

Winter 2013

# FrontLine | PremièreLigne

ASSOCIATION OF PROTHODONTISTS OF CANADA | L'ASSOCIATION DES PROTHODONTISTES DU CANADA  
*Specialists in Implant, Aesthetic and Reconstructive Dentistry*

## PALAIS DES CONGRÉS DE MONTRÉAL

LOCATION OF THE 2014 APC AGM

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ASSOCIATION OF PROTHODONTISTS OF CANADA

[www.prosthodontics.ca](http://www.prosthodontics.ca)

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Dr. Robert Carmichael

## 2011 APC Executive Council

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| Dr. Duncan Chambers   | Past President      |
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Published by **APC**

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# PRESIDENT'S MESSAGE



Dr. Bernie Linke  
President, APC

When I became President of APC last year I had four goals:

1. Increase membership;
2. Engage our executive and councilors;
3. Promote the importance of APC to the prosthodontists of Canada;
4. Contribute to making APC the organization that is the voice for the specialty of Prosthodontics, and why we matter.

Self-evaluation would indicate minimal success on the first three but significant progress on the last goal. There are many voices in the dental world for prosthodontics, especially in areas of cosmetic dentistry and implants. They range from experts to charlatans. APC is the voice for the specialty of Prosthodontics. Why is this so important? Historically, APC represented prosthodontics and the prosthodontic specialty. Increasingly, the role has changed to defending our specialty in regards to:

1. Denturists' ever-increasing scope of practice;
2. Organizations equating a few days or weeks of training with a three-year specialty program;
3. Attempts by government and regulatory bodies to reduce standards for specialty designation.

APC is a charter member of the CDSA, your funds go to supporting CDSA, and your past-president and APC delegate to CDSA, Duncan Chambers, is on the executive of CDSA. CDSA is becoming the organization that the regulatory bodies and CDA are going to for input in regards to issues that affect specialists. In my opinion, in Canada we have never had as strong a voice as specialists and prosthodontists as we do today. We need to maintain high membership in APC in order to preserve a strong mandate and to be taken seriously.

Please encourage your prosthodontic colleagues, who are not members, to become one. The annual membership fee is a small price to pay to be represented as specialists. The loss of this representation would result in fragmentation and a diminution of our specialty.

An area of concern to me, personally, is the ever-increasing preoccupation with our own individual issues and needs, and apathy in contributing towards the greater good. This is not unique to prosthodontists - it is a societal trend. Please resist that trend. Become a contributor to those around you, whether it is as a dental school instructor, a study club mentor, a lecturer or as a member of organized dentistry. Prosthodontics will, as a result, have through your skillset and caring attitude the best promotion possible.

I have one more year to serve you as President, and will do the best that I can to represent you and our specialty well.

Sincerely,  
Bernie Linke  
President, APC



Journées dentaires  
internationales  
du Québec

Palais des congrès de Montréal  
**MONTREAL CANADA**  
May 23<sup>th</sup> to 27<sup>th</sup> **2014**

**44<sup>th</sup> ANNUAL CONVENTION**  
OF THE ORDRE DES DENTISTES DU QUÉBEC

Jointly with



ASSOCIATION OF PROSTHODONTISTS OF CANADA

**CANADA'S LARGEST  
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DENTISTS.  
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Ordre des dentistes  
du Québec

**APC Interim Executive Meeting**  
**Saturday, March 8, in Vancouver during**  
**the Pacific Dental Conference**

location and time TBA

**APC Annual General Meeting**  
**May 26, 2014 – 5:00 pm**  
**at the Palais des Congrès de Montréal**

Scientific meeting in conjunction with the Ordre des dentistes du Québec Québec  
and the Association of Prosthodontists of Québec from May 23-27th.

See <http://odq.qc.ca> for scientific program details.

## **ANNUAL MEETING NEWS**

### **MAY 23-27, 2014 IN MONTREAL**

Montreal will be the location of our Annual meeting in 2014. Due the hard work of one of our members, Dr. Michael Moscovitch, and his team, we are going to have a combined meeting of the Association of Prosthodontists of Canada (APC) and the Association des Prosthodontistes du Québec (APQ) during the Journées dentaires internationales du Québec (JDIQ), a meeting run by the Ordre des dentistes du Québec (ODQ).

As an APC member, in good standing, you will be able to attend the entire JDIQ and combined APC/APQ meeting for no fee (if registered before April 1st). As far as I know we have never been able to provide this no cost benefit to our members. This is a must attend meeting.

There will be two full days of lectures dedicated to a full range of prosthodontic topics. The lectures will occur on Monday May 26 and Tuesday May 27, 2014.

The following are the confirmed speakers:

1. Dr. Clark Stanford (Pros. University of Iowa, USA)
2. Dr. Effrat Habsha (Pros. Toronto, Canada)
3. Dr. Richard Toth (Pros. Virginia, USA)
4. Dr. Ken Malament (Pros. Boston, USA)
5. Michael Schreck, CDT, Montreal, Canada – in French
6. Dr. Chris Marchack (Pros. Los Angeles, USA)
7. Dr. Mark Lin (Pros. Toronto, Canada)
8. Dr. Hassan Moghadam (OMFS, Ottawa, Canada)

NB. All sessions will feature simultaneous translation: English-French

We will have a joint APC/APQ/ Sponsors Welcoming Party on Sunday night, May 25, 2014 for our members and partners. The annual general meeting (AGM) will be held on Monday, May 26, 2014 directly after the last speaker of the day.

