FrontLine | PremièreLigne

Summer 2020

ASSOCIATION OF PROSTHODONTISTS OF CANADA | L'ASSOCIATION DES PROSTHODONTISTES DU CANADA

Specialists in Implant, Aesthetic and Reconstructive Dentistry

APC Webinars Provide a Culture for Enhanced Communication & Engagement

Inside this issue...

PRESIDENT'S MESSAGE
PAST PRESIDENT'S MESSAGE
PAST PRESIDENT'S BRIEF ON THE DENTURISTS AND GR RESOURCE
COVID 19 – DENTAL POLITICS
ORGANIZED DENTISTRY DURING A PANDEMIC
APC HISTORY
NEWS FROM MANITOBA
NEWS FROM BRITISH COLUMBIA
NEW STUDENT MEMBERS
NEW APC ACTIVE MEMBER
MANDIBULAR IMPLANT FIXED RESTORATION CHECKLISTS
DENTAL TOURISM
OPINION ARTICLE
PROSTHODONTIC COMMUNITY
BENEFITS OF MEMBERSHIP

APC
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PRESIDENT'S **MESSAGE**

Serving as the new president of the APC is a great honor, and I am grateful for the opportunity to lead this prestigious national organization. I began my tenure by considering what the greatest challenges facing our profession are, and how the APC and its members can achieve the greatest impact. My answer to achieving the greatest impact can be summarized in three calls to action for Canadian prosthodontists: **Engage. Support. Unite.**

Dr. David Chvartszaid
President, APC

- **Engage** with the APC and its activities.
- **Support** the APC and its mission.
- **Unite** behind the APC. Only APC represents the best interests of Canadian prosthodontists.

The past few months have been extraordinarily difficult due to the staggering human and economic impact of the on-going COVID-19 pandemic. All dentists were rightfully concerned for their families, their livelihood, their staff, and their patients. Despite the struggles and the uncertainty, prosthodontists were proud to play a role in helping Canada to get through this crisis by donating PPE to the local health authorities, reaching out to colleagues and employees to offer emotional or financial support, providing critical care to patients, staying at home to avoid exposure and to break the chain of transmission, and advocating for patients before the provincial regulatory authorities. APC was closely monitoring the crisis and assembled COVID-19-related resources for its membership. The months ahead will continue to be uncertain and will continue to test our resolve. We are confident that we will be able to get through this together. The APC is committed to supporting its members during these trying times.

COVID-related lull in clinical care, technological innovations, and a desire to bring the Canadian prosthodontic community closer together provided a fertile ground for an exciting new initiative by the APC – a free webinar series by Canadian prosthodontists for the Canadian dental community. This regular webinar series aimed to share the expertise that prosthodontists have developed over the years of clinical training and practice as well as to showcase the breadth of talent that Canadian prosthodontics has to offer. These webinars aligned with the APC mission of being the national and international voice of Canadian prosthodontics and began to establish APC as a leader in prosthodontic and implant education.

A diverse group of Canadian prosthodontists delivered top presentations to the Canadian dentists over the last few weeks as part of the free APC webinar series – Drs. Oliver Pin Harry (Ontario), Beatrice Leung (Ontario), David Chvartszaid (Ontario), Walaa Magdy Ahmed (British Columbia), Brian Kucey (Alberta), Michael Moscovitch (Quebec) and Igor Pesun (Manitoba), Pierre-Luc Michaud (Nova Scotia), and Chris Wyatt (British Columbia). We are continuing the tradition of free APC webinars with upcoming webinar by Dr. Sam Hickman (Ontario) who will present "Treatment planning an edentulous patient" on July 29.

We encourage members to consider participating in this initiative by presenting a webinar, by registering for the webinars, and by helping promote them. Spreading the word about these events increases prominence of our specialty and of the APC. We all benefit from the continued success of this initiative.

In parallel with engagement through APC webinars, we have established informal region-specific online meetings to discuss the state of prosthodontics in each province and in the country. Many new and existing issues affect our profession, and we felt that this was a good opportunity to discuss the ever-changing world of dentistry. All Cana-

dian prosthodontists were welcomed to join these online meetings irrespective of membership in the APC. Kieth Manning and I have held online meetings with Alberta prosthodontists (June 10), Quebec prosthodontists (June 17), and Atlantic prosthodontists (July 8) during which we had productive discussions that will allow APC leadership to focus its effort to meet the needs of Canadian prosthodontists. The online meeting furthered our resolve to continue the policy of engagement, collaboration, and cooperation to unify our geographically dispersed profession under the banner of APC. In the coming weeks, we will connect with Canadian prosthodontists in Manitoba & Saskatchewan (July 22), Ontario (July 29), and British Columbia (Aug. 5).

Canadian prosthodontists are a bright and clinically gifted group. Yet, we are few in number and are geographically dispersed. It is only as a united and cohesive group that we will be able to achieve impact on a provincial and national scale. We encourage Canadian prosthodontists to support APC and provincial prosthodontic organizations by engaging in webinars, attending meetings, volunteering for administrative positions and committees, interacting on social media (Facebook, Instagram, and Twitter) and becoming a member. Together we can achieve more than any one of us could ever hope to achieve. I conclude with the call to action I started this message with: **Engage. Support. Unite.** ■

MESSAGE DE LA PRÉSIDENTE

C'est un grand honneur d'être le nouveau président de l'APC, et je suis reconnaissant de l'occasion qui m'est donnée de diriger cette prestigieuse organisation nationale. J'ai commencé mon mandat en examinant les plus grands défis auxquels notre profession est confrontée et comment l'APC et ses membres peuvent avoir le plus grand impact. Ma réponse à cette question peut se résumer en trois appels à l'action pour les prosthodontistes canadiens :

- **Engagez-vous** avec L'APC et ses activités.
- **Soutenez** L'APC et sa mission.
- Et **unissez-vous** derrière L'APC. Seul L'APC représente les meilleurs intérêts des prosthodontistes canadiens.

Les derniers mois ont été extraordinairement difficiles en raison de l'impact humain et économique stupéfiant de la pandémie COVID-19 en cours. Tous les dentistes se sont inquiétés à juste titre pour leurs familles, leurs moyens de subsistance, leur personnel et leurs patients. Malgré les difficultés et l'incertitude, les prosthodontistes étaient fiers de jouer un rôle pour aider le Canada à traverser cette crise en faisant don d'EPI aux autorités sanitaires locales, en tendant la main à leurs collègues et employés pour leur offrir un soutien émotionnel ou financier, en prodiguant des soins critiques aux patients, en restant chez eux pour éviter l'exposition et briser la chaîne de transmission, et en défendant les patients devant les autorités réglementaires provinciales. L'APC a suivi de près la crise et a rassemblé des ressources liées à la COVID-19 pour ses membres. Les mois à venir resteront incertains et continueront à mettre notre détermination à l'épreuve. Nous sommes convaincus que nous serons capables de traverser cette période ensemble. L'APC s'engage à soutenir ses membres pendant ces moments difficiles.

L'accalmie liée à la COVID dans les soins cliniques, les innovations technologiques et le désir de rapprocher la communauté canadienne des prosthodontistes ont fourni un terrain fertile pour une nouvelle initiative passionnante de l'APC - une série de webinaires gratuits par des prosthodontistes canadiens pour la communauté dentaire canadienne. Cette série régulière de webinaires visait à partager l'expertise que les prosthodontistes ont développée au cours des années de formation et de pratique clinique, ainsi qu'à mettre en évidence l'étendue du talent que la prosthodontie canadienne a à offrir. Ces webinaires s'inscrivaient dans la mission de l'APC, qui est d'être la voix nationale et internationale de la prosthodontie canadienne, et ont permis à l'APC de s'imposer comme un leader dans le domaine de l'enseignement de la prosthodontie et des implants.

Un groupe diversifié de prosthodontistes canadiens a fait des présentations de hauts niveaux aux dentistes canadiens au cours des dernières semaines dans le cadre de la série de webinaires gratuits d'APC - Drs. Oliver Pin Harry (Ontario), Beatrice Leung (Ontario), David Chvartszaid (Ontario), Walaa Magdy Ahmed (Colombie-Britannique), Brian Kucey (Alberta), Michael Moscovitch (Québec) et Igor Pesun (Manitoba), Pierre-Luc Michaud (Nouvelle-Écosse) et Chris Wyatt (Colombie-Britannique). Nous poursuivons la tradition des webinaires gratuits de l'APC avec le prochain webinaire du Dr Sam Hickman (Ontario) qui présentera "La planification du traitement d'un patient édenté" le 29 juillet.

Nous encourageons les membres à envisager de participer à cette initiative en présentant un webinaire, en s'inscrivant aux webinaires et en contribuant à leur promotion. Faire connaître ces événements permet d'accroître la notoriété de notre spécialité et de l'APC. Nous bénéficions tous du succès continu de cette initiative.

