

Annual Report 2012

January 7, 2013

Volume 1, Issue 1

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President's Report



Dr. Allan Cogan

The Manitoba Dental Association is the governing body for dentists and dental assistants in Manitoba. We are empowered by the Province of Manitoba to carry out the requirements of the Dental Association Act. As a result of the Regulated Health Professions Act, the Manitoba Dental Association, as we know it, will be required to become two organizations. The College of Dentists of Manitoba will be the regulatory body, and the Manitoba Dental Association will become strictly a membership services organization.

The MDA is always a busy place with many things going on at all times. None of these activities would be possible without the hard and dedicated work of the many volunteers. All of these activities are coordinated by our fantastic MDA staff who work tirelessly on our behalf; Rafi Mohammed - Executive Director, Marcel Van Woensel - Registrar, Linda Berg - Director, Public &

Member Relations, April Delaney and Donamae Hilton.

The following is a brief summary of some of the activities that have taken place over the past year :

After 22 years at our previous location the MDA has relocated to our new office at 202-1735 Corydon Avenue. The building committee along with local businesses and professionals has done a great job in finding and developing our new home.

The Task Force on Office Assessment presented a final report to the Board and a copy of the new bylaw has been distributed to the membership. A series of resources will be available online to assist offices with the required documentation. All offices shall be assessed on a six year cycle. The committee will then send a final written report to the member dentist owning the practice.

The Communications Committee continues its activities and has been very effective at marketing our profession and our value to the public. The three primary goals of the Communications Committee continue to be: positive positioning of dentistry in the public consciousness, increasing dental office busyness, and taking proactive steps to reduce the number of communications based complaints by patients.

The new dentist musical Guys and Dolls is to be performed at the Prairie Theatre Exchange from May 9 - 12, 2013. This year the musical will raise money for both PTE and CancerCare Manitoba.

The Economics Committee, working with Michael Loyd and Associates, had recommended a 3.2% increase to the general practice fee guide for the 2013 year. This increase was approved by the Board at the last meeting. The Manitoba Dental Association will be losing Michael Loyd as our economics consultant, as he begins to slow down his work load this spring. The MDA would like to thank Michael for his seventeen years of dedicated service to our association, and wish him all the best in the future.

The Mentorship Program continues to be a valuable part of the dental school experience. New changes for the program include having individual programs for each of the four years. An important aspect of the program is communication with students and mentors, and a Facebook page has been developed specifically for the program as its communication platform. The long-term goal is to incorporate the Mentorship Program within the practice management course for dental students. The MDA is planning to host a national conference in June 2013 to discuss

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President's Report, continued from page 1

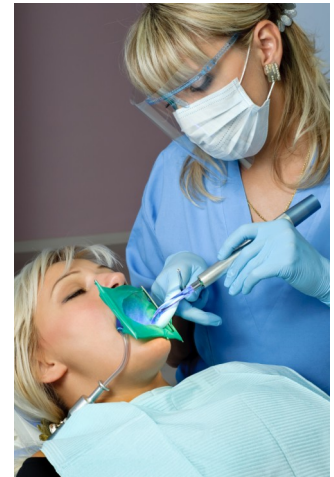
the Mentorship Program with representatives from all across the country, so that all provinces can share ideas about this worthwhile program.

The Board of Directors of the Dentistry Canada Fund has set a date of June 30, 2013 as a closing date for the charity. The Dentistry Canada Fund Board of Directors has chosen to direct a significant portion of its remaining funds to charities recommended by those provincial dental associations that are members of the Canadian Dental Association. The Manitoba Dental Association is able to provide direction on approximately \$29,140. The MDA Board had approved this money to be do-

nated for a capital project in the dental clinic at Mount Carmel.

In closing, I would like to thank the MDA membership for the honour and privilege of allowing me to serving as your president for the past year. I am truly grateful for the opportunity.

Dr. Allan Cogan
President
Manitoba Dental Association



Third Party Committee

This year the 3rd Party Committee met with Manitoba Blue Cross, Great West Life and a CDA 3rd Party Committee member.

We are pleased to report that as Manitoba Blue Cross renews its contracts, the practice of bundling polish and scaling units into codes that no longer exist will be discontinued. This should result in less confusion for all involved, and a more accurate reflection of benefits received for services rendered. A few of Blue Crosses client companies have insisted they will stay with the old bundling system.

