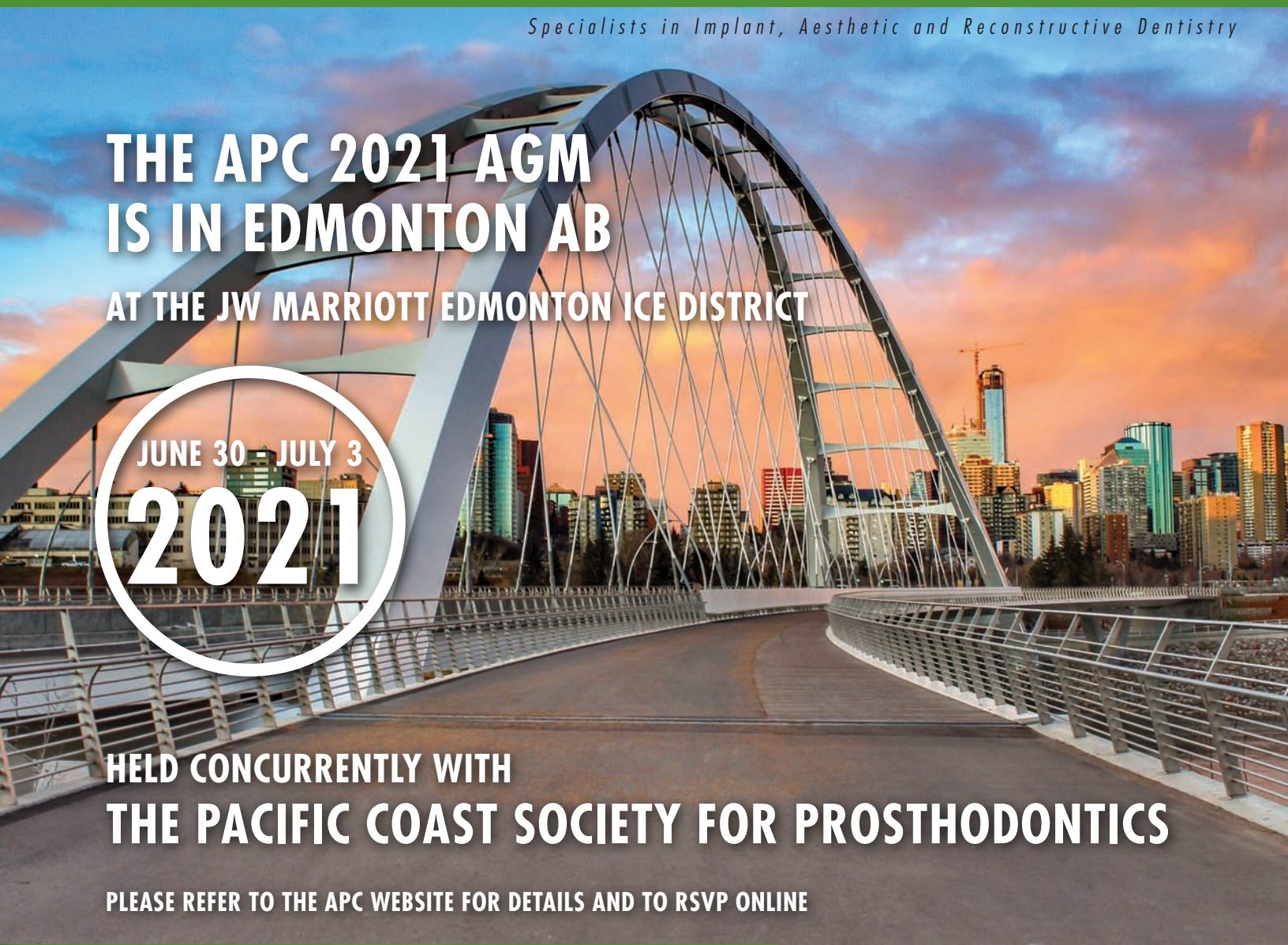
FrontLine | PremièreLigne

Winter 2020

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

Specialists in Implant, Aesthetic and Reconstructive Dentistry



THE APC 2021 AGM IS IN EDMONTON AB

AT THE JW MARRIOTT EDMONTON ICE DISTRICT

JUNE 30 - JULY 3

2021

HELD CONCURRENTLY WITH

THE PACIFIC COAST SOCIETY FOR PROSTHODONTICS

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ASSOCIATION OF PROSTHODONTISTS OF CANADA

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APC FrontLine | PremièreLigne

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National Office: c/o Canadian Dental Assoc.
1815 Alta Vista, Ottawa, Ontario K1G 3Y6

Tel.: (604) 418-0278
email: administrator@prosthodontics.ca
website: www.prosthodontics.ca

PRESIDENT'S **MESSAGE**

Dr. David Chvartszaid
President, APC

Leadership in Prosthodontics

Leadership generally encompasses setting direction, influencing others, and managing change. Early iterations of leadership education primarily focused on developing leadership skills further in a few individuals who showed early promise as it was believed that leadership qualities were innate. More recently, the leadership training paradigm shifted to acknowledging that leadership qualities are a learned skill and that all professionals have capacity to be leaders and can benefit from leadership training.

Growth of leadership education in dentistry and prosthodontics has been relatively slow, although this is changing. Traditional dental education focused on developing learners' clinical skills. However, there has been mounting recognition among educators of the importance of leadership skills in ensuring dentists' success in private clinical practice, organized dentistry, and academia. In many countries, dental leadership education is now mandated for pre-doctoral students, doctoral residents, and academic hires. In the United States, the Commission on Dental Accreditation mandates that "ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession" (Commission on Dental Accreditation, 2019). Nonetheless, limited time, funding, and institutional support are common barriers to greater implementation of pre-doctoral leadership curriculum by dental faculties.

