

Manitoba Dental Association

Annual Report 2013

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President's Report: Dr. Amarjit Rihal



It has been an extremely busy year for the Manitoba Dental Association (MDA). All MDA committees have had full schedules over the year and for all our volunteer members and staff we owe you a big congratulations and thank you. When I look back, my year, as president has flown by and in this annual report I highlight some events and accomplishments that I think are pivotal for the dentists of Manitoba. I also look at some of the future

initiatives that will be forthcoming to the dental profession.

The Manitoba Dental Association has functioned for 130 years providing both regulatory functions and professional services for the dentists of Manitoba. We are empowered by the Province of Manitoba to carry out the requirements of The Dental Association Act. There will be changes as a result of the new Regulated Health Professions Act which was proclaimed by government on January 1, 2014. When dentistry is regulated under the new act there are specified professional services that we as a regulator will not

be able to provide. These services will need to be provided by a separate professional membership organization. The current Manitoba Dental Association will continue to be responsible for licensing and regulating dentists and dental assistants and the 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 professional membership organization. These changes will not occur overnight and the process will be dictated by the timelines and priorities of government.

Over the course of eight meetings from March to July 2013,

the MDA completed its' Fairness Commissioner Review. The mandate of the Manitoba Office of the Fairness Commissioner is to :

'...ensure their registration practices comply with The Fair Registration Practices in Regulated Professions Act. The result is more internationally educated professionals working to their fullest potential, with significant economic benefits to the province.

The outcome of the review showed that the MDA maintained fair registration and licensing practices for dentists and as a result our association is being held in high regard for our

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Fluoride Strategy Working Group

The Manitoba Dental Association, University of Manitoba Faculty of Dentistry, College of Dental Hygienists of Manitoba, Manitoba Dental Hygiene Association, and Manitoba Dental Assistants Association are working jointly to advocate for water fluoridation as a safe and effective means of preventing dental decay. The Working Group strategy is to influence decision makers at the political level where the decision is made to add/maintain fluoride in public drinking water.

In 2013, the elected councillors of Flin Flon and Churchill decided to removed fluoride from its public drinking water despite the Working Group efforts in coordination with Manitoba Health and local dentists to change their position on it. However, the Working Group was success-

ful on two other fronts in Manitoba, City of Morden and City of Winkler. Engagement of elected councillors, the efforts of the local dental assistants students (Red River Campus – Winkler), local dentists and the Working Group proved to be very successful. These rural cities voted to continue fluoridating its public drinking water.

Manitoba Health continues to monitor activities of anti-fluoride groups including newspaper articles related to fluoride in Manitoba. This initiative has proven to be helpful for the Working Group in developing proactive approaches to the fluoride debate. Manitoba Health also, provides updates on natural fluoride levels in communities with water treatment plants. The monitoring of these levels enables

the proper adjusted of fluoride to ensure consistency in concentrations.

The Working Group is currently working on developing a power point presentation which can be delivered to health boards, educational institutions, and elected councils in Manitoba. The main theme of the power point presentation is the importance of fluoridated drinking water to disadvantage groups in society.

Thank you to Working Group members' commitment to ensure that all Manitobans benefit from the continued use of fluoride in our public drinking water.

Rafi Mohammed,
Executive Director

Dental Care for Residents of Long Term Care Committee (formerly known as Senior's Dental Committee)

Under the direction of a professional facilitator, a core of MDA dentists and key stakeholders met in November 2012 and January 2013 for strategic planning workshops. The overall objective of these meetings was to develop a strategic plan for oral health care for residents in long term care facilities by addressing key areas of strategic focus, specific goals, objectives and action plans including leadership responsibilities and timelines. Mission and Vision

statements were also derived.

In April and June, 2013, additional meetings with the core and stakeholders groups worked out detailed action plans to ensure completion of the goals and objectives. In September, 2013, the core MDA group assigned timelines, responsibilities and allocated resources for all of the identified key areas of focus.

This dedicated MDA committee feels empowered by

the interest and commitment demonstrated by the stakeholders and looks forward to working through the timelines identified with the support of the MDA Board to achieve a recognizable and defendable standard of dental care for residents in long term care facilities in Manitoba.

Respectfully submitted,
Margot Pilley, BSc
(Pharm).DMD,FAGD
Chair

Canadian Dental Association



Report on the activities of the CDA in 2013

As the national voice for dentistry, the Canadian Dental Association is dedicated to the advancement and leadership of a unified profession and to the promotion of optimal oral health, an essential component of general health. The CDA's vision for dentistry is simply articulated as: a Strong Profession, a United Community, and a Healthy Public.

With its focus on advocacy and knowledge, the CDA has engaged in a number of government, media and public relations initiatives to promote and advance the dental profession, including meetings with Canada's Prime Minister and other national decision-makers and opinion-leaders. Two tangible results of these efforts were enhancements to the NIHB program and the removal of dentistry from the Federal Government's list of Foreign Skilled Workers Program. In addition to conducting its annual environmental scan to identify megatrends in dentistry, the key activities of the CDA have

centered on its four strategic priorities. Additionally, the CDA has been very active on a number of dental practice-related issues including: the development of tools for dentist/patient communications, an eReferral system as a member service; the enhancement of working relationships with the insurance industry; the introduction of the wellness initiative; the revitalization of the Seal of Recognition program and the revisions to the USC&LS.

To support its mission, CDA has four 'Priority One Projects':

1. National Oral Health Action Plan;
2. the Trust and Value program;
3. Advocacy on Access to Care with emphasis on seniors and children; and,
4. the new JCDA/Oasis, an electronic platform of scientific and clinical knowledge for dentists.

