



Manitoba Dental Association

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BULLETIN

VOLUME 27, ISSUE 4

WINTER 2008

POINTS OF INTEREST:

- January 29-31, 2009
Join us at MDA's 125th
Annual Convention in
"The Big Apple"
- How to Access your CE
records on the MDA
Website
- Canadians 18 & over
can now invest up to
\$5,000 yearly in a Tax-
Free Savings Account
- MDA Board Synopsis—
October 18, 2008
- Denturist Survey 2008

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**Wishing everyone a very
bright, happy, healthy and
prosperous New Year from the
Manitoba Dental Association.**



Pat Kmet
President, MDA

President's Message...

I have finally figured out what this is all about! As I write this last bulletin to you as your President, only now am I catching on to the business of organized dentistry. Sure, the Dental Act lays out the details of our profession and how it is to be governed, the authority the MDA has and the powers of the Board of Directors. The bylaws tell us of the rules and regulations. It goes without saying that working closely, including constant contact with Ross, Rafi and Marcel is what makes the MDA run smoothly.

However, nowhere did it say in my "contract" (there was no contract!) what I was expected to do, learn or grow into by taking on this position. I will try to explain.

The education of the President begins when he or she becomes a Board member. But it is only when one becomes the "bride", "groom" or the president, does one realize the importance of that position. I have been more than impressed by the enthusiasm, the cooperation and helpfulness of the sideliners and the leaders-to-be of our organization. I am likewise impressed by the foresight our previous Presidents had. Our organization prides itself and is mandated to promote dentistry, while protecting the general interests of the public. It balances these duties in a professional manner. So, what is it that can be learned about the Presidency? It is that the President represents that what our association, the MDA stands for. The president is neither a dictator nor a tyrant. The President is a perception of a representation of all the qualities of the MDA and its leadership - all in one person.

So what is it that I learned this year?

As I presided at various national meetings, I learned that beneath the trappings of provincial politics, the assortment of various organizations each with their own agendas, we all think alike. We all want dentists to be the dental team leaders in a self regulated environment. This is evident from the work the Dental Leadership Task Force is doing on a National level. The task force engaged a consulting firm to develop a comprehensive

communications strategy aimed at Canadian dentists to raise awareness about changes to dentistry in Canada that will impact their profession and their practices. This strategy was presented in Ottawa to the Presidents and CEO's meeting in November 2008, which Marcel, Ross and I attended. The objectives of this campaign are five fold: 1. To raise awareness in all provinces that dentistry in Canada is changing 2. To reach dentists through a multi-channel communications initiative aimed at dentists, dental students, using partnerships with the provincial dental associations, CDA and Canadian dental schools 3. To create a series of communication toolkits for strategic partners 4. To create an electronic hard copy info package to be sent to dentists 5. To develop a warehouse of current info, products and tools that is accessible to dentists. It is my hope that all provinces will incorporate some of these strategies into their communication plans and that dentistry's message will be a unified one.

I learned that the CDA, our National voice of Dentistry, is integral to our profession. The CDA has set three strategic priorities. "A Strong Profession" "A United Community" and a "Healthy Public ". At the Interim General Assembly meeting this November all provinces presented their opinions on the essential elements of a strong, united dental profession in the year 2020. Manitoba and Saskatchewan's presentation focused on the practical impacts of the most important developments in the Canadian oral health care sector. All presentations had common themes- but "access to care" was the one theme that resonated the loudest. It was very evident from the presentations that the essentials of a strong profession in the year 2020 start at the dental school. The need for highly qualified educators, deans and researchers will be paramount to dentistry's success as a profession. Admissions criteria may need to be evaluated. The cooperation between the dental schools and the profession will be the underpinning to this. The MDA's Taskforce on Better Relations - which includes the newly restructured Alumni Association, representatives of the profession and the faculty is working hard to mend broken fences of the past. This means

"It is only when one becomes the president does one realize the importance of that position."

President's Message cont'd...

meeting with the students and listening to their concerns so that the cycle does not continue.

I learned that in order to have a healthy and safe public we have to look into our own back yards. The Task Force on Office Assessments under Dr. Rob Fraser's chair is developing protocols and will hopefully create a system to educate members on the practice standards that are expected of us all. Marcel and I had the good fortune to meet with representatives of the ODQ (Order of Dentists of Quebec) while in Montreal for a regulatory meeting in October. Their government requires them to have office audits. They were most helpful and informative.

I learned that in serving the profession for 25 years as registrar, Dr. Mike Lasko showed an inherent professional responsibility to the people of Manitoba. Dr. Marcel Van Woensel became the new registrar in September. I know we will be served well. I also learned that 40 years ago our leadership took a chance on a young man, who wasn't a dentist, to guide our organization. They chose wisely! Thank you Ross for the first 40 years!

I learned from the denturist survey that our members overwhelmingly believe that only dentists have the skill and knowledge to diagnose oral conditions and those denturists are overstepping their boundaries. Your expressions of concern were very passionate! As a result the Communications Committee is preparing to inform the public of this. A "Town Hall" meeting was held on November 29, 2008. It was evident that the few who attended were adamant that educating the public, as well as our own members was a key priority for our organization. What I have not learned is the answer to this complicated problem. Some say we need to work together with all the other oral health care providers, with the dentist at the helm. Others are of the opinion that intrusion into our domain cannot be tolerated. We as an organization must decide quickly what is best for our profession.

I witnessed the hard work all our committees did. You received many bylaws to review. All the distributed bylaws have been accepted except the Registration and Licensing Bylaw which will be discussed at the Annual General Meeting.

I learned that we are small in numbers, only about 600 dentists. Some component societies in Ontario have more dentists than we do in our whole province! Despite that, we put on a great convention. Once again the dedication to our association is evident by the great line up of events Dr. Kettner and his team have assembled. Please mark the dates Jan. 29-31, 2009 on your calendars. This year's annual meeting and convention is one you will be proud of and one you will be glad that you attended.

I also learned that I could not have taken on this position without the support and advice of the MDA staff, Board members, colleagues and friends.

In closing, thank you for giving me the opportunity to learn and to represent you – the Manitoba Dentist.

