

MDA Bulletin



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DR. CATHERINE M. DALE, D.M.D.
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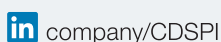
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MDA Bulletin



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President's Message

DR. CATHERINE M. DALE, D.M.D.
PRESIDENT, MDA

Looking out my window this morning, it appears that spring has sprung! Being a life-long resident of Manitoba, a historical perspective would tell me that we are in for almost a couple more months of winter before any fresh blades of grass decide to peek out at us from amongst the dirty piles of disappearing snow. However, for the moment, I have decided to bask in the glory of the illusion of spring, for it reminds me of what is soon to become reality!

It was my absolute honour to be installed as President of the Manitoba Dental Association at the 133rd Annual Meeting, held January 26-28, 2017. My past four years of service to the Board have come and gone so quickly, that it was with a touch of the surreal that I found myself congratulating Dr. Carla Cohn on completion of her immensely successful year as President at our AGM, and then accepted the transfer of responsibility to myself. Carla has been a truly dignified stateswoman and a very knowledgeable representative for the MDA in all her dealings with issues in Manitoba and abroad. Fortunately, I was able to accompany her to several meetings throughout the year, which will enable me to carry on in her footsteps. I hope to incorporate the grace and composure she modeled as I go forward into 2017, and I look forward to her continued wise counsel at the board table, in her position as Past President. Congratulations also go out to my classmate and colleague Dr. Nancy Auyeung (hooray for the Class of '92!), who leaves our board after six energetic years of service. Nancy remains a member of the board of directors for the Canadian Dental Regulatory Authorities Federation, and she chairs the Continuing Competency committee. Although she has officially completed her term as past president, her passion for organized dentistry will doubtless continue to be a guiding light to our organization.

In the spirit of continued growth and evolution of our Association, our Board recently welcomed Dr. Anastasia Cholakis as a newly-elected District #1 representative, and she attended her first Board meeting this past January. She brings a whole host of perspectives to Board issues from her position as an associate professor within the division of Periodontology at the University of Manitoba, in combination with extensive private practice experience. Rounding out the board, besides myself, our elected dentist members include Dr. Michael Cuthbert (who assumes the position of vice president), Dr. Cory Sul, Dr. David Goerz, Dr. Marc Mollot, and Dr. Carla Cohn (past president). The board meeting and the Annual General Meeting kicked off another very successful Annual Convention this year. Convention Chair Dr. Pat Kmet and her Convention Committee are to be commended, yet again, on their exceptional organization of this event. The staff at the MDA are not to be forgotten, and a big thank you goes out to the foot soldiers who tirelessly work to pull it all together: Linda Berg, Sarah Harvey, Cheryl Duffy, Diane McDonald, and the inimitable Director of Public Relations, Pamela McFarlane. This group stitched together a fabulous meeting with some top-notch speakers, who presented to a crowd of 1,934 dentists, dental assistants, dental hygienists, dental therapists, students, and office support staff. Congratulations, all!

Last week, a letter came across my desk. A very pleasant surprise, it was from Dr. Ralph Crawford, congratulating me on becoming the 93rd President of the Manitoba Dental Association. His kind words

were accompanied by a list of dentists who had served as president since 1884. 1884! He reminded me that Dr. J. L. Benson was the first practicing dentist in Manitoba, arriving in 1877. Our association has been here, as the governing body for Manitoba dentists and dental assistants, since its inception in 1883. Dr. Benson oversaw development of the association while serving as president for the ensuing seven years.

Our association continues to provide both regulatory guidance for protection of Manitobans and membership services for dentists and dental assistants. Thank you to Dr. Benson for getting us on our feet, and to the other 91 presidents who continued to helm the ship to where we are today. At present, our profession continues to "wait in line" as our Government currently examines the professions of Nursing and Medicine, in its mission to bring all self-regulated professions under the Regulated Health Professions Act. As a result of the RHPA, the MDA, as it currently stands now, will be required to become two separate organizations: the Manitoba Dental Association will become a strictly membership services organization, and a separate body (which will be titled "The College of Dentists of Manitoba") will become the regulatory body. There is no definite future timeline for these changes; the MDA will continue to bring you updates as they become available.

My calendar has certainly filled up this year with the responsibilities of representing our profession at both provincial and national levels. The month of March brings the Pacific Dental Conference in Vancouver, BC, where I am excited to be attending the University of Manitoba's College of Dentistry's annual Alumni Reception. It will be held on Thursday, March 9, from 6-8 PM, in Oceanview Suite 1-3 (Pan Pacific Hotel). I look forward to seeing some grads from "years gone by"—if you find yourself in that neck of the woods, please drop in to say hello! The CDA's Annual General Meeting will be held in Ottawa, from April 19-21. This is an opportunity to liaise with our provincial and territorial counterparts from across the country. It's always interesting and beneficial to speak with colleagues on how they are managing various issues—we do share a lot of common ground, and the exchange of information helps us all to come up with solutions to bring back to our member dentists at home.

Speaking of home, I'd like to take a moment to let you know about "Sharing Smiles Day", which will take place on Saturday, April 8. This day is an initiative of Oral Health, Total Health (OHTH), which is a Federal Non-Profit Organization led by the students and faculty from numerous faculties of Dentistry from across Canada. Its mission is to advocate, educate and improve the oral health care for persons with special needs. Sharing Smiles Day will take place again this year at the Faculty of Health Sciences at the University of Manitoba, at 10 a.m. in the Brodie Atrium (727 McDermot Avenue). If you are interested in attending, volunteering, or sponsoring this event, you may contact the Winnipeg chapter of OHTH at ohthwinnipeg@gmail.com.

Later on in April, the MDA will be partnering with The Never Alone Foundation in hosting an Oral Cancer Screening Day. This event will be held again this year on Saturday, April 29, from 10 a.m. to 4 p.m. at Polo Park Shopping Centre's community centre booth (located by The Bay). This is a great opportunity to come out and

volunteer a few hours, meet one-on-one with the public, and screen people for signs of oral cancer. It's also an opportunity to meet and greet Blue Bomber Alumnus, Mr. Lyle Bauer (Founder and Co-Chair), as well as some current Blue Bombers who come out in support of this event! Please contact the MDA to get involved.

The Never Alone Foundation is also one of the beneficiaries of the net proceeds of the quickly approaching fourth biennial All Dentist Musical, presented by Your Manitoba Dentist. "LUCKY STIFF" is a murder mystery farce of mistaken identities, millions in diamonds and a wheelchair-bound corpse that is sure to leave audiences dying of laughter". This show is guaranteed to tickle your funny bone, and will be playing at the Asper Centre for Film and Theatre (400 Colony St.) from May 4-7. For further information, or to help support this event, see their website at alldentistmusical.com.

It can be a challenge to keep up with what is happening within our various busy MDA committees, and to thoroughly understand issues of concern amongst the dentists of Manitoba. It is my pleasure and privilege to attend a variety of weekly meetings at my new-found "home", the offices of the Manitoba Dental Association.

I am most grateful to the team of people who continue to bring me up-to-speed on issues of importance. Mr. Rafi Mohammed, Dr. Marcel Van Woensel, Linda Berg, and Pamela McFarlane have their collective ear to the ground, and are a wealth of knowledge: regular meetings with this keen group keep me on-track and focused.

Personally, it is my sincere desire to pursue this presidency year with the intention of supporting the goals of Manitoba dentists, engaging with membership to hear their ideas and concerns, and representing the profession in a positive light. In her book "Content Strategy for the Web", author Kristina Halvorson wrote "Quality, relevant content can't be spotted by an algorithm. You can't subscribe to it. You need people - actual human beings - to create or curate it." It is with this spirit of collaboration, and an interest in maintaining the relevance of our Association, that I would invite you to contact me at any time should you wish to discuss something of importance to you and your practice. I may not have an immediate answer, but let's start the conversation, shall we? ☺

Cheers,
Catherine

Dr. Catherine Dale graduated from the University of Manitoba's Faculty of Dentistry in 1992. She then spent a year working as a general dentist at Winnipeg's Health Sciences Centre, where she completed a one-year Dental Internship program in 1993. During her internship year, she furthered her training in the treatment of a more medically challenged patient population, including oncologic and special needs adult patients.