We had a cordial meeting with Great West Life. They described in detail their fraud preventing

audit process. We assured them that the MDA and Manitoba practitioners had been at the forefront of cooperating and making the 3rd Party system work.

We will likely meet again with Great West Life in the new year to discuss prosthodontic specialty fees and Great West Life's assessing of benefits for same.

At CDA in Saskatoon we had a chance to meet with Dr. Benoit Soucé of CDA to discuss Manulife's approach to scaling benefits in under-20 year olds. Dr. Soucé explained that Manulife does not want to say how many units of scaling will be allowed in this age bracket. They are concerned that

some offices will bill to that limit if they know what it is. This approach from Manulife leaves both dentists and parents unsure of what the benefits will be for recall preventive visits prior to starting the appointment.

There is ongoing dialogue with other provinces at this time. Ultimately, if this goes poorly, dentists throughout Canada might choose to not accept assignment of benefits from Manulife patient's claims.

Respectfully,
Dr. Kardy Solmundson

Specialist 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 2012.

Thank you
Dr. Jack Lipkin, Chair



Task Force on Office Assessment

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

-Initiated voluntary office assessments to evaluate and improve both the functionality and effectiveness of process

Based on those protocols, the task force worked on the following projects:

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 private Manitoba dental offices.

-Development of education and support tools for members and their dental offices;

-Developed the *Bylaw for Office Assessments* which was approved by the MDA Board and released to the membership for approval;

Respectfully submitted,
Dr. Robert Fraser, Chairperson

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.

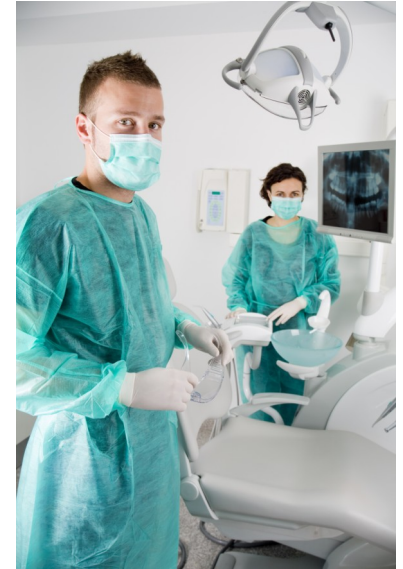
The Committees' work has been complicated again this year due to concerns related to the global economic uncertainty. The Committee was able to complete a multiyear project this year, which fine tunes Generalists' and Specialists' Fee Guides, helping to maintain the relevance of these Guides. This relevance is invaluable to our goal of producing guides that are respected by practitioners, insurers and the public and serving as important resources.

The Committee is well represented by both urban and rural practitioners. The Committees' work is well supported by the expertise of our Economic Consultant, Michael Loyd. It's with regret that I must inform you that after 17 years of service to the MDA, Michael will be stepping down as our consultant. I would like to thank Michael for his many years of providing well reasoned and dependable advice that has improved the practice of dentistry in Manitoba to the benefit of practitioners and the public.

The Economics Committee recommended a 3.2 % increase to the Generalists' and Specialists' Fee Guides for 2013. The increase is composed of a general increase of 1.9% and a further 1.3% related to keeping pace interprovincially. It was as well recommended that the Pediatric Guide receive an additional 3.8% for an overall increase of 7% and that the Oral Surgery Guide receive an additional 2.2% for an overall increase of 5.4%. Both these Guides warranted an extra increase to account for the disparity that exists between them and the corresponding Guides in other provinces.

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, Economics Committee



Communications Committee



Dr. Joel Antel

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.

Some important projects of the past year are:

- Development of "Speaking Notes about water fluoridation for dental practitioners for meetings with Council members of Regional Municipalities", a Fluoride Fact Sheet "Water Fluoridation Prevents Cavities" for dental offices and the website; and a full-colour consumer brochure that was distributed to all dental offices in the province.
 - Development of a Patient Communication Guide outlining some simple strategies and tips for improving communication with patients (based on a publication of the ASA&C) distributed at the 2012 MDA Annual Convention.
 - 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, 2012, the second on Saturday September 8, 2012.
 - 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. The entire course/program materials have been translated into French and distributed to all the French schools in Manitoba.
 - 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.
 - Advertising efforts this past year included a mix of television, transit bustails, radio, internet, in-line advertising, newspaper and local magazines.
 - The Free First Visit program continues to run with participation by most MDA members.
 - Another "Open Wide" day of free dentistry was held in 2012. A joint project with the University of Manitoba Faculty of Dentistry, this was a chance for the profession to give something back while addressing a need in our community.
- For 2012 the plan is to "stay the (proven and successful) course". Along with continuation of our many up and running projects some important projects planned for the coming year are:
- The MDA will be a Major Partner of the Manitoba Junior Hockey League. Supporting junior hockey in 11 communities across Manitoba.
 - Collaborative effort with other organizations to address the use of chewing tobacco in young athletes.
 - Development of in office material to supplement the MDA public campaign and further support the discussions between dentists and patients.
 - Following on the success of the production of Little Shop of Horrors another All Dentist Musical is planned for spring of 2013.
 - Development of a new Public Service announcement for television. A 3 minute online video and PSA with original music/song and shot around the province using various locations, dentists and people of all ages.

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

Your
Manitoba
dentist.



Continuing Education

The Manitoba Dental Association is responsible to establish and monitor continuing competency requirements for the re-licensure of dentists, empowered through *The Dental Association Act*. The committee is responsible for approving continuing competency activities and programs in Manitoba.

In 2012, the three main providers for continuing education (The Faculty of Dentistry, The Winnipeg Dental Society, and The Manitoba Dental Association) have provided a line of programs spanning the various disciplines of dentistry. I wish to extend my sincere thanks to those who have been involved in organizing these educational events.

In the ongoing pursuit to meet the educational needs of the dental community, an online continuing

education survey was conducted, seeking the input from dentists, dental hygienists and dental assistants. The results of the survey were reviewed in a session attended by various stakeholders in dental education, used to bring insight and guidance in the future planning of continuing education programs.

For 2013, this committee will look into a new system for tracking continuing competency requirements. Technology has pervaded many facets of dentistry and has created new opportunities to effectively manage MDA responsibilities. In the interest of using these technological advances, we hope to better service our members by using a more efficient system to handle submission and tracking of requirements. In addition, this

committee will be conducting a review of the current Continuing Education bylaw in preparation for dentistry and dental assisting becoming regulated under *The Regulated Health Professions Act*.

Continuing education is a lifelong pursuit. To best serve and care for our patients and the public, we must endeavor always to improve our knowledge base and skills for continued professional development. I would encourage you to strive for excellence in all aspects of your personal and career pursuits. Best regards in 2013!

Dr. Nancy Auyeung
Chair

Peer Review

The membership has enjoyed measurable success in fulfilling the professional duties of communication, consent and treatment as exemplified by the statistics from the Peer Review Committee for the 2011/12 year. There were a record low number of written complaints to the Registrar this year.

Eleven new complaints against 12 dentists were investigated, with 4

cases going to appeal. Five formal cautions were given. There were no inquiry panels held this past year.

A total of \$41,648.64 was refunded to 8 complainants through the mediation process.

The efforts of the committee members are appreciated. Many thanks are due these volunteers whose time and consideration to each case continues to uphold our pro-

fessional values and supports the standing of the profession in the eyes of the public we serve.

Respectfully submitted,
Dr. Jean Bodnar
Chair

Free First Visit

On April 1, 2010 Manitoba Dental Association launched the Free First Visit Program with the aim of raising the awareness and the importance of the early visit to the dental office. This visit is to establish dental homes for young children and as recommend by the Canadian Dental Association the first visit should take place no later than by 12 months of age. This recommendation is based on the fact that early age dental visits will more likely establish preventive practices for the caregiver with long-term 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).

The Free First Visit Program is an important step in addressing the very prevalent problem of ECC in Manitoba. This form of the disease is very prevalent in some communities and due to age and the extensive treatment needs often requires rehabilitative dental surgery done under general anesthesia.

At this point of the campaign more than 250 dentists are actively participating 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 December of 2011 more than 2,500 children have benefited from this important preventative service.

Participation in this program 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
Chair



Canadian Dental Association Report



Dr. Alexander Mutchmor

Under the new membership and governance model, which has been in place for two years now, CDA is taking a leadership role on national issues and is working closely with Corporate Members to support them in their role of serving individual member dentists in their respective jurisdiction. Through this collaboration, CDA and Corporate Members have been able to address major issues facing the profession. The joint efforts of CDA and Corporate Members in conducting collaboratively the Trust and Value Program and the Access to Care Advocacy initiative clearly demonstrate a new era of partnership and teamwork that is making the profession stronger.