Pat Kmet, D.M.D.
President
Manitoba Dental Association

*"Thank you
for giving me
the opportunity
to learn and
to represent you,
the Manitoba
Dentist."*

Registrar's Column...



Marcel Van Woensel
Registrar, MDA

“Kindness, good acts or generosity may be recognized by one person but mistakes, failures, moments of irritation or lapses in patience will be the conversation of at least ten people.”

“Look at the world around you. It may seem like an immovable, implacable place. It is not. With the slightest push — In just the right place — It can be tipped...People can radically transform their behavior or beliefs in the face of the right kind of impetus.” **Malcolm Gladwell**

Time for a story. Unfortunately, it involves neither Santa nor elves but because I heard it from three people so unassociated from each other, it has all the essentials for an urban myth.

A lady receives a small inheritance. Like most parents, she focused most of her efforts and resources on raising her children. Now, she was at a time in her life when she could consider her own needs. Since losing her upper teeth many years earlier, she always wanted to get rid of her upper denture and have real teeth again. She was aware of implants. After discussing the benefits of them with a dentist, she was sold.

The procedure was more complicated, more painful and took longer to heal than she expected. When the final prosthetic work was placed, it was not as nice as the computer generated pictures. Her dentist told her to eat a soft diet, when she complained about continuing discomfort. Over time, the discomfort never went away. She became disappointed and began to regret spending the \$50,000.00 (depending on the version, the amount varies between \$30 – 80,000.00). She began to notice mobility. Three years later, the dentist removed the implants and prosthesis. The dentist indicated it was unfortunate and offered to fabricate a denture for \$3,000.00. Distraught, needing teeth and unable to pay the \$3,000.00 upfront, a friend referred her to an alternative service provider and he did it for one third the price and let her pay over time. She continues to tell all acquaintances about her experiences.

I find it difficult to believe the story is true. That said, the impact on the profession of these types of stories is very real. Fundamentally it undermines the confidence and trust in the advice we provide and the treatment we give. This is not limited to a particular dentist but affects the entire profession.

In the small town I practice, there is an adage: kindness, good acts or generosity may be recognized by one person but mistakes, failures, moments of irritation or lapses in patience will be the conversation of at least ten people (uhm, this is my extended version of our local adage). As a story gets disseminated the details and specifics may become distorted or lost reducing the negativity towards a particular person. However, the effect on a profession's reputation can expand exponentially in the same time.

Every member benefits by the positive reputation dentistry has with the public. The confidence and trust patients feel towards the profession has been built by generations of our predecessors. Simply sitting in your dental chair is an act of faith by a patient. The responsibility of the profession is to maintain and build that confidence with the public. Your responsibility is to conduct your practice and care for your patients to deserve that trust. In my limited time as Registrar, I regularly hear situations where a patient with years of positive experiences loses confidence in a dentist because of a minor problem followed by rudeness or unwillingness to communicate or address the patient's concerns.

Think of this story and the impact you may have on not only yourself but also the profession whenever:

1. something is not going well with a patient's treatment;
2. you charge a fee;
3. think of confronting a patient in a condescending or aggressive manner; or
4. you consider not responding directly to a patient's question because you are too busy or wish to avoid potential conflict.

You should always ask how this would impact on the individual's perception of yourself and the profession and what would an outsider think if they heard the story from the patient.

January 30-31, 2009



FRIDAY
NIGHT
LIVE

"LIVE FROM NEW YORK,
IT'S FRIDAY NIGHT."

JANUARY 30, 2009
5 PM - 8 PM
HALL B - 3RD FLOOR
WINNIPEG CONVENTION CENTRE

Right after the day's lectures, join us for a fabulous party featuring NY deli food, drinks, surprise musical guests, live skits, Weekend Update, and big laughs from funny man **Brian Lazanik**. Tickets included with your registration.



BRIAN LAZANIK



SATURDAY

"START SPREADING THE NEWS,"
IT'S THE **PRESIDENT'S**
GALA DINNER & DANCE.

JANUARY 31, 2009
6:30 PM - 1 AM
HALL B - 3RD FLOOR
WINNIPEG CONVENTION CENTRE

Join us for an amazing epicurean feast and presentations of special Achievement Awards celebrating 125 years of organized dentistry in Manitoba followed by dancing to the show-stopping hits of the **2XS** band with special guest stars Canadian Idol finalist **Jeremy Koz** and **Curtis Newton**. Tickets \$60 per person.



THE 2XS BAND



CURTIS NEWTON



JEREMY KOZ

BOTH EVENTS ARE OPEN TO ALL DELEGATES. BRING YOUR ENTIRE ORAL HEALTH TEAM AND CELEBRATE THE EXCITEMENT!

Summary Denturist Survey 2008

The Manitoba Dental Association Board in order to better understand dentists' position and opinion on the Denturists Association of Manitoba and individual denturists advertising sent out a survey to all licensed dentists. The response rate was quite high, 203 of a possible 610 responses were received within the designated time frame allowed to submit the survey responses.

In summary, Members concerns with denturists were:

1. Denturists claim or misrepresentation to being able to examine and diagnose oral tissue and conditions of the mouth:
 - Diagnose oral cancer
 - Screen for underlying diseases
 - recognize structural problems of the mouth
2. Advertising of services such as:
 - Snoring appliances
 - Sleep apnea appliances
 - Denture over implants

Denturists Advertisements:

Over 71.4% of the survey respondents indicated that they have

seen the denturists' advertisements in the Winnipeg Free Press. 48 percent found the ads somewhat acceptable while 44 percent found them to be totally unacceptable.