It was during this time that she worked closely alongside the surgeons and surgical residents involved in the Oral & Maxillofacial Surgery residency training program; following her internship year, she entered a four-year residency program herself.

Dr. Dale has been a full time practicing oral & maxillofacial surgeon since completion of her residency program at the University of Manitoba in 1997. Dr. Dale maintains a private practice in OMFS, where she enjoys a mainly dentoalveolar practice. She also teaches at the University of Manitoba's College of Dentistry, in both undergraduate and graduate level programs. Dr. Dale holds hospital privileges within the WRHA and operates at several hospitals within the region to provide care for both adult and paediatric patients, in both outpatient clinic and operating room settings. She enjoys involvement in organized dentistry at both provincial and national levels: she is currently the President of the Manitoba Dental Association, and serves as Treasurer on the Board of the Canadian Association of Oral & Maxillofacial Surgeons. Dr. Dale was appointed as the Regional Lead for Oral & Maxillofacial Surgery by the WRHA, a position she continues to hold today. She is a Fellow of the Pierre Fauchard Academy, and serves on a variety of committees with respect to dentistry and surgery within the Province of Manitoba. Dr. Dale has been married to her husband Jonathon since 1990; they have two sons who keep them very busy!



MDAA President's Message

JANET NEDUZAK
PRESIDENT, MDA

On behalf of our Executive Director and the MDAA Board of Directors I hope our membership is managing to survive this frigid winter we are all experiencing! The temperatures were however not a factor in enjoying yet another successful Manitoba Dental Convention held the last week-end of January. The MDAA had positive feedback from membership on our guest presenter, Tim Bizga. Tim provided an energetic and informative session enjoyed by many attendees.

Held in conjunction with the MDA Convention, the MDAA hosted their Annual General Meeting on the morning of Friday, January 27th. This meeting was well attended with over 155 members taking part. Invited guests, Dr. Marcel VanWoensel, Dr. Carla Cohn and newly elected MDA President Dr. Catherine Dale were also in attendance and spoke to the MDAA membership. Their greetings encouraged the MDAA membership to consider becoming a volunteer on their respective board and how rewarding volunteering can be.

The MDAA board also acknowledged outgoing directors, Catherine Pulak, Secretary and Leah Erickson, President Elect

while welcoming new directors on board. 2017 is shaping up to be an exciting year for the MDAA membership! On that note, we are thrilled to have entered into partnerships with local, provincial and national businesses to offer our membership significant discounts. A couple of notable businesses are True North, Choice Hotels and Soft Moc to name a few. The MDAA will continue to update their website as the list of partnerships continues to grow ... stay tuned! The MDAA is excited to announce an upcoming CE session that is being planned for Saturday, April 29th at the Canad Inns, Regent Avenue location. The theme will be on "Wellness" with more details to become available shortly. Please continue to check the MDAA website (mdaa.ca) for updated information and registration details. Thank you to our MDAA membership for the privilege to continue to serve as your president as we continue to promote the profession of dental assisting in Manitoba.

Sincerely,
Janet Neduzak
MDAA President



College Corner

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

Looking Forward: Challenges and Opportunities in Dental Education

Dental education has been evolving rapidly within a context of aging infrastructure and curricula, financial constraints, explosion of new information and technologies, and changing expectations of stakeholder groups (students, staff, alumni, universities, government, healthcare systems, professional organizations, communities and industry). This has required leadership and changing the way we do everything from admission criteria and processes to classroom courses, preclinical labs, clinical training, community service experiences, professionalism/ethics, and oversight ensuring that all graduates meet minimum competency milestones prior to graduation.

The pace of change has been dizzying and the process of developing consensus among various constituencies demanding; but through all of the challenges, the unwavering support of our stakeholders and the dedication of our staff to ensure the future of dental education and the dental profession have remained consistent. I've been involved in dental education for the last 35 years, the first 25 in the United States and the last 10 in Canada, and I've seen many fads come and go, experienced many cultural reform and change initiatives, and worked with dedicated colleagues to ensure that dental education remains strong and effective. I'm often asked what the major challenges are for the future and I will summarize what I believe to be the top five we now face going forward:

1) Budget and facilities. Resource-restricted environments are becoming the norm and operations budgets are being stretched further. Budget challenges also present opportunities to rethink what's being done, create efficiencies and redirect resources toward innovation. In order to expand or begin something new, one must first stop doing something old! The American Dental Association recently conducted a study of dental education in North America to determine if any particular model of education was associated with greater success, reduced costs or increased revenue. Unfortunately, the conclusion was that no matter what model was used, there was no best approach and in fact, most dental schools had already optimized their approach to best fit with their individualized environments. Thus there is no magic recipe to follow and what we are currently doing is no longer sustainable in the long-term. We must start making changes now in our approach to clinical education as this represents the major financial liability within the current system. Future solutions will require distribution of clinical education into the community with greater involvement of community practitioners, clinics and resources. There will need to be partnerships between the College of Dentistry, Rady Faculty of Health Sciences, larger University, MDA, Alumni Association, Manitoba Dental Foundation, Provincial Government and WRHA. What this will look like is yet to be determined but the good news is that stakeholder groups are beginning preliminary discussions. My belief is that something significant will need to be ready to implement within the next three years in order to maintain the current high quality of dental education in Manitoba.


2) Recruitment and retention of academics, support staff and students. This involves institutional reputation, modern curricula and facilities, opportunities for advancement, and a collegial community. The ongoing humanistic initiatives related to respectful work and learning environment, cultural diversity, student mentorship program and a welcoming and collaborative dental community involving the College of Dentistry, the MDA, alumni, and community stakeholders are significant advantages. The enhanced technology and facilities renewal projects completed over the past several years through the generosity of our donors build on our advances and create important connections. Additionally, the emergence of a significant interprofessional education and practice emphasis provides an excellent opportunity for creativity, exciting student experiences and new areas of scholarship that are highly valued by the external health-care community and government. Over the past several years, we have been able to recruit some excellent foreign-trained academics as well as some highly experienced community practitioners. The College's small class sizes and individualized attention offer great opportunity to create personal community. Student satisfaction has never been greater and the Manitoba dental community has never been stronger. We must continue to work together to ensure the College fills open positions and maintains a high level of interest from qualified academics and practitioners for becoming part of the educational program.

3) Research. Historically, the College of Dentistry is renowned for pushing the frontiers in Oral Biology research. In order to continue such accomplishment into the future, the College must find ways to support research and researchers through funding, protected time and administrative support. In this new age of regulation and compliance, the administrative burden of research has increased dramatically. The Rady Faculty of Health Sciences and larger University have assisted the College of Dentistry in this regard by developing a robust support system with increased seed funding, a Research Development Office, Research Services and various training programs. These resources must be leveraged to create and maintain a culture that values research, is evidence-based and has a strong constituency of "sophisticated consumers of research". The College continues to encourage and support innovative and collaborative research centres, groups, clinics and laboratories that provide a strong foundation to build on and represent areas appealing to both biomedical scientists and clinicians (International Centre for Oral-Systemic Health, Digital Imaging Centre, Chemosensory Biology Group, Biomaterials Group, Snihurowycz Digital Dentistry Laboratory, TMD/Sleep Disorders Clinic).

