of Directors meeting in Ottawa on October 13-15, 2016.

The CDA is currently working on five priority projects.

Claims Transmissions:

The Board is looking at the development of program upgrades and enhancements to ITRANS core services, including the automatic switching of claims to the correct network, a revitalized help desk and the reporting of aggregate data to the Corporate Members and CDA. The automatic switching of claims to the correct network would allow ITRANS to act as a gateway and therefore eliminate the need to choose between the ITRANS pathway and TELUS's new CCD-WS software. This would also mean that since all electronic claims would pass through ITRANS, it would allow the collection of very useful data for the use by CDA and the Provincial Dental Associations.

In addition, based on a decision by TELUS to eliminate support for modem transmission effective September 2017, CDA is developing a strategy to deal with dentists unable or unwilling to switch to the Internet. TELUS agreed to work with CDA to communicate its decision to dentists. Approximately 17% of CDAnet offices are not subscribed to ITRANS and are using modems.

At the same time, CDA and CSI have a tentative agreement with TELUS that is in the final stages of completion to establish an interconnect agreement between CSI and TELUS to switch claims from the ITRANS system. To some degree, this agreement mitigates the need for dental offices to install the CCD-WS claims software.

CDA Secure Send:

The Board received an update on the launch of the CDA Secure Send Service. By the time you are reading this, testing should be underway with the Corporate Members. The roll-out will begin with service provided to BC and the territories, followed by a full roll-out early in the new year.

CDA has initiated a plan to work with dental office software vendors to integrate the service into their systems. The Board recognized the importance of working with software vendors to facilitate the success of CDA Secure Send and ITRANS 2.0 as well, and directed staff to make this a priority.

Insurance Audits/Dental Benefits Issues:

The Board emphasized the need to address issues of immediate concern and importance to CDA and to the Corporate Members on dental benefits issues and insurance matters. Inherent in this is the need for clear lines of communication between CDA and the Canadian Life and Health Insurance Association (CLHIA) and the resolution of issues related to:

1. The signing of the new CDAnet contract,
2. The signing of an MOU between CDA and CLHIA as an adjunct to the CDAnet agreement,
3. The development of a universal audit process, and,
4. The resolution of issues related to informed consent as it relates to the standard dental claim form.

Great effort has been undertaken to work with the ACDQ to develop a single CDAnet/Reseau ACDQ agreement at the request of CLHIA. However, the Board is concerned about delays in signing the CDAnet agreement.

A meeting is planned with CDA, CLHIA and ACDQ staff in November to discuss issues preventing signing of the agreement and the implementation of the CDA/CLHIA Advisory Council on Dental Benefits and an Audit Best Practices Working Group.

A Collaborative Sugar Reduction Public Education Campaign:
Work has begun on an outreach to organizations and potential collaborators on this campaign. They include the Corporate Members, Health Canada, the Heart and Stroke Foundation and the Canadian Diabetes Association. A full report will be provided to the Board on the campaign in February, along with an update on a potential sugar tax. The campaign strategy focuses on public policy changes and the development and/or sharing of public education materials and media relations tools.

The 4th Canadian Oral Health Roundtable (COHR) is scheduled for April 20, 2017. The theme of the meeting is "Sugar Reduction Strategies," in keeping with CDA's priority in this area.

Future of the Profession Initiative:

This is a new priority for the CDA. At its June Planning Session, the Board focused on the key challenges and critical uncertainties facing the profession, and what needs to be done to address these challenges and uncertainties.

At that time, the Board concluded that the status quo for the profession is not sustainable over the longer term; that the profession needs to prepare for change; and that CDA, as the national association, has a central role to play in leading the discussions on the future of the profession.

At its October meeting, the Board committed to a new strategic initiative to foster inventive thinking about the future of dentistry in Canada and approved the membership and terms of reference of a 25-person National Advisory Task Force and a 6-person Steering Committee. The Task Force will comprise representatives from the Corporate Members, the CDSA, the ACFD, and the military as well as a cross-section of young practitioners representing the demographics of the profession. CDA Past-President Dr. Alastair Nicoll has been appointed to chair both the Task Force and the Steering Committee.

The goals of the initiative are to:

1. Foster, among all segments of the dental profession, innovative thinking about the future of dentistry in Canada with a view to ensuring its viability and sustainability.
2. Identify the critical issues, threats and opportunities that the dental profession in Canada will face over the next 10–15 years.
3. Analyze and evaluate the impact that the key critical issues may have on the dental profession in Canada.

4. Work with all relevant stakeholders to adopt innovative approaches to address the key critical issues facing dentistry in Canada.
5. Collaborate with the Corporate Members and other stakeholder groups to adopt a course of action that will position the dental profession to lead, manage and influence the changes that are required to ensure the viability and sustainability of the dental profession and to advance optimal oral health in Canada.

A final report will be submitted to the CDA Board by February 2018, for discussion at sessions during the April 2018 CDA AGM.

I'll update you again in the spring.

Dr. A. Mutchmor, D.M.D.
CDA Board Representative

Holocaust Survivors Oral Health Program

The Face of Holocaust Survivors

"At least 25% of Holocaust survivors...in the United States...are living in poverty, and the President's authority, I announced the appointment of a Special Envoy for the U.S. Holocaust survivors to .. rally volunteer organizations through the country including the Association of Jewish Families and Children's Agencies to Alpha Omega dental Fraternity and Henry Schein, giving free dental care to survivors"

-Vice President Joseph Biden

This 2015 quote began the collaboration between Alpha Omega Dental Fraternity, Henry Schein and social service agencies. The program started in nine US cities, followed by Toronto, Montreal and Winnipeg in March of 2016.

Maintaining good oral health is important for many reason, including a sense of well-being, self-esteem, and the ability to chew and digest food properly. Poor oral health has been linked to numerous chronic conditions, including diabetes, respiratory illnesses and heart disease. Holocaust survivors are particularly at risk because many experienced prolonged nutritional deprivation and received little or no dental care throughout their childhoods, compromising their lifelong oral health.

The Winnipeg Program started in March 2016, the sequence starts with referral from fewish Child and Family Service. The staff at Jewish Child and Family Service, Al Benarroch, Cheryl Hirsh Katz and Adeena Lungeo, identify the survivors that qualify for the program and make the referral to myself. My role as the Ambassador is to triage the survivors and direct them to members of Alpha Omega, Manitoba Chapter. The survivors are seen and treated as required, Pro bono.

To date, we have seen about 25 survivors, The scope of treatment is wide and comprehensive, ranging from emergency care to restorative, endodontics, periodontal and prosthetic treatment-all expertly delivered at absolutely no charge to the patient. The major complaint of the edentulous patient is ill fitting lower dentures. We have initiated implant therapy with locator attachments in several survivors.

This is an unbelievable rewarding program and is an honour to be involved in the implementation.

Respectfully Submitted
Gary Hyman. Ambassador Holocaust Survivors Oral Health Program

Alpha Omega Group

Left to right: Gary Hyman, Adenna Lungen, Cheryl Hirsh Katz, Al Beneroach, Bernice Edelstein (Holocaust Survivors Program Manager)

Dentistry, Department of Restorative Dentistry, College of Dentistry
Position Number: 22041

Applications are invited for a full-time tenure-track Assistant/Associate Professor in the Division of Operative Dentistry and General Practice Dentistry at the University of Manitoba, College of Dentistry, Department of Restorative Dentistry. The candidate must have experience and ability in preclinical and clinical teaching and supervision of dentistry students. Rank and salary will be commensurate with qualifications and experience. The appointment will commence on **July 1, 2017** or as soon thereafter as possible.