This going to be a great opportunity for us to be part of a great educational meeting, enjoy some fellowship with our fellow prosthodontists, and visit one of the great cities of the world, Montreal.

**See you all in Montreal!**

# ADMINISTRATOR'S REPORT

Christine Wyatt, Assistant Editor and APC Administrator

## Membership

Firstly, congratulations to new RSDS(C) Prosthodontist Fellows in 2013! APC would like to encourage those who are still not APC members to become a part of their national specialty association and have a voice in moving the profession forward.

## Journal subscriptions

APC members have a decision to make at the 2014 AGM regarding their Journal of Prosthetic Dentistry (JPD) subscriptions. The JPD has been made available as a choice of either online-only or print-plus-online. The online-only version is offered to APC members as a block subscription (all or none, no individual selections) at a less expensive rate. In 2014 the rate will be \$82 for electronic vs. \$202 (plus taxes) for print. If the membership chooses to continue receiving the print version, all members automatically also receive access to the online version as well. Note that the print rates are scheduled to go up by another \$8 in 2015, making the average cost per member just over \$230 after taxes and our membership dues must rise by \$40-\$50 to accommodate that. There is an online survey hosted on the APC site. Six votes have been cast so far, all supporting the online only subscription. **Please make sure that you either attend the 2014 AGM or are represented by proxy to make your preferences known.**

## Benefits

Active APC members continue to enjoy generous discounts from our corporate sponsors. Astra Tech Canada, Straumann, Ivoclar, Nobel Biocare and Biomet 3i offer 10% discounts on select products, and also receive significant discounts on the *Journal of Prosthetic Dentistry*. For more information, please refer to the Benefits of Membership page on our website ([http://www.prosthodontics.ca/memberbenefits\\_eng.html](http://www.prosthodontics.ca/memberbenefits_eng.html)).

APC Active members should contact their local representatives when placing orders and present their APC membership card in order to receive these discounts. All suppliers receive an annual list of Active members so your name may need to be checked against this list. (Note that Student and Non-Resident members are not eligible for member benefits.)

## APC Website

Translations continue slowly. We have had the entire patient's section of the site translated and other sections will follow. Everyone is busy, but if we could "crowd source" this project it would go much more quickly. If you can assist with the translation of even one web page it would help us get it completed more quickly and with less cost.

## Membership Renewals

By the time you receive this newsletter, the APC membership renewal process will have begun again. Starting December 1st, our online membership management system automatically sends every current member a set of reminder emails as the membership renewal date approaches. Look for the first one to arrive in your email inbox 30 days prior to membership expiration on December 31st. This email will contain your login and password reminder. Student members generally do not receive renewal reminders until the year of their graduation.

When you visit the APC website (<http://www.prosthodontics.ca>), log into the members section of the site. At the top of the Members Home page, you should find a welcome message and a description of your membership status. There will also be a "Renew Now" button to click, and then you simply follow the prompts in the online form to confirm your member profile information and pay your membership dues. You will need to fill in

an address, but please make sure that it is the same address where you receive your credit card billing statement, or the transaction may be declined.

The final payment screen is hosted by the Bank of Montreal Moneris website. This is our merchant account and transaction provider, and is a secure banking site separate from the APC site. **No credit card information is ever stored on our APC site.** After your payment is processed, you'll receive an email confirmation of your renewal and dues payment.

## Student and New Members

For new members and student members who wish to upgrade to full Active membership, please be advised that you must submit the application/renewal form, and also submit a copy of either your **provincial specialty license, post graduate diploma** from a Canadian Dental Association (CDA) recognized university, or a copy of your **RCDS(C) fellowship certificate**. Your membership application will be reviewed by the APC Executive and if your credentials are in order, you will be recommended to the general membership for a vote at the AGM.

Please see our **New Member Applications** page on the APC website for more detailed information.

([http://www.prosthodontics.ca/become\\_eng.html](http://www.prosthodontics.ca/become_eng.html)) Would anybody care to translate this page for us? Please?

We look forward to seeing everyone at the 2014 AGM in Montreal, Québec. The AGM will take place on Monday, May 26th at 5 pm. Please register for the scientific sessions on the ODQ website at <http://www.odq.qc.ca>. **Registration is no charge for APC members but you must register before April 1st to get this rate.**

Christine Wyatt, Assistant Editor and APC Administrator

Association of Prosthodontists of Canada

Telephone: 604-418-0278 E-mail: [administrator@prosthodontics.ca](mailto:administrator@prosthodontics.ca)

# INTRODUCING NEW APC UBC STUDENT MEMBERS



## Dr. Vincent Lee

**Dr. Vincent Lee** was the recipient of the Association of Prosthodontists of Canada scholarship for the incoming class of 2013.

Dr. Lee was born and raised in Vancouver and obtained his Bachelor of Science in Microbiology at UBC. Following his undergraduate degree, he continued his studies at the University of Western Ontario where he obtained his Doctor of Dental Surgery in 2004.