National Oral Health Action Plan: The objective of the CDA initiative is to develop, through na-

tional stakeholder consultations and collaboration, a comprehensive national action plan for oral health in Canada; one that will identify the needs of Canadians and develop coordinated approaches to address the challenges and opportunities for the promotion of optimal oral health. The action plan will be developed in a collaborative manner with the involvement of all of the relevant stakeholders including oral health providers, dental academia, government, dental health carriers, the dental industry and related health professionals. The first major symposium for this National Oral Health Action Plan will be held on February 27, 2014 and it will bring together all of the relevant stakeholders to engage in a national dialogue to reach a common understanding on key challenges and opportunities and identify areas where participants can collaborate in advocating and working for solutions.

Trust and Value program: The impetus for this project was extensive quantitative and qualitative public opinion re-

search as well as comprehensive interviews with dentists across Canada. The internal communication component (to the profession) of this program is equally important as the external (to the public). A patient communication section on the members' side of the CDA website has been developed to support dentists in learning more about how to strengthen and/or build relationships with patients. As a follow-up to the survey undertaken 4 years ago, CDA is undertaking a similar national survey of both patients and dentists.

Advocacy on Access to Care: In order to align its efforts and resources, the CDA has established a National Coordinating Working Group on Access to Care which brings together representatives from all of the Corporate Members, the specialty groups and the ACFD. The goal is to advocate for access to care with an emphasis on children and seniors. As part of its plans to address early childhood caries, the CDA is coordinating an initia-

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Canadian Dental Association



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tive to promote a 'First Visit to Dentist by Age One'. As part of the first phase of the project, CDA conducted a national survey of Canadian dentists asking questions about current practices with infant and toddler patients. As for seniors, CDA trained and will continue to support champions in each province who will undertake public policy advocacy for the establishment of oral health care standards in long-term care facilities. Specifically, efforts will be made to promote the generic draft legislation: "Best Practices for Oral Care in Elderly Care Facilities" that was developed by CDA with the assistance of a legal expert in drafting legislation and government regulations.

jcda.ca/Oasis: CDA is very proud to have launched the brand new JCDA/Oasis. The JCDA.ca has evolved and reinvented itself as a powerful online source of clinical information for dentists and their team members. CDA has developed JCDA/Oasis (an acronym for

Online Advice & Searchable Information System) — a clinical decision support service for everyday practice. JCDA Oasis has 3 components that can all be accessed through one URL: www.jcdaoasis.ca. These components are: JCDA.ca (peer-reviewed journal), Oasis Help (chair side clinical support), and Oasis Discussions (answering clinical questions). A print publication and email newsletter complement the online elements of JCDA/Oasis. In April, the JCDA will be replaced by a magazine which will now be a mix of clinical review articles, summaries of research articles along with news, opinions and updates relevant to the Canadian dental practitioner.

CDA serves as a facilitator in the development of common national policy statements to ensure that the profession speaks with one voice on key oral health issues. Under the new governance and membership model, CDA and the Corporate Members are committed to working together on questions of national policy. To that

end, a National Policy Formulation and Implementation Process was established to promote consultation with Corporate Members, academia and specialists. In order to communicate with external audiences, CDA has also prepared a bank of possible questions and answers that may be raised by media or government officials on key oral health issues. Additionally, the national association has created a group of Media Experts and provided media training to more than 60 dentists who work in various fields of dentistry across Canada. Again, this ensures that CDA can provide credible and reliable information to the public through the media.

Internationally Trained Dentists: In terms of policy matters, an issue that has been of high interest to the profession is the integration of internationally trained dentists from non-accredited schools. Through its representation at a key parliamentary committee of the House of Commons, the CDA was influential in the Government of Canada's

decision to remove dentistry from the list of the Federal Skilled Workers Program. However, the profession recognizes that internationally trained immigrant dentists are already in Canada. The CDA wants to ensure that it does all that it can to support them in integrating into Canadian society and the dental community. Consequently, CDA has established a new national Task Force whose mandate will be to devise ways to support the integration of internationally trained immigrant colleagues. That Task Force will be composed of representatives of each of CDA's Corporate Members.

NIHB: The CDA recently achieved more success in relation to the NIHB Program through policy / advocacy activities. For a number of years the CDA has been advocating for annual stable funding increases to the NIHB program. In the past, NIHB had to ap-

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Canadian Dental Association



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ply to the federal Treasury Board each year for increases in funding and could only make adjustments in fee guides after the Treasury Board advised them of their adjusted funding level. This created uncertainty and delays in yearly fee adjustments. In the last federal budget, the government of Canada announced a 5% yearly escalator in NIHB funding. CDA was also influential in the extension for another two years of the NIHB Endodontic pilot project allowing endodontic treatment on bicuspid and first molars without predetermination. While the changes in funding and predetermination exhibit improvements in the program for the dentists in Canada who treat patients covered by NIHB and their patients, the program remains an issue that CDA

continues to work on with the government, the Assembly of First Nations and ITK, the national Inuit representative body. It is CDA's goal to improve the program in terms of bureaucratic load, funding and design.

CDA continues to support key services to the profession, including:

eReferral, CDAnet, ITRANS and USC&LS:

After two years of piloting the CDA eReferral program, in January 2014 CDA will be launching in eReferral as a CDA member service. CDAnet, ITRANS and USC&LS all enhance the ability of Canadian dentists to provide cost-effective dental care. An independent Board now governs CSI, which continues to manage the ITRANS electronic claims transmission service available to all of the member dentists of the Corporate Members. The

USC&LS committee, composed of representatives of all of the Corporate Members and a specialty representative, has completed the implementation of a new maintenance process that places the decision making in the hands of stakeholders through a balloting process. CDA has been working to ensure appropriate standards related to security and privacy are maintained to protect dentists. CDA is working with carriers to ensure the needs of dentists continue to be a driver of the evolution of CDAnet.