The College of Dentistry has invested in staff, equipment, and facilities at unprecedented levels in order to capitalize on new methods for educating students, residents, and practicing dentists. Primary responsibilities include didactic, pre-clinical and clinical instruction in the undergraduate Operative and General Practice Dentistry programs. Duties include development of curriculum in a lecture and pre-clinic format following the Association of Canadian Faculties of Dentistry competencies, expansion of our computer-aided design/computer-aided manufacturing systems program, supervision and teaching in the operative undergraduate dental clinic, development of a research program and related activities. Extramural private practice privilege is available one day per week upon signing of a Practice Agreement. The successful applicant must have a DDS/DMD degree or equivalent with demonstrated practice experience and an established record in University teaching by the time of hire. A Master's or PhD degree would be an asset. Applicants must be eligible for licensure in the Province of Manitoba and must be Board Certified in Canada (NDEB), see www.ndeb.ca.

The Mission of the University and College includes a commitment to Scholarship, Teaching, Research and Service. www.umanitoba.ca/dentistry The University of Manitoba's College of Dentistry offers a four-year dental degree, a two-year international dental degree completion program, three-year dental hygiene diploma and five graduate programs. It has a significant research profile, and a variety of community service activities that has made this institution among the most respected in Canada.

Winnipeg is the largest city in Manitoba with a growing population of 750,000. It has a rich culture and diverse living environment which includes a symphony orchestra, a vibrant performing arts community, ethnic festivals, many multicultural restaurants, very affordable housing, many public libraries, a low unemployment rate, and an international airport within the city limits. Besides supporting professional baseball, football and hockey teams, the region provides ample opportunities for outdoor recreation in all seasons, in 10,000 acres of city parks and is a desired tourist destination. Excellent private and public schools are available that teach in not only English and French but many other international languages and includes four universities. Learn more about Winnipeg at http://www.tourismwinnipeg.com

The University of Manitoba is strongly committed to equity and diversity within its community and especially welcomes applications from women, members of racialized communities, Indigenous persons, persons with disabilities, persons of all sexual orientations and genders, and others who may contribute to the further diversification of ideas. All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority.

Only complete applications will be considered. Applications must include the following: Curriculum Vitae, statement of career goals, three letters of reference sent directly from the referees, certified copies of university graduation certificates, a certified copy of the applicant's present licensing authority registration certificate and a Letter of Good Standing from the licensing jurisdiction. Applicants who have not graduated from an accredited dental and/or specialty training program recognized in Canada should refer to the NDEB website as to how non accredited Dentists may achieve certification, https://www.ndeb-bned.ca/en/non-accredited.

As a requirement for employment in the College of Dentistry, all staff in a clinical setting are required to submit a Criminal Record Check as well as the Child Abuse Registry check at the time of hire.

Application materials, including letters of reference, will be handled in accordance with the protection of privacy provisions of "The Freedom of Information and Protection of Privacy" (Manitoba). Please note that curricula vitae may be provided to participating members of the search process.

Salary and academic rank are commensurate with experience and credentials. Closing date for applications is **November 15, 2016,** and will continue until the position is filled.

Completed application documents and informal enquiries should be directed to:

Dr. Randall Mazurat,
Department of Restorative Dentistry and Chair of Search Committee
E-mail: Kristjana.oliver@umanitoba.ca
College of Dentistry, University of Manitoba
D227A – 780 Bannatyne Avenue
Winnipeg, Manitoba, Canada, R3E 0W2

Assistant/Associate Professor in the Department of Restorative Dentistry and Associate Dean for Clinical Operations and Patient Services

Position: 22729/KE680

The University of Manitoba, College of Dentistry is seeking applications for the full-time probationary tenure-track position of Assistant/Associate Professor in the Department of Restorative Dentistry and Associate Dean for Clinical Operations and Patient Services. This academic appointment includes teaching/clinical duties as well as the administrative responsibilities of the Associate Dean and scholarly activities.

This position has the responsibility for a 3.5 million dollar budget (clinical operations and student kits). The clinical program includes instruction for pre-doctoral, dental hygiene, and advanced education students working collaboratively in a comprehensive care environment supported by a state of the art electronic record. The Associate Dean is a senior level leader who reports to the Dean and is accountable to maximize the efforts of faculty, students, and staff in providing quality patient care and an optimum learning environment. The Associate Dean will work closely with the faculty, students, residents, administration, external regulatory agencies, and accreditation bodies to ensure the safe and compliant operation of the College of Dentistry clinics. The position also involves an academic appointment in the Department of Restorative Dentistry with a commitment to provide coverage for clinical instruction for a minimum of one day per week as determined by the department head.

The successful candidate will be an adaptive and innovative collaborator who will be responsible for the integrated management of dental labs and pre-doctoral, advanced education, and dental hygiene clinics located within the College. We are searching for an individual who is decisive and able to think at both strategic and operational levels; someone who has the knowledge and experience to apply systems thinking and information technology to provide an exceptional, well sequenced, and efficient clinical experience supporting the patient care and education missions of the College. Qualified candidates will have large dental clinic management experience, possess a DDS/DMD degree, endorse continuous quality improvement, have knowledge and/or experience in academic dentistry, have proven leadership skills, and have a working knowledge of a dental school clinic curriculum. He/she will also have a familiarity with the dental school accreditation process and excellent communication and managerial skills. Candidates should understand and support the College's vision, mission, and values, www.umanitoba.ca/faculties/dentistry/.

The Mission of the University and College includes a commitment to Scholarship, Teaching, Research and Service. www.umanitoba.ca/dentistry. The University of Manitoba's College of Dentistry offers a four-year dental degree, a two-year international dental degree completion program, two-year dental hygiene diploma and six graduate programs. It has a significant research profile, and a variety of community service activities that has made this institution among the most respected in Canada today.

The University of Manitoba is the largest and most comprehensive institution of higher learning in Manitoba. It serves all parts of the Province, including inner city and suburban areas, rural and northern regions and attracts students from all population groups and walks of life. Considered an area of strength within the University of Manitoba, the College of Dentistry is dedicated to educating dental, dental hygiene and graduate students in a progressive learning environment, conducting research in oral health, and serving the oral health professions and community as a source of knowledge and expertise. Details about the College appear at www.umanitoba.ca/dentistry

Winnipeg is the largest city in the Province of Manitoba. The city has a rich cultural environment, including symphony, opera, dance, theatre, and ethnic festivals. Besides supporting professional baseball, football and hockey teams, the region provides ample opportunities for outdoor recreation in all seasons. Learn more about Winnipeg at http://www.tourismwinnipeg.com/

The University of Manitoba is strongly committed to equity and diversity within its community and especially welcomes applications from women, members of racialized communities, Indigenous persons, persons with disabilities, persons of all sexual orientations and genders, and others who may contribute to the further diversification of ideas. All qualified candidates are encouraged to apply; however, Canadian citizens and permanent residents will be given priority.