Following graduation, he returned to Vancouver where he practiced General Dentistry for nine years as well as being a Clinical Instructor in the UBC Faculty of Dentistry before making the decision to pursue advance studies in prosthodontics.

As a first year graduate student, Dr. Lee feels very privileged to be given the opportunity to continue his studies in the UBC Graduate Prosthodontics Program. While in his program his goal is to gain the clinical and scientific knowledge to be able to effectively manage the complex comprehensive rehabilitative patient. Following his anticipated graduation in 2016, he plans on entering into private practice and continuing to be involved in dental education.

Most importantly, Vincent would not have been able to pursue this opportunity without the love and support of his wife, Divine.



## Dr. Nesrine Mostafa

**Dr. Nesrine Mostafa** completed her bachelor's degree in the Faculty of Dentistry at the Alexandria University, Egypt (2002).

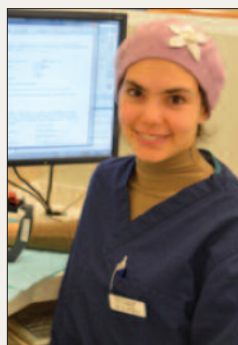
After attaining her BDS, she worked in a general dental practice for four years before starting postgraduate studies. She completed an M.Sc. in Medical Sciences at the University of Alberta, Faculty of Medicine and Dentistry in 2008. Having developed a special interest in bone regeneration during her

Master's degree, she completed a PhD degree in 2013 at the same institution.

Her PhD research was focused on developing innovative bone grafting therapies for cleft palate reconstruction. She also maintained a part-time general dentistry practice in Alberta during her studies, and an academic position as a clinical instructor in various disciplines of in the department of Dentistry including Fixed Prosthodontics, Operative Dentistry, Radiology, and Discovery Learning.

Nesrine has published 5 peer-reviewed articles and has an additional 4 manuscripts in the process for publication. She has presented 8 posters and oral presentations at different national and international conferences, and has been granted 11 awards and 4 grants from different internal and external agencies to support her graduate studies and research.

Her ultimate goal is to work in both academic and private practice settings.



## Dr. Walaa Ahmed

**Dr. Walaa Ahmed** graduated from Faculty of Dentistry at King Abdulaziz University, Jeddah, Saudi Arabia in 2005 then completed a one-year internship, and followed that with a full-time job as a clinical instructor at King Abdulaziz University for 2 years.

Walaa moved her studies to the University of Toronto where she earned a masters degree in biomaterial sciences in 2012. She is now beginning her first year prosthodontic residency and PhD.

Away from dentistry, she enjoys hanging out with her family and playing Piano.

Her plan after graduation from UBC is to teach prosthodontics and restorative dentistry in an academic institution (her home school - King Abdulaziz University, Jeddah, Saudi Arabia) and to work as a well-educated specialized prosthodontist.

"I want to teach the new generations, and try with my colleagues in Saudi Arabia to build up graduate programs and implement all that we have learned abroad to strengthen the research aspect of dentistry."



### **Dr. Zhenzi (Lucy) Liu**

Dr. Zhenzi (Lucy) Liu received her dental degree from Shandong University School of Dentistry, and completed specialty training in oral medicine and periodontology from the same university. She practiced general dentistry and periodontics in Dental hospital of Shandong University for eight years. During this period of time she was also involved teaching, research and community service. She pursued advanced study in Germany and obtained her Doctor Degree from University of Heidelberg. Currently she is a graduate prosthodontics resident in the University of British Columbia, and expects to graduate in 2016.

## **INTRODUCING NEW APC U OF T STUDENT MEMBERS**



### **Dr. David Powell**

Dr. David Powell is from Montreal, Quebec and received his general dentistry degree from McGill University in 2011. From 2011 to 2013, he worked at the Jewish General Hospital in a General Practice Residency program where he developed a passion for prosthodontics. He is currently in his first year of Graduate Prosthodontics at the University of Toronto.

Upon graduation, Dr. Powell plans practice in Toronto or return to Montreal. His hobbies include spending time with family and friends and seeing movies, but is finding free time has been limited lately!



### **Dr. Ashkan Ebrahimpour**

Dr. Ashkan Ebrahimpour was born and raised in Iran, and moved to Kiev, Ukraine where he learned Russian and Ukrainian languages in college and completed general dental training in Kiev National Medical University. He was admitted to the Prosthodontics specialty program right after completion of his general dentistry training. He finished his specialty training in 2006 and continued graduate education as a PhD student until January 2009 when he moved to Canada. During his years of graduate education in Ukraine, he was involved in teaching the undergraduate students at the Faculty.

Realizing the importance of research and evidence-based dentistry for a clinician, after immigrating to Canada, he completed research graduate program at the Faculty of Dentistry, University of Toronto from 2009 to 2012. The research had a unique approach in preventive prosthodontics by accessing the knowledge of the professional first responders to accident sites in regards to tooth avulsion. Also during that period, he was involved in various research projects that were conducted by the faculty members and other graduate students as well as teaching the undergraduate students in capacity of an Associate in Dentistry. Moreover, at U of T, he served as the President of Graduate and Postgraduate Students at the Faculty, as the chair and the co-chair of the Faculty of Dentistry Research day, as well as a member of different committees.