4) Community Service. The College on-site clinics and community outreach programs serve over 30,000 patients annually. These clinics/programs for underserved populations are vitally important to our mission and represent the "front porch" of the College and larger University. These must remain strong and effective at all costs.

The College invests a significant amount of time and resources in the Centre for Community Oral Health and the Pediatric Dentistry Division in this regard. There will continue to be budgetary, organizational and administrative challenges associated with these operations as we have the Churchill clinic as our farthest location (3 hours by plane), geriatric dental programs (Deer Lodge clinic and the mobile van home care program) in partnership with the WRHA, multiple access clinics serving the inner city, and a school busing program in partnership with Variety Children's Charity that serves children of all inner-city schools in Winnipeg and was featured on local and national news last year. Some of the community service programs operate at loss and must be subsidized by others that turn a profit or through internal reallocations from the College operations budget.

5) Ethics and Professionalism. A monumental challenge as social media and new generations of students collide with strict expectations for ethical and professional conduct. In order to adequately address new and uncharted challenges, essential critical

thinking abilities and processes need to be taught. The entire approach to how this part of the curriculum is structured requires complete overhaul to respond to the current environment. First, our primary emphasis must be placed on creating and nurturing a welcoming community committed to equity, collegiality, diversity and inclusiveness. Next, we must continue to change culture to modify long-standing student traditions that are no longer acceptable and replace these with better options (for example, moving orientation week and social events more toward alcohol free and family or community-oriented activities). We must continue discussions and programming around social media and public behavior as well as increased prominence of our community code at white coat and graduation ceremonies. Finally, the College needs to restructure the ethics and professionalism components of the curriculum to reflect a thoroughly mainstreamed and integrated four-year experience. Dr. Doug Brothwell, Associate Dean Academic, has recently completed a one-year leave project dedicated to this area and is currently working with the College Curriculum Committee to implement significant changes in this regard. 



What You Need To Ask Your Accountant BEFORE You Sell Your Practice

DR. TOM BRENEMAN

Canadian dentists have the opportunity to save considerable tax dollars if they properly prepare for the sale of their practices. The savings stem from the availability of the Capital Gains Exemption (CGE) for Canadian small business owners which allows for up to \$835,716 (in 2017) per shareholder that can be sheltered.

As transition specialists we often encounter the situation where a dentist says "I'm ready to sell my practice", however while they may be ready, they have not taken the necessary steps to prepare their professional corporation (PC) for the sale. This is called getting your PC "on side" and the key professional that needs to be consulted is your accountant. The process that is required is called "cleansing the corporation" and it can take a significant period of time to do.

So what do you need to ask your accountant? Does my PC meet the 50% rule? For the 2 years prior to the sale, fifty per cent of the assets of the PC have to be related to the business of the corporation, i.e. those assets need to be related to the practice of dentistry. Non-dental assets that need to be cleansed can include loans, life insurance policies, and real estate (if it's not a building primarily used for the practice), or any other investments of any kind.

Will my PC meet the 90% rule? On the day of the sale of the practice 90% of the assets owned by the PC need to be related to the business, that is they have to be dental assets.

Are all the shareholders eligible for the capital gains exemption (CGE) and can I add shareholders before the sale? This is a complicated question and the answers will depend on the timing of when the shares were acquired, the value of the shares at the time they were acquired (their cost base) and whether or not the shareholders have previously claimed investment or business losses. Generally speaking, the longer the shareholder has owned the shares, the more valuable the CGE will be. If you or any other

shareholders have previously claimed business or investment losses or deductions then you may not be eligible for a part of or all of the CGE.

Do I have a shareholders' agreement? If there are other family members who own shares in the PC they have to be willing to sell their shares when you're ready to sell yours, so it's prudent to have an agreement in place that requires them to do that.

What's the timing for doing what needs to be done? If there are cleansing issues to be dealt with then timing becomes very important. In order to avoid onerous tax consequences, the cleansing strategies that need to be employed require adequate amounts of time, and in our experience it can very often take up to two years. If we factor in the six to twelve month selling process and the six to twelve months that a buyer may want you to stay on for a transition we can be looking at up to four years of planning before you will ultimately lay down your handpiece and retire.

This is all very interesting but what if I don't have a PC? There is some good news here because if you are not presently incorporated you can "roll over" your self-owned practice to a PC just before the sale and you will still qualify for your personal CGE.

Transitioning out of your practice is a process, not a single event and as you start to think about retirement there are multiple factors that need to be considered. We have addressed one very important and potentially expensive one, the need for planning and preparation of your professional corporation.

A timely and proactive conversation with an experienced, knowledgeable accountant and/or lawyer can help you to be prepared to transition on your preferred timetable and in the least expensive, most tax advantageous way.



Canadian Dental Association's Message

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

Hello all! It's that time again and, after serving my maximum six years as Manitoba's representative on the CDA Board of directors, this will be my final MDA Bulletin report. I would like to extend my congratulations to your newly appointed representative, Dr. Joel Antel, who will be installed at the CDA Board of Directors meeting and AGM held in Ottawa in April.

There was a great deal of concern at CDA last fall, when it was learned that the Federal Government was considering imposing a tax on employer-provided health and dental benefits in their upcoming budget. The \$2.9 Billion of forgone tax revenue that the Federal Government would recover by taxing these plans is responsible for generating \$32.2 Billion in health care spending. Twenty-four million Canadians are covered by these plans. Studies suggested the removal of this tax benefit across the board could result in a decrease of 50% of small firms who offer the health benefits and very few of those employees would self-insure after losing those benefits. As you can see, this could be disastrous for dentistry.

The CDA joined a coalition of many different organizations and associations, including the likes of chiropractic, physiotherapy, optometry, pharmacy, psychology, audiology, Canadian Life and Health Insurance Association, and the Canadian Medical Association, to name a few. A strong campaign was put forward and, with the tremendous support from our Provincial Dental Associations, the dontaxmyhealthbenefits.ca website was able to generate well over 100,000 emails to members of parliament. All our efforts paid off on February 1st when the Prime Minister announced in the House of Commons that there would be no new taxes on health and dental benefits.

I'm sure that there will still be bad news for us all somewhere in the next budget, but this is a HUGE win for Dentistry and all our patients that utilize these benefit packages. Thank you to Kevin Desjardins, CDA Director of Public Affairs, for all your work on this initiative on our behalf!

Another new project at CDA is the "Future of the Profession Initiative". As I reported last time, a 25-person Task Force with a 6-person Steering Committee was formed to identify and analyze the key issues likely to have an impact on the oral health care section in the next 15-20 years. The Steering Committee, led by CDA Past President Alastair Nicoll, has met on Zoom on numerous occasions and the Task Force held its first face-to-face meeting in Toronto in January. A second face-to-face meeting is planned for November 2017. Attendees at the Dentistry Leaders' Forum on April 21 will receive an update on the Future of the Profession initiative and will have the opportunity to provide input. A final report will be submitted to the CDA Board in February 2018, for discussion at sessions during the April 2018 CDA AGM.

In Claims Transmission, work continues on the development of program upgrades and enhancements to ITRANS core services,

including the automatic switching of claims to the correct network, a revitalized Help Desk and the reporting of aggregate data to the Corporate Members and CDA. The benefits of moving forward with this initiative are that it moves claims transmission away from the use of data centers to a software based system, thus safeguarding against the possibility of a "single point of failure". In addition, it will encourage claims processors to adopt multiple networks, it will appeal to software vendors by simplifying claims integration and it could eventually decrease the costs to operate ITRANS when the current data centers are retired.

A partial roll out of the CDA Secure Send service began in Quebec and the Northwest Territories in February and British Columbia in March, to be followed by a full roll out in the spring. Although this service is currently accessed through the CDA web portal, a plan has been initiated to work with dental office software vendors to integrate the service into their systems. There has been some strong interest expressed with some of the major vendors, so the hope is that this will lead to an across the board uptake by all vendors in order to stay competitive.