Applicants must be eligible for dental licensure in the Province of Manitoba. As a requirement for employment in the College of Dentistry, all staff in a clinical setting are required to submit the Child Abuse Registry check at the time of hire. Application materials, including cover letter, curriculum vitaes, and letters of reference, will be handled in accordance with the protection of privacy provisions of *"the Freedom of Information and Protection of Privacy Act"* (Manitoba) and will be provided to participating members of the search process. Desired start date for the position orientation is **January 1, 2017** or as soon as possible thereafter. Further information may be obtained from www.umanitoba.ca/admin/human_resources/

Closing date for applications is: November 15, 2016 but the search will continue until the positions are filled.
Completed application documents and informal enquiries should be directed to:

Dr. Anthony M. Iacopino
Dean, College of Dentistry
D113-780 Bannatyne Avenue
Winnipeg, MB R3E 0W2
Or by email: Kristjana.oliver@umanitoba.ca

ManitobaDentist.ca
Office Assessment Resource

Office Assessment Resource: What is Biofilm - Part 2 of 2

Linda Berg – Director of Office Assessments MDA
lberg@manitobadentist.ca (204) 988-5300 ext. 7

OSAP.org The Safest Dental Visit™

Reprinted, in part, from the OSAP.org website.

WHAT ARE THE ADVANTAGES OF SELF-CONTAINED WATER SYSTEMS?

Self-contained water systems, also referred to as independent water systems or reservoirs, isolate the dental unit from the municipal water supplies, instead providing water or treatment solution from reservoirs filled and maintained by office staff. They allow the practice to control the quality of water that is used in the unit.

Self-contained water systems provide a means for introducing chemical agents to waterlines and permit the use of water of known microbiologic quality. Without chemical or mechanical treatment to remove or inactivate biofilm within the unit, however, self-contained water systems cannot reliably improve the microbial quality of dental unit water. In fact, if the reservoir is allowed to become and remain contaminated, the effluent water may be of worse quality than if it had been drawn from a municipal source.

WHAT ABOUT CHEMICAL AGENTS? SHOULD WE DISINFECT OUR WATERLINES?

A number of chemicals are reported to inactivate or prevent biofilm, whether through periodic (intermittent or "shock" treatment) or continuous presence in the waterline. Periodic disinfection involves purging the waterlines, adding a chemical to the water reservoir, filling the lines for the recommended time period, and flushing. Continuous chemical treatment refers to waterline treatment via an irrigant/coolant solution or the use of automated metering devices. Metering devices release low levels of chemical germicide into the treatment water to control biofilm to lower bacterial counts in the water. Some products may require both intermittent and continuous line treatments to maintain water quality, and many chemical protocols are technique-sensitive. Strict compliance with the recommended treatment regimen is the key to consistent water quality.

WHAT TYPES OF CHEMICALS CAN WE USE TO TREAT AND MAINTAIN OUR WATERLINES?

Chlorine compounds have been fairly extensively studied, with published reports on the efficacy of dilute sodium hypochlorite, chlorine dioxide, chloramine T, and elemental chlorine. In fact, several manufacturers (e.g., A-dec, DCI International, DentalEZ, Dentsply Cavitron, and Proma) authorize weekly water system treatment with a 1:10 solution of household bleach.

Some other active agents scientifically evaluated for treatment of dental unit waterlines include hydrogen peroxide, chlorhexidine gluconate, and iodophors. Commercial products employing hydrogen peroxide, chlorhexidine gluconate, iodine, or citrus botanicals also are being marketed. Active ingredients in currently available continuous chemical treatments include chlorhexidine gluconate, citric acid, hydrogen peroxide, iodine, and ozone and silver.

Although waterline antimicrobials now must also be registered with the Environmental Protection Agency (EPA), the agency has not yet formulated regulatory guidance for intermediate- and low-level germicides used in dental waterlines. The ADA and the American National Standards Institute currently are developing a national specification for waterline antimicrobials that is expected to serve as the basis for EPA evaluation.
Because of concern over compatibility with equipment components, always consult the dental unit manufacturer before introducing any chemical into the water system. Issues of waterline chemical compatibility with various dental materials (for example, dental adhesives) also have recently come to light, and questions regarding disinfectant byproducts and their effects on oral tissues have been raised.

ARE FILTERS EFFECTIVE IN CONTROLLING WATER QUALITY?

Usually positioned on each water-bearing line near the handpiece or air-water syringe, microfilters typically use a 0.2-micron membrane to trap free-floating microorganisms before they can be released in the effluent. One currently marketed product also releases small quantities of iodine intended to discourage biofilm formation; another is purported to trap bacterial endotoxin. Some filters incorporate antiretraction features.

The few studies conducted to date suggest that in-line microfilters can produce water that meets or exceeds water-quality goals. In fact, results of independent studies report that 80% of the filtered water samples tested were bacteria-free. Although in-line filters can improve dental water quality, they have no effect on the biofilm within the waterlines. Without treating the biofilm, waterlines are at risk of biofouling, clogging, and release of bacterial byproducts into treatment water. As such, it may be necessary, at minimum, to periodically treat the post-filter segment of the waterlines to control biofilm.

In its 1995 Statement on Dental Unit Waterlines, the ADA specifically set its water quality goal for "unfiltered output water." Nonetheless, filters can be a valuable adjunct to other waterline treatments in controlling the quality of water delivered to patients. Currently marketed waterline filters have a use life ranging from one to seven days. To maintain efficacy, they must be replaced according to the manufacturer›s recommendation.

SHOULD WE INVEST IN A STERILE WATER DELIVERY SYSTEM?

Sterile water delivery systems address the issue of biofilm by offering disposable or autoclavable waterline tubing that bypasses the dental unit's water supply. Although many systems of this type are oral-surgery and implantology handpieces, ultrasonic scalers and retrofit devices for restorative handpieces also are available.

Sterile water cannot be delivered through a standard dental unit. For practices that perform surgery with instruments that are connected to the dental unit water system, a sterile water delivery system would be a worthwhile investment.

WHAT ARE THE BENEFITS OF SOURCE WATER TREATMENTS ("WATER PURIFIERS")?

No dental unit can provide water that is cleaner than the water that enters it. However, unless source water treatment systems also address the colonized tubing (i.e., the biofilm) within the dental unit, they will provide little improvement in water quality.

Currently available water purifiers treat source water with ultraviolet germicidal irradiation (UVGI), filtration, or both to remove or inactivate planktonic microorganisms. One currently marketed device uses UVGI and a silver electrode to produce ozone and silver ions that are said to discourage the growth of waterline biofilm.

WITH SO LITTLE PUBLISHED RESEARCH ON CONTROL MECHANISMS, WHAT SHOULD WE, AS CLINICIANS, BE DOING WITH REGARD TO WATERLINE CONTAMINATION?

Research is underway to validate some proposed water treatment methods and water-quality monitoring indicators. In the interim, OSAP recommends a number of steps that oral healthcare providers can take to improve the quality of water from their dental units.

IN SUMMARY...

Careful compliance with treatment protocols appears to be a critical factor for long-term success. As with other clinical infection control practices, successful control of biofilm in dental unit waterlines depends on technique factors, effective personnel training, and an established standard operating procedure. Failure to establish consistent, rational office procedures could result in damaged equipment as well as harm to patients and dental healthcare workers.

Conversation on Codes

DR. MIKE SULLIVAN
CHAIR, ECONOMICS COMMITTEE

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

Root planing and scaling.

Let's look at root planing and scaling. Although there are only a few codes that are unit-based, scaling and root planing are among the most frequently billed. Most often these codes are billed in conjunction with a fee-for-service procedure such as exams, radiographs, fluoride and polishing, which can create confusion. Here are some guidelines to help:

During a patient visit, the patient's total bill should reflect the time attending to or spent with the patient.

-The billing per unit or half unit should reflect the predominant procedure provided. Hence the number of units billed should not exceed the time the patient was attended to. That means that you cannot switch between half units of root planing and scaling, rounding up each half unit of time so that the patient is billed 6 units for root planing and scaling in an hour appointment.

