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Annual Report 2011

President's Report



Dr. Joel Antel

The Manitoba Dental Association has functioned for 128 years providing both regulatory functions and membership services for the dentists of Manitoba. We are empowered by the Province of Manitoba to carry out the requirements of *The Dental Association Act*. The MDA has balanced these duties in a professional manner consistently fulfilling both mandates. There will be changes as a result of the new *Regulated Health Professions Act*. When dentistry is regulated under the new act there are specified membership services that a regulator cannot provide. These services will need to be provided by a separate membership services organization. The current Manitoba Dental Association will continue to be responsible for licensing and regulating dentists and dental assistants and protection of the public but will have a new name, *The College of Dentists of Manitoba*. The name Manitoba Dental Association will be available for use by a new membership services organization.

The Task Force on the Future of Organized Dentistry, a broad cross-section of those affected by the impending change, has spent long hours over the past two years analyzing the options for how to function under the new regulations. The members of the affected organizations have been consulted and informed through town hall meetings, numerous surveys and direct correspondence. The report on how to proceed has been accepted by the MDA board. An implementation committee will now consider the tasks required to continue the process.

The Manitoba Dental Association is a hub of activity that relies on significant effort and ability of the entire staff. This past year was one of change at the MDA office. All involved deserve much credit for such a smooth transition. After 42 years serving the dentists of Manitoba Ross McIntyre has retired. We all hope it is a long, happy and healthy retirement. We are very fortunate for Ross's many years of dedication and that the tone he set for the organization is still very much in evidence. Rafi Mohammed - Executive director, Linda Berg - Membership Services Director, April Delaney - Executive Secretary, Donamae Hilton - General Secretary and Dr. Marcel Van Woensel - Registrar, have accomplished a seamless transition as they continued to work tirelessly on our behalf. Much of their work is of a nature that it is only noticed if it isn't done. Spending even a small amount of time at the MDA makes one aware of the overwhelming amount of work they do and do well.

The dedicated efforts of the many volunteers who chair and sit on the many committees of the MDA, both dentists and members of the oral health team, as well as the public representatives who contribute so effectively and importantly to our organization are very much appreciated. It is through their hard work that the MDA Board has the background information, recommendations and input on which to base many of the Board's decisions.

I encourage you to read the Annual Reports of the various MDA committees to both know and appreciate all of the regulatory and membership services activities that go on at the Manitoba Dental Association.

Dr. Joel Antel
President

"It is important to remember that despite the respect that we believe the Guides have, it's important that each practitioner consider their own practice economics and assess fees for their services accordingly."

Economics Committee

The Economics Committee is responsible for the consideration and evaluation of the factors affecting the economics of dental practice in Manitoba. The Committee develops General Practice and Specialists' Fee Guides with the mandate to propose fees that are fair and considerate of both the dentists and the public of Manitoba.

The Committees' work has been complicated this year due to concerns related to the global economic crisis. Despite this we continue to fine tune the Fee Guide, helping to maintain its relevance. It remains our goal to produce guides that are respected by practitioners, insurers and the public as important resources. It is important to remember that

despite the respect that we believe the Guides have, it's important that each practitioner consider their own practice economics and assess fees for their services accordingly.

The Committee is well represented by both urban and rural practitioners. As well, we are fortunate to receive excellent guidance from our longtime Economic Consultant, Michael Loyd.

The Economics Committee recommended a 3.3% increase to the General Practice and Specialists' Fee Guides with the exception the Pedodontic and Oral Surgery Fee Guides. Large disparities were apparent in both these Specialty Guides in interprovincial comparisons. In consideration of this, the Economics Committee recom-

mended a 7.5% increase to the Pedodontic Fee Guide for 2012 with a probable need for a further increase of 7.1-7.4% for 2013. With the regard to the Oral Surgery Fee Guide the Committee recommended a 5.3% increase in 2012 and 2% increases in addition to the General Practice increases in 2013 and 2014.

Services provided north of the 53rd parallel will continue to see a 10% higher rate than the comparable Guides south of this, accounting for the greater costs of providing services in Northern Manitoba.

Dr. Murray White
Chair

Peer Review

In fulfilling the dental profession's primary duty of serving the public, each individual dentist is charged with the responsibility to develop the best possible human relations in his or her contact with the public. As such, each individual dentist must be aware that one's actions reflect not only on oneself and one's practice but equally as much on the profession as a whole. Interactions with patients should reflect a true concern for their well-being and convey a genuine human interest in the often complex process of delivering professional services.

In Manitoba for the year 2011, 29 complaints were registered against 33 dentists. Three decisions were appealed. A total of \$6,265.47 was refunded to 5 complainants. Ten members received a formal caution. Two inquiry panels were held this year.

Humble thanks and sincere appreciation go out to the volunteer members who serve on the Peer Review Committee. With their dedication and selfless efforts, the profession continues to adhere to professional codes and obligations as well as the requirements set out by the Dental Act of Manitoba.