Parallèlement à la participation aux webinaires de l'APC, nous avons mis en place des réunions informelles en ligne spécifiques à chaque région pour discuter de l'état de la prosthodontie dans chaque province et dans le pays. De nombreux problèmes nouveaux et existants affectent notre profession, et nous avons estimé que c'était une bonne occasion de discuter du monde en constante évolution de la dentisterie. Tous les prosthodontistes canadiens ont été invités à participer à ces réunions en ligne, indépendamment de leur appartenance à l'APC. Kieth Manning et moi-même avons organisé des réunions en ligne avec les prosthodontistes de l'Alberta (10 juin), du Québec (17 juin) et de l'Atlantique (8 juillet), au cours desquelles nous avons eu des discussions productives qui permettront à la direction de l'APC de concentrer ses efforts pour répondre aux besoins des prosthodontistes canadiens. La réunion en ligne a renforcé notre détermination à poursuivre la politique d'engagement, de collaboration et de coopération afin d'unifier notre profession géographiquement dispersée sous la bannière de l'APC. Dans les semaines à venir, nous nous mettrons en contact avec des prosthodontistes canadiens du Manitoba et de la Saskatchewan (22 juillet), de l'Ontario (29 juillet) et de la Colombie-Britannique (5 août).

Les prosthodontistes canadiens sont un groupe brillant et cliniquement doué. Pourtant, nous sommes peu nombreux et géographiquement dispersés. Ce n'est qu'en tant que groupe uni et cohésif que nous pourrons avoir un impact à l'échelle provinciale et nationale. Nous encourageons les prosthodontistes canadiens à soutenir APC et les organisations provinciales de prosthodontie en participant à des webinaires, en assistant à des réunions, en se portant volontaires pour des postes administratifs et des comités, en interagissant sur les médias sociaux (Facebook, Instagram et Twitter) et en devenant membres. Ensemble, nous pouvons réaliser plus que ce que chacun d'entre nous pourrait espérer réaliser. Je conclus par l'appel à l'action avec lequel j'ai commencé ce message : **Engagez-vous. Soutenez. Unite.** ■

MESSAGE FROM THE **PAST PRESIDENT**

Dr. Brent Winnett
Past President, APC

Greetings from The Frontline, Canada. I hope you and your families are well and remain so as we weather this storm. When the APC held our most recent Annual General Meeting in conjunction with the American Prosthodontic Society in Chicago this February, few among us seemed to suspect what lay ahead. In hindsight, the normalcy of that experience and the ease with which we shared each others' company seems a dream. I hope we will be able to return to our practices and our socially interactive lives soon – unhappily, I suspect "normal" will be a long time coming.

I will repeat my earlier sentiments: in our lifetimes, this is an unprecedented period of global scientific and economic uncertainty, with the health and livelihoods of our families, staff, and patients under severe threat. To survive, strengthening our cooperative relationships within our communities is more important than ever. Around the world, there is increasing collaboration between local, regional, national, and international scientific advocacy groups, all working together to build a better understanding of the hard choices in front of us. No one province or country has all the answers – in Canada alone the significant variations between the local regulatory requirements for a stepwise return to dental practice is just one obvious example of the uncertainty and lack of good data. As we return to work, opening our practices, I trust that we as prosthodontists and professionals will always keep the good of the many at the forefront of our hearts and minds. Our vulnerable patients and our communities depend on us.

In accordance with this, it is my privilege to announce that the APC joins the Italian Academy of Prosthetic Dentistry, the Mexican Board of Prosthodontics, and the Japan Prosthodontic Society in collaboration with the American Prosthodontic Society (APS). We have agreed to support each other's efforts in building international cooperation and communication by recognizing the members of each association as their own when it comes to the costs of attending continuing education opportunities. We will also share the privilege of first invitation to speak at these CE opportunities. I look forward to our members taking advantage of this collaboration, and I welcome our international peers to Canada. More on APC-planned CE to follow.

On a different note, the APC has revamped its Position Statement on the Denturists expansion of their scope of practice. This document had a difficult birth, considering its near universal support, and I am pleased to report we will soon have this tool ready. The Position Statement is intended to support your efforts in resisting the Denturists' dangerous erosion of patient safety. When you engage your patients and your local and regional governance on this issue, reference this starting point for discussion.

Not only has the APC come to consensus regarding the pre-eminent importance of patient safety and the necessary limitations upon the appropriate role of Denturists, but we will be providing a Government and Media Relations guidance document to the various provincial prosthodontic associations to assist them in their communications efforts. Please reach out to your local association for more information on how you can support them and our profession in this fight.

As we return to work, opening our practices, I trust that we as prosthodontists and professionals will always keep the good of the many at the forefront of our hearts and minds.

Finally, it has been such a privilege to represent Canadian Prosthodontists these past two years; thank you for the opportunity. I have done my best to move our profession forward towards greater collaborative engagement and recognition, and I have been blessed with the direct support of so many of you as I struggled along the way. Our profession is populated with exceptional clinicians and humans, and I am humbled to share our great specialty with you.

I'd like to close with something I wrote not long ago describing the timelessness of the challenges facing our profession because I believe it and feel it, now more than ever:

We keep fighting. We push back against the easiness of mediocrity. We show by action we are not afraid to assert the importance of the highest standard of care for our patients. We do this by supporting the organizations working on our collective behalf through our membership. We do this by volunteering our time for the profession through participation and advocacy. We do this by being proud of our specialty and our professional associations and saying as much when we are privileged to speak to our peers. We do this by respecting our referring peers when treating their patients and their complicated histories and diverse needs. We reject apathy and smug complaisance. We demonstrate why Prosthodontics is a Specialty. We engage.

Stay well and safe, Canada.

With my best regards,
Dr. Brent Winnett ■

MESSAGE DE LA **PRÉSIDENTE SORTANTE**

D^RE Brent Winnett

Salutations de The Frontline, Canada. J'espère que vous et vos familles allez bien et le resterez pendant que nous traversons cette période difficile. Lorsque l'APC a tenu sa dernière assemblée générale annuelle conjointement avec la Société américaine de prosthodontie (APS) à Chicago en février dernier, peu d'entre nous semblaient se douter de ce qui nous attendait. Rétrospectivement, la normalité de cette expérience et la facilité avec laquelle nous avons partagé la compagnie des autres semblent un rêve. J'espère que nous pourrons bientôt revenir à nos pratiques et à nos vies socialement interactives - malheureusement, je pense que la "normalité" sera longue à venir.

Je répète ce que j'ai dit précédemment : de notre vivant, nous traversons une période d'incertitude scientifique et économique mondiale sans précédent, la santé et les moyens de subsistance de nos familles, de notre personnel et de nos patients étant gravement menacés. Pour survivre, il est plus important que jamais de renforcer nos relations de coopération au sein de nos communautés. Partout dans le monde, la collaboration entre les groupes de défense scientifique locaux, régionaux, nationaux et internationaux s'intensifie, tous travaillant ensemble pour mieux comprendre les choix difficiles qui se présentent à nous. Aucune province ni aucun pays n'a toutes les réponses – au Canada, les écarts importants entre les exigences réglementaires locales pour un retour progressif à la pratique dentaire ne sont qu'un exemple évident de l'incertitude et du manque de bonnes données. Alors que nous reprenons le travail et que nous ouvrons nos cabinets, j'espère qu'en tant que prosthodontistes et professionnels, nous garderons toujours le bien du plus grand nombre une priorité. Nos patients vulnérables et nos communautés dépendent de nous.

C'est pourquoi j'ai le privilège d'annoncer que l'APC rejoint l'Académie italienne de dentisterie prothétique, le Conseil mexicain de prosthodontie et la Société japonaise de prosthodontie en collaboration avec la Société américaine de prosthodontie (APS). Nous avons convenu de nous soutenir mutuellement dans nos efforts pour développer la coopération et la communication internationales en reconnaissant les membres de chaque association comme étant les leurs lorsqu'il s'agit des coûts de participation aux formations continues. Nous partagerons également le privilège d'être les premiers invités à prendre la parole lors de ces opportunités de formation continue. J'espère que nos membres profiteront de cette collaboration, et je souhaite la bienvenue à nos collègues internationaux. Plus d'informations sur la formation continue prévue par l'APC suivront.

Dans un autre ordre d'idées, l'APC a revu sa déclaration de position sur l'élargissement du champ d'activité des denturologistes. Ce document a connu une naissance difficile, compte tenu de son soutien quasi universel, et je suis heureux de vous annoncer que cet outil sera bientôt prêt. La déclaration de position vise à soutenir vos efforts pour résister à la dangereuse érosion de la sécurité des patients par les denturologistes. Lorsque vous engagez vos patients et votre gouvernance locale et régionale sur cette question, faites référence à ce point de départ pour la discussion.

Non seulement l'APC est parvenue à un consensus concernant l'importance primordiale de la sécurité des patients et les limites nécessaires au rôle approprié des denturologistes, mais nous fournirons un document d'orientation sur les relations avec le gouvernement et les médias aux diverses associations provinciales de prosthodontie afin de les aider dans leurs efforts de communication. Veuillez contacter votre association locale pour obtenir de plus amples informations sur la manière dont vous pouvez les soutenir, ainsi que notre profession, dans cette lutte.

Enfin, ce fut un privilège de représenter les prosthodontistes canadiens ces deux dernières années ; merci pour cette opportunité. J'ai fait de mon mieux pour faire avancer notre profession vers un engagement et une reconnaissance plus grands, et j'ai eu la chance de bénéficier du soutien direct de tant d'entre vous alors que je luttais en cours de route. Notre profession est peuplée de cliniciens et d'humains exceptionnels, et c'est avec humilité que je partage notre grande spécialité avec vous.