- For per unit procedures, when a half unit is exceeded, a full unit is billed which on average will cover clean up. It is inappropriate to bill an additional half unit for clean-up once the patient has left the operatory.

- Charting should include probing and other relevant information to describe the state of the tissue, calculus, etc. which is reflective of the time the patient was treated. For example, if there is tenacious or tough calculus that requires extra scaling time this should be documented in your chart.

Examples

Here are some examples for a one-hour recall appointment (in no particular order):
- First 15 minutes: seat patient, discussion to get comfortable, update medical history, probing takes 7 minutes and then provide 8 minutes scaling. Bill for one unit of scaling.
- Second 15 minutes: 4 minutes re-evaluating certain areas and discussing with patient and 11 minutes scaling. Bill for one unit of scaling.
- Third 15 minutes: 7 minutes of scaling and 8 minutes of root planing. Bill for one unit of root planing (predominant activity).
- Last 15 minutes: take x-rays, recall exam and selective polishing (prophy).

In total: two units of scaling, one unit of root planing, plus x-rays, recall exam and polishing which would also be based on units of time.

For a preventive appointment with no exam, x-rays or polishing:
- First 15 minutes: seat patient, discussion to get comfortable, update medical history, probing takes 7 minutes and then provide 8 minutes scaling. Bill for one unit of scaling.
- Second 15 minutes: 4 minutes re-evaluating certain areas and discussing with patient and 11 minutes scaling. Bill for one unit of scaling.
- Third 15 minutes: 7 minutes of scaling and 8 minutes of root planing. Bill for one unit of root planing (predominant activity).
- Last 15 minutes: 8 minutes root planing and 7 minutes cleanup/ office time. Bill for one unit of root planing.

In total: two units of scaling, two units of root planing billed for a total of four units.

There are situations where a good deal of time will be spent probing, recording pocket depths and evaluation of periodontal health. To assist in this delivery two new sets of codes will be added to the General Practitioner Fee Guide. The first is the 01500 series. This pertains to a complete periodontal exam. The second is the 49100 series. This refers to periodontal reevaluation.

Please ensure that the procedure codes billed accurately reflect the treatment provided. For further information, refer to the preamble and descriptors in the MDA Suggested Fee Guide or contact the MDA.

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

MEDAVIE BLUE CROSS™

IMPORTANT NOTICE

INTERIM FEDERAL HEALTH PROGRAM (IFHP)
POLICY ON COORDINATION OF BENEFITS

November 2016

This bulletin is to confirm that in accordance with the IFHP Policy, the IFHP is a payer of last resort, meaning that it provides benefits to those who lack public health insurance and comprehensive private health insurance.

The IFHP does not cover the cost of health-care services or products that a person may claim (even in part) under a public or private health insurance plan/program. The IFHP does not coordinate benefits with other insurance plans/programs therefore co-payments are not possible.

Please share this information with the members of your Association.

Should you or your members have any questions or concerns, or require more information regarding the IFHP, please call our Customer Information Centre at 1-888-614-1880 or e-mail CIC_Inquiry@medavie.bluecross.ca.

You may also access the Medavie Blue Cross website at https://provider.medavie.bluecross.ca to view Guides, Bulletins and other important information regarding the IFHP.

CROIX BLEUE MEDAVIE

Avis important

Programme fédéral de santé intérimaire (PFSI)
Politique sur la coordination des bénéfices

novembre 2016

Ce bulletin vise à préciser qu'aux termes de la Politique sur le Programme fédéral de santé intérimaire, le PFSI est un régime de dernier recours, ce qui signifie qu'il fournit des services à ceux qui n'ont pas de carte d'assurance maladie ni d'assurance maladie privée complète.

Le PFSI ne couvre pas le coût des services ou produits de soins de santé pour lesquels une personne peut être remboursée (même en partie) en vertu d'un régime d'assurance maladie public ou privé. Le PFSI ne coordonne pas les prestations avec d'autres programmes/régimes d'assurance donc les quotes-parts ne sont pas possibles.

Veuillez partager cette information avec les membres de votre Association.

Si vos membres ou vous-même avez des questions ou des préoccupations, ou si vous souhaitez en savoir plus sur le PFSI, n'hésitez pas à téléphoner à notre Service à la clientèle au 1-888-614-1880 ou à nous envoyer un courriel à CIC_Inquiry@medavie.croixbleue.ca.

De plus, vous pouvez visiter le site Web de Croix Bleue Medavie au https://fournisseur.medavie.croixbleue.ca pour accéder à des guides, des bulletins et d'autres renseignements importants sur le Programme fédéral de santé intérimaire.

CAE Meeting in Winnipeg

The Canadian Academy of Endodontics held its 52nd Annual General Meeting in Winnipeg from September 14-17, 2016 at the Fairmont Hotel. Attendance was excellent with about 115 people overall.

The scientific program featured a panel of prestigious speakers from around the world. Four of the ten lecturers were from Canada, four from the US, one from Brazil and one from Japan. The lectures were both stimulating and diverse. Topics included evidence based dentistry, non-surgical treatment, retreatment, surgical outcomes, implants, use of CBCT in endodontics, non-odontogenic pain, autotransplantation of teeth, effects of orthodontic treatment on the pulp, and root resorption.

There were also social events each evening. A welcome reception took place at Winnipeg's new architectural icon, the Canadian Museum for Human Rights (CMHR). The following evening featured a reception at the Qualico Center in Assiniboine Park. Many took advantage of the beautiful fall weather to enjoy a stroll in the Leo Mol Sculpture Gardens as well. The final social function was the President's Dinner which was held at the Fairmont Hotel. After dinner, the CAE Presidency was passed from Dr. Howie Fogel to Dr. Simona Pesun who happen to practice together in Winnipeg. This continues a strong tradition of commitment to the CAE in this Winnipeg group of endodontists that includes past CAE Presidents Marshall Peikoff and Bill Christie (retired) as well as past president and past executive secretary Wayne Acheson. Bill Christie was awarded Lifetime Membership in the CAE during the President's Dinner in recognition of his long standing support and achievements for the betterment of the Canadian Academy of Endodontics.

Other optional activities included a tour of the CMHR, a visit to the Journey to Churchill exhibit at the Assiniboine part zoo, and the Hermetic Code tour of the Legislative Building. First time visitors to the city were very favorably impressed by the taste they had of all that Winnipeg has to offer.

A very special event took place at the Dr. George Hare Luncheon on the first day of the meeting. Honorary Membership in the CAE was conferred upon Dr John I. Ingle. Dr. Ingle, 97, attended in person. Dr. Ingle is a pioneer, educator and international leader in the field of endodontics. Dr. Ingle initiated the Graduate Endodontics Program at the University of Washington, School of Dentistry in 1959, one of only five such programs in the world at that time. He had the foresight to recognize the future role of endodontics in health care. He is widely known for his authoritative textbook, ENDODONTICS, first published in 1965. The textbook, now called Ingle's ENDODONTICS, was recently published in its 7th edition, 50 years after its first publication. In recognition of Dr. Ingle's outstanding contributions to the art and science of endodontics and in recognition of his long association with Canadian endodontics, the Canadian Academy of Endodontics was proud to present Dr. John I. Ingle with Honorary Membership.

Also in attendance were visiting dignitaries from the American Association of Endodontists: President Dr. Linda Levin, Vice President Dr. Rick Taylor and Executive Director Mr. Ken Widelka.
The meeting was a great success and everyone enjoyed an outstanding educational experience in a friendly, intimate and collegial atmosphere.