Dr. Ebrahimpour is currently doing a residency in prosthodontics at the Faculty of Dentistry, University of Toronto and is hoping to continue conducting his current project to a PhD level. In his leisure time he enjoys reading and biking.

## Welcome to New Active Members in 2013

Dr. Todd Slogocki  
Dr. Mark Lin  
Dr. Lilia Ibarra  
Dr. Vincent Patenio Torresyap  
Dr. Ryan Allen Keyes  
Dr. Katia Savignac  
Dr. Tonino Ciocca  
Dr. David Lalande

## Welcome to New Student Members in 2013

Dr. Walaa Ahmed (fall 2013 entry to UBC)  
Dr. Vincent Lee (fall 2013 entry to UBC)  
Dr. Nesrine Mostafa (fall 2013 entry to UBC)  
Dr. Zhenzi (Lucy) Liu (fall 2013 entry to UBC)  
Dr. David Powell (fall 2013 entry to U of T)  
Dr. Ashkan Ebrahimpour (fall 2013 entry to U of T)

## Welcome to New Life Members in 2013

Dr. Graham Matheson  
Dr. Marshall Hoffer  
Dr. Jim Anderson  
Dr. Hubert Gaucher  
Dr. Micheline Banville

On a sad note, our sincere condolences to the family of  
APC Life Member **Dr. Ewe Kastner**  
who passed away in January 2013.

# APC SCHOLARSHIP AWARDED

The **APC Award for Academic Achievement** is offered each year to the top student accepted to each of the Canadian graduate programs in Prosthodontics who demonstrates leadership and acumen in their field of study. Students are nominated by their faculty or program director.

The APC Award was presented to **Dr. Vincent Lee** by Dr. Chuck Schuler, Dean of Dentistry, UBC and by Dr. Caroline Nguyen, APC Western Regional Representative, at the University of British Columbia Faculty of Dentistry Dean's Night.



# CDSA REPORT

## Dr. Duncan Chambers, APC representative to CDSA

Until recently, the dental specialists of Canada were represented by two organizations:

- 1) NDSO- National Dental Specialty Organization: this organization was composed of dental specialists who represented the nine dental specialties, but was rarely consulted by the Canadian Dental Association (CDA);
- 2) COSA- Committee of Specialist Affairs: a committee formed by the CDA who reported directly to the Board of Directors of the CDA.

Through the efforts of Dr. Chris Robinson, Dr. Lee McFadden, Dr. John Perry and others, the CDSA was formed in 2011. From its inception it was designed to be the organization that was formed by dental specialists to be the national voice of the dental specialties in all matters including representation of dental specialties to the CDA.

At the CDA AGM in Ottawa in April, the CDSA specialty representatives met with the board of directors of the CDA for the first time. The CDA acknowledged the CDSA as an organization and declared it the “go to” organization for the CDA in matters concerning dental specialists.

Currently the CDSA has established itself as the national voice of specialists with respect to the CDA and is endeavouring to expand its representation to include the Royal College of Dentists of Canada (RCDC), Canadian Dental Regulatory Authorities Federation

(CDRAF), and the Commission on Dental Accreditation of Canada (CDAC).

As the CDSA is an organization of nine dental specialties, each specialty association, including the APC, provides funding to support the CDSA. The amount of funding that each specialty association contributes varies with its number of active members. Currently, the APC contributes an annual membership fee of \$20.00/active member to the CDSA

Recent CDSA Activities include:

- 1 ) having contributed voting members to the CDA Panel which reviewed the application for recognition of Dental Anesthesia as a specialty;
- 2) having contributed to a CDA-sponsored article in the Globe and Mail newspaper, which included a description of all dental specialists and the APC website;
- 3) not having supported a recent request by CDAC to the CDA to allow an exception to the current requirement that faculty program directors complete the RCDC-sponsored National Dental Specialty Examinations (NDSE)
- 4) having raised as a concern to the CDA the expanding scope of practice of denturists.

# MESSAGE FROM THE CDA PRESIDENT ELECT

## Dr. Peter Doig

(from a presentation given at the APC AGM on May 4th, 2013)

I am pleased to have the opportunity to talk to you about CDA and how it is addressing the multitude of issues that challenge both our profession and our patients. My remarks will focus on 5 areas:

- 1 – CDA’s annual environmental scan and the nine megatrends in dentistry.
- 2 – The need for a National Oral Health Action Plan.
- 3 – CDA as the ‘big tent’ of dentistry.
- 4 – A summary of CDA’s current activities.
- 5 – CDA’s new eReferral System.

**MY FIRST TOPIC** is CDA’s annual environmental scanning report. Every year, CDA conducts an environmental scan to identify key trends and emerging issues in order to assess how they may impact the profession, either positively or negatively. We do that through an analysis of the political, economic and social environment as well as the health and dentistry environment. The current CDA’s environmental scan has identified **nine megatrends**. We have broken down those nine megatrends into three priority categories – those with imminent impact, those with medium-term impact and those with potential longer-term impact.