Three international efforts have led the way in prosthodontic leadership education in recent years – Young Prosthodontic Educators (www.icp-org.com/workshopsYPE.html), Future Leaders in Prosthodontics (www.careerdesignindentistry.org/FLIP.html), and Young Maxillofacial Prosthetic Educators (www.icp-org.com/workshops_yMPE.html). Young Prosthodontic Educators (YPE) workshops are a collaboration between the International College of Prosthodontists and the Institute for Continuing Professional Development in Karlsruhe, Germany. Future Leaders in Prosthodontics (FLiP) workshops are organized by the Career Design in Dentistry, the Academy of Prosthodontics Foundation, and host universities. Young Maxillofacial Prosthetic Educators (yMPE) workshops are a collaboration between the International College of Prosthodontists, the International *Journal of Maxillofacial Prosthetics*, and the Tokyo Medical and Dental University in Tokyo, Japan. Several Canadian prosthodontists including George Zarb, Michael MacEntee, and Limor Avivi-Arber were instrumental in initiating or advancing these international endeavours.

One important area of contemporary prosthodontic research is the representation of women in leadership roles including barriers to women's professional advancement. In a series of studies published in 2020 in the Journal of Prosthetic Dentistry, Sree Koka and colleagues examined gender representation in prosthodontics and identified a significant concern. Between 2009 and 2018, only 11% of speakers were women at the annual meetings of the Academy of Prosthodontics, American Academy of Fixed Prosthodontics, American College of Prosthodontics, American Prosthodontic Society, Greater New York Academy of Prosthodontics, and Pacific Coast Society for Prosthodontics. Similarly, only 10% of presidents of the top ten international prosthodontic organizations between 2000 and 2019 were women. In fact, 40% of the leading international prosthodontic organization did not have a single female president in the last 20 years. These findings constitute compelling evidence that gender equality continues to be a pressing issue in prosthodontic organizations and meetings, and that women's voices may be being silenced through underrepresentation and barriers to advancement. Effrat Habsha has led the way among Canadian prosthodontists in recent years in promoting the unique perspectives of women dentists.

Leadership skills are equally important for prosthodontists in private practice, research, education, and administration. Leadership education is critical for prosthodontists' success in meeting the challenges of today and tomorrow. Canadian prosthodontists can continue to be proud of the contributions made by their colleagues to prosthodontic leadership in Canada and internationally. ■

Leadership en matière de prosthodontie

Le leadership consiste généralement à définir une orientation, à influencer les autres et à gérer le changement. Les premières itérations de l'éducation au leadership se sont principalement concentrées sur le développement des compétences de leadership chez quelques personnes qui se sont montrées prometteuses au début, car on pensait que les qualités de leadership étaient innées. Plus récemment, le paradigme de la formation au leadership est passé à la reconnaissance du fait que les qualités de leadership sont une compétence acquise et que tous les professionnels ont la capacité d'être des leaders et peuvent bénéficier d'une formation au leadership.

La croissance de la formation au leadership en dentisterie et en prosthodontie a été relativement lente, même si la situation est en train de changer. L'enseignement dentaire traditionnel était axé sur le développement des compétences cliniques des apprenants. Cependant, les éducateurs reconnaissent de plus en plus l'importance des compétences en leadership pour assurer le succès des dentistes dans la pratique clinique privée, la dentisterie organisée et le milieu universitaire. Dans de nombreux pays, l'enseignement des compétences de leadership en dentisterie est désormais obligatoire pour les étudiants en pré-doctorat, les résidents en doctorat et les universitaires. Aux États-Unis, la Commission on Dental Accreditation stipule que "le développement continu du corps professoral est une condition nécessaire pour améliorer l'enseignement et l'apprentis-sage, pour encourager les changements de programmes, pour améliorer la rétention et la satisfaction professionnelle du corps professoral, et pour maintenir la vitalité de la dentisterie universitaire en tant que source d'une profession savante" (Commission on Dental Accreditation, 2019). Néanmoins, le temps, le financement et le soutien institutionnel limités sont des obstacles courants à une plus grande mise en œuvre du programme de leadership pré-doctoral par les facultés dentaires.

Trois initiatives internationales ont ouvert la voie à la formation de dirigeants en prosthodontie ces dernières années : Young Prosthodontic Educators (www.icp-org.com/workshopsYPE.html), Future Leaders in Prosthodontics (www.careerdesignindentistry.org/FLIP.html) et Young Maxillofacial Prosthetic Educators (www.icp-org.com/workshops_yMPE.html). Les ateliers des Jeunes éducateurs en prosthodontie (YPE) sont une collaboration entre le Collège international des prosthodontistes et l'Institut de formation professionnelle continue de Karlsruhe, en Allemagne. Les ateliers des futurs leaders en prosthodontie (FLiP) sont organisés par le Career Design in Dentistry, la Fondation de l'Académie de prosthodontie et les universités d'accueil. Les ateliers Young Maxillofacial Prosthetic Educators (yMPE) sont une collaboration entre le Collège international des prosthodontistes, l'International *Journal of Maxillofacial Prosthetics* et l'Université médicale et dentaire de Tokyo, au Japon. Plusieurs prosthodontistes canadiens, dont George Zarb, Michael MacEntee et Limor Avivi-Arber, ont contribué à lancer ou à faire progresser ces initiatives internationales.

Un domaine important de la recherche contemporaine en prosthodontie est la représentation des femmes dans les rôles de direction, y compris les obstacles à l'avancement professionnel des femmes. Dans une série d'études publiées en 2020 dans le Journal of Prosthetic Dentistry, Sree Koka et ses collègues ont examiné la représentation des sexes en prosthodontie et ont identifié une préoccupation importante.

Entre 2009 et 2018, seuls 11 % des orateurs étaient des femmes lors des réunions annuelles de l'Académie de prosthodontie, de l'Académie américaine de prosthodontie fixe, de l'American College of Prosthodontics, de l'American Prosthodontic Society, de la Greater New York Academy of Prosthodontics et de la Pacific Coast Society for Prosthodontics. De même, seuls 10 % des présidents des dix premières organisations internationales de prosthodontie entre 2000 et 2019 étaient des femmes. En fait, 40 % des principales organisations internationales de prosthodontie n'ont pas eu une seule femme présidente au cours des 20 dernières années. Ces résultats constituent une preuve irréfutable que l'égalité des sexes continue d'être une question urgente dans les organisations et les réunions de prosthodontie, et que la voix des femmes est peut-être réduite au silence en raison de leur sous-représentation et des obstacles à leur avancement. Ces dernières années, Effrat Habsha a ouvert la voie parmi les prosthodontistes canadiens en promouvant les perspectives uniques des femmes dentistes.

