

Challenging Our Membership

It is hard to believe that another summer is drawing to a close. Hopefully you have all taken an opportunity to enjoy some rest and relaxation with family and friends. It seems like only a short time ago that our annual AGM was held in Baddeck at the picturesque Inverary Inn Resort. Some of the highlights included a surf and turf night with great entertainment, the return of the trade show, a lively business meeting and the annual Honours and Awards ceremony. Completing the weekend was a wine pairing with gourmet appetizers at the scenic Bell Museum. By all accounts the members in attendance thoroughly enjoyed themselves. If you are thinking, I should have been there, you are right, but now is the time to start thinking about next year where the location is equally as stunning. Join us June 13-14 2014 at the newly rebuilt White Point Beach Resort where Dr. Tom Raddall and his committee are starting to plan for a weekend that is sure to be remembered.

While the turnout at our annual meeting was quite respectable, we would welcome a greater participation from the members at large, particularly those that are new to our profession. We as an association realize that

we need to find ways to engage our younger practitioners. We need to show them that participating in our association is worthwhile, and beneficial. This starts by encouraging attendance at our annual meetings.

I became involved in organized dentistry near the beginning of my career attending my first Cape Breton Island Society meeting in the early nineties. I remember when I first moved to Glace Bay, Dr Gerald Turner, a past NSDA president, wrote me a letter (yes a letter, not an email) encouraging me to get involved with organized dentistry. He said the profession can be very difficult at times and it's helpful to see others face the same issues and challenges as you do in your own practice. I wisely took his advice and have been grateful of all experiences that have followed.

For this reason, we are challenging our membership to provide suggestions as to how best to introduce a younger generation to the workings of the NSDA. This could include such things as sponsoring a recent grad or student dentist to attend our annual meeting or encouraging a new dentist to participate in your regional society meeting. By doing so,



Dr. Stuart MacDonald, NSDA President

this will allow new members a chance to have their voice heard and will provide new ideas for the association as we move forward. Whatever suggestions you may have, we would like to hear from you. If you are interested in doing so and strengthening our membership, please contact Eliot Coles by email (yes an email, not letter) at ecolesnsda@eastlink.ca.

When you look up the definition of an association this is what you will find "It is a group of people who voluntarily come together to solve common problems, meet common needs, accomplish common goals" To achieve these goals we need input. Whether you are a recent grad or nearing the end of your career, your opinions matter. One of my goals this year as president is to increase participation by members in the NSDA. I am looking to the active membership to assist me in this endeavour. As I have

often heard said, "If you don't know what you are missing, you don't know what you are missing." During the next year I hope to see some new faces in our working groups, at the regional meetings and at White Point Beach Resort. Save the date.

Dr. Stuart MacDonald, President
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Presidential Profile

Dr. Stuart A. MacDonald

Home town:

Glace Bay, Cape Breton

Undergraduate Degree:

Acadia University

Dalhousie Dental School:

Class of 1991

Past NSDA Involvement:

Professional Development
Committee
Economics and Research
Committee

Guilty Pleasure:

Lifelong Montreal Canadians
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Executive Director's Message

Hot off the Press

Government activity

As you are no doubt aware, the government of Nova Scotia has just announced plans to improve children's oral health in Nova Scotia by expanding the dental surgery program at the IWK and hiring a provincial Chief Dental Officer - two initiatives that the NSDA has lobbied for, in letters to the Minister of Health & Wellness, and via meetings with the opposition party health critics. The announced expansion at the IWK will increase capacity for children's oral surgery from 700 surgeries per year to 1300, and in so doing hopefully begin to reduce wait times at the hospital. It is hoped the Chief Dental Officer, while tasked with promoting children's oral health, will also help advance the access to care initiatives aimed at seniors. These are important outcomes identified by the NSDA's Governing Council.

While these are positive signs for the association's activities with government, we remain in a holding pattern awaiting the official go-ahead for new tariff negotiations, and administrative issues with the MSI COHP continue to aggravate. As we manage to get answers from the government on some of the program's administrative issues, new ones appear.