MDA Media Campaign:

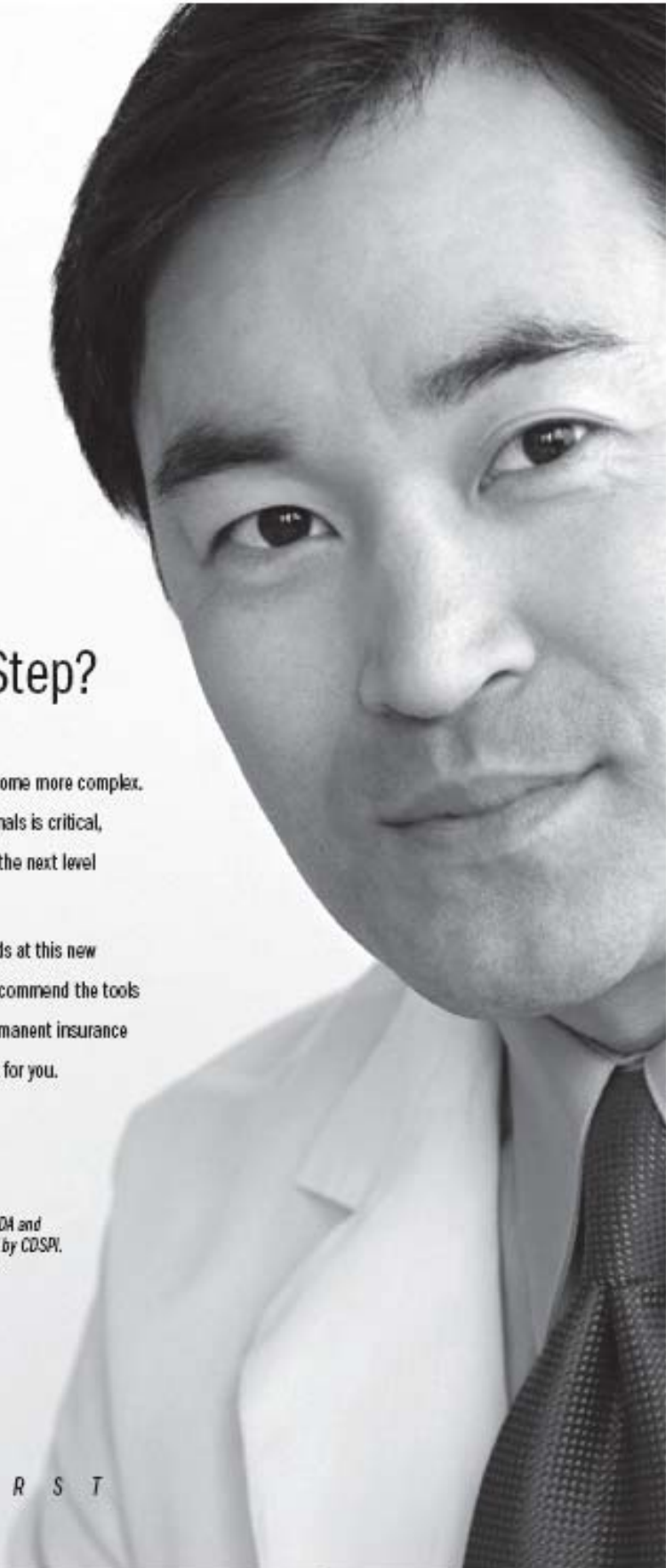
74 percent of the respondents indicated that they would support an MDA media campaign to heighten dentists' visibility in providing denture services to the general public. Additionally, 83 percent felt that the advertisements should incorporate aspects of denturists' limitations, such as: inability to diagnose and examine.

Support for MDA Media Campaign:

Forty-nine percent of the respondents were supportive of a license fee increase to develop a MDA advertising campaign. Of these, 83 percent would support a license fee increase of \$100.00 to \$200.00.

Denture Services:

82 percent of the respondents do provide denture services to the public. On average these dentists provide approximately 8 full dentures and 13 partial dentures per year. Of the dentists that do not provide denture services, 40 percent refer those patients to other dentists while 60 percent refer them elsewhere.



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The insurance and investment plans are member benefits of the CDA and co-sponsoring provincial dental associations and are administered by CDSPI. Restrictions may apply to advisory services in certain jurisdictions.

CDSPI

D E N T I S T S F I R S T

DA-322 09/08

IN MEMORIAM

DR. EDWARD G. JARJOUR—1921-2008

Dr. Edward G. Jarjour passed away on September 29, 2008, at St. Boniface General Hospital with his loving family by his side. He was born in 1921 in Winnipeg, Manitoba. He grew up in the Wolseley Area. He attended Laura Secord, Gordon Bell and United College. He graduated from McGill University in Dentistry in 1953. He followed his father in the practice of dentistry in Winnipeg and opened his own practice in St. Vital. A Funeral Mass celebrating his life was held at St. Ignatius Church on Friday, October 3, 2008. A donation was made to the Dentistry Canada Fund in his memory.

DR. MARVIN E. WOLCH—1920-2008

Dr. Marvin E. Wolch passed away in August, 2008. He was born in 1920. He graduated from the University of Toronto in 1950 and practiced dentistry in Winnipeg for 47 years. A graveside service was held on Friday, August 15, 2008 at the Shaarey Zedek Cemetery. A donation was made to the Dentistry Canada Fund in his memory.



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MDA DIRECTORY AMENDMENTS

*For changes to the MDA Directory please contact:
April Delaney at the MDA office - (204) 988-5300 Ext. 2*

Dr. Kristie Maslow
Dr. Kenneth W. Howie
235 Bonner Ave
Winnipeg, MB R2G 1B3

Dr. John M. Mulhern
406-233 Kennedy St
Winnipeg, MB R3C 3J5
(204) 943-6597

Dr. Diana Bodioga
Dr. Krista Engel
385 Main Street, Box 669
Winkler, MB R6W 4B7
(204) 325-7625

Dr. Erin Eyer
345 Main St
Stonewall, MB R0C 2Z0

Dr. Carla Cohn
120-2025 Cordyn Ave
Winnipeg, MB R3P 0N5
(204) 222-5437

Dr. Wilfred A. Schellenberg
21 Phoebe St
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The MDA/Faculty of Dentistry developed a mentorship manual for dentists about the expectations on them for student contact and participation in the program. Although the timing of the program being held in the evening does not make it easy for rural dentists to attend, the MDA still has as an objective engaging rural dentist in the program. The program is evolving and becoming of greater value to students and their transition to practitioners.