The Top Five Factors That Drive Practice Value

DR. BERNARD DOLANSKY, BA, DDS, MSc.
BILL HENDERSON, HBA

Which of the five factors can you control?

In a previous article for Ontario Dentist, we wrote about the general increase in dental practice values, the market factors that are driving that increase, and the new pricing reality that this is creating for at least the short and medium term (see "Dental Practice Values" in the March 2015 issue of Ontario Dentist).* This article is about the factors that you can control, and how to determine value for the individual practice that you own or would like to buy.

There are certain determinants of value that are not changeable. These are: location — if, for instance, you are in the "hot markets" of the Golden Horseshoe; urban versus small town versus rural practices; or specialty versus general practices. These factors can greatly affect the value of any given practice, but they can't be changed by the seller or buyer. Indeed, they act as a filter for selecting the buyers who are seeking a particular practice.

Top Five Factors That Improve Practice Values

After consideration of location and type of practice, here are the top five factors that can be controlled, and that we believe drive individual general practice values.

1) Cash flow. Cash flow is the money that remains after you have paid all the costs associated with your practice. It does not include billings; you can't pay off your bank loan or buy a new car with billings. You can only pay off a bank loan and fund your lifestyle expenses with what is left over after you've paid all the expenses in your practice. The expected future cash flow, not billings, is the fundamental determinant of what a practice is worth.

2) Patients. Much has been written and discussed in the last year about whether there are too many dentists in Ontario. From our dental practice marketplace perspective we also suggest that the corollary is true: there is a shortage of patients — thus the patients in a practice are its most valuable asset. Therefore patient factors really drive value. The most important are how many total patients there are, how many recall patients there are, how much they are spending on hygiene versus dentistry, and what levels of attrition and new patient flow the practice is experiencing.

Other factors, such as a patient's language, ethnicity, age, socio-economic status and benefits coverage can also play a role.

3) Revenue base. The breakdown of practice revenue between hygiene and dental production is also very important, since hygiene production is seen as an attribute of the practice that will likely be reproduced after ownership changes. It is also more profitable and more sustainable than dental revenue. Increasing hygiene revenue in line with good patient-care considerations will enhance practice value. Dental production is more tightly tied to the individual dentist and may or may not be completely transitioned to a new owner. For a practice owner, value may be enhanced if dental procedures performed in the practice are likely to be able to be performed by a younger, less experienced dentist.

4) Efficiency. A general dental practice in which costs are in line with or better than the averages reported in the ODA's Economic Survey of Dental Practices is going to have enhanced value. By far the largest single variable cost in a dental practice is staff-related, and staff costs should not exceed 28 percent of total gross production. Consumable supplies should be below eight percent of total gross production, unless the practice is doing a lot of implants or orthodontic work. Rent is a fixed cost and the only way to lower its impact on practice expenses would be by increasing total top line production. Rent should be below seven percent of total gross production. New equipment, if bought three to five years before transition, can not only enhance an owner's enjoyment of the last years of practice, but also provide greater efficiency and therefore greater practice value.

5) Contracts. Practices with good contracts are more valuable to buyers because they come with less risk. Staff contracts that are written fairly and limit owner dismissal-related liability are a definite enhancement of practice desirability and value. A strong non-solicitation clause that prohibits a departed employee from attempting to lure away patients or other staff is also i mportant – particularly for hygienists. Associate dentists working in a practice must have contracts that are properly drawn up, since the absence of a good contract can be a serious impediment to a sale. Associate contracts should include reasonable non-compete and non-solicit clauses, as well as an option to assign the contract to a new owner. A premises lease is a contract between the dentist, or the dentist's professional corporation, and the landlord. "Toxic clauses" in a lease can materially diminish the value of a practice and, in some cases, render the practice unsellable. The clauses that can decrease value include termination or demolition clauses, relocation clauses with inadequate compensation, and difficult or punitive provisions for transferring the lease upon sale of the practice. A purchaser is going to need at least 10 years of tenancy certainty to get the bank to provide an affordable loan for buying the practice, so it's important to ensure that the time remaining on the lease, including the current term plus all renewals, is always greater than 10 years.

In the End, It's About Oral Health

This is a brief synopsis of what buyers or sellers (and practice appraisers) need to look for when determining the value of an individual general dental practice. This is a business approach to the purchase or sale of a practice. However, this particular business entity "sells" a unique product called oral health. Therefore we are very aware that, to most buyers and sellers, a dental practice is much more than just a business and that there are many tangible and intangible factors that go into the decision to buy a particular practice. There is a document called a complete practice appraisal that tries to provide a thorough picture of most of those factors. As well, there are several companies that provide appraisals for Ontario practitioners. Both buyers and sellers of practices should be aware of these controllable factors so that they can make informed choices about one of the most important decisions of their professional lives.

Dr. Bernard Dolansky is Past President of the ODA, the Ottawa Dental Society, the CDA, and the Dentistry Canada Fund. He is currently a partner at Tier Three Brokerage Ltd., and assists dentists with transition planning, practice purchase and sale, evaluations, associateships, retirement planning and partnership arrangements. You may reach him at bernie.dolansky@tierthree.caor 613-794-1977.

Bill Henderson is the President of Tier Three Brokerage Ltd., one of Ontario's leading dental practice brokerages. A recognised industry expert in dental practice valuations and sales, Bill is a regular presenter for the ODA as well as other industry organisations. He may be contacted at bill.henderson@tierthree.ca, or 416-578-7061.

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AGM 2017
Dentistry & All That Jazz

DR. PAT KMET
MDA CONVENTION CHAIR 2017

It is my sincere pleasure to welcome you to the 133rd annual MDA Meeting and Convention held at the RBC Convention Centre, January 27-28, 2017.

This year we've adopted a colloquialism that we all use everyday "All that Jazz" and applied it to our convention theme "Dentistry & All That Jazz" . What is Jazz you ask? Well, it seems that no one can agree on a working definition. Part of the reason is because Jazz has always been and remains today a living art form, ever changing and ever growing. Some would argue that Dentistry is a living art form balancing science, the human spirit, and art…ever growing and changing. Well, Ray Conniff said, "If you believe in your art and you love what you do, that energy will go out and people will respond." And so we have combined the two, Dentistry and Jazz to inspire, motivate and entertain you.

The convention committee has worked hard to create a dynamic and engaging weekend for the whole dental team. The MDA Convention also offers you those much needed CE points to augment your professional development requirements.

A sample of what you can expect on Friday includes Dr. Michael DiTolla and Dr Meredith August. The MDAA has lined up Dr. Tim Bizga and the MDHA is highlighting Dr. Wenche Borgnakke. On Saturday, topics range from dental fraud with expert Dr. David Harris , clinical excellence with Dr. Steve Rasner , to the aging population with Dr. Christian Caron .We will be showcasing our local speakers on Saturday as well.

We urge you to not only to partake in the educational program but to also visit our larger, expanded trade show. You can touch, use and compare the newest materials and technology in dentistry today.

With over 100 friendly exhibitors dispensing expert advice on any and all of your practice needs you can learn about the latest advancements in dental materials, equipment and service.

In keeping with our Jazz theme , you can boogie and have a little fun Friday night and be entertained by the sounds of Winnipeg's famous Latin Jazz Ensemble, Papa Mambo. Papa Mambo started out as a spirited party band and soon became recognized as one of the most skillful, exciting and important innovators in Canada's Latin music scene. The group features some of Winnipeg's finest musicians.