Three steps forward, and sometimes one or two back.

Economic issues

In July, the NSDA participated in the annual meeting of the dental economic consortium with RKH and Associates and our sister partners. The meetings were extremely productive, and we are excited that new dental practice e-tools will soon be available on the new NSDA website to aid with the efficiencies of dental practice management.

A busy year ahead

September for the NSDA always arrives like the New Year, with volunteers beginning to gather in committees and working groups to sort out their assigned outcomes and develop work plans to accomplish everything on their respective plates. This year is an extremely busy one, with 16 committees and working groups set to tackle a list of 54 outcomes designed to further the NSDA's aims and objectives as set in our strategic plan. Volunteers shoulder this workload, and occasionally a few more willing bodies with sharp minds are required. If you hear the call, please consider giving a little of your time.



Steve Jennex, Executive Director

Websites and guidelines documents

At the risk of repeating myself from past magazine columns, I will advise that the new NSDA member website is nearing its official launch. Perhaps by the time you receive this, you will have already been provided with your individual username and password that will enable you to check out all the great new features of the site. If not, these will be sent to you as soon as the final product testing is complete. It's a complicated affair that requires the website to "talk" with our member database, and working out the final bugs has proven to be time-consuming.

One final suggested amendment to the new NSDA Infection Prevention and Control guidelines document has slowed its approval until the early autumn, but we anticipate getting this much-anticipated booklet into everyone's hands soon. Kudos go out to Dr. Peter Thomson and his Clinical

Affairs Committee for the many hours of research and revision they have endured getting this document complete.

Annual Meeting Thanks

The last edition of your magazine, Nova Scotia Dentist, had a few photos and the list of award winners from the June AGM in Baddeck, N.S. What it did not contain was a huge thank you to the local organizing committee – Drs. Shelly Anderson, Ray McGrath, and Stuart G. MacDonald – who arranged for everything from the menus at the Inverary Inn to the entertainment at the Alexander Graham Bell Museum where the President's Wine Pairings Gala was such a hit with everyone. With the NSDA staff here in Halifax, our “eyes and ears” for the AGM venues outside the metro area is the local organizing committee. The meeting is easy enough for us to organize, but the fun stuff – the seafood dinners, fiddlers and singers, leisure activity and all the things that round out the meeting – these are what the local committee arranges. We owe them our thanks.

Steve Jennex
Executive Director

Going Back To College



It likely comes as no surprise the 18-34 year old male demographic is often referred to as the indestructible age when it comes to oral health care. Many who fall into this category have spread their wings and left the safety and security of the nest, let alone the convenience of having appointments scheduled and bills paid. As someone who falls into this category myself, it wasn't until assuming a position with the NSDA that I began to think I wasn't invincible after all.

Years later, it won't be until a new woman enters their life and forces them off the couch and into the dental chair that they begin taking their oral health seriously once again. So how do we combat this cohort of student-aged dreamers, who are destined for oral health nightmares? And how does their typical lifestyle differ from you and I?

The Australian Dental Association thinks they may have a solution – The Young Person's Oral Survival Guide.

Available to download for free:

<http://www.dentalhealthweek.com.au/>

Whether you have children or your own headed to university, or see many students in your own practice – a hangover is the least of many of these young party animals concerns. Education and awareness may just be the key to getting A+ exams in the classroom and the dental office.

Topics include:

- Alcohol & binge drinking
- Sports and energy drinks
- Smoking
- Prescription and non-prescription drugs
- Oral sex
- Oral piercing