Knowledge and Advocacy

Essentially, the CDA can be described with two words: Knowledge and Advocacy – as the national association, these are the two areas of focus. The goal is for CDA to become a trusted knowledge broker for dentistry in Canada and, using that knowledge, to be a pro-active advocate for the profession and oral health.

Position Statements: The Committee on Clinical and Scientific Affairs (CCSA) ensures that credible national positions on issues of dentistry and oral health are available and kept up-to-date. The Committee also serves as a resource for the transfer of research findings into clinical practice. This year, CDA dealt with 14 position statements ranging from the Use of Latex in Dentistry,

Tobacco Cessation and Control of X-Radiation in Dentistry.

Public Policy Advocacy: The CDA Advocacy Committee ensures that the Association has a consistent, effective approach in messaging to government, media and the public. The CDA makes representations to the Federal Government on various issues. This year, during CDA's annual 'Days on the Hill', meetings were organized with officials from all political parties including Prime Minister Stephen Harper, Health Minister Leona Aglukkaq, and opposition party leaders Thomas Mulcair, and Bob Rae.

Priority One Projects

CDA is currently engaged in three Priority One Projects:

- 1) the new jcda.ca/OASIS
- 2) Advocacy for 'Access to Care'
- 3) the Trust and Value initiative

jcda.ca/OASIS: The jcda.ca is evolving and reinventing itself as a powerful source of clinical information for dental practitioners. The CDA has developed OASIS Mobile (Online Advice & Searchable Information System) – a clinical decision support service to assist dentists in their everyday practice. The first application of OASIS Mobile is now available in a testing mode to Canadian dentists.

Pro-Active Advocacy on Access to Care:

In order to align efforts and resources, the CDA has established a National Coordinating Working Group on Access to Care which brings together representatives from all of the provincial dental associations. 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 will be conducting a special initiative to promote a 'First Visit to Dentist by Age One'. As a first step CDA will be conducting a national survey of Canadian dentists on first visit by age one.

Trust and Value program: (formerly known as the Branding initiative) The basis for this project was extensive quantitative and qualitative public opinion research as well as comprehensive interviews with dentists across Canada. The internal communication component of this program is as important as external public communication. As a tool to assist in this respect, on the CDA website members' only side, a patient communication section has been developed to support dentists in learning more about how to strengthen their relationships with existing patients and building long-lasting ones with new patients.

Environmental Scanning

One of CDA's most important roles is to forecast future issues, challenges and opportunities and help prepare the profession to face them in a way that will advance dentistry in Canada. To do so, every year, CDA conducts an environmental scan where key trends as well as changes and emerging issues are identified in order to assess how they may impact the profession, either positively or negatively. CDA does that through an analysis of the political, economic and social environment as well as the health and dentistry environment. This year, CDA's environmental scan has identified seven megatrends. A Megatrend is defined as an element, or a combination of elements, which have the potential to lead to major changes in the dental profession over the next 10 years or so. The CDA environmental scan is designed to be a collaborative effort. Each year, CDA shares the scanning report with stakeholders in dentistry in Canada, that is the provincial dental associations, the specialist organizations and academia in order to generate dialogue on these issues.

Canadian Dental Association Report

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Key CDA Services

CDA continues to support key services to the profession:

- **CDAnet, ITRANS and USC&LS:** In terms of services to practicing dentists, there is CDAnet, ITRANS and USC&LS, which are in place to 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 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 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 is the most visible public program. It is in place to ensure that dentistry remains the 'go to' source for oral health information. The CDA Board established a Working Group to review this program in order to ensure that it continues to effectively serve its purpose.
- The **Dental Aptitude Test (DAT)** and the **Commission on Dental Accreditation of Canada (CDAC)** both contribute to support the availability of a highly educated workforce for the delivery of oral

health care. CDA and the Association of Canadian Faculties of Dentistry (ACFD) have established a joint Task Force that will look at the efficacy of the DAT.

- **Wellness:** CDA and the Canadian Dental Regulatory Authorities Federation (CDRAF) jointly organized a Wellness Conference, 'On the Road to Wellness: Dealing with Addiction Disease in Dentistry'. The conference brought the leaders of the dental community together to explore how the professional associations and regulators can support dentists and their families who are struggling with addiction.