Respectfully submitted,
Dr. Jean Bodnar, Chair

Third Party Committee

This past year members of the third party committee met with representatives of Manitoba Blue Cross & Great West-Life on separate occasions.

With MBC we discussed their policy of bundling scaling & polish benefits into packages. This causes confusion for many patients in interpreting their Explanation of Benefits statements. In some instances the patients may receive less benefits for the same preventive services in their second visit of the year, than they would have without the bundling package. Blue Cross was urged to end this policy and asked to handle preventive services the way all other third parties do.

With GWL we discussed their handling of prosthodontist fees. In some plans [that allow specialist fees] GWL only allows a C&B benefit to the level of GP fees. GWL'S rationale was that the treatment was assessed as being simple as opposed to complicated. It was explained to GWL that prosthodontists only see patients on a referral basis. As almost all Manitoba dentists do crowns the only cases that are referred to prosthodontists are complicated [in some way] such that the GP won't do it. The MDA feels all benefits for prosthodontists fees should be based on the specialists fee guide.

Dr. Kardy Solmundson
Chair

Specialists Committee

The Specialist Committee meets once or twice a year to discuss topics that pertain to Specialist issues. Some of the previous discussions have revolved around: portability of licence; MDA advertising; fees; accreditation of specialists from outside Canada etc.

Due to no new issues being brought forward, the Committee did not meet in 2011.

Thank you
Dr. Jack Lipkin,

"Blue Cross was urged to end this policy and asked to handle preventive services the way all other third parties do."

Mantra Report (Manitoba Tobacco Reduction Alliance)

Manitoba Reduction Alliance (MANTRA) is pleased to announce a decrease in the number of smokers in our province. It seems that individuals are beginning to respect and understand the impact of smoking on the quality and the quantity of life.

Unfortunately, there has been a paradigm shift that now focuses on the use of smokeless tobacco. If you have been to either an amateur or professional sporting event recently in Winnipeg, the amount of athletes touting a swollen lower lip has dramatically increased.

Chewing tobacco use is on the rise, especially in amateur sports.

For years, Major League Baseball has been the sport that included smokeless tobacco in its persona. Times are changing. Although not inclusive, MLB has taken the first steps in limiting the presence of tobacco at its games, and I quote:

"Under the agreement that MLB and the Major League Baseball Players Association have announced, big-league players, managers and coaches will no longer be able to carry a tobacco tin or package in their uniforms at games, or any time that fans are in the ballpark. They will be prohibited from using smokeless tobacco during televised interviews, at autograph signings and other events where they meet fans, or at team-sponsored appearances."

It is great to see that MLB has taken steps to help minimize what some would consider an acceptable part of their game. Now wouldn't it be nice to take in a Jets, Bombers, or Goldeyes game and not see our superstars indulging in such a harmful habit. Maybe first we should look at superstars like Alexander Ovechkin and his high publicized fondness for Skoal products. MLB is leading by example. Hopefully the NHL, CFL, and Northern League, will soon follow suit. Then, we might actually start to see a decrease in the use of smokeless tobacco in our amateur athletes.

Dr. Jonathan Archer,
MDA Representative

Task Force on Office Assessment

This past year, the task force continued its work developing the protocols for facility assessments based on the principles reviewed by members and approved by the Board in 2009.

Based on those protocols, the Taskforce is working on the following projects:

- Development of education and support tools for members and their dental offices;
- Development of a bylaw to support the facility assessment process; and
- Develop and evaluate the office assessment process through a volunteer model

As mentioned last year, this process is being initiated to provide a positive and supportive process to ensure Manitobans of the safety, predictability and quality of care available through all Manitoba dental offices.

Once approved by the Board, members will be able to have their practices assessed on a voluntary basis for no cost as we continue to progress in our processes. This will be an excellent opportunity to have your office objectively assessed as well as receive support and resources to meet current regulatory and legislative expectations. I would encourage all members to review the Manitoba Dental

Association Guidelines for Office Assessment. As well The Pharmacologic Behaviour Management Bylaw is an excellent resource to identify necessary documents, emergency supplies and equipment for any dental office.

If anyone is interested in the activities of the Taskforce or a voluntary review of their dental office, please feel free to contact me.

Respectfully submitted,
Robert Fraser, Chairperson

..."there has been a paradigm shift that now focuses on the use of smokeless tobacco. If you have been to either an amateur or professional sporting event recently in Winnipeg, the amount of athletes touting a swollen lower lip has dramatically increased."

"This past year, the task force continued its work developing the protocols for facility assessments based on the principles reviewed by members and approved by the Board in 2009. "



Dr. Joel Antel

"The continuing focus of the MDA communication program is the public image of the profession with an eye to challenges by others to our traditional role, dental office busyness and reducing the number of communication related problems that might arise between dentists and patients."

Trust Your Dentist

Good For You

Good For Life

Communications Committee

I would like to thank all involved on the communication committee and various subcommittees for their efforts this past year as well as those who have participated in the various meetings and events.

The continuing focus of the MDA communication program is the public image of the profession with an eye to challenges by others to our traditional role, dental office busyness and reducing the number of communication related problems that might arise between dentists and patients.