CDA Seal of Recognition:

In terms of public information, the CDA Seal of Recognition remains the most visible public program. The program ensures that dentistry is considered the 'go to' source for oral health information. The CDA Board has approved changes to the program to ensure that it continues to effectively serve its

role. The changes will be announced and implemented in the new year. The CDA **Dental Aptitude Test (DAT)** the CDA Structured Interview and the **Commission on Dental Accreditation of Canada (CDAC)** contribute to support the availability of a highly educated workforce for the delivery of oral health care. CDA and the ACFD have established a joint Task Force that is examining the efficacy of the DAT.

Your CDA is strong and well-positioned to continue working collaboratively with Corporate Members, enhance communication with Dental stakeholders and maintain connections with the entire Health Care community.

Dr. Alexander Mutchmor

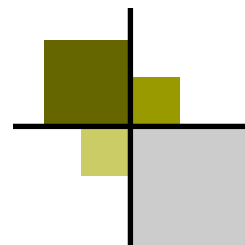
MDA Representative on
CDA Board

Insurance & Investment Committee

The Committee on Insurance and Investment functions to ensure that the insurance and investment needs of the MDA members are provided for. This is primarily attained through CDSPI, a company dedicated to providing relevant financial solutions to Canadian dentists throughout their lives. The committee held no meetings in 2013.

Submitted by:

Dr. Jim Bonar, Past Chairman



Continuing Competency Committee

As a new year begins, it is a great time to reflect on our past endeavors. In preparation for the much anticipated Regulated Health Professions Act (RHPA), the Continuing Competency Committee has been busy this year undertaking the task of literature review and examining other continuing education models in Canada in order to review the MDA's current model. This review will continue into 2014. We were fortunate to have the opportunity to receive a presentation from Lt. Col. Jean-Pierre Picard on the continuing education programme administered to

the military personnel in the Canadian Forces Dental Services (CFDS). We extend many thanks to Dr. Picard in making this possible. In addition, the Committee conducted a review of the Continuing Education Bylaw 10-08 in order to make revisions so that the bylaw is more readily understandable and consistent in format to other MDA bylaws. The Continuing Education Bylaw draft has been distributed to membership for ratification.

Dentistry is a continuously changing profession with the advancements in dental

technology and materials, the ever-changing demands of our patients and the necessity to maintain a high level of standard of care for public safety. For these reasons, continuing education should be part of each dental professional's growth and development. Continuing education is compulsory for licensure but my hope is that we strive to always improve our knowledge and skills so that as dental care providers, we are ready to discuss and deliver treatment options that are in the best interest of our patients. The programmes made available by various organizations and the main three in Manitoba including

the Winnipeg Dental Society, the MDA Annual Convention Committee and the University of Manitoba have been excellent sources for continuing education. I encourage all members to continuously strive for excellence whether it is in their professional or personal life. Knowledge is a powerful tool and if used wisely, can help us to live better and enable us to contribute an important aspect of healthcare to our communities.

Best regards,

Dr. Nancy Auyeung
Chairperson,
Continuing Competency
Committee



The Manitoba Dental Association launched the Free First Visit Program on April 1, 2010 with the aim of raising the awareness and the importance of the early visit to the dental office. This program was designed to establish dental homes for young children and was based on the fact that at early age dental visits are more likely establish preventive practices for the caregiver with long-term

Free First Visit Program

benefits for the child and the family. Early visits to the dental office are known to be an effective method in preserving child's oral health and in reducing the prevalence of Early Childhood Caries (ECC).

In the three years of its implementation the Free First Visit Program has shown to be an important step in addressing the very prevalent problem of ECC in Manitoba. It is unfortunate but this form of the disease is very prevalent in some communities and due to age and the extensive treat-

ment needs often requires rehabilitative dental surgery done under general anesthesia.

During the three year period of time more than 250 dentists have actively participated in the program. For every visit that is part of the Free First Visit Program a tracking form is completed and submitted to the MDA. By the end of November of 2013 a total of 8,396 tracking forms were submitted. Results suggest that many Manitoba children have received free first visits, however, fewer by families with no dental coverage. This information

will assist the MDA and other decision-makers across Manitoba in determining the impact of the program and how to best improve early access to oral health care in order to reduce the incidence of severe caries in young children.

Collectively, this program was/is of great importance and the Manitoba Dental Association's Free First Visit Program Committee would like to thank everyone for the support and for opening their offices to so many young children in our province.

Dr. Charles Lekic
Committee Chair

Economics Committee

The Economics Committee is responsible for the development of both General Practice and Specialists' fee guides and providing advice to the Board of the Manitoba Dental Association on other economic factors of concern to the dentists of Manitoba.

Fee Guides are developed with consideration of the factors specific to the economics of Dentistry in Manitoba while balancing fairness to both dentist and the public.

It is our pleasure to welcome our new consultant Dr. Greg Finlayson, PhD. He brings to the table many years of experience in the analysis of the provision of health care in Manitoba through his

work with the Manitoba Centre for Health Policy. The Committee is excited to have the opportunity to consider some fresh new ideas with the help of his guidance.

The Economics Committee recommended a 3.1% to the 2014 General Practice fee guide. The increase is composed of a general increase of 2.6% and an additional increase of 0.5% for unaccounted increases in dental staff wages and supplies. The Committee recommended the same 3.1% increase to the Specialists' guides with the exception of the Oral Surgery guide, which will receive a 5.1% increase. The additional 2% increase is the last increment of a multi year project, which

accounts for the large disparity, which existed between our Oral Surgeons fee guide and the guides of their counterparts elsewhere in the country.

Once again this year, services provided north of the 53rd parallel will have a 10% premium over the comparable guide for dental services in the south. This is to account for the higher costs of practicing in Northern Manitoba and is consistent with other healthcare professions, government departments/agencies and private business operating in the north.