Relationships with Other Key Stakeholders: Under its United Community priority, CDA is liaising regularly with specialists groups and academia and CDA Officers have been meeting with the Executives and Officers of the related national associations.

Dr. Alexander Mutchmor, DMD
CDA Board Representative



CANADIAN
DENTAL
ASSOCIATION

L'ASSOCIATION
DENTAIRE
CANADIENNE

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.

year to review applications submitted for coverage. As well, the subcommittee has met to review and adjust the rules of application coverage under this program.

Negotiations with Manitoba Health in regards to fee schedules were completed this past spring. A significant portion of that negotiation was securing funding for the Director of the Cleft /Dysplasia Dental Plan.

This will be my last report as the Chair of the Hospital Services Committee. Dr. Catherine Dale is the new Chair and so she will Chair the Implant Sub Committee.

The implant subcommittee has met several times over the past

Respectfully submitted,
Dr. Lee McFadden
Chair

Sports Medicine & Science Council

The Sports Medicine & Science Council (SMSC) of MB has accomplished a varied mandate over the past several years. The Substance Use in Sport and Health committee is the most current initiative, working in partnership with the MDA to create a campaign to create awareness about the hazards of smokeless tobacco. The MDA will host an education session at its annual conference in January two one hour lunchtime presentations to all current dental students, and also a 'Train the Trainer' program on Saturday, January 26 from 9:00am until noon for the dental team.

Mouthguard education programs have also been initiated in which high-risk sports have been identified, and targeted with appeals to those in leadership positions to implement mandatory mouthguard rules.

The SMSC of MB has assisted in the creation of guidelines for the Manitoba Coalition for Active and Safe Kids, and the 'I Skate Safely/Family Action Guide.'

We have also been actively supporting the setup of medical policies and procedures for the Manitoba Summer games, including

those recently held in Swan River, MB. In addition, the SMSC has worked within various sporting communities to provide dental coverage for local sporting events, such as the Western Canadian Gymnastics Championships.

With the support of the MDA, projects such as those mentioned have been pushed to the forefront of SMSC of MB.

Dr. Scott Leckie
MDA Representative



The Manitoba Cleft Lip/Dysplasia Program

This plan 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#, have a repaired cleft lip and/or palate, or a significant oro-facial 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 dental exam at least once per year, have planned dental treatment performed, and have acceptable oral hygiene. Implant coverage for insured individuals is determined by a committee of the Manitoba Dental Association. Treatment plans over \$500 must be approved by the Dental Director. Complex oral surgery, prosthodontic, and orthodontics must be carried out by the respective billing specialist to Manitoba Health.

Dental claims for November 1, 2011—October 31, 2012 - \$286,572.92 / Orthodontic Claims for November 1, 2011—October 31, 2012 -\$172,501.02

Total \$459,073.94

Total Number of New Clefts in 2012 - 22

Contact information:

Cindy Bonneteau, Nurse Clinician PH: (204) 787-2207
Sheryl Clark, Claims Manager PH: (204) 787-4882
Howard Cross, Dental Director PH: (204) 787-2516

Annual Meeting & Convention 2012

Volume 1, Issue 1

The 129th annual Manitoba Dental Association Convention continued a trend of increasing registration, with a record attendance of 2284 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 intend to continue in the future.

The theme for this year's meeting was the "MDA World Tour", and it included stops to the Italian Friday lunch, the Friday evening Mexican Fiesta!, and a President's Gala Night in Paris! Incriminating photos from the Dental Chair margaritas are available for purchase, though I should be careful given that there are a number of photos of me wearing a French Maid outfit at the gala. For many, the social aspect of the convention is as important as the educational component, and it is gratifying to see so many of you enjoying yourself.