### Category A:

(Three trends that will have an imminent impact)

#### Megatrend 1:

Perception of Increasing Commercialization in Dentistry

#### Megatrend 2:

Changing Landscape of Dental Benefits

#### Megatrend 3:

Changing Educational Trends and Competencies

## MESSAGE FROM THE CDA PRESIDENT ELECT, CONT'D

### Category B:

(Three trends that will have a medium-term impact)

#### Megatrend 4:

Role of Alternative Providers

#### Megatrend 5:

The Rise of Empowered Consumers

#### Megatrend 6:

Disappearance of the Solo Dental Practice/  
Corporatization of Dentistry

### Category C:

(Three trends that will have a longer-term impact)

#### Megatrend 7:

Integration of the Internationally Trained  
Dentists

#### Megatrend 8:

Innovation and the Dental Office of the  
Future

#### Megatrend 9:

Decline of Fee-for-Service Payment Method

An additional trend identified since the last publication of our Environmental Scan is the increasing frequency of references in the media that dental care is becoming less affordable for Canadians.

The dental profession must, as a collective, address these trends to plan the future of our profession. It is our duty as leaders in oral health care delivery to lead the discussion and find solutions; not to leave it to others.

**MY SECOND TOPIC** today is the need for the dental profession to develop a National Oral Health Action Plan. The National Oral Health Measures Survey of 2009 showed that 84% of Canadians consider they have good to very good oral health care. There are limitations to this determination in the study but simple extrapolation of this figure indicates that there are at least 16 % of Canadians that do not have an acceptable level of oral health care. Over time there have been disparate groups who have attempted to address this issue. In order to have a comprehensive approach to the many challenges facing the profession and the oral health of Canadians, CDA is organizing a national multi-stakeholder sym-

posium on February 27, 2014 with the view of developing a National Oral Health Action Plan. The overall goal of the action plan is:

**“The development of a collaborative, scientifically-supported strategic action plan that will address challenges and opportunities in oral health promotion and the delivery of oral health care in Canada.”**

The Symposium will be the first of a series of meetings with the relevant stakeholders which will include representatives of the national associations of physicians, pharmacists, nurses, as well as the various sectors of oral health care in Canada. The specific expected outcomes of the first Symposium are:

- a) A common understanding of the key issues and challenges for optimal oral health in Canada
- b) A review and prioritization of the underserved population sub-groups and the oral health needs of these sub-groups
- c) An overview of current priority programs
- d) An exploration of possibilities for collaboration for the development of further actions to address the needs of underserved population sub-groups
- e) An agreement on next steps for collaboration

Before leaving this topic, I want to reassure you that this initiative of the CDA is not meant to promote, in any way, universal oral health similar to universal health care. Quite the contrary, the CDA believes that Canada has one of the best oral health care delivery systems in the world. Oral health care primarily delivered through private dental clinics with dentists as the leaders of the dental team. This model has achieved dramatic improvement in the oral health care of Canadians over the past 40 years.

**MY THIRD TOPIC TODAY**, is what I refer to as “CDA, the ‘big tent’ of dentistry”.

The CDA has been positioning itself to be the ‘meeting place’ for the discussion of and consensus building on issues related to oral health care.

If the profession is to speak with one voice, we need as many opportunities as possible for dialogue and consultation within the profession. CDA is now the facilitator of a number of meetings that brings together the dental leadership in Canada to discuss key issues, including the Canadian Dental Specialties Association (CDSA) and the Association of Prosthodontists of Canada (APC).

CDA is focusing on increasing the opportunities for dialogue and cooperation with all sectors of the dental community as well as with the broader health care sector in Canada. CDA is actively working to enhance communication with dental stakeholders.

The CDA has also established ongoing communications with other oral health-related organizations including the Dental Industry Association of Canada (DIAC), the Canadian Life and Health Insurance Association (CLHIA), the Health Industry Electronic Commerce Association (HIEC).

CDA has also been active in establishing stronger links to the greater health care community in Canada including the Canadian Medical Association (CMA) and the Canadian Pharmacists Association (CPA). We are also in contact with Canada's Infoway program to ensure that oral health is included in its overall eHealth plans.

**MY FOURTH TOPIC IS** – a summary of CDA's current activities.

Today, two words aptly describe the Canadian Dental Association – **Knowledge** and **Advocacy**. Under knowledge and advocacy, CDA has four ‘Priority One Projects’ to support its mission.

**The first CDA Priority One Project**, I have already spoken about and it is the National Oral Health Action Plan. Working towards this is now a top CDA priority.

**The second CDA Priority One Project is – The Trust and Value program:** The internal communication component –of this program – messaging to the profession – is as equally im-

portant as the external component – messaging to the public. Consequently, a great deal of emphasis is on developing patient communication resources.

**The third CDA Priority One Project is – Advocacy on Access to Care:** In order to align its efforts and resources, the CDA has established a National Coordinating Working Group on Access to Care. This Working Group brings together representatives from all of the Corporate Members, the specialty groups and the ACFD. The goal is to advocate for access to care with an emphasis on children and seniors. As part of its plans to address early childhood caries, the CDA is coordinating an initiative to promote a ‘First Visit to Dentist by Age One’. As part of the first phase of the project, CDA conducted a national survey of Canadian dentists asking questions about current practices with infant and toddler patients. Given that the research shows that a very large segment of Canadian dentists do not see one year olds, the next phase of this project will be a communication campaign to inform Canadian dentists about the issue. To address the need for oral health care in long term care facilities, the CDA has commissioned generic legislation in this area and is working with the PDAs on a joint advocacy push at the national and provincial level for the adoption of standards. The generic legislation has already been made available to the PDAs to use as they see appropriate in their lobbying.