Les compétences en matière de leadership sont tout aussi importantes pour les prosthodontistes en cabinet privé, dans la recherche, l'enseignement et l'administration. La formation au leadership est essentielle pour que les prosthodontistes puissent relever les défis d'aujourd'hui et de demain. Les prosthodontistes canadiens peuvent continuer à être fiers de la contribution de leurs collègues au leadership dans le domaine de la prosthodontie au Canada et dans le monde. ■

MESSAGE FROM THE **PAST PRESIDENT**

Dr. Brent Winnett
Past President, APC

Greetings from The *Frontline*, Canada. As we head into some version of a second stay-at-home order in many parts of Canada, as before, I hope you and your families are well and remain so as we weather this public health storm. It has occurred to me, repeatedly, how much we took for granted in our long-accustomed habits of socialization. How many times have we lamented the ignorant behaviour of those who, by ignorance or belligerence, refused to meet even the comparatively easy norms of pre-COVID personal hygiene?

I believe that our patients and the public in general have faith in the leadership provided by our Public Health Officers, and, by association, the Medical Profession as a whole. Our numerically small but important part in ensuring our patients' health and quality of life may often be dismissed as a part of that larger Profession, but that doesn't make it any less real. Show me a human choosing to dismiss the importance of protective hygiene and social-distancing, and I'll show you someone who fails to understand the importance of the entire system – and all its component parts – in the health and welfare of the whole. The human body, or human society – COVID has proven the analogy to be entirely too apt.

In my previous online letter, I pointed out how dramatic the juxtaposition of our current world with that of the APC Annual General Meeting in conjunction with the American Prosthodontic Society in Chicago this past February. At that time, few among us seemed to suspect what lay ahead. I do think we will enjoy similarly congenial and socially-close collegiality, again, but I am certain it will be some time before our society collectively earns the privilege of doing so. In the meantime, Dentistry appears to be largely doing what is necessary to achieve this while serving our patients' oral health needs. As Prosthodontists, we have the opportunity to lead our peers to collectively ensuring the highest standards of patient and staff protection are met. It is our moral responsibility, even as other industries are being asked or forced to shutter their businesses to stem the tide of another wave.

It has been such a privilege to represent Canadian Prosthodontists these past two years; thank you for the opportunity. I honour the efforts and dedication of the Presidents of the Association before me, and I hope my efforts to move our profession forward towards greater collaborative international engagement and recognition have served our membership well. I have said before and I will say again: 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.

As a Profession, Prosthodontists do not blithely accept the ignorant assertions of those who would prefer to define our Specialty for us. 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, daily, by working to achieve that outcome for our patients. We do this regionally and nationally by supporting the organizations working on our Profession's behalf. 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 and our political representatives. Prosthodontics will survive this challenge, as our Society will survive this challenge. Will we thrive? I believe that is up to us.

With my best regards,
Dr. Brent Winnett ■

MESSAGE DE LA **PRÉSIDENTE SORTANTE**

Dre Brent Winnett

Salutations de The *Frontline*, Canada. Alors que nous nous dirigeons vers une version d'un second ordre de séjour à domicile dans de nombreuses régions du Canada, comme auparavant, j'espère que vous et vos familles allez bien et le resterez pendant que nous traversons cette tempête de santé publique. Il m'est venu à l'esprit, à maintes reprises, à quel point nous tenions pour acquis nos habitudes de socialisation habituelles. Combien de fois avons-nous déploré le comportement ignorant de ceux qui, par ignorance ou par belligérance, ont refusé de respecter même les normes relativement faciles de l'hygiène personnelle avant la visite médicale ?

Je crois que nos patients et le public en général ont confiance dans le leadership de nos responsables de la santé publique et, par association, de la profession médicale dans son ensemble. Notre rôle géographiquement restreint mais important pour assurer la santé et la qualité de vie de nos patients peut souvent être rejeté comme faisant partie de cette profession plus large, mais cela ne le rend pas moins réel. Montrez-moi un choix humain qui consiste à rejeter l'importance de l'hygiène de protection et de la distanciation sociale, et je vous montrerai quelqu'un qui ne comprend pas l'importance de l'ensemble du

système - et de toutes ses composantes - dans la santé et le bien-être de l'ensemble. Le corps humain, ou la société humaine – COVID a prouvé que l'analogie est tout à fait appropriée.

Dans ma précédente lettre en ligne, j'ai souligné l'importance de la juxtaposition de notre monde actuel avec celui de l'assemblée générale annuelle de l'APC en conjonction avec l'American Prosthodontic Society à Chicago en février dernier. À cette époque, peu d'entre nous semblaient se douter de ce qui nous attendait. Je pense que nous bénéficierons à nouveau d'une collégialité tout aussi agréable et proche de la société, mais je suis certain qu'il faudra un certain temps avant que notre société ne gagne collectivement le privilège de le faire. En attendant, la dentisterie semble faire largement le nécessaire pour y parvenir tout en répondant aux besoins de nos patients en matière de santé bucco-dentaire. En tant que prosthodontistes, nous avons la possibilité d'amener nos pairs à veiller collectivement à ce que les normes les plus élevées de protection des patients et du personnel soient respectées. C'est notre responsabilité morale, même si d'autres industries sont invitées ou forcées de fermer leurs portes pour endiguer la vague d'une nouvelle vague.

Cela a été un tel privilège de représenter les prosthodontistes canadiens ces deux dernières années ; merci de nous avoir donné cette opportunité. J'honore les efforts et le dévouement des présidents de l'association qui m'ont précédé, et j'espère que mes efforts pour faire avancer notre profession vers un engagement et une reconnaissance internationale plus importants ont bien servi nos membres. Je l'ai déjà dit et je le répète : J'ai eu la chance de bénéficier du soutien direct d'un grand nombre 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.

En tant que profession, les prosthodontistes n'acceptent pas allègrement les affirmations ignorantes de ceux qui préféreraient définir notre spécialité pour nous. Nous nous opposons à la facilité de la médiocrité. Nous montrons par l'action que nous n'avons pas peur d'affirmer l'importance d'un niveau de soins optimal pour nos patients. Nous le faisons, chaque jour, en nous efforçant d'atteindre ce résultat pour nos patients. Nous le faisons au niveau régional et national en soutenant les organisations qui travaillent au nom de notre profession. 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 pairs et à nos représentants politiques. La prosthodontie survivra à ce défi, tout comme notre société. Pourrons-nous prospérer ? Je crois que cela dépend de nous.