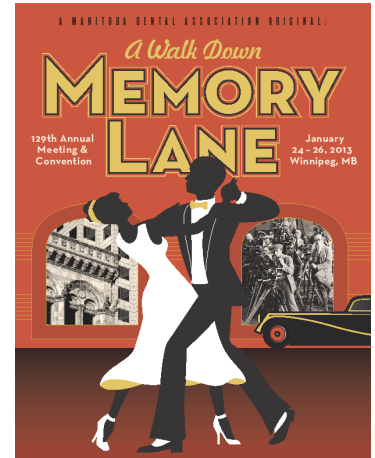
Of course a tremendous amount of work goes into organizing a meeting of this size, and many individuals deserve recognition. Anyone who has worked on any MDA committees knows how much we depend on our staff at the office, and that is very much the case with the convention. Rafi, Linda, April, and Donmae should all be commended for their outstanding contributions to the convention. Creative Genius Carla Cohn has brought her flair to the convention for the last couple of years and we all appreciate what a gift she has. The style she brings to our meeting sets it apart. Finally, a huge thank you to the rest of the committee* for contributing your time and talent during many meetings and at the convention. The great meeting that is enjoyed by all is in no small part due to your efforts.

It has been my pleasure to serve the committee. Should you have any questions / comments / suggestions, please feel free to contact me at drtimbo@drdumore.com.

* 2012 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
Mr. Walter Kulyk (Traffic Advertising), who does such an amazing job presenting all our print media and signage.

Dr. Tim Dumore
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 program parameters. Examples are numerous hours of scaling, custom-fitted crowns, nightguards, 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.

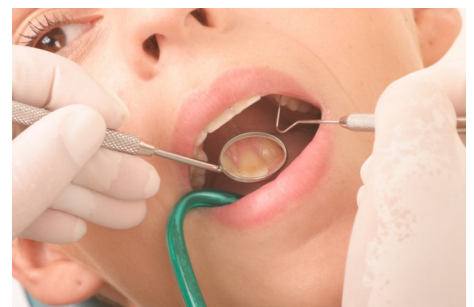
2012 Statistics

November 1, 2011 to October 31, 2012

There were 335 cases received in total. Of those, 58 were approved, 210 were approved and reduced. The latter consisted of 188 scaling requests, 5 reduced extractions and 17 reduced restorative maximum limits. Forty-four cases were denied and 23 cases were pending for more information.

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

Dr. Christine Lachance-Piché



Registrar's Report



Dr. Marcel Van Woensel

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-five dentists and 139 dental assistants were newly registered and licensed/certified with the MDA. There are currently 660 dentists and 1198 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.

It is anticipated regulations under *The Regulated Health Professions*

Act for the first profession will come into force.

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 Fairness Commissioner's Office will review MDA policy and practice in 2013.

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

Dr. Marcel Van Woensel
Registrar

Selection Committee

The Faculty of Dentistry received 285 applications for the 2012-2013 incoming class. This year, as the caliber of the application pool rose again, the Faculty offered 73 interviews for the incoming class.

The Committee for Selection in Dentistry met in June 2012 to select the new class members to the incoming Undergraduate dental class of 2012. When the class convened on August 13 there were a total of 30 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 4.018 on a 4.50 scale (range 3.441-4.356); the Core Course average was 3.858 on a 4.50 scale (range 3.40-4.35) and the average DAT was 22.427 (19.00-26.667) on a 30.00 scale.

Submitted by
Dr. Tom Brenneman
Chair



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 Faculty 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 March a total of 659 candidates completed the written examination and 654 candidates completed the OSCE examination with passing percentages of 95% and 99% 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 on par with 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 1125 applicants wrote this examination and 405 or 36% 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 359 applicants underwent the ACS examination with 129 or 36% receiving a passing grade. Due to the limit of available chairs within the testing faculties the maximum number of registrants for the ACS will be set at 600.

3. The Assessment of Clinical Judgement (ACJ). This examination assesses an applicant's ability to assess, diagnosis, radiographically interpret, and treatment plan dental cases. This year 373 appli-

cants wrote this examination and 242 or 65% passed the exam.

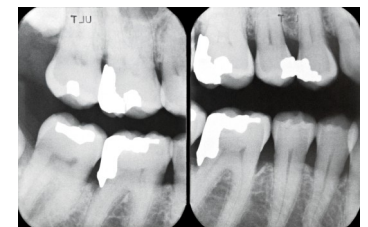
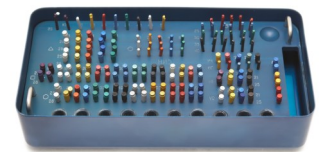
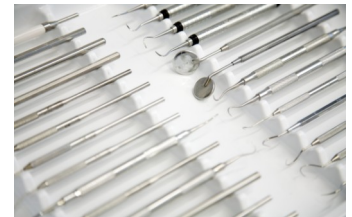
Applicants must pass all three examination processes and as a result will then be deemed to be 'equivalent' to an applicant from an accredited program and is then eligible to write the same written and OSCE examinations as Canadian graduates. The total number of applicants that successfully completed the NDEB equivalency process this year is 126 individuals. Unsuccessful participants are eligible to apply for admittance to the existing two year Degree Completion Programs. These equivalency programs had over 2600 applicants but the proposed number of spaces available for the Degree Completion Programs across Canada is estimated to be at 76.