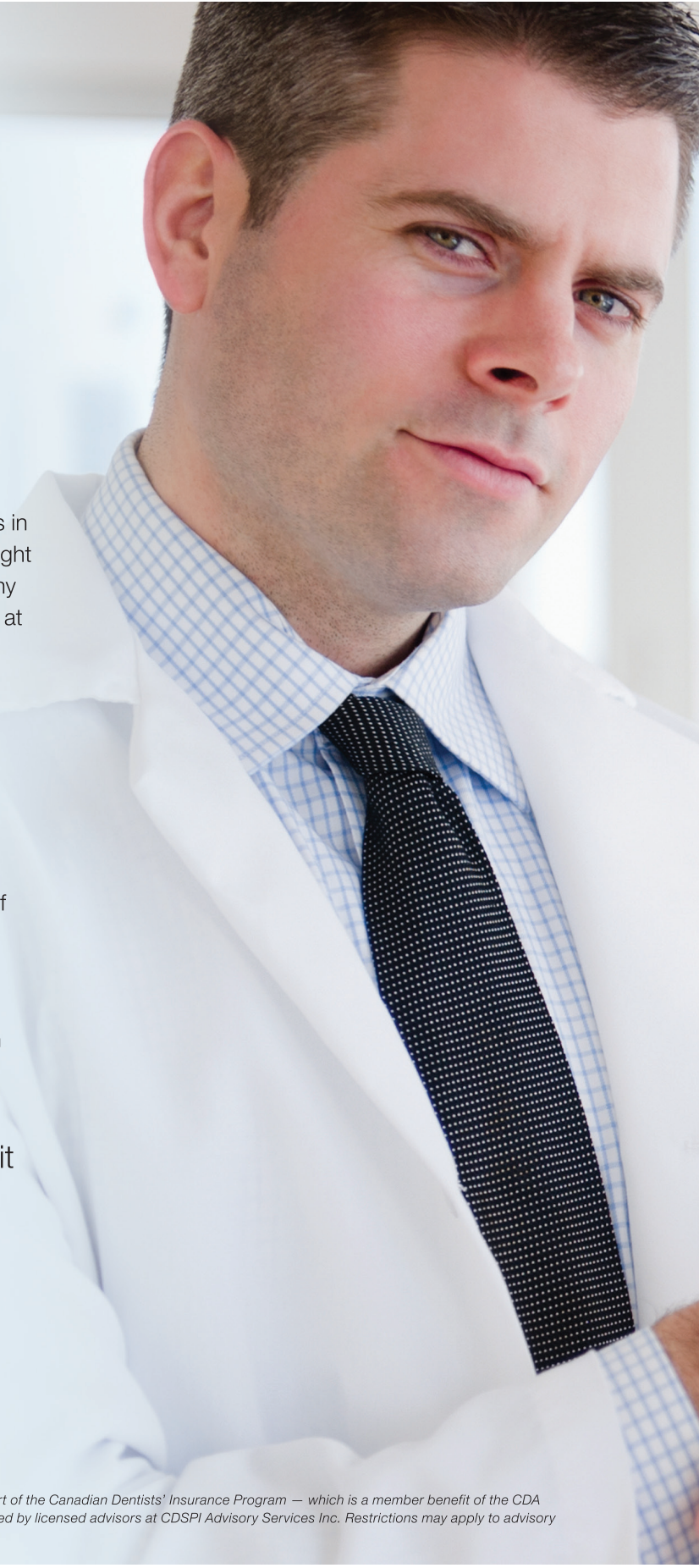
Be sure to snap up your tickets to Saturday night's President's Gala . It will prove to be a spectacular evening with entertainment by Winnipeg based Jazz singer Nadia Douglas, who infuses the fiery stylings of Etta James and Sarah Vaughan, to create a dynamic music treat of upbeat Jazz including Swing and Latin. As well, Winnipeg's own Danny Kramer Dance Band will create a night of music you soon won't forget.

Reconnect with your friends and colleagues and come swing with us for some "Dentistry and All that Jazz"!

Dr. Pat Kmet
MDA Convention Chair 2017

Have Things Changed?

Protect your success



If you've recently added or upgraded equipment or furnishings in your practice — or renovated your office — your insurance might not have kept up. With adequate insurance, you can save many thousands of dollars out of your own pocket if disaster strikes at your dental office.

TripleGuard™ Insurance is Canada's specialized dental office coverage. You can have three types of office coverage in one economical package:

- **Office Contents**
- **Practice Interruption**
- **Commercial General Liability**

You can also choose additional options — such as coverage if you own your office building or for equipment breakdown.

A licensed insurance advisor at CDSPI Advisory Services Inc. can help you get a handle on your office protection needs. Call today and take advantage of our 50 years of working with the dental community.

To apply for TripleGuard™ Insurance, visit
www.cdspi.com/tripleguard-insurance

or call us at
1-800-561-9401

TripleGuard™ Insurance is underwritten by Aviva Insurance Company of Canada. The plan is a part of the Canadian Dentists' Insurance Program — which is a member benefit of the CDA and participating provincial and territorial dental associations. Insurance planning advice is provided by licensed advisors at CDSPI Advisory Services Inc. Restrictions may apply to advisory services in certain jurisdictions.

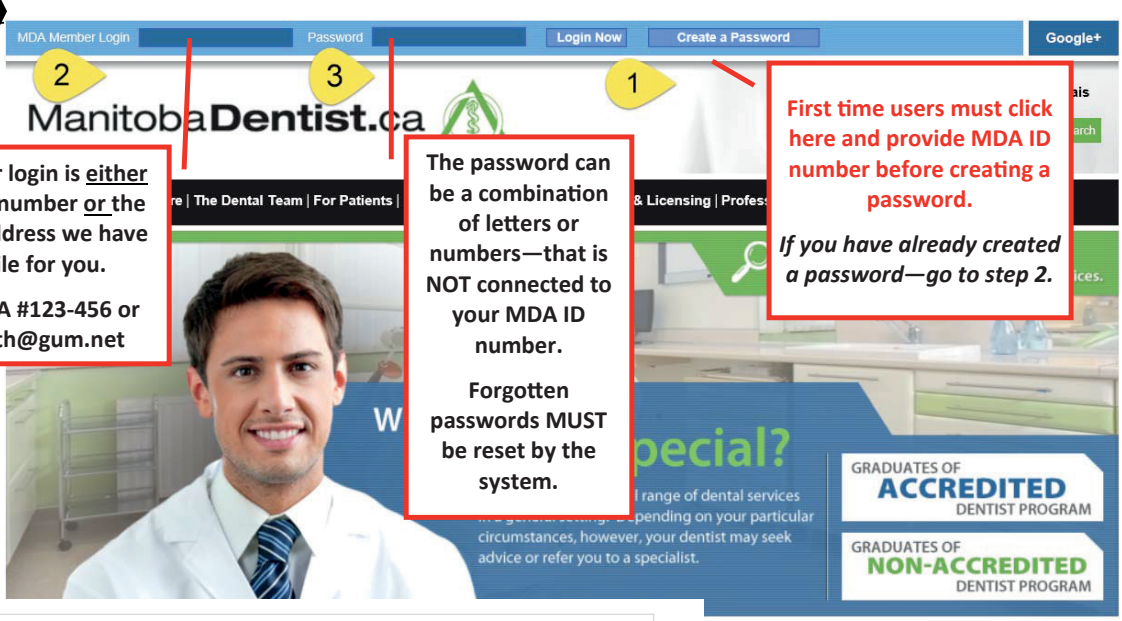
CDSPI

CDSPInow company/CDSPI @CDSPI

STEPS TO CHECKING YOUR CONTINUING EDUCATION RECORD ONLIN

BEGIN BY GOING TO www.ManitobaDentist.ca

1st screen you will see
- follow #s 1 to 3



Member login is either your ID number or the email address we have on file for you.