Avec mes meilleures salutations,
Dr. Brent Winnett ■

APC MEMBERS INVOLVED IN RESEARCH

By Dr. Kieth E. Manning

Dr. Kieth E. Manning
Vice President, APC

All too often, we think of a prosthodontist in Canada in terms of private practitioners or educators and forget about APC members in the scientific community. In fact, we have several very highly regarded scientific researchers in the prosthodontic arena in Canada. It is time to recognize and acknowledge their efforts as representing a real strength for the Association of Prosthodontists of Canada. One example is Dr. Richard B. Price from Dalhousie University, who, in 2019, received the prestigious Peyton-Skinner award in dental materials (https://www.iadr.org/IADR/Awards/Scientific-Group-Awards/DM/Science) and who has developed extensive international collaborations with Brazil, Germany, the UK and the USA. See Google Scholar for a listing of his articles: https://scholar.google.com/citations?user=EBvKaOUAAAAJ&hl=en

The following research summary report has been provided to the *Frontline* by Dr. Price published in 2020 as a Scientific Research Report in the *International Dental Journal.*

Dr. Richard Price

The light-curing unit: An essential piece of dental equipment. Richard B. Price[1], Jack L. Ferracane[6], Reinhard Hickel[3] and Braden Sullivan[1]. https://pubmed.ncbi.nlm.nih.gov/32696512
[1]Faculty of Dentistry, Dalhousie University, Halifax, NS, Canada; [2]Department of Restorative Dentistry, Oregon Health & Science University, Portland, OR, USA; [3]Department of Conservative Dentistry and Periodontology, University Hospital, LMU, Munich, Germany.

The dental light-curing unit (LCU) and how it is used will affect the physical properties, biocompatibility and the clinical success of the light-cured dental polymer systems (resin-based composites, adhesives, orthodontic resins, luting agents, sealants, etc.) that are used in the dental office. However, there is a general lack of understanding about the differences between LCUs, how to describe the output from the LCU, and how to use the LCU in everyday dentistry. This lack of knowledge can result in the dentist delivering less overall energy or the wrong wavelengths of light to photocure the resin in the mouth. This article describes the features that dentists, researchers and manufacturers should consider when describing, purchasing and using the LCU. The article explains why the International System of Units (S.I.) terms of radiant power or radiant flux (mW), spectral radiant power (mW/nm), radiant exitance or tip irradiance (mW/cm2), and the irradiance received at the surface (also in mW/cm2) should be used to describe the output from LCU. The article shows how even small changes in the active tip diameter of the LCU will have a large effect on the radiant exitance and how the emission spectra and the consequences of distance on the irradiance delivered are not the same from all LCUs. The beam profile images show that the average irradiance value that is commonly used to describe the LCU can be very misleading. Some LCUs have 'hot spots' of high radiant exitance that far exceed the current ISO 10650 standard. Such inhomogeneity may cure the resin unevenly and may also be dangerous to soft tissues. The article also provides tips to help the dentist when purchasing and then safely using their LCU. Even the best LCU will produce poor results if it is misused.

PACIFIC COAST SOCIETY FOR PROSTHODONTICS
ANNUAL SCIENTIFIC MEETING

This innovative scientific session, hosts a master cast of diverse, global leaders in the field of Prosthodontics. Targeted for specialists, GP's, and Auxiliaries, the educational venue will be provoking, inspiring, and practical. No experience required, all levels OK. The teaching methods involve lecture only.

Registration is OPEN! 15 Hours of CE, 3 Day Program to include: digital dentistry, Interdisciplinary Treatment, Potpourri of the Most Current Prosthodontic Topics. Members with paid annual dues are free, guest dentists $695 prior to June 1 and $750 after June 1, 2021.

June 30 to July 3 2021

Annual Scientific Meeting, JW Marriott, Edmonton, Alberta, Canada

Speakers: Lyndon Cooper, Mary MacDougall, Craig Young, Michael Gunson, Kevin Lung, Frank Celenza, Jeff Rubenstein, Cheryl Cable, Steve Rosenstiel, Michael Scherer, Sree Koka, Mark Ludlow, Walaa Ahmed, Shirlene O'Russa, Brian Goodacre, Dan Cullum, Peter Moy, Joe Kan, Steve Sadowsky, Diana Rodriquez, Elena Hernandez-Kucey, Frank Tuminelli, Ben Geller, Ricardo Carvalho, Tracy Bischof, Michael Moscovitch, David Chvartszaid. Speaker disclosures and objectives are listed in the scientific program. Corporate sponsors are listed in the PCSP program.

Register before June 1, 2021 to receive registration discounts: www.pcsp.org

ADA C·E·R·P® | Continuing Education Recognition Program

Contact Dr. Rebecca Boardman for registration questions: prosgal@gmail.com

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between The American College of Prosthodontists (ACP) and the Pacific Coast Society for Prosthodontics (PCSP). ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. **ADA CERP** does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp. Continuing education credits issued for participation in the CE activity may not apply toward license renewal in all states/provinces. It is the responsibility of each participant to verify the requirements of his/her state/provincial licensing board(s).

REGISTRATION CANCELLATION: Tuition is refundable if a course is canceled by the PCSP. A $50 fee will be assessed for any cancellation. All payments by check or cash are deposited into the PCSP annual meeting account and CANNOT be refunded. "No Shows" for a course forfeit all tuition. Confirm notification of cancellation by e-mail. The PCSP Office cannot be held responsible for a non-refundable airline ticket.

LEARNING DIFFERENTLY: THE PROSTHODONTIC OLYMPICS AT DALHOUSIE UNIVERSITY

By Dr. Bob Loney

Perhaps you learned to perform dental procedures by listening to lectures or practicing them repeatedly in preclinical laboratories. These are time-honored means of transferring knowledge and skills to novices. But some individuals recall these activities as being time-consuming, boring, stressful or as simply a hoop that must be jumped through. Challenging students to learn differently can sometimes improve the efficiency of knowledge transfer and also the depth of skill development. The Prosthodontic Olympics was developed first at the University of Saskatchewan and later at Dalhousie University with this goal in mind.