Many groups speaking with one voice is the only way to advocate for nation-wide provincial standards.

#### **THE FOURTH CDA PRIORITY ONE PROJECT** is - JCDA/Oasis.

CDA is very proud to have launched the brand new JCDA Oasis. The JCDA.ca has evolved and reinvented itself as a powerful online source of clinical information for dentists and their team members. CDA has developed JCDA Oasis (an acronym for Online Advice & Searchable Information System) – a clinical decision support service for everyday practice. JCDA Oasis has 3 components that can all be accessed through one URL: [www.jcdaoasis.ca](http://www.jcdaoasis.ca). These components are: JCDA.ca (peer-reviewed journal), Oasis Help (chairside clinical support), and Oasis Discussions (answering clinical ques-

tions). A print publication and email newsletter complement the online elements of JCDA Oasis. In April, the JCDA will be replaced by a magazine which will now be a mix of clinical review articles, summaries of research articles along with news, opinions and updates relevant to the Canadian dental practitioner.

In terms of policy matters, the CDA is very active. An issue that I know is of high interest to the profession is the integration of internationally trained dentists from non-accredited schools. Through its representation at a key parliamentary committee of the House of Commons, the CDA was influential in the Government of Canada’s decision to remove dentistry from the list of the Foreign Skilled Workers Program. That being said however, we must recognize that internationally trained, immigrant dentists are already in Canada. As a profession, we must do all that we can to ensure that we support them in integrating into Canadian society and our dental community. Consequently, CDA has established a new national Task Force whose mandate will be to devise ways to support the integration of our internationally trained immigrant colleagues.

The CDA recently achieved more success through policy / advocacy activities. For a number of years the CDA has been advocating for annual stable funding increases to the NIHB program. In the past, NIHB had to apply to Treasury each year for increases in funding and could only make adjustments in fee guides after Treasury advised them of their adjusted funding level. This created uncertainty and delays in yearly fee adjustments. In the last federal budget, the government of Canada announced a 5% yearly escalator in NIHB funding. We are also pleased to announce that the NIHB Endodontic pilot project allowing endodontic treatment on bicusps and first molars without predetermination has been extended for another two years. Unfortunately compliance with NIHB policies determining eligibility for endodontic is a disappointing 75% while NIHB has a goal of 95% compliance. CDA has been able get clarification of the NIHB guidelines and will inform member dentists of these requirements in order to improve compliance. For your information the two most common violations of NIHB policy were biologic width and periodontal support. We have clarified that NIHB requires an unviolated

biologic width of 3 mm. measured radiographically and a minimum crown to root ratio of 1:1. While the changes in funding and predetermination exhibit improvements in the program for the dentists in Canada who treat patients covered by NIHB and their patients, the program remains an issue that we continue to work on with the government, the Assembly of First Nations and ITK, the national Inuit representative body. It is CDA’s goal to improve the program in terms of beurocratic load, funding and design.

CDA continues to support key services to the profession, including: CDAnet, ITRANS, eReferral system, USC&LS, CDA Seal of Recognition, the CDA Dental Aptitude Test (DAT) the CDA Structured Interview and the Commission on Dental Accreditation of Canada (CDAC).

The CDA is also working with ACFD, NDEB, CDAC and CDRAF in the review of the document “Competencies for a Beginning Dental Practitioner in Canada”. It is critical that the profession, represented by CDA, be involved in this important initiative.

**MY FIFTH AND LAST TOPIC** is the new CDA eReferral service.

After a year of pilot testing, CDA will be launching in 2014 as a member service the CDA eReferral service. The eReferral system is a means of sending personal health information including referrals, radiographs and transfer of records. eReferral is secure and meets all the guidelines on the electronic transfer of health information produced by the RCDSO, the only regulator that has developed guidelines. The security system used by eReferral will be the same as that used by ITRANS: encryption and verification.

This new eReferral system is free to all members and we are urging ODA and the other Provincial Associations to encourage their members to use the system as it will protect the confidentiality of their patients.

Our common goal is very well expressed in the CDA vision which is a **Strong Profession, a United Community** and a **Healthy Public**. I am pleased to see that we are confidently moving towards that vision.



Dr. Alani

## GUEST EDITORIAL

### The rehabilitation of congenital and acquired abnormalities – Future need

Modern healthcare systems aim to optimize care for those patients unfortunate enough to present, at an early age or later, with congenital and acquired abnormalities involving missing teeth. Prosthodontics takes center stage in the treatment planning for individuals so afflicted, and, indeed, it is the prosthodontist from within the patient's circle of care that is normally responsible for providing a road map setting out requirements of colleagues in orthodontics and oral surgery necessary to create an environment conducive to optimal replacement of teeth. The journey for these patients can begin as early as the mixed dentition stage, and can continue indefinitely into adulthood, with the need for ongoing maintenance and replacements. As a Brit, I liken the process of oral habilitation to a series of soccer moves: the oral surgeon providing the 'defensive groundwork' with grafting and orthognathics; the orthodontic 'midfield' optimizing space to create the best goal opportunity; the prosthodontic 'striker' completing the move and thus scoring the goal by replacing the missing tooth units. The world's best teams are able to produce goal opportunities seamlessly when faced with a variety of opposing factors, but even the best team requires a game plan. In complex oral rehabilitation, the tooth setup is the first step in establishing this 'game plan', and, if not developed by, must be visualized and vetted by, the prosthodontist and communicated to his or her colleagues. The plan does not end here, however.