J'aimerais conclure par un texte que j'ai écrit il n'y a pas longtemps, décrivant l'intemporalité des défis auxquels notre profession est confrontée, car j'y crois et je le ressens, maintenant plus que jamais :

Nous continuons à nous battre. Nous nous battons contre la facilité de la médiocrité. Nous montrons par l'action que nous n'avons pas peur d'affirmer l'importance d'une qualité de soins optimale pour nos patients. Nous le faisons en soutenant les organisations qui travaillent en notre nom collectif par le biais de nos membres. Nous le faisons en consacrant notre temps à la profession par la participation et la défense des intérêts des patients. Nous le faisons en étant fiers de notre spécialité et de nos associations professionnelles, et en le disant lorsque nous avons le privilège de parler à nos collègues. Nous le faisons en respectant nos pairs référents lorsqu'ils traitent leurs patients et leurs histoires compliquées et leurs besoins divers. Nous rejetons l'apathie et la complaisance. Nous démontrons pourquoi la prosthodontie est une spécialité. Nous nous engageons.

Restez en bonne santé et en sécurité.

Avec mes meilleures salutations,
Dr. Brent Winnett ■

PAST PRESIDENT'S BRIEF
ON THE DENTURISTS AND GR RESOURCE

After much discussion and input from interested parties across Canada, the APC Position Statement on Denturists is nearly complete. This Position Statement is intended to help you in your efforts to push back against the inappropriate government and public relations campaigns of other colleges (including the various Denturist colleges, but not exclusively) to expand their scopes of practice. Our collective experience, across several provinces, is that these campaigns appeal to political influence in an attempt to circumvent or rewrite the current legislation (based on previously determined regulated acts). The relative numbers of Denturists vs. Prosthodontists, and the comparative apathy of the majority of Dentists, makes these campaigns effective: the changes to the Denturist Scope of Practice in Alberta is the pre-eminent example, and other provinces are struggling similarly.

The APC Position Statement on Denturists is focused on what we believe to be the underlying critical issue of "patient removable prostheses," and the educational requirements necessary to practice this invasive procedure. In Alberta, the changes in legislation failed to include distinctions between fixed vs. removable prostheses and instead referred simply to "partial dentures" as being within the scope of Denturists; as you can imagine, this was tacit permission for Denturists to attach implant-supported prostheses without respect for the critical importance of the Denturist not violating the patients' tissue barriers. This end-run is contrary to the related regulated acts in all provinces, to our knowledge, but it was successful in establishing precedent that was quickly taken advantage of. We expect that this approach is already being and will continue to be applied in similar campaigns in other provinces in the future.

To this end, the APC commissioned the preparation of a strategic government relations guide that we will disseminate to the provincial prosthodontic associations to help you deal with these challenges regionally.

Patient safety is paramount – keep this in the forefront of your discussions on these issues and remind government that it's not about illusory differentials in fees and "access to care." Our patients and communities need us to lead on this! ■

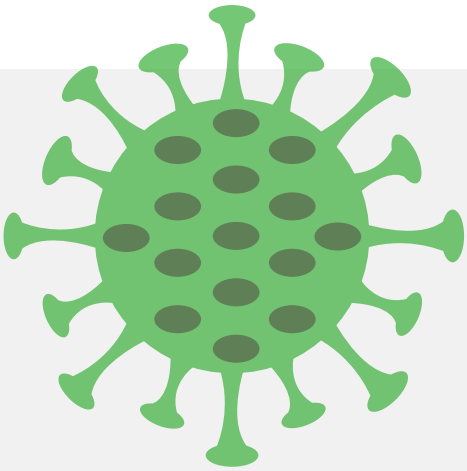
MÉMOIRE DE L'ANCIEN PRÉSIDENT FRONTLINE
SUR LES DENTUROLOGISTES ET LA RESSOURCE GR

Après de nombreuses discussions et contributions des parties intéressées à travers le Canada, la déclaration de position de l'APC sur les denturologistes est presque terminée. Cette déclaration de position a pour but de vous aider dans vos efforts pour lutter contre les campagnes de relations publiques et gouvernementales inappropriées des autres collèges (y compris les différents collèges de denturologistes, mais pas exclusivement) afin d'élargir leur champ d'activité. Notre expérience collective, dans plusieurs provinces, est que ces campagnes font appel à l'influence politique pour tenter de contourner ou de réécrire la législation actuelle (sur la base de lois réglementées préalablement déterminées). Le nombre relatif de denturologistes par rapport aux prosthodontistes et l'apathie relative de la majorité des dentistes rendent ces campagnes efficaces : les modifications apportées au champ d'activité des denturologistes en Alberta en sont l'exemple le plus frappant, et d'autres provinces connaissent des difficultés similaires.

La déclaration de position de l'APC sur les denturologistes se concentre sur ce que nous pensons être la question critique sous-jacente des "prothèses amovibles pour les patients" et les exigences éducatives nécessaires pour pratiquer cette procédure invasive. En Alberta, les modifications apportées à la législation n'ont pas inclus de distinction entre les prothèses fixes et les prothèses amovibles et ont simplement fait référence aux "prothèses partielles" comme étant du ressort des denturologistes ; comme vous pouvez l'imaginer, il s'agissait d'une permission tacite pour les denturologistes de fixer des prothèses sur implants sans respecter l'importance critique du fait que le denturologiste ne viole pas les barrières tissulaires des patients. Cette décision est contraire aux lois réglementées connexes dans toutes les provinces, à notre connaissance, mais elle a réussi à établir un précédent qui a été rapidement exploité. Nous espérons que cette approche est déjà appliquée et continuera à l'être dans le cadre de campagnes similaires dans d'autres provinces à l'avenir.

À cette fin, l'APC a commandé la préparation d'un guide stratégique de relations gouvernementales que nous diffuserons aux associations provinciales de prosthodontie pour vous aider à relever ces défis à l'échelle régionale.

La sécurité des patients est primordiale - gardez cela au premier plan de vos discussions sur ces questions et rappelez au gouvernement qu'il ne s'agit pas de différences illusoires en matière d'honoraires et "d'accès aux soins". Nos patients et nos communautés ont besoin que nous soyons à l'avant-garde sur ce point ! ■



COVID 19
DENTAL POLITICS

By Dr. Kieth E. Manning

Dr. Kieth E. Manning
Secretary-Treasurer, APC

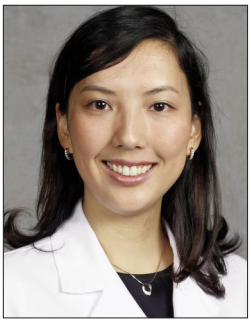
The Covid 19 Pandemic currently affecting the world has resulted in a dramatic impact on the politics of health care and economics. I am personally shocked by the events that are unfolding but I can also tell you that these events are a "deja-vu". Approximately 12 years ago, I was deeply immersed in dental politics and the subject of Infection Prevention Control (IPC) standards. IPC captured the attention in the dental community and created a great deal of anxiety, confusion, frustration and anger. Few dental offices understood the necessity to revisit and improve IPC standards, but most clearly understood the economic implications. The initial political reaction from these dental offices was to ignore the potential for infectious disease transmission. Many dental offices wanted to maintain the status quo and save money. Despite this reaction, it was clear that a danger existed, and Alberta Health Services wanted changes because it was concerned with IPC in medical and dental offices.

The most important catalytic factor stimulating the drive for change appeared to start in Alberta with a knee jerk reaction by the Medical Officer of Health in closing the Saint Joseph's General Hospital in Vegreville in 2007. This was based on the lack of containment of a MRSA infection. This closure was considered by many political activists as a single event and they challenged broad scale changes, again based on the economics. Further investigation, however, revealed the issue was far more invasive. It was eventually revealed that the closure order on March 16, 2007 was not the result of a single cause but the result of a combination of factors. The lack of containment started as early as 1999 with multiple confirmed outbreaks culminating in closure of this hospital. An extrapolation of the containment issue was a growing concern with respect to the word "Pandemic". The politics of this again became interesting with many countering that the problem was unique to this hospital. This argument was made despite alarming estimates presented by informative bodies such as the Centers for Disease Control (CDC) discussing infections acquired in all health care facilities. With respect to dentistry, many political activists in dentistry further clouded the issues by suggesting the statistics were soley related to medicine and could not be applied to dentistry. These political activists would also suggest that there were no randomized, controlled, comprehensive, surveillance studies directly linking infection transmission from dentistry or, at worst, resulting in fatalities.