Utilizing various media and messaging, the program serves to protect the image of the profession and support the efforts of individual dentists. An appreciation for the value of the services we provide and the resulting dental health grows as the communication program informs the public, stimulates and supports discussions between dentists and patients and presents dentistry as the trusted profession that it is.

Evaluation and refinement of our communication program is a continual process. Collaboration at the national level has accurately identified trust in the profession and the value seen in the care we provide as primary issues. Our up and running "trust and value" messaging has been both tested and proven. National research has shown that Manitoba dentists lead the country in holding the public trust and the value seen in what we do.

This past year has seen some important projects continue and new ones begun.

The Free First Visit program continues to run with participation by most MDA members. Data collected from participating dentists will be of great value in assessing the success of the program and providing information about the needs and care for the population served by the program. Preliminary analysis of the data is underway.

Five new television commercials were filmed during 2011: asking patients to provide their dentists with up-to-date lists of any medications they are taking and current medical history information; recommending the public seek advice from their dentists about any dental consumer products they are considering; suggesting

guidelines for when it is time to arrange to see a dentist; and encouraging patients to make decisions for their dental care on dental rather than dental benefit or financial considerations.

Advertising efforts this past year included a mix of television, transit bustails, radio, internet, newspaper and local magazines. Our revived Public Service Announcement, featuring the animated "Mona Lisa" commercial aired throughout the year on various cable channels.

The MDA has begun advertising on Facebook. Facebook advertising fits well with the MDA program allowing us to deliver messaging to our general target group as well as specific messaging about the Free First Visit program and our denture message.

The Winnipeg Free Press published two dental health supplements entitled "Mouth Matters" with content and editorial control provided by the MDA through the Communication Committee. The first supplement was distributed Saturday, April 3, 2011, the second on Saturday, September 10, 2011.

Our MDA banner appeared in the center spread of the Winnipeg Sun "Go Blue" four page, full color supplement published every time the Winnipeg Blue Bombers played this season, reaching an estimated 100,000 readers.

After some contention we were able to negotiate the use of approximately \$58,000 provided by the CDA for a magazine and newspaper campaign adapting BWG ads on oral cancer and gum disease to fit with the overall Manitoba campaign.

The MDA website continues to be strong and successful. Latest statistics show an average of 2,700 unique visits per month up from 1,700-2,000 the year before.

The Oral Health School Curriculum, a curriculum for K to 6 students developed by the Manitoba Dental Association, was provided to Manitoba elementary schools through the Department of Education. An overview of the program was presented to Manitoba teachers at their November SAG conference. Translation of the program into French is underway. Congratulations to Committee Chair

D'Arcy Pierce, MDA Membership Services Director, Linda Berg, and the entire committee for their hard work and success bring this project to fruition.

Once again the MDA had a successful sponsorship and tent at KidFest (Formerly the Winnipeg International Children's Festival) providing dental screenings for more than 300 children.

The first ever All Dentist Musical - *Little Shop of Horrors* was staged at Prairie Theatre Exchange to rave reviews and huge success. The proceeds donated to PTE made this the biggest and most successful fundraiser in their history.

For 2012 the plan is to "stay the (proven and successful) course" with some new and additional activities to enhance our program.

Another "Open Wide" day of free dentistry is planned for 2012. A joint project with the University of Manitoba Faculty of Dentistry, this is a chance for us to give back to our community. Past "Open Wide" days have also proven to be fun days of camaraderie and a rewarding break from our usual routines. I would encourage everyone to participate.

Once again we will be sponsoring the Safeway Provincial Curling Championships scheduled for the Dauphin Credit Union Centre in February 2012.

We will continue to contribute to the efforts of the Manitoba Tobacco Reduction Alliance and have begun participation in a collaborative effort with other organizations to address the use of chewing tobacco in young athletes.

In office material to supplement the MDA public campaign and further support the discussions between dentists and patients are planned.

As always I encourage anyone with questions or ideas for how the MDA, through the Communication Committee, can best serve you, to contact me or any other committee member.

Dr. Joel Antel
Chair

Employment and Income Assistance Committee

Three active GP's meet every three weeks to go through all the files that need special approval and dentist input. The budget allotted to this government program is limited. We receive many requests for treatment that fall outside of the programs parameters. Examples are numerous hours of scaling, custom-fitted crowns, posterior endos, etc. There is a dollar limit to restorative treatment, which cannot be increased on individual patient basis. Please plan treatment within this limit. For removal of 8's please consider planning the removal of only symptomatic or pathologically involved teeth. Prophylactic removal of

asymptomatic impacted wisdom teeth for example, contributes little to the current well-being of the patient which is the overriding concern of the program. When requesting extra units of scaling, please provide current dated radiographs and any extra information that can help us assess the case. As more dentists are using digital radiography, we have had many non-diagnostic images sent to us printed on normal paper. Please consider sending your radiographic images printed on photo paper for clarity.