Given what we know now about the incidence and prevalence of peri-implantitis, and the risks of other biological, mechanical and technical complications associated with dental implants, the prudent practitioner will agree that all implants and their associated supra-structures require indefinite monitoring and maintenance; some prostheses will require repairs, revision and, eventually, replacement; some implants will require surgical intervention leading in some cases to explantation, an eventuality that usually carries with it prosthetic consequences – usually, revision or replacement of hardware.

The need for long term monitoring and maintenance of implant reconstructions is magnified in patients with congenital and acquired anomalies because these patients usually receive treatment early on in life as opposed to patients who have suffered tooth loss to garden-variety causes like caries and periodontitis later in life. If a restoration or prosthesis is delivered in late adolescence or young adulthood, the likelihood of multiple refurbishments or replacements becoming necessary over the course of the patient's lifetime is greater than if restorations were placed into the mouth of a middle-aged or elderly patient. Where specialized hospital- or university-based dental clinics provide the initial treatment for patients with craniofacial and dental anomalies, continued monitoring and maintenance may be transitioned into the community because of budgetary and resource constraints commonly encountered by institutions. Moreover, it is realistic to expect that most referrals to community-based care will be made to a prosthodontist because, in general, the level of competency required to care for these individuals is high. As a result, more and more, prosthodontists will be asked to assume the monitoring and maintenance of younger patients with more complex implant-supported restorations.

The emerging need for implant maintenance secondary to technical and biological complications is becoming more apparent in the literature. Contemporary research shows that the likelihood of mechanical complications associated with fixed restorations can be as high as 38% (Pjetursson et al. 2012). The complexity of remediating complications may be compounded by implant components becoming obsolete or unavailable as new implant designs supplant older ones. In the future, patients with antiquated implant hardware may find it increasingly difficult to access the requisite screws or abutments needed to repair or replace faulty restorations. Unfortunately, today's patient is tied to obsolete implant design as tightly as bone to the implant's threads.

Peri-implantitis represent a significant threat to implant survival, no more so than to survival of implants used to restore complex restorations in young individuals with craniofacial and dental anomalies. Continuing modification of implant surface design by engineers, whose goal it is to improve osseointegration, might, in and of itself, hasten the development of the disease. Indeed, the implant surface, once exposed to the oral environment, represents a highly attractive niche for oral bacteria as much as if not more so than for osteoblasts. Modest estimates show that the prevalence of peri-implantitis is approximately 20% (Atieh et al., 2013). Despite this high figure, there is no recognized approach to peri-implantitis management. Future research and development by implant companies into the management of peri-implantitis, as opposed to the development of new implant designs, would seem a constructive approach to improve sagging 'consumer' confidence.

The solutions to these mechanical and biological conundrums are difficult to predict but greater awareness amongst all oral health practitioners of maintenance needs is likely to aid peri-implantitis prevention. Coupled with patient education on the signs and symptoms of biological, mechanical and technical complications, greater awareness amongst oral healthcare practitioners will also encourage early diagnosis of active disease, and thus avert progression to significant morbidities. As my old soccer coach used to say, the best defenders are those that can foresee a goal opportunity and prevent it before the attacker even realizes.

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Atieh MA, Alsabeeha NH, Faggion CM Jr, Duncan WJ. The frequency of peri-implant diseases: a systematic review and meta-analysis. Periodontol. 2013 Nov;84(11):1586-98. doi: 10.1902/jop.2012.120592. Epub 2012 Dec 13.

## Request for Online Survey Participants

Dear Colleague,

We would like to invite you to participate in this exciting research initiative dealing with the aesthetics of smiles. This survey will take approximately 2 minutes of your time. Please follow the attached link and rearrange the smiles in order of your preference: from the most attractive to the least attractive. The smile you find most attractive should be first.

<http://beat2go.com/pbl/survey/>

The survey is anonymous and completely voluntary.  
Many thanks and have fun!

Chad Allred D.D.S.  
Nova Southeastern University, Department of Orthodontics

# BENEFITS OF MEMBERSHIP

There was a time when a unique group of individuals like us, wanted to find and associate with like-minded professionals in an effort to pursue not so common interests as well as have some group security. There are instances where we need a group voice, for right or wrong to have any input at all in the little things that come to try us as a profession. The only way to have a strong voice in any matter that may present is to have a strong Association, in whatever form that may take. But really, in today's environment, there seems to be a plethora of groups, prosthodontic or not that are vying for your attention. What sets the APC apart? We have a great opportunity to make the APC a strong and vital organization and voice for Prosthodontics, all it takes is you.

**Dr. Brent Beyak, Past President**

**1) National Representation** – The APC is the recognized national voice for our chosen profession, you don't join, you don't get a say. We are well represented in ongoing issues and communications with the CDA. While each of you have a voice in the CDA if you hold CDA membership, you also have another, possibly more focused input through the APC.