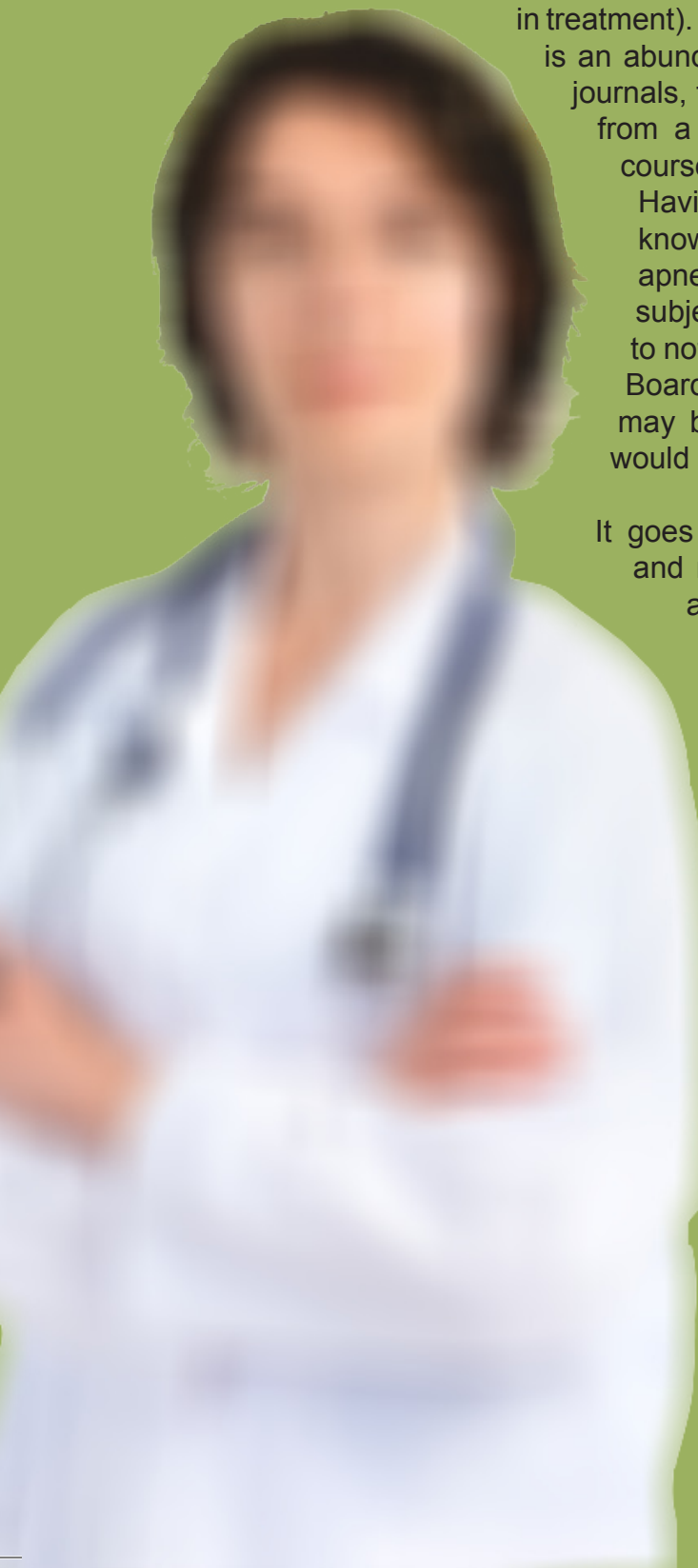
And everything in between!

Eliot Coles
Communications Manager

Clinical Affairs with Dr. Terry Ackles

Blurred Lines???

Dentistry and the Management of Sleep Disordered Breathing



During the Interactive Session at the NSDA's Annual General Meeting in Baddeck members were asked to list what they perceived as "Hot Topics" in dentistry. One of the many topics identified was Sleep Apnea (and the role of the dentist in treatment). It is easy to understand why this was considered "hot" – there is an abundance of articles published regularly in dental and medical journals, there are position papers, guidelines and recommendations from a number of organizations and even continuing education courses (including on-line) offered by "specialists" in the field. Having received a number of calls from members wanting to know what treatment they could provide for patients with sleep apnea and not having a strong educational background on the subject, I decided to dig a little deeper. By the way, it's important to note our scope of practice is regulated by the Provincial Dental Board of Nova Scotia not the Dental Association. The Association may be able to provide information and advice but, the Board would be the voice of authority on the matter. But I digress.