2011 STATISTICS :

November 1st 2010 to October 31st 2011 - There were 335 cases received in total. Of those, 52 were approved, 210 were approved and reduced. The latter consisted of 182 cases of reduced scaling units and 15 cases of reduced extraction fees, and 13 cases of reduced restorative maximum limits. Fifty cases were denied and 23 cases were pending more information.

Thank you to all the dentists who take the time to treat patients on this program.

Dr. Christine Lachance-Piché

"The budget allotted to this government program is limited. We receive many requests for treatment that fall outside of the programs parameters. There is a dollar limit to restorative treatment, which cannot be increased on individual patient basis."

The NDEB continues to maintain and develop its reciprocal agreements with graduates of accredited American and Australian Dental Council programs. These candidates are also eligible to take the NDEB examinations and this year 172 candidates took the written examination and 167 candidates participated in the OSCE with passing percentages of 84% and 88% respectively.

National Dental Examining Board

The National Dental Examination Board is the organization ultimately responsible for the establishment and maintenance of examinations to develop a standard for the practice of dentistry in Canada. All dentists who receive a NDEB certificate are eligible for licensure in all Canadian dental jurisdictions.

The ongoing objectives of the NDEB are:

- To establish qualifying conditions for a national standard of dental competence in general practitioners in Canada.
- To establish and maintain an examination facility to test for this national standard of dental competence.
- To issue certificates to dentists who successfully meet this national standard.
- To assist other certifying/licensing agencies in developing and implementing valid and reliable examination processes.
- To continue the development of innovative testing strategies for the evaluation of the competency of dentists in Canada.
- To continue to develop expertise related to the evaluation of competency within dentistry.
- To inform the profession on developments related to the certification of dentists in Canada.
- To work with other organizations to ensure that the accreditation of programs and the certification of dentists continue to complement each other in support of the certification process for dentists in Canada.

Graduates of accredited Dental Faculties are eligible to write the NDEB administered exams. The first is a written multiple choice exam which assesses knowledge of clinical dental sciences. The second is the Objective Structures Clinical Examination (OSCE), an examination that assesses clinical judgement through

review and application of clinical information and materials.

The examinations along with the processes of the Commission on Dental Accreditation verify that new graduates are competent to enter general dental practice in Canada. This year in Canada a total of 540 candidates completed the written examination and 534 candidates completed the OSCE examination with passing percentages of 97% and 98% respectively.

The NDEB continues to maintain and develop its reciprocal agreements with graduates of accredited American and Australian Dental Council programs. These candidates are also eligible to take the NDEB examinations and this year 172 candidates took the written examination and 167 candidates participated in the OSCE with passing percentages of 84% and 88% respectively.

In 2011, a new Equivalency Process (EP) for graduates of non-accredited dental programs was initiated based upon an ODQ examination process. This Equivalency Process will allow the NDEB to determine if the candidates knowledge and clinical dental skills are equal to applicants graduating from accredited dental programs. The EP consist of three parts:

1. The Assessment of Fundamental Knowledge (AFK). This examination consists of 300 multiple choice questions. This year a total of 821 applicants wrote this examination and 359 or 44% passed.
2. The Assessment of Clinical Skills (ACS). This examination consists of 12 simulated dental procedures in a clinical setting. Multiple dental faculties participated in this examination process which occurred over two days using typodonts with standardized teeth to simulate clinical procedures.

This examination process and the grading of the typodonts was completed with independent reviews to ensure that all candidates received a fair and objective examination process. Many volunteers and clinical directors were also calibrated to take part in the examination for a successful initiation of a new clinical assessment process. This year 266 applicants underwent the ACS examination with 58 or 22% receiving a passing grade. Due to the limit of available chairs within the testing faculties the maximum number of registrants for the 2012 ACS will be set at 600.

3. The Assessment of Clinical Judgement (ACJ). This examination assesses an applicants ability to assess, diagnosis, radiographically interpret, and treatment plan dental cases. This year 289 applicants wrote this examination and 144 or 50% passed the exam.

Applicants must pass all three examination processes and as a result will then be deemed to be "equivalent" to an applicant from an accredited program and is then eligible to write the same written and OSCE examinations as Canadian graduates. The total number of applicants eligible to write the written and OSCE examinations this year is 35 participants. Unsuccessful participants are eligible to apply for admittance to the existing two year degree completion programs. The Equivalency program had over 2600 applicants apply for the EP.