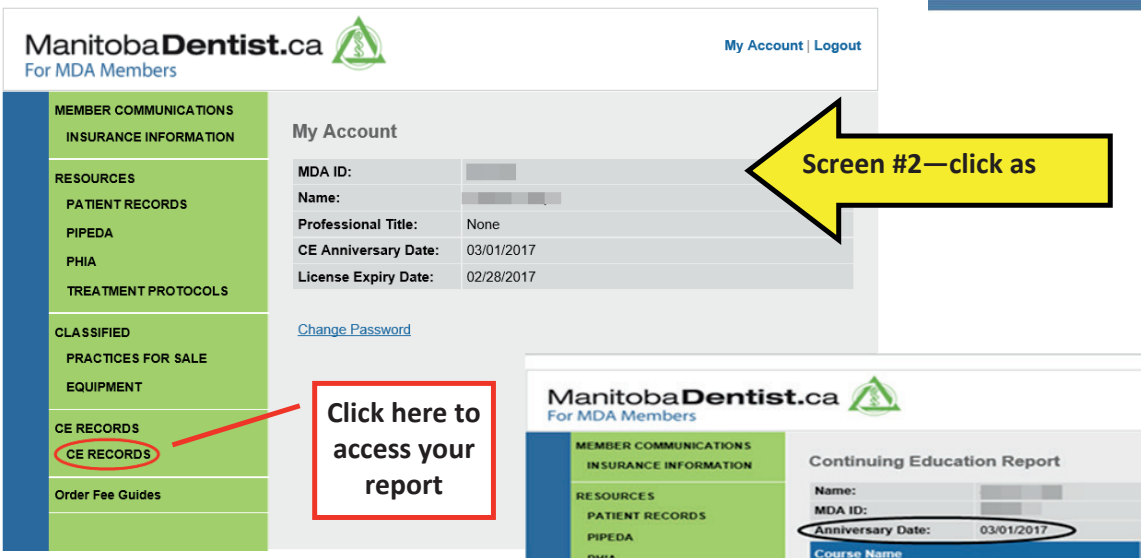
Ie. MDA #123-456 or drtooth@gum.net

The password can be a combination of letters or numbers—that is NOT connected to your MDA ID number.

Forgotten passwords MUST be reset by the system.

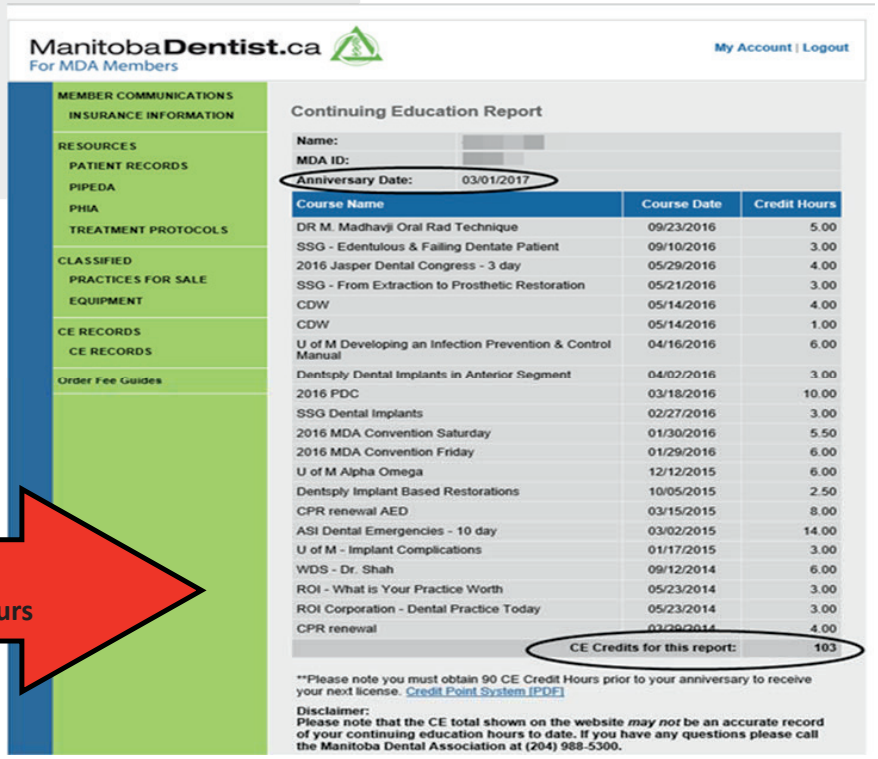
First time users must click here and provide MDA ID number before creating a password.

If you have already created a password—go to step 2.



Screen #2—click as

Click here to access your report



Screen #3 shows current CE report, anniversary date and total number of hours

Uncovering Latent/ Hidden Value

DR. PETER DOIG

We help practice owners uncover maximum value with the least amount of stress! As an organization we take pride in overseeing the transaction from appraisal and valuation all the way through to a successful sale. Our commitment and ownership of the sales process has saved our clients various professional fees over the last 42 years. Our success is driven by the Canadian dental community that we feel blessed to serve every day. It is our commitment to the next generation of practice buyers and sellers to provide them with a full spectrum of options and insights.

Our business is one that was established to create a wide array of professional options for our valued clients at different stages in their professional careers. Decades of experience in dealing with dental practitioners has taught us that no two client files are the same. This intimate knowledge of what makes a practice "tick" provides our sales team with the ideal frame of reference for positioning the practice in the marketplace.

Our meticulous data collection process and all-encompassing approach to the valuation of our clients' practices has resulted in the ROI Corporation appraisal document being the most highly regarded of its kind in the industry. It is for this reason, Canadian banks and leading financiers utilize the ROI Corporation appraisal as a determining factor when lending to purchasers.

Whether it's a seasoned Investor Dentist™ or a new graduate taking the leap into practice ownership, our experience and attention to detail provides the ideal blueprint for a successful transition for the new owner. Our sale process allows our client to focus on their business operations as we go about our business of assuring them a profitable exit from practice ownership.

ROI CORPORATION BROKERAGE

Establishments that Transplant Human Cells, Tissues and Organs – Including Transplant surgeons and Dental Professionals

Frequently Asked Questions

November 2016

Canada

Establishments that Transplant Human Cells, Tissues and Organs – Including Transplant surgeons and Dental Professionals – Frequently Asked Questions

Author: Clinical Trial and Biological Product Compliance Unit

Date issued: November 2016

Date implemented: November 2016

Replaces: January 2013

Disclaimer

This document does not constitute part of the *Food and Drugs Act* (the Act) or its regulations and in the event of any inconsistency or conflict between the Act or regulations and this document, the Act or the regulations take precedence. This document is an administrative document that is intended to facilitate compliance by the regulated party with the Act, the regulations and the applicable administrative policies.

Ce document est aussi disponible en français.

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About this document

1. Purpose

Establishments that process, import, distribute or handle human cells, tissues and organs (CTO) intended for transplantation must comply with the *Food and Drugs Act* (the Act) and the Safety of Human Cells, Tissues and Organs for Transplantation Regulations (CTO Regulations).

The purpose of this document is to address frequently asked questions for establishments that transplant human cells, tissues and organs.

2. Scope

This document applies to all establishments that transplant human cells, tissues and organs, including transplant surgeons and dental professionals.