In 2007 to 2009 in Alberta, we were told of infection containment issues. We were told that infectious disease transmission was definitely possible in dental offices. We were reminded that a Pandemic was not a matter of "if" it was a question of "when". The SARS outbreak from 2002-2004, was a warning. The H1N1 pandemic was a warning. The events in Alberta from 2007 to 2008 should have also been a warning. The agonizing and haunting question is could we have done more to prepare for 2020. In Alberta, we faced a tremendous amount of political push back, but eventually introduced the Alberta Infection Prevention and Control Strategy in January 2008. In 2007, tension was building between academic health care arguments and economic political activists. My feeling is the economic political activists did manage to marginalize further pandemic planning. Even today, I sense many dentists question the economics mandating the closure of dental offices. This attitude exists despite concrete supporting research clearly indicating that transmission resulting in infection cannot be excluded in the dental office and that disease acquisition and disease transmission in a dental office is clearly possible. In fact, if we look at any career statistics and correlate these with the potential for disease transmission, dentally related careers are routinely among the top in terms of risk of transmission. In fact, the top ten list is always dominated by general dentists, dental assistants, dental hygienists, dental technicians and yes prosthodontists. Prosthodontists hit the top play list based logically on the frequency of the use of aerosols and the direct handling of solid prosthetic devices that are inserted in patient's mouths. The public and the politicians are now keenly aware of this issue and the conduct of professions. Our profession now can no longer afford to politically debate the heath care vs economic issues. Rather, we must take the opportunity to champion public safety issues in a pro-active fashion. ■

ORGANIZED DENTISTRY DURING A PANDEMIC

By Dr. Caroline Tram Nguyen



Dr. Caroline Nguyen

Dear Friends and Colleagues,

What a first half to 2020 it has been! Between social distancing restrictions, dental office closures that have not been kind to prosthodontists in particular, limited access to PPE still going on in certain provinces, and very strict and slow reopening rules for dental clinics, this year sure has brought many challenges to all of us.

As the pandemic unfolded, multiple organizations including the Canadian Dental Association (CDA), the Canadian Dental Specialty Associations (CDSA), the American College of Prosthodontists (ACP) and the Association of Prosthodontists of Canada (APC) board of directors have met and discussed regularly via zoom to evaluate the impact of COVID-19 on our profession and our members. Meetings were happening up to twice a week for some organizations during the most alarming phases of the pandemic, with discussions and efforts focused on defining what constitute dental emergencies, facilitating teledentistry, installing proper infection control, helping members navigate business interruptions, and comparing inter-provincial and international guidelines regarding various stages of reopening. The CDA and CDSA have also continued to advocate with the government for the increased availability of PPE for dental practitioners throughout the pandemic.

What we have learned during these past months, is that unfortunately nobody was prepared for a pandemic. All organizations are now working after hours cancelling/postponing physical meetings (including our cherished tradition of "Canada Night at the ACP" that will not be happening this year), learning lessons as time goes by, and hopefully re-engineering and developing revised pandemic plans so our profession doesn't get hit this hard in the future. This pandemic has shown us how fragile our entire system was, but also how resilient and adaptable we can be. Many organizations embraced social distancing and created faster communication pathways to their members to provide them with timely information on how to best navigate the pandemic. Witnessing this sharing of material and cooperation between organizations that used to not regularly communicate with each other has been heartwarming.

I would like to conclude with some links that national organizations have put in place to help you navigate different situations during this pandemic.

Association of Prosthodontists of Canada:
COVID-19 Resources, including links to regional/provincial information: https://www.prosthodontics.ca/cgi/page.cgi?_id=6832

Canadian Dental Association:
CDA Roadmap to the Federal Economic Response Plan:
https://www.cda-adc.ca/en/about/covid-19/ferp/

Federal Economic Response Plan for Dental Profession Corporation or Self-Employed Dentist:
https://www.cda-adc.ca/en/about/covid-19/ferp/dpc/

Federal Economic Response Plan for Cost Sharing Arrangement (Unincorporated Association)
https://www.cda-adc.ca/en/about/covid-19/ferp/csa/

Federal Economic Response Plan for for Partnership
https://www.cda-adc.ca/en/about/covid-19/ferp/partner/

Tips on getting proper N95 or N95 equivalents masks:
https://www.cda-adc.ca/en/about/covid-19/masks/

American College of Prosthodontists:
ACP COVID-19 Resource Center:
https://www.prosthodontics.org/covid-19/

ADA Return to Work Toolkit:
https://www.prosthodontics.org/assets/1/7/ADA_Return_to_Work_Toolkit.pdf

CDC Guidance for Dental Settings:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

US Chamber of Commerce Coronavirus Emergency Loans Guide:
https://www.uschamber.com/sites/default/files/023595_comm_corona_virus_smallbiz_loan_final.pdf

Hoping everyone stays safe and healthy through this difficult time, and that we will get to see you on the other side of the pandemic!

Caroline T. Nguyen
CDSA Representative for Prosthodontics
American College of Prosthodontists Region 7 Membership Director ■

LA DENTISTERIE ORGANISÉE DURANT UNE PANDÉMIE

par Dr. Caroline Tram Nguyen

Chers amis et collègues,

Quelle première moitié de 2020 cela a été! Entre les restrictions de distanciation sociale, les fermetures de cabinets dentaires qui n'ont pas épargné les prosthodontistes, l'accès limité aux EPI toujours en cours dans certaines provinces et les règles de réouverture très strictes et lentes des cliniques dentaires, cette année nous a certainement posé de nombreux défis.

Au fur et à mesure que la pandémie progressait, plusieurs organisations, dont l'Association dentaire canadienne (ADC), les Associations canadiennes de spécialités dentaires (ACSD), l'American College of Prosthodontists (ACP) et l'Association des Prosthodontistes of Canada (APC) ont chacun réuni leurs conseils d'administration et ont discuté régulièrement via zoom pour évaluer l'impact de la COVID-19 sur notre profession et nos membres. Des réunions avaient lieu jusqu'à deux fois par semaine pour certaines organisations pendant les phases les plus alarmantes de la pandémie, avec des discussions et des efforts axés sur la définition de ce qui constitue des urgences dentaires, la facilitation de la télédentisterie, l'installation d'un contrôle approprié des infections, l'aide aux membres pour gérer les interruptions d'activité et la comparaison entre les directives provinciales et internationales concernant les différentes étapes de la réouverture des cabinets dentaires. L'ADC et l'ACSD ont également continué de plaider auprès du gouvernement pour une disponibilité accrue de l'EPI pour les dentistes tout au long de la pandémie.

Ce que nous avons appris au cours de ces derniers mois, c'est que malheureusement personne n'était préparé à une pandémie. Toutes les organisations travaillent maintenant à annuler / reporter des conférences physiques (y compris notre chère tradition de « Canada Night at the ACP » qui n'aura pas lieu cette année), tirant des leçons au fil du temps et, développant des stratégies pour que la prochaine pandémie n'affecte pas notre chère profession aussi durement à l'avenir. Cette pandémie nous a montré à quel point notre système tout entier était fragile, mais aussi à quel point nous pouvons être résilients. De nombreuses organisations ont adopté la distanciation sociale à bras ouverts, et ont créé des voies de communication plus rapides avec leurs membres pour leur fournir des informations en temps opportun sur la meilleure façon de naviguer les restrictions de la pandémie. Être témoin de ce partage de matériel et de la coopération entre des organisations qui ne communiquaient pas régulièrement les unes avec les autres fait chaud au coeur.

Je voudrais conclure par quelques liens que les organisations nationales nord américaines ont mis en place pour vous aider à naviguer différentes situations au cours de cette pandémie.

En espérant que tout le monde reste en sécurité et en bonne santé pendant cette période difficile, et que nous pourrons vous revoir très bientôt de l'autre côté de la pandémie!

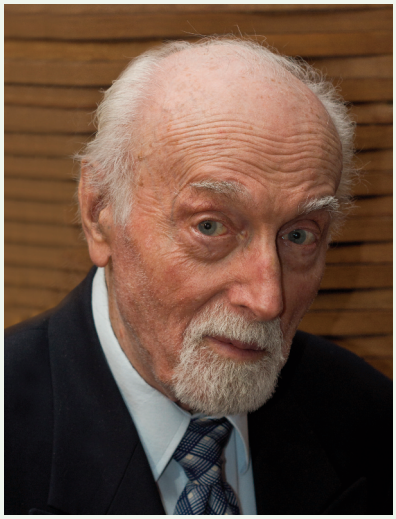
Caroline T. Nguyen
CDSA Representative for Prosthodontics
American College of Prosthodontists Region 7 Membership Director ■

We want to hear from you!

The Association of Prosthodontists of Canada always welcomes news and contributions from its members. Please send us any experience you would like to share with your peers. And/or information on what has been happening in your province, including special accomplishments, outreach programs, government negotiations affecting our profession, and/or prosthetic funding highlights that have come through. We look forward to hearing from you for our next edition of the *Frontline* Newsletter!

Nous voulons avoir de vos nouvelles!

L'Association des Prosthodontistes du Canada est toujours heureuse de recevoir des nouvelles de ses membres. Faites-nous parvenir vos expériences personnelles ou toutes autres informations que vous jugez bon de partager avec vos collègues. Ces contributions devraient être de nature régionales et se rapporter à la prosthodontie. Elles pourraient se présenter sous forme d'articles décrivant des réalisations particulières, des programmes d'aide humanitaire ou des négociations / subventions gouvernementale. Nous sommes impatients de recevoir de vos nouvelles pour la prochaine édition de *Première Ligne* !