Information on the NDEB exams and assessments can be found on the NDEB web site at: www.ndeb.ca

Dr. Amarjit Rihal
NDEB Board Member,
MB Representative

Free First Visit Committee

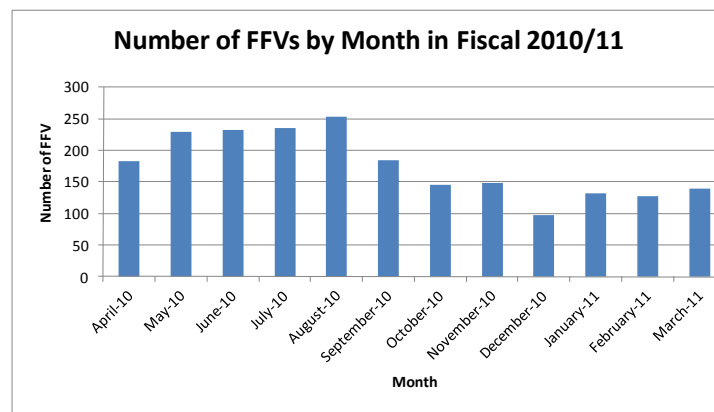
Free First Visit Program Committee Annual Report - December 2011

March 31, 2011 marked the completion of the first year of the Manitoba Dental Association's Free First Visit (FFV) program. The MDA and the FFV committee have continued to promote this exciting initiative that aims to improve access to early dental assessments and create Dental Homes for infants and toddlers across Manitoba. The emphasis continues to be promoting the American and Canadian Academy of Pediatric Dentistry as well as the Canadian Dental Association's Statements on the child's first dental visit no later than 12 months of age.

Member participation in the FFV program has had an outstanding start. Over 260 dentists have registered with this program since it was launched on April 1, 2010. FFV program tracking forms continue to be submitted to the MDA. This is important information that will assist the MDA and the FFV program committee in understanding the impact the program is having.

Tracking forms for the period April 1, 2010 to March 31, 2011 have now been collated and analyzed, in part to a BSc (Dent) Studentship provided to Ms. Manpreet Boparai of the Faculty of Dentistry. As of March 31, 2011, a total of 2,570 tracking forms were submitted to the MDA. Of these, a total of 2,115 children \leq 36 months of age have had a Free First Visit. The following findings are restricted to those \leq 36 months of age. The distribution of FFVs throughout the fiscal 2010/11 period appears in Figure 1.

Figure 1 – Distribution of FFV by Month in Fiscal 2010/11



With the assistance of the Winnipeg Regional Health Authority's Research & Evaluation Unit, the FFV tracking form data have been geo-mapped by postal code to identify where children and participating offices are located. This technology is useful in determining the reach of the FFV program in Manitoba. Table 1 presents the number of children and the number of participating offices by Manitoba Regional Health Authority. Similar reports are available for specific Winnipeg Community Areas. Figure 2 presents geo-mapping of children and dental offices based upon submitted tracking forms.

Table 2 reports some results from tracking forms submitted during the first year of the program. Children seen by pediatric dentists were significantly younger than those seen by a general practitioner (24.5 ± 7.2 months vs. 26.0 ± 7.4 , $p < .0001$). Pediatric dentists were slightly more likely than general dentists to see children by 12 months of age (pediatric dentist 6.3% vs. general dentist 5.7%, $p = .59$). Children who had their FFV by \leq 12 months of age were significantly more likely not to have ECC than children who were beyond this age (4.6% vs. 21.3%, $p < .0001$).

Collectively, the FFV program had a very good start and in the first 5 months (i.e. April- August 2010) the average number of visits was >200 /month, however in the following 7 months the number of visits was reduced to <140 /month. This finding may be the result of the reduced program participation by the members of our profession, lack of public knowledge and understanding as well as the lack of proper FFVs tracking and reporting.

To further promote the participation of the members of our profession it will be important to provide continued information about the effects of the program on the improved oral health of the most vulnerable part of the population. In regard to the public awareness for the program we should consider utilizing different media sources such as community newspapers as well as TV and radio ads, preferably played during the early morning and late afternoon hours.

Finally the tracking and reporting methods are found by some practitioners to be time consuming and in a number of cases the FFVs may have taken place but were not properly recorded. To facilitate this important aspect of the program it will be important to consider placing an on-line recording system for FFVs. This will enable tracking of information to be completed in the matter of seconds, including sending this information to the MDA office electronically.

In enclosing this report your Manitoba Dental Association's Free First Visit Program Committee would like once again to thank dentists and staff for participating in this important program and for opening their offices as dental homes for many young children in the province.

Drs. Jacobs, Lekic, Schroth, & Stein

"The emphasis continues to be promoting the American and Canadian Academy of Pediatric Dentistry as well as the Canadian Dental Association's Statements on the child's first dental visit no later than 12 months of age."

Free First Visit Committee (continued)

Table 1 – Number of Participating Dental Clinics and Number of Children by RHA

RHA	Number of Dental Clinics	Number of Children Seen by RHA of Residence
Winnipeg	56	1395
Brandon	7	95
North Eastman	5	78
South Eastman	3	129
Interlake	5	113
Central	4	158
Assiniboine	1	66
Parkland	2	29
Nor-Man	0	3
Burntwood	0	20
Churchill	0	1
Missing postal code and city name	6	28
Total	89	2115

Table 2 – Summary of Year 1 Results

Free First Visit – Summary of Year 1 Results	
Number of Children ≤ 36 months Seen	2115
Mean Age*	25.0 ± 7.3 months
Age Category*	
≤ 12 months of age	132 (6.3%)
> 12 months of age	1980 (93.7%)
Sex*	
Males	1086 (52.1%)
Females	999 (47.9%)
Signs of Early Childhood Caries*	
Yes	413 (20.2%)
No	1632 (79.8%)
Child had Dental Benefits*	
Yes	1654 (79.2%)
No	434 (20.8%)
Type of Dentists Completing Free First Visit*	
General Practitioner	686 (34.3%)
Pediatric Dentist	1313 (65.7%)

*preliminary calculation based upon available submitted & completed tracking form fields

With the assistance of the Winnipeg Regional Health Authority’s Research & Evaluation Unit, the FFV tracking form data have been geo-mapped by postal code to identify where children and participating offices are located. This technology is useful in determining the reach of the FFV program in Manitoba.