Dr. Murray White
Chair

Selection Committee

The Faculty of Dentistry received 285 applications for the 2013-2014 incoming class. This year, as the caliber of the application pool rose again, the Faculty offered 89 interviews for the incoming class.

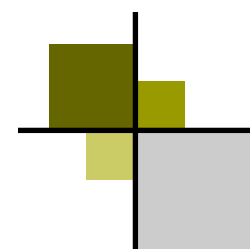
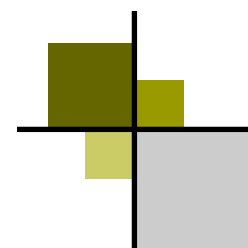
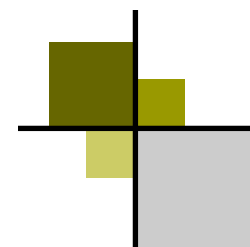
The Committee for Selection in Dentistry met in June 2013 to select

the new class members to the incoming Undergraduate Dental Class of 2013. When the class convened on August 12 there were a total of 29 students in the class.

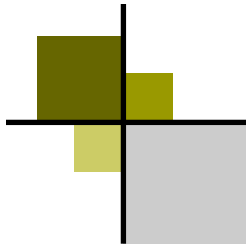
There were 27 Manitobans and 2 out of province students in the class. The average adjusted GPA of this year's incoming class was

4.001 on a 4.50 scale (range 3.455-4.282); the Core Course average was 3.867 on a 4.50 scale (range 3.500-4.250) and the average DAT was 22.276 (20.000-24.333) on a 30.00 scale.

Submitted by
Faculty of Dentistry



Employment & Income Assistance Committee



The committee consists of three active GP's who meet once a month to check cases that require special approval and dentist input. This provincially funded program provides basic services for eligible recipients. Procedures are paid at 90% of the fees in the MDA fee guide. Please be sure to have the staff read through the income assistance guide each year to check for restrictions in schedule A and schedule B. There are many treatment requests that are not included in the program.

Examples are custom-fitted crowns, night guards, posterior endos, and numerous hours of scaling. Please note that restorative has a limited dollar amount and plan accordingly. Consider removing wisdom teeth if they are symptomatic or pathologically involved. Provide current dated radiographs and any other information that will help assess each case.

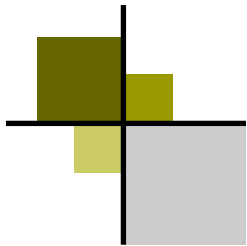
There were 309 cases reviewed. 56 cases were approved, 189 cases were approved but reduced (167 cases were reduced scaling requests, 2 cases reduced extractions and 20 reduced restorative maximum limits), and 49 cases were denied. There were 15 cases pending more information.

Thank you to all the dentists who treat patients that are on this program.

Dr. Eileen Eng

2013 STATISTICS

November 1st 2012 to October 31st 2013



General Practice Study Club Committee

The MDA General Practice Study Club began this year. The study club developed from anecdotal discussions that identified that many dentists credited a strong early practice experience as foundational to success as their careers progressed.

The study club is for dentists within the first five years of graduation or registration with the Manitoba Dental Association. The goal is to provide a forum for practice and career support, engagement with colleagues and the profession as well as guidance towards

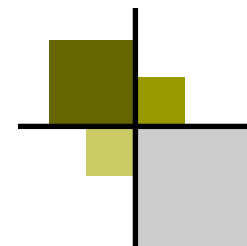
a successful career for as many dentists as possible in the early stages of their careers. The study club will meet several evenings a year. Small discussion groups, facilitated by established dentists, discuss and explore areas of dentistry suggested by the participants. There is no cost to MDA members participating in the study club and continuing education credit is provided. The inaugural dinner and subsequent first meeting were well attended and well received.

Thank you to the study club planning committee members, especially those for whom the club is intended, who took the kernel of an idea and quickly developed and implemented the program.

If the MDA GPSC is for you, and you have not already done so, please contact the MDA office for more information and to register.

Dr. Joel A. Antel

Committee Chair



President's Report

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regulatory practices. The regulation of the practice of dentistry is expanding and our community is not confined to cities and provinces anymore. With my involvement on the National Dental Examination Board (NDEB) and the Commission of Dental Accreditation of Canada (CDAC) I have seen both the influx of internationally trained dentists into Canada and the formation of reciprocal agreements for accreditation of dental colleges/faculties in other countries. What this means is that dental communities around the world are looking at the accreditation and examination processes that we use in Canada and are trying to meet our standard of care. Dentistry is global, and we should be proud as dentists in Manitoba to have one of the highest standards of care

within our profession.

With ever increasing technological demands on our organization I am pleased to announce the formation of the IT Committee for the MDA. The MDA has been working though the conversion of their old database systems to a new Central Resource Management (CRM) system and future plans to enhance our digital security and digital sharing of documents with members is on its way. We will see a more robust membership side to the new MDA website with more immediate functionality for members. We may also see use of Facebook, Twitter and LinkedIn pages for the MDA to help communicate with our members and expand the reach of the Communications Committee programs. A new Office Assessment website with video and documentation resources

will be available in time for the annual convention. This site will help members with all aspects of their upcoming office assessments.

With what is to be the largest annual convention in MDA history we will see the development of the first MDA-app to help navigate all aspects of the annual convention. Please ensure that you register online before the January 19th cut off date to take full advantage of all the app's features. Stay tuned for more information; get your app by scanning the QR code or log on to:

<http://cda2014.quickmobile.mobi/>

The act of kindness is an enriching experience that can benefit those in need which, in the end, will make the world a better place for all. We as oral health care providers live better than the majority of the world and we must never lose sight of how fortunate we are.