We continue to be frustrated by delays in signing the CDAnet Agreement based on efforts undertaken to work with the ACDQ to develop a single CDA/Reseau ACDQ agreement at the request of CLHIA. This has resulted in delays in signing a new CDAnet contract and in implementing the proposed Joint Advisory Committee on Dental Benefits. To minimize the impact of this delay, CDA's Working Group on Dental Benefits has begun to work unilaterally on best practice guidelines for dental audits. This Working Group has drafted a framework for such a document and CDA will be retaining the services of a writer with knowledge of the insurance industry to ensure the document is completed as soon as possible.

CDA continues to work with CDSPI and the Corporate Members on the development of improved practice management education (PME) materials for Canadian dentists. The focus of the initiative is to compile existing publications on various subjects identified as important to dentists, and determine what new materials might need to be produced. The current leading priority of the group is material related to human resource management. CDA has been asked to compile a list of relevant topics related to HR management in the dental office.

I just have one last announcement. An election was held at the Board meeting in February and I am very proud to announce that, at the CDA AGM in April, I will become your new CDA Vice President. I am thrilled to be given the responsibility and opportunity to continue working with this fabulous and vital organization as we continue to make improvements to Dentistry for Canadians into the future. 🇨🇦

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

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The MDA website has recently been updated to include a new email address for members to submit their CE documents. The address is ce@manitobadentist.ca. Also, new under the Continuing Education tab in Professional Resources on the black toolbar is step by step tutorial on how to check your CE report online. The following CE trainer show you the 3 steps to finding your information on the MDA website.

STEPS TO CHECKING YOUR CONTINUING EDUCATION RECORD ONLINE

BEGIN BY GOING TO www.ManitobaDentist.ca

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

2

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

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

3

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

Forgotten passwords MUST be reset by the system.

1

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

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

Click here to access your report

Screen #2—click as

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

Continuing Education Report

Name: [Redacted]
 MDA ID: [Redacted]
 Anniversary Date: 03/01/2017

| Course Name | Course Date | Credit Hours |
|--|-------------|--------------|
| DR M. Madhavi Oral Rad Technique | 09/23/2016 | 5.00 |
| SSG - Edentulous & Falling Dentate Patient | 09/10/2016 | 3.00 |
| 2016 Jasper Dental Congress - 3 day | 05/29/2016 | 4.00 |
| SSG - From Extraction to Prosthetic Restoration | 05/21/2016 | 3.00 |
| CDW | 05/14/2016 | 4.00 |
| CDW | 05/14/2016 | 1.00 |
| U of M Developing an Infection Prevention & Control Manual | 04/16/2016 | 6.00 |
| Dentsply Dental Implants in Anterior Segment | 04/02/2016 | 3.00 |
| 2016 PDC | 03/18/2016 | 10.00 |
| SSG Dental Implants | 02/27/2016 | 3.00 |
| 2016 MDA Convention Saturday | 01/30/2016 | 5.50 |
| 2016 MDA Convention Friday | 01/29/2016 | 6.00 |
| U of M Alpha Omega | 12/12/2015 | 6.00 |
| Dentsply Implant Based Restorations | 10/05/2015 | 2.50 |
| CPR renewal AED | 03/15/2015 | 8.00 |
| ASI Dental Emergencies - 10 day | 03/02/2015 | 14.00 |
| U of M - Implant Complications | 01/17/2015 | 3.00 |
| WDS - Dr. Shah | 09/12/2014 | 6.00 |
| ROI - What is Your Practice Worth | 05/23/2014 | 3.00 |
| ROI Corporation - Dental Practice Today | 05/23/2014 | 3.00 |
| CPR renewal | 03/28/2014 | 4.00 |
| CE Credits for this report: | | 103 |

**Please note you must obtain 90 CE Credit Hours prior to your anniversary to receive your next license. [Credit Point System \(CPS\)](#)

Disclaimer:
Please note that the CE total shown on the website may not be an accurate record of your continuing education hours to date. If you have any questions please call the Manitoba Dental Association at (204) 988-5300.

Continuing Education Scan Card



New Scan System comes into effect on September 1st, 2017

What is it?

A plastic credit card size identification card with members name and a barcode specific to that member;

A scan card is being issued to every Dentist and Dental Assistant member for the purpose of recording attendance at CE programs in Manitoba. The card is to be used only by the person to whom it is issued.

Why?

To improve accuracy of CE record keeping;

To simplify process for approved CE program providers to submit continuing education hours on behalf of members;

To reduce paper verification for attendance and increase efficiency of uploading the data into members' CE reports.

How do I use it?

There are two ways to use your card:

1. The barcode on the physical card needs to be scanned for the member when entering or leaving the session for the day.
2. Take a photo of the barcode and save it to your mobile device. Member must present barcode image for scanning upon entering or leaving CE session for the day.

Watch for your scan card in the mail between May 1st and June 30th, 2017



PRESENTS
LUCKY STIFF
 The 4th biennial
All-Dentist Musical

WHAT IS THE ALL-DENTIST MUSICAL?

Occurring every two years, the All-Dentist Musical (ADM) is a public presentation of a musical featuring a cast entirely comprised of Manitoban Dentists.

Professional and emerging local artists are engaged to

lead the ADM creatively and in production, with funds raised being donated to charitable arts and dental related causes.

HOW LONG HAS THE ALL-DENTIST MUSICAL BEEN HAPPENING?

In April 2010, Dr. Tricia Magasino Barnabe, a member of the MDA Communications Committee, was given approval to spearhead a musical theatre presentation with all-dentist performers. Her vision was to foster a positive image of the dentists and provide an outlet for camaraderie as they stepped out of the dental realm to sing, dance and act onstage - all while fundraising for a worthy cause. And so, in May 2011, Little Shop of Horrors, the first 'All-Dentist Musical' hit the stage.



The cast of Little Shop Of Horrors (2011)

Fast forwarding seven years and after two more successful productions of Young Frankenstein (2015) and Guys and Dolls (2013), the ADM continues to grow and thrive.

We asked Dr. Billy Kettner, who will be appearing in his third All Dentist Musical, what keeps him coming back?

“The way a group of people with a common goal come together from the first read-through to opening night is one of the most fulfilling growth experiences you could possibly imagine. From nothing to a full blown mature family with all of it’s ups and downs in between. And I have always loved Broadway Musicals since I was a child.”



Dr. Kettner as ‘The Village Idiot’ in Young Frankenstein (2015)

Recently, in an effort to further sustainability for the ADM and increase outreach into the community, an ADM Committee was formed to work with the MDA to plan and produce future musicals.

Dr. Frank Hechter will be performing in his third consecutive All Dentist Musical and is also the acting chair of the newly formed ADM committee. We asked him how the committee was formed and what impact it has had on his experience so far.

“Dr. Trish Magsino-Barnabe was the inspiration for the All-Dentist Musicals. Her dedication, enthusiasm and commitment coupled with her love of musical theatre was the driving force of the first three productions. The ADM committee was established to reduce the burden and onerous responsibilities of any individual. We are all deeply indebted to Trish for her inspiration and leadership. Organizing ‘Lucky Stiff’ has been simultaneously challenging and rewarding. Members of the committee continue to work diligently to ensure the production is an artistic and financial success”



The cast of Guys & Dolls (2013)

WHAT IS LUCKY STIFF ABOUT?

Based on the novel, *The Man Who Broke The Bank at Monte Carlo* by Michael Butterworth, this hilarious story revolves around an unassuming English shoe salesman who is forced to take the embalmed body of his recently murdered uncle on a vacation to Monte Carlo. Should he succeed in passing off his uncle as alive, Harry Witherspoon stands to inherit \$6,000,000. If not, the money goes to the Universal Dog Home of Brooklyn...or else his uncle's gun-toting ex!