Dr. Alexander Mutchmor

...“Another significant change this year involves Continuation Services Inc. (CSI). The CDA Board approved the necessary resolutions to establish a separate CSI Board of Directors effective January 1, 2012. Operating authority has been transferred to Mr. Joel Bisson, CSI’s new President.”

Canadian Dental Association Report

This year saw the new membership model for the CDA come into effect. This now means that in order to receive the benefits of the CDA, a dentist must join his local Dental Association if that province or territory has a corporate membership. This has led to a greatly increased number of dentists enrolled in the CDA and therefore a reduced per dentist fee. Currently, Quebec is the only provincial dental association that is not a corporate member. Therefore, in Quebec, in order to receive CDA benefits, dentists can/must join CDA individually.

The CDA continues to make progress in our two areas of focus, **advocacy** and **knowledge**. In the area of knowledge, there is JCDA.ca – the new electronic platform of scientific and clinical information. Work is currently focused on developing content templates for JCDA’s new clinical decision support system called OASIS (Online and Searchable Information Service). Proposed components include a searchable database of clinical knowledge, a platform for discussion of clinical issues, and knowledge of clinical procedures for patient understanding.

In the area of advocacy, the Branding Initiative continues to move forward. In addition to the development of creative files (TV, print, radio, and other formats such as transit ads) for use across the country, there is also the CDA member Patient

Communication website populated with communications best practice documents for dentists including self-evaluation materials. Here dentists can find advice on patient communication that will build trust and demonstrate the value of dental care. As a tactical priority for the coming year the BWG will also focus on fees and insurance in addition to the general communications materials.

Advocacy also includes the issue of access to care, especially in regards to early childhood caries and seniors. The National Coordinating Working Group on Access to Care for Children and Seniors continues work to develop a strategy/action plan to advocate for minimum standards in long term care facilities, and create a database of information on caring for seniors in long term care facilities.

Another significant change this year involves Continuation Services Inc. (CSI). The CDA Board approved the necessary resolutions to establish a separate CSI Board of Directors effective January 1, 2012. Operating authority has been transferred to Mr. Joel Bisson, CSI’s new President. A three person CSI Oversight Committee remains in place to assist Mr. Bisson until the new CSI Board is created. It has been decided that this is the best way to provide the proper management expertise, which is not necessarily available on the

CDA Board, to allow CSI the opportunity to thrive and succeed in a competitive market.

The CDA continues to strive to provide value to its members and all dentists in Canada while serving the Canadian public by remaining as the experts in and advocates for oral health care.

Respectfully,
Dr. A. Mutchmor

Group Insurance Benefit Committee

The Committee for Insurance and Investment did not meet in 2011. The MDA Board was given a presentation from CDSPI representatives at the board meeting during the MDA Convention in January. The presentation confirmed that CDSPI provides products that serve our membership well.

Dr Jim Bonar
Chairman

Selection Committee

The Faculty of Dentistry received 268 applications for the 2011-2012 incoming class. This year, as the caliber of the application pool rose, the Faculty offered 96 interviews for the 29 available spots. The Committee for Selection in Dentistry met in June 2011 to select the 29 new members to the incoming Undergraduate dental class of 2011. This year when the class convened on August 15th there were 29 Manitobans (100% Manitobans) in the class. The average adjusted GPA of this year’s incoming class was 4.00 on a 4.50 scale (range 3.64 – 4.38); the Core Course average was 3.83 on a 4.50 scale (range 3.40 – 4.35) and the average DAT was 22.18 (18.33 – 26.00) on a 30.00 scale.

Dr. Tom Breneman
MDA Representative

Registrar's Report

The Dental Association Act regulates dentistry and dental assisting in the Province of Manitoba. Our primary role is to ensure that appropriate dental services are provided to the public by formally educated, licensed, or registered dental care providers.

Currently we license dentists, register intra-oral dental assistants and review dental nurse therapists' credentials who graduated from Wascana Institute (SIAS 1975-88).

A review of all existing regulatory procedures, bylaws and Codes is occurring to assure they reflect the current regulatory expectations of society.

Registration and Licensure

Forty-two dentists and 129 dental assistants were newly registered and licensed/certified with the MDA. There are currently 681 dentists and 1151 dental assistants licensed in the Province of Manitoba.