Canadian Dental Association: CDA recently, appointed new Executive Director, Mr. Claude Paul Boivin. He had taken on the task of reviewing the Strategic Plan and re-organizing staff to deliver it. Staff cuts had meant a saving of 2 million dollars which would go toward eliminating the 1.5 million dollar deficit.

A model for membership is being discussed with the ODA to try and get those who are ODA members only to join the CDA too. A survey has been developed to determine the willingness of dentists to join both.

The Competition Bureau will be studying dentistry in 2008. Their review will include whether or not published fee guides restrict competition and whether

inappropriate registration requirements restrict mobility of dentists. A meeting will take place in November to discuss the dental profession's response to the Competition Bureau.

Dental Leadership Task Force research phase had been completed. A focus group with dental students had been conducted. A consultant is to draft an internal campaign to promote the dentist as leader of the oral health team.

Task Force on Office Assessment: The Task Force had reviewed an outline on all of the facets of an office assessment and assigned Task Force members the task of developing the specific details.

Task Force on Better Relations: Task Force had met and discussed the big issue of the need to end the bad feelings that are evident between alumni and the Faculty. The Task Force wants to meet with the students to hear first-hand their concerns and then find out, through discussions with the Dean, what can be done to make the relationship better.

The next MDA Board meeting is scheduled for January

ManitobaDentist.ca



HOW TO ACCESS YOUR CE RECORDS ON THE MDA WEBSITE

The Manitoba Dental Association website was developed to provide the public and the dental profession with information relating to all aspects of dentistry. The public site provides information on careers in dentistry, job opportunities, links to other provincial dental associations, dental health fact sheets, find a dentist, dental bylaws, and licensing requirements.

The members section is for dentists only. Any licensed dentist can access this portal and find information on their continuing education, member mailouts, MDA Bulletin, calendar of events, and other information. To access this portal please follow these steps:

Step 1: Access site: www.ManitobaDentist.ca. This is the public site.

Step 2: Click on "Members Login". Your MDA ID is your unique or license number. i.e. "512-345" (Don't forget the hyphen!) Your generic password is: "password"

Step 3: At the top right hand corner you will see the following: My Account/Logout. If you click on My Account it will bring you to another screen to view your CE record and personal information. Once in this area of the website you can change your password.

The Members Only section is update monthly. This will ensure that your CE record is current and that any other information on the website is always accurate.

If you have any questions about our website please contact Rafi Mohammed, Membership Services Director, (204) 988-5300 ext 3.

CANADIAN DENTAL ASSOCIATION REPORT

The CDA Board of Directors (BOD) held their November meeting in Ottawa in early November in conjunction with the interim AGM of the CDA and the meeting of the Corporate Members Presidents and CEOs.

The CDA BOD has been working on refining the action items related to the CDA Strategic Direction. The CDA Priority Action Teams were asked to update their strategies and activities following the Interactive Session on the 2020 Vision for Canadian Dentistry held Nov. 7th.

The BOD determined a go-forward strategy related to the Dentistry Canada Fund (DCF). The DCF will be reconstituted as a foundation with a DCF Board consisting of four CDA Board members and will ask the current Chairperson, Dr. Dolansky, to remain as Chairperson for a one year transition period.

The CDA-ODA Working Group gave an update similar to the one given to the Corporate Members Presidents and CEOs at their Nov 6th meeting. The Working Group will meet again on Nov 28th to review the wave 2 surveys of Ontario dentists. If the Working Group feels a new membership model is possible the Working Group will be expanded to include representation from all Corporate Members. A meeting for the new working group is tentatively scheduled for late January 2009.

The BOD reviewed the status of Continovation Services Inc. (CSI) relative to the position taken by the Board in April 2008 and supported by the Voting Members. The BOD will determine the performance criteria of CSI and will develop the terms of reference for a new CSI Board. CSI Board members will be appointed by the CDA BOD.

The Dental Issues Group (DIG) is comprised of the CDA Corporate Members Executive Directors as well as the Executive Director of the CDA. Dig meets by teleconference call on a monthly basis to identify important emerging issues. Eleven issues have been identified including: amalgam, Bisphenol A, fluoride, sterilization, costs of care, access to

care, availability of locums, tooth whitening, dental school admission, dental human resources and non dentist providers of oral care.

The BOD approved a revised CDA Position on the Use of Fluoride in Caries Prevention. All CDA Position Papers are posted on the CDA web site.

The Province of Alberta is introducing much stricter infection control regulations. The CDA Committee on Clinical and Scientific Affairs will be monitoring this issue with reference to the current infection control guidelines. The Committee will be making appropriate recommendations to the CDA on this issue.

The Dental Leadership Task Force (DLTF) gave an update to the CDA BOD as it did to the Corporate Members Presidents and CEOs. The DLTF reviewed its history, communication and marketing strategies, core messages, next steps and timelines.

The CDA BOD continues to work on behalf of all dentists in Canada. The BOD in partnership with the Corporate Members continues its work of redefining the Roles and Responsibilities of the CDA and the Corporate Members. Work continues on right sizing the CDA and realigning its actions with the new Strategic Direction established through consultation with the greater dental community.

Peter J. Doig, DMD
CDA Board Representative

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- NaturalGold™
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- Splints/Mouthguards

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1-800-661-1169

Quit Connection

A new service for health care practitioners interested in better helping their patients stop smoking, Quit Connection, is now available through the Clinical Tobacco Intervention (CTI) Program. CTI is a collaborative effort of the Ontario Pharmacists' Association, the Ontario Medical Association and the Ontario Dental Association for pharmacists, physicians and dentists in Ontario interested in tobacco use cessation for patients.

70% of smokers want to quit. Research indicates that success rates increase significantly when there is even brief clinical intervention, and increase further when combined with pharmacotherapy and/or intensive behavioural counselling. In as little as three minutes you can help by asking about tobacco use, assessing readiness to quit and faxing a referral to the Smokers' Helpline for assistance through the Quit Connection program.

What is Quit Connection?

Quit Connection provides linkages between minimal contact interventions being conducted by clinicians and more intensive counselling services available through the Canadian Cancer Society's Smokers' Helpline.

How does Quit Connection work?