The examination committee of the NDEB formed a subcommittee to help develop an integrated examination that would eventually replace the Written and OSCE examinations. The proposed new examination would continue the integration of the foundation sciences into clinical cases and would likely be delivered primarily in a digital format.

As requested by the CDRAF (Canadian Dental Regulatory Authorities Federation), The NDEB will assume responsibility for the administration of the DSCKE (Dental Specialty Core Knowledge Examination). This examination is the admission examination for application to the Dental Special Assessment and Training Programs (DSATP). There were 26 candidates registered to take this examination in November 2012.

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

Dr. Amarjit Rihal
MDA Board Representative



Annual Report 2012

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Manitoba Dental Association

Mantra Report (Manitoba Tobacco Reduction Alliance)

Milestones

This past year, like other years, saw us reach significant milestones in our pursuit of a tobacco-free Manitoba. Recent events would indicate that momentum is definitely growing.

- On April 17, 2012 the Premier of Manitoba announced the province's intention to increase tobacco reduction funding by up to \$5 million annually over the course of its current mandate. Our partners have long urged the provincial government to increase its financial commitment to tobacco reduction.

- On May 1, 2012 legislation was introduced in Manitoba that would prohibit the sale of tobacco products in pharmacies. This addresses a long standing contradiction for pharmacists and also presents opportunities for new cessation initiatives.

- On May 3, 2012, the Lung Association and MANTRA partnered to host an educational workshop on Smoke-Free Multi-Unit Dwellings. The information was well received and there is a public desire for more action on this front.

- On May 16, 2012, Manitoba Health and Healthy Living, Seniors and Consumer Affairs partnered with MANTRA to host a consultation day for government and non-

government agencies to jointly explore what might lie ahead on The Road to a Tobacco-Free Manitoba. The response from participants was very positive.

- On May 31, 2012 World No Tobacco Day, the provincial government announced that it was joining with other provinces to sue the tobacco industry for health care recovery costs.

The work of denormalization has resulted in reducing the profile of both tobacco use and the industry that produces and promotes it.

However, we still must face the fact that Manitoba has one of the highest smoking rates. Have we failed? Absolutely not! We are just now beginning to marshal our resources to properly address the issue of cessation. With three-quarters of Manitobans who smoke wanting to be smoke-free and an increasing number of partners committed to making that happen, we will be successful.

Murray Gibson
Executive Director, Mantra

Student Mentorship Program

The Mentorship/Student Program has undergone a number of exciting changes in the past year. In an effort to better match the program content to the needs of each individual class, students from each dental year will now meet with their mentors as a group. Class Mentor Liaisons have also been assigned for each dental class who will serve as a resource for both students and mentors to ensure smooth functioning of the program. We are pleased that Dr. Denis Carrington, Dr. Eileen Eng, Dr. Jonathan Archer and Dr. Sasha Goolcharan have agreed to serve in these vital roles.

The 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 provides dental students with a special opportunity to develop a relationship with members of the Manitoba Dental Association who can offer advice, provide

a window into dental practice in Manitoba, share experiences and give career guidance.

Perhaps more important are the benefits this program provides to the entire profession of dentistry in Manitoba. 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 participating 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.

The Committee is considering plans to host a pan-Canadian summit on mentorship in the dental profession. In speaking with representa-

tives from other jurisdictions it is clear that there is a recognition that programs like these provide a tremendous opportunity to help shape the future of our profession. There is much that can be gained by sharing what groups are currently doing and how programs can be improved. Over the past few years there has been a larger number of discussions between organizers of these types of programs but feel there is a tremendous potential benefit to closer collaboration. Twenty to thirty delegates from across the country are expected to attend the conference in late May/early June of 2013.

Respectfully,
Dr. Amarjit Rihal
Dr. Cory Sul