The Regulated Health Professions Act

As mentioned in the last report, it may be some time before regulations are developed to replace *The Dental Association Act*. A review of policies, practices and bylaws of the MDA is ongoing to make the regulatory transition as simple and seamless as possible. Activities and terms of reference for existing committees are being reviewed to align with expectations of *The Act*. New committees are being formed to manage additional obligations. The Taskforce on Office Assessment is proceeding well with the development of a voluntary facility assessment process that should be available to interested members in 2012.

The Taskforce on the Future of Organized Dentistry in Manitoba has completed its mandate with recommendations that were approved by the Board this year. The approved path will allow for necessary changes while sustaining current activities in the most cost effective manner.

The Fair Registration

Practices Act

The MDA has been attending meetings and engaging in discussions with representatives of the Fairness Commissioners Office. Ensuring our registration practices are communicated in plain language and developing reporting templates to coordinate information important for the Commissioner's work has been the primary focus of our discussions.

The MDA has facilitated and supported efforts by the Fairness Commissioners Office to assist graduates of unaccredited dental training programmes in gaining access to recognized assessment programmes and the opportunity for practice.

Canadian Dental Regulatory Authorities Federation (CDRAF)

The new pathway for dentists educated in unaccredited dental training programmes - the national equivalency process - developed by the NDEB has completed its first year of assessments. There is significant interest in this effort by individual applicants (in Canada and abroad) and government. Members of the MDA play a significant role in the process and their efforts are appreciated. An MDA review of one component - the Assessment of Clinical Skills - was highly supportive of the NDEB process and offered

feedback to assist the NDEB in its ongoing efforts.

A similar review and report of Royal College of Dentists of Canada's National dental specialist examination elicited similar support for their efforts in revising and improving their processes.

Peer Review Committee

The Chair of the Committee has provided her report and the statistical information about the activity of the Committee can be accessed in that report. The Board has approved funding additional support for the Complaints Committee volunteers to assist in their investigation

Faculty of Dentistry

I would like to express my appreciation to the Dean, Dr. Anthony Iacopino, for his support in addressing regulatory issues. His support of the need for and communication about effective regulatory policies will in the long term benefit both the Faculty and the profession. In 2011, representatives of the regulatory authority have participated in the interview process for all new Faculty positions.

Dr. Marcel Van Woensel
Registrar



Dr. Marcel Van Woensel

"It may be some time before regulations are developed to replace *The Dental Association Act*. A review of policies, practices and bylaws of the MDA is ongoing to make the regulatory transition as simple and seamless as possible."

"The committee strives to provide lectures that will appeal to a diverse audience: if you have suggestions for speakers or topics, please forward them to the attention of the committee."

Hospital Services Committee

The Hospital Services Committee continues its mandate of involvement, development and activity in areas associated with the Manitoba dentist's activities in hospitals and NFA facilities.

Work is ongoing in regards to the requirements for hospital privileges in the province. Electronic billing to Manitoba Health is now in place and work is ongoing to idealize billings through the Cleft and Craniofacial Dental Insurance Plan.

The implant subcommittee has met on a regular basis to review applications after previous discussions with the provincial government.

Negotiations are taking place with Manitoba Health in regards to their fee schedule.

Respectfully submitted,
Dr. Lee McFadden, Chair

Annual Meeting & Convention 2011

This year marked the 127th annual meeting of the Manitoba Dental Association, with the theme, "The Future: Never Better". That theme seemed especially appropriate given that it marked Ross McIntyre's ('never better') final meeting as executive director of the association.

Our meeting has continued to grow and enjoy success. This year, delegates were treated to a wide variety of speakers, highlighted by futurist Dr. Ian Morrison's presentation, "Managing the Velocity of Change". Continued this year were the Clinical and Research Oral Presentations, which have proven to be an interesting option for attendees. The committee strives to provide lectures that will appeal to a diverse audience: if you have suggestions for speakers or topics, please forward them to the attention of the committee.

While the didactic component of the meeting is our primary focus, for many, the highlight are the social functions that are offered. Friday night's comedy themed "Back to the Future" social, was...interesting, but Saturday's President's Gala drew a huge audience as it was a tribute to Ross and his years of dedication to the MDA. Friends and colleagues traveled from across the country to honour Ross. Once again, Danny Kramer and his band had guests dancing until the lights came up.

An important thanks to all the members of the convention committee, who so generously offer their time and talent to make this meeting the nationally renowned success that it is, year after year.

Committee Members include: Dr. Carla Cohn, Dr. Sheldon Glow, Dr. Danielle Jobb, Dr. Simona Pesun, Dr. Sandy Mutchmor, Dr. Tony Krawat, Ms. Sina Allegro-Sacco (MDAA rep), Ms. Mary Bertone (MDHA rep), Walter Kulyk (Traffic Advertising), Mr. Rafi Mohammed and Ms. Linda Berg.

Dr. Tim Dumore
Chair

The Manitoba Cleft/Dysplasia Program

This program provides dental care under the auspices of Manitoba Health for eligible children. To be registered for benefits under the Manitoba Cleft/Dysplasia program an individual must have a valid MHSC number and have a repaired cleft lip and/or palate or a significant orofacial dysplasia.