APC HISTORY

REMEMBERING DR. DONALD KEPRON, APC'S FIRST PRESIDENT

By Dr. Doug Chaytor

Photo. Dr. Donald Kepron, January 2013. *(Photo by Paulkepron photography)*

Canadian dentistry lost a dedicated, and yes, driven, prosthodontist on the evening of February 29, 2020, when Dr. Don Kepron passed away just two weeks following the passing of his wife of 69 years, Joan. The Association of Prosthodontists of Canada lost its founding President. Don will be remembered as an energetic advocate for prosthodontics and Joan will be remembered for her gracious, supportive presence.

Don graduated in science from the University of Manitoba and earned his Doctor of Dental Surgery at McGill University. From there he completed his Graduate Education in Prosthodontics at the University of Michigan. Don returned to Montreal, taught at McGill and conducted a private practice. Don's academic abilities earned him the 1954 Gold Medal at McGill and a Kellogg Fellowship to study at Michigan. He caught the occlusion bug and used a unique approach to study jaw movement for his master's thesis, Phoronomy. When he returned to McGill in 1956, he was appointed to a full-time position as Assistant Professor of Prosthodontics.

Dr. Kepron was one of the eight people who met at the Skyline Hotel in Ottawa on September 25, 1971 and agreed to form The Association of Prosthodontists of Canada (APC) to address "the need for a united voice for prosthodontics and qualified prosthodontists in Canada" (APC Minutes, Sept. 25, 1971.) Don was not new to organized dentistry, having previously served as President of the Canadian Academy of Prosthodontics. With approval of the Constitution and election of APC's first Executive Council at its Annual Meeting in October 1973, Don took the chair as APC's first President.

The 1977 Annual Meeting of APC moved for Don to be appointed APC Representative to the Royal College of Dentists of Canada (RCDC) Executive Council for a three-year term. The following year Don reported to APC that RCDC had requested him to work on "the standardization of examination procedures for Fellowship exams." A standing Committee of APC was appointed to work with him in this endeavour. " (APC Minutes, Oct. 18, 1978.)

On Dr. George Zarb's invitation, I interviewed Don for publication in The International Journal of Prosthodontics. George provided the title of An Interview with Donald Kepron on the Occasion of His Real Retirement.(1) This recognized Don's retirement from practice, having previously retired from teaching at McGill University. In the introduction to the interview, George described Don as an exemplar of intellectual courage and integrity.

In the interview, Don gave the study of occlusion and the possibility for the development of a "machine" to accurately duplicate mandibular movement for his attraction to the study of Prosthodontics. Don told of his fortuitous opportunity to use Phoronomy to study jaw movement. In essence he used movie filming to track points on the mandible during movement. He then plotted the results and calculated the axis of each movement incrementally. Don was most proud of his teaching of treatment planning. He advocated a comprehensive diagnosis as a foundation for offering treatment planned and explained with alternatives. He spoke for the principles of fixed prosthodontics in treatment employing implant support. When asked about other advances in dentistry, he expressed the wish that he was starting his career rather than ending it.

Don expressed great satisfaction with the committed clinical academics he had gotten to know. He reserved his greatest satisfaction for the students who thanked him for his teaching in treatment planning. I am sure he was pleased to see a quote from Dr. Bob Clark, a former student who Don had invited to teach, quoted in a McGill Newsletter, "Don Kepron was one of the toughest demonstrators I have ever seen, hard but very fair and I learned a lot from him." (2)

Memories of Don, and appreciation for his service, will persist in the history of APC.

References:

1. *Chaytor, Douglas, An Interview with Donald Kepron on the Occasion of His Real Retirement, International Journal of Prosthodontics May/June 2013 Volume 26 , Issue 3, 210-213*
2. *Newsletter of the McGill University Faculty of Dentistry, 2007-2008* ■

NEWS FROM **MANITOBA**

By Dr. Igor Pesun

Igor Pesun

The University of Manitoba, Rady Faculty of Health Sciences, Dr Gerald Niznick College of Dentistry, Graduate Program in Prosthodontics is in its second year of operation. The program underwent a site visit by the Commission on Dental Accreditation of Canada (CDAC) in January 2020. We are anticipating a positive accreditation report from CDAC.

The Dr. Gerald Niznick College of Dentistry is well known for the excellent quality of its educational programs and the clinical competence of its graduates. With the modern knowledge explosion and complex dental care needs of the aging population, dentistry, like other fields, must underpin its clinical methodologies with new cutting-edge research in both basic science and clinical dental areas. For a variety of reasons, there is a significant shortage of trained prosthodontic specialists, thus resulting in insufficient capacity to meet the advanced/ complex care needs, of our aging population. As the third graduate prosthodontic program operating in Canada, the University of Manitoba Graduate Prosthodontic Program will ensure the education and training of Prosthodontic specialists, to better meet the treatment needs of our patients, while at the same time engaging in clinically relevant research in the area of digital dentistry and dental implants.

Dr. Igor Pesun is the head of the Advanced Dental Education program in Prosthodontics. We currently have three residents in the program and will have a fourth resident starting in the Fall of 2020. (Ed: see New Student Members section) The program focuses on aesthetic dentistry, digital workflows, CAD/CAM technologies, dental microscopy, maxillofacial prosthodontics and restoration of dental implants with a strong foundation of classic prosthodontics. The three-year program leads to a Master of Science in Prosthodontics degree. Successful completion of the program will satisfy the formal training requirement for eligibility for the National Dental Specialty Examination in Prosthodontics and the Royal College of Dentists of Canada and Canada Fellowship. Graduates will also be eligible and encouraged to challenge the American Board of Prosthodontics certification examination.

The program is fortunate to have three Prosthodontists from Private Practice supporting the teaching in the graduate prosthodontic Program: Dr Marshall Hoffer, Jack Lipkin and Jose Viquez. Their extensive clinical experience enriches the program and provides exposure to alternate clinical treatment methodologies. All three are also actively engaged lecturing internationally.

The program also enjoys a rich and abundant variety of patients seeking treatment. Delivery of clinical care is strongly geared towards interdisciplinary treatment. The Graduate Oral and Maxillofacial Surgery, Orthodontic, Pediatric Dentistry, Periodontic programs and Cancer Care Manitoba collaborate closely with us in the provision of complex prosthodontic care. In addition, we are fortunate to be supported by various industry partners. This includes companies such as Dentsply, Straumann, Nobel Biocare and Zimmer Biomet. The program also has access to Simplant, Blue Skybio implant planning software, Cerac and Planscan Scanners with the appropriate software to undertake digital design and manufacturing of restorations.

With the modern knowledge explosion and complex dental care needs of the aging population, dentistry, like other fields, must underpin its clinical methodologies with new cutting-edge research in both basic science and clinical dental areas.

The implementation of the Master of Science/Graduate Prosthodontic Program is an important endeavor for the Dr. Gerald Niznick College of Dentistry and our surrounding communities of patients who need specialized care. We are accepting gifts to the Dr. Lorne E. MacLachlan Charitable Trust in support of our program. Your investment will contribute to the innovative curriculum, clinical facilities, and state of the art technology for our prosthodontic residents and patients. To make a contribution, please visit us online at http://give. umanitoba.ca/LorneEdgarMcLachlanCharitableTrust ■

NEWS FROM **BRITISH COLUMBIA**

By Dr. Walaa Ahmed

Dr. Walaa Ahmed

My Beautiful Ph.D./Prosthodontics Journey

The twenty eighth of May 2020 will mark a very special date for me as I will be the first to be awarded a University of British Columbia certificate in the combined program of PhD in Craniofacial Sciences and Prosthodontic Diploma. Though it has been more than 6 years since I started the program, it feels like I started just yesterday. I feel joy at my prospective graduation from this beautiful university and proud that I could endure the tough days of studying and achieve my goals.

The combined nature of the program mandates continuous patient care alongside with intense PhD research duties. My PhD thesis consisted of a series of studies with the aim of understanding how different preparation designs and sintering protocols may affect dimensional changes and marginal accuracy of zirconia crowns. It started with a published systematic overview of how altering sintering protocol could affect the microstructure, mechanical and optical properties of zirconia material [(1)]. It demonstrated that fast sintering improved the optical properties of zirconia but decreased its flexural strength. Subsequently, the effects of different preparation designs and sintering protocols on the marginal fit of zirconia crowns were investigated and published [(2)] and there was a significant interaction between the crown thickness, finish line width and sintering protocol on the marginal fit of zirconia crowns. Afterwards, the linear and volumetric dimensional differences between the virtual, milled and sintered copings as a result of the two different sintering protocols were evaluated and published [(3)]. There was also a significant interaction between the coping design, processing stage and sintering protocol on linear and volumetric dimensions of zirconia copings. This project established an innovative method of measuring the sintering shrinkage of zirconia crowns. The combined outcome of this series of experiments allowed the proposition of the ideal combination of design and sintering protocol that results in minimal distortion and improves fitting of zirconia crowns. This research also gives valuable additional knowledge to prosthodontics field and dental materials science.

During my prosthodontic residency training, I was fortunate to practice prosthodontics conventionally as well as digitally utilizing the most up-to-date technologies available. I challenged myself to keep ahead of the curve by developing new digital workflows, working closely with the laboratory to implement digital dentistry in both treatment planning and outcomes. One of those digital techniques was recently published in the journal of prosthetic dentistry and it involved a novel technique to obtain a complete-arch implant-supported restoration scan in conjunction with the maxillomandibular relationship using of a custom scanning device [(4)].