Written by the Tony Award-winning writing team of Lynn Ahrens and Stephen Flaherty, *Lucky Stiff* is a murder mystery farce of mistaken identities, millions in diamonds and a wheelchair-bound corpse that is sure to leave audiences dying of laughter.



The cast of Lucky Stiff in rehearsal

WHERE WILL THE PROCEEDS OF THIS PRODUCTION BE DONATED?

Net proceeds of the ADM provide an opportunity for the MDA to make significant charitable donations in the community. Funds raised by this production are in support of the Never Alone Foundation's Restoring Smiles campaign and creating a student bursary for the U of W's Department of Theatre & Film - the new home for the All-Dentist Musical.

WHO WILL BE PERFORMING IN LUCKY STIFF?

Annabel Glick Dr. Kristin Cuthbert (May 4,6)
 Annabel Glick Dr. Ilana Shapera (May 5,7)
 Harry Witherspoon Dr. Ken Hamin (May 4,6)
 Harry Witherspoon Dr. Jonathan Archer (May 5,7)
 Rita La Porta Dr. Adriana Gomez
 Vinnie Di Ruzzio Dr. Billy Kettner
 Dominique Du Monaco, Southern Lady Dr. Cheryl Bacala
 Luigi Gaudi Dr. Frank Hechter
 Punk, Mr. Loomis, Bellhop, Ensemble Dr. Jerry Abells
 Nurse, Roulette Wheeler, Spinster, Ensemble Dr. Karen Rosolowski
 Solicitor, Southern Lady, Maid, Ensemble Dr. Sarah Keating
 Landlady, Waiter, Croupier, Old Texan Dr. Robin Szmadyla
 Miss Thorsby, Dancing Portrait, Ensemble Dr. Hoda Hosseini
 Emcee Dr. Katie Davidson
 Lorry Driver, Nun, Ensemble Dr. Patrick Mao
 Communter, Ensemble Dr. Sherry Ghodousi
 The Dead Body of Tony Hendon Dr. Jonathan Archer (May 4,6)
 The Dead Body of Tony Hendon Dr. Ken Hamin (May 5,7)

Dr. Kristin Cuthbert has appeared in all three ADM's to date. This time, however, she'll be sharing the responsibility of playing a leading role for the first time. We asked her how she's feeling and what she's most excited and scared about?

"I'm feeling great about it! The director decided to split the lead roles for this production to allow more dentists to perform. Knowing that someone else is earning the same leading part as me takes the pressure off. And it's fun because we learn from each other along the way! Scared? I'm not scared of anything. Except four canal endos"

Dr. Cheryl Bacala will be making her third appearance in an ADM and is tasked with playing the role of a knock-out, dramatic, French lounge singer. We asked her how she's feeling about playing this part in the show and how it relates to her personality?

"I am very excited to be playing a larger part this time. I am also a little nervous about playing a larger part this time. I am playing Dominique Du Monaco, a performer with presence. She can be very caring when money is involved. I find this character a stretch for me but I am up for the challenge!

New-comer, Dr. Jonathan Archer, will be making his debut with the ADM in a leading role. We asked him how to tell us about about the part he's playing?

"I'm playing Harry Witherspoon - a shoe salesman who is alive, but doesn't live. I am guilty of not taking enough holidays, often just one week a year. So, in a sense, I guess I have to start 'living before I die' (a line from a song of his)"

WHEN ARE THE SHOWS AND HOW DO I GET TICKETS?

The fabulous and talented Manitoba Dentists will be performing the hit musical comedy, *LUCKY STIFF* from May 4th - May 7th at the U of W Asper Centre for Theatre & Film.

Thursday, May 4th, 8:00pm - Opening Performance - \$40 (limited tickets available)

Friday, May 5th, 8:00pm - Gala Performance and Reception - \$75 (sold out)

Saturday, May 6th, 8:00pm - Third Performance - \$50 (limited tickets available)

Sunday, May 7th, 2:00pm - Closing Performance - \$50 (limited tickets available)

TO BUY TICKETS:

Please visit our website at: AllDentistMusical.com

The U of W Asper Centre for Theatre & Film is located at 400 Colony Street, Wpg, MB

HOW CAN I SUPPORT THE ADM?

Although casting is complete and rehearsals are underway, there are plenty of other ways to support the ADM.

We are looking for volunteers in the following areas:

- Ticket Takers, Ushers
- Backstage crew (moving sets, helping with costume changes etc)

Other ways you can support:

- Advertising in our show program
- Monetary donations
- Buying tickets to a show!

If you would like to volunteer, advertise or donate, please send us an email at: alldentistmusical@gmail.com

Net Proceeds to:
 

Presented in Association with:



How To Strengthen Your Defensibility

Recommended Practices That May Help Avoid a Successful Malpractice Lawsuit

CDSPI has been providing malpractice insurance to Canadian dentists for almost 50 years. Since premiums depend on the claims experience of the entire community, part of our mandate is to offer information to help dentists avoid patient issues wherever possible, and mitigate damages when legal action is taken.

To this end, we are pleased to provide an article, written by John Barry, an attorney in New Brunswick who has represented many dentists and others in the health care community throughout his long and distinguished career. Mr. Barry has been recognized annually in both Best Lawyers in Canada and the Canadian Legal Expert Directory since both ratings were established.

Susan Roberts, BA, FLMI, ACS, AIAA, CHS™
Vice-President, Insurance Advisory Services
CDSPI Advisory Services Inc.

Before Treatment Begins

No matter how diligently you strive to provide the highest possible standard of care, the potential of a malpractice suit is an ever-looming reality for dentists. As a lawyer who has defended many dentists in these circumstances, I have seen countless cases where they could have helped themselves with a bit of preventative medicine—what I like to call “defensibility”. The purpose of this article is to discuss some of the things you can do to help avoid becoming one of my clients.

Know Your Patient

In addition to your examination and diagnostic tests, staying current with your patient’s general health is critically important. You may have a long standing relationship with a patient, but that doesn’t mean they are in the same condition as the last time they visited. Has their general health changed in any way? Are they on any new medications? How might this impact medications you may use or prescribe? Make sure you get this information, and record and date it.

A patient’s satisfaction with your work is sometimes dependent on their attitude before you even start treatment. With this in mind, you need to be extremely cautious in evaluating the psychological status of your patients and managing their expectations. A certain percentage of your patients will be overly anxious about their appearance, and in the most extreme instances, patients who suffer from Body Dysmorphic Disorder (BDD) have obsessive preoccupations with imagined or slight defects, which makes satisfaction highly problematic. You need to be aware of any anti-depressants or other psychiatric medicines your patients may be taking, or if they have a history of treatment of psychological or psychiatric conditions.

Obtain Informed Consent

To avoid “He said, she said.” disputes, it’s important to obtain written, signed consent for most treatments. Consent to Treatment forms are available from your dental association or from CDSPI. A verbal consent on simple procedures will be sufficient, if it is specifically charted. In addition to itemizing the procedures that will be performed, the form should clearly indicate that the patient understands and acknowledges the purposes of the treatment, possible alternatives (including no treatment), the risks involved, and possible complications. Recommendations and/or treatments to be performed by other specialists should be included, as well as the requirements for post-treatment compliance for the best possible outcome. Ideally, this should all be reviewed with the patient before, rather than on, the day of the procedure.

Know Your Limits

There are a number of reasons to refer a patient to a specialist including your skill, experience and comfort level, the complexity of the case, the patient’s medical condition, or their wishes. It’s never a good idea to take on more than you can reasonably handle. General dentists are trained in a wide variety of procedures, so some find it hard to resist the temptation to do wisdom tooth extractions or complex dental implants when they would be best referred to an Oral and Maxillofacial Surgeon or Prosthodontist. The Royal College of Dentists of Canada now sets out Scope of Practice guidelines in each specialty, so ambiguity is not really a basis for a defense. Legally, a general dentist is held to the same standard of care as a specialist, so it’s not in your best interest to take on unnecessary liability.