**Patients must be registered before their 18th birthday. Examination for registration in the plan can be arranged by calling 204-787-2516.*

**To maintain coverage patients must have a valid dental exam at least once a year.*

**Implant coverage for insured individuals is determined by a committee of the Manitoba Dental Association.*

**Treatment plans over \$500.00 must be approved by the dental director.*

**Complex oral surgery, prosthodontic, and orthodontics must be carried out by the respective*

specialist billing to Manitoba Health.

For information contact:

*Cindy Bonneteau, Nurse Clinician
PH: 787-2207*

*Sheryl Clark, Claims
PH: 787-4882*

*Howard Cross, Dental Director
PH: 787-25616*

Dr. Howard Cross

Continuing Education Committee

As the new Chair of the Continuing Education Committee, I would like to thank the former chair, Dr. Keith Levin, for serving in this capacity for over 15 years. Dr. Levin stepped down because of his other time consuming commitments both professional and personal.

2011 marked another year of excellent continuing education opportunities for dentists and dental assistants in Manitoba. The three main providers of continuing education (Winnipeg Dental Society, Faculty of Dentistry, and Manitoba Dental Association) do their best to respond to the needs of dental community in Manitoba.

Often, I am asked "Why is continuing education important and why it is a requirement?" As healthcare professionals, we are entrusted with the safety and comfort of others on a daily basis. If we rely upon our initial training indefinitely, ignoring evidence based research findings and technological advancements; we would be jeopardizing the health and welfare of our patients. In our profession, it's simply not an option to assume there is nothing more to learn.

In 2012, an online continuing education survey will be sent to all members seeking their input on continuing education. This survey is a joint initiative of the Faculty of Dentistry, Winnipeg Dental Society and Manitoba Dental Association. Please take the time to complete the online survey.

Finally, whatever form of continuing education you choose to pursue, please remember that education is a lifelong endeavor and ensures your ability to provide the best possible care for your patients.

Dr. Nancy Auyeung
Chair

"In 2012, an online continuing education survey will be sent to all members seeking their input on continuing education."

Student Mentorship Program

The Mentorship/Student Advisory Committee serves as the primary connection between dental students and the profession of dentistry in Manitoba. The MDA's Mentorship Program provides students with a unique opportunity to develop a relationship with dentists who can offer advice, provide a window into practicing dentistry in Manitoba, share experiences and give career guidance. Dentists who participate in the program benefit by helping to ensure the continued success of our profession by fostering ethics, professionalism and the overall preparedness of students for their careers in dentistry. Mentorship is one of the most important things we can provide to our

future colleagues and can play an important role in shaping the future of our profession for years to come.

Although its certainly not a goal of the program, we have also seen a number of direct benefits and growth in individual dentists who agree to mentor a student. Dentists from all areas of the province are encouraged to participate as mentors in order to help us provide students with a diverse exposure to experiences and backgrounds. With the upcoming legislative changes the profession of dentistry is on the cusp of significant change; that this transformation results in a better, stronger profession

relies on the exact kind of stewardship that mentors provide by volunteering their time, talent and knowledge. If you are interested in mentoring please contact Linda Berg, Membership Services Director at the MDA office.

Thank you to all the mentors, the Faculty of Dentistry, MDSA and especially the MDA staff for their time and effort in making this program a success.

Dr. Amarjit Rihal
& Dr. Cory Sul,
Co-Chairs

"Mentorship is one of the most important things we can provide to our future colleagues and can play an important role in shaping the future of our profession for years to come."

CALL FOR RESEARCH PRESENTATIONS

The Annual Meeting and Convention Committee are inviting dentists, dental educators and researchers to participate in the third annual Manitoba Dentist Oral Presentations lectures on **Saturday, January 28, 2012**.

The purpose of the presentation is to provide Manitoba dentists an opportunity to share with their colleagues unique treatment cases that they have managed, research findings that may positively impact on dental care, and expanding the knowledge base of others.

The Clinical Sub-committee of the Annual Meeting and Convention will select four submissions for case presentations and four submissions for research presentations.

Presentation Submission Guidelines: **Submission deadline is Monday, January 9, 2012.**

Presentation Summary: Presentation summary must be filled out in the Submission Layout form. This form was emailed to members in mid October (contact the MDA office at 988-5300 if you require another copy). Once completed, please email the submission back to: office@ManitobaDentist.ca with subject heading "**Case and Research Presentation 2012**".

Clinical Co-Chairs, Dr. Danielle Jobb & Dr. Simona Pesun

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January 26-28, 2012

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MANITOBA DENTIST

128TH ANNUAL MEETING
& CONVENTION
JANUARY 26 - 28, 2012
WINNIPEG CONVENTION
CENTRE

KEY SPEAKERS
Dr. Mark Hyman
Bethany Vilachi
Michael Kerr

IN MEXICO
FRIDAY NIGHT FIESTA
FRIDAY, JAN 27

IN PARIS
PRESIDENT'S GALA
DINNER & DANCE
SATURDAY, JAN 28

Manitoba Dental Association

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