3. Frequently Asked Questions

3.1 How are human cells, tissues and organs (CTO) for transplantation regulated in Canada?

In Canada, human CTO for transplantation are regulated under the authority of:

- The *Food and Drugs Act*
- The Safety of Human Cells, Tissues and Organs for Transplantation Regulations (CTO Regulations)

The CTO Regulations reference specific sections of the General Standard CAN/CSA Z900.1, entitled Cells, Tissues, and Organs for Transplantation: General Requirements. In addition, the CTO Regulations make reference to four of the five subset standards, published by the Canadian Standards Association (CSA) Standards for specific organs and tissue types:

- Lymphohematopoietic Cells for Transplantation
- Perfusable Organs for Transplantation
- Tissues for Transplantation
- Ocular Tissues for Transplantation

These referenced sections have the force of law, which means that establishments must comply with the CTO Regulations and these sections of the CSA Standards.

3.2 What is the scope of the CTO Regulations?

The CTO Regulations apply to all individuals and establishments in Canada that handle, process, distribute, transplant or import human organs, or minimally manipulated cells and tissues for homologous use (performs the same basic function) in transplantation in another individual.

Minimally manipulated means:

- with respect to a structural tissue, the processing does not alter the original characteristics that are relevant to its claimed utility for reconstruction, repair or replacement; and
- with respect to cells and nonstructural tissue, the processing does not alter the biological characteristics that are relevant to their claimed utility.

In the case of demineralized bone product, if the product is only combined with a sterilizing, preservation or storage agent, it would be considered minimally manipulated and regulated under the CTO Regulations.

The purpose of the CTO Regulations is to minimize the potential health risks to Canadian recipients of human CTO by addressing the safety aspects related to the processing and handling of these products.

3.3 Are CTO Establishments required to register with Health Canada?

The following CTO establishments, with the exception of establishments that retrieve and establishments that transplant only are required to register with Health Canada:

- Source establishments: Establishments that are responsible for processing and determining that the CTO is safe for transplantation are referred to as the source establishment. Some examples of source establishments:
    - The organ donation organization (ODO) in the case of organs from deceased donors
    - Eye and Tissue banks in the case of tissues
    - In the case of an organ from a living donor or lymphohematopoietic cells that are not banked, the transplant establishment is considered the source
- It is important to note that foreign source establishments that distribute tissues to Canadian establishments are also required to register with Health Canada
- Establishments that import CTO for distribution within Canada including those within their own health authority
- Canadian establishments that distribute CTO within Canada

3.4 Are establishments that only transplant tissues and establishments that only transplant organs from deceased donors required to register with Health Canada?

No. Establishments that only transplant organs from deceased donors and establishments that only transplant tissues are not required to register with Health Canada. Although they are not required to register with Health Canada, they must follow certain sections of the CTO Regulations (Refer to Question 3.5).

3.5 Which sections of the CTO Regulations apply to establishments that only transplant CTO?

The following sections of the CTO Regulations apply to establishments that only transplant CTO

Section 4 – Prohibition	Transplant establishments must ensure that CTO have been processed by an establishment registered with Health Canada and have been determined safe for transplantation. (Refer to Question3.6 for further details)
Section 40 – 41 – Exceptional Distribution	Health Canada recognizes that transplantations are often urgent and life-saving/life-enhancing. The CTO Regulations provide a mechanism, referred to as Exceptional Distribution, which allows for the distribution of CTO that may not meet all of the regulatory requirements, when fully compliant CTO are not immediately available. The transplant physician or dentist must authorize the exceptional distribution, based on their clinical judgement, and obtain informed consent from the recipient. It is important to note that in the case of tissues, it is unlikely that exceptional distribution could be applied as it is rare that fully compliant tissues are unavailable for transplantation.
Sections 43, 46, 47, 49, 50, 52, 53 and 54 – Errors, Accidents and Adverse Reaction1 Investigation and Reporting	A transplant establishment must immediately report suspected errors/accidents and adverse reactions to the source establishment and quarantine implicated products. The transplant establishment must also report it to the importer, when applicable. The transplant establishment is required to cooperate with the source establishment that is conducting an investigation with any relevant information in its possession with respect to CTO they have transplanted.
Sections 55 - 57 and 60 - 62 –	These sections provide the requirements regarding the records that must be retained by a transplant establishment.

Records	Specifically, the transplant establishment must keep records that include: the establishment from which it received the CTO; a description of the CTO; the donor identification code; the registration number of the source establishment; exceptional distribution information, if any; information that allows the identification of the recipient; and applicable error/accident and adverse reaction information, if any. Applicable records must be retained for 10 years from the date of the transplantation, of the final disposition, or of the expiry of the tissue. Furthermore, the CTO Regulations also require each establishment to maintain traceability throughout the chain of distribution, allowing it to be traced forward to the recipient or back to the donor.

1 "error" means a deviation from the standard operating procedures or applicable laws that could adversely affect the safety of a transplant recipient of the safety, efficacy or quality of cells, tissues or organs.

"accident" means an unexpected event that is not attributable to a deviation from the standard operating procedures or applicable laws and that could adversely affect the safety of a transplant recipient or the safety, efficacy or quality of cells, tissues or organs.

"adverse reaction" means an undesirable response in the recipient to transplanted cells, tissues or organs, including the transmission of a disease or disease agent.

3.6 How can a transplant establishment verify that a source establishment is registered with Health Canada?

Transplant establishments can verify if the source establishment is registered with Health Canada by emailing Health Canada at: CTO_registration@hc-sc.gc.ca

Furthermore, the products must be labelled with the Health Canada registration number and the name of the source establishment. This information must be on the exterior label and package insert of the CTO. The registration number is a six digit number and starts with "1".

4. Additional Information

You should read this document along with:

- the *Food and Drugs Act*

- the Safety of Human Cells, Tissues and Organs for Transplantation Regulations (CTO Regulations)
- relevant sections of the National Standard, including:
    - CAN/CSA Z900.1: *Cells, tissues, and organs for transplantation: General requirements and appropriate subsets*
- *Guidance Document for Cell, Tissue and Organ Establishments – Safety of Human Cells, Tissues and Organs for Transplantation*
- *Inspection Policy for Cell, Tissue and Organ Establishments* (POL-0057)
- *Guidance on Classification of Observations for Inspection of Cells, Tissues and Organs Establishments* (GUI-0101)

5. Contact Information

Any questions concerning the CTO Regulations or the *Guidance Document for Cell, Tissue and Organ Establishments – Safety of Human Cells, Tissues and Organs for Transplantation* can contact: BGTD.OPIC@hc-sc.gc.ca

Additional information can also be obtained by contacting: BPCP_PCPB@hc-sc.gc.ca

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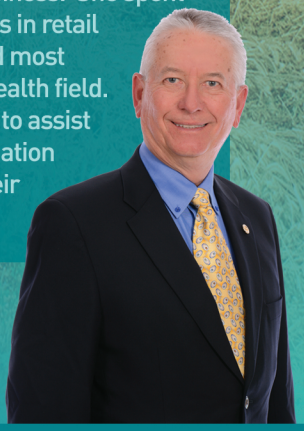
Jodie Zilkey, joins Tier Three with a deep background in merchandising and business. She spent 18 years in management positions in retail management and ownership, and most recently as management in the health field. Her strong skill set will help Tom to assist dentists in Manitoba with the valuation process, sale and transition of their dental practices.



Jodie Zilkey
jodie.zilkey@tierthree.ca
888 437 3434 ext 25

Dr. Tom Breneman
tom.breneman@tierthree.ca
888 437 3434 ext 24

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