Screen for Oral Cancer

The dental community is the first line of defense in early detection of oral cancer, so we strongly encourage annual screening. This three part process should include a review of health history, and both extra-oral and intra-oral examinations. If you have any suspicions, the patient should be referred immediately to an Otolaryngologist (Ear, Nose and Throat) or Oral and Maxillofacial Surgeon. The CDA and most provincial dental associations are now recommending annual screening for oral cancer. Litigation is now more prevalent when possible oral cancers are not investigated.

This article outlines some of the measures that are appropriate to help avoid complaints and legal issues. In the next one I’ll discuss some of the steps you can take to bolster your defensibility should a patient initiate an action.

John P. Barry, QC
Cox & Palmer
Saint John, New Brunswick
jbarry@coxandpalmer.com

CDSPI Malpractice Insurance is underwritten by the Aviva Insurance Company of Canada.

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Spitting Out the Facts on Smokeless Tobacco

DEAN KRIELLAARS, Ph.D.

In the Canadian adult population, the prevalence of smokeless tobacco use averages 1%. This prevalence is identical to that in most European countries where tobacco control legislations exist. Interestingly, in Sweden the prevalence is over 10X as high, with males at 20% and females at 3.5%. In the USA, the adult prevalence is 3.5%. An concerning trend in the USA, is that the sales from one form of smokeless tobacco (called snuff) increased by 50% from 2000 to 2015, corresponding to a 23.1% increase in total consumption (4.2% per capita).

Types of Smokeless Tobacco

In Canada, the most common form of smokeless tobacco is moist, fine grain tobacco in a tin, the most popular brands are Skoal and Copenhagen. The tins are sold separately or in groups of 5 (called a log). A user will grab a pinch of the tobacco and place it between the cheek and gums (called a dip). The user will periodically spit the excess saliva out into a container (often a paper coffee cup). The second form, is termed chew, which is a leaf tobacco that typically has been sweetened. This form comes in bags and blocks. The user will chew this product and often swallow the juices.

Immigration and Smokeless Products

Given continuing immigration from countries such as Myanmar, India, Nepal, Bangladesh, Sri Lanka, etc where 15-25% of the population uses smokeless tobacco products, there has been a rise in Canadian retailers selling specialized smokeless tobacco products (quid, bidi, paan masala, guthka, etc.).

Cost of Smokeless Tobacco

The cost of a tin in Manitoba is about \$28, and the average consumption is 1.5 tins per week yielding a yearly cost of \$2184. About 3% of the users consume a tin a day (\$10,220/year). Interestingly, the cost of a tin is \$4-5 in the USA, and given the large price differential, "trafficking" of this product is commonplace in regions of Canada with close proximity to the US border.

Health Risks of Smokeless Tobacco

The health risks associated with smokeless tobacco products are chronic potentially malignant oral lesions (leukoplakia, 60% of users), oral cancer, and poor oral hygiene especially attachment loss. Regular use of smokeless tobacco products is strongly associated (odds ratio of 3.01) with oral cancer. However, it is very important to note that there is also an elevated risk (2-4 times) for death from ischaemic heart disease and stroke, likely due to the substantially higher nicotine levels in smokeless products than cigarettes. Further, the combined use of smokeless tobacco and alcohol is also demonstrated to increase the risk of oral cancers. This is important to consider in light of the fact that high smokeless use is associated with certain team sports where there is also a high use of alcohol.

Sex and Smokeless Tobacco Prevalence

The male:female prevalence ratio is approximately 6M:1F for Europe, USA and Canada. In Asia, the ratio is closer to 1.5:1. In terms of sexuality, there is a dramatic increase in cigarette and e-cigarette use in bisexual/gay/lesbian populations, but this step increase is not observed for smokeless tobacco products.

Age and Smokeless Tobacco Prevalence

There is a "one time use" prevalence gradient from 2.3% in grade 6 to 8.7% in grade 12, and a large incremental increase to 16.8% in college and university. Regular use of smokeless products starts as early as age 12. A protective effect on smokeless tobacco use only occurs with an educational level corresponding to the completion of a master's degree or higher.

Parental Awareness of Children's Smokeless Use

For regular users of smokeless tobacco over the age of 16, over 52% of parents were unaware of their child's use. Only 4.5% reported that there parents were aware of use from the initial exposure. Smokeless tobacco is hard to spot, as it carries no smell, it is concealed in the mouth, and it is easy to hide the tin. Although parents will see the user carrying a paper coffee cup, they will be unaware of it being used as a spittoon.

Primary prevention of smokeless tobacco use

With the vast majority of users commencing prior to adulthood, this means primary prevention programs need to be targeted to children starting at age 12 in the school setting. Most tobacco reduction programs in schools do not include information about smokeless tobacco. Further, given the majority of parents are unaware of a child's use, awareness campaigns need to extend beyond the classroom to reach the parents. Finally, given the high prevalence in certain sports, programs and policies need to be created that provide educational experiences to coaches, officials, parents, and participants in hockey, baseball, football and rugby.

Tobacco Cessation

Overwhelmingly, tobacco cessation programs are targeted to smokers and the approaches to smoking cessation are not necessarily applicable to cessation of smokeless tobacco for two reasons. First, smoking cessation programs often rely on the ability to avoid "triggers" for habitual use. In the sport setting, this would mean the avoidance of sport, which is an almost impossible sacrifice in the mind of the using athlete. Second, the nicotine levels of a batch of smokeless tobacco (called a dip or a plug) are between 4 and 6 times that of a cigarette, equivalent to nicotine replacement product dosages, but at a lower cost than nicotine replacement products. Also, the higher dosage of nicotine, may make it more difficult to terminate use.

Geography and Smokeless Tobacco Prevalence

There is also a geographical gradient in Canada; less than 1% in the east and rising to 3% in Alberta. A similar geographical gradient exists in the northern states of USA with 2.4% in the east and increasing to 4.1% in the west. Further, rural use is substantially higher than urban, with rural prevalence reaching up to 10X the urban rate. In rural settings, the use is often associated with male farmers, and participants in rodeo.

Sport and Smokeless Tobacco Prevalence

The relatively low average prevalence in the population masks some high use sub-populations. Sport is one of the sectors in which high prevalence exists. If one looks across all sports, the prevalence averages to 15% of participants. The Canada Games team for Manitoba averaged 14.5% use, almost exclusively male. In Manitoba, individual sport prevalence can exceed 50% of players; hockey (30-55%), baseball (45-55%), football (30-55%) and rugby (34%). If one examines individual team use in hockey, regular users can be as high as 80% of the team.

Hockey and Smokeless Tobacco

About 75% of hockey players on teams will have used smokeless tobacco at least once. About 8% start use at the age of 12, with 17% starting at 13-14, and the majority (50%) commencing at 15-16 years. Over 60% report that they started use in a hockey setting (high school or minor hockey). For the last 6 years in Manitoba, hockey players aged 16 to 21 years have shown a stable level (about 50%) of regular use. Nearly 70% of hockey players that regularly use smokeless tobacco expressed an interest to quit (46% immediately and 24% after the hockey season). The majority expressed financial reasons (62%) for the desire to quit, followed by a concern over oral cancer (30%).



Why Use a Broker

DR. PETER DOIG

As business owners, dental practitioners are driven by many professional obligations and operational pressures. Our express mandate is to bring an owner the outcome that defines a stated intention with as little stress as possible. This can include a variety of factors such as avoiding selling to certain interests, ensuring continued employment, maintaining the standards of care that patients have become accustomed to, and many more.