It goes without saying that dentists are knowledgeable of head and neck anatomy and are well-trained to treat conditions that arise, especially in and around the oral cavity. Dentists are also educated and experienced in the design, fabrication and use of oral appliances for minor tooth movement, for treatment of myofascial pain or temporomandibular joint pain, etc. By extension, it seems obvious that dentists would design, fabricate and provide oral appliances to patients complaining (or their partners!) of snoring. But what if it's not just snoring? What if the appliance you delivered to the patient was not appropriate for the condition? What if you suspect the patient has a bruxism habit as well or, he/she suffers from something more serious like obstructive sleep apnea (OSA)? Who makes the diagnosis? Who determines which diagnostic tests are necessary for the proper diagnosis? Who monitors the patient's symptoms and determines if the condition is being properly managed? The dentists who have been "properly trained" and are "competent" to treat patients with sleep disordered breathing conditions already know the answers but, for the rest of us, there are no current regulations nor is there an established standard of care to guide us.

The College of Dental Surgeons of British Columbia has

developed a Draft Sleep Apnea Guideline (1) for its Board of Directors to consider for approval, as early as the end of this calendar year. The evidence-based Guideline should be beneficial to dentists in understanding their role in the treatment of snoring and obstructive sleep apnea. In June of this year, JCDA Oasis discussions (2) asked the question “What is my role as a dentist in managing patients with obstructive sleep apnea syndrome?” The post was a summary of the Canadian Sleep Society’s Position Paper (3) on the topic and included comments and feedback on the posting by members.

The Guidelines and Position Paper contain detail and specifics on management but, very briefly, they suggest a team approach to treating patients including physicians, dentists and technologists. **Physicians trained in sleep medicine should be responsible for the diagnosis** due to the increased risk of morbidity associated with OSA. The first choice of treatment for patients suffering from severe OSA is Continuous Positive Air Pressure, or C-PAP. For those unable to tolerate C-PAP or for those patients with minor-moderate conditions, Oral Appliances (OA) may be used as an alternative method of treatment. However, one size (by that I mean design) does not fit all and consultation between the health care providers may be necessary to prescribe the appropriate appliance for the patient. Informed consent covering the potential side effects of wearing oral appliances should be obtained prior to fabricating any OA. Monitoring and follow-up with the team is necessary to ensure proper patient management.

The dentist’s role however is not limited to making and delivering oral appliances to patients. As part of a team, a trained sleep dentist will be able to screen patients who are unaware they suffer from sleep disordered breathing conditions or they will recognize when a patient’s treatment has not been effective, allowing them to refer the patient for evaluation/reevaluation.

Aside from C-PAP and OA’s, there are other treatment options available for patients such as

uvulopalatopharyngoplasty (UPPP) but, this is a procedure better left in the skilled hands of our oral and maxillofacial surgery colleagues!

If you are interested in learning more on the subject from a panel of experts, including NSDA member Dr. Reginald Goodday, then you should plan to attend the Canadian Sleep Society’s Scientific Meeting being held at the Halifax Marriott Harbourfront Hotel from October 4-6, 2013. The role of dentistry in managing patients with obstructive sleep apnea is one of the many topics to be discussed. Check out their website for more details and for registration information: www.canadiansleepsociety.ca

References:

1. CDSBC’s Draft Sleep Apnea Guideline.
www.cdsbc.org/sleep-apnea-guideline-for-public-consultation/
2. JCDA Oasis. *What is my role as a dentist I managing patients with obstructive sleep apnea syndrome?*
3. www.oasisdiscussions.ca/2013/06/18/sa-2/

Canadian Sleep Society’s Position Paper (on the role of different health care professionals in managing obstructive sleep apnea and snoring with oral appliances) Download a free copy from their website for personal use, under Publications, Position Papers and Guidelines

www.canadiansleepsociety.ca

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Living Healthy Magazine – Your Oral Health



With the first edition of “Your Oral Health” – a dedicated 16-page oral health section of “Living Healthy Magazine” just around the corner, we thought we would give you a sneak peak at what you can expect.

Dentists from across Atlantic Canada have come together to help produce a new oral health section in this one of a kind, Atlantic Canada specific health magazine targeted at members of the general public with a clear emphasis on illness avoidance and preventive medicine.