I am amazed, proud and honored by the number of members who give to those less fortunate than themselves.

With this I am excited to inform you of the formation of the Dental Foundation of Manitoba (DFM).



Dental Foundation of Manitoba

“Philanthropy means “love of humanity” in the sense of caring, nourishing, developing and enhancing “what it is to be human” “

The Dental Foundation of Manitoba will serve as:

“The unified centre of professional philanthropy for the dentists of Manitoba.”

The mission of the foundation will be to :

1. To support programs, services, and

Manitoba
Dental
Association



dental missions that provide dental services to the underserved, working poor and geographically isolated populations and communities

2. To support program and services to improve the dental health of long-term care institutionalized populations in Manitoba

3. To support dental outreach education programs for the underserved, working poor and geographic isolated populations and communities

4. To support programs that encourages Manitobans to choose dentistry as a career option

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President's Report

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5. To support education institutions and/or other agencies in research projects that would have a direct impact on the practice of dentistry

6. To support education institutions and/or other agencies involved in the education of dental students and dentists

7. To support and promote voluntarism as it re-

lates to the practice of dentistry

The DFM is in its initial stages and its official launch will be highly anticipated in the near future.

As I close my report in what will be my last message as the President of the Manitoba Dental Association I would like to acknowledge the staff and executive of the MDA. To Dr. Alan Cogan, Dr. Mike Sullivan, Dr. Marcel Van

Woensel, Mr. Rafi Mohamed, Mrs. Linda Berg, Ms. April Delaney, Ms. Donamae Hilton, and Ms. Diane McDonald, a big thank you. Your companionship, hard work, enthusiasm, and positivity made my year as president an unforgettable experience. The strength of the MDA lies in your hands.

Finally, to the MDA Board and members of Manitoba, thank you for your trust and confidence. It has

been an honor to serve as your president.

If there is anything I can do for you please feel free to contact me.

Warmest regards,

Dr. Amarjit Rihal
President

Manitoba Dental
Association

Peer Review Committee

As a self-regulating profession, it is our responsibility to fulfill fiduciary and statutory obligations to protect the public interest through the functions of the Peer Review Committee. The appointment of dentists by the board of the MDA and public appointees by the Minister of Health provides a roster of individuals who make up sub-committees with responsibilities of investigation, mediation and discipline, thereby allowing successful functioning of the process.

Committee members performing the role of investigators find themselves reminding investigated members of their responsibilities to perform basic duties they were taught, but have failed to carry out in practice, resulting in written complaints from members of the public. Among the basic duties are such things as fulfilling informed consent regarding potential risks of proposed treatment (not only successes); complete supportive documentation (do not assume that routine

processes and procedures in the office are unworthy of documenting); and above all, thorough communications with patients.

This year, eleven new complaints were registered against 11 dentists. Six formal cautions were given and one inquiry panel was held.

A total of \$8,765.36 was refunded to complainants through the mediation process.

My sincere thanks to the members of the Peer Review Committee for their

exceptional efforts and consideration in the cases they are charged with reviewing. Their thorough investigations and thoughtful decisions are essential to maintenance of confidence and trust in our profession.

Respectfully submitted,

Dr. Jean Bodnar
Chair,
Peer Review Committee



Registrar's Report: Dr. Marcel Van Woensel

The Manitoba Dental Association is the organization authorized by statute to register and license dental assistants and dentists in the Province of Manitoba. Our enabling legislation is *The Dental Association Act*.

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

In 2012 and 2013, a review of existing regulatory procedures and bylaws occurred to reflect the current regulatory expectations of society.

Registration and Licensure

Thirty-six dentists and 112 dental assistants were newly registered and licensed/certified with the MDA. There are currently 680 dentists and 1207 dental assistants licensed in the Province of Manitoba.

The *Bylaw for Registration and Licensing of Dentists* has been reviewed and updated to ensure consistency and comprehensiveness of process involved in registration

and licensure. The bylaw format has been restructured to improve clarity of requirements. Registration and licensing fees have been removed from the *General Bylaw* and inserted as a schedule to this bylaw.

New forms for registration, licensing, changing licensure status and resigning your license have been developed. Instructional guides to explain and assist in completing the new forms have been developed and shall be included with member renewal packages.

Improvements to public access to members in the pharmacological behaviour management rosters shall be introduced in 2014. With member annual renewal packages, there will be a confirmation form to provide members the opportunity to correct information contained in the current MDA database.

Peer Review

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.

Continuing Competence

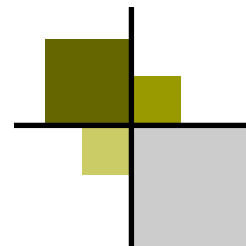
The Chair of the Committee has provided her report. The revised bylaw, new terms of reference and new sub-committee structure are designed to strengthen our commitments to protecting the public through an objective and accountable process.

With the increasing interest by members to develop and present educational programmes, the MDA has standardized its programme approval mechanisms.

Office Assessment

The 47 members' offices have been assessed under the new process. A significant part of the efforts in 2013 were to develop our system, process and documents. This is an ongoing effort with improvements to the pre-visit questionnaire planned for 2014. I would like to express my appreciation for the input and patience of the auditors and members in these

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Registrar's Report

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Manitoba Dental Association

early implementation stages.

Through the efforts of Dr. Amarjit Rihal, an interactive website has been developed to inform members of the expectations in an office assessment.

Efforts to develop new resources and methods of communications are being planned. Integrating technology to streamline report drafting and reduce current timelines

Dental Corporations

A new *Bylaw for Dental Corporations* has been approved by the Board and ratified by members. The new bylaw clarifies regulatory processes, including regulatory review of existing corporations, appeal options and restriction on corporation names. A new fee structure is included in a schedule attached to the bylaw.