Quit Connection brings patients and evidence-based services together through a fax referral system. Pharmacists, physicians and/or dentists need only identify a patient interested in quitting. A brief fax referral form is completed (including patient's signed consent) which is then faxed directly to Smokers' Helpline by the health care provider. Smokers' Helpline does the rest!

What is Smokers' Helpline?

Smokers' Helpline is a free, confidential telephone service staffed by trained Quit Specialists with a proven track record for helping people to quit using tobacco products. Quit Specialists will assess individual needs, listen to patient's concerns and provide information on how to develop a quit plan, and cope with withdrawal symptoms, slips and relapses. One-to-one services are provided in both English and French, Monday through Thursday 8:00 a.m. to 8:00 p.m. and Friday 8:00 a.m. to 5:00 p.m. Patients are also invited to call toll free directly to 1-877-513-5333.

What types of services will my patients receive?


When fax referrals are received by Smokers' Helpline, the Quit Specialists will initiate a call to your patient based on the patient's availability according to approved Smokers' Helpline protocols. This will ensure that your patients receive evidence-based tobacco use cessation counselling, information and materials according to their needs. Clinicians are encouraged to follow-up with patients on their next visit to assess the outcomes of their connection with Smokers' Helpline.

How can I become involved?

Pharmacists, physicians and dentists can register with the Quit Connection Program by completing and faxing the form provided on the reverse of this page. Upon receipt of your registration, you will be sent a package of information materials including:

- Full protocol for patient referral
- Smokers' Helpline information to share with your patients
- Fax referral forms to begin referring patients right away

To download a copy of the fax referral form please go to www.omacti.org



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THE DENTAL SPECIALIST

"The Dental Specialist" is written by Manitoba Dental Specialists. Each issue features one of the dental specialty groups (on a rotational basis). In this month's issue, the article is submitted on behalf of the Pediatrics.

The Manitoba Cleft Lip/Palate/ Dysplasia Program

Cleft Lip and/or Cleft Palate are the most common facial birth defect. The incidence (all types of clefts) in Manitoba is about 1 in 720 live births with 35 to 50 new clefts registered each year.

In 1980 the Government of Manitoba initiated the Cleft Program under M.H.S.C. (now Manitoba Health). Under this plan anyone with a facial cleft or a cleft palate was covered for dental expenses if they were registered in the program as a resident of Manitoba. Recently, individuals with significant oro-facial dysplasias were also covered by this plan. Examples of significant oro-facial dysplasias would be some cleido-cranial dysostosis, hemifacial microsomia, ectodermal dysplasia. Registration in this program is determined by a committee of the M.D.A.

Most procedures listed in the MDA fee guide are covered as an insured service by Manitoba Health. Routine treatment can be provided by any dentist in the province or out-of-province. A yearly dental check-up is required to maintain coverage. Services such as orthodontics, prosthodontics, and oral surgery must be carried out by a certified specialist. Because the treatment for such individuals is complex and involves many different practitioners, our team co-ordinator is the anchor of our team.

The Cleft (Dysplasia) team consists of:

Co-ordinator (Nurse Clinician)

- Oral Maxillofacial Surgeon
- Plastic Surgeon
- ENT Surgeon

- Prosthodontist
- Orthodontist
- Periodontist

- General or Pediatric dentist

- Pediatrician
- Geneticist
- Speech Pathologist
- Social Worker
- Others occasionally

This team meets twice per month to examine patients and to determine treatment plans and sequencing. These team reviews are done at various developmental milestones or at the request of a team member.

Treatment for cleft individuals can continue from birth until adult life.

The stages of treatment are:

Neonatal Stage

- Parental counselling
- Possible appliance therapy to align maxillary segments in preparation for surgical lip & palate repair and to aid feeding
- The lip is repaired

The Primary Dentition Stage

- The palate is usually repaired at one to one and a half years
- Preventive dentistry is important at this stage as caries can complicate future treatment
- Speech therapy may be initiated

The Mixed Dentition Stage

- Some plastic surgery revision may be done
- Oral hygiene is reinforced
- Six year molars are sealed
- Crossbites are corrected

THE DENTAL SPECIALIST CONT'D...

- Bonegrafts are done in the cleft area to provide a monolithic maxilla and to allow cuspid teeth to erupt into bone

The Adult Dentition Stage

- Plastic surgery revisions may be done
- Posterior teeth sealed
- Dental prevention stressed
- Orthodontic treatment initiated
- Jaw surgery is considered
- Implants are considered after the orthodontic phase

A word about dental implants

Because the funds earmarked for implants are limited, treatments plans involving implants must be approved by the implant committee of the M.D.A.

Approval for implants for covered patients under the Cleft/Dysplasia program must be submitted to the implant committee of the MDA. (on forms available through the MDA office). The treatment goal for most dysplasia patients would involve implant supported dentures.

Payment for prosthetics for cleft and dysplasia patients is made through our cleft/dysplasia program (certain limits apply).

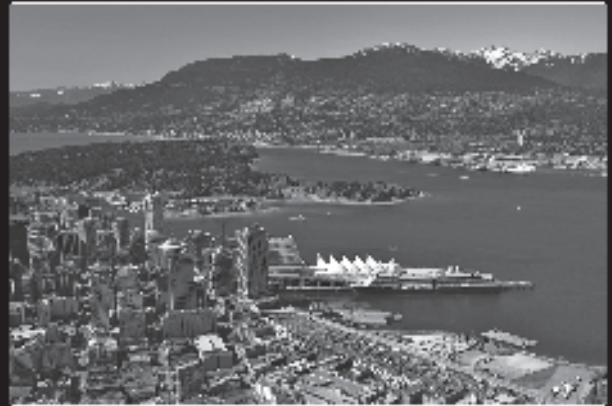
Payment for treatment of registered cleft/dysplasia patients may be requested on a standard dental claim form and submitted to the cleft/dysplasia office. For annual treatment above \$500, approval for such treatment must be obtained from the Dental Director.