The stated intent of this collaboration is to project a clear and credible message to the general public that good oral health is very much related to, and an integral part of, their overall health.

Each edition will feature stories which are important to those living on the East Coast,

and will reference NSDA members and Atlantic Canadian dentists alike. The following stories will be featured in the Fall 2013 magazine:

- A trilogy for healthy teeth: Getting the calcium your body needs is a three-pronged affair;
- Fear of the Dentist: a little prep work goes a long way to making it a positive experience;
- First tooth, first year, first visit;
- On guard: An ounce of prevention can prevent a ton of pain;
- Avoiding bad breath.

Living Healthy Magazine is published bi-annually and distributes 55,000 copies to subscribers, magazine vendors and health care providers across the region. This publication is targeted at the general public, and perfect for the waiting rooms in your practices.

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Johnson Inc.'s 2013 Scholarship Program Opens May 1st *Building on our History of Supporting Customers and Communities*

For many Canadian students, the jump from high school to post-secondary education signals a thrilling transition into adulthood. Along with the excitement and independence, however, come new responsibilities like paying for tuition, textbooks and basic daily essentials.

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This year, we are pleased to offer **50 scholarships** worth **\$1000** each to children and grandchildren of Johnson's affinity group members and home and auto insurance clients.

Students must be completing high school in 2013 and beginning post-secondary education this fall.

Applications for the Scholarship Program will be accepted as of **May 1, 2013**. Completed application forms must be submitted by **September 15, 2013** and must contain an official school transcript of final year credits.

For more information, or to apply for a Johnson Inc. scholarship, please visit our [scholarships page](#) at www.johnson.ca or call 1-877-328-7878.

Choosing the Right Investment Solutions

Your financial goals will change as you pass through different stages of your life and career. At each stage, having a financial plan and the right investment solutions will improve the potential for achieving your specified goals.

Investing for Post-Secondary Education

In the early years of raising your family, an RESP (registered education savings plan) can be an excellent choice for post-secondary education savings due to the opportunity for tax deferral and the availability of government grants. In an RESP you can contribute up to \$50,000 for each beneficiary and receive up to \$7,200 extra for each eligible beneficiary's education plan through the Canada Education Savings Grant.

As you become more established in your career, you may decide to explore post-secondary education solutions without any caps on contribution amounts given the trend toward higher post-secondary tuition costs for programs including medicine and dentistry.¹ For instance, if you have incorporated your dental practice, you may decide to have the corporation invest money for your child's post-

secondary education savings into a corporate investment account. At age 18, your child could be paid a dividend which would be taxable to him or her, at (presumably) a lower marginal tax rate.

With the corporate account strategy, you won't use your after-tax income (the salary or dividends you receive from the corporation) for education savings. Nevertheless, you may choose to receive a slightly reduced annual salary or dividend (e.g. a reduction equivalent to the annual education plan contribution). Including corporate class funds in the non-registered investment portfolio can provide the tax efficiency of capital gains, irrespective of how the income is earned.

Saving for Retirement

During the early years of your career, an RRSP (registered retirement savings plan) can provide an ideal environment for building your retirement nest egg because tax won't be payable until money within the plan is withdrawn. Plus, your RRSP contribution can also reduce your taxable income each year you contribute. As your income grows you may require additional investment solutions, since RRSPs have



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an annual contribution limit (18 per cent of the previous year's earned income to a maximum of \$23,820 for the 2013 tax year).

If you operate your dental practice through a professional corporation, the corporation may be able to set up a defined benefit pension plan on your behalf. Depending on your age and other factors, an IPP (individual pension plan) could allow for higher retirement contributions and greater tax savings compared to an RRSP. The corporation would make the contributions to the IPP and receive the tax deductions.

Investing for Short-, Medium- and Long-Term Goals

Two investment vehicles which can allow you to invest for a variety of goals, such as a winter vacation in the near term or retirement many years from now, are a TFSA (tax-free savings account) and a non-registered investment account.