Application, review and renewal forms are being evaluated to improve clarity and standardization. Instructional guides will be updated to assist members and their legal advisors the

application and renewal process.

Members should be advising their legal counsel of the newly ratified bylaw in this area.

Pharmacological Behaviour Management

The Board approved terms of reference for a committee to review and provided the Board with recommendations on issues and concerns raised by members and the public.

After the review, the Board accepted Committee recommendations and approved the bylaw for member consideration. As of the writing of this report, the *Bylaw on Pharmacological Behaviour Management* is before the membership for approval.

The Regulated Health Professions Act

With the introduction of regulations for speech language pathologists and audiologists, *The Regulated Health Professions Act (The Act)* was proclaimed on January 01 2014.

It will still be some time before regulations are de-

veloped to replace *The Dental Association Act*, but significant time and resources are being directed by the MDA to make the regulatory transition as simple and seamless as possible.

The first transition steps have begun to align bylaws, activities and terms of reference with expectations of *The Act* while remaining consistent with *The Dental Association Act*.

The Fair Registration Practices Act

The MDA has been attending meetings and engaging in discussions with representatives of the Fairness Commissioner's 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 Commissioner's Office to assist graduates of unaccredited

(Continued on page 13)

Registrar's Report

(Continued from page 12)

dental training programmes in gaining access to recognized assessment programmes and the opportunity for practice.

In the spring and summer, a review of MDA registration practices with the Office of the Fairness Commissioner was undertaken. The report of that review is available at: <http://www.manitobafairnesscommissioner.ca/wp-content/uploads/MDA-Final-Registration-Review-Report.pdf>. The MDA will work with the Fairness Commissioner's Office on an ongoing basis to im-

prove registration practices in the public interest.

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 third 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.

Faculty of Dentistry

I would like to express my appreciation to the Dean, Dr. Anthony Iacopino and Faculty for their 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 2013 representatives of the regulatory authority have participated in the interview process for all new Faculty positions.

Marcel Van Woensel
Registrar



**Manitoba Dental
Association**

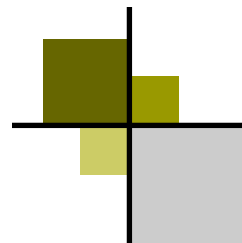
Hospital Services Committee

The Hospital Services Committee continues its mandate of involvement, development and activity in areas associated with Manitoba dentists' activities in hospitals and NFA facilities. Negotiations with Manitoba Health in regards to fee schedules were completed in 2012 and will not need to be renegotiated for another

year. A significant portion of that negotiation was securing funding for the Director of the Cleft/Dysplasia Dental Plan. The Implant Subcommittee continues to meet several times per year to review applications submitted for coverage. Additionally, in an ongoing effort to remain current and relevant to the needs of the

population of Manitoba, the subcommittee has met to review and adjust the rules of application for coverage under this program. Dentists are kindly reminded that there are specific requirements which must be fulfilled in the application process; please contact the MDA with any questions.

Respectfully Submitted,
Catherine Dale





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 pro-

gram 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. The MDA's "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.

Some important projects of the past year are:

- A very active committee monitoring the issues surrounding community water fluoridation and developing appropriate responses and actions to protect this important public health initiative.

- 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 20, 2013, the second on Saturday, September 7, 2013. We have also been given

the opportunity to provide the Free Press with a series of ongoing articles on a variety of dental health topics.

- The new Public Service announcement for television "We Be Brushin" was released this year. A three minute online video and PSA with original music/song shot around the province using various locations, dentists and people of all ages. The local response to the video has been positive and interest has been shown by other dental associations interested in using the video across the country.

- 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 Free First Visit program had participation by most MDA members. The research done in conjunction with the program has shown it to have effectively influenced knowledge and attitudes about early dental care for children. New

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Communications Committee

(Continued from page 14)

messaging emphasizing the recommendation that a first exam take place prior to the first birthday is being developed. While the initial three year “formal” period of the program has ended it is hoped that Manitoba dentists will continue to offer free first dental visits to patients prior to their third birthday.

- The MDA was a major partner of the Manitoba Junior Hockey League, supporting junior hockey in 11 communities across Manitoba.

- A collaborative effort with other organizations to address the use of chewing tobacco in young athletes.

- Following on the success of the production of Little

Shop of Horrors another All Dentist Musical, Guys and Dolls, was presented in 2013.

Advertising efforts this past year included a mix of television, transit bustails, radio, internet, in-line advertising, newspaper and local magazines.

For 2014 the plan is to “stay the (proven and successful) course”, continue our many up and running projects as well as identify and develop new opportunities that arise.

Some highlights for 2014:

- The 2014 MDA annual general meeting and convention will be held in Winnipeg in conjunction with the Canadian Dental Association.

- The newly revamped MDA website, enhanced to better serve the public and the profession.

- Consumer Focus groups will be conducted to provide us with verification of our public messaging and suggestions to change or improve the messaging.

- A strategic planning session with a wide cross section of MDA members. A strategic planning session was previously held in 2006. The result of that session guided all of our communication activities over the past seven years.

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.

Third Party Committee

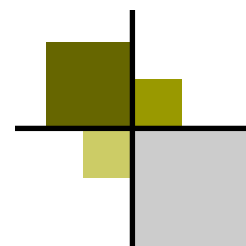
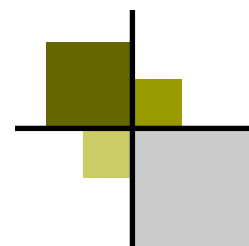
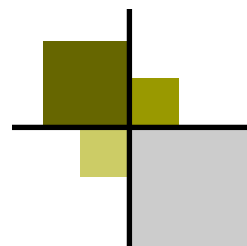
This year the 3rd Party Committee met with Manitoba Blue Cross & Great West Life . Great West Life invited us to provide input as they change their mechanisms of payments in the near future.