There are many reasons to have a practice appraised. Whether it stems from necessity (legal or financial) or by choice (sale or planning) the ROI Corporation is dedicated to helping you realize the value of your practice. In the case of a sale, the whole process is time consuming, often stressful and it is an absolute necessity to learn from the experience of industry professionals. It is our pleasure to work with the best in the legal, accounting and banking professions to coordinate the sale of your practice and leave you to get on with the business of dentistry. After all, the continued success of your practice will allow for us to showcase the ability and promise that it holds as we engage with the diverse market to identify a premium buyer and secure the sale.

The sale of your business is very often a once in a lifetime event. As such, this process should be approached with a steadfast sensitivity, designed to result in a dignified and profitable transition into the next phase of your career. To this effect, the importance of planning, preparing and marketing your business should be done in a measured

manner respecting your confidentiality, the confidentiality of your staff and patients but also ensuring that the opportunity your business represents will resonate with an engaged audience of qualified potential purchasers

Success in practice sales and appraisals is not a transactional process, the art of brokerage is the creation of reciprocal business relationships that span several decades of sacrifice and hard graft. A prudent practice owner will initiate a sale strategy, a minimum of five years in advance of a practice sale. There are numerous operational and legacy issues that should be ironed out in advance to optimize a practice for a sale that will yield maximum value for the owner.

Dentists are in the business of care, compassion and patient well-being. Very often the pursuit of profit can conflict or at least take a backseat to a health professional's natural predisposition. Repeatedly we see people in this profession cater to the well-being of everybody but themselves. The importance of planning in advance cannot be overstated. As your broker, our job is to let you maintain your high standards of care as we represent your interests.

With the ever changing landscape we endeavour to use every day as a learning experience and an ability to realize best practices that we can share with our clientele and reflect in our practice appraisals and consulting services.



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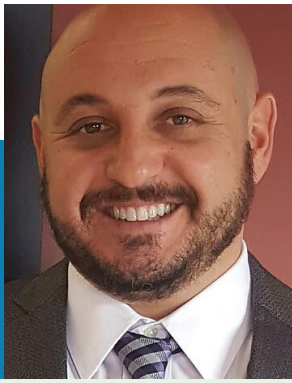
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Restrictive Covenants – The Non-Compete Clause

AS SUBMITTED BY STEVEN M. MELTZER
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Please note that the information provided herein is not legal advice and is provided for informational and educational purposes only. The non-compete restrictive covenant is a common provision in employment agreements of all industries, and the dental practice is no exception. Whether non-compete restrictive covenant is enforceable depends on how it is written. Proper attention must be given to the drafting of these restrictions in employment agreements as the courts are very quick to ignore these provisions if not drafted properly. After all, this provision restricts a dentist from practicing their calling.

First, let's clarify what a non-compete restrictive covenant is. A restrictive covenant is a condition in an agreement that prohibits or limits one party's ability to do something. The Non-Compete clause (different from the non-solicit clause to be covered in a future bulletins) is used to prohibit a former employee from competing with their employer.

Because these restrictions restrict a person's capability of practicing dentistry, the law's default position appears to consider them to be unenforceable. However, "if it is shown that the employer had a legitimate business interest to protect and that the restraint is reasonable, both between the parties and in the public interest, it may be enforced." Translated, this means these restrictions must be carefully drafted to ensure that the activity being restricted is limited to only what is necessary to protect the employer thus only excepted when it is a reasonable restraint on the trade.

In the real world, this generally means that the terms of the restriction must be limited in geographical scope (example, only a few kilometers away from dental practice), in length of time (limited to only a few years) and type of activity (in our case practicing as a dentist). This means that restricting a former dentist from engaging in competing behavior (practicing dentistry in our case) is not acceptable, however a restriction for a reasonable and specific kilometer range from the employer for a specific and reasonable time rather than simply stating they cannot compete generally would likely be considered acceptable.

In assessing the reasonableness of a restrictive covenant, as stated by the Supreme Court of Canada the inquiry is as follows:

- (a) Whether in light of the nature of the business and the character of the employment, the employer had a proprietary interest entitled to protection;
- (b) Whether the temporal or spatial features of the covenant are reasonable or are too broadly framed; and
- (c) Whether the covenant was against competition generally and accordingly against the public interest or was limited to the proprietary interest entitled to protection.

As is very clear from the above test, what is reasonable in one case may not be reasonable in another. This is why each use of a restrictive covenant and the assessment of whether it is reasonable or not needs to be clearly defined in each employer and employee situation.

In Manitoba, a general non-competition clause will be found to be

reasonable if the circumstances are "exceptional." The case most often cited for what circumstances will generally be relevant for the court, in assessing whether a case is an "exceptional" laid out nine factors:

1. The length of service with the employer;
2. The amount of personal service to clients;
3. Whether the employee dealt with clients exclusively or on a sustained or recurring basis;
4. Whether the knowledge about the client which the employee gained was of a confidential nature, or involved an intimate knowledge of the client's particular needs, preferences, or idiosyncrasies;
5. Whether the nature of the employees work meant that the employee had influence over clients in the sense that the clients relied upon the employees advice or trusted the employee;
6. If competition by the employee has already occurred, whether there is evidence that clients have switched their custom to him, especially without direct solicitation;
7. The nature of the business with respect to whether personal knowledge of the clients is confidential matter is required;
8. The nature of the business with respect to the strength of customer loyalty, how clients are won and kept; and
9. The community involved and whether there were clientele yet to be exploited by anyone."

As it was succinctly stated by the Court, "It can now be said with confidence that where the nature of the employment will likely cause customers to perceive an individual employee as the personification of the company or employer, the employer has a proprietary interest in the preservation of those customers which merits protection against competition from that individual employee after his termination."

From the specific perspective from the dental world, restricting a dentist from practicing would restrict them from working all together which of course is not in the public interest. Therefore it is safe to assume that a non-competition clause would only be accepted by the courts where the geographic location was very limited, and the time frame was short.

If in your practice of dentistry, you come across an non-competition clause, it is recommended that you contact a lawyer who can assist you in determining whether the specifics of the clause at hand are enforceable.

¹Rapid-Med Plus Franchise Corp. v. Elliott et al. (1991), 73 Man.R. (2d) 150 at 152

²Elsley et al. v. J.G. Collins Ins. Agencies Ltd., 1978 CanLII 7 (SCC), [1978] 2 S.C.R. 916,

³Winnipeg Livestock Sales Ltd. v. Plewman, [2000] M.I. No. 429, 2000 MBCA 60

⁴Friesen v. McKague 1992 CanLII 4023 (MB CA)

JASPER DENTAL CONGRESS 2017

May 25 – 28, 2017
Fairmont Jasper Park Lodge
Jasper, Alberta

Scientific Sessions

Dr. Rodrigo Cunha – Simplifying Endodontics for the Everyday Practice; Efficient and Effective Endodontics (Hands-on Course)

Dr. Harvey Levy – Why Treat Anxious and Difficult Patients; Successful Management of Patients with Special Needs

Dr. Jaimee Morgan – Mastering Posterior Direct-placed Composite Resin

Ms. Nadine Russell – Understanding Our Clients with Exceptional Needs

Ms. Jocelyn Coupal – Role of the Dental Professional in Domestic Violence Recognition and Intervention

RCMP Special Panel - Role of the Dental Professional in Domestic Violence Recognition and Intervention

More speakers coming soon...

Technology Fair

Exhibitors will showcase the latest industry developments.

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Social Activities

Thursday Evening — Welcome Event with Rapid Fire Improv

Friday Evening — Dinner with Dueling Pianos

Saturday Evening — Dinner/Dance with Amy Van Keeken's Rock 'n' Roll Sing-a-long

Peak Experiences

A popular series of activities for attendees including: Golf Clinic, Cooking Demo, Yoga, Maligne Canyon Tour and Wine Tasting.