For further information about treatment for cleft lip/palate or the dysplasia program, contact:

Pacific Dental Conference

In conjunction with the Canadian Dental Association

March 5th - 7th, 2009
Vancouver, BC



Make plans next spring to visit beautiful Vancouver, British Columbia, to attend the Pacific Dental Conference. Snow-capped mountains and a breathtaking harbour front welcome you to a vibrant, postcard-perfect city, gearing up to host the 2010 Olympic Winter Games.

For 2009, an estimated 12,000 attendees are expected for the three day conference, which will be held in conjunction with the Canadian Dental Association.

You don't want to miss this event... *reconnect with your colleagues across the country!*

- Over 500 exhibitor booths
- Invisalign Clear Essentials I & II courses
- Up to 12.5 hours of CE credits
- Online hotel reservations now available
- Scenic 2 hour drive to world famous Whistler Mountain for skiing & snowboarding

Featured speakers of interest to Dentists include:

Max Anderson	David Clark	Ernest Lam
Jim Beck	Martin Goldstein	Robert Miller
Tobin Bellamy	William Hiltz	Trey Petty
Jeff Brucia	Peter Jacobsen	Ed Swift
Stephen Buchanan	Gary Kadi	Terry Tanaka
Brian Chanpong	Robert Kerstein	Michele Williams



Easy online registration and program information at...

www.pdconf.com

Save money by registering
before January 16th, 2009

FACULTY CORNER

Reconnecting with the Community 50 Year Finale Signals a New Beginning



It was indeed one amazing night. The Faculty of Dentistry's 50 Year Finale marked the culmination of a year's worth of effort from a battery of volunteers, alumni and staff to appropriately and finally mark 50 years of achievement at this outstanding institution.

On November 22, we marked 50 years of Traditions of Excellence with a gala celebration that was marked by several outstanding moments. Chief among those was the triumphant return of Mr. Charles Winograd, the newly retired Group Head of Capital Markets for RBC Royal Bank, who delivered our keynote address. Mr. Winograd ranks as one of Canada's most successful businessmen, whose keen eye for markets and sharp business acumen spared RBC, if not much of our country, from the turmoil and havoc that now engulfs much of the American financial sector. As many of you may be aware, the Winograd family has a long and distinguished association with the Faculty of Dentistry, something that was also appropriately acknowledged and celebrated that Saturday night.

Dr. Neville Winograd was instrumental in establishing a number of outreach programs that have become mainstays in the community and a long-standing source of pride for the faculty and the university. The Winograd family has also supported development at the faculty, with their kind and generous support over the years that have allowed us to realize significant improvements in our teaching and lab facilities. In one of the more moving moments of the night, a group of students presented Mr. Winograd with a signed book of thanks, complete with personal notes that articulated the value and the impact that this family's support has provided for those in pursuit of oral health excellence.

And, of course, the evening also featured the grand prize draw for a one-year lease on a Pontiac G5, thanks to the gracious and generous support of Dr. Jeff Dveris, the Dveris family and the team at Park Pontiac Buick GMC. Throughout the last year, those who purchased tickets in support of our many anniversary events were entered into this draw. Having the incentive for such an outstanding prize no doubt fueled ticket sales at all of our events and we thank Dr. Dveris for playing such a valuable role and contributing directly to the success of our many events over these past 12 months.

Congratulations as well to Ms. Lori Obirek, who attended the gala along with Dr. Robert Fraser, the winner of the grand prize draw. We must also offer thanks to our corporate partners, most notably Dentsply Tulsa, the title sponsor for the gala for their outstanding support. The Faculty of Dentistry also received strong support from a variety of other corporate partners, including Scotiabank, RBC Royal Bank, Great West Life, Manitoba Blue Cross and Sunstar Butler.

But most of all, I want to take this opportunity to thank you – the women and men of the practicing community in Winnipeg. You are the ones that made this event happen and make our future possible.

We spent the last 12 months celebrating five decades of oral health excellence in Manitoba; marking our Traditions of Excellence, looking forward to Horizons of Change. The November 22 gala marked the official end of our golden anniversary celebrations. But it really serves as the beginning of our new relationship and journey together. The support of all of you has been an integral part of our inaugural year on the drive for top five. Your support has allowed us to raise the bar and set new standards for the faculty and the University of Manitoba.

I am pleased to report that as of November, the Faculty of Dentistry has received over \$3-million in support for the year 2008. Of that number, almost half-a-million was raised through the individual donations of alumni, staff, students and other corporate partners. That is an amazing achievement, especially when you consider that the Faculty of Dentistry has never raised more than \$600,000 in any one year throughout its entire history. Stay tuned for more details on our new funding and partnership announcements as we are confident this is just the beginning.

As we begin this new era in our relationship, I thank you and look forward to meeting and working with you all as we forge ahead to realize the limitless potential and the possibilities of the future for the Faculty of Dentistry – a bright future based on the Drive for Top Five.

Grazie!

Dr. Anthony M. Iacopino
Dean of Dentistry, University of Manitoba



*Healthy Smile
Happy Child*

Room 501 B – 715 McDermott Ave.
John Buhler Research Centre
Winnipeg, Manitoba
Canada R3E 3P4

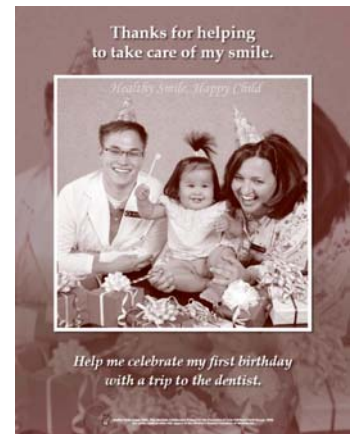
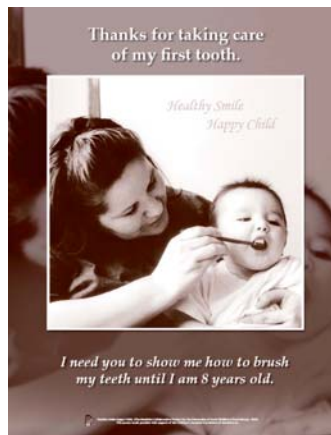
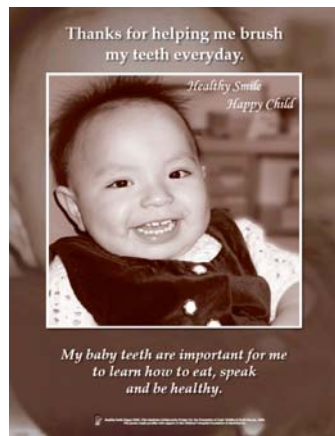
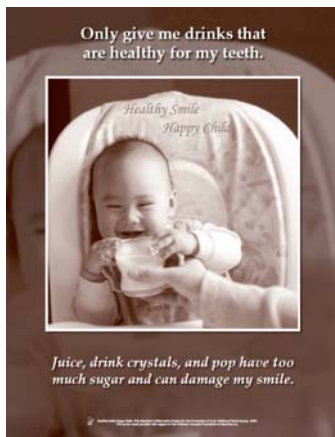
Attention all Dentists, Dental Hygienists, and Dental Assistants:

Healthy Smile Happy Child, with the support of Children’s Hospital Foundation, has created a new poster series depicting positive images and messages related to good early childhood oral health.

The posters are black and white, 11 x 17 in size, and laminated.

This poster series is available free of charge. If you wish to receive this poster series (4 posters per set), please complete this form below and fax it to (204) 977-5691.

Below are the 4 posters that are included in the series.



Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

How many sets of the poster series would you like to receive? _____

Please indicate your profession: Dentist Dental Hy-

THE ADVANTAGES OF A SINGLE BASKET FOR YOUR TFSA EGGS



Effective January 2009, Canadians age 18 and over can invest up to \$5,000 each year in a Tax-Free Savings Account (TFSA). While you are allowed to have more than one account with a number of financial institutions, you should consider consolidating your TFSA investments with a single provider to avoid the following pitfalls of multiple accounts.

Your money won't grow as fast. Imagine that you contribute \$5,000, the maximum amount permitted in 2009, into your TFSA. On average, your earnings will compound faster from year to year when the lump sum is held with a single provider. That's because when you establish separate accounts, extra set-up costs and other charges can drag down your overall earnings.

It's also prudent to manage your account charges if you select a single provider. To allow your tax-free savings to go further, look for a provider who will waive set-up fees and who has funds with no loads (commissions) and low management expense ratios (MERs).

The more providers you have, the harder it is to keep track of individual investments and your portfolios on the whole. As a result, you could inadvertently exceed your annual TFSA contribution limit and have to pay a one per cent monthly penalty on the overcontribution. You could also end up with duplicate investment funds in your portfolios, since your advisor at institution "A" may not be aware of your holdings at institution "B".

This lack of awareness can also make it more difficult for your advisors to devise and maintain the right asset allocation strategy for you — the ideal mix of equity, income and cash investments for your portfolios. Consequently, you could assume unnecessary financial risk if your portfolios are overweight or underweight in certain asset categories.

To plan the best investment strategy for your TFSA, a good financial advisor will look at your complete financial situation. So even if you're setting up your TFSA to meet other savings goals such as a new vehicle purchase, your advisor may also ask you about your retirement goals and the progress of your retirement savings so far.

For help integrating the TFSA into your financial portfolio, contact a certified financial planner at CDSPI Advisory Services Inc. at **1-877-293-9455, ext. 5023**. Insurance and investment plans are member benefits of the MDA and CDA and the plans are administered by CDSPI.

(Box) TFSA At-A-Glance

1. Canadian residents can put up to \$5,000 (indexed yearly) into a TFSA annually (a registered account designed for tax-free savings).
2. Your earnings in a TFSA will grow tax free, but your contributions won't receive a tax deduction.
3. You can withdraw money from your TFSA any time and use the withdrawal any way you like, for example, for a trip, auto purchase, home renovations or emergencies.
4. You can put back the money you withdraw at any time.
5. If you borrow money to invest in a TFSA, the interest on your loan payments are not tax deductible.
6. You can contribute money to a TFSA for your spouse without adverse tax consequences.

Debbie Okamoto is a certified financial planner and a senior investment planning advisor at CDSPI Advisory Services Inc.



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DENTAL NEWS FROM SILOAM MISSION

There are people in this world for whom each day endured is a battle won and a victory achieved. For these people life is simply about survival. Many people live this life of survival in poverty stricken and war torn countries such as India, the Sudan, Sierra Leone, areas of Russia, Belize, and Haiti. Poverty is not solely an issue in these places. According to the 2005 numbers provided by Statistics Canada, 3,484,625 Canadians were living below the low income cut offs, or "poverty line" (www.statcan.ca). Many of those living below the poverty line are presently experiencing or will at some point in their lives experience homelessness. Currently in Winnipeg, Manitoba alone, there are an estimated 1,700 individuals who are homeless (www.siloam.ca).

Today in Winnipeg, there are people who will walk miles in exhaustive heat, rain or snow simply to find shelter. Carrying the entirety of their belongings in a small sack at their side, they will make this journey through streets filled with poverty and escalating violence. They sport torn clothing which originally belonged to someone else and are followed by strange smells that surely result from poor hygiene due to dwindling resources. Lack of proper sleep leads to annoying bodily aches and pains and mental health slowly deteriorates as the struggle to cope with this desperate situation becomes increasingly difficult.

Now add to that the head pounding, sleep depriving, agony of a rotting or cracked tooth. There are many people in Canada who do not access dental care on a regular basis. They do not have employment benefits packages to subsidize the cost, their income does not allow them to afford the procedures or there may simply be no income at all. Imagine the daily struggle of living in poverty compounded with the pain of a persistent toothache.

I am Kari Enns, dental assistant and dental program coordinator at Saul Sair Health Centre at Siloam Mission here in Winnipeg, Manitoba. Our patrons are living a life of survival; a desperate, grueling and exhausting daily struggle. Siloam Mission serves individuals currently experiencing poverty and homelessness in Winnipeg's inner city. We work to alleviate the hardships of those who are poor and homeless and assist people in transitioning into self-sufficient and generous lifestyles. Saul Sair Health Centre at Siloam Mission provides holistic health care at no charge to the chronically addicted, the mentally ill, street workers, and those who are homeless or in danger of becoming homeless. Services are provided with dignity and without discrimination based on race, gender, religion or identification.