There are plans to meet

with the President of the University of Manitoba Students Union to discuss their plans for a closed panel Managed Care Dental Plan for university students. Managed care is rearing it's head again in Manitoba.....the MDA would

reiterate to all members that these programs can only succeed if dentists sign up as providers. Otherwise, they fail and go away.

Dr. Kardy Solmundson
Chair



National Dental Examining Board

"In 1951 the Canadian Dental Association encouraged the ten Provincial Dental Regulatory Authorities (DRA) to meet in an attempt to develop a satisfactory plan for a National Examining Board. Its purpose was to provide a facility by which members of the profession could become eligible, on a national basis, to apply for practice privileges in the province of their choice. This meeting resulted in the incorporation of The National Dental Examining Board of Canada (NDEB) in 1952 by an Act of Parliament of Canada. The Act was supported by all ten DRAs and by the CDA and this support continues today. " - www.ndeb.ca

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 knowl-

edge 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.

The NDEB continues to maintain and develop its reciprocal agreements with graduates of accredited American, Australian and the Irish Dental Council programs. As a result of many overlapping areas of interest the NDEB also maintains a formal relationship to the Dental Council of Hong Kong.

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

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National Dental Examining Board

(Continued from page 16)

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 1187 applicants wrote this examination and 42% 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 re-

ceived a fair and objective examination process. This year 483 applicants underwent the ACS examination with 26% receiving a passing grade. Due to the limit of available chairs within the testing faculties the maximum number of registrants for the 2014 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 493 applicants wrote this examination and 59% passed the exam.

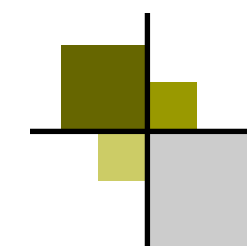
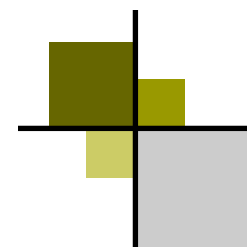
Applicants must pass all three examination processes and as a result will then be deemed to be “equivalent” to an applicant from an accredited program and is then eligible to write the same written and OSCE examinations as Canadian graduates. The total

number of applicants eligible to write the written and OSCE examinations through this process this year is 129 participants. Unsuccessful participants are eligible to apply for admittance to the existing two year Degree Completion Programs (DCP) held in a number of faculties across the country. The DCP's had over 2600 applicants apply for this process and is expected to graduate 75 applicants.

The total number of foreign trained dentists that completed the Equivalency Process (EP) or Degree Complete Programs (DCP) is 188 for 2013.

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
Manitoba Representative



Manitoba Health Cleft/Dysplasia Program

New Clefts 43
New Immigrants 6
New Dysplasia 20

Dental Claims to Date:
\$341,288.63

Ortho Claims to Date:
\$199,004.95

This program covers most dental treatment for registered patients.

This includes all operated patients with a cleft lip and/or palate deformity and patients with a significant dento-skeletal dysplasia.

To be registered in these programs an individual must be younger than 25 and seen at the Children's Hospital Dental Clinic.

Patients registered in this

program must have a dental check-up at least once per year in order to retain coverage. General dental treatment plans of over \$500 must be pre-approved by the Director.

Assessment by a team of medical and dental specialists is done periodically in order to guide treatment planning.

Services such as orthodontics,

prosthodontics, oral surgery, and periodontics are provided by certified dental specialists. Oral hygiene must be maintained at a high level for these complex cases. Consistently poor oral hygiene and “no shows” may lead to dismissal from the program.

Howard Cross
Director Cleft/Dysplasia
Program

Mantra 2013 Report

The Manitoba Tobacco Reduction Alliance (MANTRA) was founded in 2002 with the Manitoba Dental Association as one of its founding partners. We are pleased to have Dr. Jonathan Archer representing the Manitoba Dental Association on our board of directors.

This year was a year of renewal as we released our next five year strategy for tobacco reduction. Our vision as enunciated in our business plan for this year:

1. Fewer Manitobans smoking and those who are smoking, smoking less
2. Young Manitobans increasingly rejecting the lure of tobacco products
3. An increase in the number and type of locations which are smoke-free
4. Greater restrictions on the licensing and sale of tobacco products

In February of this past year, MANTRA worked with key partners to coordinate TEACH training for 89 health professionals in Clinical Interventions for Tobacco Use and Dependency. There is a need to

increase capacity for cessation intervention if we wish to see fewer Manitobans smoking.

There is good news related to youth and smoking as the rate of smoking amongst Manitoba youth aged 15-19 has dropped from 29% in 1999 to 13% in 2012. The new challenge is to similarly reduce smoking rates amongst 20-24 year olds which remains at 27%, a reduction of only 5% in the same time period. We continue to work with partners to see changes at the post-secondary level which is home to 40% of young adults in this age group.