Youth Day Camps

On Friday and Saturday kids can participate in horseback riding, whitewater rafting, swimming and crafts.

War Canoe Races

Teams of ten rowers compete for supremacy on the waters of Lac Beauvert at the Fairmont Jasper Park Lodge.

Fun/Run Walk

Friday begins with a walk, jog or run around the trails of Lac Beauvert at the Fairmont Jasper Park Lodge.

All activities will be held at the Fairmont Jasper Park Lodge.
Speakers and session topics are subject to change.

Further information available at www.dentalhealthalberta.ca

Or call the Alberta Dental Association and College

Phone: 780-432-1012 1-800-843-3848



Raising Awareness and Restoring Smiles

Working with the Manitoba Dental Association for the past four years has been a rewarding experience for the Never Alone Foundation. One of the goals of the Foundation is to increase awareness about the signs and symptoms of oral cancer. The yearly Oral Cancer Screening event presented by Sirius Benefit Plans in Winnipeg has proven to be very successful.

The screening has had a significant impact, as approximately 10% of those screened were referred for follow-up appointments due to irregularities. Preexisting or untreated oral disease can complicate cancer treatment. Additionally, oral complications related to cancer treatments may arise in various forms and degrees of severity.

The Never Alone Foundation works with individuals who do not have the financial resources to have the necessary procedures completed. David Stock faced the challenge of lymphoma and leukemia head-on. Unfortunately he developed Graft vs Host disease that caused his teeth to become brittle. Reduced to a mostly liquid diet and with few options the family desperately sought support. Together with Dr. Friesen at Creating Smiles, the Never Alone Foundation was able to help David restore his smile.



“Without the Never Alone Foundation, along with the support of our friends and family, this series of procedures would be completely out of reach.” – Amanda Stock

The Foundation has a broad mandate to improve the live of people affected by cancer, and accomplishes this in a variety of ways.

- Refurbishment of palliative care rooms
- Supported the completion of the GD6 Ward blood and bone marrow transplant ward at Health Sciences Centre
- Annual funding for a puppet program to explain the effects of cancer to children
- Summer camps
- Oral cancer screen and restoring smiles
- Day Away Program
- Direct support (financial support, lymphedema garments, etc.)

Robert Scott (1983-2016)

Just wanted to say thank you so much for allowing us to go to Fargo. We had a really good time and were able to do many of the things we had done on a previous trip with Rob. The other week Michael was telling me that a potential donor was asking what exactly you do and I have been thinking about that. My answer to him would be that the Never Alone allows cancer patients and their families to temporarily forget about the situation they are in to have some fun doing something they love and making memories. That is what the foundation had done for us. I will never forget the football games with Rob, especially the Grey Cup and his huge smile! And I cherish the time away last week with Isaac. So thank you from the bottom of my heart for what you do. Thanks again! Karen.





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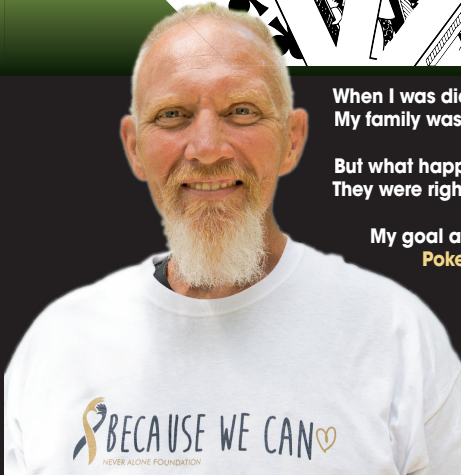
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TEXAS HOLD'EM TOURNAMENT

FOR MANY MANITOBANS FACING THE FIGHT
AGAINST CANCER, THE CHIPS ARE DOWN. WITH
YOUR HELP WE CAN DO MORE TO COMFORT THEM.



When I was diagnosed with cancer I remember the words, "You have cancer". The room went black. My family was around, the doctors, but there was nobody there. It was just empty. I felt very, very alone.

But what happened is that everybody rallied; the doctors, the caregivers, the people giving my treatments. They were right there beside me and what I found was that I felt alone, but was so far from being alone.

My goal after my treatments was to make a difference. With my good friend Ken Hildahl we started **Poker for a Purpose** 9 years ago. The goal was to improve the GD6 Ward at the Health Sciences Centre. With the support of McPhillips Station Casino and a tremendous effort by the Health Sciences Centre Foundation, Project Hope was completed.

Now, our commitment is to improve the lives of people affected by cancer with direct support or through our **Day Away Program**. You can make this happen by joining us on April 6th.

Never Alone - Lyle Bauer



For more information call us at 204.779.2441 or visit NeverAloneFoundation.ca for details



Sirius
Benefit Plans
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by dentists

5 Minutes could save your life...

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133rd Annual MDA Annual Convention

Over 2000 dentists, dental assistants, hygienists, staff, exhibitors and guests gathered at the RBC Convention Centre on the weekend of Jan 27 and 28th, 2017 for “Dentistry & All That Jazz”.

The “Jazz theme” prevailed, beginning with the Board Dinner and ending on a high note at the Presidents’ Gala. The decor was beautifully presented by Events by Emma. Entertainment for the weekend was provided by Pepper “June” Harris, Nadia Douglas Trio, and of course the Danny Kramer Band. This years speaker line up included:

- Dr. Meredith August
- Ms. Linda Berg and Dr. Marcel Van Woensel
- Dr. Timothy Bizga
- Dr. Wenche Borgnakke
- Dr. Christian Caron
- Ms. Lori DePauw
- Mr. Ron Haik and Ma. Renata Whiteman
- Dr. David Harris
- Dr. Steve Rasner
- Dr. Kurt Scherle

For the second year, Nancy Mutchmor, our convention ambassador aptly coordinated the VIP hospitality room which was open for speakers and their liaisons for the two days. A big thank you goes out to our speaker liaisons for introducing the speakers, trouble shooting and offering hospitality to all our guests.



This year saw over 100 exhibitors in the trade show. A big thank you to all who support the MDA each year. Congratulations to Pam McFarlane, our exhibit coordinator, who organized the largest trade show ever!

The 2017 MDA Convention Sponsors

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The 2017 Annual Meeting Committee

- | | |
|--------------------|------------------------|
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| Dr. Raj Bhullar | Ms. Mary Bertone |
| Dr. Mike Barczak | Ms. Sina Allegro Sacco |
| Dr. Carla Cohn | Ms. Pam McFarlane |
| Dr. Sandy Mutchmor | Mr. Rafi Mohammed |
| Dr. Tony Krawat | Dr. Danielle Jobb |

Next year the 134 th Convention will be held Friday January 26, & Saturday January 27, 2018.

The MDA

Werther
April 29, May 2, 5, 2017

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Greg Michie
The Greg Michie Team

204-336-2800
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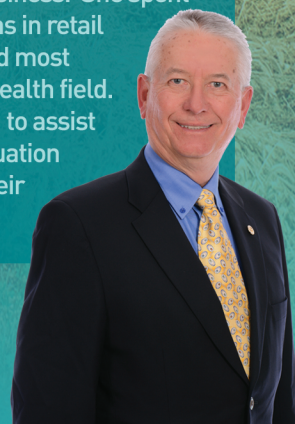
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Dr. Tom Breneman, Past President of the CDA, MDA, and the Western Manitoba Dental Society, has a proven track record of success with his own multi-practitioner practice. Having recently transitioned his own practice, Tom is uniquely positioned to understand the process from both sides. Working with Tier Three he will be able to provide all of the services required to transition your own practice successfully. Tom will lead the Tier Three team in Manitoba.

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



Jodie Zilkey
jodie.zilkey@tierthree.ca
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