The dental program at Saul Sair Health Centre strives to improve the dental health and hygiene of Winnipeg's poorest by offering accessible dental services. We provide basic services as well as emergency treatment. We are fortunate to have the volunteer services of local dental professionals including dentists, dental specialists, hygienists and assistants. Our volunteers are compassionate and have an exceptional understanding of the unique needs of the inner-city's poor and homeless.

As dental professionals we tend to take for granted the relative ease of simply seeing a dentist when experiencing dental related pain and discomfort. We take for granted the ease of attending regular dental appointments and receiving a cleaning. What seems so accessible to the general community is often inaccessible for those who experience mental illness, disability or feelings of rejection. For these people it can be very difficult to approach a health centre, medical clinic, or dental office.

There are people all across Canada today who lack proper health and dental care. Everyone deserves the opportunity to care for themselves emotionally and physically. In the month of November, the dental program at Siloam Mission saw 30 new patients and had over 50 visits. Each week the numbers are growing and we need your help! If you would like to be involved in serving your community in this way or would like to see our facilities, please feel free to contact us.

One person can make change happen in the life of another. One person can bring a beautiful smile to the face of an individual who has not had much to smile about for a long time. After all, that is what we are in the business of doing – making people smile.

Kari Enns

Dental Program Coordinator

Saul Sair Health Centre at Siloam Mission

300 Princess Street

Winnipeg, MB R3B 1M3

Clinic: 204.943.0658

Fax: 204.943.1602

Mission: 204.956.4344

Email: kari.enns@siloam.ca

Web: www.siloam.ca



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CDSPI

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08-34 12/08

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The Manitoba Dental Association offers a referral service for: **(I) Dentists with Opportunities:** (practices for sale, space to share and associateship/locums) and **(II) Dentists Seeking Opportunities:** (full or part-time associateships, short-term locums and practice purchases/buy-ins). To list with this service please contact April Delaney at the Manitoba Dental Association Office, Phone: (204) 988 5300, Ext 2.

ASSOCIATE OPPORTUNITIES

Winnipeg, MB

Busy 11 op. clinic requires a part-time dentist 1-2 days per week and a full-time associate to take over large existing client base. Present associate is moving to be with fiancé. 45% remuneration, no evenings or weekends. Excellent opportunity for an individual who wants to earn \$\$\$. Start date ASAP.

Please contact Robin (204) 586-8331
Email: rdc1@mts.net

West Kootenays, BC

HELP. Locum/associate required immediately. Great \$. Play as well. Join our busy, well established practice with long term staff and fully active hygiene program. Complete range of dental procedures. Great supportive local study club. Recent renos, high tech equip. Excellent opportunity for an associate. High quality affordable lifestyle, come and see what the West Kootenays in Beautiful B.C. has to offer. Contact Dr. Nick Konopada at 250-364-1600 or nak-smile@telus.net

Winnipeg, MB

Northgate Dental Centre is expanding.

Dr.'s Mark Semchyshyn and Joe Mezibroski are seeking a full-time/part-time associate to join our team. Excellent opportunity to work with a great group of professionals with years of experience. Flexible hours available, new grads welcome.

Please contact us at: (204) 339-1738
Fax: (204) 338-6435
Email: ttar@mts.net

Winnipeg, MB

Lifesmiles Dental Group in Grant Park Shopping Centre has an opportunity for a full-time Associate. If you own your own practice, and would like to associate, we may be able to purchase or blend in your practice. We would be happy to answer any questions.

Please contact Lynn: (204) 452-0560

EQUIPMENT WANTED

Wanted to Purchase Used Equipment:

- Philips 810 developer with daylight loader
- Panorex

Contact: Dr. Robert Fraser (204) 324-6812

RETAIL SPACE

Notre-Dame-de-Lourdes, MB

Office space consisting of 422 sq ft now available in a newly constructed wellness centre, Centre Albert-Galliot, to start a dental practice in south-western Manitoba (Central Region). Great part-time opportunity which could develop into a full-time practice. French speaking a definite asset.

For more information please contact:

Yvette Gaultier, Community Development
(204) 248-7221

Professional Classified

The Manitoba Dental Association offers a referral service for: **(I) Dentists with Opportunities:** (practices for sale, space to share and associateship/locums) and **(II) Dentists Seeking Opportunities:** (full or part-time associateships, short-term locums and practice purchases/buy-ins). To list with this service please contact April Delaney at the Manitoba Dental Association Office, Phone: (204) 988 5300, Ext 2.

DENTISTS SEEKING OPPORTUNITIES

Winnipeg, MB

Experienced dentist available for locums (i.e. sick leave, vacations, etc.)

Please contact: Dr. Neil Winestock

(204) 269-4314

Winnipeg, MB

Dentist with 15 years experience available for long or short term locum positions in Winnipeg.

Please contact: Dr. Wade Salchert

(204)

Winnipeg, MB

Experienced dentist available for part-time associateship.

Please contact: (204) 489-7679

Winnipeg, MB

Experienced dentist available for short-term locums (i.e. sick leave, vacations, etc.). References available upon request.

Please contact: Dr. I. R. Battel

(204) 489-4507

Winnipeg, MB

Experienced dentist seeking either a locum (i.e. sick leave, vacation, etc.) or a regular 1 or 2 days per week basis.

Please contact: Dr. Julius Wise

(204) 489-2263

ManitobaDentist.ca



Have you considered placing your classified ads on the MDA website?

The Manitoba Dental Association will place free of charge, to Manitoba dentists, job wanted ads for associates, dental hygienists and dental assistants on our website. We will also run ads for practice sales. The ad will run for two weeks. At the end of the two weeks if you want to run the ad again just contact the MDA office.

You can email you ad to: office@manitobadentist.ca

The MDA Communication Committee is investigating the cost to run an ad in the Winnipeg Free Press classified section directing dental job seekers to our website. If the cost is reasonable we will start this initiative in 2009.



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