Left to right: Dr. Ricardo Carvalho (my PhD supervisor)
Me (Dr. Walaa Ahmed)
Dr. Khaled Fawaz (my husband)
Dr. Magdy Eissa (my father)

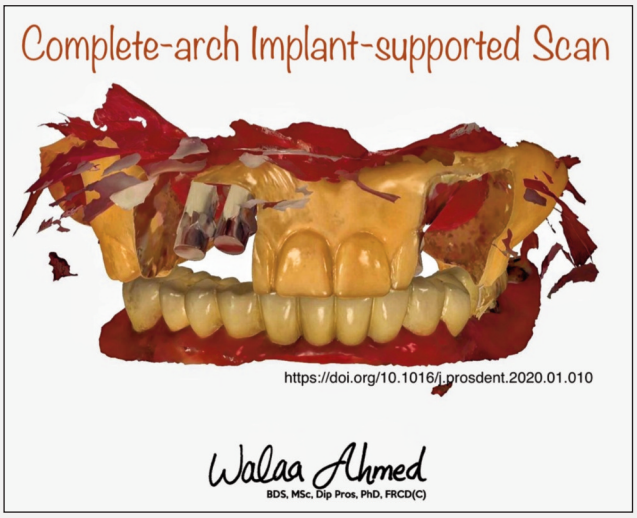
Dr. Walaa Ahmed and Dr. Chris Wyatt

As the incredible journey comes to an end, I would like to thank everyone who stood beside me to achieve this successful journey, including my father Dr. Magdy Eissa, my lovely husband Dr. Khaled Fawaz, my sweet kids, my brothers Haitham, Wael, Hani, and Hossam and my dear friend Arwa Gazzaz. Special thanks to my great mentor and supervisor, Dr. Ricardo Carvalho, for his valuable guidance, encouragement, and mentoring. I offer my

enduring gratitude to my advisory committee and co-authors, Dr. Tom Troczynski, Dr. Anthony McCullagh, Dr. Chris Wyatt, Dr. Biljana J. Stojkova and Dr. Mohamed-Nur Abdallah their support.

I greatly appreciate the generous financial support from King Abdulaziz University, Saudi Arabia and the American College of Prosthodontics Education Foundation 2016 and 2019 awards, USA. I deeply appreciate the generous support and trust of Ivoclar Vivadent company for providing the zirconia material and further milling the crowns and copings at no cost.

Finally, I dedicate all my achievements in this journey to my beloved mother, Dr. Awatif Jamil Khogeer, for everything she did to make me the person I am today and for always being my inspiration and strength, even after she left our world. Without her kindness, care and patience, I would not have reached this high level of education. May God bless her and reward her for her good deeds.



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2. *Ahmed WM, Abdallah MN, McCullagh AP, Wyatt CCL, Troczynski T, Carvalho RM. Marginal Discrepancies of Monolithic Zirconia Crowns: The Influence of Preparation Designs and Sintering Techniques. J Prosthodont. 2019;28(3):288-98 doi:10.1111/jopr.13021*

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4. *Ahmed WM, Verhaeghe TV, McCullagh APG. Maxillary complete-arch implant-supported restoration: A digital scanning and maxillomandibular relationship workflow. J Prosthet Dent. 2020 doi:10.1016/j.prosdent.2020.01.010* ■

NEW STUDENT MEMBER INTRODUCTIONS

Dr. Gaurav Singla

Hello, I am Dr. Gaurav Singla, and am first year Prosthodontics resident at University of Manitoba Faculty of Graduate Studies.

I first graduated in dentistry with BDS in India in 2003 and had a private dental practice before moving family to Canada. Here I went back to school for IDDP program for foreign dentists at University of Manitoba School of Dentistry and graduated with Honors First Class. Since 2013, I practiced in Peace Region of Northern Alberta, first as an associate and then as operator owner dentist at Cygnet Dental in Grande Prairie AB.

During my general practice years, I kept active membership in Academy of General Dentistry and American Academy of Cosmetic Dentistry and pursued extensive continuing education courses in aesthetic, restorative and microscopic dentistry. To me there is something so powerful about a big hearty smile and all the continuing education courses showed me but a glimpse of the potential of a “restorative dentist” and all the years of continuing education could not whet my apetite to learn and fix smiles properly. To this end, I made the difficult decision to sell my practice and relocate our family, for me to pursue graduate studies in Prosthodontics.

I chose to come back to University of Manitoba in Winnipeg as it is home to me, where I got my life and credentials back as DMD after two amazing years in IDDP program. Also being a newer program, I liked the opportunity and challenge of leaving my mark on the program and help build a legacy of excellence in the program. I think the best part about prosthodontics program at Uof M that I like are the small faculty size, extensive exposure to maxillofacial prosthetics and much lower comparative tuition and living costs. It did not hurt that my wife Reema, grew up in Winnipeg and relished the opportunity to raise our three girls in “her” city.

Other than dentistry, I love reading, listening to music, travelling and spending time with our girls, Liesha, Purvi and Heena and our crazy dog “Dobby”.

I look forward to graduating from Graduating Prosthodontics program in 2022 and hopefully pursue my passion in maxillofacial prosthetics and traditional prosthodontics. ■

Dr. Karan Handa

Hello, I am Dr. Karan Handa. I am a Dental Postgraduate from India and recently moved to Canada. During graduation, I was intrigued by the field of Prosthodontics because of its diverse applications and ability to make a difference in patients from all walks and stages of life. It is 'ikigai' (reason for being) for me and the work I do, provides me with a sense of purpose and allows me to practice care and compassion. I chose Dr Gerald Niznick College of Dentistry, University of Manitoba because the Graduate Prosthodontics Program provides an excellent opportunity to learn all aspects of oral rehabilitation in an interdisciplinary manner and has all virtues and merits to provide an excellent opportunity in didactic, research and clinical aspects of Prosthodontics. I am confident that the learning atmosphere here will help me hone my clinical skills and become a better clinician.

Dr. Scott Kirby

My name is Dr. Scott Kirby and I am a 2nd year Graduate Prosthodontics resident at the University of Manitoba Dr. Gerald Niznick College of Dentistry. I obtained my DMD from McGill University Faculty of Dentistry in 2014 and went on to do a 2-year Advanced Education in General Dentistry Residency at the University of Connecticut School of Dental Medicine where my interest in comprehensive dentistry first began. After finishing my AEGD I returned home to Southwestern Ontario to practice general dentistry for 2 years before deciding to pursue my master's degree in Prosthodontics. I realized quite quickly in private practice that I would never be truly satisfied with learning comprehensive dentistry partitioned into weekend courses and that my passion for prosthodontics required an intense full-time commitment which could only be achieved in a formal Graduate Prosthodontics program. When I heard that the University of Manitoba would be opening a brand-new program, I was excited at the prospect of being part of the inaugural graduating class. Although being the first resident in a program can have its challenges it is also immensely rewarding. I am very honored be a part of the program's evolution and look forward to contributing in any way possible to positively shape the program for future residents to come!

Dr. Max Li

My name is Dr. Max Li and I am currently completing my first year of residency in the Graduate Prosthodontics program at the University of Manitoba. My path to becoming a dentist led me to a Bachelors of Science degree at the University of Western Ontario in my hometown of London, Ontario. I then completed my DDS at the University of Toronto, graduating with the class of 2019. During my time in dental school, I developed a passion for prosthodontics as I realized the positive impact this work has on the quality of life for our patients. I am grateful to have been given the opportunity to improve my dental foundations alongside my clinical skills here at the University of Manitoba. Outside of dentistry, I enjoy spending time with family, connecting with friends, and staying active to meet my fitness goals. I also love travelling, exploring new cultures, and experiencing local cuisines. In the future, I hope to practice prosthodontics close to home and look forward to building strong relationships with my patients, peers, and community."

NEW APC ACTIVE MEMBER

Dr. Tarek Sharkas

Dr. Tarek Sharkas finished his studies in 2006 at the University of Illinois at Chicago (UIC) in the Prosthodontics Fellowship Program. He then, joined the University of Pittsburgh, School of Dental Medicine and UPMC for the residency program in Prosthodontics. He is also board certified by the Royal College of Dentists of Canada. Dr. Sharkas also teaches Prosthodontics at Western University.

He believes the most important aspect of dentistry is building trust with patients and making patients smile after each dental treatment. Dr. Sharkas enjoys dentistry and especially Prosthodontics.

During his free time, Dr. Sharkas enjoys spending time with his family, building radio-controlled helicopter models and participating in local flying events.

MANDIBULAR IMPLANT FIXED RESTORATION CHECKLISTS

Brian Kucey

By Dr. Brian Kucey

Dentistry now has an excess of 55 years of documented experience with the mandibular dental implant fixed prosthesis. Many innovations have occurred from the initial recommended designs to the latest. As evolution of this modality continues systematic reviews with meta-analysis evidence are appearing. The conservative prosthodontic philosophy of M.M. Devan has been displaced with relatively radical surgical approaches. Choosing which treatment to recommend is complex and based on and often biased by operator preference. A presentation was given for APC on June 10, 2020 reviewing the outcomes for the mandibular implant fixed prostheses in a prosthodontic private practice over 35 years. The Checklists created for the presentation are enclosed.