Lighting of the Olympic Torch, Opening Ceremonies, Dalhousie Prosthodontic Olympics, Dr. Bob Loney

The Olympics is a half-day, fun competition devoted to helping students improve the speed and quality of their work. Although students work in teams, each student signs up for one of the five events and performs it alone, with their teammates cheering them along. Points are awarded for both speed and quality. Team totals are collated for the awarding of a grand prize. Students develop a team name (some examples: Raiders of the Lost Arch, Big Bond Theory, The Empire Strikes Plaque), costumes and posters. High-energy music from an Olympics playlist plays loudly over the cheering and revelry. Donated prizes totaling approximately $10,000 are awarded to the bronze, silver and gold medalists. Prizes include dental equipment, iPads, Bluetooth speakers, smart watches, headphones and other items. World record times are recorded for posterity.

The Prosthodontic Olympics is all about quality and efficiency coming together. Students spend a half day practicing with a faculty mentor a week before the event, learning tips and tricks and running heats to get the sense of the competition prior to practicing on their own for the week. The rules are clear that only 'acceptable' products are eligible for points, with the maximum score for quality (10) being higher than that for speed (9). In the event of a tie, the student with the highest score for quality receives the medal. It is not unusual for the fastest student to produce the best quality performance. And the times that students record for the events are truly astonishing (see world record times)!

Using a game like the Prosthodontic Olympics for learning turns the act of practicing on its head. Instead of student's grumbling about how many repetitions they must perform, we find that frequently students ask for more materials to practice with. Working in teams brings students together. Working with a faculty mentor

Competitors, sponsors and judges at the 23rd Dalhousie Prosthodontic Olympics, January 2020

Members of 'Super Perio Brothers' team compete in the 2020 alginate impressions event

turns the instructor into a 'friend and helper' instead of a gate keeper. Students frequently learn important skills just from watching and cheering on their classmates as they perform procedures during the Olympics. Students often report that they feel more confident about their psychomotor skills after they have completed the competition. And above all, most students relate that the Prosthodontic Olympics is an extremely fun way to learn. Two comments from former students over the years illustrate it's impact: "The Olympics taught me new techniques while observing teammates and teamwork since we typically work individually. Many of the upper year students report it is the highlight of dental school." "The Olympics was a line in the sand for us. For the first time, more was expected of us in terms of speed. We were being prepared for private practice."

The Prosthodontic Olympics is an example of using a novel teaching tool to engage students and help them enjoy the learning process. Students still need and want traditional means of gaining skills and knowledge. But especially now, in our COVID times, perhaps it is time to develop more ways to expand our pedagogical toolbox and help students learn differently.

Prosthodontic Olympics World Record Times (Maximum Total Points = 19):
Maxillary and Mandibular Alginate Impressions: 1min, 13sec, **19 points, (2000)**
Boxing Final Complete Denture Impression: 23sec, **19 points, (2015)**
Rubber Dam: 42 sec, **13 points, (2016)**
Crown Prep: 3min 46 sec, **18 points, (2019)**
Provisional Restoration: 3min 40 sec, **17 points, (2016)**

For more information, competition rules, photos and videos about the Prosthodontic Olympics, visit Dr. Loney's website at: http://removpros.dentistry.dal.ca/Olympics.html ■

AMERICAN COLLEGE OF PROSTHODONTICS

NATIONAL PROSTHODONTICS AWARENESS WEEK
April 19–25, 2020

By Dr. Elaine Torres-Melendez

This year's American College of Prosthodontists' celebration of National Prosthodontics Awareness Week took place April 19-25, in the midst of the COVID-19 pandemic. Though it may have looked different than in the past, the celebration and awareness was bigger than ever. As a committee we had plans for new initiatives, and a lot of the "typical" NPAW activities like lunch and learns, study club meetings, open houses, and talks at dental schools and senior homes.

Like all of you reading this, when the COVID-19 pandemic became our new reality, our plans had to change! Building on the momentum of a very successful NPAW 2019, the NPAW committee decided to embrace the digital world for NPAW 2020. Members shared 'NPAW Facts' highlighting different aspects of the specialty and original posts on social media, an interactive FAQ was created for patients and referring dentists, articles were shared from the Journal of Prosthodontics, and official proclamations recognizing NPAW were made in cities and states across the U.S.

For me, the highlight of the week was the numerous virtual lectures organized by enthusiastic prosthodontists across the country, and the world. The lectures were well received, with many dental students who are undecided about specialty training asking follow-up questions and inquiring about the specialty of prosthodontics. The enthusiasm generated was impressive and the week of April 19-25 was abuzz with social media posts and positive, informative exchanges centered around raising awareness and understanding of prosthodontics.

Thanks are extended to all the ACP members and Central Office staff who made NPAW 2020 a victory. I am especially thankful for the energy and perseverance of those members of the NPAW committee that were so invested in making our celebration a success. When the going got tough, we got going.

We look forward to celebrating with everyone again in 2021! ■

RCDC DIRECTOR REPORT

By Dr. John P. Zarb

Dr. John P. Zarb

The past year has been as challenging for The Royal College of Dentists of Canada (RCDC, the College) as it has been for all other businesses and institutions around the world. Health concerns and physical distancing guidelines have brought many changes to everyday life and RCDC has not been exempt. In spite of all of these often unpredictable constraints, RCDC was able to undertake a number of initiatives just prior to, and during the pandemic.

Strategic Plan 2020–2023
In November 2019, the members of the Board of Directors and RCDC staff met offsite for an intense strategic planning session. The productive session resulted in the creation of a three-year strategic plan. The plan clearly defines the priorities to be implemented in order to fulfil the College's vision and mission.

The cornerstone of RCDCs strategic growth and development is the administration of a Fellowship Examination and the expansion of the membership program. The Board of Directors believes that the strategic plan will guide RCDC to navigate this new phase of its history.

Fellowship Examination
Immediately following the strategic planning session, the Board of Directors of the RCDC made the commitment to administer a Fellowship Examination in June 2020. This examination would be open to applicants from accredited programs and its successful completion would be one of the requirements to obtain the FRCD(C) designation.