With a TFSA you can invest up to \$5,500 annually to help build your retirement nest egg. In 2013, you have contribution room up to \$25,500 if you have never contributed to a TFSA previously. The money you contribute to a TFSA is not tax deductible, but you won't pay tax on your investment growth inside a TFSA or your withdrawals. Over a 20-year period of investing \$5,000 annually in a TFSA, you could accumulate over \$170,000, assuming an average annual rate of return of 5 per cent.

A non-registered investment account does not have any restrictions on how much money you can contribute. However, your investment income could be subject to tax on an annual basis. For tax efficiency, consider including corporate class funds in your non-registered investment portfolio. As mentioned previously, these funds can provide the tax efficiency of capital gains, irrespective of

how the income is earned, effectively lowering the taxation rate.

Investing in segregated funds within your personal investment plans can also offer extra security by protecting your investments from claims of creditors when you meet certain conditions. Segregated funds are investment funds provided through insurance companies. They have advantages, including creditor protection, that are not available with mutual funds.

To obtain tax advice specific to your situation, consult your tax advisors. For personalized assistance with your investment goals, please contact me by phone at (902) 800-1121 or 1-888-220-1441 (toll-free) or send an e-mail to tbugden@cdspiadvice.com.

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1 Source: Statistics Canada, The Daily, September 12, 2012. University tuition fees, 2012/2013.

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Editorial

Together we can continue to clear up the confusion about topical fluoride and school based fluoride mouth rinse program



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For me, the start of the school year is associated with the Nova Scotia Fluoride Mouth rinse program. I thought about something that comes up a lot: topical fluoride in schools and in dental offices. The short story about what I often hear is, "If I am getting fluoride in both places, is it a duplication?" I respond that it is not duplication. Both sources of topical fluoride can work together to fight tooth decay.

The long story is, as one of the Public Health dental hygienists, in Capital Health, I support the training and delivery of the provincial Fluoride Mouth Rinse (FMR) program. During that training I field a lot of questions about receiving a fluoride treatment from a dental office, as well as fluoride rinse in school. I remind community partners and parents that the right amount of topical fluoride delivered through multiple sources is the best way to prevent and slow down tooth decay-(Centers for Disease Control). Sources include toothpaste, fluoridated water, fluoride mouth rinse, fluoride at the dental office, school programs, among others.

The Nova Scotia FMR Program is delivered in communities that need extra help to fight tooth decay. Volunteers from the community, trained by Public Health dental hygienists, administer the rinse in these elementary schools. FMR is a weekly program that uses a 0.2% sodium fluoride mouth rinse, the same concentration of fluoride found in toothpaste.

A 2012 report by Ontario's chief medical officer of health supports school based fluoride mouth rinse programs. The pooled results of 34 studies suggest that the use of this Intervention is associated, on average, with a 26 percent reduction in decayed, missing and filled teeth. - Ontario's Chief medical officer.

I also get asked about fluorosis. Fortunately fluorosis, moderate or severe is not often seen in Canada. The Canadian Health Measures Survey Oral Health component 2007-2009 says that so few children have moderate or severe fluorosis that even combined the prevalence is too low to permit reporting. The findings provides validation that dental fluorosis remains an issue of low concern in this country.

Together we can continue to clear up the confusion about topical fluoride in the dental office and in schools. Both sources of fluoride can prevent and fight tooth decay together and together, we can support better oral health outcomes for communities.

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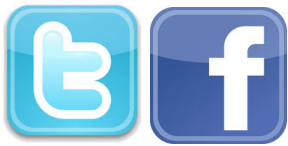


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Online Job Bank & Classifieds Update

With the official launch of our new website within arms reach, we are slowly beginning to **fade out the OLD job bank and classifieds page** currently accessed through the new website.

An eight week grace-period was given at the end of July to allow for members to adopt the new job bank and transfer any old posts, with an effective closing date of September 27th for the **OLD job bank**.

The new job bank and classifieds page is fully-functional on the new website - with improved access, layout and features.

Login information has not yet been issued to access the member side of the website, however everyone is currently welcome to register to post ads on the new job bank.

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Halifax

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