Checklist for Mandibular Fixed Implant Restoration

Consideration	Branemark Classic	All-On-4	Trefoil	PFM Restoration
Number of teeth	12- depending on AP spread	12	12	> 12 possible
Number of implants	5 usually, 6 if severe atrophy	4	3	7 or more
Framework design	Custom 1 piece	Custom 1 piece	Prefabricated 1 piece	Custom, can segment
Interim restoration	YES	YES	NO	YES
Surgical Cost	$$$	$$	$$	$$$$
Prosthetic Cost	$$$$	$$$	$$	$$$$$$
Maintenance Cost	$$	$$	$$	$

Consideration	Branemark Classic	All-On-4	Trefoil	PFM Restoration
Opposing arch	Same – 12 teeth	Same- 12 teeth	**Same- 12 teeth**	> 12 possible
Arch relationship	Adaptable to Cl I - III	Same	**Ideally Cl I**	Adaptable to Cl I -III
Man Arch form	U shape ideal, poor for square	Same, V shape less ideal	**Fits 85%, U shape ideal**	Custom for all arches
Man Ridge form	6-7mm BL bone required	same	**> 8mm BL bone required**	5-6mm BL bone required
Bone reduction required	moderate	Moderate-aggressive	**Aggressive**	Minimal, often augment
Tissue thickness	2-3 AG ideal but not critical	same	**same**	Augmentation often required
Final restoration	>3 months following surgery	same	**Same day as surgery**	>4-6 months in some cases

Consideration	Branemark Classic	All-On-4	Trefoil	PFM Restoration
Occlusion	Lingualized or balanced	Balanced	**Balanced**	Anterior/canine possible
Framework materials	CAD/CAM milled Ti bar	Same	**Prefabricated Ti bar**	Gold, CrCo, Ti alloys
Restoration design	'high water' or profile design	Same	**Limited by framework**	Custom to tissue
Intaglio surface	Acrylic resin, metal, ZrOxide	Same	**Acrylic resin**	Porcelain, metal, ZrOxide
Modifiable	High if acrylic, low for others	Same	**Limited by framework**	Limited
Repairability	Acrylic high, limited for others	Same	**Same**	Limited
Conversion to RCD	Yes if acrylic	Yes	**Yes**	No

Observations with 3 implants on mandible

Lima et al. Impact of Implant Number on Mandibular Implant-supported Profile Prostheses: A systematic Review. IJOMI. 2018

- Systematic review article state that implants were successful but more prosthetic complications
- We did not experience this complication with Novum or Trefoil in our practice
- Patients who choose this treatment may elect to 'drop out' of recare more frequently than patients with more implants
- Patients assume that any prosthetic provider can provide maintenance for this relatively rare treatment
- Patients who choose this treatment do not think of the long term implication of no teeth while retreading in future
- In proposing this treatment, it is suggested that the alternative of "All-on-4" be agreed upon as 'Plan B'
- In patients with heavy parafunction, and of a younger age, additional implants may be a better choice
- This is ideal for older patients with adequate bone volume ■

DENTAL TOURISM

By Dr. Terry Lim

Terry Lim

Dental Tourism has become a billion dollar worldwide industry. A published report on medical and dental tourism in India estimated that in 2015 the number of tourists seeking medical and dental treatment in India was 2.8 million persons with an estimated value of almost 4 billion US dollars [3]. Kamath et al, (2015) estimated that the total number of persons seeking medical/dental treatment in other countries in 2012 was between 4 - 8 million people, with 42% of those individuals seeking dental treatment [1]. Mexico has the distinction of being the number one destination for dental treatment, followed by Hungary, India and Thailand [4].

The internet and easier cross border access has fueled the accessibility of Dental Tourism. As a result, Canadian Dentists and Specialists will encounter patients that have had dental care provided outside of Canada. Patients seek dental treatment in other countries for a variety of reasons. Some but not all of the advantages can include but are not limited to the following: First and foremost is the cost savings which can be one quarter to one third of the costs of similar treatment in Canada [2,3,5]. Glossy brochures and the lure of going to distant lands for a vacation and dental treatment is an attraction that many Canadians find irresistible [10]. Patients view this as a free vacation with the cost savings of the dental work supplementing the rest of the vacation [6,10]. Many dental tour companies advertise that if a certain amount of work is done, thathotels and travel expenses can be partially covered by the Medical or Dental Clinic [6,10].

A clinic in Cancun, Mexico for example, advertises on the internet that an implant and an implant crown can be done for as little as 1200.00 to 1600.00 Canadian dollars. Even with hotel and travel expenses factored in, the cost can be half or less of a similar procedure in Canada [1,3]. Another reason for out of country dental work is that treatment can be done sooner and quicker [6,14]. Treatment plans are often designed to give the client what they want rather than what is in their best interest [9].

Some of the disadvantages that dentists and patients should be aware of include but are not limited to the following. Quality of care is the standard of care of the country where the service is provided. In other words, the reality that Canadian standard of care will be delivered in a third world country is low. Governing bodies are often lacking, and when present, have little influence over quality of care [14]. Patients have minimal legal rights as foreigners. There are many barriers to any legal avenue for malpractice as the legal professions in those countries will often shy away from litigation with their own countrymen. For example, medical malpractice in Mexico is the jurisdiction of Conamed, a government appointed body which overseas medical/legal disputes and whose goal is arbitration rather than litigation [14]. Cleanliness and sterilization can be below the acceptable standard in Canada [6,7]. Furthermore, lab work quality can be suspect both in terms of workmanship and materials. Some dentists have reasonable training, but the lack of quality equipment or oversight can result in reduced quality of care [10,11,12]. There are often language and communication issues. Follow up visits, continuing care and warranty work is difficult as it will entail a return trip to that country [10,11,12]. Dental implants that are received by the patient may not be Health and Welfare Canada approved which can create many issues when the patient returns to Canada. There can be a lack of treatment planning or overtreatment [9,10]. Cost of retreatment and treatment of complications in Canada will be far more than if the work was initially performed in Canada. Damage to the dentition can be irreparable [9]. Licensing, training and educational background can be difficult to verify [6,8]. Despite these issues, dental tourism is flourishing.

What can Canadian dentists do if they have a patient considering dental treatment abroad?

Letting patients know that you are aware of both the advantages and disadvantages of Dental Tourism should be part of the consultation process. Patients in the authors clinic are presented with a treatment letter with two paragraphs explaining where else they can seek treatment including denturists, general dentists and foreign countries. The patients are informed of the cost savings in addition to the advantages and disadvantages of dental tourism. This way patients are not put on the defensive that we are undermining other healthcare professionals. They are simply informed of their options and allow them to make their own choices about their dental care. It also reaffirms to patients that Canadian Prosthodontists are confident enough in their own skills that we can present alternative places for treatment without feeling threatened.

Some discussion topics for patients that inquire about dental tourism can include the following. Dental tour companies who promote the foreign clinics will often tell clients that 97% of the dentists have poor quality of care. This speaks volumes about the overall quality of care in that country. The vetting process of finding a quality dentist can be extremely difficult [6]. Prosthodontist quality treatment can involve many appointments spread out over months to allow for healing and adaptation. This is often completely ignored in foreign clinics because of the time constraints given within a two-week vacation [10]. Follow up care can be non-existent due to travel costs. In the authors experience, there are well trained Prosthodontists worldwide. For example, Mexico has many US and Canadian trained Prosthodontists. Often these practitioners are the elite practitioners, and their fees can be more than in Canada. Standard of dental care for the USA and Canada is often considered to be the highest in the world. The quality of training, and standard of living allow for this standard. Malpractice law, professional licensing and governing bodies are there for the advocacy of the patient and the maintenance of the profession. This is often not the case in many countries offering dental tourism [6,10].

In summary, with a flood of internet advertising and cost reductions, many Canadians are seeking dental treatment outside of Canada [13]. Clinics abound in places such as Mexico, Costa Rica, Romania, Hungary and Thailand [2,4]. Armed with the information above, we as

Prosthodontists should be informing potential patients of both the advantages and disadvantages of dental tourism. Information is the key, and a patient who is well informed will make the best choice for themselves and their future dental care.

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LONG TERM CARE FACILITIES – DENTISTRY MAY BE COMPLICIT

By Mr. Anthony Manning

Anthony Manning

The Canadian public has recently been made aware of eldercare issues in Ontario by a report released by the Canadian military, which details abhorrent cases of neglect of seniors by nursing homes. Prior to this report, citizens in Ontario would hear issues of neglect whispered in the media, with small articles detailing lawsuits brought against long-term care facilities for the more extreme cases of neglect – incidents so shocking and appalling, had they happened to anyone else they would be the subject of a 24-hour news cycle. In 2018, the CTV released a brief report on a lawsuit brought against Ontario long-term care providers: "A man pitted with gaping bedsores, one even revealing bone. A woman left writhing in agony on a washroom floor with a broken ankle after being told to "clean up her own mess." Another woman with a festering leg wound filled with wriggling maggots." Unfortunately, Ontario is not the only province suffering from poorly run nursing homes. With just a cursory search of Canadian publications, one would find dozens of articles detailing neglect and abuse in long term care facilities across the country.