The College is guided by, and has continued to closely monitor, recommendations and guidelines developed by Health Canada and other public health agencies throughout the COVID-19 global pandemic. After thorough deliberations, and with the health and safety of the candidates and Examiners at the top of mind, the decision was made to first postpone the June 2020 administration of the Fellowship Examination to Fall 2020. The Board of Directors then decided to further postpone the Examination to 2021.

I am happy to announce that Dr. Igor Pesun is the new Chief Examiner for Prosthodontics. This announcement was made at the RCDC virtual AGM on September 12, 2020.

Provisional Fellowship Designation
The Board was acutely aware of the professional significance of the Fellowship designation. It is for this reason that the Board has made the extraordinary decision to grant a one-time Provisional Fellowship status to all eligible current and prospective candidates, contingent on their participation at the Fellowship Examination in 2021. RCDC believes this step will provide the means for eligible candidates to benefit from Fellowship and affiliation with RCDC at a time when COVID-19 has interrupted the usual process.

National Dental Specialty Examination
This year also saw RCDC fulfil its agreement to assist the National Dental Examining Board of Canada (NDEB) to develop examination content for the National Dental Specialty Examination (NDSE) during the transition of the administration of NDSE from RCDC to the NDEB. RCDC is committed to the collegial agreement between the two organizations to ensure the continued evaluation of accredited dental specialists.

The Royal Colleges of Dentists of Canada connects dental specialists across the country and around the world. Since the 1960s our members have supported and grown the profession of dental specialists, linking best practices with an examination process resulting in 2,500 Fellows worldwide.

Respectfully submitted,
Dr. John P. Zarb ■

NEW STUDENT MEMBERS

Dr. Steve Chang – University of Toronto
Dr. Noura Al Tayan – The University of British Columbia
Dr. Faisal Al Assadi – The University of British Columbia
Dr. Mahmood Abu Raja – University of Toronto
Dr. Cui Cui – University of Toronto
Dr. Wael Zakkour - Louisiana State University Health Sciences Center School of Dentistry

NEWS FROM THE UNIVERSITY OF **BRITISH COLUMBIA**

By Dr. Chris Wyatt

Graduate Prosthodontics Program Update

2020 has been a year like no other, the UBC Graduate Prosthodontics Program celebrated our tenth year by welcoming two new students this September via ZOOM!

Our Program was hit hard early on in the COVID-19 Pandemic, with the majority of our students, staff, and faculty attending the Pacific Dental Conference (March 5-7), which resulted in all of us being advised to stay home for two weeks. Before our home confinement was up, the University shut down all on-campus educational activities.

On March 16th, we shut down all graduate student clinics, started providing tele-dentistry, and triaged patients with urgent needs. Only the program directors provided emergency care with the help of our hospital-based General Practice Residents. After the Provincial Health Officer lifted restrictions on practicing dentistry, we created new clinical protocols, and acquired the appropriate PPE, which allowed us to restart seeing patients for clinical care in the first week of July. Since then, all our students pair up to deliver prosthodontic care which improves efficiency and minimizes the risk of spreading COVID-19 by reducing the number of people in the clinic. We had a significant backlog of dental care to complete, and are only now starting to see new patients. The nature of the prosthodontic care is no different from before the pandemic, ranging from implant treatment planning, intraoral digital scanning, fabrication of CAD/CAM restorations, to delivery of fixed and removable prostheses. We restarted our clinical rotations within two Long-Term Care hospitals in September; and will restart our maxillofacial clinical rotations at the BC Cancer Agency starting in January.

All seminars, lectures, meetings were moved to online platforms. This was a steep learning curve for faculty and students alike, but our computer technology support team helped us all connect securely, upgrade faculty members' home computers to remotely connect to both UBC servers and our on-campus computers, and even safely restart all the computers at UBC after a power outage.

The students have been continuing with case presentations and now consult with individual faculty for approval of treatment plans using ZOOM. We could not have accomplished this without digital technology from our intraoral scans, online access to CBCT, and access to the patients' electronic records. Ten years ago, this would not have been possible, and we would likely have had to close the program for the year, or possibly forever!

The COVID-19 Pandemic has been tough on us all, but together the faculty, staff, and our graduate students have stepped up to continue with our specialty education, graduate research, and most importantly provide much needed care for our patients. ■

NEWS FROM **THE UNIVERSITY OF MANITOBA**

By Dr. Igor Pesun

Dr. Igor Pesun

The University of Manitoba, Rady Faculty of Health Sciences, Dr Gerald Niznick College of Dentistry, Graduate Program in Prosthodontics is now in its third year of operation with four residents. We just completed our interview for 2 residents for the incoming 2021 class. To select from the 22 applicants was a difficult task. The program will expand to 5 residents next year.

The COVID-19 pandemic presented unique challenges in the dentistry community, and we responded by closing the College due to the opening wave in March. Although the College had to close in March, we reopened in August with pandemic safety measures in place, thanks to the diligent and hard work of our team. We are very fortunate that our four operatories are individual closed rooms, and the college's infection prevention and control protocol, and personal protective equipment standards go beyond what is mandated by the Manitoba Dental Association to ensure safety for our patients, residents, faculty, and staff. Dean Anastasia Kelekis-Cholakis procured air filtration units to be used for all aerosol generating procedures to keep everyone safe.

Our program is privileged to continue with three prosthodontists from private practice to support the teaching of our residents: Drs. Marshall Hoffer, Jack Lipkin and Jose Viquez. Their extensive clinical experience enriches the program and provides exposure to alternate clinical treatment methodologies. The program will begin a search for an additional maxillofacial prosthodontist faculty member this spring. Please let anyone who might have an interest to keep their eyes open for the announcement seeking applicants. New graduates are encouraged to apply.

The program 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 Sky Bio implant planning software, Cerec and PlanScan Scanners with the appropriate software to undertake digital design and manufacturing of restorations. We expanded our digital footprint last year with the procurement of a 3D printer. We are looking forward to incorporating it into our patient care.