**2) 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 file may be downloaded from the members area of the APC website at [www.prosthodontics.ca](http://www.prosthodontics.ca)

**3) The APC Membership Directory** – This is an invaluable resource in member-to-member communications. Updated immediately online and published bi-annually with names, addresses, and practice information.

**4) 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 of \$109 (US funds, plus GST & postage) is a significant savings over the individual subscription rate of \$245 (US).

**5) Other Journal Subscriptions** – APC members receive special pricing on our official journal, *the International Journal of Prosthodontics* (\$78.00/yr) as well as other Quintessence Publications, *Quintessence International* (US\$95.00/yr), *International Journal of Oral and Maxillofacial Implants* (US\$120.00/yr), *International Journal of Periodontics and Restorative Dentistry* (US\$150.00/yr), *Quintessence of Dental Technology* (US\$60.00/yr).

**6) Front Line** – The regularly published newsletter of the APC. This current and timely publication is an effective way to communicate to the other members of the APC. Everything from Executive communications, articles and announcements pertaining to the organization of our profession, classified advertising and distribution of other informative and editorial matters.

**7) Saleable Products** – Looking for that hard to find official APC ball cap? Or a distinctive cast gold alloy (only a prosthodontist would say that) lapel pin to round out that next ensemble you put together for the opera? We have these and other items available.

**8) 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.

**9) Discounts with Manufacturers**

**a. ASTRA TECH CANADA** – A discount of 10% is offered on all restorative components, excluding equipment, software and Atlantis<sup>TM</sup> 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.

**b. 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).

**c. IVOCAR 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 IVOCAR VIVADENT CANADA.

**d. NOBEL BIOCARE CANADA** – Members of the APC receive a straight 10% discount.

**e. 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.

You must show proof of full **Active** level APC membership to your local ASTRA TECH, STRAUMANN or IVOCAR representative at time of order to receive these ongoing benefits. We are also currently negotiating with several other companies for similar relationships.

**10) Mailing List Distribution** – The APC regularly receives requests from other prosthodontic organizations for the membership list in order for 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.

We have a great opportunity to make the APC a strong and vital organization and voice for Prosthodontics, all it takes is you.



# THE ASSOCIATION OF PROSTHODONTISTS OF CANADA L'ASSOCIATION DES PROSTHODONTISTES DU CANADA

Membership Renewal (January 1 - December 31, 2014)

|                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                   |
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| <b>Permission to send your name and address to companies providing benefits?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                        |                    | <b>Date of Birth:</b>                                                                                                   |                                                                                                                                                                                                                                                                                                   |
| <b>Would you like your clinical practice address and phone number to appear in public search results on the APC website?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                            |                    | <b>Language Preference:</b><br>English <input type="checkbox"/> French <input type="checkbox"/>                         |                                                                                                                                                                                                                                                                                                   |
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| <b>Practice Description:</b>                                                                                                                                                                                                                                                                        |                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                   |
| <b>Codes:</b><br>N - No Codes Listed      R - Removable Partial Dentures      P - Private Practice      AF - Armed Forces<br>C - Complete Dentures      F - Fixed Partial Dentures      H - Hospital      AD - Administrative<br>I - Implants      M - Maxillofacial Prosthetics      A - Academics |                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                   |
| <b>Dental School:</b>                                                                                                                                                                                                                                                                               | <b>INSTITUTION</b> | <b>YEAR GRADUATED</b>                                                                                                   | <b>DEGREE</b>                                                                                                                                                                                                                                                                                     |
| <b>Prosthodontic Program:</b>                                                                                                                                                                                                                                                                       |                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                   |
| <b>Additional Graduate Work Institution:</b>                                                                                                                                                                                                                                                        |                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                   |
| <b>Category</b>                                                                                                                                                                                                                                                                                     | <b>Fee</b>         | <b>Renewal Status</b>                                                                                                   | Please return form with payment to:<br><br><b>APC National Office</b><br>c/o CDA<br>1815 Alta Vista Dr.<br>Ottawa, Ontario<br>K1G 3Y6<br><br>administrator@prosthodontics.ca<br>www.prosthodontics.ca<br><br>Tel: (604) 418-0278<br>Fax: (604) 263-1757<br><br><b>Thank you for your support!</b> |
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# THE ASSOCIATION OF PROSTHODONTISTS OF CANADA L'ASSOCIATION DES PROSTHODONTISTES DU CANADA

Formulaire de renouvellement de cotisation (1er janvier – 31 décembre 2014)

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| <b>Description de la pratique:</b><br><b>Codes:</b><br>N – Sans code      R - Prothèse Partielle Amovible      P – Pratique Privée      AF – Forces Armées<br>C - Prothèse complète      F - Prothèse Fixe      H - Hôpital      AD - Administration<br>I - Implants      M - Prothèse Maxillo-faciale      A - Académique |                    |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                            | <b>INSTITUTION</b> | <b>Année promue</b>                                                                                                                         | <b>Diplôme</b>                                                                                                                                                                                                                                                                                                            |
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| <b>Formation prosthodontique:</b>                                                                                                                                                                                                                                                                                          |                    |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                           |
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