Despite the coverage, elected officials failed to act, due in no small part to the lack of a voice that seniors have once they are placed into an institution like a nursing home. Often, due to the ravages of age and cognitive impairment brought on by vascular issues, dementia, or diseases like Alzheimer's, they are not able to communicate the neglect or abuse they have suffered while they live within these institutions. Their voices are distilled through advocacy groups, who are few and underfunded, and the relatives they have who bother to pay attention to their quality of care and have the will to serve as their advocates. Unfortunately, in all but the most well-run facilities, health problems remain unnoticed until they are severe enough to require hospitalization.

Why was this allowed to take place? It could be a form of bystander effect, wherein people are less likely to help a victim if other people are present and watching the incident. With long-term care facilities, it is assumed that the provincial regulators, elected officials, and LTC administrators are paying attention, that they are tracking these incidences of abuse and neglect, inspecting the homes, and punishing the perpetrators. This was not the case.

Could the dental profession be implicated in this "bystander effect"? Could Prosthodontic Societies be implicated? Prosthodontic patients are commonly older. Many of these patients have had extensive prosthodontic treatment completed and will subsequently become residents in long term care facilities. The prosthodontic treatment could include extensive fixed dental implant-supported restorations or extensive full mouth restorations with crowns, bridges, etc. What happens to the dental care of these patients once they become residents in long term care facilities? Are the caregivers in long term care facilities capable of recognizing that a dental implant-supported fixed prosthesis has failed and is causing the patient pain? Who will look after the needs of these patients under these circumstances? The staff at the long-term care facility could be dealing with an agitated and aggravated patient due to an urgent dental problem. Who will recognize the dental problem and advocate for these patients?

If, as the report by the Canadian military details, nursing homes are not taking care of basic needs like changing a soiled diaper, it is safe to assume that they are not handling a patient's dental care any better. And as the patients often don't have the capacity to be advocates for themselves, it is incumbent on the different segments of the Canadian public and professional society to serve as their voice. It is the least we can do for our parents, our relatives, our neighbours, and our patients. ■

PROSTHODONTIC COMMUNITY

A significant challenge to the executive of the Association of Prosthodontist of Canada (APC) relates to apathy within the profession.

I have been involved in organized dentistry at various levels over many years and have experienced varying degrees of apathy, but it is clear to me that this problem is getting worse. This is true within the prosthetic community.

Many famous authors have discussed apathy and tried repeatedly to stimulate a response in the audience with quotes:

> *"The world is a dangerous place to live; not because of the people who are evil, but because of the people who don't do anything about it"*
>
> *– Albert Einstein*

> *"I have a very strong feeling that the opposite of love is not hate – It's Apathy"*
>
> *– Leo Buscaglia*

> *"We may have found a cure for most evils; but have found no remedy for the worst of them all – the apathy of human beings."*
>
> *– Helen Keller*

> *"Things have dropped from me. I have outlived certain desires; I have lost friends, some by death… others through the sheer inability to cross the street."*
>
> *– Virginia Woolf*

These quotes are again an attempt to motivate people to do something, to get involved. They also emphasize the there are costs associated with not responding. Apathy has been recognized as a problem in all walks of life with emphasis on our democratic society. A famous US educational philosopher, Robert Maynard Hutchins summarized the concerns about apathy and political indifference when he claimed that the "death of democracy is not likely to be an assassination from ambush. It will be a slow extinction from apathy, indifference and undernourishment."

Examples of this problem also occur in dentistry and specifically related to prosthodontic association meetings. An all too common experience is that it becomes a routine challenge to just achieve a basic quorum to run a meeting. It must also be emphasized that the problem is far more insidious than just voter turn out.

One might ask "Really how important is this to Prosthodontist in Canada"? The best way to answer this question with reference to Political Apathy is the statement that you have two choices, "You can either be at the table or you can be on the menu"!. The menu of course, relates to the fact that politicians will routinely take the path of least resistance and if prosthodontists are recognized for a tendency towards political apathy, then it follows that we are going to get "chewed on". I would suggest this pattern is being repeated as we attempt to deal with the denturist issue. If your thoughts are that politics really does not matter and will not affect your practice or financial status, then think again.
All evidence is pointing to the fact that over the recent decades, politics has become increasingly important to the dental profession. There are a multitude of examples with one of the more important being the much-touted Health Professions Act (HPA) in Alberta or the College of Denturists proposed expansion of their Scope of Practice in British Colombia.

Please consider the above as an appeal for our existing membership to get more involved and an appeal to non-member prosthodontists to join our association. Strength in numbers. Currently, there are approximately 260 Prosthodontists across Canada. Approximately 50 % of these prosthodontists are active members of APC. Despite these numbers, our association still has a tremendous effect on the dental landscape and we anticipate a higher and dramatic impact if we can get these membership numbers higher.

Also recognize that there are tangible benefits to being a member of the Association of Prosthodontists of Canada.

BENEFITS OF MEMBERSHIP

There are a number of benefits achieved as a member of the APC. The APC Website does review these membership benefits. You should be aware of some of the following:

- **Our Mission Statement is:**
  To advance our Specialty and serve our Members, while acting as the national and international voice of Prosthodontics for Canada.

- **National Representation** - The APC is the recognized national voice for our chosen profession and provide support and counsel to key groups in organized dentistry including the Canadian Dental Association (CDA), Canadian Dental Specialist Association (CDSA), Royal College of Dentists of Canada (RCDC) and Canadian Dental Regulatory Federation CDRF).
  - o Of special interest is the knowledge that CDSA attends the CDA Dentistry's Leader's Forum and the Canadian Oral Health Roundtable each year? In addition to these advocacy and regulatory roles, the CDSA also works to facilitate dental specialty practice in other ways. Of interest to some of our members will be that the CDSA has established the CDSA Travel Award for students enrolled in a Canadian dental specialty program. This award helps fund costs related to presentation of research at an international meeting.
- **The Journal of Prosthetic Dentistry** - included in your membership is a subscription to the JPD, one of the founding journals of our profession. APC is a sponsoring organization and has a designated liaison from our membership to the Journal. Our preferred subscription rate is a significant savings over the individual subscription.
- A significant member benefit is discounts that are available for dental suppliers. For example, see the list below:

Discounts with Dental Supply Manufacturers –

- **ASTRA TECH CANADA** - A discount of 10% is offered on all restorative components, excluding equipment, software and AtlantisTM custom abutments. This offer cannot be combined with any other promotions. APC members should contact their local Astra Tech representative when placing the order in order to receive this discount.
- **BIOMET 3i** - all APC members receive a 10% discount off all products excluding BellaTek products (this offer may not be combined with any other promotional offer or discount).
- **IVOCLAR VIVADENT CANADA** - We have also negotiated a 10% discount on all Lab products (except alloy and denture tooth forms) as well as 10% off all CE courses from IVOCLAR VIVADENT CANADA.
- **NOBEL BIOCARE CANADA** - Members of the APC receive a straight 10 % discount.
- **STRAUMANN CANADA** - Members of the APC receive a 10% discount on all restorative components, excluding equipment, software, CAD CAM coping and custom abutments. (This offer cannot be combined with any other promotional offer or discount. To take effect January 1st, 2011). For inquiries on implant programs and regenerative products, please contact your STRAUMANN representative directly.
  - o You must show proof of full Active level APC membership to your local ASTRA TECH, STRAUMANN or IVOCLAR representative at time of order to receive these ongoing benefits. We are also currently negotiating with several other companies for similar relationships.
- **APC Logo Advertising** - Members may use the APC logo for advertising in the media, including yellow pages, as well as including it on your letterhead. The files may be downloaded from this website.
- **The APC Membership Directory** - This is an invaluable resource in member-to-member communications. Updated immediately online.
- **Continuing Education** - As members of the APC we are able to join or attend scientific sessions of many other Prosthodontic Organizations like the American College of Prosthodontists at discounted rates.
- **Mailing List Distribution** - The APC regularly distributes information on behalf of other prosthodontic organizations to the APC members in order that you to receive timely information about CE courses or other publications of interest such as SPECTRUM. Without membership to the APC, you may not receive these.
- **Newsletter** - The Association of Prosthodontists of Canada publish an annual Newsletter referred to as the APC FrontLine. This publication is produced by members of your association and is intended to provide an additional source of information for the benefit of our membership. This current and timely publication is an effective way to communicate to the other members of the APC. Inside each issue, you will find letters highlighting the activity of your executive members with messages from the President and Past President. You will find informative articles from renowned prosthodontic members outlining the history of our association. You will find articles introducing the APC task force against denturist's expansion of scope of practice. The above items represent only a small sample of informative articles and found in the APC Frontline.
- The APC is blessed to count amongst its members many highly motivated and very experienced clinicians from diverse educational and regional backgrounds – it is understandable that we would not all see things from the same perspective, and this is our greatest strength as a national organization.

APC representation on Taxation Issues - The Association of Prosthodontists of Canada (APC) strongly opposes the proposed changes to the taxation of Canadian Controlled