Living in smoke free homes is something that many of us take for granted. In June of 2013 MANTRA released a survey it commissioned through Prairie Research Associates titled *Exposure to Second-Hand Smoke in Multi-Unit Dwellings*. The survey revealed that 7 in 10 individuals living in these settings would like to have totally smoke-free accommodation, but the reality is that only 4 in 10 actually do because of a lack of supply. A round

table discussion was held with key stakeholders in September as we continue to seek solutions to this problem

The licensing and sale of tobacco products was a topic of discussion in recent meetings between MANTRA and the Minister of Healthy Living and Seniors. The number of licenses for tobacco sales, coupled with the fact that these licenses have no fees attached and do not have to be renewed annually, as do licenses for the sale of alcohol, does little to control the readily available supply of tobacco products. By comparison, there is one liquor retail outlet for every 386 adults who purchase alcohol compared to 1 tobacco retail outlet for approximately every 104 individuals who purchase tobacco products. This situation is also compounded by the fact that retail licensing forbids the sale of tobacco products to those under 18 years of age but does not prevent those under 18 from selling the product in licensed outlets. While there have been significant

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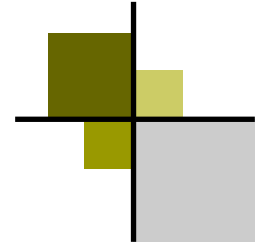
Mantra 2013 Report

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gains in tobacco reduction there are also many challenges. The Manitoba Dental Association has been a strong partner in our twelve

years of existence. We look forward to your continued support as we seek to eliminate tobacco use for a healthier Manitoba.

Murray Gibson
Executive Director



Student Mentorship Program

The Manitoba Dental Association hosted the first Canadian National Mentorship Summit in early summer of 2013. Representatives from various programs, stakeholders and participants from across the country meet at the Inn at the Forks on May 31st and June 1st to review existing mentorship programs and explore ways to improve the benefits these efforts create for the entire profession in Canada. Some came with a wealth of experience and information to share: others came with little more than an open mind. All of the participants gained an improved understanding of the various programs that are being run across Canada, learned ways to advance existing programs and gain a better understanding of the impact mentorship can provide the individual participants

and the profession as a whole. While there were many highlights, we believe the most important lesson learned is that faculties of dentistry may be responsible for teaching students how to do dentistry, it is our job as a profession is to teach them how to be a dentist.

As the longest running and most developed program in the country, our program focuses on stimulating interested in rural and northern practice, reducing the stress of the first few years after graduation, increasing successful pairing of associate/partners with owner dentists and most importantly, contributing to the development of the high standard of ethical and professional conduct by new graduates. The Mentorship Committee co-hosts meetings and social events for dental students and volunteer

mentors from the profession in partnership with the University of Manitoba Faculty of Dentistry and the Manitoba Dental Students' Association. The Mentorship Program also provides dental students with a unique opportunity to develop a personal relationship with members of the profession in Manitoba who can offer advice, provide a window into dental practice in Manitoba, share experiences and give career guidance.

Mentorship can be seen as a nurturing process that fosters growth and development in the protégé: we believe it is an investment in our profession. Dentistry as a whole is better because of the active participation of committed members who volunteer their time and talent to the success of the Mentorship Program. The Mentorship Program has almost 50 mentors partici-

pating from diverse backgrounds and experience. The common denominator in all mentors is their passion for giving back to their profession and making sure that the profession of dentistry in Manitoba is strengthened with each graduating class.

In particular we would like to thank Drs. Eileen Eng, Jonathan Archer, Sasha Goolcharan and David Kindrat for their work as Class Mentor Liaisons in the program.

Respectfully,

Dr. Cory Sul
Dr. Amarjit Rihal

Manitoba Dental Association Annual Report 2013

Annual Meeting Committee

The 129th annual Manitoba Dental Association Convention continued the trend of increasing registrations, with a record attendance of 2304 delegates this year. Each year, we strive to provide a slate of speakers that will appeal to all members of the oral health team, and perhaps this is part of the reason that we have been so successful in attracting a large audience. Inclusion of some of our local talent in the scientific sessions has also been a popular component that we in-

tend to continue in the future.

The theme for this year's meeting was "A Walk Down Memory Lane", and featured Faculty of Dentistry Museum, a Delaurean at the registration area, and the 80's rock band "Harlequin" at the Friday night social. Every year the effort volunteers and MDA staff continue to make this event better and better. We have received accolades from many exhibitors stating that we are one of the top dental conventions in Canada.

Also, the support of sponsors and trade-show exhibitors the

convention adds to its success. Thank you to Scotiabank, Winnipeg Dental Society, and CDSPI for their continued support year after year. The staff of the Winnipeg Convention Centre attention to the finer details that we have missed also plays an important part to our overall success: security, coat check, meals and beverages just to name a few.

Anyone who has worked on any MDA committee knows how much work the MDA staff puts into the Convention. Linda, April, and Donamae should all be commended for

their outstanding contributions to the convention. This past year we have been fortunate to have non-committee members and MDA Board members assist during the convention which has also really helped. Special thank you again, to Dr. Carla Cohn whose magical mind keeps dreaming up these wonderful decorations and themes for our convention.

And, finally, a huge thank you to Dr. Tim Dumore who has stepped down as Annual Meeting and Convention chair. Dr. Dumore chaired the



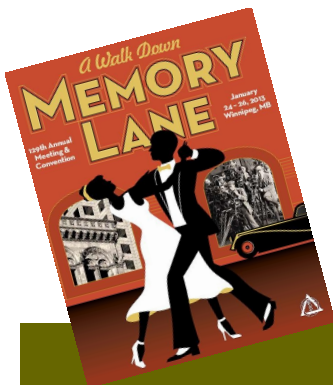
MDA/CDA Convention
January 23-25, 2014

Don't Miss it!

convention from 2011-2013.

*** 2013 Committee Members:**

Dr. Tim Dumore
Dr. Carla Cohn
Dr. Danielle Jobb
Dr. Simona Pesun
Dr. Sandy Mutchmor
Dr. Tony Krawat
Dr. Sheldon Glow
Ms. Sina Allegro-Sacco (MDAA rep)
Ms. Mary Bertone (MDHA rep)
Dr. Raj Bhullar
Dr. Marty Greenfeld
Dr. Bill Cooke
Dr. Peter Kowal
Dr. Gary Finkleman
Mr. Walter Kulyk (Traffic Advertising)



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