The Graduate Prosthodontic program is putting together a committee to begin a fundraising campaign for a major renovation of the clinic, with the goal of increasing our capacity to treat patients in six operatories, provide a private meeting and consultation room for patients, and increase lab space for our residents. 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 patients and prosthodontic residents. To make a contribution, please visit us online at http://give.umanitoba.ca/LorneEdgarMcLachlanCharitableTrust ■

NEWS FROM **ATLANTIC CANADA**

By Dr. Richard Price, President, Atlantic Prosthodontic Society

It is with regret that I must write that one of our Nova Scotian Prosthodontists, Dr. Bob Hoar, passed away recently. After graduating from the Dalhousie Faculty of Dentistry in 1962, he established a general dental practice in Dartmouth and later, in Musquodoboit Harbour. During this time, he taught as a part-time instructor. Bob then left for Texas where he undertook his combined prosthodontics/maxillofacial prosthodontics specialty training at MD Anderson Cancer Centre. Bob returned to Dalhousie as a full time faculty member with a staff appointment at the Victoria General Hospital. Bob was the first practitioner in Atlantic Canada to have completed graduate education in maxillofacial prosthodontics. He was loved by colleagues, students, and patients alike.

COVID-19 has impacted the lives of so many, and it has of course limited all our interactions in 2020. Still our offices are open, and we do our best to provide the residents of the Atlantic provinces with the Prosthodontic care that they require. Something that I have noticed in my practice is the presence of many more cracked teeth, possibly associated with increased stress levels.

So far, the Atlantic provinces have seen relatively few cases of COVID-19 compared to the rest of Canada and students at Dalhousie University continue to see patients every day.

One of our prosthodontists, Dr. Pierre-Luc Michaud with be spending a sabbatical from Dalhousie starting in July 2021 at the University of Texas MD Anderson Cancer Center where he will be attending a year-long fellowship in maxillofacial prosthodontics.

NEWS FROM AMERICAN COLLEGE OF PROSTHODONTICS

By Dr. Charlene. S Solomon

A common thread of discussions and reports from current and past presidents of the Association of Prosthodontists of Canada (APC) and other international prosthodontic professional organizations is the need for a greater awareness and visibility of the specialty of prosthodontics. This strategy supports a greater overarching goal of improving communication and collaboration across the broader dental clinical platform, and the community as a whole.

We recognize the importance and significant efforts of the APC to represent the Canadian Prosthodontist in multiple spheres of our profession. The APC has taken the initiative to support and encourage a culture of enhanced communication and engagement through its ongoing webinar-based CE courses and open communications with all Canadian prosthodontists. These initiatives creates a foundational platform for all current and future APC members to further connect and enhance our efforts and communications to promote our specialty beyond the dental community.

Epidemiological and consensus data shows that Canada's population has been aging for 40 years. We have reached a milestone in the history of Canada where our seniors (aged 65 and older) outnumber our children aged 0-14 years with the gap continuing to widen (Statistics Canada, 2018). The aging population is a global phenomenon and an associated oral trend is the decrease in complete edentulism. This translates into more complex fixed-removable treatment needs for our aging cohort of patients who will greatly benefit from comprehensive and collaborative treatment approaches. Despite an overlap of dental service provision with other dental professionals, the scope and depth of diagnostics, comprehensive care and treatment options are often not fully grasped by our dental colleagues and the community.

As a member of the ACP NPAW (American College of Prosthodontics, National Prosthodontics Awareness Week) Committee, I have observed a passion and drive amongst prosthodontic clinicians and academia to advocate for and promote our specialty. Prosthodontics is still poorly understood. An NPAW social media post for the 2019 National Prosthodontics Weeks read: "if I had a nickel for every time I was asked what is a prosthodontist?" Many can identify with this sentiment. In 2019, as part of the NPAW initiative, Dr. Samantha Rawdin went on to the streets of New York, randomly asking people if they knew what a prosthodontist is. Two of the eight interviewees could accurately and confidently say what this profession is. We recognize we have work to do to promote awareness of the skills of and services provided by our specialty.

Prosthodontists take the lead in implementing innovative technologies, supporting research and education to provide best evidence-based treatment strategies. Our profession is constantly shifting the boundaries of what is possible; we change the status quo, and we are best trained to confidently do so. These strengths should be celebrated and (continually) shared with our colleagues, our community, and our current and future members. A celebration of what we do and what we have to offer can only benefit the profession and the larger community. A greater public awareness of the scope of prosthodontic treatment and the skills and credentials of our specialty will serve our community well. Let us be creative in our efforts to work together as APC members and Canadian prosthodontists to advocate for and promote this amazing profession and all it has to offer. ■

CONNECTING THE DOTS IN THE ERA OF COVID-19

By Dr. Majd Al Mardini

Dr. Majd Al Mardini

My fellow dentists, I hope this article finds you and those around you safe and healthy. These are challenging times, and my thoughts are with you as we navigate these uncharted waters. I would like to share with you a few of my thoughts on how the practice of prosthodontics will be affected moving forward. Initially, I was asked to write an article describing a maxillofacial prosthodontics technique, or show off an interesting case, or review a noteworthy article – but in this unprecedented period where physical distancing is becoming the custom, and where fear and avoidance of many things are growing stronger, I wanted to take this opportunity to present you with a few ideas that I think are important.

Optimism and a light at the end of the tunnel:

According to the Merriam-Webster dictionary, "a light at the end of the tunnel" is a reason to believe that a bad situation will end soon or that a long and difficult job will be finished soon.

We are living in tough times: many of us – our families, our team members, and our patients – are struggling to stay optimistic. The present pandemic, the insecurity of our jobs, the magnitude of our financial obligations and the tension that puts on relationships at home, the back-to-work guidelines, and the anxiety that only few of us have gripped have given us a reason to be pessimistic – but that does not mean we should. Research has found that seeing the glass half full not only makes you happier, it also makes you healthier and wealthier[1]. A study by psychologist Susan Segerstrom found that ten years after graduation, law students who were optimistic earned an average of $32,667 more than their glass-half-empty peers. The point is, optimism creates opportunity and pessimism kills it.

Some changes in the dental landscape:

Patient behaviour and our practices are not going to be the same moving forward. Following the declaration of the pandemic, most dental practices suspended elective and non-emergency dental treatment and started providing only emergency dental services for acute toothaches, dental trauma, oral and maxillofacial trauma, and cellulitis and abscess lesions[2]. The usual face-to-face non-emergency dental services were canceled and replaced by remote or tele-dentistry. For example, following the outbreak in China, sixty-nine percent of the hospitals in China began to offer free online professional consultations to determine whether an oral condition required emergency treatment. They also provided free home oral care guidance[2]. This represents a dramatic shift in the provision of hospital care.

Similarly, in a recent article by Guo et al[3]. from Beijing, China, the authors wanted to assess the influence of the epidemic on the people's utilization of emergency dental services. There were 2,537 patients involved in this study. Thirty-eight percent fewer patients visited the dental emergency at the beginning of the COVID-19 epidemic than before. The authors speculated that this was due to fear of contracting the virus. The distribution of dental problems has also changed significantly. The proportion of dental and oral infection increased from 51.0% of pre-COVID-19 to 71.9% during COVID-19, and dental trauma decreased from 14.2% to 10.5% likely due to stay-home orders and physical distancing. Meanwhile, the non-urgent cases decreased by 70% from pre-COVID-19 levels[3]. The study illustrates that COVID-19 epidemic had a strong influence on the utilization of emergency dental services. The results strongly suggest that COVID-19 significantly influenced people's dental care-seeking behavior.

Furthermore, Yu et al[4]. observed a significant increase in endodontically related emergencies in a COVID-19 high risk area. The verbal numerical rating scale (VNRS) was used to record pain levels and VNRS was significantly higher for these patients. In conclusion, patients, despite their anxiety during the pandemic outbreak, had to seek emergency treatment due to pain and the psychological stress they suffered. As clinicians, we should focus not only on the dental treatment but also on patient's psychological status during this public health crisis.

This increase in dental infections is translating into an increase in endodontically related emergency and ultimately, more teeth

receiving endodontic treatment as a result. As clinicians, we will need to assess the strength of these teeth at a future point of time, and consider their full-coverage restoration. Reeh et al[5] evaluated the cuspal stiffness, as a measure of tooth strength, and concluded that endodontic procedures by themselves have only a small effect on the strength of the tooth, reducing the relative stiffness by 5%. This was less than that of an occlusal cavity preparation (20%) alone. However, they also showed that the largest losses in stiffness were related to the loss of marginal ridge integrity, with MOD cavity preparations causing an average of a 63% loss in relative cuspal stiffness. Since many of the teeth receiving endodontic treatment have been reduced by more than only the access cavity preparation, we should expect that an increase in endodontic infections will lead directly to a greater need for full cuspal coverage restorations. These factors should be considered when assessing endodontically treated teeth.

This has been demonstrated by Sorensen and Martinoff[6], who showed that the rate of clinical success was significantly improved with coronal coverage of maxillary and mandibular premolars and molars following endodontic treatment after examining 1273 endodontically treated teeth compared to teeth that had no coronal coverage.

The new guidelines:

While some of us are still mulling the finalized edition of state, provincial or national guidelines for return-to practice, lots of us have these guidelines already in place, and have started seeing patients for elective dental care. In some jurisdictions, the same office may have to follow more than one return-to-practice guideline to operate; for example, an office in Ontario that offers dental hygiene services will have to follow the guidelines to treat a patient in the same office differently according to the type of procedure or provider needed. This can cause patient confusion and issues with trust. At a minimum, as clinicians, we need to follow an evidence-based approach meeting at least the suggested guidelines. Good patient management, though, requires more: excellent communication. As professionals we do care about the patient's well-being – but we also are responsible for the wellbeing of ourselves, our team members, and our community. This message needs to be loud and clear to cement our patients' and our communities' trust in our profession and reassure them we offer safe dental treatment.

Summary:

The intent of this paper is to show that there will be a lasting impact from this pandemic on us, our team members, our patients and the way we will be providing dental treatment. There are lots of reasons to be pessimistic, but we should try and adapt to the new reality – being an optimist is good for our health. We have spent the last few decades advocating for oral care and oral health and trying to shed light on the connections between oral health and the overall well-being of our patients. We are now faced with paradigm shifts that will set our profession back if we do not take action. There has been a shift from the comprehensive treatment paradigm where we:

- **Educate the patient**
- **Enroll the patient in a re-care program**
- **Eliminate all the hopeless teeth**
- **Restore the remaining teeth**
- **Replace the missing teeth**
- **Recall the patient for ongoing maintenance**

Distressingly, this has recently become a "find the most offending tooth and treat it" mentality when the patient presents for emergency treatment. Meeting the return-to-work guidelines is a small hurdle compared to the problem we face with this paradigm shift treatment seeking behavior. The recent treatment of oral health as a non-essential service has started to undermine decades of hard work invested in educating the public about the importance of dental medicine in overall health and quality of life. We will need to focus not only on the immediate dental treatment but also on patient's psychological status and the need to re-educate the patient to the importance of oral health moving forward. Quoting Ernest Hemingway's For Whom the Bell Tolls, "Today is only one day in all the days that will ever be. But what will happen in all the other days that ever come can depend on what you do today". ■

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NOTE: THE APC 2021 AGM (COVID PERMITTING) WILL BE HELD IN CONJUNCTION WITH PCSP IN EDMONTON (JUNE 30 - JULY 3, 2021)

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).

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: 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.

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

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

Membership Renewal (January 1 - December 31, 2021)
Formulaire de renouvellement de cotisation (1er janvier – 31 décembre 2021)

First & Last Name / Prénom et nom de famille:

Permission to send your name and address to companies providing benefits?
Accordez-vous l'autorisation d'envoyer votre nom aux compagnies fournissant des avantages?
❑ Yes / Oui ❑ No / Non

Would you like your clinical practice address and phone number to appear in public search results on the APC website?
Voulez-vous afficher votre adresse de pratique et numéro de téléphone afin qu'elle soit disponible au public sur le site web de l'APC?
❑ Yes / Oui ❑ No / Non

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Late fee: After January 31, 2021, please add $25 (renewals only) / Après 31 janvier 2021 (renouvellements seulement)	$25	❑

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Thank you for your support!
Merci pour votre soutien!

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I consent to the APC collecting the information contained in this form and using it for APC purposes

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